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Contraceptive use and Education as an Empowerment Tool for Rural Indian Women

Family Planning programmes and available contraceptives was initially introduced in India as a method to control population. Although the strategy developed and began to focus on mother and child health, nutrition, family welfare in addition to available contraceptives, there is still tremendous room for growth and development within this area of Indian society. There is the opportunity to use contraceptives as an empowerment tool for women, providing them with education and the opportunity to learn about making decisions for their body as a woman, not just as a mother.

Shortly after the independence of India in 1947, there were efforts to decrease fertility rates nationwide. In 1952, India adopted an official population policy to help control population growth. The National Family Planning Program was the first of its kind among developing countries, which promoted family planning by offering free contraceptives through local health services (Chacko, 2001).

By the 1960's, the program had introduced a greater variety of contraceptives with a focus on long term forms of birth control options like intra Uterine Device (IUD) and fertilizations, in addition to their already available pill form birth control and condoms (Phukan, 2014).

In the 1970's, with Indira Ghandi as Prime Minister, there was a change in the approach to birth control when population control was declared a critical issue (Chacko, 2001). Males were targeted during this period and vasectomy was the birth method of choice but this emphasis on sterilization diminished after Ghandi government was voted out of power (Chacko, 2001). After the 1971 census which demonstrated an alarming rate of population growth, the strategy received policy level attention. Through different family planning methods, the country aimed to achieve a desired birth rate goal in order to stabilize population growth (Aalok Chaurasia).

It wasn't until the 1980s that the programme began to expand and integrate health care, family planning and nutrition services. There was also more focus on providing services to rural areas. At this time, men were included in family planning process with women having most of the responsibility, and this continued for the next several decades (Chacko, 2001). Mobile units were sent to rural areas to provide basic medical treatment and contraceptives across the country.

The Family Planning Programme eventually changed its name to Family Welfare Programme (FWP) as it continued to expand through other development strategies. There

are many main strategies in place aimed to make the FWP successful by; focusing on rural areas, creating awareness of family planning, monetary incentives and subsidies, raising the standard of living, proper marriageable age adoption, education for both boys and girls in addition to several other programmes and initiatives (Phukan, 2014). Today India's family planning programmes focuses on far more than birth control and contraception, which are important for a family's economic condition and better health for mothers and her children. Since the programmes presence, there has been significant achievements and improvements in terms of family planning in both urban and rural India. There is increased awareness of contraceptives, decreased fertility rates in higher income groups and educated women, increase use of condoms with more success expected in the future years. (Phukan, 2014).

The impact of the presence of the FWP varied from a better containment of population growth, to better education about the cost of raising a large family and contraceptive use. Rucha Kanolkars essay on the Family Planning Programme in India discusses the socio- political factors why FWP did not meet their goals which include: Male child preference, politics of caste, religious fundamentalism, male non co-operation in family planning and political apathy (Rucha Kanolkars). According to the essay, these socio-political factors are huge hurdles in the FWP path to success, meaning that literacy, health-care and poverty alleviation would not simply fix the issue of decreasing population growth.

With great achievements in family planning and a progressive path in terms of gender equality, research and studies demonstrate sobering statistics concerning women's empowerment. A 2017 Huffinton Post article explains that 64% of Indians view the role of women in society is to become good mothers and wives and to focus mainly on the home according to an Ipsos global survey (Rimin Dutt). Parijat Chakraborty, the executive director of Ipsos Affaires further explains in the article "More Indian women maybe moving out of their homes, seeking employment and carving out a niche for themselves at workplaces, but society sees them more as accomplished mothers and wives in primary role, relegating other roles to secondary positions" (Rimin Dutt). These statistics demonstrate the societal view of women, and the expectation to be mothers as their primary role in society. A complex and varying relationships between religion, culture and socio-economic conceptions have linked a woman's purpose and identity to being a mother. FWP has done a lot of work in the availability for contraceptives and education about family planning but it can expand to provide needed social change in India. Access to healthcare, increased literacy rate and alleviation of poverty will provide women with a sense of independence to a certain extent, but the implementation of education and opportunity for women can empower them so they can have options to pursue other life paths.

