

Patterns of Fertility Control by the Urban Couples : A Socio-Cultural Study in Madras City

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ABSTRACT In the present study I have tried to ascertain the different patterns of fertility methods adopted by the urban couples. The study was conducted in Madras city during 1990 among 100 households. Women were the sole respondents but information was also collected about their husbands. The female sterilization method has ranked the highest in the present population with 34 women have adopted this method of birth control. Female sterilization is found more prevalent compared to that of male sterilization where only four men have under gone sterilization. The birth control pills for women are less prevalent in this population as only nine women have been found to have adopted this method. The marital communication and use of contraceptives has been dealt with in this study which shows the educational level of the respondent has played a vital role in the decision making. Fifty per cent of positive correlation and fifty per cent of negative correlation can be shown between the desired and actual family size.

The successful limitation of family size by the couples depends not only on their small family ideals but also on their psychological acceptance of family limitation, knowledge of birth control methods, availability of contraceptives, psychological and economic costs and an environment favourable to the practice of birth control. Certain motivational aspects moderated through social and cultural considerations are presumed to curtail fertility. Important among them are the customary post-partum taboos on intercourse, the custom of delivery at parental homes, social desirability for longer birth intervals to protect the health of the mother and child, longer periods of lactation. Many governmental agencies and demographers feel that a rapid increase in population can be averted only by a greater use by married couples of contraceptives, sexual abstinence and other techniques for limiting fertility. A successful family planning programme will reduce fertility and will consequently produce an older population. This result is well-grounded in stable population theory (Coale, 1972). The relation between income and desired fertility (or actual fertility)

while controlling the use of contraceptives, is viewed to be positive. Becker (1960) holds the differential knowledge and practice of contraception as responsible for not getting a positive association between income and fertility. Becker postulated, that the knowledge of contraception reduces the gap between actual and desired fertility.

The importance of taking into account cultural factors especially, in the study of the dynamics of fertility has been highlighted by reference to their influence on factors affecting the length of married life, the interval between births and the knowledge and practice of family-planning methods. It is well recognised that fertility is culturally oriented and that a deep study of fertility cannot afford to overlook related cultural factors.

Public provision of family planning services is commonly justified on three grounds : i) it improves the health of mother and child; ii) it improves the economic well-being of the couples and population; and iii) it enhances the status of women. Contraception has an obvious effect on maternal mortality rates primarily because with fewer pregnancies each woman is exposed fewer times to the risk of major disability of death that is associated with child bearing, particularly in the least developed countries. Contraceptive use has increased gradually over time. Since 1978, female sterilization has increased proportionately more than male sterilization. Visaria and Jain (1982) note that virtually every couple in India today knows about the possibility of limiting family size, atleast through sterilization, which is a significant improvement over the situation prevailed in 1965.

CONTRACEPTION : KNOWLEDGE AND PRACTICE

Knowledge of Contraception : Many Knowledge, Aptitude and Practice (KAP) studies have

found that the vast majority of Indians are aware of at least one method of birth control (Mitra, 1978; Mahadevan, 1979). Of the various methods, abstinence and condoms appear to be commonly known. The practice of contraception depends on the knowledge of contraceptive techniques and the attitudes in their social environment towards birth control. Male-female differences imply that the burdens of fertility control are borne by women but this is a function of contemporary contraceptive technology

Table 1: Number of pregnancies and type of family planning methods

Age level	No. of respon	No. of pregnan	Types of family plan. methods					
			Tub	Vas	Pil	Con	Iud	Abst
20-24	6	1.8	1	-	-	3	-	2
25-29	15	1.8	4	-	2	2	5	2
30-34	21	2.0	9	-	2	5	3	2
35-39	23	2.5	7	-	2	8	2	4
40-44	25	2.2	10	3	1	2	2	7
45-49	10	3.0	3	1	2	1	1	2
Total	100		34	4	9	21	13	19

where the most efficient methods are geared to women.

METHODS OF FERTILITY CONTROL

Abstinence: It is not seriously considered by either the Family Planning programme or the general population in India as a reliable birth control method. It is common for most couples in India to abstain periodically from sexual relations. In this study, abstinence was reported by 19 couples as their chosen birth control method table 1. The couples practising this technique were in the age group of 40 to 44 years and an average of 2.3 pregnancies.

