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THE JOURNAL OF FAMILY WELFARE

INCONGRUENCE AND DIFFERENTIALS IN REPORTING IDEAL FAMILY SIZE BY THE COUPLES IN INDIA

K. C. DAS, KUMUDINI DAS, T. K. ROY AND P.K. TRIPATHY

INTRODUCTION

Until recently, family planning research, policy and programs, especially in developing countries have usually given little attention to men's reproductive decision making. Men's non-participation in family planning programmes may have implications for their ideal family size and attitudes towards contraceptive use. From the beginning, researchers have been paying attention to the determinants of women's contraceptive use in order to feed into policies concerning fertility regulation and to feed into family planning programme design. Most of the countries of the world, particularly developing countries, still have male dominated cultures. In such situations, one would expect that the husband's consent may often be a prerequisite for a woman to use family planning method. The International Conference on Population and Development (ICPD, 1994) places the responsibility for family planning equally on men and women instead of solely on women. It also suggests that high priority should be given to the development of new methods for regulation of fertility in men.

One reason why women say they want no more children but fail to protect them from pregnancy is due their husbands' desire to have additional children. This was tested in studies conducted during 1960s and early 1970s, with mixed results.[1] The researchers renewed attention to the issue of spousal agreement about

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FERTILITY TRANSITION IN INDIA - EVIDENCE FROM DLHS 2007-08

AALOK RANJAN CHAURASIA

INTRODUCTION

In recent years, fertility transition has received neglected attention in demographic research in India. This is so when reduction in fertility in India still remains a major demographic and development challenge. Although, fertility appears to be declining throughout the country, yet, transition in fertility appears to be slower than expected. The National Population Policy 2000[1] aims at achieving replacement fertility by the year 2010. However, latest estimates based on the Sample Registration System[2] released by the Government of India suggest that Total Fertility Rate in India still hovered around 2.6 live births per woman of reproductive age in the year 2008. A married woman, in India, still has, on average, more than four live births during her entire reproductive life. India's National Population Policy 2000[1] also calls for promoting, vigorously, the small family norm and to promote delayed marriage for girls, not earlier than 18 years of age and preferably after 20 years of age so as to achieve stable population by the year 2045 at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection.[1] Given the current trends, however, there is little possibility that India would be able to achieve this goal.

The promotion of small family and delayed marriage of girls reflect the two dimensions of fertility transition - the dimension of birth limitation and the dimension of birth planning. Birth planning – postponement of the first birth and increase in the interval between successive births - is important in the context of population momentum which is the tendency of the population to grow for some time after replacement fertility is achieved.[3,4,5] Population momentum is primarily the consequence of a young

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BARRIERS TO USE OF MODERN REVERSIBLE CONTRACEPTIVE METHODS IN RURAL AREAS: USERS' PERSPECTIVE

NANNA CATHRINE HOLLENSEN AND APARAJITA CHATTOPADHYAY

Introduction

The birth rate in India has been high since many decades. Decreasing infant mortality, decreasing child mortality, and longer expectancy of life has led to an annual population growth of 1.8. In 2011, the population of India counts 1.21 billion people.[1] Use of effective contraception is one of the most important methods in achieving the goal of a Total Fertility Rate (TFR) of 2.1 in India (replacement level of fertility), and achieving population stabilization.[2]

In order to achieve the goals of its Population Policy different initiatives have been launched by the Indian government. One of these is promoting contraceptive use through free contraception distribution through local health services and monetary incentives for sterilization.[3] Moreover, the Indian government seeks to address the unmet need of contraception in the Indian population. Unmet need refers to "...the need of women and couples who wish to control their fertility but use no method".[4] Overall, the unmet need for contraception in India is 16.1 percent; hereof 8.3 percent for reversible methods. However, 98 percent of the need for permanent methods is being met, while only one-third of the need for spacing methods is being met.[5]

Knowledge of contraception is nearly universal in India. Among the methods available, female sterilization, an irreversible contraceptive method, is known by almost everybody, whereas other modern reversible contraceptive methods (MRCMs) are less known.[1] Overall, the use of contraception

1 In this paper, modern reversible contraceptive methods refers to modern reversible methods most commonly used in India and globally; i.e. the condom, the pill, and IUD.

