

Proper knowledge of contraceptive measures: Checking the population inflation

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Abstract

Introduction: The oldest and best-known demographic theory was formulated to explain the fertility decline that occurred in the West from the late nineteenth century through the 1930s (Davis 1945). **Effects of Proper Knowledge of Contraceptive Measures on the Population Inflation:** Several studies have focused on investigating whether such family planning programs play any role in decreasing fertility, or the decrease is reflected by the reduced demand for children driven by economic and social changes. The empirical results indicate that contraceptive knowledge significantly reduces fertility, whether fertility is measured as life-time fertility or the probability of giving birth. Besides, this paper found that mass media exposure and social networks play important roles in obtaining knowledge of modern contraceptive techniques. Women, who regularly watch TV, listen to the radio, or read newspapers and magazines are more likely to be exposed to contraceptive-related information and hence have more knowledge of contraceptives. Similarly, women who participate in women's organizations are more likely to obtain contraceptive information through word-of-mouth. There is effect of contraceptive knowledge on fertility, and helps to shed new light on the relationship between knowledge and behavior. **Conclusion:** Proper Knowledge of Contraceptive Measures gives options and utilization of various contraceptive measures so the contraceptive acceptance and utilization is increasing day by day without hampering the socio cultural and other health related factors. So, the knowledge of contraceptive measures is definitely in a position to check the Population Inflation


Keywords: Proper Knowledge of Contraceptive Measures, Checking the Population Inflation.

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INTRODUCTION

The oldest and best-known demographic theory was formulated to explain the fertility decline that occurred in the West from the late nineteenth century through the 1930s (Davis 1945)¹. In traditional rural, agricultural societies, fertility was seen as necessarily high to offset high mortality and ensure population survival. As a society modernizes, economic and social changes such as industrialization, urbanization, new occupational

structure, and increased education first lead to a decline in mortality, and subsequently also to a decline in fertility. The rising costs of children (e.g., for education) and their declining economic value (e.g., for labor and old-age security) were the central forces believed to be driving the decline in desired family size. This in turn led to a rise in the demand for and adoption of birth control. The chain of causation linking socioeconomic change to fertility is summarized in the upper part of Figure 2.1. This conventional framework, still regarded as largely valid, has been the basis for various elaborations by economists, sociologists, and demographers. Conventional demographic and economic theories emphasize the demand driven nature of reproductive change, thus leaving little or no role for family planning programs (Pritchett 1994)². In contrast, the now widely accepted revisions and elaborations of these theories assign crucial roles to the cost of birth control and to diffusion mechanisms. As a result, these revisions provide a strong rationale for policy intervention. Family planning programs can accelerate fertility transitions by reducing

the various costs of contraception and by providing information that can alter parents' evaluation of the costs and benefits of children. Obstacles to the use of contraception are a wide range of social, health, and economic factors pose barriers to women (and men) who wish to practice contraception (Asturias de Barrios *et al.* 1998³; Bongaarts and Bruce 1995⁴). Following are the main obstacles identified by this research: Availability of family planning methods. A couple must have access to a contraceptive method in order to adopt it. For traditional methods such as abstinence and withdrawal no source is required; and for permanent methods such as sterilization, one-time access suffices. But for widely used modern methods such as injectables and the pill, a dependable source within a reasonable distance is needed. Supply chains have been built in many countries that may include hospitals, health and family planning centers, work-based clinics, mobile medical and paramedical units, community based distribution, and commercial outlets (subsidized or not). The density of these access points varies widely between and within countries. Access is most difficult in rural communities in countries where family planning programs are absent or weak and is particularly problematic when *purdah* restricts women's mobility. The most effective programs have minimized access obstacles by training female outreach workers who visit women in their homes. While physical proximity is important, services must be of adequate quality and reasonably priced. The direct cost of commodities (e.g., pills, condoms, IUDs), transportation, and provider fees for contraceptives and health care services can be substantial. As a result, poor women are often unable to afford modern methods without the subsidies provided by family planning programs. Health concerns and side effects: Health concerns and fear of side effects are two of the most commonly expressed reasons for non-use and for discontinued use of contraception. Choosing a method often involves weighing a variety of drawbacks to find the method that is least objectionable. The most serious health effects are cardiovascular complications of the pill; pelvic inflammatory disease, uterine perforation, and anemia for the IUD; and various infections associated with sterilization and other methods. These complications are rare if users are well informed. The global population today stands at over 6 billion, one-sixth of which is in India. Uncontrolled population growth is recognized as the single most important impediment to national development. Despite the fact that India was the first country in the world to implement a national population control programme in 1952, the country is still struggling to contain the baby boom. A lot of efforts and resources have gone into the National Family Welfare Programme but the returns are not commensurate with the inputs. The

