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Original Research Article

Addressing family planning needs among low-literate population in peri-urban areas of Delhi, India: a qualitative inquiry

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ABSTRACT

Background: Since several decades, population control has remained one of the major challenges for India. Understanding family planning (FP) related knowledge and practices, especially among low-literate population groups is important for increasing the reach of FP services nearer to them, which is an essential step for population control as well as to prevent unwanted pregnancies.
Methods: We conducted a cross-sectional, qualitative research study among low literate population in peri-urban areas of New Delhi, bordered with Uttar Pradesh (U.P.) state. We selected and interviewed 27 participants including married men and women in the age range 18-34 years using semi-structured interview schedules. The focus of inquiry was on fertility awareness; beliefs and practices related to menstruation, pregnancy and FP methods etc. and decision making about FP. The data were processed for thematic analysis.
Results: The study revealed lack of basic scientific knowledge about fertility in this community which often resulted into unwanted pregnancies. This finding has major implications especially when the Government's FP program is geared mainly towards sterilization and conventional spacing methods. The study further confirmed that traditional beliefs and practices like separating women during menstruation still prevail in many joint families, but less likely in the nuclear ones. There were mixed opinions about spacing methods. Husband was reported to be main decision maker in FP process in this male dominated society. Regarding sources of information on FP, women reported elder women, lady clinicians and peers whereas men reported only peers.
Conclusions: This study points out various barriers for FP around which basic FP education for both men and women in this community need to be provided. The study will have implications for other parts of India which share the same socio-cultural milieu as this community.

Keywords: Contraception, Family planning, Fertility, Unmet need

INTRODUCTION

Family Planning (FP) 2020 is a global partnership that emerged from the 2012 London summit. It aims to enable 120 million more women to use contraceptives by 2020 and supports the rights of women to make a decision to have children.[1] Goals of FP2020 have special relevance for population control in India which has population of over 1.2 billion (second highest in the world).[2] As a result of overburdening of population, India face several problems such as increased poverty rates, crime, sanitation problems, pollution, depletion of natural resources and high burden of communicable and non-communicable diseases. In order to deal with these

issues, population control remains among high priorities for India. India's National Health Policy 2017 also targets towards increase in life expectancy and attainment of healthy life and reduction of total fertility rate to 2.1 and to meet need of FP above 90% at national and sub national level by year 2025.[3]

According to FP2020 progress report for the year 2013-14, approaches to population control in India have been changing. The old sterilization-centred emphasis is receding and FP is now understood as a crucial intervention to improve health and reduce maternal and child mortality. The focus is on making more choices available to women to achieve birth control and to provide required information, services and supplies. Attention is also being paid for increasing literacy among girls. Nevertheless, if goals of FP2020 are to be achieved in India, it is crucial to understand the existing FP scenario across different socio-cultural strata of the society which can help to decide on what choices/technologies can be adapted for Indian settings.

A critical review of FP program in India shows that despite Government's significant efforts to increase the reach of family planning services nearer to the communities, about 25% of surveyed women reported that their pregnancy was unintended. Moreover, this observation was noted in all three rounds of NFHS conducted throughout India during 1992-2006.[4] Such worrisome proportion of women with unmet need which often results in unwanted pregnancies, presents one of the greatest challenges associated with Indian women's reproductive health. Experts consider it as an important public health issue because of its association with adverse social and health outcomes.[5] These outcomes may include lesser attention to a woman during an unintended pregnancy as compared to an intended pregnancy, which can lead to an increased risk of low birth weight, premature birth and a high risk of infant mortality.[5-7] The recently published NFHS-4 round (2015-16) data indicated no significant difference in the utilization of conventional family planning methods among women of age 15-49 years during NFHS round 3 (2005-06) and round 4 (2015-16).[8]

The Family Welfare Statistics in India (2011) shows that among 29 States and 7 Union territories of India, Uttar Pradesh (U.P.) is the most populated state (Population: 199,581,477 as per Census 2011), and it is particularly reported to have a maximum number (n=81420) of medical termination of pregnancies (MTPs) in the country performed by 576 approved institutions.[9] A previous study across six cities in U.P. showed that there was a high unmet need for FP to limit childbearing than for spacing births and that the poor women have more unmet need than the rich women.[10] The same study concluded that there is a need for identifying less educated women and targeting them for sending appropriate messages on FP to meet their fertility desires. The above-mentioned reports underscore an urgent need for understanding FP issues in this state which would provide valuable information for undertaking necessary intervention measures for preventing unintended pregnancies and abortions and help to achieve population control.

