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Factors Responsible for Family Planning Acceptance with Single Child: Findings from a Study in Karnataka

Introduction

THE National Family Planning Programme, began as a government programme way back in 1952, has met with varied success across the states of India in spite of substantial investment and efforts made to motivate the couples to limit their family size. According to National Family Health Survey (UPS, 1995) about 41 per cent of the currently married women of 13-49 years of age were using any contraceptive method in India.

The extent of acceptance of family planning varies by state, and within each state, by region, different religious groups and caste groups. The factors responsible for such varied picture operate at the individual, family and community levels with their roots in the socio-economic and cultural milieu of the Indian society.

Karnataka, has the unique distinction of launching the first ever Family Planning Programme as early as in 1930. Two Family Planning clinics were set up in Bangalore and Mysore by the government of the Princely State of Mysore. Since then, the successive governments have been actively pursuing the population control measures due to which the programme could meet with moderate success.

Several studies have been carried out in Karnataka to measure the changes in fertility as well as knowledge and use of Family Planning. The latest survey, (NFHS, 1992-93) revealed that about half (i.e. 49%) of the currently married women of 13-49 years of age were using any modern method of contraception (UPS, 1994).

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Though, many of the studies have highlighted the extent of awareness of FP methods and reasons for acceptance as well as non acceptance of FP methods, certain unique features in acceptance of FP by the couples were not highlighted. For instance, there has been a significant change in the emphasis from 3 children at the time of FP adoption to 1 or 2 children of either sex. It has also-been observed that in selected pockets of the state, some of the couples, though small in number, have come forward to accept FP—sterilization—even with one living child.

It would be very useful to know about these couples in terms of their profile and factors that have motivated them. In view of this, an attempt is made in the present paper to get an insight into the relating factors.

This paper tries to identify the factors that motivated the couples to accept sterilization with one living child and to understand their perceptions about family limitation after taking such a vital and bold decision.

Data

The present paper is based on a study carried out in a Magadi Taluk of Bangalore district where Family Planning Association of India (FPAI) has been very actively promoting the use of Family Planning methods with the help of local community based organisations such as Yuvak Mandal, Manila Mandal, Panchayat etc.

Necessary information was elicited from 100 of the 175 couples who accepted sterilization with a single living child spread across 13 villages of Magadi Taluk. Interviews were mainly conducted with females and males were interviewed only in the absence of the females. Three fourth of the respondents were females while one fourth of the respondents were males. The data collection was carried out with the help of a structured interview schedule.

Besides the one to one structured interviews, case studies of some of the couples who accepted sterilization with one living child were also carried out to get an insight into the related factors.

Results

Profile:

Table 1 gives the profile of the respondents in terms of key socio economic characteristics.

Most of the respondents were Hindus but about 7 per cent of the respondents were Muslims. This indicates that even Muslims can be motivated to limit their family size to one child.

Almost all the FP acceptors were from forward communities. And majority of them were from nuclear families.

TABLE 1 : SOCIO ECONOMIC PROFILE OF RESPONDENTS

	<i>(Number)</i>		
	<i>Male</i>	<i>Female</i>	<i>All</i>
<i>Religion</i>			
Hindu	23	70	93
Muslim	2	5	7
<i>Caste</i>			
Brahmins	2	5	7
Vokkaligas	10	40	50
Lingayat	3	6	9
Vysyas	8	19	27
<i>Type of Family</i>			
Joint	5	15	20
Nuclear	20	60	80
<i>Education</i>			
Illiterate	1	35	36
Literate	2	26	28
Upto SSLC	10	11	21
Graduate	12	3	15
<i>Age (Yrs)</i>			
15-19	-	8	8
20-24	3	11	14
25-34	13	24	37
35-44	4	23	27
45+	5	9	14
<i>Monthly Income (Rs)</i>			
<500	12	43	55
501 -1000	8	21	29
1001-2000	4	10	14
2001-5000	1	1	2
Total	25	75	100

One fourth of the FP acceptors were illiterates while about one fifth of the acceptors were literates. This indicates that even less educated couples limited their family size to one child irrespective of sex of the child. The age distribution of the FP acceptors presented in Table 1 reveals that about one third of the female acceptors were in the age group of 20-34 years. Proportion of acceptors aged 45+ years was 14 per cent. More than half of the couples (55%) had a monthly income of below Rs. 500. And more than one fourth of the respondents reported their monthly income to be between Rs. 501 and Rs. 1000. By and large, the couples who accepted FP with a single child were from low income families.

