

ABORTION AS A PROCESS OF BIRTH LIMITING RATHER SPACING AMONG THE TRADITIONAL METHOD OF CONTRACEPTIVE USERS IN WEST BENGAL

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Abstract:

Other states of India have achieved low fertility emphasising mostly on sterilization, in West Bengal couples mostly depend on Traditional methods of contraception. This study tries to understand in spite of higher education of people of urban people of West Bengal are using traditional methods of contraceptive and selected abortion as a method to limit their family size. The study used data that have 100 women who were ever users of traditional method of contraceptives. Study shows prevalence of small family norm in the population, more motivation to use traditional methods and husbands desire to use the methods. It had also observed that there were high level of unintended pregnancies due to use of traditional methods and total 33 percent induced abortions. Induced abortion found more among the women who were faced unintended pregnancy in second inter-pregnancy interval (35 percent). Total 33 percent unintended pregnancy ended as induced abortion.

Key words: urban, education, traditional method, contraception

Introduction:

Today, world wide, women wish to interrupt a large percentage of pregnancies than ever before. Through out this decade and especially since mid of past century, women in nearly every country have wished to bear fewer and fewer children. As a result of this desire of children also declined. Hence, the proportion of sexual activity in which children are unwanted or unacceptable has increased. Becker, assert that the major change in fertility has not resulted from increased use of birth control, rather from changes in the demand for child. On the same way, Pritchett said that desired fertility is an important influence on reducing fertility in a population, and that a family planning programme and even contraceptive use play very minor roles in decreasing fertility. The comment is some how true that we can say from the available data for India (NFHS-2, 1998-99) which is showing there are few states (Goa, West Bengal, Assam) where a majority or at least sizable women rely on traditional methods, such as rhythm, coitus interrupt's and herbs. Hence, apart from that these states have achieved low fertility and near to the replacement level of fertility. Though these methods cost nothing and easy to understand, their failure rate is also extremely high. However, these methods cannot be totally relied as a successful family planning. The couple who are using traditional methods, to them there has a number of reasons that may explain the non-use of modern methods. The decision to use permanent contraception requires a woman to be absolutely cert in that she will not want any more children. Some women have fear to insert an IUD. Many women find it difficult to remember to take the pill every day, year after year. In a number of countries, condom use is associated with sex with prostitutes or with disease prevention rather than contraception. In addition, many men say it diminishes their sexual pleasure (Johnson, 1993).

The use of traditional methods of contraceptives may not be much more desirable for some couples. Because the length of women's menstrual cycle can vary and because refraining from sexual intercourse places some couples under stain, periodic abstinence is not always effective or easy to practice. Yet this method and withdrawal are still popular in many countries. The demographic transition in the west was achieved largely through the use of coitus interrupts and abortion (Wrigley, 1969). It is one of the most widely used temporary methods worldwide. Number of research shows that there is a rise in contraceptive use or in effectiveness of use must lead to a decline in induced abortion and vice versa. But abortion cannot limit pregnancies to any

where. Abortion is women's only option to close the gap between the number of their pregnancies and the number of children they consent to bear.

However, the purpose of the study is to understand the choice of contraceptive, to see the relation between choice of contraceptive and unintended pregnancy and finally how it is leading induced abortion.

Methodology:

The data used for the study had collected for the study, "*An exploration of the use of traditional method of family planning in West Bengal: A micro study in Howrah.*" The data had collected from ward number 26 of Howrah Municipal Corporation area of West Bengal during August-October 2004. To identify the users of traditional methods users, primary survey of 285 households had conducted considering non-eligible women, refusal, non-response, and locked households. In these 285 house holds there were 140 currently married women in 18-39 age group. Among these 140 women 100 women were interviewed. These women were selected on the basis that they were currently married, aged between 18-39 years and who were ever user of traditional methods of contraceptive. The women were interviewed face to face with the help of semi-structured schedules. Individual level questions related to women, household level questions, reproductive history of women and questions related to use of contraception were gathered through this schedule. The data related to contraceptive use behaviour had collected for each inter-pregnancy interval.

Regarding the qualitative aspects of the data, case study method had applied with 10 husbands. Husbands were selected on the basis of their type of occupation, educational level and the method they were using at the time of the survey. The information on awareness, attitude, knowledge about contraceptive methods, level of satisfaction, decision making process regarding use of contraceptive, husband-wife communication regarding use of the method were also tried to understand. On the other hand, we had also tried to understand the future intention to use of the method.

