

Socio-Economic empowerment of women through choice-based family planning

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Introduction

We all dream of a utopian world, where every individual is educated and empowered. Where poverty and malnourishment are in the distant past and where men and women are treated equally. Sadly, all of this is still a dream, far from reality. Today, India stands as the second most populous country in the world, set to surpass China as the 'most populous country' by 2027. Although India can boast of the world's largest young workforce and the economic growth potential therein, the population related problems are daunting. Despite declines in the total fertility rates of India, the vicious cycle of poverty and inequality continues. To break this vicious cycle, socio-economic empowerment of women through choice-based family planning and spacing play pivotal roles.

As population growth reaches exponential proportions, there is an increasing need to focus on family planning. Family planning allows couples/families to attain their desired family size and determine the number and spacing of their children through use of contraceptive methods. It not only improves the health of families and reduce the burden of maternal and infant mortality but will also accelerate the overall socio-economic development of women, the pillars of any society. Family planning has the potential for far-reaching impact on gender equality, women's empowerment, maternal and child health. It leads to greater educational and economic opportunities for women and an overall improvement in the quality of life for women, families and communities. In return, education empowers women not only financially but also enables them to make informed decisions. These women are in a better position to take decisions on whether, when and how many children they desire to have. Therefore, it is extremely important to emphasize the need to educate women to ensure they are empowered to enjoy their sexual and reproductive rights. Despite these benefits of family planning, what is stopping us from adopting it?

Family planning landscape in India

For decades, India's family planning program was focused on population control. Over the years, that focus rightly shifted to a more holistic approach of ensuring reproductive health and rights for all. Following the International Conference on Population and Development (ICPD) in Cairo in 1994 – a keystone moment for family

planning on a global scale – India launched the Reproductive and Child Health (RCH) program in 1996, a rights-based development approach to population stabilization and family planning. The Government subsequently adopted a progressive population policy in 2000, and the program moved further away from a target-driven approach to a target-free approach, with a view to reduce maternal and child mortality and morbidity, in addition to achieving population stabilization.

These efforts, however, have focused primarily on women, thereby excluding men from important family planning conversations, especially those relating to introduction of newer contraceptive methods. Cultural norms and centralization of reproductive decision-making power in the hands of men further compound the issue. Moreover, contraceptive choice is still not a reality for all women in India and female sterilization is still the mainstay of India's family planning program. As a result, the pace of fertility decline has been slower in eight of the larger, more populous Empowered Action Group (EAG) states, which together account for more than 45% of the population.

At the London Summit on Family Planning in 2012, India committed to provide contraceptive services to an additional 48 million users and sustain the coverage of 100 million current contraceptive users. This is an overwhelming share (40%) of the global Family Planning 2020 (FP2020) goals, and will avert 24 million births, 1 million infant deaths and over 42,000 maternal deaths by 2020. Furthermore, the Government of India launched the initiative 'Mission Parivar Vikas' in September 2016, which aims to provide contraceptives to people with little or no access and to expand the basket of contraceptive choices by introducing newer methods into the government programme.

Despite these progresses, many women in India still don't have access to contraceptives or the awareness to make informed choices about family planning. Women are excluded from decision-making because of dominant social norms i.e., patriarchy and other social norms such as son preference, early marriage and pregnancy, pressure to prove fertility right after marriage, and gender disparity restrict uptake of family planning services. Approximately 13% (more than 1 in 8) of married women (15-49 years) in India have an unmet need for family planning, yet do not have access to modern contraceptives. Female sterilisation in India remains the predominant contraceptive method (36%), whereas male sterilisation is negligible (1%). Lack of education and knowledge around reproductive health and hygiene aggravates the problem. Lack of information that fuels myths and misconceptions regarding the safety and efficacy of contraceptive methods among service providers and the general public. Also, provider bias prevents women from accessing all contraceptives available through the government programme. Limited availability of quality counselling services to provide information on contraceptive side effects and their management, and lack of a woman-friendly environment and limited involvement of private sector providers in increasing uptake of family planning services further worsen the situation.

This brings to light the urgent need to rethink and re-evaluate the linkages between the socio-economic empowerment of women

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through family planning to educate couples about the benefits of family planning, improve access to contraceptives and family planning services and to promote voluntary and informed choice among women in India, especially in states like Uttar Pradesh and Bihar having high total fertility rates (TFR).

