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Sex differences in birth control methods in India

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Abstract

A gender right define and reflects the status of women in the society. But in a male centred society, such rights are denied to women at every stage of development. That gets reflected in participation in social, economic and political activities. It is also highly reflected in family and its surrounding. The role of the men has always been considered to dominated in the decision making process pertaining to women's fertility and birth spacing. India's National Family Planning launched in 1951 has been largely female-centric in that women have to take the major responsibility for effective birth control use. Women therefore are considered as reproductive agents. This study aims at studying the awareness and attitude of male and female in adopting family planning methods and percentage of male and female using different types of family planning measures. A deep- rooted patriarchal mindset, seeped in traditional social cultural practices have missed the opportunities of a balanced society where the rights of everyone is not only accepted but also is honoured. Thus, there is an urgent need for a positive discrimination towards the women by providing them not only the freedom and power to act but also the freedom and power to think, to question and to reassess the prevailing norms and values.

Keywords: Female, discrimination, gender, family, planning

Introduction

Increasing population is a worldwide problem today. Three most populous countries China, India and USA together account for four of every ten persons of the world population, India is the second most populous country in the world. In absolute terms the population of India had increased by 181 million during the decade 2001-2011. It is now estimated that by 2030, India will most likely overtake country like China to become the most populous country in the earth with 17.9 percent population living here ^[1].

Population growth has been a cause of concern for the Government of India since a long time. Just after independence the Family Planning Association was formed in 1949. The country launched a nationwide Family Planning programme in 1952, a first of its kind in the world. This initially covered birth control programme and later inducted under its wing; mother and child health, nutrition and family welfare. In 1966, the ministry of Health created a separate department of family planning ^[2].

The family planning programme in India has shown many significant changes since its inception five decades back. This programme has made the contraceptives easily accessible and affordable to people. Devices with low failure rate are provided free of cost. The serious drawback of the program is its inability to bridge the gap between the gender related uses of contraception. The programme gives emphasis to women centric contraceptives through "Cafeteria Approach" in family planning lexicon it is the choice of the husband that is ultimately practiced ^[3].

The role of the men has always been considered to dominate in the decision making process pertaining to women's fertility and birth spacing. The program for action globally endorsed at the International Conference on Population Development-94 (IUPI-94) at Cairo and the World Conference on Women at Beijing-1995 emphasized the need for equity in gender relations, with a special focus on men's shared responsibility and active involvement to promote reproductive and sexual wealth ^[4, 5].

Objectives of the Study

1. To study the level of awareness and attitude of male and female in adopting family planning methods.

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2. Percentage of male and female using different types of family planning measures.

Methodology

This is a descriptive study based on secondary data from NFHS-III 2005-06.

Review of Literature

India's National Family Planning Programme launched in 1951 has been largely female-centric in that women have to take the major responsibility for effective birth control use.

Women therefore are considered as reproductive agents, who if made to accept birth control, can assuage the threat of India's growing numbers. (Charana 1989, Joseph 1992, Agniotri Gupta 1996, Manna 1968) [6, 7, 8, 9].

Besides underscoring the "insensitivity" of Family Planning programmes, studies have questioned the effectiveness of women-centered family planning practices in highly patriarchal milieu where women's low family status may be a deterrent to fertility control. (Dyson and Moore 1983) [10].

Examining male attitudes to contraception in India show that men tend to be more concerned with sexual gratification per se less interested in contraception. (Dutt *et al* 1992, Barnett and Stein 1992) [11, 12].

This trend is exacerbated by the fact that policy makers and the medical community show little interest in developing male centered contraceptives (Dutt *et al* 1992, Joseph 1992.) [11, 13, 14]. Moreover a female-centered contraceptive benefit male desires, wants and needs instead of those of women.

The acceptance of family planning methods, both temporary and permanent, measures with level of literacy of women, increase in age at marriage and nuclear family but still contraception are in women oriented and preferring female sterilizations. (Anant P.*et.al* 2014, Joshi. S.M.*et.al* 1990) [15, 16].

Fairly good amount of rural men have knowledge about contraception but majority of them do not know how these methods work. Lack of initiations, motivations, misconceptions about methods and lack of proper facilities contribute to the poor involvement and sharing responsibilities by men. (Balaiiah. D.*et.al* 2001) [17].

Data Analysis and Discussion

There are number of birth control methods which are being used for many years. Vasectomy is for men and tubectomy for female is permanent birth control methods. Temporary methods like pills, condoms, female condoms, IUD, vaginal rings, injectables, emergency contraception, and vaginal tablets are available in the Indian market. Except these methods traditional methods like rhythm and withdrawal are also very much prevalent among different people.