This paper is a quantitative study involving bivariate analysis to establish the choice of contraceptive, pattern of use of the method and the relation between contraceptive use and induced abortion.

Definitions:

Traditional method: The term ‘traditional method’ applies to any method of contraceptive that does not involve the use of medicine or appliances to prevent pregnancy. The methods called traditional methods in this study are as follows- abstinence, rhythm, and withdrawal.

Inter-pregnancy interval: inter-pregnancy interval means the intervals between two pregnancies, which are expressed as \$1 \$2 \$3 \$4 and \$5. The first interval starts after the marriage of the women till she conceives her first pregnancy. The second interval starts after the end of first pregnancy till the next conception.

Failure of methods: it is defined as unintended pregnancies occurring while contraception is practiced. It may result of either method’s failure or failure due to use the method consistently and correctly.

Background character

Socio-economic character: Table 1 is showing the mean household size of the study population is 4.79. Twenty-three percent of the couple live in joint family. The educational level of the women shows 52 percent women had completed high school, 38 percent were graduated and 10 percent were post-graduates. Forty percent husbands were completed higher secondary level of education, 45 percent were graduate, 13 percent had professional degree (doctor, engineer) and two percent were post-graduate.

Demographic character: The back ground information of the study population (Table 1) is showing the mean current age of the women were 31.3 years, 64 percent women were in the age group of more than 30 years. The mean age at marriage was 22.2 years. The mean number of pregnancy was 1.44, 79 percent pregnancy were ended as live birth, 14 percent were ended as induced abortion and seven percent were miscarriages. It had found in the community that there has a strong norm of small family. There were 71 percent women who had only one child, 15

percent were with two child and only three women were there who had three children. The mean number of children was 1.10 in the study population.

In the Indian context many studies have shown that the gender factor is one of the main reasons for not accepting a permanent female literacy, influence acceptance of sterilization (Sharma, A. K. et. al, 1997). But here has a different scenario, 61 percent women in this population had no son and only four women had two sons, 51 percent women had only one daughter and seven had two daughters. It had observed that 81 percent women do not want more children. Only 17 percent had desire for more children among them eleven have no child.

Choice of contraceptive:

It had found that apart from higher level of education, wives were completely depends on husband's desire regarding contraceptive use. According to them husbands is more knowledgeable person than the wife, so their decisions must be taken into granted.

".....I had not used any method or thing. My husband is a doctor, he no every thing about this matter. What have to do he had done only....."

On the other hand, during the interview we had come to know that there has lack of knowledge and misconception about modern methods. Men told, they cannot tolerate the side effects of modern methods when using the pill, injectable or IUD. They hear unfounded or exaggerated rumours about such side effects and are deterred from even trying these methods.

".....before using the method I had discussed with my wife but the decision was taken by me only. She also heard about the side effects of modern methods and I think because of that she also agreed with me....."

".....I was confident that I could withdraw properly. So I had used the method. Later I had talked with my wife and she had answered if I think this is good then she has no problem....."

They had come to know from the physicians the benefits of traditional methods and negative impacts of modern contraceptives. The physicians only prescribed them traditional methods of contraceptives to use. Hence, they feel traditional methods are reliable and convenient to use and that is why they were using traditional methods of contraceptives.

“.....I have lot of friends who are doctor. Before my marriage, I had discussed with them about this contraceptives. They told me about some people who faced problems because of modern methods of contraceptives. After hearing all these I had decided to use rhythm or safe period method.....”

“.....I came to know about the method from doctor and obviously from some friend.....”

“.....we used this method because we felt this is the easiest method. After marriage I used condom, but there are several problems viz. buying, disposing; and we had started using this withdrawal method.....”

Few think that because they do not have regular sexual activity, they do not need use a contraceptive method. On the other hand, social net-working to women and men were very high in the community. Men use to talk about contraceptives with their friends and women also talk with their sister-in-laws vis-à-vis with friends and they had also told them to use the method. Before using the method husband had informed about the method to their wife but the final decision which method he would use that had decided by husband only.

