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Comparison of the Level of Awareness of Family Planning Measures in the Urban and Urban-slum Women

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ABSTRACT The present study was done for the comparison of the level of awareness of family planning measures in the urban and urban-slum of Jammu (Jammu and Kashmir State). The sample of the study was divided into two groups' i.e. urban women and urban-slum women. The sample size consisted of 30 women; 15 women from urban community and 15 women from urban-slum community in the age group of 25-35 years were selected for the purpose. Purposive sampling technique was used for selecting the sample. The data was collected with the help of Interview schedule. Findings of the study indicate that women from the urban as well as urban-slum community were aware about the family planning measures but in urban areas majority of the women used pills, IUD, where as in urban-slum community majority of the men used family planning measures like condom. The failure rate of family planning measures was high in the urban-slum community. Women from the urban community had good attitude regarding the use of contraceptives and they were satisfied as per their view the use of these measures was considered not only best for spacing the children but also had helpful in maintaining a healthy and tension free life. The result also reveals that each and every family planning methods had some side effects.

INTRODUCTION

Family planning means a well-planned family with limited members whose maintenance is possible with available resources and tools and thus builds a healthy and well to do unit. A well-planned family is the base for a planned development and richness of the society and or of the country. It can also be stated that the family planning is the key point for a planned development. "*Family planning was accepted as the best way to control the rapidly and massively growing population. Individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively the social development of a country, can define family planning*" an earlier report WHO, (1971). An earlier report by WHO (World Health Organization) Expert Committee, 1970 has stated that family planning includes: The proper spacing and limitation of births, Advice on sterility, Education for parenthood, Sex education, Screening for pathological conditions related to the reproductive system, Genetic counseling, Premarital consultation and examination, Carrying out pregnancy test, Marriage counseling, The preparation of couples for the arrival of their first child, Providing services for unmarried mothers, Teaching home economics and nutrition, Providing adoption services.

From the above, it is clear that family planning doesn't mean limiting the family only, but is manifold advantageous. Repeated pregnancies increase the risk of maternal and infant mortality. These risks increase with the increased number of pregnancies and the age of the mother. With the repeated short interval pregnancies, the health of the mother becomes weak, and cannot maintain her normal health and activities. Similarly the congenital anomalies are also associated with advancing maternal age, fetal death and premature births or abortion could be the result of weak and nourished mother especially in the mother having more children. These risks increase with each pregnancy beyond the third. Therefore, it becomes essential to: Avoid repeated pregnancies, Adopt methods for limiting the births, for spacing the births and for timing births. These will help in maintaining the health of mother and in the birth of healthy child. It will support the saying 'healthy mother is in possession of a healthy child'. Family Planning Programme makes a planned and scientific approach to the issues and problems of family life and attempts to solve them to make the family life happier, harmonious and fruitful.

