Exploring Socio cultural Barriers to Family planning adoption among women in Purba Bardhaman, West Bengal.

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Abstract

The family planning is an important aspect of reproductive health, but its use is still subject to all sorts of socio-cultural factors especially in rural and semi-urban settings. The current research was done with the view of understanding the socio-cultural inhibitors on the uptake of family planning measures by women in Purba Bardhaman, West Bengal. The research was aimed at investigating awareness and knowledge, socio-cultural beliefs, gender and family dynamics, and socio-economic and accessibility issues concerning family planning behaviour. It used a descriptive and analytical research design and gathered primary data through 100 respondents consisting of women by a structured questionnaire on a 5-point Likert scale. Convenience sampling method was used and SPSS was used to analyse the data, descriptive statistics and independent samples t-test to test the differences between nuclear and joint family respondents. The results showed that women in nuclear families were much more aware, autonomous and had access to healthcare services, but women in joint families had more socio-cultural barriers, such as traditional norms, son preference, and impact of family members. The t-test results showed that there were statistically significant differences in all the significant factors ($p < 0.05$), which validated that family structure is a critical factor determining family planning adoption. The research came to the conclusion that even with the increased awareness, the socio-cultural norms and gender-based inequalities still make the proper usage of the family planning method difficult. Thus, it highlighted the importance of culturally sensitive interventions, greater role of family members and empowerment of women to improve acceptance and use of family planning services.

Keywords: ***Socio cultural Barriers, Family Planning Adoption and Women.***

1. Introduction

Reproductive health is an indispensable aspect of family planning that is critical in enhancing the general welfare of women, children, and society. It allows people and families to make informed and conscious decisions regarding the quantity and distance between their children, which positively affects the health outcomes, economic conditions, and sustainable development (Cleland et al., 2012). Family planning has been identified as an important population control and maternal health measure in developing nations such as India (Starbird et al., 2016). Even with the many government efforts and campaigns, the use of family planning methods is not evenly distributed among regions and social classes (United Nations, 2022). The reason behind this discrepancy is mostly socio-cultural, economic, and demographic in the way that it can influence the attitudes and behaviour of individuals in relation to contraception (Eliason et al., 2014).

Within the rural and semi-urban settings, socio-cultural factors remain the most dominant in defining the family planning behaviours. Contraceptive practices are deterred by the use of traditional beliefs, practices, and social norms (Sedgh et al., 2016). The problems like favouring male children, the need to have large families, and stigma towards birth control still exist in most societies (Puri et al., 2011). These aspects are so ingrained into the social life and are frequently supported by the family structures,

especially in the context of joint families where the decision-making process is collective and affected by the elders. Consequently, the women can be limited in accessing information and services regarding family planning, and thus makes it hard to make a sound decision.

The other dimension that has a significant effect on adoption of family planning is gender in households. In most instances, women lack control in reproductive choices and are subordinate to the husbands or other relatives (Upadhyay et al., 2014). Women are usually denied a chance to voice their preferences or to use contraceptives due to patriarchal norms and unequal distribution of power. Furthermore, inadequate sharing of information between the husband and the wife on family planning makes the matter more complicated. These barriers are gender related not only to the adoption of family planning methods but to the women empowerment and health in a wider context.

There are also socio-economic factors and accessibility of healthcare services that play a significant role in family planning behaviour. The level of awareness and access to information depends on education, level of income, and occupation (Bongaarts, 2017). The more the women are educated and higher their economic status, the more they tend to have family planning methods. Conversely, low access to medical centers, insufficient counseling, and unsupportive attitude of health care professionals can serve as key barriers, especially in the rural setting. Despite the increased provision of services through government programs, there are still issues to be faced concerning accessibility and use.

The district of West Bengal (Purba Bardhaman) creates a suitable area to study these problems, as it can be viewed as a blend of rural and semi-urban community with many different socio-cultural traits. The district is both a sign of the advancement in the awareness and the persistence of the traditional practices. Thus it provides a proper background to investigate the influence of socio-cultural barrier on adoption of family planning methods by women.