Knowledge about contraception

The NFHS III (18) (Table 5.1, Page 112) data shows knowledge about contraceptive method are practically universal, at least 98 percent of women and men between the age 15-49 know one or more methods of contraception. Modern methods are more widely known than traditional methods for example 98 percent know a modern method, but only 49 percent know traditional methods. Female sterilization is the most widely known method among 97 percent female and 95 percent male. Male sterilization is not widely known. Seventy-nine percent of women and 87 percent of men report knowledge of male sterilization. Among the three spacing methods offered by the government

family planning programme (Pill, IUD and Condom), the pill is most widely known among women (85 percent) and condom is most widely known among men (93 percent). Sixty one percent of women and 49 percent of men have knowledge about these three methods. Recently marketed modern methods have much lower recognition than other modern methods. Injectables are known to 49 percent of women and 45 percent of men, female condoms are known to 8 percent women and 17 percent men, and emergency pill is known to only 11 percent women and 20 percent men. The mean numbers of methods known is, men known slightly more methods (5.8) than women (5.5) average.

Contraceptive use by male and female

According to NFHS-III (Table No.5.4, Page 119) in urban area 37.8 percent of women opt for sterilization where as the male sterilization is only 1.1 percent. This shows the marked difference between the two genders using the permanent method. Fourteen percent women used contraceptive pills, 11.7 percent women used IUD, 0.5 percent used injectable, 0.6 percent of women used other modern methods 14.7 percent women used the rhythm method. Whereas only 22.6 percent male used condom or nirodh, a total of 74.3 percent of women used any form of contraception where as only 32.7 percent of Men use any form contraception.

In rural area 37.2 percent of women go for sterilization where as 1.2 percent men opted sterilization. For temporary method among women 9.8 percent used pills, 4 percent IUD, 0.4 percent injectable, 0.2 other modern methods and only 14.7 percent used rhythm method. 10 percent of male and 7.9 percent used withdrawal method in rural area. In total 62.4 percent of women and 18.1 percent of men used any type of contraceptive.

Conclusion

Many of the contraceptives used by female have lots of side effects. Which are hazardous to health, still percentage of women using any contraceptive is markedly higher than men. Out of many reason one of the main reason why family planning programme is women centric is the lack of motivation lack of availability and lack of awareness among men. So the Indian National Family planning should aim at influencing the male attitude about reproductive health and motivating them to share the responsibility in stabilizing the population growth there by contributing to the family welfare.

References

1. Size Growth and distribution of population, 2011. Available at <http://censusindia.govt.in/> 2011- prov.
2. Puken RS. Family planning in India Its History, Programme, Importance and Impact- Internet July 2014; 17:2017.
3. Gang S, Ritesh Singh. Need for Integration of Gender Equity in Family Planning services Indian Journal of Medical Research. 2014, 140(1):147-151.
4. United Nations. Report of the International conference on population and Development, Cairo, 1994.
5. United Nations. Beijing Declarations and Platform for Action: Fourth world conference on women: Action for Equality Development and peace, Beijing, 1995.
6. Chandna Khurana, 1989.
7. Joseph Ammu. India's Population Bomb Explodes over women Ms. November – December 1992; 3(3):12-14.
8. Agnihotri Gupta Jyotsna. New Reproductive Technologies, Women's Health and Autonomy: Freedom

- Or Dependency; New Delhi/Thousand Oaks, CA: Sage, 1996-2000, 706.
9. Manna. As in Negotiating- sexualities, Birth control and poor household, by Arna seal 2000 (Mandira Sen, Calcutta), 1996.
 10. Dyson Tim, Mick Moore. On Kinship Structure, Female Autonomy and Demographic Behaviour in India, 1983.
 11. Dutta DN, Dutta Lankes G, Jain M. Not my problem, Examining the male Attitude to contraception Sunday Calcutta, Anandabazar, 1992; 19-25:78-81.
 12. Barnett. As in Negotiating Intimacies Sexualities, Birth Control Poor Household by Arna Seal, 2000 (Mandira Sen, Calcutta) 1990.
 13. Dutta *et al.* reference No. 1992, 11.
 14. Joseph Ammu. India's Population Bomb Explodes over women Ms: 1992; 3(3):12-14.
 15. Ananta P, Dr. John Durgesh Kumar A. Family Planning Practice in Rural Kerala Scholar Journal of Applied Medical Science, Research Article, 2014; 2CIA:P-19-21.
 16. Joshi SM, Pati SB, Baselin P. on Indian Journal of Family welfare. 1990; XXXVI:2.
 17. Balaiah DM, Ghule DD, Naik RC, Parida KT, Hazari Fertility. Attitude and Family Planning Practice of Men in Rural community of Maharashtra. The Journal of Family welfare 2001, 56-57.
 18. NFHS III, 2005-06.