Sundar, Ramamani.: The Status of Women and Family Planning Acceptance: Some Field Results. The Journal of Family Welfare. 1990. p.60-68.

The Status of Women and Family Planning Acceptance: Some Field Results

Ms. Ramamani Sundar

Introduction

The term status of women is very elusive in concept and there are difficulties in defining as well as measuring it (for a detailed discussion on this subject, see Mason [1]. Though social demographic literature uses numerous terms such as female 'autonomy', women's rights, prestige, power or freedom to describe the status of women, its measurement is often confined to two standard and readily ascertainable variables - education and occupation. In this paper, these two indicators of status of women have been used to study their effect on contraceptive behavior.

Sample and Methodology

The field results described here are based on a recent survey conducted by the National Council of Applied Economic Research [2]. The study covered a large resettlement colony (for all practical purposes a slightly glorified slum) situated in east Delhi. The colony was set up in the mid -seventies to house migrant squatters from all over the city and the households in this area belong to low social and economic classes. The colony has minimum facilities like public taps and toilets. The households were allotted a 25 square yard plot and were given a small loan (two thousand rupees) to make a dwelling. With these facilities about half the households have built a permanent cement structure and the rest have a semi-permanent, or worse, a hut of sorts.

The sample consisted of 578 ever married women who had migrated to Delhi from the state of Tamil Nadu during the 1960s. Most of these women migrated either with their husbands or with their parents, in search of a livelihood in the capital city of Delhi. Data was elicited from these respondents on their educational level, occupation, knowledge and practice of contraception, and number of living children.

Results and Discussion

The paragraphs which follow analyze the status indicators of the respondents namely, education and occupation with their knowledge of contraception, contraceptive behavior and fertility.

Role of Education

Since our sample women belonged to a very low socioeconomic stratum, about 75 per cent were illiterate and the remaining so called 'educated' women had had only a few years of education, the average number of years of schooling being as low as 5 years.

Though female education is seen as a key determinant of contraceptive use and there is good evidence that women's education does promote the use of contraception in most developing countries, what makes our field results more interesting is the fact that even the few years of education that these respondents had, could bring about a fall in their fertility through greater knowledge and use of different methods of contraception. As shown in Table 1, the educated women not only had more knowledge of contraceptive methods, but they also knew how to acquire them since they had greater familiarity with modern institutions.

Table 1: Distribution of respondents' knowledge and practice of contraception by education, age and husband-wife communication

	15-19 years		30-49 years	
	No education	Some education	No education	Some education
% never discussed FP with their husbands	49.8	34.1	542	49.0
% discussed FP with husband immediately after marriage	4.5	12.2	0.5	0.0
% who do not know where to go for FP advice and supplies	15.4	2.4	12.1	6.1
% knowledge at least one modern non-terminal method	73.0	88.0	64.0	91.0
% who have used any method	46.3	50.6	56.8	75.5

% who have used*				
(i) Condom	14.4	11.0	4.2	8.2
(ii) IUD	15.4	23.2	4.7	14.3
(iii) Tubctomy	18.4	20.7	27.4	40.8
(iv) Vasectomy	1.5	2.4	23.7	18.4
% currently using contraception	36.3	40.2	54.7	69.4
% of non-users who intend to use FP in future	51.9	73.2	15.2	25.0

Sample size: 578

* Total of the percentage of those who have used the condom, IUD and sterilization is greater than the percentage of those who have ever used any method, since a woman could have used more than one method during her married life.

Greater knowledge and use of modem non-terminal methods by the respondents also indicates that educated women, even those with some years of schooling, are more willing to engage in innovative behavior than are less educated or illiterate women. And, in many third world countries, the use of contraception still remains innovative [3]. Further, progress in education increases contraception by reducing irrational fears about the side effects of birth control methods.

Education decreases the demand for children and concepts regarding ideal family size also undergo changes accordingly. This motivates the educated woman to find out ways of reducing her family size. The empirical data collected in two national sample surveys conducted by the Operation Research Group [4] [5] in 1970 and 1980 corroborate these relationships. Our, field also show evidence of a fall in the demand for children by educated respondents as compared to non-educated ones, and especially among older respondents.

