

**CHAPTER IV**

**REACTIONS OF SAMPLE FAMILIES ON DIFFERENT METHODS  
OF FAMILY PLANNING**

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#### 4.1 Introduction

Present chapter has been designed to study :

(a) different methods of family planning adopted by the sample families ; (b) number of sample families adopting different types of the methods of the family planning as identified during field investigation ; (c) the reasons for the variation in the numbers under different categories of family planning methods ; and (d) the reaction of different types of people with regard to each method of family planning identified during field investigations ( types of people belonged to sample families only ). The following hypothesis will be tested basing on the findings :

Hypothesis I : Reactions of the sample families towards different methods of family planning are varied and complex but the method of sterilisation gets more popularity than the other methods identified during the period of the study.

#### 4.2 Methodology

The investigator had experienced lots of difficulties in collecting the requisite data and information relevant for

the present chapter. This was more pronounced because most of the sample families had not studied the relative merits and demerits of different methods identified and most of their ideas were based on rumours, gossips and mutual exchange of ideas which did not always follow a scientific pattern. As such, the possibility of snap-shot views and ideas would not altogether be ignored. One has to decide, however, whether one should opine on the basis of such snap-shot views and ideas to make a meaningful analysis. Moreover, the views were found to be conflicting and it was indeed, difficult to reach a reasonable conclusion on the basis of such conflicting views and ideas. Another difficulty came from the other window. The way the question could be placed, the success of getting more or less reliable information depends to a large extent upon that. The investigator concerned had to put the question in a very simple manner which appeared to be understandable to the rural folk. Use of too many terms had to be avoided as far as possible. Under the circumstance, one had to make the atmosphere easy for free and frank discussions in which the respondent even could not feel the stresses and strains in answering such questions. On the contrary, they needed to be assured of an atmosphere in which they could call a spade a spade and could come out openly about their feelings and reactions on different methods of family planning as they had been experiencing. What was further observed was that the investigator should have the patience and should not be too hasty in collecting information. Sometimes,

some close observations when they were speaking were needed to note their real intention. Moreover, investigator had to observe carefully the actions and reactions of sample families when they had supplied the required information, because such a methodology could help to bring a balance between conflicting views and thoughts which can be adjusted through painstaking and close observations in this regard to get meaningful information. The present methodology, however, did rest on the following methods :

(a) interview method ; &(b) observation method. The two methods had been integrated to gather relevant information.

Total sample was 130 families. These sample families had the married persons (50 per cent male + 50 per cent female = total numbers of married persons in these families were in the following orders :  $V_1 = 94$ ,  $V_2 = 90$ ,  $V_3 = 96$ ,  $V_4 = 92$ ,  $V_5 = 94$  and  $V_6 = 94$  = 560 persons). Total number of men who adopted family planning was 331 out of total sample of 560 persons and total number of female adopted family planning out of total sample of 560 persons was 229.

#### 4.3 Different Methods

Methods of family planning as identified in the sample villages were grouped into two categories :

(a) permanent method ; and (b) temporary method.

(a) Method which may be called permanent is discussed in the following way :

**Sterilisation :** Sterilization is a permanent method of family planning. It means destruction of producing germs by means of operation in the productive organ of male and female respectively. It is called a permanent method because after successful operation, there may not be any chance of pregnancy.

In case of male, the operation is known as Vasectomy operation. In case of female, the operation is known as Tubectomy operation. It appears that Vasectomy operation is a minor operation. After Vasectomy operation, one should not go on consummation within 3 months. Before Vasectomy operation, total medical check of the person is needed. Persons suffering from hernia, blood pressure, T.B., cancer and abdominal diseases should not adopt Vasectomy operation. Tubectomy operation appears to be a major operation. After Tubectomy operation, three months rest is necessary for the female concerned. Before this time, one should not go for consummation. In these cases, total medical check of the female approached for operation is needed. Moreover, women suffering from female diseases should not adopt Tubectomy operation. Successful operation gives no chance of coming further issue. But successful operation depends on skilled or efficient and experienced doctor.

Some troubles and complexities are noticeable after sterilisation which are discussed in the latter part of this chapter.

(b) Temporary methods are as follows :

(i) Nirodh : It is one type of condom. It is made by rubber. It is generally used by male before going to intercourse. Nirodh is to be examined before use because the user should see whether it is defective or not. Troubles and complexities as experienced by sample families regarding this method are discussed in the latter part of this chapter.

(ii) I.U.D. : It stands for Intra-uterine Devices. In short, it is known as loop. It is made by plastic. It is generally placed in female organ. It stands as a stumbling block against productive germs. Users may fix it in female organ temporarily. Real difficulty of I.U.D. is mainly its displacement from the female organ. Troubles and complexities of this method are discussed in the latter part of the present chapter (as experienced by sample families).

(iii) Diaphragm : It is made by Soft Rubber. Its shape is like a half-circle. Success in using the Diaphragm depends on selecting the right size and type according to women's anatomical requirements and on how well she learns to use it. The correct size and type can be determined by a vaginal examination. The Diaphragm may be inserted before intercourse and kept in the vagina for eight hours. The patient may be asked to practise fitting of the Diaphragm.

(iv) Foam Tablet : It is one type of tablet. The Foam Tablet should be moistened and immediately inserted as deep as possible

in a vagina 3 to 5 minutes before intercourse. This tablet has a tendency to be dissolved when it is inserted in the female organ. It destroys specially those germs which are responsible for giving birth.

(v) Jelly : Jelly contains chemical agents which immobilise sperms. It is placed in female organ. Sometimes, jelly is generally used with occlusive rubber caps. It can be used without the occlusive cap but, if used alone, will provide relatively less protection. There are jellies which are claimed to provide a high degree of protection when used alone. The usual dose is about 5 c.c.