The present study attempted to answer following research questions:

- What is the general level of knowledge about the menstrual cycle, fertility, and FP, and where do individuals seek information about these issues?
- What are the existing FP practices in the community?

METHODS

The present exploratory qualitative study was undertaken in collaboration between Georgetown University and Maharashtra Association of Anthropological Sciences, Centre for Health Research and Development (MAAS-CHRD) in three peri-urban sites in Delhi, India. The study used focused ethnographic approach and principles of grounded theory. For making contacts with respondents and facilitating this study, MAAS-CHRD sought help from a local institute 'AWSAR India' which works in peri-urban areas of Delhi. These areas have a substantial proportion of migrants from the U.P. and thus they represent a group which has FP needs similar to that for the U.P. A review of literature provided an evidence base for designing and undertaking a study to understand FP needs among men and women in the low–literate population and their views on accessing information on FP. Interview questions were carefully designed based on the input from the literature review and authors' collective professional and research experience with FP in India.

Sampling

Three sites namely Ashoknagar and Loni (on the borders of Delhi and U.P.) and Dankaur in U.P. were selected for this study. These sites were selected for maximum variation in the socio-economic status. At each site, participants were selected based on criterion sampling: married women in the age range 18-34 years and married men in the range 21-34 years. These particular age groups were selected for two reasons- first, the legal age for marriage for women in India is 18 years and for men it is 21 years; second, targeting this particular reproductive age group which has a reasonable exposure to mobile phones and media was the most appropriate to check the feasibility of using technology to communicate FP related information. Respondents fell into one of three literacy categories:

- basic literacy, defined as minimum but adequate ability to read and write
- people having numeracy, defined as those who can read or write numbers only and

- low- literacy, defined as inability to read or write well enough to perform necessary tasks in society. A participant eligibility guide was used to assess participants' literacy levels.

Tools and data collection

Semi-structured interviews with duration of approximately 60 minutes were conducted in person in the local offices of AWSAR-India that are located in Ashoknagar and Loni. In Dankaur, respondents were interviewed at their work places (brick kilns). Each male respondent was interviewed by two experienced male researchers and each female respondent was interviewed by two experienced female researchers. These interviews were conducted in different rooms/places to protect the privacy of each respondent and to have a confidential discussion. Separate interview guides were developed for men and women; those were translated into local language "Hindi", and pretested prior to study implementation. The interview guides included questions related to socio-demographics, family background, fertility awareness, couple communication, perceptions, awareness and experience of FP methods etc. Participants were offered mobile phone talk time (Indian rupees 500 or $8) for their participation. Participation was voluntary and written informed consent was obtained from each respondent prior to his/her interview. Interviews were carried out in May 2013.

Analysis

Audio recorded files of interviews were transcribed initially in Hindi and later translated in English by the research team. Second level quality checking was also carried out by the senior researchers. Qualitative data management software (MAXqda version 11; Verbi, Germany) was used to facilitate the analysis.

For descriptive data, two levels of coding were carried out. At first level, descriptive coding (summarising the segments of data) was done. This was followed by second level of pattern coding which grouped those summaries into smaller number of sets, themes and constructs.[11] This further helped in laying the groundwork for analysis by surfacing common themes and directional processes.

RESULTS

During the eligibility survey, the study team did not identify any participant in the category of 'Numeracy'. Thus the study included participants belonging to only two categories (Basic and Low literacy). As per the requirement of the study, the study team purposively selected 27 respondents (18 women and 9 men) from the list of 69 people that participated in the survey from all three settings. The sample distribution is indicated in Table 1.

Table 1: Sample of study respondents.

