

Family Planning: A Fundamental Right of Women

Heaven Dahiya

Research Scholar (M. Phil)

Department of Adult, Continuing Education & Extension (DACEE), University of Delhi, Delhi

ABSTRACT

Family planning is not only a matter of human rights; it is also central to women's empowerment, reducing poverty and achieving sustainable development.

-Dr. Natalia Kanem, Executive Director, UNFPA

Family planning is considered a development "best buy" and a life-saving intervention for millions of women and girls. Family Planning 2020 (FP2020) a collaboration at the international level with the help of the UN Global Strategy for Women's, Children's and Adolescents' Health. FP2020: Women at the Center recognizes the rights of women and girls to choose openly whether and when they want to have babies. In order to promote family

planning, it is essential for women and couples to ensure access to preferred contraceptive methods to secure one's well-being and autonomy of women, while supporting the health and development of communities.

Keywords: Family Planning, Fundamental, Right, Women

A good plan implemented today is better than a perfect plan implemented tomorrow.

-George Patton

Eerdewijk et al. (2017) identified three main components of The International Center for Research on Women (ICRW)-



The conceptual framework is structured to recognize a mechanism which helps link people, couples, families, communities and systemic/structural actors by way of a multiple and dynamical process known as the Empowerment. In the framework of the insight into the socioecological paradigm, ICRW notes that the immediate social atmosphere (such as homes or personal connections) is the product of the individuals and the actions of individuals which, in effect, are incorporated into broader social systems and ties (such as the social and cultural sectors). The larger social institutions are responsible for directly and indirectly affecting people

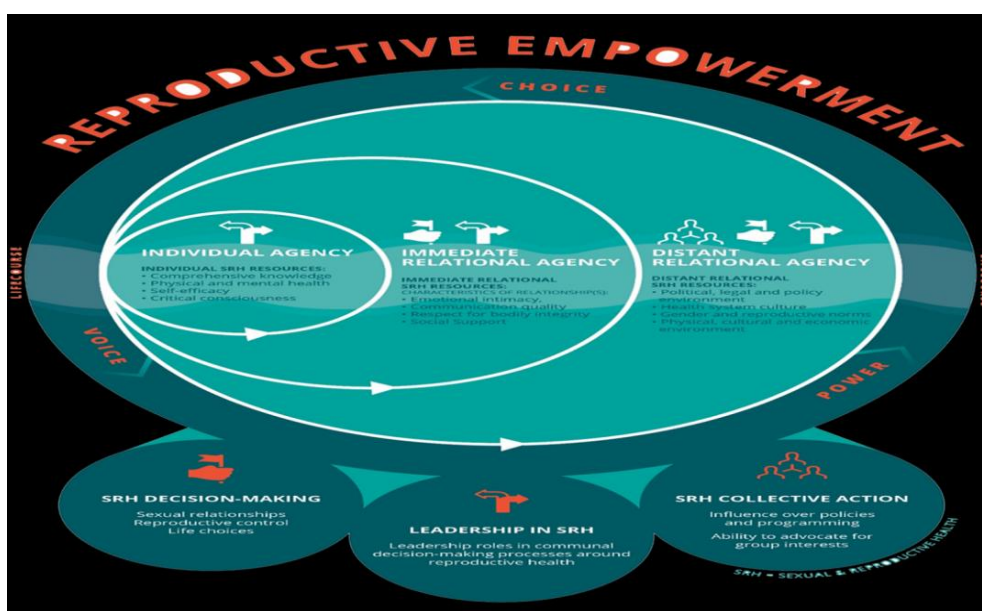
through their immediate social setting, while moral norms are mostly applied explicitly. Legal, economic and cultural structures at the highest level of the paradigm play an important role in defining empowerment conditions in different contexts. The physical setting-for example, the degree of preference of a person in the reproductive sector is dictated in part by proximity to health services-or by their ties to a social environment-for example, the exercise of control in the relationships of a woman is often largely decided by social or cultural standards. This physical and social environment (systemic factors), especially those fostering social power systems and

standards such as patronage, may in some cases effectively consider individuals to be constrained almost regardless by their person or household characteristics in their capacity to articulate or undergo empowerment. It is important to explore how various levels are linked to each other, with an awareness and calculation of reproductive capacity. As far as fertility concerns are concerned, ICRW considers equality as an essentially hierarchical term expressed and prejudicial to certain aspects of the collective ecological paradigm and partnership characteristics, such as sex partners, parents, lawyers, healthcare service providers or political leaders. The appropriate relationship-specific opportunities and the balance of power dictates the individual's ability to make decision and speech in these relationships. While the paradigm specifies that reproductive freedom is the fundamental concept of an adult, it is actually expressed in different ways by the nature of relationships at multiple levels. More explicitly, ICRW considers reproductive empowerment as a three-level functional entity focused on the collection, voice and power processes: "the person, the direct relation-oriented and the distant linked" embodied by decision-making in the field of Sexual and Reproductive Health (SSH) and SRH (not personally practiced).