(vi) Oral Pill : It is one type of tablet. It is taken by mouth by female as a course. The pill lies in the transparent plastic part. On the other side are printed the days of the week and arrows which show the user the direction in which she should take pills from the pack. On the first day of bleeding, the user should select the pill marked with the corresponding day of the week. The 28 day pack contains 21 hormonal tablets. Each tablet is started on the day after the previous one has been finished.

Oral pill should not be used by women suffering from following disorders :

(1) severe disturbances of liver function, Jaundice ; (2) undiagnosed vaginal bleeding ; (3) congestive cardiac failure ; (4) Vitamin

deficiency ; and (5) those are already pregnant, etc.

The following side-effects may be observed in some of the cases who have been using oral pills :

- (i) Nausea, migraine, vomiting and other gastro-intestinal symptoms ;
- (ii) Irregular vaginal bleeding or heavy menstruation ;
- (iii) Allergy ;
- (iv) Lethargy, depression and disturbance in vision, migraine ;
- (v) Unexpected pains and rise in heat of the body ; and
- (vi) Breast tension, etc.

Troubles and complexities as experienced by sample families regarding this method are also discussed in the latter part of the present chapter.

#### 4.4 Number of persons adopting different types of Family Planning methods

Following table reveals the number of persons adopting different types of Family Planning methods.

Table 4.1

Village	Sterilisation		Nirodh	U. D.	Diaph- ragn	Foam Tablet	Jelly	Oral Pill
	Vasectomy	Tubectomy						
V <sub>1</sub>	33	18	25	9	00	00	00	00
V <sub>2</sub>	36	20	27	11	00	00	00	00
V <sub>3</sub>	33	22	28	13	00	00	00	00
V <sub>4</sub>	25	23	29	15	00	00	00	00
V <sub>5</sub>	18	25	30	16	00	2	1	2
V <sub>6</sub>	11	26	31	17	00	4	2	3

If the sample families had already undergone sterilisation, the question of considering other methods would not arise. Therefore, other methods (temporary) will have to be considered only when sterilisation had not been adopted by the sample families.

Sample families in sample villages had the following numbers who were married ( male 50 per cent + female 50 per cent = Total number of married in the family ) :

V <sub>1</sub>	-	90	Total number of sample men adopted family planning was 331 and total number of sample women adopted family planning was 229.
V <sub>2</sub>	-	94	
V <sub>3</sub>	-	96	
V <sub>4</sub>	-	92	
V <sub>5</sub>	-	94	
V <sub>6</sub>	-	94	

#### 4.5 An Analysis of the Facts Gathered

From the above Table, the following points may be pointed out :

(a) In the case of vasectomy operation, the villages which were near to the town, had scored less numbers than those of the villages which were far from the town. One of the possible explanations might be that the possibility of forceful operation was less identified in the case of V<sub>4</sub>, V<sub>5</sub> and V<sub>6</sub> than those of V<sub>1</sub>, V<sub>2</sub> and V<sub>3</sub>. Other explanations might be that due to the attraction of getting money out of such vasectomy operation,

the villagers in V<sub>1</sub>, V<sub>2</sub> and V<sub>3</sub> might be more inclined to go for the method than those of the villagers in V<sub>4</sub>, V<sub>5</sub> and V<sub>6</sub> who had relatively more scope for subsidiary and other incomes than those of V<sub>1</sub>, V<sub>2</sub> and V<sub>3</sub>. Another explanation might be that the officials connected with this programme might feel it more convenient to pursue the villagers in V<sub>1</sub>, V<sub>2</sub> and V<sub>3</sub> to go for operations than what they had felt in the case of V<sub>4</sub>, V<sub>5</sub> and V<sub>6</sub>.

(b) In the case of Tubectomy operation, the result was somewhat different. Here, V<sub>4</sub>, V<sub>5</sub> and V<sub>6</sub> (henceforth, this will be called 'U' Sector) had scored greater numbers than those of V<sub>1</sub>, V<sub>2</sub> and V<sub>3</sub> (henceforth, this will be called 'R' Sector). The possible explanations for this variation may be summed up in the following way :

Firstly, the women in 'U' Sector were relatively found less preoccupied with family and other affairs than those of 'R' Sector, where women had not only to do domestic activity, but also had to perform other activities of the family when the man had to go for farm operation. It was observed that women in 'R' Sector did not consider it prudent to take rest for such a long time after operation considering the interest, welfare, etc. of their respective families. It has been pointed out already that women in 'U' Sector could perhaps, relatively get greater scope for taking the requisite rest after operation than 'R' Sector. They could perhaps, undertake this operation more than those of 'R' Sector.

Secondly, men in the 'U' Sector perhaps, found it extremely difficult, relatively speaking, to snatch away some time to go for vasectomy operation and they perhaps, had shifted the responsibility to their women folk in this regard.

Thirdly, in 'U' Sector, women could get the help of male servants, etc. to look after the interest of their respective families which could hardly be thought of in the 'R' Sector at the time and after the operation.

(c) In the case of 'Nirodh', it had been observed that 'U' Sector scored more in numbers than those of the 'R' Sector.

The reasons for this variations in this regard may be summed up in the following way :

Firstly, though some amount of it could be supplied freely from the Health Centre in the 'R' Sector, yet that did not satisfy the requirements of the 'R' Sector. Thus the gap was there between what was desirable and what was available in this regard. The villagers in 'R' Sector thus had possibly one alternative to meet this gap and that was to purchase the same from their own pockets. But as from the field data supplied in chapter II, it was clear that economically speaking, 'R' Sector was more backward than 'U' Sector. So 'R' Sector had found it extremely difficult to purchase it on their own account. But in comparison to 'R' Sector in this regard, the 'U' Sector was relatively more favourably placed and thus perhaps, this sector had more opportunities to purchase 'Nirodh' from their own pockets than 'R' Sector.