Age Groups	Ashoknagar				Loni				Dankaur			
	Male		Female		Male		Female		Male		Female	
	BL	LL	BL	LL	BL	LL	BL	LL	BL	LL	BL	LL
18 - 24 years								1		1		2
25 - 30 years	1		4	2	1		3	1	1			2
31 - 34 years	2				2		1			1		2
Total (n=27)	3		4	2	3		4	2	1	2		6

BL: Basic Literacy; LL: Low Literacy

Socio-demographic profile of participants

The sample included a total 27 respondents in the age range of 20-33 years. The mean age for respondents was 28.4 years (27.8 years for women and 29.4 years for men). Respondents in Ashoknagar and Loni were Hindus, however many respondents (5 of 9) from Dankaur area were Muslims. Both women and men in Dankaur were working as brick-kiln labourers migrated from other parts of U.P. Men respondents from Ashoknagar and Loni area were involved in skilled labour work such as tailoring, electrical work, driving etc. whereas women were mostly housewives. Majority of respondents in Ashoknagar and Loni mentioned that they had extended families (two brothers and their wives and children living in the same house) or joint families (a couple living with either the wife's or husband's parents). Some were living with just their nuclear family (Husband, wife and children), especially the migratory populations in Dankaur. Respondents in Ashoknagar and Loni area reported having 2-3 children, whereas in Dankaur area where respondents mainly belonged to Muslim community reported having 4-5 children.

Menstrual cycle: Beliefs and practices

All respondents- both men and women were well aware of the menstrual cycle and the phenomenon was commonly referred as 'MC' or date or local terms such as 'mahawari', 'mahina'. When inquired about tracking of

menstrual cycle, majority of women mentioned that they are concerned and do keep a track of it---mainly to avoid conception and they were cautious about other health problems that might result during the menstruation.

A woman in Ashoknagar could clearly talk about menstrual cycle- "Initially my date used to come; many women refer it (menstruation) as date. I am educated. It used to come on 1st and now after having children, the time has changed. Now it comes on 28th and goes up to 3rd and then it stops" (A literate female, Ashoknagar).

"There is a need to keep this information. We are husband and wife, sometime relations (bolchal) happens. We are afraid that menstruation may stop and a child may be conceived. We are concerned about that and do not want to conceive" (A low-literate female, Dankaur).

However, another low-literate woman in Dankaur who was pregnant at the time of interview mentioned that she did not remember whether menstruation was regular. She was not even sure when it would come after delivery and was concerned about it.

"Initially I used to remember; now I do not remember anything. Since the time baby is in my womb, I do not remember anything. I do not have any information about this".

When inquired about ritual beliefs and practices during menstruation period, some males mentioned about current practices. Following quote from a male respondent in Loni elaborates the situation in a joint family with higher socioeconomic status. Menstruation is considered as filthy and traditional practices like social isolation of women during menstruation still prevail in some places.

"See, the situation in every house is different. Many people consider it (referring to menstruation) filthy. If food is being served in a house, people say just take rest (stay away). However, in some places people say no problem. She is the only one to do (she is the only one to look after the household chores). In general, in this area (community) there is no such thing as staying away (during menstruation). But when it is like people who have a big house, they are pandits (those with higher status in the society), and if they have maids in the house, they will tell them-'when you have this (menstruation), don't go in the kitchen or wash utensils. Just clean with broom and go away'. Today also there are people who take objections on this thing (menstruation)." (A literate male, Loni)

Another male from the same area mentioned that a woman has to look after family and children and explained why it would be difficult for a woman in a nuclear family to remain separate during the menstruation.

"She will do everything. We do not have anybody in the house who can cook and we have children, I go out for work, then who will feed the children? She will only have to do that (feed children). But she will keep her hygiene in those days" (A literate male, Loni).

Perceptions and beliefs regarding pregnancy

We observed that majority of the respondents in three study sites were not sure about the fertile days and when a woman can conceive which clearly indicates low awareness about this issue in this population.

People had diverse perceptions and beliefs about the days on which sexual relations happen and a woman can become pregnant. Furthermore, we observed that the study participants did not speak openly about sexual relations but rather used local lexicons such as "bolchal or batchit" which means 'discussion'.

There is a widespread belief that fertility begins after the 4th day of the menstrual cycle. This is generally the last day of bleeding, the day on which women take a "head bath" (wash her entire body including hair) as a traditional practice. Narratives from some women elaborated this.

"When menstruation (locally referred term 'MC') happens, clothes become dirty and the man keeps away. When we take head bath ('sir dhoye' in local language-Hindi) and we have a sex ('Bolchal') within 8 days, then the pregnancy can happen. But it depends on God's will. This is not in our hands. We have 4 children and now I don't even remember in how many days it happened" (A low-literate, female Dankaur).

"When the month is over (referring to menstruation), on the 5th day when head is cleaned, then until 15th day, the mouth of uterus remains open. During that if bolchal happens, then pregnancy will occur" (A female, Ashoknagar).