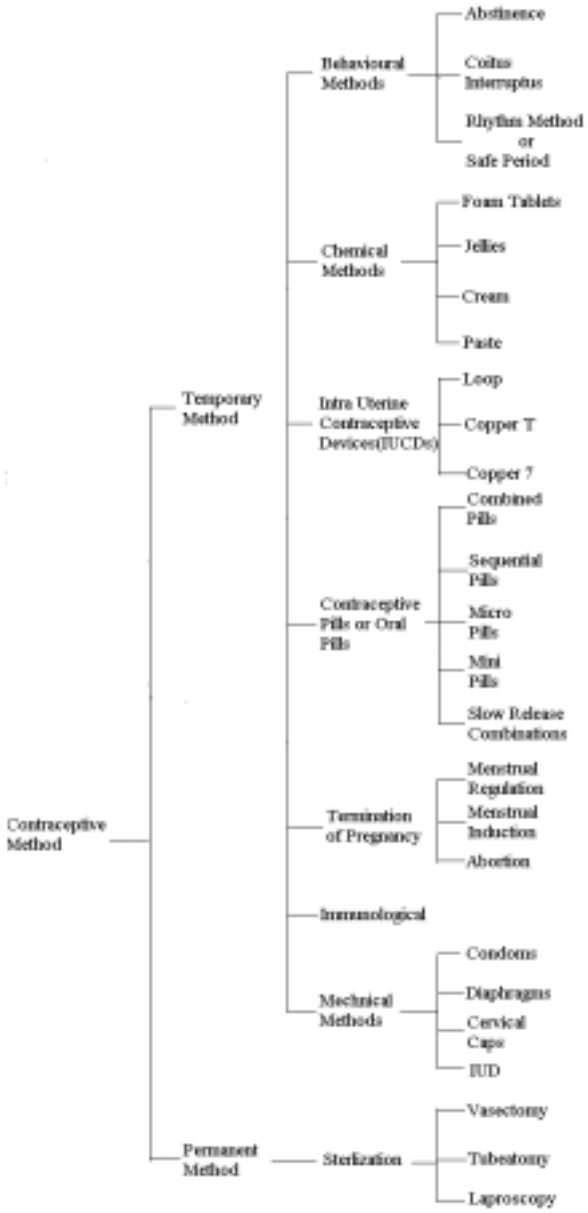

Fig. 1. Family planning methods or contraceptive methods

The measures used for birth control by preventing pregnancy after intercourse are named as contraceptive methods, Permanent and temporary methods. Previously the contraceptive research was limiting in preventing the sperm to reach the ova and thus avoiding the fertilization but with the advancement the researchers are on for the hormonal methods to prevent pregnancy. A successful contraceptive is that which is effective in preventing the pregnancy and can be used for a longer period without any side effects. Studies by Whelpton et al. (1966) showed that the avoidance of unintended pregnancies is not just a matter of cheap, effective and convenient methods of birth control but is a matter of establishing the habitual use of contraception as a normal and accepted part of married life. The different types of contraceptives are:

The Official Family Planning Program and Its Acceptability Among the People of India: New Developments or "We Only Have to Find the Right Method"

Over the years, many approaches have been made to make the family planning program more successful. To achieve a greater acceptance-rate by the 'eligible couples', basically two different approaches can be observed. Some family planners, researchers and officials, think that one only has to introduce new media and new incentives, and the program will be more popular. Other people assume, that through the development of new contraceptive methods more couples can effectively be 'protected'. Both approaches have in common that they try to convince the people from a superior point of view, and do not try to see the problem from their perspective. In the following, at the development of new contraceptives, and the field trails related to it. Besides that, clinical trails and pilot studies take place regarding new contraceptives, like injectable and implants, the male pill, an 'anti-pregnancy-vaccine' and some lesser known methods, like vaginal rings or nasally administered steroid hormones. Research on these new methods is sponsored by WHO and other institutions of development aid as well as by pharmaceutical companies like Schering or Upjohn, and is undertaken e.g., by the 'All-Indian Institute of Medical Sciences' (AIIMS), New Delhi, the Department of Obstetrics and Gynecology in the 'Post-graduate Institute of Medical Education and Research' in Chandigarh,

the 'Institute of Reproduction', Bombay, the 'Indian Council of Medical Research' (ICMR), New Delhi and the 'National Institute of Health and Family Welfare' to which attached in India.

Reason for the Non-acceptance of the Official Family Planning Program

If family planning programme do not find much positive response, there can be two different reasons for that: Family Planning is not accepted because the people want to have more children, Family Planning is not accepted because of the family planning methods and services offered.

METHODOLOGY

The present study is an exploratory attempt to study the comparison of the level of awareness of family planning measures in women from the Urban and Urban-slum Communities of Jammu (Jammu and Kashmir State).

Sample: The sample for the study is divided into two groups. Group 1 includes 15 women from urban areas and Group 2 includes 15 women from Urban-slum areas in the age group of 25-35 years. Purposive sampling technique was used to select the sample.

Procedure: In order to study the comparison of the level of awareness of family planning measures in women from the Urban and Urban-slum Communities. Interview schedule was prepared. The interview schedule was discussed with guide and few questions were deleted and some others were added.

Procedure of Data Analysis: The data was collected by personal visits. Interview method was used for the data collection. First of all rapport was established with the subjects and then information was obtained. Both qualitative and quantitative analysis was done. The responses obtained were coded, tabulated and then percentages were drawn and content analysis was done.

Table1: Background information of the respondents

Information	*Urban*		*Urban-Slum*		*Total*	
	n =15	*%*	*n =15*	*%*	*n =30*	*%*
Age	5	33	8	53	13	43
25-27	7	47	4	27	11	37
28-30	3	20	2	13	5	17
31-33	-	-	1	7	1	3
34-36						
Educational Qualification						
Illiterate-8th	-	-	12	80	13	40
8th – 10th	-	-	3	20	3	10
10th – 12th	1	7	-	-	1	3
12th – graduation	2	13	-	-	2	7
Graduation-post graduation	12	80	-	-	12	40
Occupation						
Housewives	2	13	12	80	14	47
Teachers	10	67	-	-	10	33
Lawyers	1	7	-	-	1	3
Any other	2	13	3	20	5	17

RESULTS AND DISCUSSION

The results of the study are based on the information collected from the respondents through interviews.