Family planning and healthy spacing inter-linkages with a healthy nation

Family planning being a key health intervention has a major role to play in shaping the health of the family members and the society as a whole. It allows individuals and couples to anticipate and attain their desired number of children and ensure spacing as well as timing their births. Proper timing, spacing and limiting of a pregnancy are the pillars of a planned family. Birth spacing impacts the health, nutrition, economic and social aspects for women and their families. Healthy timing and spacing of a pregnancy helps women and families delay, space, or limit their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children. Healthy spacing of 3-5 years between births is an effective way to prevent maternal and child mortality. In addition, by reducing health risks, spacing improves quality of life. Children whose births are spaced at healthy intervals are more likely to be well nourished and well educated—and nourished, educated children are more likely to grow into economically successful adults. Thus, spacing encompasses a broader concept of the reproductive cycle, starting from healthiest age for the first pregnancy, to spacing subsequent pregnancies. This ensures a healthy family that is economically strong.

Links between Socio-Economic empowerment of women and choice-based Family planning

Family planning and focus on improved reproductive health is critical for our country's development and a big first step towards growth, equality and sustainable development that opens the door to several opportunities resulting in prosperity for women and families everywhere. However, every time we fail to identify and address the issues around reproductive health and family planning services, 'women' suffer the consequences in shape of unwanted and unplanned pregnancies. Her basic human right is violated. The right to sexual and reproductive health is an essential component of the right to life, health, education, equality and non-discrimination.

Motherhood by choice is an incredible and rewarding experience in a woman's life. But it is not surprising that pregnancies still go unplanned and only the woman knows what it feels like to carry an unwanted pregnancy. It is disheartening that even today in India, every 12 minutes a precious life of a woman is lost due to pregnancy or childbirth related complications. Women are the backbone of thriving societies. Development is not possible without first investing in the health of women and children.

Women empowerment with regard to sexual and reproductive health and rights can be referred to as the process in which women challenge the existing norms and culture to effectively improve their well-being by making the choice-based family planning decisions and most importantly having access to contraceptives. Family planning is a human right and a joint responsibility of both husband and wife. Couples should discuss when they want to have children and adopt contraception to ensure that they avoid unplanned pregnancies as it not only affects the health of mothers but also children. Access to the family planning choices are the right of every women and they should be able to make informed family planning decisions.

Despite the benefits family planning and the expanded basket of contraceptive choices for both men and women, societal norms have

ensured that the onus remains on the latter. According to NFHS-4, female sterilisation in Bihar remains the predominant contraceptive method (21%), whereas male sterilisation is nil (0%). It is clear that the burden of family planning falls heavily on women. We must acknowledge that the society we reside in is highly patriarchal and most household decisions are made by men. Other factors, like preference for a male child, further highlight the gender inequality in India. Women often have to seek approval from husbands, father in laws and mothers in laws before seeking reproductive care, aggravating lowest levels of self-autonomy which severely affects their health and development, as well as that of their children. The relationship between empowerment and women's use of services of family planning is complex and problematic.

The decision to start a family is one of the most important choices a person can make. It is also a fundamental human right; only individual adults should have the power to decide whether, when, or how often to conceive. And yet, for millions of people around the world, this right remains unrealized. With better access to family planning, many of the pregnancy related deaths can be averted and we would see improvements in the health of women, children and entire communities. There would be fewer unwanted pregnancies and unsafe abortions. More women could advance their education, participate in the workforce and contribute to the economy. Family planning also slows down population growth, decreases the stress on natural and public resources, and results in an overall improvement in the quality of life.

There is a need to raise awareness on the importance of spacing methods, new contraceptives, common myths/misconceptions, government facilities and schemes, among all sections of the society to ensure an increase in the uptake of family planning services.

Couples' joint decision-making is a stronger determinant of the use of contraceptive methods than women-only decision-making. This is the case over and above the contribution of women's socio-demographic and economic statuses. Effort needs to be made to educate women and their husbands equally, with particular focus on highly effective contraceptive methods. Moreover, efforts need to be made to educate both partners equally about contraceptive methods that have higher effectiveness. In-depth research, supplemented by qualitative research, is needed to improve our understanding of decision-making within households.