Women who are educated are also more likely to be in a better position to discuss with their husbands, the, ways and means of avoiding of delaying pregnancies, since education reduces the communication gap between husband and wife. It is frequently argued that equality between the spouse influences contraceptive use, and education can enhance the quality of communication between husband and wife resulting in an

increase in contraceptive use. Our results do suggest better communication between educated women and their husbands especially in the case of younger women. The proportion of respondents who had never discussed delaying or avoiding pregnancy with their husbands was much lower among those who were educate than among those, who were illiterate (Table 1). Among older respondents 30-49 years age) the difference between the educated and uneducated was narrow, presumably because the longer duration of marriage itself brings about a better rapport between husband and wife and education no longer remain an important factor. Moreover, at the time when these latter respondents got married the family planning program was not so well known. Hence, educated as well as uneducated women were equally conservative in this respect. This is why education did not make any difference in the responses of older women when asked whether they had discussed contraception immediately after marriage - none of them had had such discussions. Younger respondents are also more likely to live with their in-laws and under such circumstances, only educated women are perhaps free enough to communicate with their husbands on such matters as fertility control.

This pattern of difference in husband-wife communication among the younger and older respondents was not reflected in their use of contraception. That is, the difference in the knowledge as well as use of contraception between younger, educated and uneducated respondents, was much greater than that among older respondents. This is in accordance with the studies of Beckman [6] and Hallerbach [7] which support the hypothesis that the link between husband-wife communication and contraceptive use is rather weak.

Table 1 also shows that the percentage of both current users and ever users of contraceptives increased with education. This is in accordance with several empirical studies which show a similar relationship between education and contraception. For example, the national sample survey conducted by the Operations Research Group in the early 1980s shows that the percentage of couples currently using contraception in India increased from 27.8 in the case of illiterate to 46.4 for primary, 53.0 for secondary and 64.4 for college educated women.

Our results reveal an interesting difference between educated and illiterate women in regard to their reliance on various methods. Educated respondents showed a greater reliance on methods like the IUD or tubectomy. Since education enhances women's freedom and confidence, they are able to adopt methods which do not require the cooperation of their husbands. Inspite of fears about side effects, the proportion of respondents who opted for the IUD was fairly high. The difference between educated and uneducated current users, especially the older ones, was also very high. Even

among those educated respondents who were not currently using any contraceptive, nearly three-fourths in the younger age group intended to do so in the future.

As a result of greater use of contraception, educated women had fewer children both ever born and surviving as compared to their illiterate counter-parts (Table 2).

Table 2: Distribution of respondents by educational level and fertility

	15-19 years		30-49 years	
	No education	Some education	No education	Some education
Mean number of children ever born	2.46	2.26	4.36	3.92
Mean number of living children	2.00	1.90	3.32	3.16

Sample size: 578

Despite lower child mortality which is generally associated with education, the mean number of surviving children was lower in case of educated respondents. Although, the difference in the number of children ever born (or in number of living children) between the educated and uneducated respondents appears marginal, it was found to be statistically significant at a 5 per cent level. One could argue that this difference may be higher due to differences in nuptiality factors such as age at marriage rather than due a greater use of contraception by the educated respondents. While there was a difference in the age at marriage between educated and uneducated respondents, especially older respondents (17.5 versus 15.8 years), the influence of this factor was marginal. A look at the figures on average number of children ever born and number of surviving children by duration of marriage (data not presented) showed that upto 10 years of married life, educated respondents had a higher average compared to the uneducated. However, when respondents who were married for longer periods (especially in the case of older women who were married for more than 20 years) were compared, the educated ones had fewer children. In other words, though the educated respondents had a higher average (number of children) in the short run, since they had married at an older age, they eventually ended up with a lower average family size. This, they were able to achieve, with greater use of various methods of contraception.

The Role of Employment

In spite of the popular view expressed that employment opportunities for women must be increased if birth rates are to come down, the relations between occupation and fertility is much less clear [8] . Whether employment would reduce a woman's fertility or not depends on the nature of employment, number of hours she has to spend outside her home, how best she can combine her job with her role as a mother etc.

In the present study, we found that there was one kind of female occupation which was clearly associated with lower fertility and higher contraceptive use. This was the occupation of a domestic servant. Respondents working as domestic servants had lower fertility and higher contraceptive use rates not only as compared to those who did not work at all but also as compared to those who worked in other kinds of occupations. This finding clearly brings out the importance of the nature of employment in determining the relationship between employment and fertility.