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DECISION-MAKING PROCESS FOR UNDERGOING TUBECTOMY

GEETA PARDESHI AND MOHAN DOIBALE

Introduction

Family planning has been at the very centre of planned development with an emphasis on extension education approach for motivating people for acceptance of the small family norm. The programme has traditionally sought to promote responsible and planned parenthood through voluntary and free choice of family planning methods best suited to individual acceptors.[1]

Female sterilization is the most popular method of contraception in India. NFHS 1, 2 and 3 have reported that female sterilization accounted for 67%, 71% and 77% of the total contraceptive use respectively.[2-4] NFHS-3 further reported that female sterilization was the most widely known method among women (97%) and men (95%) and nearly two-thirds (64%) of prospective users said they would prefer female sterilization.[4]

The decision about use of any contraceptive method is to be made voluntarily, hence understanding the decision making process regarding the use of contraception becomes very important.

This study was conducted to understand the factors affecting the decision-making process for the acceptance of tubectomy.

Methodology

The study was conducted at a Nursing home run by Nanded Waghala Municipal Corporation when 80 to 90 tubectomies are conducted every month. The data regarding the socio-demographic characteristics, parity, and gender of the children was collected from the registers and analyzed to describe the background characteristics of women undergoing tubectomy at the study centre during the period 1st October to 31st December 2010.

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MEN AS PARTNERS IN MATERNAL HEALTH: HOW FAR IS IT A REALITY IN INDIA?

PRAHLAD KUMAR AND S. K. SINGH

INTRODUCTION

Over the years, there has been a growing consensus among policy makers, programme personnel, researchers and health practitioners across the globe that male involvement has been a key facilitating factor to women's reproductive health. Milestones in the process of developing these consensus have been the International Conference on Population and Development at Cairo in 1994[1] and the Fourth World Conference on Women in Beijing in 1995, which emphasized that men's attitude and skills and ways of reaching them influence not only their own but also women's reproductive health. The UN Millennium Declaration also outlined universal access to reproductive health as the key strategy to achieve the Millennium Development Goals (MDGs). The key components under Reproductive Health are *adolescent health, prenatal care, safe delivery, postnatal care, breastfeeding practices, full immunization* etc. Many of these goals are related to pregnant women, and cannot be achieved without the involvement of men in maternal health.

Evidence shows that men can prevent unintended pregnancies, reduce unmet need for family planning, foster safe motherhood and practice responsible fatherhood.[2] It not only implies contraceptive acceptance but also refers to the need to change men's attitude and behavior towards women's health, make them more supportive of women using health care services and share child bearing activities.[3] Participation of men in reproductive health leads to better understanding between husband and wife.[2,4] It reduces not only the unwanted pregnancy but also reduces maternal and child mortality in connection with pregnancy and labour by being prepared in obstetric emergencies. Further, the role of men in reproductive health is also

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FACTORS INFLUENCING AWARENESS OF EMERGENCY CONTRACEPTION AMONG MARRIED INDIAN WOMEN: FINDING FROM NFHS-3

SHAHINA BEGUM, LALITA SAVARDEKAR AND BALAIAH DONTA

INTRODUCTION

The unmet need of contraception as evident by the estimates of 41 percent unintended pregnancies out of the 208 million pregnancies which occurred in 2008[1] and on an average 22 million unsafe abortions take place out of which 47,000 women die as a consequence of unsafe abortion worldwide in 2008[2]. In India, abortion is responsible for 8 percent of maternal deaths[3] which reflected the high reproductive health burden. In India, 13 percent of married women have an unmet need for family planning[4].

Emergency contraception has been introduced in India since a decade with an objective to reduce abortion and abortion related morbidity and mortality. Emergency contraception (EC) is a last resort to prevent unintended pregnancies which can be used within 72 hours after unprotected intercourse to prevent an unwanted pregnancy. Unprotected intercourse includes condom failure, sexual assaults, failed withdrawal method, two or more consecutive missed oral contraceptive pills, or no use of contraception. In India, approved emergency contraception methods include high doses of progestogen only pill containing levonorgestrol (LNG), high doses of combined oral contraceptive containing ethylestradiol and levonorgestrol (Yuzpe regimen) and copper releasing intrauterine devices (IUD) such as CuT 380A[5].