2. Problem Statement

Though women's knowledge of contraceptives is high, awareness of and access to family planning services is not commensurate with low uptake of family planning practices in Purba Bardhaman, West Bengal. Socio-cultural factors like son preference, misconceptions regarding contraceptives, traditional beliefs, and family pressure still affect the reproductive decisions. The traditional dominance of husbands and senior family members in fertility-related decision making gives women less autonomy in such decisions. Hence it is important to explore the socio-cultural constraints and family dynamics which limit the optimal use of family planning by women in the district.

3. Objectives of the Study

1. To examine the level of awareness and knowledge regarding family planning methods among women in Purba Bardhaman, West Bengal.
2. To identify the socio-cultural beliefs, traditions, and norms that influence the adoption of family planning methods.
3. To analyse the role of gender dynamics, family influence (husband and in-laws), and decision-making power in family planning adoption.
4. To assess the impact of socio-economic factors and accessibility of services on the use of family planning methods.

4. Research Methodology

4.1 Research Design

This research has taken the descriptive and analytical research design to ensure that the socio-cultural hindrances affecting adoption of family planning methods among women are examined. The descriptive facet has been useful in terms of explaining the current state of affairs, the level of awareness and the socio-cultural practices where the analytical has been used to analyse the relationship between

various variables including the level of awareness, social-cultural norms, gender dynamics and accessibility factors. The quantitative research method has been mostly applied in the study, and the data is obtained through the application of a structured questionnaire with a 5-point Likert scale to provide objectivity and consistency in the answers.

4.2 Study area (Purba Bardhaman, West Bengal)

The study has been carried out in Purba Bardhaman a district in West Bengal state. Distribution of people in the district is a blend of rural and semi-urban with traditional socio-cultural norms and family structures still being influential in determining reproductive behaviour. This region has been selected because of its heterogeneous demographic structure and its possession of different degrees of awareness and access to healthcare services, which had the benefit of making it valuable to research the obstacles to family planning adoption.

4.3 Sampling Technique and Sample Size.

The Convenience sampling method has been utilized in the study to make sure that every respondent has an equal opportunity of being sampled thus minimizing the selection bias and maximizing the sample representativeness. The study has been selected a total of 100 women respondents who belong to various age groups and family backgrounds. The sample size has been found to be sufficient to perform statistical analysis, and make meaningful conclusions on which the socio-cultural factors influence the family planning adoption.

4.4 Data Collection Methods

Primary data collection has formed the basis of the study, and this has been done by way of a structured questionnaire. The questionnaire will consist of the demographic variables, as well as statements connected with the awareness, socio-cultural beliefs, gender dynamics, and accessibility of the services, evaluated on the 5-point Likert scale. Data collection has been done by direct contact with respondents so as to have clarity and accuracy of responses. The conceptual framework of the study has also been supported with secondary data which has been obtained in the form of books, journals and government reports.

4.5 Inclusion Criteria

Married women in the reproductive age group (21-49) of Purba Bardhaman district in West Bengal were included on the basis of the study. Nuclear and Joint families were taken up for the study. To get an overall picture of the socio-cultural aspects affecting adoption of family planning methods, respondents with varying number of surviving children and families were included. The women who volunteer to participate were included in the survey.

4.6 Exclusion Criteria

Women were excluded from the study if they were less than 21 or more than 49 years old. Women with no relation to Purba Bardhaman district, unmarried women and women who refused to participate in the survey were excluded. Incomplete and inconsistent information were also excluded from the analysis to ensure the accuracy and reliability of the findings by the respondents.