Secondly, the people in 'R' Sector did not find it convenient to use it because the sufficient motivating force to overcome the complications of which the discussion would be made later on was largely absent in 'R' Sector.

Thirdly, due to nearness to the town, the people in 'U' Sector could be made more open to various discussions, meetings, seminars, etc. about different methods of family planning and their relative advantages and disadvantages and thus, they perhaps, were more accustomed with this method than those of the 'R' Sector.

Fourthly, in some cases, 'Nirodh' did not produce desirable results in 'R' Sector, which also happened in the 'U' Sector, but this had different impact on the people of the two sectors. The people in the 'R' Sector, generally speaking, were found to depend more on gossips, rumours, mutual conversations, etc. than those of the 'U' Sector. In 'R' Sector, it had been discerned that once rumour started in a certain direction, the same had the significant impact on the behaviour pattern on the other fellow villagers but the rumours, gossips, etc. though had certain impact in 'U' Sector, yet relatively speaking they had less impact on others than 'R' Sector. Rumour etc. in 'U' Sector were generally speaking, more evaluated on merits, relatively speaking than 'R' Sector. Coming to I.U.D., it had been found that 'U' Sector scored greater in number than 'R' Sector. Reasons for this variation appear mainly to be the following :

Firstly, there were certain complications of which discussion will be made in the latter part of this analysis in the case of I.U.D. and rumour spread in 'R' sector against I.U.D. and as already it has been stated that rumour had appeared to have a significant role to play in 'R' sector, therefore, the I.U.D. was not accepted favourably by 'R' sector apart from other reasons but though rumour had also some impact on the people in 'U' sector, but the same was less pronounced in 'U' sector and the reaction was not so unfavourable in the 'U' sector as was identified in the case of 'R' sector.

Secondly, the officials appeared to be less tactful in answering various questions of the 'R' sector when they approached them facing various complications for I.U.D. As a result, 'R' sector was more confused and this had perhaps, an adverse effect on this method but as the people in 'U' sector appeared to be more aware, vigilant and watchful than 'R' sector, therefore, the officials appeared to pay more attention to their queries and hence, various misgivings about this method could be more eased yielding favourable impact relatively speaking, in 'U' sector than 'R' sector.

Thirdly, as has been pointed out earlier, women in 'R' sector could not perhaps, afford to lose time/ <sup>in</sup> taking rest etc. which perhaps, would be needed in sterilisation method. Hence, in order to avoid such possibilities of snatching away some time in the case of such adoptions, the women in 'R' sector, relatively

speaking, appeared not to favour the idea of going for this method. Other points in this regard would be revealed while discussing in the latter part of the analysis when discussions would be made about the complications and problems of different methods identified in the case of sample families and hence, they are not repeated here.

In the case of Diaphragm, Foam Tablet, Jelly, and Oral Pill, it was found that the uses of all these were absent in 'R' sector and a very limited use of all these ( excepting Diaphragm where the findings were nil ) in 'U' sector could be found.

The reasons for nil finding in 'R' sector were mainly the following :

- (1) Due to low pecuniary conditions of the majority, they were not in a position to purchase all these items.
- (2) Free distribution of these items was denied during this period.
- (3) They appeared not to be much accustomed with these items and hence the use of the same was avoided.

The limited use in the 'U' sector of the items in this regard may be explained in the following way :

- (1) These methods sometimes, proved to be a failure and the same had some adverse effect on the popularity of these items to be used as a method of family planning.

(2) These methods needed some expense which most of the practising families did not like to spend either due to low income or due to their attitude that recurring expenditure on these items would be too burdensome for them.

(3) These methods appeared to be complicated to them and they preferred to have permanent and more safety measures to those temporary and in some cases, unsafe methods.

#### 4.6 Problems and complexities with regard to each method identified

The approach to this section mainly depends on the following two factors :

(a) The nature of troubles, the sample families had been facing ; and (b) how they had been reacted to these methods vis-a-vis the troubles they were experiencing.

At the outset, one likes to point out that respondents were not always sure of the nature of troubles they were experiencing or they had not always a clear idea of the complexities of each method. It was found that if a fellow neighbour informed another fellow neighbour of his trouble with regard to a particular method, the latter appeared to be influenced by the former's complaints. It was also found that due to lack of adequate knowledge of different methods and of their actual use some troubles were experienced which could be easily eased but due to lack of timely effort on the part

of officials to move the ball in the right court, the adverse reaction appeared to be very much there. What the present investigator had understood in this regard was that the views \_\_\_\_\_ were more or less temporary, and sporadic/ not based on actual evaluation but mostly these were based on rumours, gossips and temporary believes and disbelieves. So, in order to get meaningful information in this regard, both observation and interview methods were integrated and to the extent the investigator was successful to interpret their actions and reactions over these methods meaningfully, to that extent the analysis and conclusions based on such an analysis were purposeful. Therefore, an in-depth study to examine the reactions and emotions of these sample families \* might be needed, which one may like to point out in this connection. However, the present investigator had spared no pains to minimise the extent and nature of biasness as far as possible to get meaningful information as far as possible.