A male said, "As month comes (month is referred to menstruation), 10-12 days after that the mouth of the uterus ('bacchadani' in Hindi) remains open. During that period if 'batchit (sex) happens, then a woman can become pregnant" (A male, Loni).

Some male respondents perceived the linkage of conception to a particular season.

"There is no such thing as time. During the winter season, when a woman has menstruation, after it is over, within 3-4 days they have sexual relations (local hindi term "batchit"), then it (pregnancy) happens (A male, Loni).

Fertility desires

When inquired about respondents' desire for having a child in next one year, most of them denied for that. Most

of the men and women respondents said the decision to have children is usually made jointly between the husband and the wife; nevertheless, the husband is the ultimate decision- maker. Many respondents said they discuss this issue openly with their spouse. As far as fertility desires were concerned, there was not much disagreement reported within the couples. In case there is any disagreement, husband's decision remains final and that is the widely prevailing social practice.

"We have three daughters and a son. Now we don't have any thought of a child. These many are sufficient. If we think that we want one more son and if a daughter is born then that is not right. Whatever God has given is more than enough. Now there is no thought further" (A low-literate female, Dankaur).

Some participants expressed a desire to limit their family due to the increased cost of living.

"The cost of living is very high. I am the only earning member [of the family]. How can we make both ends meet? We have to pay rent as well. Children's education is there. Those who born should get educated, that is more than enough" (A male, Loni).

In case of only one couple, an unfortunate death of the first child in the womb and then no conception for a long time was seen to be the reason for desire of a child.

Desire for a male child

In Ashoknagar, a male having three daughters expressed a desire for having a male child after having many daughters. This represents a typical feature of Indian society and strong existence of traditional thinking of having a desire for a male child which is considered as a support for parents in the old age and who will carry forward the name of their family.

"We have three daughters. We are thinking- if one son is there, then we will get FP operation (female sterilization) done" (A male, Ashoknagar).

Awareness and experiences with the FP methods

Majority of participants (22 of 27) had an experience of using at least one of the FP methods. Overall, condom use was reported by half (13 of 27) of the respondents among which men and women were almost in equal proportion. A few women reported that they were not aware of condoms and that it is husband's will and decision which they also accept.

"I am not much aware of condom. My husband used to bring it. His friend told him to use that for preventing child conception. So, we are using it" (A low-literate female, Dankaur).

Less than half of women respondents were using any method—most common was Copper T (5 of 18) and pills (3 of 18) (Saheli or Mala D) prescribed by doctors and that they uased to take two hours before the intercourse. Two respondents who reported use of condoms also mentioned that they used pills in the past.

Regarding access to FP methods, majority of males reported that they buy condoms through medical stores only.

Another male justified use of condoms not only for preventing unwanted pregnancy but also, they view their safety (from sexually transmitted diseases or STDs).

"First, it does not lead to pregnancy and second, we can also remain safe".

Some males doubted about the quality of condoms in the market. They expressed concerns such as its leakage/ rupture may cause pregnancy.

When asked about the reasons for not using or stopping the use of any FP methods, respondents had various ideas. Women were concerned about the side-effects of pills because of which they stopped using them after consultation with the health provider.

"Yes, I had consumed Mala-D pills. There is five years difference between my eldest son and eldest daughter. I was consuming pills. But later pills started causing me problems. Because of that, I started getting rash on my body. It used to turn reddish and hot. Then I showed that to our family doctor. Actually, my husband asked him that my wife has this kind of problem. So, the doctor advised to stop those pills as it caused problems. So, I stopped consuming" (A low-literate female, Loni).

"No, it was cleared (medical termination of pregnancy was carried out). My child was spoiled. I don't know how it happened, but may be because of pills which I was consuming" (A low-literate female, Ashoknagar).

A woman in Dankaur expressed her perceived fear about using Copper-T. She would prefer to go for an operation which would be a permanent measure for preventing children.

"I am not interested in using Copper-T. When I do not want to have child, I will directly go for an operation. Because of that, it will be permanently stopped. I heard about Copper-T. But I am not willing to go for that. I am scared of that if something happens (wrong). Many say that -------it affects the blood vessel in the (uterus). Some disease might happen because of that. That is why I am afraid. I have not seen it yet, but I think like that" (A low-literate female, Dankaur).