4.7 Analytical Tools and Techniques.

Statistical Package of the social Sciences (SPSS) and Microsoft Excel have been used to analyse the collected data. The demographic profile of the respondents has been summarized using descriptive statistics like frequency and percentage. To perform inferential analysis, the independent sample t-test has been used to test significant differences between groups (family type or age groups) in relation to family planning adoption and other factors. This statistical method has assisted to establish whether

the differences in socio-cultural and demographic factors play significant roles in determining the adoption behaviour.

5. Socio-Demographic Profile of the Respondents.

Socio-demographic profile of respondents is essential in the interpretation of the factors that lie behind the adoption of family planning. Such variables as age group, type of family, number of children that live, and number of male children have been taken into consideration in the given study and analysed in order to determine the correlation with socio-cultural barriers. The variables have been chosen as they directly affect reproductive behaviour, decision patterns and adoption of family planning methods by women.

The demographics of the respondents show that a large percentage of them are in the economically active and reproductive age brackets. In the other age groups, women are more or less aware, autonomous, and exposed to healthcare services. However, younger women are more educated and open to the contemporary family planning techniques, and older women can be more guided by the traditional beliefs and practices.

It has also determined family structure as another important determinant in the study. Women in joint families tend to be more affected by the elders and in-laws and their power to make decisions in issues of family planning may be limited. Conversely, women in nuclear families have greater chances of exercising autonomy and making independent reproductive decisions. Therefore, the type of family influences considerably the attitudes and practices regarding contraception.

Another factor that is critical in the behaviour of family planning is the number of live children. Women who have more children are usually more willing to adopt contraceptive methods particularly when they have reached their desired number of children. Also, the fact that male children are preferred is still a crucial factor influencing reproductive choices. In most socio-cultural environments, partners would bear more children until they have the desired number of sons, a factor that puts off or discourages family planning measures.

Table: 2 Overview of Empirical Studies on Family Planning Barriers and Practices

Variable	Category	Frequency	Percentage (%)
Age Group	21–30 years	41	41
	31–40 years	38	38
	41–49 years	21	21
Type of Family	Nuclear Family	43	43
	Joint Family	57	57
Number of Living Children	No child	5	5
	One child	32	32
	Two children	42	42
	Three or more	21	21
Number of Male Children	None	21	21
	One	48	48
	Two or more	31	31

Source: primary data

The table reflects the socio-demographic features of the respondents and shows the primary variables age group, type of family, number of living children, and number of male children. These are significant in the study of family planning adoption patterns and the socio-cultural environment that affects reproductive behaviour.

In terms of age, the biggest percentage of respondents (41%) is in the 21-30 years age bracket with a close competition being the 31-40 years (38%) and the 41-49 years (21) group. This means that most of the respondents are still at their reproductive age where decisions that are concerned with family planning are most applicable. It is also true that younger women tend to have more access to the new sources of information and healthcare services, which can affect their awareness and acceptance of family planning methods positively. Conversely, the traditional norms and historical reproductive behaviours might be more persuasive to older women.

Regarding family structure, 57 percent of the respondents are in joint families and 43 percent in nuclear families. This implies that joint family systems are more common in the study region. The prevalence of joint families can also make a lot of difference to the family planning decisions because in such families women tend to be more influenced by the elders and in-laws. This will restrict their free will and could serve as an obstacle to using contraception. On the other hand, the power and flexibility of decision-making in nuclear families can be relatively higher in women.

The balance of the respondents according to the number of living children depicts that the highest number of respondents is 42 percent, two children, the next is 32 percent, one child, then 21 percent, three and above children, and only 5 percent, none. This trend shows that most women have already attained or are near attaining their desired family size. The increased rate of women with two children implies that they tend to have less family norms but still a substantial number have bigger families, which indicates the impact of traditional tastes.

In terms of male children, 48 percent of the respondents have one male child, 31 percent have two or above male children and 21 percent have no male child. This allocation outlines the continued favour of offspring of male subjects in the society. It is a longing to have one or more sons which are likely to affect the choice of reproduction and may postpone the adoption of birth control methods until the desired number of male offspring has been reached.