The problems and complexities and the reactions of the sample families on each method may now be presented in the following way :

#### 4.6.1 Sterilisation method

Vasectomy operation : The following troubles and complexities in this method could be identified :

- (1) In ten cases, after the operation, it was found that they

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\* Sample families henceforth in this chapter should be read as sample persons.

became father. They had openly criticised this method and even when it was pointed out to them that this was a medical lapse, they were not sufficiently convinced and expressed the opinion that they were given a bluff and the faith they had developed, was totally belied and consequently, they became father again which they had not wanted. They were found to be extremely critical over this method and reacted almost violently during the time of interview. Even their reactions appeared to indicate that they considered they had been cheated by the officials and any talk of family planning could not be tolerated by them. Even, it was found that they were expressing their reactions to their neighbours and though the precise assessment of the impact of this feeling on others had not been made, yet close observations and interpretations of these had convinced the investigator that to a certain extent, these remarks might have adverse effect on the growth of family planning in the sample area. An in-depth study in this regard might reveal many interesting facts but at the outset, it may be pointed out that the aforesaid study would perhaps, prove to be difficult because of the difficulty of isolating different variables and their actions and reactions over each to get a precise estimate in this regard. It might be difficult to quantify the same unless different variables could be isolated in a scientific manner and actions and reactions of each over the other could be analysed through a scientific procedure. But the present

interpretation did not, however, depend on any scientific technique and one has to decide, however, whether one should make some observations without adopting scientific techniques and to opine on such observations. What is perhaps, to be noted in this connection is that, though requisite scientific technique was not adopted in this regard, yet the observations were carefully noted and interpreted and the conclusions were arrived at after such interpretations which might be accepted as an approximate to the reality. The above analysis may prove to be purposeful to the extent the aforesaid contention is accepted.

(ii) In 23 cases, it was observed that the methods as reported by the respondents gave rise to health troubles and complexities. It was indeed, difficult to note how far the same did rest on psychic factor and how far they were genuine troubles. They had complained that weight had started reducing and they felt some trouble in getting adequate sleep at night and also troubles of headache were experienced by them very often. However, they reported that they felt lazy and tired and had lost much incentive for doing hard work. Even they pointed out that they felt depressed. How to judge whether the above troubles and complexities were genuine or not? Whether reactions were caused due to operation or due to their believes and disbelieves based upon the remarks and observations of some of their fellow neighbours and relatives? The matter

was referred to relevant medical persons for a consultation in this regard. It was gathered that most of them had not genuine troubles and due to ignorance and other factors such reactions took place. It was gathered from medical men that rural people were not accustomed to operate and had almost preconceived idea against any type of operation. So, from the very beginning i.e., from the awareness stage, to the adoption stage, they did not get rid of this feeling. It was believed by these medical men that if one gave too much importance to these types of reactions of these types of rural people, one might get misleading results. Therefore, one had suggested that the approach should not be one way traffic. Both the sides namely their reactions and the opinions of medical men connected with the same should be taken into consideration to get a purposeful conclusion in this regard.

But even when the reactions and opinions of both the sides were considered, the present investigator appeared to be confused in this regard. He was in a dilemma on the question of giving respective weightages to reactions and opinions expressed by both sides. Then, he followed his own approach in this regard. He had closely noted the actions and reactions of these 23 sample families who had reported as stated already and different types of conversations had given the impression to the present investigator the following information :

Firstly, he appeared to be convinced that there

might be some truth with some of these statements, reactions remarks, etc. of these 23 families.

Secondly, he appeared to have been convinced that there were some truth with the opinions expressed by the medical men who were interviewed in this regard.

Thirdly, he had the impression that due to low pecuniary condition, these people appeared to suffer from malnutritions and that might have some impact on these observations as supplied by them in the sense that most of their troubles and complexities might have originated from their low economic condition vis-a-vis malnutrition. It was indeed, difficult to determine the exact nature of relationship between their reactions and troubles and complexities in this regard and it might be an interesting project for a researcher to undertake an in-depth study for the same to reveal interesting information in this regard but here also, the researcher might get many complexities due to the difficulty of isolating different variables and unless the same would be made, it was indeed, difficult to quantify the aforesaid reactions over this method.

(iii) These families had pointed out some other facts like that their image was at stake in the sense that after sterilisation they could not do hard work and even their sons did not consider this as a healthy sign. This type of reaction might originate from their depressed outlook. As reported by them, it was difficult

indeed, to determine the extent of truth that could be associated with such a reaction. A close observation had given an impression to the present investigator that if the trend was allowed to continue, that might lead to some psychic problems for these families. The present investigator under the circumstances appeared to think that medical personnel should take sufficient care to study adequately the mental set-up of these persons before operation and unless such a prerequisite was satisfied there might be various complexities and problems like the one referred to already. It has already been pointed out that in 10 cases after vasectomy operation, the wives became pregnant and persons concerned had doubted the chastity of their wives. The investigator observed that even these people had referred this to other fellow neighbours and it became a subject-matter of gossips in the concerned locality. When the present investigator had pointed out that this might be due to a medical lapse, he was not well received and he was almost threatened that his entry to the locality would be totally restricted, if he tried to intervene in such a way. Fortunately for him, he got the help of local teachers who came to rescue him. So, after persuasion of the local teachers as well as of some others in the locality along with certain medical personnel, the matter took a favourable turn. Though altogether the doubts had not gone, yet the possibility of the medical lapses had somehow accepted to a certain extent

but they had pointed out that under any case they would not go out for further operations. The possibility of a tremendous tension in such families was averted but the investigator was not sure of whether they had accepted the arbitration temporarily or in a permanent footing. He had the impression that to a greater extent they had accepted the opinion of the investigator, teachers, some local people and medical personnel referred to already and time perhaps, would be the best healer to settle the issue permanently. This may indicate that sufficient discussions should be made with the persons who are going to be operated on the possibility of such lapses and thus, the possibility of such types of tensions may be averted.

#### 4.6.2 Tubectomy operation

To gather requisite information in this regard, the following difficulties had been experienced by the present investigator : Firstly, as he belongs to male sex, it was not easy for him to interview the women in the sample families. Secondly, the women in the sample area with certain exceptions here and there, were mostly found not in the habit of coming before an unknown person and they had also not in the habit of talking freely with them. Thirdly, rather delicate questions on the methods of family planning to the women-folk further complicated the issue and at every step the investigator was

apprehending to be misunderstood and he had to be very tactful in this regard. Fourthly, as there was not sufficient communication between the investigator and the women in the sample families, there was every possibility of not getting the correct information. Fifthly, due to illiteracy prevailing among most of the women in sample families, questions had to be put in a very simple, straightforward and unambiguous manner, as a slight complexity in putting questions might disturb the whole situation for which rest of the interviews might be affected.

