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ANALYSIS OF SOCIAL ,ECONOMIC AND CULTURAL DETERMINANTS INFLUENCING THE UTILISATION OF MODERN FAMILY PLANNING METHODS AMONG WOMEN(15-49) IN AAYUSHMAN AAROGYA MANDIR(SUB-CENTRE) SUDDHOWALA DISTRICT, DEHRADUN UTTARAKHAND

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ABSRACT

Several factors influence contraceptive use, including individual-level characteristics like age, education, and relationship status, as well as social and cultural factors like peer influence, religious beliefs, and community norms. Another important factor is the attitude of healthcare personnel as well as the availability of relevant information and services. Improving family planning services and increasing mother and child health requires studying the determinants of contraceptive use. Targeted interventions to enhance access and uptake can be made possible by gaining a better understanding of why some persons choose not to select contraception.

The research strategy used was a cross-sectional descriptive study that included qualitative and quantitative techniques. Stratified random sampling was used to choose 200 women from a wide range of demographics and socioeconomic backgrounds. Interviews with healthcare providers and an accredited social worker activist at the subcenter, as well as focus groups with women from the community, and standardised questionnaires were used to gather data. We used SPSS and MS Excel to analyse the quantitative data, and NVivo to process the qualitative data and find patterns and themes.

Researchers found that low rates of contraceptive uptake in the Sudhowala area are due to a confluence of social, economic, cultural, and political variables that affect family planning utilisation.

Keywords: family planning services, mortality, contraceptive, total fertility rate

Introduction

A person engages in family planning when they deliberate about when to have children, how many children to have, or whether to have children at all. According to Sebide (2023), various factors impact these decisions, including one's marital status, job aspirations, financial security, and personal preferences. Using contraception to manage when one gets pregnant is a common part of family planning for sexually active people. Infertility therapy,

preconception counselling, sex education, and the management of sexually transmitted infections (STIs) are all part of this package. International bodies like the UN and the WHO do not endorse abortion as a main technique of family planning, despite the fact that family planning aims to reduce the number of unwanted pregnancies.(Report from the World Health Organisation in 2014) Education, age, marital status, religious affiliation, income, and the number of children are some of the variables that impact the usage of contraceptives. Women's access to maternal healthcare services, such as antenatal visits and postnatal care, also plays a role.(Kavanaugh ML and Anderson RM 2013) Effective family planning programs offer universal access to reproductive healthcare, benefiting not only health but also broader social and economic outcomes. These programs support gender equality, improvematernal and child health, and reduce malnutrition Despite these benefits, barriers such as stigma, misinformation, lack of funding, and harmful gender norms limit contraceptive use in many areas. (Kassu M Beyene, S Bekele 2023).Aayushman Arogya Mandir (Sub-centre) Suddhowala is a primary healthcare facility located in the Suddhowala area of Dehradun district, Uttarakhand, India. This sub-centre is part of the Ayushman Bharat Health and Wellness Mission, which aims to provide comprehensive healthcare services to rural communities.

1.2 Research questions

This study seeks to answer the following research questions

1.2.1 What are the social, cultural and economic determinants in utilizing family planning?

1.2.2 How do educational levels, marital status, household income and awareness influence the utilization of family planning?

1.2.3 What are the perceptions, misconceptions and attitudes of women towards modern family planning method

2.Literature review

As part of its FP2030 commitment, India is working to increase access to and variety of contraceptives, including the introduction of new options like subcutaneous MPA and implants, improve HTSP through postpartum family planning (including in urban areas under MPV), increase communication about social and behavioural change for all age groups, particularly youth, work with civil society organisations to raise awareness, and encourage more community involvement in family planning. These efforts w (India) (www.fp2030.org) If India's present unmet demand for family planning is addressed over the next five years, the country might avoid 35,000 maternal fatalities and 12 lakh newborn deaths, according to an estimate from the Ministry of Health and Family Welfare (MoHFW), Government of India (7). The country could save almost USD 65,000,000,000.00 if safe abortion services were guaranteed and family planning was increased (7). On the other hand, 13% of women, including 6% who do not use a spacing strategy, have an unfulfilled need for family planning, according to the fourth National Family Health Survey (NFHS-4)8 (9). These numbers have remained consistent since the NFHS-3 in 2005-