6. Analysis of Socio-Cultural Barriers

The socio-cultural barriers to family planning adoption have been comparatively discussed among women in Purba Bardhaman, West Bengal and it has been observed that there are great differences between women in nuclear and joint family structures. The results have also established that the family set up has had a very important influence on the level of awareness of women, the power of their own decisions and the ability to make reproductive health services available. Other recent studies have also observed these issues and were carried out in India and South Asia, where the socio-cultural norms, the patriarchal family structure, and the gendered power relations have remained to affect the contraceptive behaviour among the married women.

Table 2: Reliability Statistics of the Research Instrument

Number of Items	Cronbach's Alpha
20	0.723

The reliability statistics of the research instrument used in this study is presented in Table 2. The questionnaire was comprised of 20 items and the reliability of the scale was measured by Cronbach's Alpha. The obtained Cronbach's Alpha was 0.723 and it is higher than the commonly accepted threshold value of 0.70. This means that the scale has a good internal consistency and is reliable in measuring the desired construct. The outcome shows that the research instrument is reliable to collect data from respondents and can be used in the next stage of statistical data analysis and interpretation.

Table 3 : Group Statistics of Family Planning Factors by Family Type

Variables	Type of Family	N	Mean	Std. Deviation	Std. Error Mean
Awareness and Knowledge	Nuclear Family	43	4.2791	0.45385	0.06921
	Joint Family	57	2.7018	0.59656	0.07902
Socio-Cultural Factor	Nuclear Family	43	2.7209	0.45385	0.06921
	Joint Family	57	4.3684	0.48666	0.06446
Gender and Family Dynamics Factor	Nuclear Family	43	3.907	0.2939	0.04482
	Joint Family	57	2.6316	0.48666	0.06446
Socio-Economic and Accessibility Factor	Nuclear Family	43	4.00	0.00	0.000
	Joint Family	57	2.6316	0.48666	0.06446

The group statistics have shown that women in nuclear families had significantly more awareness and information about family planning practices (Mean = 4.2791) than the women in joint families (Mean = 2.7018). The reduced standard deviation of the nuclear family respondents has also indicated that there is more uniformity in the level of awareness. These results have been consistent with the works of Nivedita Datta et al. (2019) and Shalini Singh et al. (2021), who have found that women in nuclear families tend to have more exposure to the media, health campaigns, and interpersonal communication regarding reproductive health. On the contrary, females in joint families are usually bound by the sense of the norms and are limited in terms of movement, which does not allow them to gain access to the contemporary knowledge about contraceptives. The latest findings of the National Family Health Survey (NFHS-5) have also pointed out that educational exposure and access to reproductive knowledge among women have a lot to do with household decision making and the family structure.

The socio cultural factors have also been analysed, which revealed that the socio-cultural barriers were stronger in women in joint families (Mean = 4.3684) as compared to women in nuclear families (Mean = 2.7209). This observation has been a manifestation of the persisting patriarchal culture, religious nature, fear of social stigma, preference of sons, and societal pressure in a joint family. Anita Raj et al. (2017) came to similar conclusions and stressed that the collective family norms and the power of older generations in joint families tend to make women unwilling to independently use contraceptives. Research over the past ten years in rural West Bengal and other eastern states of India has also shown that women living in joint families are often pressured by elders and in-laws to bear children until they reach the desired number of sons. The current research has thus strengthened the thesis that the social-cultural norms are still entrenched in the traditional family structure and still inhibit the reproductive freedom of women.