Under the circumstances, the present investigator had followed the following steps :

Firstly, he had taken the helps of Gramsevikas who were ladies and lady personnel connected with family planning programme while discussing the methods etc. of the family planning with the women concerned. Secondly, the helps of Chowkidars, who were known-figures in the locality were taken during such interviews. Thirdly, the helps of certain local social workers and members of Panchayats had been taken where necessary, to get the correct information as far as possible. Fourthly, the entire method did rest on discussion-oriented type which allowed free conversations between those who were present and the respondents and such an atmosphere to a large extent appeared to ease the shyness, etc. of the women respondents to speak out the truth. But even, it was doubted that the information received were just close to an approximation

and there was a scope for further improvement of the information gathered in this section.

The problems and complexities with regard to Tubectomy operation may be summarised in the following way :

(1) It had been reported that at least, three months' rest was required after Tubectomy operation but during this period the family suffered in the sense that the work and responsibility shared by the women concerned who had been operated were difficult to be shifted to others in the absence of a suitable substitute for the same. They could not afford to engage maid-servant etc. during the period. Male members in the family would have to look after the farm and other works and they might not prove to be suitable substitutes for such works of the women and there were mismanagement and troubles in the family in the case of such a vacuum caused by such rest. This had perhaps, created a very strong impact on these women who did not like the idea of taking such rest as well as the other members of the family also appeared not to understand sufficiently the necessity of such a rest. Two conflicting forces could be discerned in such families. On the one hand, the medical personnel had advised them to take rest and on the other hand, they could ill afford to take such rest due to the reasons already stated. Sufficient understanding of the usefulness of such rest was largely absent as well as the change in the family working set-up due to such rest was not adequately

adjusted and all these appeared to prove problems for these families. Bitterness, quarrels in the families had been found to be developed and these were more so because, the families were found to be not sufficiently aware of the utility of such rest.

(2) Various health troubles after the operation had been reported. For instance, bleeding trouble in five cases had been reported. In seven cases, insomnia had been identified after operation. In six cases, headache had been identified and in three cases loss of weight had been reported.

However, how far the above reportings could be taken as the cause of the operation was difficult to determine. Regarding bleeding trouble, there was not much problem because this could be detected by considering the following two factors :

(a) Whether the same was there before the operation ? and

(b) whether the same could be identified after the operation ? If the answer was affirmative in the case of b, then the same could perhaps be taken as correct reporting. But in the cases of other troubles, it was really difficult to determine the correctness of their statement because, these troubles might originate from their mental set-up or it might originate due to psychological factors. For instance, they were not habituated in undergoing major operations. Therefore, from the very beginning they had some adverse feeling against this operation and <sup>the</sup> same might continue even after operation.

Due to lack of taking sufficient rest which had already been referred to, proper diet, etc, the reported troubles might originate. So, one needs to isolate all these factors before reaching meaningful conclusion. The present investigator had not, however, been able to isolate such factors meaningfully. Under the circumstances, he had made different enquiries and counterenquiries in this regard to get correct information as far as possible. The extent he was successful in such an attempt, to that extent the reportings as given already could claim authenticity.

(3) Some psychological problems had been discerned.

For instance, in their area they were accustomed to see families with more than five children, under the circumstances, different conversations with them had appeared to give an impression to the present investigator that usefulness of small family was not adequately realised by these respondents. Some of them had only two issues and they were now afraid that in the case of any accident which might cause death to their children, they would land them into a stage of total helplessness, because no further, they could give birth to any child. This appeared to affect their motherly feeling to a certain extent.

Moreover, in some cases (10 cases) after the operation, the women concerned were pregnant. This had caused serious doubt about the chastity of these women concerned and

serious family troubles had been found to start. Even persuasion in the line that those might be due to medical lapses which were corroborated by medical men did not cut the ice sufficiently. In these cases, medical personnel's statement was that, such happenings might occur due to medical lapses, i.e. instead of cutting tube, vein had been cut and hence, the trouble took place. But the male member of such families appeared not to believe such a statement and were more inclined to believe that this was a bluff given to them.

(4) Another factor which might also be grouped under psychological factor was that the respondents appeared not to have a very favourable idea regarding this operation because it was reported that after operation when certain troubles arose, they had visited the medical personnel who had not taken sufficient care to them. On the contrary, they felt neglected and developed a feeling that their future was at stake due to such an operation.

An impression had been formed to the present investigator that those who were physically weak, were largely facing health problems, etc. after Tubectomy operation. So, before such operations, medical personnel might consider very carefully about the standard of health of these women who would approach them for operation and who would be considered for operation. This preoperative precaution was largely needed. Moreover, those women who had been found to suffer from various

female diseases when operated had been facing more troubles and complexities and hence, the medical personnel should carefully check whether the women concerned who would be operated had any female disease (the nature and extent of the disease would also have to be studied). When they would be satisfied that troubles would not start after the operation, only then they could be operated.

#### 4.6.3 Nirodh

The complexities and problems with regard to this method may be summarised in the following way :

(1) As stated already most of the sample families lived in poor economic condition. Generally, these were (Nirodh) supplied free of cost from the Health Centre, but there was a gap between the demand and supply for the same. Moreover, these things were not supplied always in time of need. Sample families were also found almost reluctant to go frequently to the Health Centre for procuring this and all these had perhaps, compelled them to purchase it (Nirodh) sometimes at their own cost. They appeared not to like to bear such an expenditure considering their poor economic condition. Thus, involvement of some amount of expenditure in this method could not altogether be denied and as a result, the sample families did not like the idea of incurring the expenditure for the same and hence, the method gradually had been losing its popularity.