programme has targeted eligible couples in its efforts to control the population. The United Nations Fund for Population Activities (UNFPA) notes that future population trends will hinge on the fertility decisions of today's men and women aged 15-24 years and on their ability and freedom to act on those decisions⁵. Concern about adolescent fertility arises from its health implications both for the mother and the child, its demographic implications in societies with rapid population growth and its social development implications. Because of the young age structure of India's population, the reproductive attitude and behaviour of teenagers are likely to have an important impact on overall reproductive health, demographic and social outcome. Adolescent sex and exposure to the risk of pregnancy has attracted considerable research attention to understand its magnitude and address it as a problem. Studies in developed countries have shown a high level of such exposure⁶⁻¹⁰, as also in Latin America^{10, 11}, China¹² and some African countries like Uganda and Nigeria¹³⁻¹⁵, South Africa¹⁶⁻²⁰ and India^{19, 20}.

EFFECTS OF PROPER KNOWLEDGE OF CONTRACEPTIVE MEASURES AND THE POPULATION INFLATION

Several studies have focused on investigating whether such family planning programs play any role in decreasing fertility, or the decrease is reflected by the reduced demand for children driven by economic and social changes (For example, Gertler and Molyneux 1994²², Sinha 2005²³). Indeed, the endogenous characteristics of the input-allocation of family planning programs—high fertility villages tend to be the target of family planning programs and hence receive more family planning inputs than other areas—make the evaluation of the effect of family planning programs challenging (Rosenzweig and Wolpin 1986²⁴; Schultz 1994, 2005²⁴) the year after the nationwide implementation of family planning programs, the women in fertile ages had 4.04 live births on average. In 1967, two years after, the average number of live births dropped to 3.96 and it kept dropping to 2.66 live births in 1985. On the other hand, contraceptive knowledge among married women of fertile age was expanding over the time. In 1965, married women knew about 3.5 modern contraceptive techniques on an average; in 1967, married women knew about four modern contraceptive techniques, and in 1980s, married women knew about eight modern contraceptive techniques. The prevalence of each specific technique might reflect the target of contraception that family planning programs emphasize. The loop was first adopted as the primary contraceptive method in 1964, followed by the introduction of oral pill, condom, Ota ring, and

sterilization into the programs in 1969, 1970, 1972, 1973, respectively (Chang *et al.* 1981)²¹. Furthermore, the practices of contraception and abortion had been increasing. In 1965, only 27% of married women ever practiced contraception; however, in 1985, 88% of them ever practiced contraception. In 1965, only 10% of married women had ever had an abortion; in 1985, 28% of them had had one or more abortion. The increasing trends of mass media exposure, women's education levels, urban residence, and women's working status also reflected the rapid social changes and economic development of Taiwan during the 1960–1980s. More and more women were regularly exposed to radio, TV, newspapers, and magazines over time. Women's education levels and working status also increased.

KAI-WEN CHENG (2011)²⁵

examines the effect of contraceptive knowledge on fertility, and focuses on the period when the family planning programs were enacted. In order to take into consideration the endogeneity of contraceptive knowledge in the fertility equation, this study uses the instrumental variable approach. Mass media exposure and social networks are proxies for acquired contraceptive knowledge. The empirical results indicate that contraceptive knowledge significantly reduces fertility, whether fertility is measured as life-time fertility or the probability of giving birth. Besides, this paper found that mass media exposure and social networks play important roles in obtaining knowledge of modern contraceptive techniques. Women, who regularly watch TV, listen to the radio, or read newspapers and magazines are more likely to be exposed to contraceptive-related information and hence have more knowledge of contraceptives. Similarly, women who participate in women's organizations are more likely to obtain contraceptive information through word-of-mouth. Price and income are the fundamental factors in the demand functions. In the fertility equation, women's working status and years of schooling, which can serve as proxies for the price (opportunity cost) of having children are negatively associated with fertility; income (husband's income) is positively associated but not statistically significant with the number of births. Demographic characteristics, such as ethnicity, age cohorts, and residency with parents-in-law are associated with fertility decisions. The preference toward sons is still existent in the society. Women who haven't had any sons are more likely to give birth, conditional upon the number of babies they have already had. There is a large body of literature investigating the relationship between knowledge and behaviors, covering different fields of interests, such as product consumption, risky behaviors, and health outcomes. Very few such

studies focus on the relationship between contraceptive knowledge and fertility decision. This paper investigates the effect of contraceptive knowledge on fertility, and helps to shed new light on the relationship between knowledge and behavior.

CONCLUSION

Proper Knowledge of Contraceptive Measures gives options and utilization of various contraceptive measures so the contraceptive acceptance and utilization is increasing day by day without hampering the socio cultural and other health related factors. So, the knowledge of contraceptive measures is definitely in a position to check the Population Inflation. So, the knowledge of contraceptive measures is definitely in a position to check the Population Inflation

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