Table 4: Independent Samples t-Test of Family Planning Factors by Family Type

Variables	Levene's Test F	Sig.	t-value	df	p-value	Mean Difference	Std. Error Difference	95% Confidence Interval
Awareness and Knowledge	4.954	0.028	15.016*	97.988	0.00	1.57732	0.10504	1.36886 – 1.78577
Socio-Cultural Factor	3.655	0.059	-17.248**	98	0.00	-1.6475	0.09552	-1.83704 – -1.45794
Gender and Family Dynamics Factor	63.621	0	16.245*	93.956	0.00	1.2754	0.07851	1.11951 – 1.43128

Socio-Economic and Accessibility Factor	566.362	0	21.229*	56	0.00	1.36842	0.06446	1.23929 – 1.49755

The conclusions of the current study have been very much aligned with recent empirical studies on the topic of socio-cultural barriers and adoption of family planning among women in India and other South Asian societies over the past decade. The independent samples t-test has established statistically significant differences between women in nuclear and joint family in all the major dimensions such as awareness and knowledge, socio-cultural barriers, gender and family dynamics, and socio-economic accessibility factors. These results have not only confirmed the results of earlier studies, but also given a localized evidence of the Purba Bardhaman district of West Bengal.

The current research has found out that women in nuclear families were much more aware and knowledgeable on the family planning methods than women in joint families ($t = 15.016$, $p = 0.000$). Anita Raj et al. (2017) also reported similar results that women living in smaller and nuclear families tend to be more exposed to education, healthcare workers, and mass media communication on reproductive health. Similarly, Suneela Garg et al. (2020) discovered that women in nuclear families are more likely to seek reproductive information on their own, compared to women in joint families who usually rely on husbands or older members of the family when making health-related choices. The positive mean difference (1.57732) observed in the present study has thus corroborated past arguments that family structure is a strong determinant of reproductive awareness and acquisition of knowledge among women.

As far as socio-cultural barriers are concerned, the existing results have shown that women in joint families have much more socio-cultural restrictions in comparison with women in nuclear families ($t = -17.248$, $p = 0.000$). The negative value of the difference (-1.64749) has shown the predominance of the traditional beliefs, social stigma, preference in male children and family pressure in joint households. These results have essentially resonated with the work carried out by Nivedita Datta et al. (2019), who pointed to the fact that patriarchal values and the role of the family in control over women still discourage the use of contraceptives by individuals in the traditional family structures. Research has been done in rural West Bengal and Bihar in the recent years, which has also found that women in joint families often face opposition of in-laws in adopting family planning. The current research has thus strengthened the thesis statement that socio-cultural norms continue to be one of the biggest obstacles to reproductive autonomy in women in rural and semi-urban population.

The findings of the gender and family issues have also presented some significant similarities with previous research. The statistically significant difference ($t = 16.245$, $p = 0.000$) and positive mean difference (1.27540) have demonstrated that women in nuclear families have more autonomy and are more involved in reproductive decision making processes. Similar results were reported by Poonam Muttreja et al. (2022), who stated that women in joint families tend to be under the control of husbands, mothers-in-law, and seniors, and, therefore, have fewer possibilities to use contraceptive methods independently. This view has been reinforced by the current research which empirically revealed that hierarchical family structures have a direct influence on women communication, autonomy and involvement in making family planning decisions.

The socio-economic and accessibility variables have been found to be statistically different in both nuclear and joint family respondents ($t = 21.229$, $p = 0.000$). The nuclear family women were also found to have more access to healthcare and financial independence and communication with the healthcare providers than the joint family women. These have been in agreement with the findings of National Family Health Survey (NFHS-5) and the recently-conducted reproductive health research studies in eastern India which found mobility restrictions, economic dependence, and lack of access to healthcare

services to be significant challenges to women in traditional family setups. The positive mean difference (1.36842) in the current study has thus confirmed the available literature that highlights the role of access to healthcare on encouraging the use of contraceptives.

Although in the past, researchers have mostly analysed detached factors like awareness, patriarchy or the accessibility of healthcare, the current study has analytically analysed various facets jointly in the setting of the nuclear and joint family in the Purba Bardhaman district. Such a multidimensional comparative method has helped the current research to stand out compared to former research works. The paper has thus added some deeper insight into the effects of socio-cultural organization, gender hierarchy, awareness levels and accessibility as a whole in determining the family planning behaviour of women.