(ii) In 20 cases, even after using 'Nirodh', pregnancy had been reported from such families. It was found that in some cases there were very adverse reaction to such happenings. On the one hand, chastity of wives of these families were doubted and on the other hand, family troubles due to such doubts etc. started happening. Even when it was pointed out by the present investigator as well as by the medical personnel that these were caused due to leakage of the 'Nirodh' and the same might happen at any time due to the possibility of such a leakage due to defective nature of the same and due to lack of sufficient knowledge to use the same. But such persuasions had not always been taken favourably and it was remarked that they were given a bluff. It was found that they had not sufficient idea of the proper use of the same as well as they did not know sufficiently the possibility of such a leakage. The medical personnel would perhaps, do well to build a sufficient mental set-up which could appreciate the possibility of such a leakage in the absence of which, misunderstanding in the aforesaid line could not be altogether denied. Moreover, medical personnel in the Health Centre might also take sufficient care to supply all these in time of need as far as possible as well as the material supplied should be of better quality.

(iii) Some respondents reported that the use of this method was standing in their way of getting maximum satisfaction. This statement, however, appeared to the

investigator not based on sufficient evaluation of the facts because when cross-examined, they could not clearly point out their real idea in this regard. What was apprehended was that this idea though had some truth yet mostly these were based on the gossips, conversations with other people, rumours etc. Though it might be admitted that there was some truth in their contention in the sense that the use of this method had the possibility of reducing some satisfaction through intercourse. It was, however, felt that they appeared not to have been totally satisfied with this method.

(iv) In some cases (six), it had been reported that they had been told by some neighbours that such use in the long run might cause skin diseases and other types of health problems. These families it had been found were to a certain extent appeared to have been convinced by such rumour and they had practically decided to stop using this method. It had also been found that they had been reacted unfavourably on this method when they came to know the possibility of such diseases. When it was pointed out to them that the same contention did not base on fact, they had not taken the same seriously. On the contrary, they (such six persons) had doubted of the real intention of the present investigator who had appeared to have been considered as one of the agents of the Government who was even trying to convince them something which was not true.

Repeated requests even did not yield any tangible results in this regard. Their belief was so strong that they did not even care to listen to any other arguments which when put forward, were not taken seriously.

(v) It had been found that the sample families felt some uneasiness at the time of its use and after use. The whole process appeared to them a bit clumsy which they appeared not to reconcile either from their existing knowledge or from their previous experiences.

#### 4.6.4 I. U. D.

The complexities and problems of this method may be summarised in the following way :

(i) It had been reported by 15 families that they were facing certain health troubles like headache, pain in the back, bleeding trouble, etc. It had been pointed out that after the use of this method these families had been facing the troubles with health referred to already. But whether the troubles had originated from their belief? Whether the existence of such troubles did remain in reality or did they not exist at all? To put it more precisely, one might point out that the same might still exist even though the method was not adopted. That means, whether a proper evaluation of these troubles had at all been made by them or whether these statements would be taken as some temporary remarks/feelings

which had not sufficient basis -- was a question that might have to be studied seriously in this regard.

In order to know the aforesaid questions the present investigator had put forward same questions in different forms from time to time during field investigations in this regard and the average of these remarks/feelings/sentiments had been carefully noted before reaching conclusion in this regard. It appeared to the present investigator that sufficient evaluation had not been made over the nature and extent of these troubles but still it also appeared that there was some truth in their feelings. Problems arose mostly from their poor economic condition and consequent incapacity of having the requisite nutritious food, etc. to maintain a good life. It was indeed, difficult to isolate all these factors separately to know the real impact of this method on them.

Another difficulty was that repeated queries were not always possible because these were not always liked by them, particularly women in the sample area, did not always like the idea of revealing their family secret to an outsider whose real intention was even doubted. It so happened sometimes that the present investigator found a sign of displeasure and uneasiness on the face of these women as well as on the face of other members of their respective families.

Under such circumstances, he had to be tactful in avoiding such questions which should have been put to know the

truth in this regard but could not be put to them due to the reasons already referred to. Therefore, an in-depth study perhaps, was required to know more relevant information in this regard.

(ii) Ten families reported that after the use of this method, they (women in sample families) became pregnant and there were lots of misunderstandings etc. in the line already discussed earlier. This resulted in an adverse reaction among them over this method.

(iii) In seven cases, after loop was introduced into the female organ, the same was displaced resulting various complications like pain in the female organ, bleeding trouble, pain in the back as well as some amount of mental depression to them was also identified. It was also found that they felt themselves uneasy and repeated visits to the Health Centre to get the same corrected were not liked by them. Some families even reported that when they had gone to the Health Centre to know the reasons for its displacement, they were not sufficiently answered to. On the contrary, the medical personnel appeared to show some form of attitude which showed that the families concerned were responsible for lapses and they might bear the responsibility for the same. This might be interpreted as the lack of cordial and requisite atmosphere of understanding between those who were using this method and those who were helping them as an official, though enquiries from the medical

men might reveal the other story. It was reported by such medical personnel that there was some possibility of displacement in some cases and the same might have to be accepted gracefully but to this, it might be pointed out that whether sufficient precautions had been taken while introducing the same to the concerned families to point out the possibility of such a displacement and what had to be done under the circumstances. The impression of this present investigator was that not always sufficient care had been taken.

(iv) There were strong rumours that possibility of cancer by using this method was largely there. Almost all the sample families had questioned the present investigator to know the reaction of him on this issue. Even when he had pointed out that the possibility had not been accepted by medical world, the contention appeared not to be accepted by them. On the contrary, they even pointed out that he was telling like officials and he had not divulged the truth. He had the impression that sufficient mobilization of money and personnel would be required to remove this rumour and/sooner such attempts were made/<sup>the</sup>better would be from the stand-point of the interest of this method. In fact, these rumours were spreading like anything in the sample area and the method had already started losing its popularity and if unchecked, this might ruin the prospect of this method in the sample area.