Engaging with influential champions to ensure women enjoy their reproductive rights

Global Health Strategies (GHS) is an international organization that uses advocacy, communications and policy analysis to improve health and wellbeing around the world. GHS works on key health issues including Family Planning, Tuberculosis (TB), Immunisation, Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) and Lymphatic Filariasis (LF), among several others

Since 2016, GHS has been working towards expanding access to improved and quality family planning services in six states in India: Uttar Pradesh (UP), Bihar, Assam, Karnataka, Maharashtra and West Bengal. This project aims to create an environment conducive to improved access to informed and expanded contraceptive choices in India through the voices of credible, informed champions. This champion-based strategy involves engaging with technical experts, popular figures, Civil Society Organizations (CSOs) and policy makers, and encouraging them to advocate for the cause of family

planning. Over a course of two years, GHS has successfully cultivated 32 technical champions and 30 popular champions through sustained engagements including meetings, workshops as well as regular print, electronic and social media outputs focused on family planning. Additionally, GHS has identified and trained 498 community champions in UP and Bihar covering a cumulative of 41 districts (17 in UP; 24 in Bihar), who work towards creating awareness among and encouraging their community members to adopt family planning.

GHS' unique strategy i.e., of cultivating community champions has been able to usher significant changes in the conversations around family planning in the project's 54 intervention districts of two priority Mission Parivar Vikas states. These volunteering community champions are entrusted with key responsibilities of building awareness at the community level and liaising with the local administrators to resolve supply outage issues. Today, there are active discussions on family planning within saas-bahusaamelans; informal community meetings, Village Health Nutrition Day (VHNDs) – cumulatively leading to a two-fold change: 1) ensuring policies and interventions are made more effective 2) cultivating a sense of ownership and self-efficacy among not only community champions, but the community at large. Champions, across categories, continue to lead tangible change in their districts with respect to information awareness and accessing family planning services. Following are few of the success stories that showcase the impact of the work of champions:

Case Study 1: Ms. Shobha Devi, Accredited Social Health Activist, Sitamarhi, Bihar

Shobha Devi, is an Accredited Social Health Activist (ASHA) worker from Runnisaipur block, Sitamarhi district in the state of Bihar, India. Post her marriage, Shobha moved to her marital village and witnessed the poor state of health and awareness about reproductive health and hygiene among the community members. Almost every family had four to five children and parents were unable to take care of their health due to poor economic conditions. This not only disappointed her and led to her becoming a change agent in the community. Shobha wanted to change the mindset of community members towards a healthy life. To bring about a systematic change, Shobha became an ASHA worker and received training on mother and child health related issues. As an ASHA she only aimed at achieving the targets of sterilization without actually realizing the links between family planning and empowerment of women.

It was only when she got associated with GHS and Bihar Gram Vikas Parishad (BGVP), a civil society organization (CSO) in Sitamarhi district and received training from GHS she learned about the various impacts of FP on women's health and social wellbeing, the advantages of available temporary methods and the myths and misconceptions around contraceptives. She then started generating awareness among community members during her home visits and community meetings motivating them to adopt the temporary methods of family planning methods. Shobha mostly engages in discussions with the marginalized communities making her task challenging because of the existing social and cultural barriers such as son preference and proving fertility immediately after marriage. However, with her dedication and constant efforts she was successful in motivating 35 women to adopt contraceptive methods – Chhaya (weekly oral pills), 15 women for Copper T, 6 women for Antara Injection, 80 women for sterilization.

Shobha Devi began the drive of improving male participation in

family planning by first motivating her husband to adopt NSV after they had 2 children. With the support of her husband she further motivated the other male members of her family to adopt NSV. All her brother-in-laws have a small family and is seen as an example by the villagers. Shobha motivates the couples by telling them that because she has a small family, she can afford to send her two children to private schools, take care of their health and other basic needs. She feels empowered and encourages other villagers to adopt family planning to ensure the health of the mother and the child. She has motivated 24 men for adopting NSV. Today, the men of her village reach out to her to adopt NSV. Sitamarhi, ranks number one district in terms of NSV, and our champion has a very pivotal role to play in this.

