

Promotion of Family Planning Programme: Role of Media Behavior of Selected Domains of West Bengal

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The article aims to study a relationship between the extent of media behaviour and the awareness of health literacy on family planning programme in general and the uses of modern contraceptive methods in specific. Health literacy is one of the important approaches under health communication. Media has an enormous power of advocacy to promote a developing issue like public health communication. Based on 2600 data from NFHS-4 data bank of Ministry of Health & Family Welfare, the study explains the strategic use of mass media in advance public health policy system, like family planning programme among rural villagers in West Bengal. Statistical analysis was conducted based on the hypotheses. They were tested through Pearson Chi-Square value. In its conclusion part it has been explained how the real time media communities are successfully endorsing on different scientific approaches of family welfare programme in a rural domain. This conclusion helps to define the scope of media –advocacy in family planning programme in any developing society like India. The article also underlines how a horizontal, participatory based message design would be developed as content for television to promote a modern family planning programme or related issues for rural villagers.

Brief overview:

Introduction:

In India the family planning system had a long and somewhat tumultuous past. Over the years, it has implemented a range of various political approaches including, among others, a coercive aim strategy, a framework articulating a concept of reproductive health and rights, contraceptive-specific benefits and a family planning camp method. Fifty years later the program's effect remains unequal, and fertility in replacement rates has yet to be reached in India.

At present, efforts are underway to reconceptualize and reposition the program in order to be more responsive to the needs of the country that differ between regions and states. In states where progress has been slow, there is an urgent need to revitalize and energize programmatic activities within the empowered action group (EAG). This analysis will address priority system approaches for reducing the decline in fertility and enhancing reproductive health outcomes.

Operationalising the concept of informed contraceptive choice

The first and perhaps the most important strategy to underline is the need to incorporate the basic principle of informed contraceptive option within the national programme, which has remained a mirage for the citizens of India amid much rhetoric. It is imperative that within the national programme, the idea of “the right of couples and

individuals to openly and respectfully determine the number and spacing of their children and have the knowledge and means to do so”¹¹ is operationalized. The need to do so is greater now than ever, as couples in India both want to restrict family size and space for their births.

Therefore, there is an urgent need to provide a choice of contraceptive methods to allow couples to achieve their reproductive objectives. Female sterilization, a terminal process, remained the cornerstone of the national programme, however, for decades. Female sterilization accounted for 66 per cent of contraceptive use in 2005-2006. The majority of women (77 percent) who were subjected to sterilization had not used any procedure before being sterilized and more than half were sterilized before they reached age 26.

Although stated by a small minority, even by married teenagers, female sterilisation was the most widely used process. India is perhaps the only country dominated by such a pattern. India's public sector system promises to include a ‘cafeteria solution’ with a ‘choice basket’ Five approved methods — female sterilization, male sterilization, intrauterine contraceptive device (IUCD), oral contraceptives, and condoms are included in this system.

Unmet need and unplanned pregnancy

Over the past decades person's contraceptive needs have changed significantly. The unmet need for contraception in India in 2005-2006 was 13 per cent, 6 per cent of which was for spacing methods¹². Several studies indicate that in the 15-19 year-olds, in the least educated and in the poorest households^{16,17,18,19} the unmet need for family planning is highest. These results highlight the urgent need to provide knowledge and resources to these couples who choose to restrict their births to their family size and/or room but do not use any contraceptive process.

In 2005-2006, 10 percent of all pregnancies were mistimed (later wanted) and 11 percent were not wanted, indicating that about 20 percent (about 5.6 million) of all pregnancies were unwanted and/or unplanned. A considerable proportion of unwanted pregnancies are aborted under unsafe conditions, more than half. In addition, many view abortion as an extension of the population stabilization program of the government. Around 8% of maternal deaths in India are due to unsafe abortion.

Emergency contraception, a low-cost, quick and efficient tool, may provide a backup option for women to use to avoid unintended pregnancy within the first few days of unprotected intercourse. But despite significant evidence-based lobbying with the government to encourage this process, the private sector offers emergency contraception pills mostly in urban areas. It is time for the public sector to implement an emergency contraceptive plan. Its strategy should be to target poor rural women who have no private-sector access.