Another interesting fact was observed that certain medical personnel connected with the same<sup>\*</sup> when interviewed, appeared not to have a clear idea over this question. Sometimes, some opinions were expressed which appeared not to be based on sufficient reasoning and thought. It was also found that they appeared not to consult sufficient literature and research findings in this regard.

#### 4.6.5 Diaphragm

This method had not been used by these families. The possible explanation for not using the same appeared to be the following :

- (i) These were not supplied free of cost and the use of the same thus involved some expenditure to the family. Considering the poor economic condition of the sample families such an expenditure was not welcomed by them.
- (ii) The use of the same appeared to be complicated and the women in the sample family had not perhaps, the requisite aptitude and knowledge for using the same (getting rid of complication of the use of the same). Conversations with them had given an impression to the present investigator that the method was not liked by them because of the troubles of fitting the same before the use and of its withdrawal after the use

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\* Family Planning

from the female organ. Moreover, they felt shy in thinking to do the same. What had been observed was that, they appeared to rely more on simple, permanent and safety measures which would give them less trouble, maximum satisfaction, minimum cost, less health and other troubles and permanent safety as far as possible. When judged along this line, the present method was not liked by the respondents.

(iii) Medical men in the area during their efforts of making the programme a success appeared not to give sufficient reliance on this method. It was gathered that these personnel apprehended that the method could not be widely accepted in the area due to its complications and poor economic set-up in the area apart from other reasons. Hence their reliance shifted on other methods like sterilisation, Nirodh, I.U.D, etc. than this method. As a result, the method had not got sufficient popularity in the areas and the present investigator noted that in many cases the respondents showed ignorance of the method but in some cases they appeared to be aware of this method though their number was quite a few. Initially, the investigator concerned took sufficient care in explaining the method in simple term and then the entire thing was put for discussion. The reaction as noted already was not altogether happy over this method.

#### 4.6.6 Foam Tablet and Jelly

The problems and complexities over these two methods appeared to be the following : Firstly, not always these were supplied free of cost by the Health Centre and it had been pointed out that any involvement of cost for adopting family planning was not generally liked by the sample families.

Secondly, there were certain rumours that skin diseases might originate by using these methods.

Thirdly, the families appeared not to like these methods because of its method of using [ ] appeared to them very clumsy, monotonous, irritating and disgusting.

#### 4.6.7 Oral Pill

Regarding this method the main problems and complexities as faced by the sample families may be summarised in the following way :

Firstly, a regular medical course had to be followed while using this method. But the sample families appeared not to be so alert in maintaining such regularity and in the absence of such a regularity, the entire method proved to be of very little use.

Secondly, this pill was not always supplied from the Health Centre and the involvement of cost in using this method was largely there.

Thirdly, it had been reported that some health troubles like headache, vomiting, blood pressure, etc. might start due to the use of oral pills.

#### 4.6.8 Self-control

The methods like withdrawal and intercourse during the safe period had not been identified among the sample families. The reasons for not using this method appeared to be mainly the following :

- (i) This method was not adequately known to them.
- (ii) Secondly, they appeared not to rely much on this method.
- (iii) Perhaps, they had not correctly divulged all their family secrets to the present investigator to whom such personal family matter might not have been divulged.
- (iv) It had also been the impression that medical personnel connected with the sample area appeared not to propagate this method sufficiently among the sample families either due to their lack of adequate faith on such a method or due to their consideration of socio-economic condition of these families. Some amount of mental alertness required for this method was largely absent among these sample families and hence, this method was not propagated among sample families by medical men in the sample area.

#### 4.6.9 Natural Family Planning Methods

The Natural Family Planning methods are those methods which do not require any artificial devices to avoid pregnancy. Pregnancy occurs when the sperms from the ejaculations of man in vagina combine with ovum in the uterus of the woman. The best and the most successful known method of family planning is to avoid sexual intercourse.

The various processes by which this is achieved are as follows :

1. Brahamacharya : In the ancient mythology, 'Brahamacharya' was taken as period of first 25 years of life which individuals <sup>themselves</sup> devoted/in studies and did not marry. However, in modern times, the work 'Brahamacharya' requires the strong will-power and complete control over one's physical, mental and emotional impulses so that the sexual intercourse is totally avoided. 'Brahamacharya' is considered to be the most effective method of limiting one's family. However, it may not be possible for the majority of couples to observe 'Brahamacharya' if they do not want any more children.
2. Abstinence : ( During fertile phase only ) : In observing the abstinence the couple has to avoid sexual intercourse during a specific period every month. The pregnancy occurs when the sperms from the male discharge combine with the ovum of the woman. While there are millions of sperms in each ejaculation of man, women produce only one

ovum in a month. If the time of the production of ovum is known, avoidance of intercourse at that time may help in avoiding the pregnancy.

Numbers of methods are used to know the time of ovulation in females and the method is known by the process by which the ovulation is determined. The most valuable, accurate and direct methods are difficult to be employed. Other indirect methods are also not easy for routine use. Uptil now, 3 simple techniques though not so reliable, have been established to know the time of ovulation. They are :

- (1) The Calendar method ;
- (2) The Thermal or temperature method (also known as Basal Body Temperature as B.B.T.) ; and
- (3) The Cervical Mucus Method (also known as Ovulation Method or Billing's method).