2006(6), which indicates that there is still a disparity between women's desired fertility and their access to family planning technologies and services, even if there have been more efforts to raise awareness about the issue. There is a chasm in Sudhowala's social fabric between the long-established rural population and the younger, more urbanised inhabitants.

3.Research methodology

3.1Design

This study utilised quantitative and qualitative data collection instruments in a cross-sectional descriptive research approach. While successfully navigating the research process's inherent limitations, the study captured a rich and nuanced understanding of the facilitators and barriers affecting family planning services through a combination of quantitative surveys, qualitative interviews, and focus groups.

3.2 Methodology

A sample of 200 women participated by filling in self administered questionaires and others participated in focus group discussions .The sample size was determined using the fisher's formula given below; n=z ^2(p*q)/d^2, were n is sample size, p is proportion of women not utilizing family planning services, q is proportion not using and d is the confidence level. Using this formula, a sample size of 200 women was obtained as shown below

n=1.96^2(0.31* 0.69)/ 0.05^2=200

3.3 Data collection

An introductory letter from seeking approval from the responsible authority in Sudhauwala suburban area to conduct the study was submitted and approval was granted.A questionnaire was used as and was given to experts in the field for face and content validity to determine if the instrument can assess what it was designed to evaluate. A pilot test was conducted in another town near the study area with 10% of the calculated sample size in the first two weeks of the study. An alpha-Cronbach reliability index of 0.79 was obtained. The researcher then conducted the main study survey with the help of research assistants from the community itself.Quantitative face to face structured questionaires were administered in respondent place of residence. After the main survey two focus group discussions and three key informant interviews were conducted with fertility health workers and residents from the area . The study's objective was explained to them, and consent to participate was gained.

3.4 Data analysis

Questionaires were collected , checked for errors and responses were coded . The data was entered into an excell spreadsheet from which graphs and pie charts were obtained. Data was also exported to spss for frequency tables and correlation analysis. qualitative data was also triangulated using nvivo.

4.Results

The chart attached represent the types of family planning used by women (15-49years) in the study area, most preferring pills and condoms which are easier to use, accessibleand affordable for both women and man respectively. However some other forms of family planning are still underutilized due to misconceptions due to cultural norms and some side effects resulting from their use.

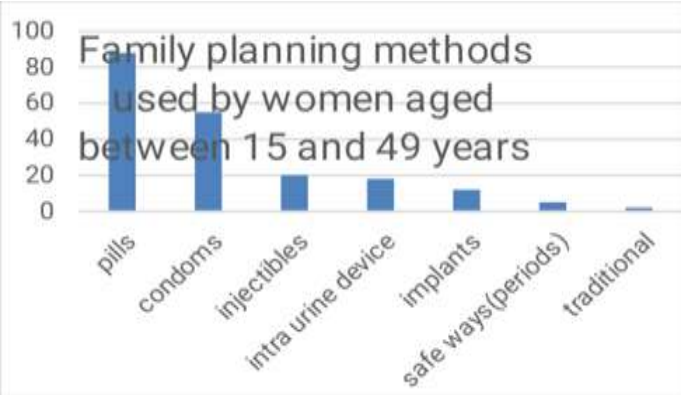
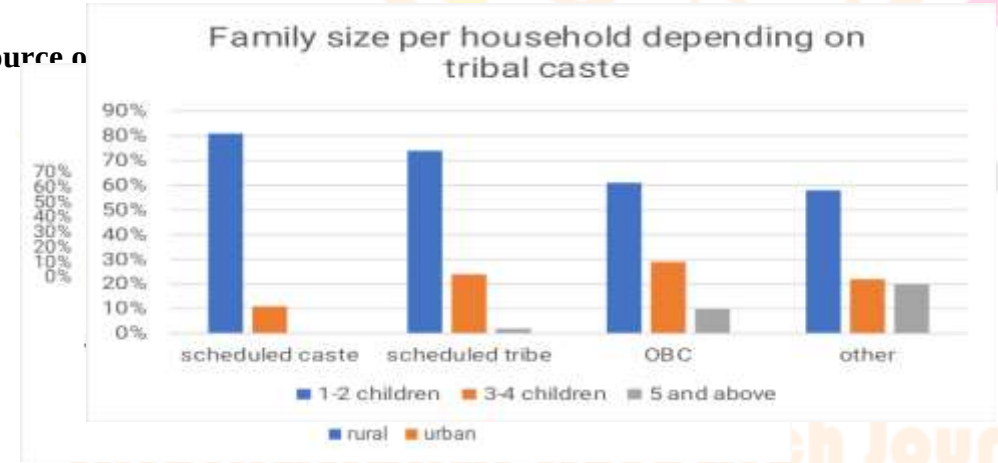