In general terms, it helps us to understand the kind of 'relationships' or connections between ties that form ability at individual level, from near (personal) to more far-flung, for example with the health care system as a social organization. With a step from an entity to a distant associated agency, ICRW is planning and collecting tools that are important to the shaping organization at all levels.

The ICRW demonstrates the connections between the layers of specific entities within the interactions and partnerships with the two other stages of aggregation, centered on the social ecological model. When presented in a separate context, sexual freedom may be seen as an outcome, but ICRW finds this not to be static.

According to the ICRW, the role of transformations in life (in particular sexual and reproductive health) that can be played a significant role in the shaping of dominance at any point in life can be seen as the outcome of vibrant cycles of conciliation and re-conciliation of power. As specifically, "reproductive empowerment can be thought of as both an outcome that is specific to a time frame or time point and a process of ongoing change".



Source: International Center for Research on Women (ICRW)

Sensoy Nazli, Korkut Yasemin, Akturan Selcuk et.al. (2018) Chapter on “Factors affecting the attitudes of women toward family planning” was written. Economic factors, age, residence, socio-cultural factors, environmental factors, educational, traditional beliefs, religion, family type and level of knowledge etc are the factors responsible for influencing individual’s attitude regarding family planning methods. According to the authors, “Reproduction is a dual commitment, but in most of the world it is often seen as the responsibility of women entirely and many family planning programs have focused mainly on women. Men are often described as forgotten reproductive health clients in family planning services. The role of men in family planning population planners have received more interest in recent years as they begin to notice the importance of male influence on reproductive decisions around the world. Up to this point, many activities are in the effort to determine or develop the knowledge and attitudes of men about family planning. While men play a direct and major role in deciding contraceptives, they play an indirect role as a dominant factor in women’s economic, social and family needs. The role of men in decision-making on women’s fertility and birth is always dominant. One of the biggest obstacles to men’s participation in reproductive health is the inadequacy of information. Only male partner’s knowledge about the contraceptives is not sufficient but also how it is used and its effectiveness is important.

Islam Ahmed Zohirul (2018) Study on young women was conducted in Bangladesh regarding factors affecting modern contraceptive use. In order to explore the association between modern contraceptive use (MCU) and couples’ joint participation in household decision making, a cross-sectional data of sample size of 3500 currently married women (18-24 years) were extracted from the Bangladesh Demographic and Health Survey 2011. The study showed that the probability of using

contemporary contraception, accompanied by women who were given family planning (FP) approaches through the health workers increased highest among young women who wanted a pregnancy for two years or women with no babies. The third most powerful element which could raise the likelihood of use was the shared involvement of spouses in decision-making on women's treatment, child health, and family visits or households. The study found that government organizations could focus and include proposed initiatives in FP programs to improve the status of women by education and training.

Prata Ndola, Fraser Ashley, J Huchko Megan et. al. (2017) Study from published literature from 1st January 1990 to 31st December 2012 was conducted regarding women's empowerment and family planning for examining the relationship between women's empowerment and contraceptive use, unmet need for contraception and related family planning topics in developing countries. Pub Med, Popline and Web of Science search engines were used in May 2013 to examine the published literature. The research included the bulk of articles in South Asia (n=25) from the 46 studies included in this research. Home decision-making (n=20) and mobility (n=18) were the most commonly explored fields for women's empowerment. The research found that the connection between empowerment and family planning was ambiguous with mixed optimistic and negative associations. Among confidence and family planning outcomes, most family planning findings often reported positive associations. Current use of contraception has been the most widely studied results for family planning in more than half of analyzes, but examined articles have shown contradictory findings. The study provided “the first critical synthesis of the literature and assesses existing evidence between women's empowerment and family planning use”.

OlaOlorun FM, Hindin MJ (2014) Study on Nigerian women’s (aged between

15-49 years) decision-making power on Contraceptive use was conducted, using a stratified two-stage cluster design, 880 clusters (279 urban, 601 rural) were selected, providing a representative sample of 36,810 households. In Stage 2, a total of 40 households for each cluster were chosen using a comprehensive sampling strategy with equal probability. The collected data is (from 1 June to 31 October 2008), a nationwide representative sample of both urban and rural populations of each of the 35 countries and the territories of the Federal Territory in each geographical region (FDHS), from the Nigerian National Demographic and Health Sample (NDHS), a national survey. Prevalence among Nigerian women of the use of conventional contraception has been estimated to be 19%. The analysis showed that the decision-making power of women had major associations with modern fertility, gender, home, employment, faith, polygyny, inequality and income. Also, the result revealed that “Women who were in the highest decision-making power tertile had more than one and a half times the odds of using modern contraception compared with women in the lowest tertile”.