Easy accessibility to emergency contraceptive pill (ECP) has been ensured by making it available as an over-the-counter drug and free of cost in majority of government hospitals[6], yet EC remains relatively unknown and underused in India. According to the National Family Health Survey (NFHS-3) it was estimated that 11.9 percent of currently married

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ABORTION, HEALTH HAZARD AND TREATMENT SEEKING BEHAVIOUR IN INDIA

SANDIP CHAKRABORTY, SUJATA GANGULY AND FAUJDAR RAM

INTRODUCTION

Reproductive health problems are the leading cause of women's ill health and mortality worldwide. When both women and men are taken into account, reproductive health conditions are the second-highest cause of ill health globally, after communicable diseases.[1] Recent studies on maternal mortality and morbidity have shown that between 18 to 25 percent of all maternal deaths are associated with abortion. The term "abortion" defined medically is the termination of pregnancy after implantation of the blastocyst in the endometrium but before the fetus has attained viability, that is, before it has become capable of surviving, with appropriate life support (incubator etc). Spontaneous abortion is the result of some pathological complications in women. Spontaneous abortions in medical literature are also referred as "nature's method of birth control" as they often eliminate foetal or placental abnormalities. Induced abortion on the other hand is initiated voluntarily with the intention to terminate a pregnancy.

Despite increased use of contraception, the need for abortion continues. Prevention of unwanted pregnancy has been the top-priority concern with all health planners; still a large number of abortions are performed worldwide. Of the 210 million pregnancies that occur each year in the world, about 46 million i.e. 22 percent are induced abortions.[2] Worldwide, nearly 4 of every 10 pregnancies are unplanned and about two terminated before its completion. In the developed countries, of the 28 million pregnancies occurring every year 36 percent end in abortion. In the developing countries, out of 182 million pregnancies occurring every year about 36 percent are unplanned and 20 percent end in abortion.3

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STUDY OF LAPAROSCOPIC STERILIZATION IN AN INDUSTRIAL HEALTH CENTRE

BIPIN PANDIT, USHA KRISHNA AND RUCHA PATKI

Introduction

Female sterilization has been by far the most acceptable and popular contraceptive method of choice since decades in India. Its proportion has been steadfast at 20 percent of all modern contraceptive methods. In this, laparoscopic sterilization is a safe and effective method of contraception with minimal complication. It is essential for a contraceptive method to be safe as it is used by young health couples.

This paper attempts to understand the acceptability, complications, failure and problems related to laparoscopic sterilization in an industrial health centre in an outpatient setting.

Methodology

Total 47,505 laparoscopic sterilizations carried out at Larsen & Toubro Industrial Health Centre which caters to employees and the community for over 35 years. From inception the centre has conducted 3,757 vasectomy operations, 13,660 IUCD insertions and 27,807 1st trimester abortions were done of which 125 opted for medical method of abortion. Larsen & Toubro is a large industrial company where management is keen on medical and welfare of their employees and community. The company has set up many health centres in India. The health centre in Mumbai has been set up about 30 years ago and offers medical facilities with special emphasis on maternal child health care and family planning. Besides, the Medical Officer-in-Charge and Counselor, there are Consultants in all specialties and facilities for sonography, X-ray, Immunization, screening, treatment for HIV as well as all diagnostic services along with child

Bipin Pandit, Consulting Obstetrician & Gynaecologist, Honorary Gynaecologist, Health Centre, Usha Krishna, Consulting Obstetrician & Gynaecologist, Medical Advisor and Rucha Patki, Social Counselor, Health Centre, Mumbai, LARSEN AND TOUBRO.

SUSCEPTIBILITY OF MORBIDITY AMONG THE YOUNG POPULATION IN INDIA

SANDIP CHAKRABORTY

Introduction

Youth symbolizes action, speed, change and dynamism. Throughout history, young people have always played a major role in shaping the destinies of nation, be it in winning wars, achieving economic progress or in changing social norms.[1] In India, the younger generation (10-24) constitutes 31 percent of the total population.[2] Adolescence and youth is a period in which many life-long patterns of behaviour are established, including health promotion/disease prevention behaviours and care-seeking patterns. Health during youth provides the foundation for adult health status. Preventable health problems in adolescence can become chronic health condi¬tions in adulthood. The level and patterns of morbidity only gives us an idea about how much an ailment is prevalent to the study population and how it changes over time. It does not show the extent of the morbidity. It may happen that for some diseases the prevalence rates are quite high while in terms of vulnerability they are not fatal. For example, common cold and cough has higher prevalence than heart diseases but casualty is more in the later. So, it is worthwhile to study not only the levels and patterns of morbidity but also the degree of severity of diseases and the important socio-economic factors associated with it.

This paper attempts to analyse the ailments on degree of severity through a Morbidity Index and attempts have been made to locate the socio-economic predictors of severity of morbidity.

Methodology

Data collected by the National Sample Survey Organisation (NSSO) under the Department of Statistics, Ministry of Planning

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