

## **The Young Woman's Plea: Birth Spacing and Counseling in Andhra Pradesh, India**

As the second most populous nation in the world, India, surprisingly, has the oldest institutionalized family planning program. For over fifty years, the government has struggled to address population problems and implement this program throughout the country. Regional variation in reproductive health practices and social inequality have presented considerable barriers to providing adequate counseling to women in dire need. From July 7 to September 6, I will first observe and analyze the National Family Welfare Program with regards to services provided for rural women under the age of twenty-five, and second, survey these women's knowledge of birth spacing methods. This study will be a measure of how governmental programs influence the awareness and use of specific family planning methods.

Since the 1950s, the Indian government has responded to the need for population control and limitations on family size by creating elaborate state-based programs. These initiatives are designed to provide women and their families with a "cafeteria" approach to family planning; individuals are presented the option of choosing from a mixture of modern and traditional methods that range from the calendar method and withdrawal to condoms and surgical sterilization.<sup>1</sup> While the program is very extensive, it has a history of using quantitative measurements and demographic goals to evaluate its successes. The focus by the Indian government's National Family Welfare Program on numerical targets has prevented these programs from developing sustainable, culturally relevant solutions that are responsive to fertility concerns. Irreversible methods, such as sterilization, are favored over other techniques because they are effective in reducing family sizes and thus enable local officials to report goal achievements.<sup>2,3</sup> State-wide campaigns have tended to provide cash incentives for acceptors, and motivators in the community play a significant role in encouraging couples to become sterilized.<sup>4</sup> The approach has decreased the quality of healthcare because it circumvents educational efforts needed to inform women and their families of their family planning options. Setting goals has largely pushed individuals out of decision-making processes and has enabled doctors and government officials to dictate the dominant, state-endorsed family planning methods.<sup>5</sup>

Significant program gaps have arisen from the emphasis on target-setting. Older women who have established their families are able to benefit from public, government-run programs that emphasize sterilizations. However, there are very few services that cater to the needs of younger women who are starting the process of building their families.<sup>6</sup> Knowledge of modern spacing methods, such as condoms and the pill, is less widespread and traditional methods are losing traction among rural populations.<sup>7</sup> Unmet need for family planning services is highest among women under the age of twenty who expressed the need for spacing methods in order to increase time between births as opposed to limiting births.<sup>8</sup> These young women place themselves at significant health risks by having close pregnancies and thus experience high maternal and infant mortality. These effects extend beyond the women as they also have implications for child care and the ability of families to provide adequate resources for their children.

The purpose of my project is to examine the role of India's governmental family planning program in providing birth spacing services first, by observing governmental family planning programs that counsel these women and second, by assessing the knowledge of spacing methods by women under the age of twenty-five. By examining these two components, I hope to understand how materials provided by the National Family Welfare Program construct individual women's views and knowledge of effective spacing techniques. Directly speaking with young women will provide first-hand accounts of perceptions of the program and the impact it has on those it purports to help. In the context of India, this focus on family planning comes at a crucial time. India's

growing population is threatening its healthcare system, economic structure, and political programs. This research is significant because it fills current research and programmatic gaps that fail to address the needs of younger women. Future interventions and solutions to family planning problems are predicated on research, such as mine, that can provide insight into what individuals want and need.

I will investigate and carry out my study in the southern state of Andhra Pradesh at Guntur Medical College, a government hospital affiliated with The University of Health Sciences in Andhra Pradesh. This area presents a highly representative sample of rural women because the hospital attracts women from various neighboring towns and villages; all healthcare services at the hospital are provided by the government and are therefore free. For eight weeks I will be observing and working in the hospital's Family Planning and Reproductive Health Division. I have been granted permission by the administration to shadow their operations and consultations and to interview patients for five days out of the week. Additionally, I have arranged for the necessary housing and accommodations in the city of Guntur.

The course of my study will take place in two main parts. First, I will closely observe, take field notes, and interview officials at the hospital for three weeks. On a basic level, I would like to understand how the government's institutionalized family planning program is organized and how services and resources are allocated based on the needs expressed by women and their families. I will collect information and materials on the types of birth spacing methods that are provided by the program, which methods are prevalent, and how women are counseled. This perspective is important because it demonstrates the government's intentions and their perceptions of the constituents' needs. The second part of my study will take place over five weeks. While the previous part of the study analyzes the program from the government's point of view, this part will take into account the needs and the knowledge of those who are seeking help. I will observe doctor-patient consultations and take detailed notes on how the interaction between the two parties is constructed. After every consultation, I, along with an interpreter, will interview the woman to assess her knowledge and perception of birth spacing methods. A questionnaire will be used to systematically collect this information from about 20-25 women (Appendix A). The results of the questionnaire will be compared to the information gathered from the first part to see how the structure and content of the Indian government Family Welfare Program influences young women's perceptions and knowledge of birth spacing methods and, ultimately, whether or not it provides sufficient resources for these women.

Through my academic and personal interests, I have gained sufficient experience in public health. Course work in Human Growth and Development, Gender and Global Health, Methods in Human Biology Research, Managing Global Health Challenges, and Life History Theory has provided me with a strong background in addressing public health issues and applying relevant biological and social concepts to understand them. My experience working in a rural maternal clinic and conducting research in a government hospital in Mexico makes me a strong candidate for studying reproductive health and the impact that it has on women. As a director for a national non-profit, GlobeMed, I work extensively with community-based health projects and educational initiatives. Finally, I am from Andhra Pradesh, India. I understand the local language, Telugu, and through numerous trips have a knowledge of the culture and people.

I hope to take this study and apply it towards an honors thesis in the Anthropology Department. The results of this research will help me expand my focus and interest in reproductive and public health. I will use it as a basis for a Fulbright Grant and other post-graduate fellowships. Finally, the experience gained from this research will help me apply valuable lessons to my work at Northwestern as a student, GlobeMed, and throughout my involvement in global health issues.