Socio-Cultural Barriers to Contraceptive Use:

An analysis of Couple's Contraceptive Behaviour in West Bengal

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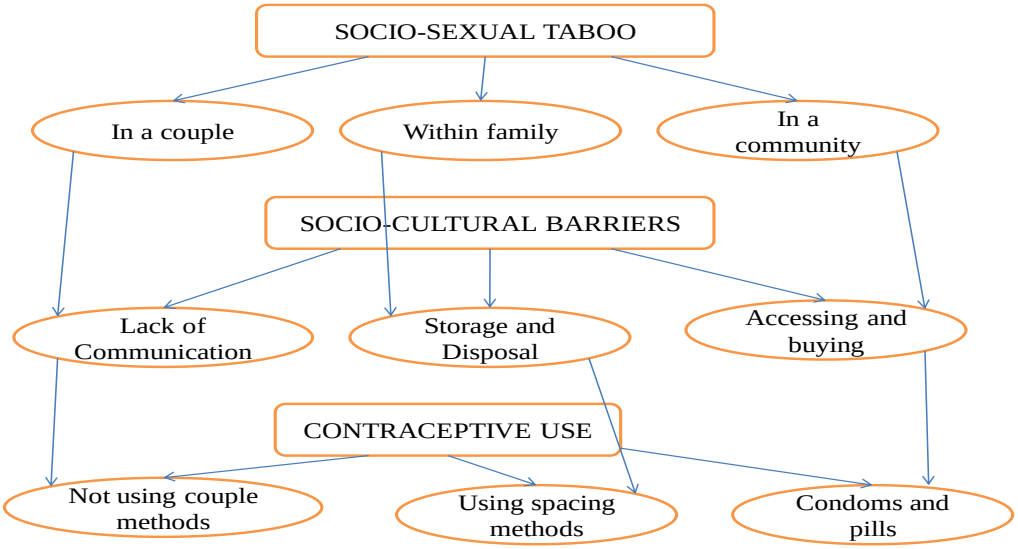
An unending list of literatures are available on India's family planning journey; from its very beginning, the need of it, the reasons behind it growing up, its inception, the ongoing process and several stages of it. Researchers have also focussed upon how Indian family planning programme has formulated ways to control the rising population; its success story and the hindrances it faced. Although it has always overtly tried to promote sterilisation and that too tubectomy but India is moving towards a rich method mix of contraceptives. Different socio-economic variables that can affect the use of contraceptives has also been thoroughly looked upon; how knowledge, intent to use, availability, accessibility and perceived side effects manipulates the use of contraceptive is researched. But, what remains unearthed is how sexual taboos manifest or act as barriers in the society hampering the proper and timely use of contraceptives.

'Sex' being a taboo in the society affects the dissemination of proper knowledge related to it. Since the use of contraceptives is related to the sexual act, it also remains a hushed topic and not to be publically discussed. This acts as barriers in people talking about it leading to the conception of misinformation related to proper use and wrong perception of certain contraceptive methods, thoughts of perceived side effects and queries related to it remains unanswered in the user's mind which in turn hinders contraceptive use; either partially or fully. These types of costs which are different from the direct physical cost that is borne by a user in a traditional society are more to an unmarried couple than a couple in a legal sexual union and more to a couple in an extended family or joint family than in a nuclear family. Taboos not only prevent a woman discussing about contraceptives to her parents or in-laws but also in her peer group and to some extent even to her partner. All these add up to the list of not able to choose the right contraceptive method and use it at the need of the hour. Thus, the purpose of the present research is to dig out these socio-cultural barriers in an inter-generational society and examine whether it manipulates the contraceptive pattern of the region.

CONCEPTUAL FRAMEWORK



Aim of the Study-

To identify the different types of socio-cultural barriers a person incurs for trying to use contraceptives and how this in turn manifests the contraceptive use pattern (both contraceptive prevalence rate and method choice) of a region.

Methodology-

The study is conducted at different sub-centres of Haora district, West Bengal. The research is based entirely on a primary field survey conducted from 1st August 2019 to 20th December 2019. Women of the reproductive age group who are sexually active are interviewed with a semi-structured interview manual on the following thrust points-

- Knowledge about sex and contraception
- Age at initiation of contraception
- Problems faced to acquire and use contraception (in case using modern contraceptives)
- Interaction with partner related to sex and contraception
- Interaction with other family members and peers about contraception
- Perception about various contraceptive methods
- Knows about any other women who uses contraceptives (within family or friends)

Alongwith the users, the providers are also interviewed on the present field scenario of contraception in West Bengal. This includes the medical professionals, the obstetricians and gynaecologists, the family planning counsellors, the health workers, the nurses and the midwives.

A total of 76 women participated in the discussion. Field notes and audio recordings from the interviews are transcribed in English language, analysed and principal domains were extracted. The study is descriptive, observational with cross-sectional design, thoroughly based on qualitative research methodology. Storytelling became a major tool for discussion and women recounted their personal experiences as well as the experiences of their peers. This narrative dynamism was repeated often and was anecdotally explained as an element of the research process that women in general appreciated.