Table 1 shows that less than half of the subject (47%) belonged to urban area and were in the age group of 28-30 years whereas 27% of the subject belonged to Urban-Slum Community and were in the age group of 28-30 years. Majority of the subject (80%) belonging to the urban area were educated as compared to urban-slum where majority of the subject (80%) were found uneducated. The reasons attributing to their low literacy level can be poverty, ignorance or sex discrimination. Table 1 also indicated that most of the subjects (87%) of Urban areas were professionals where as majority of the subjects 80% in the Urban Slum Community were housewives. The main reasons were that most of the subjects belonging to the Urban Slum area were illiterate.

Table 2 shows that more than half (53%) subject belonging to the Urban area were married at the age of 19-22 years whereas all the subject from the Urban Slum Community were married at or before the age of 19-22 years. It was observed that the main reason was lack of knowledge and women were considered as a '*burden*' in the family.

Table 3 shows that most of the subjects (66%) from Urban Area had 2 children or less. Whereas majority of the subjects from the Urban-Slum areas had more than 2 children. It was observed

Table 2: Age at marriages of female

Responses	*Urban*		*Urban-Slum*		*Total*	
	n =15	*%*	*n =15*	*%*	*n =30*	*%*
15-18	-	-	5	33	5	17
19-22	8	53	10	67	18	60
23-25	7	47	-	-	7	23

Table 3: Number of children of the women

Responses	*Urban*		*Urban-Slum*		*Total*	
	n =15	*%*	*n =15*	*%*	*n =30*	*%*
None	4	27	-	-	4	13
1	5	33	-	-	5	17
2	5	33	5	33	10	33
3	1	7	7	47	8	27
4	-	-	3	20	3	10

that the subject belonging to the Urban-Slum area were not much aware of family planning measures and its benefits and they believed that child is a gift of God and producing more children will add to their family earning. Though the females were better knowledgeable regarding family planning measures but husbands did not cooperate with their wives.

Table 4 shows that the subjects (33%) from urban area had 2-4 years gap among children where as most of the subjects (67%) from Urban Slum Community had only 1-year gap between whereas most of the subjects (67%) from urban slum community had only 1 year gap between the children. It was observed that the subject belonging to the Urban Slum Community had very less gap between the children and the main reason behind that was the non-cooperation of the husband.

Table 4: Time gap between the children

Time gap	*Urban*		*Urban-Slum*		*Total*	
	n =15	*%*	*n =15*	*%*	*n =30*	*%*
1	2	13	10	67	12	40
2	5	33	5	33	10	34
3	4	27	-	-	4	13
4	4	27	-	-	4	13

It was found from the data collection that all the subjects belonging to the Urban as well as Urban Slum areas were aware about the family planning measures. It was observed that the main reason behind that awareness regarding family planning measures were due to media, Primary Health Centres, family planning campaign, etc. Table 5 reveals that most of the subject (85%) from the urban area had knowledge regarding condom, pills, and IUD, abortion and permanent methods of family planning. Whereas 90% subject belonging to the Urban-slum Community had knowledge regarding these measures. Most of the subject (67%) from the urban area and 73% subjects from the urban slum areas got the information regarding the family Planning measures from the doctors but former subject got information from the private doctors whereas later subject got information from the doctor at PHC. Results shows that 67% of the subjects belonging to the urban areas and 87% of the subject from the urban slum areas were got knowledge regarding family planning measures after the marriage.

Table 5: Awareness about family planning methods among the subjects

Responses	*Urban*		*Urban-Slum*		*Total*	
	n =120	*%*	*n =105*	*%*	*n =225*	*%*
Safe periods	2	1	-	-	2	0.9
Methods						
Foam tablets,Cream & Jellies	3	2	-	-	2	1
Condoms	20	17	20	19	40	18
Diaphragm	15	12	10	10	25	11
IUD	20	17	15	14	35	15
Pills	20	17	20	19	40	18
Abortion	20	17	20	19	40	18
Permanent methods	20	17	20	19	40	18
Sources						
Mother	2	13	3	20	5	17
Friends	3	20			3	10
Doctor	10	67	11	73	21	70
Media						
Any other	-	-	1	7	1	3

Multiple Response

Table 6 shows that three fourth men (73%) from the urban area and 67% men from the Urban-slum area used family planning measures. More than half of the subject (53%) from the urban area used pills as a family planning measures whereas 47% of the subject belonging to the Urban Slum Community used condom as a family planning measures. It was observed that in the Urban Slum area failure rate was high due to non-cooperate of the husband and in frequently used the family planning measures. Cooperation of the husband was more (93%) in the urban community as

Table 6: Use of family planning measures

Responses	*Urban*		*Urban-Slum*		*Total*	
	n =15	*%*	*n =15*	*%*	*n =30*	*%*
Husband	4	27	10	67	14	47
Wife	11	73	5	33	16	53
Co-operation of the Husband While Using Family Planning Methods						
Yes	14	93	2	13	16	53
No	1	7	13	87	14	47

compare to the urban-slum community (87%). It was observed that the main reason being the non-cooperation between the husband and wife was lack of understanding.