Do Mai and Kurimoto Nami (2012) The study in selected countries of Africa on the empowerment of women and the option of contraceptive methods has been performed on married women (15-49 years). A total 6 dimensions of empowerment and the contemporary use of women-only mechanism or couple mechanisms were explored using the data collected from the most recent Demographic and Health Surveys conducted from 2006 to 2008 in Namibia, Ghana, Zambia and Uganda. All countries demonstrated a positive association in the total empowerment score and system use. The usage either of individual or pair strategies was paired with household economic decision-making by deciding on reproductive goals and the capacity to discuss them in multivariate analyses. Namibia's mindset was pessimistic and was related to the use of a number of

domestic violence activities. The study concluded that FP intervention initiatives would seek to increase contraceptive use by preparation and adoption of different approaches, including facilitating and fostering decision-making of couples on reproductive decisions and family planning, increasing women's self-efficacy in deciding the size and economic independence of the group.

CONCLUSION

Family planning services provide counseling, awareness, contraceptive care and access to safe abortion. The amount of accidental embarks as well as maternal and infant deaths are minimized by voluntary family planning. If a woman is capable of choosing abortion, her children will be much healthier and better fed. It is vital that family planning is open to anyone who has sexual activity, even young people, and is easily accessible by parents' wives and other professional health workers. Midwives are skilled in delivering local and culturally acceptable (if authorized) methods of contraception. Many health workers, such as healthcare workers in the neighborhood, do offer guidance and some family preparation strategies such as tablets and contraceptives. People and people will be sent to a clinician for procedures such as sterilization. “World Health Organization is working towards promoting family planning by implementation of evidence-based guidelines on safety and service delivery of contraceptive methods, developing quality standards and providing pre-qualification of contraceptive commodities and helping countries introduce, adapt and implement these tools to meet their needs”.

Acknowledgement: None

Conflict of Interest: None

Source of Funding: Self

Ethical Approval: Taken from Research Committee

REFERENCES

1. Sexual and Reproductive Health. Available from: https://www.who.int/reproductivehealth/topics/family_planning/fp-global-handbook/en/.
2. Family Planning 2020. Over 137 million women in India are using a modern method of contraception India as funding increases; 2019. [Online]. 2019 [cited 2019 November 11]. Available from: <https://www.familyplanning2020.org/news/over-137-million-women-india-are-using-modern-method-contraception-india-funding-increases>.
3. Family Planning is a Human Right. Inter Press Service News Agency. 2019. [Online]. 2019 [cited 2019 December 20]. Available from: <http://www.ipsnews.net/2018/07/familyplanning-human-right/>.
4. Edmeades J., C. Mejia, J. Parsons et. al. A Conceptual Framework for Reproductive Empowerment: Empowering Individuals and Couples to Improve their Health (Background Paper). Washington D.C., International Center for Research on Women. October 2018. Available from: https://www.icrw.org/wp-content/uploads/2018/10/ReproductiveEmpowerment-Background-Paper_100318_FINAL.pdf
5. Sensoy Nazli, Korkut Yasemin, Akturan Selcuk et. al. Factors affecting the attitudes of women toward family planning. IntechOpen. 2018. [Online]. 2018 [cited 2018 June 13]. Available from: <https://www.intechopen.com/books/family-planning/factors-affecting-theattitudes-of-women-toward-family-planning>
6. Islam Ahmed Zohirul. Factors affecting modern contraceptive use among fecund young women in Bangladesh: does couples' joint participation in household decision making matter? *Reprod Health*. 2018; 15:112. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6013886/>
7. Prata Ndola, Fraser Ashley, J Huchko Megan et.al. Study on Women's empowerment and family planning: A review of literature. *Journal of Biosocial Science*. 2017; 49(6):1-31. Available from: https://www.researchgate.net/publication/312211761_Women's_empowerment_and_family_planning_A_review_of_the_literature
8. OlaOlorun FM, Hindin MJ. Having a Say Matters: Influence of Decision-Making Power on Contraceptive Use among Nigerian Women Ages 35–49 Years. *PLoS ONE*. 2014; 9(6): e98702. [Online]. 2014 [cited 2014 June 4]. Available from: <https://doi.org/10.1371/journal.pone.0098702>
9. Do Mai and Kurimoto Nami. Women's Empowerment and Choice of Contraceptive Methods in Selected African Countries. *International Perspectives on Sexual and Reproductive Health*. 2012; 38(1): 23-33. Available from: <https://www.jstor.org/stable/41472762?seq=1>
10. Family Planning/ Contraception. World Health Organization 2019. Available from: <https://www.who.int/news-room/factsheets/detail/family-planning-contraception>

How to cite this article: Dahiya H. Family planning: a fundamental right of women. *International Journal of Science & Healthcare Research*. 2021; 6(3): 216-220. DOI: <https://doi.org/10.52403/ijshr.20210737>