Pattern of use of contraceptive:

It is observed that at the time (Table 2) of survey among the 100 ever user of traditional contraceptive method 71 percents were current users of family planning methods. There were 58 percent women who were using only traditional methods, six percents were the users of combination of traditional and modern methods, and only modern methods users were only seven percent. If we look in to the different methods in the categories of traditional and modern methods then the pattern of method use comes into front. It is observed that about one-fifth (17%) were using rhythm method and 58 percent women were using rhythm, withdrawal, and combination of rhythm and withdrawal methods. Besides these some couples like to use the combination of rhythm and condom, withdrawal and pill, abstinence and withdrawal.

The data on the contraceptive use was collected for each inter-pregnancy interval (close and open interval), i.e. from the last pregnancy till survey (Table 3). It had observed some times the couple tries to shift from one method to the other method. It is interesting that in each and every interval the proportion of traditional method users are the highest. If we look into the method wise users then we see same feature as we find in the case of current users. Here also in each and every

interval the proportion of users of rhythm, withdrawal and the combination of rhythm and withdrawal methods users are the highest. It is also observed that those couples who were using these traditional methods, most of them were using with other methods. Most of the couple are using only rhythm method but the couples who are using withdrawal method, are using it with combination of other methods, either traditional or modern. Women told usually couple use rhythm method, and during unsafe days practice either withdrawal or condom. When we had asked women why they are using the method in combination with other methods? They had replied some time we scare about the method. But we cannot say to our husbands about these. So we are using the method according to our husband's desire as well as using the method we feel more reliable with out taking consent of our husbands.

It has been observed (table) among the 53 withdrawal users 43 were using it every time of their sex in 1st interval. In 2nd interval 77 percent among 39 users of withdrawal users had practiced it in every sexual activity. But it had also observed that (Table 5) that they were using the methods in combination with other methods. In first interval 62 percent were using combination with other methods; in second interval 55 percent were using the method in combination with other method. Among 30 users of rhythm method 25 couples (83 percent) were using it in combination with other methods; in second interval among 37 users 26 couple (70 percent) were using it in combination with other methods.

Prevalence of Unplanned Pregnancy:

It is well known that there has no method on which we can rely hundred percent, all methods can fail. The chance of an unexpected pregnancy is almost non-existent for couples who rely on sterilization and very low for users of the IUD, injectable or implant. It is moderate for pill and condom users and very high if couples rely upon periodic abstinence, withdrawal or spermicidal (Sabatello, 1992). When we asked whether they faced any problem by use of these methods they replied that “no, we had not faced any problem by these methods”. But after that when we asked, “Why did you stop the method that you were using?” they gave so many reasons for stopping the methods and one or major cause was becoming pregnant (Table 6). After that when we had asked “what do you do when you feel that the method had failed?” They answered “what to do? We go to doctor for abortion.”

The prevalence of unintended pregnancy in this population is very high (Table 7). The unintended pregnancy rate¹ and ration² in this population are 235 per 1000 women and 570 per 1000 women accordingly and the average rate of unintended pregnancy is 1.38. If we add up all the pregnancy intervals of these 100 women then we have 243 episodes of pregnancies. In 85 percent of episodes these women used family planning methods, among these 90 percent were used for traditional methods. It had also observed that in all there were 57 episodes of method failure and out of them 37 episodes (65 percent) were due to only use of traditional methods.

It has also observed that (Table 8) among the 37 episodes 13 episodes (35 percent) were ended in induced abortion for the couple who were using only traditional methods. If we will see it interval wise (Table 6), then we will see, in first interval 68 percent women, in second interval 67 percent women, in third interval 88 percent women experienced unintended pregnancy while they were using any of these methods. These 57 episodes of method failure were not from 57 different women. There were some women who faced methods failure more than once. So if we calculate for women then we can see that these are 42 women who faced at least one method failure in their lifetime.

Termination of unwanted pregnancy:

In the study population, many women consider abortion as a method of contraception. The abortion ratio³ is 220 and the abortion rate⁴ is 200 in the study population. If we see the out come of all the pregnancies (Table 1) there were 79 percent live birth, 14 percent induced abortion and 8 percent miscarriage. It is also observable (Table 6) that in the first interval there were 27 episodes that faced methods failure and in 22 episodes women faced method failure. There were 13 induced abortions among the women who were using only traditional methods. On the other hand, there were four women who had faced unintended pregnancy at the time of using combination of traditional half of them had went for induced abortion and modern methods and 16 women who had faced method failure at the time of using modern methods among them only four had went for induced abortion. There were total 22 episodes of pregnancy that had ended