Profile of Couples with a Son and a Daughter

It would be interesting to have a comparative picture of the socio-economic profile of the acceptors with a son and that of the acceptors with a daughter. Profile of acceptors by sex of the surviving child is given in Table 2.

TABLE 2 : PROFILE OF ACCEPTORS BY SEX OF SURVIVING CHILD

	<i>Acceptor wife 1 son</i>	<i>Acceptors with 1 daughter</i>	<i>(Number)</i> <i>All Acceptors</i>
<i>Religion</i> Hindu	39	54	93
Muslim	2	5	7
<i>Caste</i>			
Brahmins	2	5	7
Vokkaligas	18	32	50
Lin gayat	1	8	9
Vysyas	18	9	27
<i>Type of Family</i>			
Joint	12	8	20
Nuclear	29	51	80
<i>Education</i>			
Illiterate	15	21	36
Literate	10	18	28
Upto SSLC	10	11	21
Graduate	6	9	15
<i>Monthly Income (Rs)</i>			
<500	28	39	67
501 -1000	10	15	25
1001 -2000	2	4	6
2001 -5000	1	1	2
Total	41	59	100

Most of the acceptor's were Hindus but one interesting thing to be noted is that about 8 per cent of the couples who accepted sterilisation with only one daughter were Muslims. This perhaps illustrates that religion is not a barrier for family limitation irrespective of sex of the lone surviving child. Proportion of couples who accepted sterilisation with a daughter was high among all the castes with 'Vysyas' being the only exception. Distribution of the acceptors by sex of the child and type of family indicates that bulk of the acceptors were from nuclear families but proportion of acceptors from nuclear families was higher in case of acceptors with a daughter. Nuclearisation of the families could be one factor favourable for limiting the family size without waiting for

the son. This perhaps facilitates independent decision making by the couple because of non availability of elders, who otherwise may not approve the decision.

As regards the educational attainment, acceptors with a daughter appear to have had higher levels of educational attainment. Their educational background might have lead to the bold decision making with so much of concern for their as well as the child's future.

Acceptors with a son appear to have had low levels of monthly income compared to their counterparts with a daughter. For example, 60 per cent of the acceptors with a monthly income ofRs. 501-1000 had one daughter with the corresponding figure for the acceptors with one son being 40 per cent.

Thus, the acceptors with one daughter appear to be having slightly better profile, compared to the acceptors with one son.

Awareness about FP Methods

About four fifth of the FP acceptors—20 of the 25 males and 60 of the 75 females— were aware of only sterilization. Rest of the acceptors (i.e. one fifth) were aware of any other method besides sterilization. So extent of awareness about spacing methods was low among the acceptors of sterilization.

Sex of the Surviving Child

Sex composition of the living children is more often noticed to be influencing the decisions of the couples regarding family size, fertility regulation and acceptance of family planning (specifically sterilisation).

Analysis of the data on sex of the surviving child revealed that 41 per cent of the acceptors had a boy while 59 per cent had a daughter. Proportion of couples who accepted sterilisation with a daughter was higher than that with a son. This clearly illustrates the less importance associated with son preference, as far as the family size limitation and acceptance of terminal methods of family planning are concerned. This indeed is an encouraging sign.

Experience of Infant Mortality

Experience of infant mortality more often encourages the parents to go for higher family size and discourages them to go for terminal methods of family planning.

To understand the situation regarding the same, all the respondents were asked about experience of infant mortality. About 10 per cent of the FP acceptors reported that they experienced child loss during the infancy.

Of the 100 couples interviewed, 90 couples had given birth to only one child, after which they decided to go for sterilisation. The remaining 10 couples had given birth to two children but lost the first child during the infancy itself.

On being asked about the reason for accepting sterilization, about one fourth of the couples reported about their intention to provide better education to the child. They felt that they can not afford to provide better education to the child with more number of children. Other major reasons mentioned pertain to ability to provide better food/nutrition, and health care. About 17 per cent of the couples accepted sterilization because they felt that it was difficult to look after more children as both of them were working. About one tenth of the acceptors reported that they did not want the child to be deprived of social support or assistance. A small proportion of the acceptors (8 per cent) accepted sterilization due to medical factors viz. anemia, uterus problem and doctor's advice (Table 3).

Responses to question on perception about other methods of family planning, indicate that they are not considered as permanent solution and safe by the sterilized couples.

More than half of the acceptors (62 per cent) reported that they were self motivated to accept sterilisation even with one child. About 15 per cent of the acceptors were motivated by the FPAI worker.