Another woman narrated her neighbour's experience of using Copper-T and indicated her unwilling ness to use it.

"My neighbour got implanted Copper-T, but it did not suit. About 5-6 months there was heavy bleeding, so visited the doctor and got it removed. Hence, I also don't want to go for it" (A low-literate female, Ashoknagar).

Five respondents (4 women and 1 male) mentioned that they prefer to keep abstinence.

"We have not done operation, nothing. We don't want a child. I keep control on myself. When MC is over after that for 10-15 days we do not do sex. It is now 9 years passed after our marriage. Till date we have not used anything (contraceptives, condoms etc.). We have not used any tablets" (A male, Dankaur).

Men reported positive as well as negative experiences with regard to condom use while women provided positive as well as negative experiences with pills and Copper-T.

Sources of information on fertility

As far as sources of information on fertility were concerned, family type and literacy level seemed to be influential factors.

Regarding information on FP methods, major sources of information reported by men were doctor, media such as television and married peers or colleagues at work place; whereas a doctor, ladies in the neighbourhood or friends and sister in laws in the family were reported by women.

Low-literate women in Dankaur area, those especially staying in a nuclear family mentioned that they first speak to their husbands and then to the doctor.

Unlike Dankaur, some women in Loni mentioned that they prefer to talk to the women members in the family such as sister-in-law, sister or other peers. Through them they used to get information or clarify their doubts.

"When it (menstruation) did not happen, one week passed. Then I thought it did not happen with me so I asked my husband to get a machine for urine check (pregnancy test kit). I saw with that there were two lines. So I came to know that I conceived. My sister-in-law told me about that" (A female, Loni).

In Ashoknagar, a woman participant reported how a doctor became the source of information.

"When my first child was born, the doctor told me not to have sexual relations at least for next 8 months. When I asked, she said after having a child birth the mouth of the 'bacchadani' (uterus) remains open up to 1 month. Then I said okay. Further she told me that after menstruation at least 15 days gap should be there" (in case you want to have sex) (A female, Ashoknagar).

Some male respondents mentioned that discussion with peers at work and doctor were main sources of information related to fertility issues.

"These things come from our friends, especially those who are married before us. Doctor also told about this" (A male, Loni).

FP decision making

Following narrative elaborates that fact and also reiterates the dominant role of male in the decision making on FP.

"We are going to have a child, so first I consult my husband. Whatever my husband says, I do that only. This matter depends on him. If he says fine, it is okay, otherwise not. That way such situation has not arrived so far" (A low-literate female, Dankaur).

In some joint families mother-in-law also has influence on FP decision making and the choice of method. A narrative from Muslim woman in Dankaur reveals that religion may influence FP decision-making

"If a lady is operated (tubal ligation is carried out), then after her death, the last namaaz or 'aakhri namaaz' which is offered, that won't be there. [means if any lady has undergone FP operation then after her death; the 'aakhri namaaz' is not offered to her body. Among Muslims, during the death rituals generally they offer namaaz called as the 'aakhri namaaz' to the dead body (A low-literate female, Dankaur).

DISCUSSION

This study provides insights to knowledge, attitudes and practices related to fertility and family planning in the peri-urban areas of Delhi. It confirms the findings from an earlier study by Garg et al.[12] that menstruation is associated with taboos and restrictions on work, sex and bathing.

Garg et al reported that the taboo on not going into the kitchen, which had been observed in rural joint households was no more observed after migration from rural areas due to lack of social support mechanisms. The present study shows that it applies to women in nuclear families who lack support but the taboos still prevail in case of women in joint families with higher socio-economic status.

Majority of study respondents could not answer scientifically considered fertility period (8-19 days) from the onset of last menstruation, which clearly indicates the poor knowledge about fertility in this community.

Furthermore, such lack of scientific knowledge on has resulted in medical termination of many unwanted pregnancies. However, these MTPs happened not only as a result from the lack of knowledge, but also from the

desire of a male child in some cases. Unfortunately, the MTP (locally referred as *"safai"* means cleaning) is being considered as 'normal' and as one of the FP options in this community. This issue requires a serious attention as it negatively affects women's health. In general, husband is the decision-maker of MTP in this male-dominated community and a woman who ultimately suffers has a very little say on that.