Case Study 2: ParivarNiyojan Jodi

Mr. Kaushlendra Pandey and his wife Ms. Kumari Mamta Sinha from Jehanabad district of Bihar became family planning champions and have ever-since been supporting each other in generating awareness around family planning in their village. Mr. Pandey, a religious leader, was inspired by the work of existing champion, Brajkishore Tiwari, another religious leader, who disseminates family planning

messages on occasions like weddings, festivals and others. Following his footsteps, Mr. Pandey also started talking about family planning and motivating newlywed couples to take an oath after the end of the seventh phera (The seven vows, known as Saptapadi, are performed, which is walking around the sacred fire. The Seven Vows along with the Seven Pheras are the most important ritual in a Hindu wedding as it sanctifies the union and affords social recognition to the marriage). The newly married couples are requested to pledge to opt for family planning methods after two children and maintain a gap of three years between the children. With his effort 9 couples have adopted different methods of family planning to delay the first child and space their children to ensure a small and healthy family. While the religious leader motivates people of his community to adopt family planning, his wife (an ASHA) provides them the required contraceptives. So far, they have managed to motivate four women to adopt sterilization, six to use Antara injection and two couples pledged after their wedding ceremony to have a small family. Moreover, they are working with ANMs to provide more supplies of Antara in their village. By leveraging their existing rapport with the community members, providing people family planning information as well as helping them gain access to their desired contraceptive methods, the couple has gained popularity in their village. They are now commonly known as 'ParivarNiyojan Jodi' (family planning couple). Walking the talk, Ms. Sinha also underwent sterilization after their third child. Their story throws light on a unique aspect of this champions-strategy, wherein champions inspire others to become champions for family planning and work together by synergizing their efforts.

CONCLUSION

Through our extensive engagement with the champions from the community it is evident that India needs to empower women so that they can decide on the size of the family and thus help the country curb the growth of its population. Efforts need to be made to facilitate male engagement in promoting family planning and reproductive health, while encouraging them to be supportive partners of women's reproductive health decisions. Participation of men in healthcare programmes designed to improve women's and newborns' health, is extremely crucial as they mostly influence decision-making at the

household level, and this will also result in active male participation and community ownership. Campaigns should be created and encouraged to promote birth spacing and access to basket of contraceptive choices- in order to promote mutual decision-making between wife and husband. Husbands need to share the responsibility of decisions around family planning.

Awareness around family planning plays a pivotal role in increasing its uptake. There is a need to think through and work closely with the state government, civil society organisations, community leader, technical experts and service providers to educate couples and community members about the importance of family planning and spacing. In addition, the involvement of community leaders, religious clerics, and health workers can help in generating awareness by addressing the sociocultural and religious barriers that restrict couples from adopting family planning methods.

Strengthening family planning services has always been a major thrust area by the Government of India and the respective states as well. Albeit there has been an improvement in contraceptive prevalence but the same needs further improvement with specific focus on spacing. Addressing obstacles such as access, affordability, and availability will help meet these needs and ensure that women and couples can meet their childbearing and reproductive health goals.

Socio-cultural and structural barriers, including limited awareness and misconceptions need to be addressed to ensure that couples especially women embrace the benefits of family planning and spacing. Putting women's health and empowerment at the center of development, it is extremely crucial that they are educated and aware of their reproductive rights and available basket of choices to make informed family planning decisions. There can be no sustainable development without women's empowerment, and there can be no women's empowerment without access to comprehensive maternal and reproductive health services. Access to family planning services is the right of every women. It gives them the control over their own fertility and thus right to choose, whether, when and how many children they would like to have.

Furthermore, family planning and birth spacing interventions need to focus on alleviating fears about side-effects among men and women through effective counselling and providing adequate information to both men and women. There is need to promote educational messages on timing and spacing of pregnancy for healthy outcomes. Community health workers should focus on generating discussion of birth spacing in the community. Outreach efforts should target communities where the demand for contraception appears to be depressed due to high levels of poverty.

Women everywhere can and should access family-planning services without fear of consequence or cost. But we cannot do this alone. Leaders in government, the private sector, and civil society must join us in working toward this ambitious goal. We must work together to ensure that women and men have access to family planning services, and most importantly, that women are empowered to make reproductive health decisions.

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