Sterilization: The use of contraceptives has spread by 1984 to an estimated 40.4 million or 32.7 per cent of the 123.7 million eligible couples in the country were under some form of contraception, usually sterilization (Family Welfare Programme Year Book, 1984 : 11). It has become consistently significant that the younger couples seem to be more for family planning methods (Premi, 1982). In the present study, women have undergone more sterilization than the men. 34 women have reported that they have undergone tubectomy whereas only four men have undergone vasectomy

Pill: In 1975-76, of the nearly 7 million new users of various birth control methods in the country, less than one per cent were using the pill. In 1982-83, the percentage rose to 1.6 of the 11 million new users (Family Welfare Planning year Book, 1983). The reported 'side effects' of the Pill has often discouraged even the interested few from using it. From the present study it is seen that only nine women have reported of using pills.

Intra-Uterine Device (IUD): This was introduced in 1965 and within two years of its introduction, 1.7 million women had IUD, inserted (Soni, 1983). During 1983-84, over two million insertions were performed (Family Welfare Planning Year Book, 1984 : 8). In the present study a total of 13 women inserted IUDS and they are more in the age group of 25 to 29 years and also in the age group of 30 to 34 years.

Condoms: In 1968-69, only 16 million condoms were sold, in 1982-83, provisional figures show a sale of 241 million and a free distribution of over 550 million (Family Welfare Programme Year Book, 1984:9) From the present study it is seen that next to female sterilization is the usage of condoms. 21 men reported to have been using condoms. Among them the majority of the men fall in the age group of 30 to 39 years.

MARITAL COMMUNICATION AND USE CONTRACEPTIVES

Demographers have noted (*e.g.*, Beckman, 1983) a positive relationship between marital communication and fertility regulation. Inter-spouse communication on matters relating to family planning is an important factor influencing the decision to adopt contraception. The level of communication may indicated trust and the level of joint decision making in the particular family. A report of the Economic and Social Commission for Asia and Pacific (ESCAP 1974) indicates that the existence of open channels of communication between husband and wife is an important factor in the adoption of family limitation practices. The fact that communication between husbands and wives on matters relating to family planning is a important factor in the successful practice of contraception control is evident from several studies. All these studies suggest that the communication between husband and wife encourages the use of contraception and thus depresses fertility.

Communication between the couple regarding the number of children that they would like to have had resulted in greater adoption of contraception and lesser number of children as compared to non communicators. Regarding the decision-making from the present study it is clear that it has been done mostly by the couple because the number of individual decision makers, *i.e.* husband or wife alone is very less. The highest of decision-making couple fall in the category of college educated couple. The number of respondents are less where only the wife has decided. There are also considerably many cases where there is no planning by the couple or individually. This shows education had certain influence on the decision making.

DESIRED FAMILY SIZE AND ACTUAL FAMILY SIZE

An attempt has been made to analyse the desired ideal family size and its relationship with the actual family size. The desired ideal family size is indicative of the women's acceptance of the norm of ideal family size. They may achieve this ideal size or not but it does influence the intensity of motivation for adopting family planning devices. Various Indian studies show that there is a wide gap between the preferred family size and the actual family size.

In most of the cases the desired family size can be correlated with the actual family size of the respondent. In the present study the women whose actual family size is between one to three pregnancies desired to have only 2.14 pregnancies (Table 2). Whereas in the case of the actual family size ranging between four to six pregnancies show a negative correlation between the

Table 2: Desired size and actual number of children

Actual number of children	Number of women	Desired family size
1-3	82	2.14
4-6	17	1.58
7-9	1	2.00
Total	100	2.04

desired and actual family size. Here, the desired family size of these people is 1.58 pregnancies. The women whose actual family size is between seven to nine pregnancies actually desires to have only 2.0 pregnancies. Only one respondent has reported the above facts. So, the total average desired family size for the total sample of 100 is 2.04.

CONCLUSION

In order to ascertain various family planning methods and its effect on the fertility behaviour in a metropolis a study was carried out on 100 households and the respondents were only women. Questionnaires and schedules were also used for data collection. It is clear from the study that the family planning methods are mostly adopted by women as compared to men. There is a high level of acceptance of contraception by the couples. The study shows fifty per cent of positive correlation and fifty per cent of negative correlation between the desired and the actual family size.

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