Contraceptive education can be used as a tool to teach women about their bodies, their choices and their future. The choice to use contraceptives and to have children is not usually or entirely up to the women being that there are so many attributing factors that vary from individual to individual. A village-study about women's contraceptive use conducted by Elizabeth Chacko from George Washington University concluded that factors known to attribute the use of contraceptives includes the resources of the household and

community, religion, socio-cultural mores and institutions that affect their autonomy, behaviour and lifestyle and access to health care services (Chacko, 2001). Her study demonstrated the complexity and the embeddedness of family in Indian culture. Evidence showed that if no children are born within the first few years of marriage, might marry again or introduce another wife which diminishes the status of the first wife. Therefore, many women try to have children in the early years of marriage to establish their position in the marital household. The importance of getting married and having children is tied to a woman's economic and social status. These factors are all very complex and interrelated with so many outside influences creating tremendous pressure on women to have children. Through education women can be more informed about their options and female empowerment can help them make independent decisions for their body and future.

There is much more that can be done to not only to help mothers, but women. Contraceptive education and use can be used as an empowerment tool for women if planned and implemented properly. Through education, women can be open to the reality of a life in society without a primary focus on motherhood. The contraceptive education can incorporate the idea that their body is made for more than reproductive purposes. However, studies show that is a mix of both men and women that think a woman's life purpose is motherhood. Therefore, education cannot be exclusively for women. Male family members and husbands are often a huge pressure on women to marry, have children and run the household. There can be education about contraceptives teaching families about delaying having a family, or a path together without children if they chose. With so many economic, social and cultural pressure, there is tremendous difficulty in educating and demonstrating a reality for women that doesn't include motherhood, but that doesn't mean it is impossible. Female education is known to affect social, economic and demographic variables such as marriage, employment status and fertility which is related to their use of contraceptives (Chacko, 2018).

Family planning and education about women's bodies should be implemented into primary school curriculum and continue all the way though secondary school and onwards. By educating both boys and girls from a young age, it can start a conversation and bring many of women's realities and struggles into the public sphere. Educating girls at a young age can motivate them to stay in school, and think about a future without motherhood as the primary role. Schools should empowerment women and teach them that their purpose goes far beyond being a mother and having children.

Female employment outside the home provides them with a sense on independence and is associated with great autonomy thus influencing their decision to use birth control. Therefore, if female employment and the presence of institutions that help their independence are both factors that contribute to their decision making concerning birth control, there should be a focus on increasing opportunities for women. In rural areas, there is little opportunity for women outside the home and mother role. The lack of opportunities in rural areas makes it harder for women to choose a path besides motherhood. Rucha Kanolkars article explains "… the participation of women in various job opportunities and other social activities can raise their social status which can indirectly contribute towards

containing the birth rate of population of the country" (Rucha Kanolkars). Moreover, if they have increased employment and social opportunities, they will feel and be empowered and now have the option to pursue a path besides motherhood.

If the country as a whole wants to control fertility rates and empower women through the exposure to other opportunities, it needs to be reflected in the healthcare sector. There is little to no money allocated for women's health, only for the health of mothers and their children. This doesn't just affect their physical wellbeing, it supports the societal ideal that being a women means being a mother. It is essential to implement health care for women which could be another deciding factor in whether to have a family if they know that they have medical support from the healthcare system.

Working within the current patriarchal system has for decades proven difficult to make significant strides for women in India. The patriarchal system has a huge impact on women and is also a big reason why the path to achieve gender equality is so difficult. India has seen dramatic improvements in contraceptive education and availability in urban and rural areas but there is far more that can be done. The Family Welfare Program continues to expand and develop programs in different sectors of family planning. The FWP has so much potential to better the lives of young rural Indian women by providing education, but also opportunities and empowerment. Education can help women learn about options for their body and their future, and the reality that being a woman doesn't necessarily mean being a mother. For this to happen, real opportunities need to be created for rural women in order for them to consider pursuing a non-motherhood life path. Empowering women is not an easy task with so many influences, but through contraceptive education that expands into female empowerment, women could begin to take control of their own body and future which will indirectly effect population growth which seems to be the primary goal.

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