¹ Unintended pregnancy Rate= Total no of unintended pregnancy/ Total number of pregnancy*1000

² Unintended pregnancy Ratio= Total no of unintended pregnancy/ Total women studied*1000

³ Abortion Ratio= Total no of abortion/ total women studied*1000

⁴ Abortion Rate= Total no of abortion/total no of pregnancy*1000

with induced abortion. In first interval among 27 episodes of unintended pregnancy only two had ended as induced abortion. While in second interval among 22 episodes of unwanted pregnancies 14 were ended with induces abortion. There has a norm in the community that the first pregnancy must not be aborted, if any one will abort then in future she will be fail to conceive in future. It had found that the women who were using traditional methods they were go through with induced abortion more than the other method users. On the other hand, it had also observed some repeated induced abortion and continuation of the traditional methods of contraceptive.

Summary and conclusion:

The back ground information of the study population is showing that all the couples are highly educated and they have affordability of modern methods of contraceptive. But still they are using a comparatively less effective method. However, always there is a need of motivation in the use of traditional methods, because viz. in safe period it is very easy to control over the emotions but some time women fail to calculate the exact safe days. On the other hand, withdrawal is such a method where if the couple fail to control over emotion or fail to use the method every time of their sexual act then the effectiveness of the method decreases. The small family norm is very much prevalent in this community. And that is why they want to limit their fertility. These people do not want another child at all in any situation when they have one surviving child with them, whether that is son or daughter. It is not there that they have no sex preferences. But the impact of sex preference of child is not changing the motivation for small family.

Now a days policy makers are giving emphasise on participation of husbands in reproductive health. In the study population the male participation is very high and we can say male are the person who are taking decision in all regards in this sphere. But only the participation of husband cannot change the picture. Comprehensive knowledge, awareness leads to the decision of using modern methods and that is very much needed in this community. Enormous influence of provider's bias regarding information about the method decreasing the acceptability for modern methods. Therefore, higher level of unintended pregnancy has found which is leading to the induced abortion.

At last we can say that it is not only the educational level, accessibility or availability of methods lead couple to use more effective or modern methods of contraceptive rather proper knowledge

and motivation decides the choice of contraceptive. And thus, the choice of contraceptive determines number of pregnancy. Therefore, in this community abortion is a process of birth limiting rather than spacing.

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TABLE 1. DESCRIPTIVE STATISTICS OF THE BACKGROUND CHARACTERISTICS OF STUDY POPULATION

DEMOGRAPHIC CHARACTER		SOCIO-ECONOMIC CHARACTER	
Mean age of women	31.3 yr		
Mean age at marriage	22.2 yr	Mean household size	4.79
Mean number of pregnancy	1.44		
Out come of pregnancy		Educational level of women	
Live birth	78.5%	Under Graduate	52.0%
Induced abortion	13.9%	Graduate	38.0%
miscarriage	7.6%	Post Graduate	10.0%
Number of child		Educational level of Husbands	
0	11 %	Under graduate	40.0%
1	71 %	Graduate	45.0%
2	15 %	Post graduate	2.0%
3	3%	Professional degree	13.0%
Mean number of children	1.10		
Sex of the child		Working status of women	
No son + no daughter	11.0%	Working	88.0%
One son + no daughter	28.0%	Not working	12.0%
No son + one daughter	43.0%		
One soon + one daughter	6.0%		
Two son + no daughter	2.0%		
No son two daughter	7.0%		

TABLE 2 PATTERN OF USE OF CONTRACEPTIVE

Pattern	Percentage
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No. of women	100
Current non users	29
Current users	71
Current users by type of methods	
Only traditional methods	81.7
Combination of traditional and modern methods	8.5
Only modern methods	9.8
Total	100
Total users by method	
1. Abstinence	2.9
2. Rhythm	16.9
3. Withdrawal	28.6
5. Abstinence + Withdrawal	4.3
6. Rhythm + Withdrawal	28.6
7. Abstinence + Rhythm + Withdrawal	1.4
8. Rhythm + Condom	4.3
10. Withdrawal + Pill	1.4
11. Rhythm + Withdrawal + Condom	2.9
12. Pill	4.3
13. IUD	2.9
14. Permanent	1.4
Total users	100