#### 1. Calendar Method

Basically the calendar method involves identification of the time of ovulation from the date recorded over the previous 12 months to determine the intervals between the menses. Though according to custom and belief, a woman is supposed to have her menstrual period after 23 days, but in reality, this is not correct. The duration between the two cycles varies from woman to woman. As such the day of ovulation also changes with the duration of the cycle. In this method the shortest duration and the longest duration of the cycles

cycle for the last one year (as such may not be able to practise this method immediately). However, to overcome this difficulty it is presumed that the duration of menstrual cycle in most of the women varies from 26 to 31 days. According to the table given above, if abstinence is observed from 8th day of the menstrual cycle to 20th day of the cycle it is likely that the time of ovulation will be covered during this period. As in the cases where the menstrual history of last one year is not available, the couple may be advised to observe abstinence between the 8th and 20th day of the cycle every month. This will help them in reducing the chances of pregnancy.

#### Drawbacks of Calendar Method

- (i) In a woman where the difference between the shortest and the longest period is more than 10 days, this method cannot be practised as the duration of the unsafe period will cover practically the whole month.
- (ii) In conditions, like physical or emotional disturbances, fatigue or illness the menstrual cycle is likely to be altered. In such circumstances reliance cannot be placed on calendar method.

#### 2. Temperature Method

It has been observed that at the time of ovulation there is a slight rise in the body temperature of the woman.

This increase of temperature is between  $0.3^{\circ}\text{C}$  to  $0.5^{\circ}\text{C}$  or  $0.5^{\circ}\text{F}$  to  $1^{\circ}\text{F}$ . There is special Thermometer to take this temperature. The temperature is to be taken early in the morning before leaving the bed by keeping the Thermometer in mouth for about 3 minutes. The day temperature shows an increase (it is taken as the day of ovulation). The abstinence should be observed for 3 days from the date of increase in temperature is noticed.

#### Drawbacks of Temperature Method

(i) As the male sperms remain alive in the female uterus for 2-3 days, the intercourse done two or three days before the day of noticing an increase in the body temperature may also result in pregnancy. As such the method becomes unreliable.

(ii) Increase in temperature due to some other causes may also lead to wrong time being taken as the time of ovulation.

(iii) The women must record her temperature daily so as to know the rise in temperature on a particular day.

### 3. Mucus Method

During the different periods of menstrual cycle, there is also a quantitative and qualitative change in the cervical mucus. If these changes can be detected by a woman, she can know the day of ovulation. The various types of

changes are as under :

- Phase I - Immediately after the menstruation, there is no secretion in the vagina and the feeling is of dryness in the vagina all through ;
- Phase II - There is a secretion of mucus which is cloudy yellow or white discharge of sticky consistency.
- Phase III - Immediately before and after ovulation, cervical discharge increases in volume, becomes clear and highly lubricative with consistency of egg white. The secretion is so profuse that it may be noticeable as a vaginal discharge of the ovulation cascade (This ovulation mucus has the property of great elasticity and withstands stretching upto a distance of over 10 cms. thread or spinnberkert test). If the woman is able to recognise these characteristics of cervical mucus and observes abstinence from the first day she notices such mucus discharge till it disappears, pregnancy can be avoided.
- Phase IV - During luteal phase, the mucus becomes more tenacious and its viscosity increases so that it loses its ability to stretch.

#### Drawbacks of Mucus Methods

- (1) The woman must be aware of sensation of dryness and

wetness and must be able to distinguish between the feeling of stickiness and lubrication ;

(ii) In cases where women have cervical erosion which is quite common in India, the different phases of secretion of mucus may not be easily differentiated. This method may not be applicable in women who are lactating, or are in premenstrual phase and with anovular cycle.

To have reliability in this method -

- (a) No intercourse should be done during the menstrual period ;
- (b) On the dry days before the mucus symptom begins, intercourse is permitted at night after the days of observance but not on the following day ;
- (c) Once the mucus symptom has started no intercourse should be done until 4 days after the peak symptoms have been observed.
- (d) No intercourse should be done until 4 dry days, after any dry day of bleeding apart from menstrual flow.

As would be seen from the above description the Rhythm method i.e. Calendar, Temperature and Mucus method, are not very reliable. In view of their low reliability, these methods may be used only by those persons who on some grounds are not willing to accept other more reliable contraceptive like I.U.D, Nirodh, Pill, Jelly or Foam Tablets. The couple should also be informed that there are greater chance of failure by using these natural methods and if they

do not want a child in case of a failure, M.T.P.\* services would be available to them.

Besides the above natural methods of Brahamacharya and Abstinence there are some other methods by which pregnancy can be avoided : They are

(1) Coitus Interruptus : Coitus Interruptus is a method where though intercourse is done but the male does not ejaculate the semen in the vagina. This method requires some control over male so that he observes withdrawal at the time of ejaculation and the ejaculation is done outside the vagina. This is a simple and moderately effective method and has no adverse effects except that it may not give full satisfaction either to man or to woman.

#### Drawback of Coitus Interruptus

(i) It is alleged that this is an unreliable method with a failure rate of about 25 per 100 woman a year. It should be remembered that the prestatic fluid frequently contains active sperms and that sperms deposited at vulva may migrate up the vagina and result in eventual conception. The advantages are -  
- it costs nothing and requires no equipment.

(ii) Prolonged Lactation : It has been suggested that prolonged lactation has the effect of lengthening the normal period of post partum amenophaea. There is possibility that lactation may delay pregnancy, even after resumption of evulation for about 10 months.

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\* M. T. P. = It stands for Medical Termination of Pregnancy.

It has been observed that breast feeding of the child reduces the chances of pregnancy substantially which may last for about a year. As such encouraging mothers to breast feed their child has get two advantages:

- (i) It keeps the infant healthy ; and
- (ii) It reduces the chances of pregnancy.

The above methods in 4.6.9 have not been identified among sample families for various reasons like their lack of knowledge, motivation, etc. for the same and lack of adequate stress on these methods by the officials and or non-officials to use these as a tool for popularising family-planning in the sample area.

#### 4.7 Results

The above findings from 4.3 to 4.6.9 indicate that the Hypothesis I is found to be true.