TABLE 3 : REASONS FOR ACCEPTING STERILIZATION

<i>Reason</i>	<i>(Number)</i>		
	<i>Male</i>	<i>Female</i>	<i>All</i>
<i>a. Socio-economic</i>			
Can not afford clothing	3	5	8
Can not afford full meals	5	8	13
Can not afford to give better education	5	20	25
Can not provide health care	3	15	18
Can not look after them as we were working	5	12	17
Can not see them socially deprived	4	7	11
<i>b. Medical</i>			
Anaemic	-	3	3
Uterus Problem	-	2	2
Doctor's advice	-	3	3
<i>Opinion about other FP Methods</i>			
Not safe	2	15	17
Not a permanent solution	23	60	83
<i>Who motivated</i>			
Self	12	50	62
Spouse	5	5	10
FPAI worker	5	10	15
Media/neighbour	3	10	13
Total	25	75	100

TABLE 4 : OPINION ABOUT SINGLE CHILD FAMILY

(Number)

<i>Opinion</i>	<i>Male</i>	<i>Female</i>	<i>All</i>
<i>Good for parents as well as child</i>	10	60	70
<i>Can provide better education</i>	13	12	25
<i>Children will suffer without company</i>	2	3	5
Total	25	75	100

Opinion about Single Child Family

Most of the FP acceptors (95%) felt that having a single child family is good for the parents as well as the child and the single child can be given better education. A small proportion (5%) of the couples however mentioned about the loneliness and lack of company for the child (Table 4).

Future Plans for the Child

Almost three fourth of the acceptors reported that they wish to provide better education to the child. Rest of the couples mentioned about savings and good culture and behaviour (Table 5).

Future Plans for Old Age

Majority of the acceptors reported that their future was either left to God or they did not think about it. About 13 per cent of the acceptors reported that they depend in their old age on child. So, dependence on child appears to be very less among the acceptors (Table 5).

TABLE 5 : PLANS FOR THE CHILD AND OLD AGE

(Number)

	<i>Male</i>	<i>Female</i>	<i>All</i>
<i>For Child</i>			
<i>Good education</i>	17	56	73
<i>Savings</i>	5	9	14
<i>Good culture and behaviour</i>	3	10	13
<i>Future Plans for Old Age</i>			
<i>Depend on child only</i>	3	10	13
<i>Left to God</i>	10	30	40
<i>Not thought of it</i>	10	30	40
<i>Others</i>	2	5	7
Total	25	75	100

Findings from the Case Studies

Salient findings from the case studies which corroborate the findings of the quantitative ! survey, are presented below in the form of quotes :

- * "Mrs X, a Muslim woman of 22 years of age and her husband work in a weaving factory and earn about Rs. 10 and Rs. 15 in a day. Mrs X who studied upto 3rd Std., accepted Tubectomy with a daughter of 3 years of age. She was motivated by the FPAI functionaries. She could convince the reluctant husband. And she has started playing the role of a social worker by spreading the message "single child family is a happy family".
- * "Mrs X aged 27 years, a maid servant, living in a thatched hut underwent Tubectomy at Magadi in a camp after the birth of her only son. She was motivated by her madam (in whose house she works as a maid servant) to accept Tubectomy. She did not seek her husband's consent before going for sterilization as she was aware that he would not agree to it. Mrs X wants to provide better education to her son who can take care of her during her old age".

Conclusions

The salient findings of the present study are as follows:

- * Intention to avoid socio-economic deprivation emerged as the major reason for accepting family planning (sterilization) with one living child.
- * The parents invariably decided to accept the one child norm to ensure better standard of living to the child
- * Self motivation, coupled with the efforts made by the FPAI functionaries contributed to acceptance of FP with single child irrespective of sex of the child.
- * Couples with lower levels of educational attainment and income also accepted sterilization with one child.
- * Couples with slightly higher educational attainment accepted the one child norm even without waiting to have a son.
- * It is possible to motivate the parents to limit their family size to only one child, irrespective of the sex of the child with proper sensitization exercise regarding the advantages associated with such an action.

Policy Implications

- * The innovative model of Magadi Taluk which yielded encouraging results can be replicated in other areas also.
- * Special privileges need to be provided to the parents who accept sterilization with one living child (to take care of their old age security needs, particularly if the lone surviving child is a daughter).

- * 'Single child family clubs' can be formed in other areas also with NGOs involvement and Government's support.
- * Incentives like Health Insurance Scheme or Indira Vikas Patra may be given to the acceptors of sterilization with one child by the Government or NGOs.

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