Moreover, the present paper has attained a localized sociological insight into the obstacles of family planning in West Bengal by statistically determining the association between the type of family and reproductive behaviour. In contrast to the previous descriptive research, the current study has employed inferential statistical testing, independent samples t-tests to determine scientifically whether any significant differences exist between nuclear and joint family respondents. Therefore, the research has added some empirical data to the case that raising awareness of women may not be enough without the concomitant intervention of addressing socio-cultural limitations, patriarchal family values and accessibility issues using community-based interventions and gender-sensitive reproductive health policies.

7. Major Findings

The current research has come up with some important results concerning the socio-cultural impediments affecting the use of family planning methods by women. The results are founded on the descriptive and inferential analysis and present valuable informative details regarding the importance of the role of demographic and socio-cultural variables.

1. The research has established that most of the respondents are within the age bracket of 21-40 years and that this means that women who are still at their active reproductive age make the most significant target group in terms of family planning interventions. This underscores the importance of this age group in terms of awareness and service delivery programs.
2. It is found that joint family systems are more common among the respondents. The women who live in joint families have been known to be more subjected to social control and influence by family members and this has a great influence on their reproductive choices as well as restricting their autonomy.
3. The results show that women in nuclear families have a high level of awareness and knowledge of the method of family planning as opposed to women in joint families. It means that the family set-up is a significant factor that defines the access to information and modern healthcare practices.
4. The research has revealed that the socio-cultural issues like traditional beliefs, favors of male children and social stigma about using contraceptives are higher in joint family situation. Such are the reasons why women are not encouraged to use family planning methods.
5. Gender and family dynamics have been identified to play an important role when it comes to family planning. Nuclear family women are more empowered in their choices and they are more at ease with their husbands when it comes to discussing family planning compared to joint family women who are limited by their husbands and in-laws.
6. The findings show that socio-economic and accessibility factors favor the women in nuclear families. They enjoy more access to health care services, information and assistance form health care providers whereas women in joint families face obstacles in terms of access and use of services.

7. The independent samples t-test outcomes have validated that the variations in nuclear and joint families in all the variables including awareness, socio-cultural factors, gender dynamics and accessibility are statistically significant ($p < 0.05$). This establishes that family type is a crucial determinant of family planning adoption.
8. The research has also brought out that the number of children and presence of male children also determine reproductive behaviour. The desire of a male child still influences family size choices and postpones the use of birth control.

8. Conclusion and Suggestions

The current research has thoroughly discussed the socio-cultural challenges that influence the use of family planning methods by the women in Purba Bardhaman, West Bengal. The results have illuminated that despite the fact that there have been some improvements in awareness and the knowledge level on the subject of family planning especially among women in nuclear families, there is still a need to point that the incorporation of family planning methods is highly determined by deeply seated socio-cultural elements. The paper has determined that family structure is a decisive factor that determines the reproductive behaviour, accessibility of information and power of decision-making.

Nuclear families have shown that women in such families have a greater awareness, increased access to healthcare services, and have a higher autonomy in making decisions regarding their family planning. Conversely, women in joint families have been established to be more affected by the socio-cultural restrictions such as the traditional beliefs, social norms, as well as pressure of husbands and in-laws. All these reduce their capacity to make independent reproductive decisions and postpone or discourage the use of contraceptive measures.

Socio-cultural tolerance like son preference and the urge to have bigger families is one of the major obstacles of the study. The birth of male children is still a priority to many respondents, and this results to prolonged child bearing and less acceptance of family planning methods. Moreover, the role of gender in the household has been found to be an important determinant with decision-making power of women being limited in many instances especially in joint families.

The independent samples t-test and statistical analysis have found that the variance in nuclear and joint families in terms of the various factors has been statistically significant, which includes awareness, socio-cultural beliefs, gender dynamics, and accessibility. This supports the conclusion that family planning adoption is an important determinant of socio-cultural environment and family structure.

9. References

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