Awareness Level of Adolescent Girls of Jammu Towards Sterilization

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ABSTRACT The present study was undertaken to assess the awareness level of adolescents regarding Sterilization. This study has been conducted on 400 adolescent girls (200 adolescent girls were taken from rural areas and 200 adolescent girls from urban areas of Jammu). Random sample technique was used to select the sample. For data collection, Family Planning and Birth Control Attitude Scale (FPBCAS) was used which was devised by Rajamanickam. Chi-square values reveal that there is a significant difference in the awareness level of adolescent girls of urban and rural areas of Jammu, regarding Sterilization. But urban adolescent girls have comparatively better knowledge regarding these issues than rural adolescent girls. So there is a need to teach adolescents about these issues since ignorance perpetuates myths and mis-belief. In societies such as ours where parents do not normally discuss such matters with their children, this could be achieved by incorporating family life education/sex education in school curricula.

INTRODUCTION

There is no doubt that family size in India has reached proportions, which severely strain every national resource. Increasing unemployment, pressure on land, shortage of housing, inadequate education and health facilities and shortage of every kind of human resource have made the population problem a daily experience for the people of India. It is also common knowledge that while we have been able to introduce population control measures in differential measure in various states, the large rural sector lies unreached and still impregnable (Verma and Achhpal, 1980).

The large family has become not only an anachronism but an undoubted handicap in the socio-economic progress of the country. Therefore, the Indian union government had decided to promote family planning and birth control Programme for modernizing and improving the economy of nation in the interest of better living to people. Also, National Population Education Projects (NPEP) has been implemented since 1980 with UNFPA assistance by the national council of educational research and training. The University Grants Commission (UGC) and Directorate of Adult Education (DAE) have implemented to other projects. The population education programmes were designed to help people(adolescents) understand the nature, causes and implications of population process as they affect, and are affected by individuals, families, communities and nations (UNFPA, 1998). The Programme follows an inclusive approach wherein components of population education are integrated into existing subjects such as biology, civic education, home economics etc. however, population education has mainly concentrated on macro demographic issues and has not been designed to prepare adolescents for their future roles and demands. It doesn’t include adolescents’ experiences of sexual awakening and sexuality and very rarely cover subjects such as HIV/AIDS, Sexual violence, abuse, gender equity (Thapar, 1998).

Therefore it become necessary to set in operation, technological and attitudinal changes as one of the programmes of modernizing economy. For this purpose first we should know about the general attitude of coming target group about sterilization as one of the important component of family planning measures.

MATERIAL AND METHODS

The sample consists of 400 adolescent girls in the age group of 10-19 years belonging to both rural and urban girls of Jammu city. Random sampling technique was used to select the sample. It was done to know about the awareness level of adolescents towards Sterilization with the help of Family Planning and Birth Control Attitude (FPBCAS) Scale devised by Rajamanickam. One component of it i.e. Sterilization has been taken to collect the data
for the study. Instructions were given to them before administrating the scale. This scale was in English version so exact translation was done for rural sample although; the statements were not so difficult to understand; yet necessary assistance was provided to them when they were unable to understand some items. Attempt was made to stick to the given procedures as far as possible. The data after being collected and coded systematically tabulated and percentages were calculated.

RESULTS AND DISCUSSION

It is evident from the table that 69% of the urban and 36.5% of the rural adolescents were aware of the fact that Sterilization is medically safe hence; every married man and woman can adopt it without any fear; more than 50% of the overall sample were not agreed with the statement that Sterilization is an artificial and harmful method of preventing pregnancy so it should not be practiced; 80% of the urban and only 15% of the rural sample were agreed with the statement that Sterilization is better than facing the sufferings caused by over population; less than 50% of the overall sample were aware of the statement that Sterilization is a method which makes a person an infertile so it is not desirable method to accept; more than 70% of the overall sample were in favour of the statement that Permanent sterilization as a