We found that about 54 per cent of the respondents who were employed as domestic servants in middle and upper middle class households had a distinctive fertility behavior and have emerged as family planning innovators (for details see Busu ad Sundar) [9]. These respondents wanted small families and, were more willing to accept family planning than were other respondents of similar socio-economic status, both working and non-working. The main reasons for such a desire and their greater willingness to accept family planning were the incompatibility between their productive and reproductive roles, easier access to birth control information and their continuous exposure to a wealthier lifestyle, which is perceived as being positively associated with low fertility.

A typical domestic servant works for six hours a day and is employed in four or five houses to sweep and mop the floor, clean dishes and wash clothes. Though domestic servants work part-time in middle or upper middle class households, they spend 'enough' time in each house to build up a rapport with their mistresses. The mistresses who are relatively free during the day when their husbands and children are away, usually talk to the servants and offer or accept advice freely on sundry matters.

The rapport which the domestic servants have with their mistresses who belong to a higher socioeconomic stratum helps them to gain knowledge about various methods of contraception and their availability. Also, since the homes in which these servants work possess luxuries like a television, a refrigerator, car or a scooter, there is a tremendous "demonstration effect". They feel that because of their small family size, they are able to enjoy a better standard of living, and are in a position to afford better food and better

education for their children. All these factors influence the domestic servants and motivate them to restrict their family size.

Moreover, domestic servants do not enjoy benefits like maternity leave or child care facilities which are generally available to women working in the organized sector. And unlike construction workers and farm laborers, they cannot carry their children along with them to their place of work. Apart from the fact that the domestic servants have to travel a long distance to their place of work (usually the homes in which they work are situated away from the slums) the children accompanying them may not be welcomed by their mistresses as they may 'dirty' their houses. This incompatibility between the domestic servant's productive and reproductive roles is one of the factors which discourages them from going in for more children.

Table 3 which presents selected indicators of contraceptive behavior such as mean ideal family size reflects the greater practice of the small family norm among the domestic servants.

Table 3: Distribution of respondents by occupation and age in relation to contraceptive behavior

	15-29 years			**30-49 years**		
	Domestic servant	**Other**	**None**	**Domestic servant**	**Other**	**None**
Mean ideal family size	2.56	2.82	2.74	2.7	3.32	3.24
% who have ever used contraception	54.7	47.1	37.9	61.2	70.0	53.3
% who have ever used						
Condoms	12.2	5.9	16.4	3.6	5.0	8.3
IUD	21.6	17.7	12.1	7.9	2.5	6.7
Tubectomy	20.3	35.3	15.5	25.9	42.5	31.7
Vasectomy	3.4	-	-	25.9	22.5	15.0
% who have used modern reversible FP method	36.5	23.5	26.7	13.0	10.0	11.7

Sample size: 578

Source: See Reference No. 2

* The total of the percentage of those who have used the condoms; IUD and sterilization is greater than the percentage of those who have ever used any method, since a woman could have used more than one method during her married life.

The pattern of contraceptive behavior indicates not only higher contraceptive use, but a proper mix of various methods - terminal as well as non-terminal-used by respondents working as domestic servants, as compared to the other two categories of respondents. That these respondents begin to practice contraception earlier than those who were unemployed or engaged in other occupations is indicated by the greater occupational differential among the younger respondents in the use of contraception. Moreover, they seemed to rely more on modern non-terminal methods of birth control, which is contrary to the general pattern seen all over the country. Even among the non-terminal methods, surprisingly, it was the much maligned, it was the much maligned and discredited IUD which was more popular. Among unemployed respondents and those in other occupational categories, the use of the condoms was higher, and in the case of the IUD the domestic servants scored over the other two groups. Since exposure to new ideas and freedom of movement is much higher in case of the domestic servant category as compared to the other two groups, it is easier for them to go to any family planning center or a government hospital for the IUD, even without consulting their husbands. Moreover, since a large number of the domestic servants go to a hospital for their delivery, they have greater access to the IUD.

Though there were only five cases of legal abortion, all the five cases were reported by the domestic servant category. This indicates that these respondents are bold enough to go in for a medical termination of pregnancy, in all probability after consulting their employers.