Figure 4.0:Source o



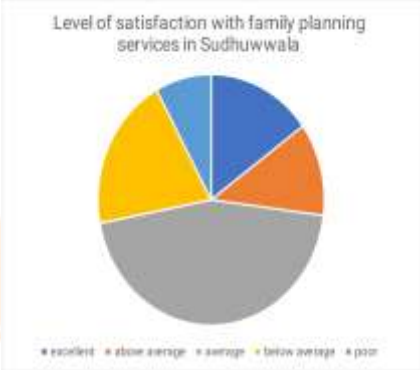
Information for FPS is gathered mostly from television, radio and mobile phones while television and other sources are well out of reach for most residents in the rural area as opposed to urban dwellers.This can be as a result of limited resources bieng set aside for information dissermination by various stakeholders in the dissermination of family planning programmes in rural parts of Dehdradun district

Figure 4.2 Level of satisfaction with family planning service delivery at AAM sub centre

Data collected from focus group discussions conducted at AAM sub centre , Doon , SDC , Premnager family planning centers represented on the pie chart above show that 60% of women have an average satisfaction level regarding services rendered and attitude of health workers delivering them. This can be due to the limited number

of centres, distances travelled to such centres, availability and accessibilty of diverse family planning methods and qualified family health workers

Tribe also affects fertility among women as it influences women and girls status in society , in desicion making regarding the number of offspring and child spacing. Scheduled caste and tribes have comparately lower variances between wanted and total fertility rates than other classes with an average of 2 per family as mandated by the income status of households as shown in the bar chart above.



Several factors hindering contraception use in rural Sudhuwala, included a lack of awareness, limited access, and cultural and societal norms that discourage or restrict family planning choices. Additionally, fear of side effects, desire for specific gender children, and husband disapproval can significantly impact contraceptive use. Non-use of contraception was a significant issue, often linked to factors like cultural norms, low education, and limited access to healthcare services. This contributed to higher fertility rates and a greater prevalence of unplanned pregnancies.

5. Conclusion

This research adds to what is already known about what influences rural Indian women to use contemporary FP. Modern FP use was uncommon among those who took part in the study. Significant characteristics that can boost the use of modern family planning methods include couples' discussions, the desire for further children, men's engagement in family planning decisions, spouse approval, ever used contraception, and understanding of these methods. Comprehensive community education activities to increase awareness and knowledge of family planning alternatives are urgently needed, according to the report. It is clear that educational programs have the ability to educate women and empower them to make educated decisions about their reproductive health, given the large gaps in their information, especially about the availability and benefits of different methods of contraception. In order to create a climate where women feel more comfortable seeking out family planning services, education is crucial in addressing cultural stigma and prevalent misconceptions about contraceptive use.

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