Table 1: Sterilization

<table>
<thead>
<tr>
<th>Issues</th>
<th>Urban Agree</th>
<th>Urban Unable to decide</th>
<th>Urban Disagree</th>
<th>Rural Agree</th>
<th>Rural Unable to decide</th>
<th>Rural Disagree</th>
<th>( \chi^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterilization is medically safe hence; every married man and woman can adopt it without any fear.</td>
<td>139(69.5%)</td>
<td>39(19.5%)</td>
<td>22(11%)</td>
<td>73(36.5%)</td>
<td>15(7.5%)</td>
<td>112(56%)</td>
<td>101.5*</td>
</tr>
<tr>
<td>Sterilization is an artificial and harmful method of preventing pregnancy so it should not be practiced.</td>
<td>73(36.5%)</td>
<td>10(5%)</td>
<td>117(58.5%)</td>
<td>82(41%)</td>
<td>5(2.5%)</td>
<td>113(56.5%)</td>
<td>12.16*</td>
</tr>
<tr>
<td>Sterilization is better than facing the sufferings caused by over population.</td>
<td>179(89.5%)</td>
<td>5(2.5%)</td>
<td>16(8%)</td>
<td>160(80%)</td>
<td>10(5%)</td>
<td>30(15%)</td>
<td>10.4*</td>
</tr>
<tr>
<td>Sterilization is a method that makes a person an infertile so it is not desirable method to accept.</td>
<td>88(44%)</td>
<td>28(14%)</td>
<td>84(42%)</td>
<td>90(45%)</td>
<td>50(25%)</td>
<td>60(30%)</td>
<td>48.12*</td>
</tr>
<tr>
<td>Permanent sterilization as a punishment should be there for those who are committing forcible rape or sex crimes.</td>
<td>146(73%)</td>
<td>16(8%)</td>
<td>38(19%)</td>
<td>141(70.5%)</td>
<td>40(20%)</td>
<td>19(9.5%)</td>
<td>47.3*</td>
</tr>
<tr>
<td>Sterilization method is against the normal human life and therefore should not be practiced.</td>
<td>112(56%)</td>
<td>4(2%)</td>
<td>73(36.5%)</td>
<td>114(57%)</td>
<td>30(15)</td>
<td>56(28%)</td>
<td>26.32*</td>
</tr>
<tr>
<td>To save the nation from the disastrous consequences, it is essential that at least 10% of the women in our country should take up sterilization after giving birth to one child and save the nation.</td>
<td>121(60.5%)</td>
<td>4(2%)</td>
<td>75(37.5%)</td>
<td>60(30)</td>
<td>30(15)</td>
<td>110(55%)</td>
<td>48.32*</td>
</tr>
<tr>
<td>Sterilization is not safe method. It causes anxiety in them as to what would cause after the incidence. Therefore it should not be accepted.</td>
<td>120(60%)</td>
<td>2(1%)</td>
<td>78(39%)</td>
<td>4(2%)</td>
<td>191(95.5%)</td>
<td>5(2.5%)</td>
<td>357.6*</td>
</tr>
</tbody>
</table>

* Chi-square values reveal significante difference at .05 level
punishment should be there for those who are committing forcible rape or sex crimes; almost 30% of the sample were not in favour of the statement that Sterilization method is against the normal human life and therefore should not be practiced; 60.5% of the urban and 30% of the rural sample were in favour of the statement that to save the nation from the disastrous consequences, it is essential that at least 10% of the women in our country should take up sterilization after giving birth to one child and save the nation; and only 39% from urban and 25%f the rural sample believe that Sterilization is not safe method as it causes anxiety in them as to what would cause after the incidence. Therefore it should not be accepted.

DISCUSSION

The overall results of this study reveal that both rural as well as urban adolescent girls in Jammu do not possess sufficient knowledge regarding Sterilization. Their lack of adequate knowledge about sexual matters and contraception results in early pregnancy and sexual disharmony (Gupta, 1994; Meyer, 1930; Russel-Brown et al., 1992). So they should be provided with unbiased, unmoralistic information so that they are better informed and better adjusted to their changing physical, biological and emotional needs.

There should be appropriate knowledge component for younger age groups dealing not with family planning and its methods but the basic causes and effects of population growth and the desirability of adopting new family and social norms (Dhanu, 1998). Also this topic should be there in the school curricula so that girls can acquire correct knowledge from reliable and socially accepted sources rather than from pornography and knowledge about the related issues. (Lottes et al., 1993).

Although population education is a new area yet there is a need for operational programmes in population education at school level in our country. Hence a vigorous movement of population education in schools is a ‘must’ but it can be institutionalized at the operational level if proper school climate is created, teachers fully reoriented and pupils adequately motivated for the task (Walia, 1983).

REFERENCES