The sterilization acceptors among the domestic servant category are also different from the population in the rest of the country, who perceive vasectomy to be more complicated and therefore less desirable than laparoscopy, or even tubectomy [10]. Among younger respondents in this group, 3.4 per cent of the husbands were sterilized though not a single case of vasectomy was reported by the other two groups which showed a preference for female sterilization. Even among older respondents, though

vasectomy had been adopted by a substantial number of respondent couples, tubectomy was twice as common as vasectomy in the other two groups. Male and female sterilization rates, were about the same in the domestic servants' group. Of course, it is quite possible that the husbands of the latter respondents agree to undertake vasectomy not because of the greater authority that their wives wield but because of the income their wives would lose if they are absent from work on account of the operation - a loss that the men who generally work in the organized sector do not have to face. Also, in a large number of cases, the woman domestic servant is the main bread winner of the family, and even if she is not the sole earner, the husband usually has an informal job with an irregular income; moreover, whatever little he earns, is spent on drinking or gambling. In such households, the woman domestic servant cannot afford to absent herself from work for a long time. While men who undergo vasectomy do not require hospitalization, women may have to be hospitalized for sterilization, if it is not a laparascopy, and to this must be added a few days' rest.

As a result of greater awareness and use of various methods of contraception, this category of domestic servants had the least number of children both ever born and currently surviving as compared to respondents in other occupations as well as housewives i.e. unemployed respondents (Table 4).

Table 4: Distribution of respondents by occupational differences in fertility

	15-29 years			**30-49 years**		
	Domestic servant	**Other**	**None**	**Domestic servant**	**Other**	**None**
Mean number of children ever born	2.33	3.12	2.40	3.99	5.05	4.40
Mean number of surviving children	1.85	2.47	2.06	3.12	3.57	3.48
Mean number of live births* in first 5 years of marriage	2.05	2.25	2.03	1.68	1.72	1.72
Mean number of births* during last 5 years	1.43	1.6	2.03	0.40	0.44	0.85

* Includes only those respondents married for at least five years

Sample size: 578

Source: See Reference No. 2

It is unlikely that these differentials in fertility could be due to differences in their age at marriage or due to differences in their educational level, because age at effective marriage is very similar in all three groups, and among the three categories of respondents, the domestic servants had the lowest level of education. Nor do the differentials in the two occupational groups result from the length of working life of the latter respondents (for detailed discussions see Basu and Sundar).

Conclusion

There is no doubt that female education has a powerful impact on fertility and contraceptive behavior; education decreases the demand or desire for children and increases the use of contraception thereby reducing fertility. This association between female education and contraceptive use has implications for the education policy of India. Compulsory female education at least upto primary level and a proper check on the drop-out rates from schools will, in the long run, help to reduce fertility.

Similarly, though our field results as such do not show any evidence of occupation of women leading to greater acceptance of various methods of family planning, the employment of women as domestic servants seemed to exert a positive influence in bringing down fertility by motivating them to adopt a family planning method. In the case of domestic servants the motivation to adopt birth control methods operates through three paths: (a) greater in-compatibility between job and childbearing, (b) greater exposure to the benefits of a small family, and (c) greater effectiveness in achieving an ideal family size. This again proves that creating job opportunities for women outside their homes rather than in cottage industries, may bring about better results in reducing fertility.

References

1. Mason K.O.: The Status of Women: A Review of its Relationship to Fertility and Mortality. The Rockefaller Foundation, New York, 1984

2. Basu, A. M.: Culture, The Status of Women and Demographic Behavior: A Field Examination of Some of the Relations National Council of Applied Economic Research, New Delhi, 1988.

3. Dyson, T. and Moore. M.: "On kinship structure, female autonomy and demographic behavior in Inia", Population and Development Review, 9(l): 35-60 (1983).

4. Operations Research Group: "Family Planning Practices in India, First all India Survey, 1970. ORG, Baroda, 1973.

5. Operations Research Group: "Family Planning Practices in India, Second all India Survey, 1980, ORG, Baroda 1983.

6. Beckman L.J.: "Communication power and the influence of social networks in couple decisions on fertility" in Vol. 2, Determinants of Fertility in Developing Countries, National Academy Press, Washington D.C. 1983.

7. Hallerbach, P.E.: "Fertility decision-making process, A critical essay" in Vol. 2, Determinants of Fertility in Developing Countries, National Academy Press, Washington, D. C. 1983.

8. Standing, G.: "Women's work activity and fertility", in Determinants of Fertility in Developing Countries, Vol. 1, Eds., R.A. Bulatao and R.D. Lee, Academic Press, New York, 1983.

9. Basu A.M. and Sundar, R.: "The domestic servant as a family planning innovator: An Indian case study", Studies in Family Planning, 19(5): 292-298 (1988).

10. Basu, A.M.: "Family planning and the emergency: An unanticipated consequence", Economic and Political, Weekly, 20(10):422-23, (1985).