

Perceptions of temporary contraceptive methods in rural India

Family planning is highly touted by the Indian government as the population continues to increase. Traditionally, a woman is expected to conceive within a year of marriage to prove that she is indeed fertile. Because a woman's status is linked to her fertility, contraception becomes a complex issue. The majority of contraceptive use in India is female sterilization. In Maharashtra State, 80-90 percent of contraceptive use is female sterilization. Temporary methods, such as the pill, IUD, and barrier methods are not commonly used, particularly in rural areas, suggesting that contraception is generally a method of stopping births altogether and is not used as a spacing tool. The Indian Council of Medical Research found that "among the ever users of family planning, there was no concept of either delaying the first birth or spacing between two child births." Contraception is only considered after the desired family size has been reached, generally after at least three live births or two sons.

India has been successful in reducing its fertility rate, but the health of children and mothers would improve further through the practice of child spacing. Temporary contraceptive methods are ideal for ensuring spacing between children. These methods, however, have not been accepted by Indian women despite the fact that they are provided free of charge at government facilities. The question remaining is, what are the factors deterring women from adopting temporary contraceptive methods? A qualitative study was conducted to address this question.

Methods

This study occurred in the rural area of Vadu, 25 kilometers from Pune, Maharashtra, India, in collaboration with King Edward Memorial Hospital Research Center (KEMHRC). Subjects in this study are married rural women and men aged 18-45 in Vadu, located in the Pune District of Maharashtra State, India. Participants were married men and women, aged 18-45, and were

recruited through local community health workers. Focus groups (10) and in-depth interviews (20) were used to assess knowledge, perceptions, and use of temporary contraceptive methods. Translators fluent in both English and Marathi were trained as data collectors, transcribers, and translators. No form of compensation was offered to participants. Participation was completely voluntary.

Six focus groups of 6-10 married women and four focus groups of 6-10 married men each were stratified by age (18-29, 30-45), and previous contraception use (ever user, never user, and sterilized). Age stratification was due to the age hierarchy that exists in Indian culture. Those who are older hold more power and may prevent younger women from speaking. Stratification based on previous contraceptive use was done because women and men may have different opinions based on their own different experiences. Male focus groups did not include the sterilization category and definitions of ever and never user were based on previous use of temporary methods and not any method.

Interviews were conducted with 10 married women and 10 married men aged 18-45 in order to determine the experiences of individuals.

Participants were asked questions to determine their perceptions of modern and temporary contraceptive methods. Question guides were developed in collaboration with KEMHRC faculty and piloted to ensure cultural appropriateness. An autonomy tool was used upon completion of the focus group question guide in order to determine the decision making power that a woman holds within her household. All focus groups and in-depth interviews were audio-taped and transcribed for analysis.

Topics addressed through both focus groups and interviews include:

- Power structure within the spousal relationship
 - Who makes contraceptive decisions?

- How are these decisions arrived at?
- Perception of temporary contraceptive methods
 - Are spacing methods known?
 - Are spacing methods favorably viewed?
- Acceptability and access to temporary contraceptive methods
 - Are spacing methods culturally acceptable?
 - Are spacing methods an acceptable option for contraception?
 - Are spacing methods accessible?

Results

Married women and men in the Vadu area have accepted the promotion that two children is enough. Most woman and men state that the ideal family consists of two children: one boy and one girl, although this may be overridden by the couple's desire to produce a son or respect for the wishes of elder family members. Modern temporary methods of contraception are known by community members in that they can be named, but details of the methods are less certain. Temporary methods in general are considered risky or undesirable due to widespread misconceptions regarding the methods. Women generally have the amount of children required to complete their families and then opt for sterilization. Abortion is used for spacing, though is not considered to be a contraceptive method by men or women. The decision-making power that a woman holds in her household is dependent largely on the type of family that she resides in, joint or nuclear, and may also be dependent on her level of education. The results of this study demonstrate clear knowledge gaps and misconceptions that need to be addressed in order to improve the contraceptive method mix in India. An increase in the use of temporary contraceptive methods has the potential to significantly improve maternal health indicators, but first requires a significant shift in the population's perceptions of these methods.