TABLE 3. DISTRIBUTION OF EVER USERS IN DIFFERENT PREGNANCY INTERVALS BY THE METHOD USED

PREGNANCY INTERVAL	\$1	\$2	\$3	\$4	\$5
Ever users of any methods	79	79	39	8	3
Ever users by type of methods					
Only traditional Method	56	57	31	3	3
Combination of Method	15	14	3	2	0
Only Modern Method	8	8	5	3	0
Total	79	79	39	8	3
Ever user by methods					
1. Abstinence	0	5	0	0	0
2. Rhythm	15	11	6	0	0
3. Withdrawal	20	22	12	1	0
4. Condom	4	1	1	0	0
5. Pill	2	3	2	0	0
6. IUD	0	3	1	1	0
7. Permanent	0	0	1	0	0
8. Abstinence + Rhythm	0	1	0	0	0
9. Abstinence + Withdrawal	0	3	1	2	3
10. Rhythm Withdrawal	21	17	11	2	0
11. Rhythm + Condom	1	5	1	0	0
12. Rhythm + Pill	1	0	0	0	0
13. Withdrawal + Condom	6	1	0	0	0
14. Withdrawal + Pill	4	3	2	0	0
15. Condom + Pill	2	1	0	0	0
16. Abstinence + Rhythm + Withdrawal	0	0	1	0	0

17. Rhythm + Withdrawal + Condom	1	3	0	0	0
18. Rhythm + Condom + Pill	1	0	0	0	0
19. Withdrawal + Condom + Pill	1	0	0	0	0
Total	79	79	39	6	3
No. of women with data	100	91	39	9	4

TABLE 4. DISTRIBUTION OF PATTERN OF USE OF WITHDRAWAL IN DIFFERENT PREGNANCY INTERVALS

INTER PREGNANCY INTERVALS	TOTAL USER OF THE METHOD	PERSONS USE EVERY TIME OF THEIR SEX	%
First pregnancy Interval	53	43	81.1
Second Pregnancy Interval	39	30	76.9
Third Pregnancy Interval	12	10	83.3
Fourth Pregnancy Interval	4	3	75.0
Fifth Pregnancy Interval	2	2	100.0

TABLE 5. DISTRIBUTION OF EVER USERS OF TRADITIONAL METHODS IN DIFFERENT PREGNANCY INTERVALS BY THE PATTERN OF METHOD USE

METHOD		\$1	\$2	\$3	\$4	\$5
Abstinence	Only	0	5	0	0	0
	Combination	0	4	2	2	0
Rhythm	Only	15	11	6	0	0
	Combination	25	26	13	2	0
Withdrawal	Only	20	22	12	1	0
	Combination	33	27	15	4	3

TABLE 6. DISTRIBUTION IN DIFFERENT PREGNANCY INTERVALS THE REASONS OF STOPPING METHOD

REASONS	\$1	\$2	\$3	\$4
Become pregnant	41.5	68.8	75.0	66.7
Wanted child	55.4	31.3	25.0	33.3
Lack of satisfaction	1.5	0	0	0
Don't like this method	1.5	0	0	0
Total N	65	32	8	3
Number of total users	79	79	39	8

TABLE 7. DISTRIBUTION OF WOMEN BY PREGNANCY EPISODES AND EXTENT OF METHOD FAILURE AND RESULTING ABORTIONS IN INTER-PREGNANCY INTERVAL

INTERVALS	WOMEN	TOTAL USERS	TRADITIONAL METHOD USERS	FACED FAILURE	INDUCED ABORTION
\$1	100	79 [79.0]	71 [89.9]	27 [38.0]	2 [7.4]
\$2	91	79 [86.8]	74 [93.7]	22 [29.8]	14 [63.6]
\$3	39	38 [97.4]	34 [89.5]	6 [17.6]	3 [50.0]
\$4	9	8 [88.9]	5 [62.5]	2 [40.0]	0
\$5	4	3 [75.0]	3 [100.0]	0	0
Total	243	207 [81.2]	187 [90.3]	57 [29.4]	19 [34.5]
[] Percent Proportion					

TABLE 8. DISTRIBUTION OF NUMBER OF WOMEN FACED FAILURE OF METHODS BY TYPES OF METHODS

Methods	Women faced failure	Proportion women faced method failure [%]	Went for induced abortion	Proportion women went for induced abortion [%]	Proportion women went for abortion by method [%]
Only traditional methods	37	64.9	13	35	68.4
Combination of traditional and modern methods	4	7.0	2	50	10.5
Only modern methods	16	28.1	4	25	21.1
Total	57		19		