As far as the contraception was concerned, overall, respondents were found aware of three modern spacing methods such as Copper-T, pills and condoms. This finding is consistent with that of NFHS report which reported the level of awareness of each of the three spacing methods exceeds 80 percent.[4] Nevertheless, women participants in the study knew about Copper-T and contraceptive pills, but they were found less aware of condoms. Although the National Family Welfare Programme claims to provide condoms and pills through free distribution and social marketing schemes, majority of men respondents mentioned that they purchase condoms from the medical stores.

This might suggest that either the respondents were not aware of free distribution of condoms through government facilities or they did not have trust in those products. It might be possible that a few could not access free contraceptives in this area.

A few respondents expressed concerns over the quality of condoms. Some respondents expressed satisfaction with spacing methods, others reported dissatisfaction and perceived/ experienced side-effects of pills or Copper-T. Interestingly, some Muslim women in the study reported lesser preference to female sterilization, an observation in line with the documented lowest prevalence (21%) of female sterilization among Muslims in NFHS report.[4] The present study further explored that there are certain religious practices behind this.

A previous study revealed that the providers may sometimes restrict clients' access to spacing and long acting permanent methods of family planning based on age, parity, partner consent and marital status.[13] Moreover, at times they make erroneous judgments about their clients' education, FP needs and ability to understand FP options and thereby impose unnecessary barriers to FP methods. India's Family Welfare Statistics report points out factors like female literacy, girl's age at marriage, status of the woman in the society, and involvement of men play a significant role in decision making on FP.[9]

The present study while confirming the existence of some of the above mentioned factors which serve barriers for FP in this community also points a few additional barriers (Figure 1).

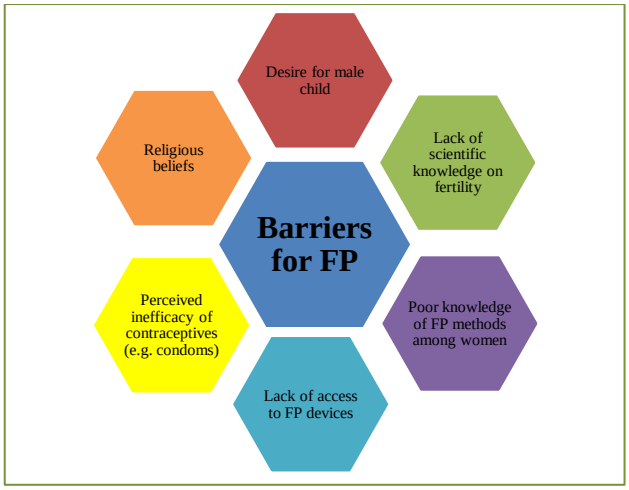

Figure 1: Barriers for family planning (FP) in a low-literate community.

It is worth noting that some women participants keep track of their menstruation. This observation has a positive implication for providing useful information on fertility and FP for women and they can be empowered to prevent unwanted pregnancies that currently result due to their lack of knowledge about family planning. FP related information can be provided initially through either one-to-one discussion or focus group discussions to build the confidence among people. Since women respondents reported major sources of information such as discussion with other women family members and men reported discussion with peers, separate group meetings for women and men can be organized for creating more awareness about FP issues in this community. An introduction to CycleBeads coupled with use of modern spacing method such as use of condoms for those who are comfortable using these need to be explored specially to prevent unwanted pregnancies. CycleBeads is a hands-on visual tool used by millions of women worldwide, and is the original way to identify the fertile days using the Standard Days Method of family planning. It is a color-coded string of beads representing a woman's menstrual cycle. It helps a woman track her cycle, identify when are fertile days and non-fertile days, and monitor that her cycles are in range for effective use of this family planning method.[14]

Although this study helped to unearth many issues linked with FP, it had some inherent limitations. A small sample size and cross-sectional nature of the study limit generalizability of the findings. Another limitation was that the locally spoken language 'Hindi' was not a pure form as spoken in Delhi and other parts of North India. It was Dehati khadi (village-side)-Hindi mixed with some Punjabi words. So the women researchers sometimes faced problems in communicating with women respondents. Lastly, FP being a sensitive topic, some respondents were shy and could not talk openly to the researchers.

CONCLUSION

In conclusion, for many decades, the FP program in India emphasised on sterilization which resulted in limited adoption of reversible methods and information about the benefits of birth spacing. However, in low-literate communities where this study was conducted, there is a priority need for basic education on fertility and FP.

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