Results and Discussions-

Intra-spousal communication directs whether to use contraception, when to use, which method to follow, when to start using, the timing, planning of pregnancies and number of children that the couple can afford. It also enables both the partners to know about each other's notion about family planning and use of contraceptives. It also allows the husbands and wives to speak out their concerns about reproductive and health issues, about sexually transmitted diseases and side-effects of the contraceptive methods. There are several hindrances that prevent two opposite sex people to discuss about sex, sex-related concerns, preferences, sexuality and contraception as an intricate web of society and social intricacies that obstruct these exchanges. To achieve proper involvement of men in women's reproductive and sexual health, family planning and contraceptive use, healthy communication between the spouses is an important factor.

The notion that family planning is a woman's business can be eradicated only by the active participation of males which not only will provide support to their female counterparts but will also allude to utilization techniques. To eradicate the misconception that women bear of their husband's notion in adopting family planning can happen only with the help of a healthy communication between the spouses and as a means, it will also help the couple knowing about their fertility preferences and choosing the best fit method for themselves.

All women respondents agreed that in our society, 'taboo' related to sex and contraception do exist. Talking or discussing anything about sex, be it sexual choices, preferences, desires or

anything around childbirth is a taboo. Some even said that a woman uttering the word ‘sex’ is to be labeled as a ‘dirty woman’ and moreover, if she happens to be unmarried, then she is ‘*charitraheen’* (meaning characterless). Overall, it was clearly expressed that ‘contraception’ is a necessity in our society and women needs to be educated about the choices more formally than in hushed voices with undertonations and euphemisms. The respondents opined that lack of proper knowledge misleads people, makes false impressions, negativity, illusions and erroneous perceptions. Fallacious belief arises from misinformation or partial information, as there is no one to go back to and clarify the doubts.

On a very different tone, the stakeholders believe that they are always ready to educate couples about safe sex and contraception but the gap lies in to ‘this connecting line’. The doctors, the gynaecologists or the family planning counselors can only help if the couples approach them. From being impotent to doubting a man’s character is the extent of people’s perception about using contraceptives.

All the doctors interviewed in this respect, both private and government sectors and even the family planning counselor very strongly stated that Haora follows the norm of ‘cafetaria approach’ and whenever a client arrives, he/she is presented with the menu card, explained all the methods in details, read out the pros and cons of every method and then the patient chooses a particular method. Contrastingly, in reality the researcher found a mismatch into this.

Women believed that owing to the overlapping conflicts in deciding over a method, they practice traditional methods when left with no other choices. To these women, withdrawal or rhythm is not a conscious choice from the basket of contraceptive methods, but a compulsion to avoid another unwanted pregnancy. Since government does not promote traditional methods of contraception, there is no source of proper knowledge about these practices. Some learned it from personal experiences whereas some got the triggering information from a senior member of the family, like an elder sister-in-law. Societal and familial interference in choosing a particular method as well as the role of procreation within wedlock resulted into a small gap between tying the knot and the first pregnancy.

Contraception remained compartmentalized differently between married couples and unmarried couples in a broader social spectrum as delaying pregnancy for a newly wedded couple in the study region may create elements for stigmatization in the private surrounding. Participants even suggested that the variations in attitudes to modern contraceptive methods

and subsequently using those methods could be influenced by the notion that they are a 'Western' thing and hence opposed by some traditional elements of the society.

However, owing to the high failure rate of traditional contraceptive methods, the inefficiency and lack of count, government always had a step-in for modern methods. For measurement purposes, government requires some physical methods, like these many condoms have been distributed, or so and so IUDs have been inserted; it is difficult to measure the efficiency rate or the success-failure rates of methods which are not tangible. The first choice that is given to a couple having at least one child is PPIUCD and if it is not preferred by them, then DMPA is suggested, for which the woman needs to visit the hospital in every 3 months to get her shot. According to Dr. Sojol Mondal (a senior consultant of Haora Hospital and a practicing obstetrician and gynecologist), IUD is the most effective method with minimal failure rates, whereas, Dr. Prasanta Mukherjee (a practicing gynecologist of Haora) owning a private nursing home suggested oral pills to be the most effective method with high success rate.

Conclusion-

The famous historian, Eno Blankson Ikpe (2004) writes "history has a way of mariginalizing certain aspects of human existence". This statement highlights the confrontational issues related to sexuality in ways different cultures react, by developing tolerance levels and ideas where certain behaviours are deemed as 'moral or immoral', 'healthy or unhealthy', 'abominable or not abominable' and 'appropriate or inappropriate'. If the contested nature of the discourse related to sex and sexual activities is not necessarily new, the importation of the Western culture is relatively newer, which is recently experienced in the developing part of the world. It is not only in Haora or West Bengal, but all over in India, the taboo surrounding anything linked to sex, where sexually active women who choose not to engage in reproduction even being in wedlock are challenging the institutions that glorify the fertileness of women, the key ingredient of a 'modern social structure' that recognizes human rights.