Findings further show that most of the males in both the communities [urban (80% and urban-slum (100%)] purchased family planning devices. However 1/4th of the females of the house belonging to the urban areas bought these devices. More of females hesitated in purchasing these devices.

Table 7 shows that healthy attitude regarding the use of family planning measures was strongly observed in the urban areas subjects (80%) as compared to the urban-slum area subjects (67%) where the use of family planning measures was considered not only best for spacing the children but also had helped in maintaining a healthy and tension free life.

Table 7: Attitude regarding family planning methods among the subjects

Responses	*Urban*		*Urban-Slum*		*Total*	
	n =15	*%*	*n =15*	*%*	*n =30*	*%*
Good	12	80	5	33	17	57
Not good	3	20	10	67	13	43
Side Effects of the Family Planning Methods						
Headache	5	33	5	33	10	34
Backache	7	47	4	26	11	37
Bleeding	-	-	1	8	1	3
Swelling	1	7	4	26	5	17
Any other	2	13	1	7	3	10

Majority of the urban subjects (87%) were found more satisfied with the usage of the family planning devices as compared to Urban-slum counter parts where only 67% were found satisfied. Results reveal that pills were the main reason behind the side effects between both communities.

DISCUSSION

Population of India has been growing at a very rapid rate. Rapidly growing population is one of the major problems confronting most of the countries today. Family planning is the key point for a planned development. Family planning was accepted as the best way to control the rapidly and massively growing population. But there are many constraints for non-acceptance of the family planning programs and policies. Due to these constraints majority of the population especially women folk are unaware about the benefits of the family planning programs/policies. Educational status of husband and wife affect the acceptance of family planning. The present study also shows that the urban women are highly qualified having 1 or 2 children with 2 or more than 2 years gap between the children as compared to the urban slum where all the women are illiterate having 2 or more than 2 children with 1year gap between the children. It was observed that where the girls are educated the age at marriage is higher which in turn affects the fertility behavior or number of children. The association between literacy level and attitude and adoption of family planning was found to be significant in a number of studies made by Balakrishna (1971), Hate (1970), and Singh (1976). Mandelbaum (1974) also stated that though there is general tendency for fertility rates to go down as the number of years in school goes up the expectation being women with little schooling have more children than the illiterate women. It was found from the present study that all the women belonging to the Urban as well as Urban Slum areas were aware about the family planning measures and the main reason behind that awareness regarding family planning measures were media, Primary Health Centres, family planning campaign but all these information regarding family planning measures was obtained after marriage. Lakshmana (1988) studied that mass media and Government agencies like clinics and Family planning workers, as sources of information were significantly associated with the number of conceptions. It was found from the present study that in the urban areas wife used family planning measures like pills whereas in the urban slum areas husband used all these measures like condoms. It was observed that in the Urban Slum area failure rate was high due to non-cooperation of the husband who not frequently used the family planning measures. The main reason being the non-cooperation between the husband and wife were lack of understanding and money. Healthy attitude regarding the use of family planning measures was strongly observed in the women who belonged to the urban areas as compare to the urban-slum area women where the use of family planning measures was considered not only best for spacing the children but also had helped in maintaining a healthy and tension free life. Despite of positive attitude regarding these measures some women also told about their side effects like backache, headache etc.

SUGGESTIONS

- To provide them knowledge regarding family planning methods.
- To make them aware of the importance of small family.
- Urban-slum women should be provided proper educational facilities.
- Age at marriage is also one of the important aspects that have to be considered in mind. Early marriage should be prevented especially in Urban-slum areas.
- Knowledge regarding sex and related issues should be provided at proper age and also to raise the status of women so that they become equal partner in decision-making for adopting the family planning measures.
- Government as well as non-government organizations should organize camps seminars and family planning campaign in Urban, Rural and slum areas.
- Poverty is a great obstacle to the efforts of population control. People regard as an additional child begins to earn at a very early age and is able to add to the family income. This evil can be removed only if the government adopts a large-scale program for poverty eradication.
- Apart from this economic environment there are some socio-cultural and religious factors also which determine the demographic behavior of the people like age of marriage, level of literacy, status of women, value and desire for children etc. Greater success can be attained through education and enlightenment of people than legislative and regulatory measures.
- Emphasis should be placed on voluntary acceptance of family planning based on education, information and communication, rather than coercion.

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