FACTORS AND PROCESSES SHAPING CONTRACEPTIVE CHOICE: A STUDY IN WEST BENGAL, INDIA

Introduction:

The concept of "choice" in the area of population policy has received prominence after the International Conference on Population and Development (ICPD), 1994. The ICPD also "stressed gender equity as a precondition for health and to address women's subordination in reproductive health programmes" (Sciortino, 1998:33). Reproductive choice in India is synonymous with fertility regulation using contraceptive devices (Mukhopadhyay & Savithri, 1998). Choosing a contraceptive method superficially may seem to be a personal matter, however studying choice behaviour can help Family Planning Programmes to meet the need of fertility regulations through expanding the choice basket (Ashford, 2008:1). Choice behaviour of couples is shaped by a number of contextual factors; psychological, social, cultural, economic and political. Gender is an important part of culture, eventually intra- household dynamics as well as exogenous factors give birth to a particular contraceptive choice.

India, in its backdrop of higher population growth was the pioneer to establish a population policy. Historically, male sterilization was the area of focus however since 1977 there has been a transition to female sterilization. At the international level the prevailing picture speaks the same story. Male involvement in fertility control has decreased with the advent of pills and as global contraceptive prevalence has soared up. Previous researchers looked into the socio-economic factors in contraceptive choice mostly among females calling for further research in the gender aspects of "choice" as a process and behaviour along with program factors crystallizing into shaping contraceptive choice among couples.

West Bengal, a state in the eastern part of India, shows very unique contraceptive behaviour. It is a state with the highest traditional method use, 21.3 percent (NFHS-III, 2005-2006) combined with high female sterilization. Conspicuously the traditional method use is higher in urban areas, (25.6 percent) than rural, (19.6 percent, NFHS-III, 2005-2006). This raises some important questions like why urban couples in West Bengal choose traditional methods when effective modern methods are available.

Objectives

The broad and specific objectives of the proposed paper are to identify individual and community factors affecting the decision making process of contraceptive choice. Specifically the following objectives are addressed:

a) To identify the difference in factors in decision making in rural and urban areas,
b) To assess the role of marital communication on method choice (male or female methods of contraception),
c) To examine whether Family planning program has influenced choice,
d) To see if social network plays a role in choice,
e) To assess the factors responsible for transition from male to female sterilization,
f) To examine the pattern of contraceptive switching and how it varies by background characteristics.

Theoretical Focus:

Contraceptive choice is shaped by several factors. Prior studies have shown the importance of macro level supply factors such as family planning program that directly and indirectly affect contraceptive choice. In the studies conducted by Visaria et al., (1995) on Gujarat, programme factors were found to affect use of specific contraception. Bulatao (1989) also supported the view and stated that "Promotion of a method by program personnel can add significantly to method choice" (Bulatao, 1989, p. 282).

Program bias on a specific method will lead to provider bias on that method. This makes the specific method readily accessible to the couples. Besides, providers create more awareness about this method than others which ultimately leads couples to choose it.. The integration of Maternal and Child Health care with Family Planning has probably contributed to the program bias for female method in particular. On the other hand informed choice in a programme can do away with the provider bias (Baveja et. al. 2000).

Individual level socio-economic and demographic factors like age, religion, caste, education, standard of living, place of residence, affect choice of contraception in some way or the other (Nair, 1982; Bulatao, 1989; Rele *et. al.* 1989; Forste *et. al.* 1995; Raju and Bhat, 1996; Gulati, 1996; Rajaretnam, 2000; Visaria , 2000; Manman, 2002).

In addition to individual level factors, community level factors also conceivably play a role. Social networks through communication and diffusion affect choice (Rogers, 1978; Godley, 2001) and choice of an individual is influenced by "information from early adopters in their social network" (Kohler, 1997:370). The importance of cultural factors and technology cannot be ruled out. Besides, economic factors like accessibility and cost influences contraceptive choice (Simmons, 1978; Thomas *et. al.* 1996; Rosenzweig *et al.* 1982). In a theoretical framework

suggested by Bulatao (1989) contraceptive method choice is affected by four types of factors: Contraceptive goals, Contraceptive competence, Contraceptive evaluation, and Contraceptive access (Bulatao, 1989). This framework is a comprehensive package including both individual demand and supply side factors.

Data and Research Methods:

Contraceptive choice is seen as a two step process where the couple first decides whether to use contraception or not and then chooses a particular method from the available range of methods, the contraceptive used finally is the choice exercised.

A household survey was designed to capture the net effect of socio-economic and demographic factors on decision making process. In rural areas a two stage sampling procedure with villages chosen based on rural literacy and then the households selected systematically within the village was used. In urban areas a three stage sampling, in wards using the literacy rate criterion, a cluster (say colony) within a ward in the second stage and finally systematic sampling of households was adopted.

A total of 480 married women of reproductive age (15-49 years) from urban (4 wards consisting of urban poor and non-poor wards) and rural (4 villages from two districts) settings were interviewed. The survey collected information on social-economic and demographic variables, the choice exercised as well as interaction of women with programme personnel and others relevant to the decision making process. The gender aspects of contraceptive choice and also the causes of the transition from male to female methods were discussed in focus group discussions (FGDs) with women in two age cohorts, older (36-60 years) and younger (15-35years). The focus groups (36 Focus Group Discussions) had about 6-8 members from selected localities and homogeneous in economic and social characteristics.

In order to capture the programme effect on choice of contraception, contraceptive service providers (Public and Private) in the selected localities were identified and in-depth-interviews and FGDs (total 16) were conducted with them. These interviews covered issues on guidance given to the service providers by the departments, targets, mechanism to achieve the targets, and the strategies adopted. The interviews and discussions were in Bengali and Hindi according to the language spoken in the area.

Expected Findings:

Multivariate methods are employed to estimate the effects of various factors on the likelihood of choosing traditional methods rather than modern as well as likelihood of choosing female rather than male methods. Logistic regressions are used at one, two, and three or more living children. Qualitative data are analysed using Atlas-ti software. Individual socio-economic factors have

influenced acceptance of reversible methods as it requires knowledge about use. In urban areas many couples preferred not to use modern methods due to an apprehension of side-effects. This is also the cause for switching from modern methods to traditional methods. Adoption of withdrawal use in urban areas mostly reflects husbands' knowledge, preferences and the tendency to take decisions himself. Pills were preferred among various socio-economic, religious groups and place of residence but for different reasons. Pills were chosen as a terminal method among older Muslim women in urban slums as the sterilization operation was perceived to be a sin. The presence of NGOs (Non Governmental Organizations) in urban poor areas has created a demand for injectables mostly among the Muslims as a relief from compliance related to pills. In urban poor areas women from socially disadvantaged groups cited husband's alcoholism as the reason for choosing female methods. Contraceptive decision making in rural areas also depended on extended family members (in-laws). Moreover, social network through diffusion impacted method preference in rural areas. Because of poor infrastructure (roads) and health facilities in and around the villages, rural women are deterred to use IUD anticipating further costs and its imputative side-effects. The paper shows that male sterilization was opted out in an environment of gender disparity and ignorance and not as a result of shift in programme bias on female methods perse in both urban and rural areas. Thus the Family planning program should weave in interventions that aim for changing social norms which will lead to change in behaviour, rather than just providing services.