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FAMILY PLANNING PRACTICES OF WOMEN IN SLUM AREAS: A STUDY IN KALABURAGI CITY

RESEARCH ARTICLE

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ABSTRACT

Family planning is essential to control the population and to control the child birth, there are availability of many of the family planning and contraception that are available to delay or stop pregnancy. Still, many of the rural women or women living in slum areas are not undergoing such methods and consequently, there is increase in child birth and population. On the one hand, the slum women are not aware about family planning methods or though they are aware, they are hesitated to use such methods as there are conventional beliefs against family planning methods. Hence, the present study is made to look into the family planning methods and practices of women living in slum areas of Kalaburagi city. Totally, 500 women living in slum areas were interviewed to collect the primary data. It is found that, still the conventional and religious beliefs are leading the lives of women and as such, they are hesitated to adopt family planning practices.

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INTRODUCTION

India is the first country in the world to set up a national family planning programme in 1951. But from 350 million inhabitants in 1952, the year the first family planning programme was initiated, India's population had grown to 593 million by 1974, 900 million by 1992 and it crossed one-billion-mark before 2001. Projected population figure indicates that by 2035 it will overtake China as the world's most populous nation if present trends continue. As per the census reports, India added 182 million people between 1992 to 2001, which is more than the estimated population of Brazil (the world's fifth most populous country). In 2001, the population of Uttar Pradesh alone stood around 166 million, which is more than the population of Pakistan. It indicates that India is still in the process of second phase of demographic transition (Das, 2006). Family planning activities significantly includes contraception are playing an important role in maintaining the reproductive health of the women and controlling population explosion.

The use of contraceptives for birth control not only varies between rural and urban areas, but it also differs among groups of people within these areas, but it also differs among groups of people within these areas on account of social, economic and religious differences. Similarly, the characteristics of users and non-users of contraceptive differ from each other. Further, a reduction in infant and child mortality commonly leads to the increased contraceptive practice through the couple's positive thinking about a smaller number of children (Mishra, et al, 1998). About the characteristics of the current users, the survey based studies have found that the current users generally belong to an older age group, an average parity fall between 2-3, are relatively higher educated, economically more active and are residing in areas with easy access to health and family planning facilities (Mari Bhat and Halli, 1998; Gandotra and Das, 1990, Ahmed, et al, 1990; Rajaretnam and Deshpande, 1994; Ramesh et al, 1996). In terms of religious and cultural characteristics, it has been suggested that the contraceptive prevalence rate was lower among the Muslim and low caste Hindu Women (Mishra, 1999; Gulati, 1996; Bora, et al, 1998). Similarly,

about the contraceptive discontinuation and non-use by the women, several studies have revealed that apart from poor knowledge and method related problems (poor quality and quantity), socio-economic and demographic variables have been equally responsible. Much use of contraception can be expected from the couples when the frequency of visits and advice rendered by the health functionaries is high (Bora and Jha, 2001).

Though, there is awareness among people living in cities, still such awareness is poor in backward areas such as Hyderabad-Karnataka region, where majority of people are illiterate, ignorant and negligent. Further, in slum areas, such awareness is poor. Hence, the present study is made to explore the family planning practices including contraception of the women living in slum areas of Kalaburagi city.

Area of the Study

Kalaburagi city is headquarters of Hyderabad-karnataka backward region and recognized under Article 371(J) of the Indian Constitution. Compared to all other areas in Karnataka, the education level of people in Kalaburagi city is low and the physical infrastructure such as roads, hospitals, etc are also developing. The slum areas are lagged behind in terms of pure drinking water, roads, sanitation, drainage, health centre, etc. There are total 51 notified slum areas with more than 7900 households in Kalaburagi city and accommodated total population of 55309 in these slum areas.

Objectives

The present study is made:

- To look into the family planning practices of women in slum areas of Kalaburagi city;
- To Study the conceptions of slum women related to child birth and family planning; and
- To study the awareness of women and sources of information on family planning in slum areas.

Methodology

The author studied the different methods of birth control and contraception and family planning methods adopted by rural women, urban women and women in slum areas. Based on such knowledge, it is decided to interview women living in slum areas of Kalaburagi city to know their family planning practices. As such, of the total 55309 population living in slum areas, nearly 1% of the total population and that is women living in slum areas were interviewed. The selected respondents includes women of 18 to 40 years of age, who are pregnant and even having one or two or even more children. The collected primary data is analyzed and discussed as under.

1. Agree with Two-Child Family

Two child families is the ideal of modern family. The parents have to control the number of children up to two, so as to control population explosion. But, religious faith, illiteracy, negligence, ignorance, lack of awareness about family planning and such other factors have made parents in the rural and slum areas to disagree with two child families due to illiteracy and negligence. The following table disclosed the respondents' responses on two child family.

Table No. 1. Agree with Two-Child Family

Particulars	Frequency	Percentage
Yes	213	42.6
No	287	57.4
Total	500	100

It is interesting to note from the above table that majority, that is 287 (57.4%) of the respondents have not agreed with two child families, whereas the remaining 213 (42.6%) have agreed with two child family. It is interesting to note that still majority of the respondents are not agreeing with the two-child family.

2. Aware about Family Planning Tools:

There are many tools to plan family. They include use of condoms, oral pills, sterilization, etc. The awareness of the respondents on the family planning tools is shown as under.

Table No. 2. Aware about Family Planning Tools

Particulars	Frequency	Percentage
Yes	241	48.2
No	259	51.8
Total	500	100

It is clear from the above table that of all the respondents covered under the study, only 241 (48.2%) are aware about the family planning tools, whereas the remaining 259 (51.8%) are not aware about family planning tools. It is highlighted that more than half of the respondents are not aware about family planning tools and methods except sterilization.

3. Use of Tools to Delay Pregnancy:

It was asked to the respondents that whether they use any tool to delay their pregnancy and the collected responses are tabulated as under.

Table No. 3. Use of Tools to Delay Pregnancy

Particulars	Frequency	Percentage
Non-user- Never Used any Method	259	51.8
Ex-user-Used method and Discontinued	152	30.4
User- Presently using Method	89	17.8
Total	500	100

It is observed from the above table that among all the respondents covered under the study, majority, that is 259 (51.8%) have never used any method to control their pregnancy, 152 (30.4%) have stated that they were used these family planning methods earlier and discontinued now and the remaining 89 (17.8%) are using family planning tools now. As majority of the respondents are not aware about family planning tools and methods, they are not using the same.

4. Family Planning Tools Used

As discussed above, many of the respondents are using the family planning tools and information was collected from these respondents about these tools, which they are using and the collected information is tabulated as under.

Table No. 4. Family Planning Tools Used

Particulars	Frequency	Percentage
Sterilization	61	12.2
Copper T	53	10.6
Oral Pills	72	14.4
Condoms	93	18.6
Any Other	--	--
Not Applicable	259	51.8
Total	500	100

It is observed that many of the respondents are using or used more than one method or tool to control their pregnancy. Particularly, 61 (12.2%) are using Sterilization, 53 (10.6%) are using Copper T, 72 (14.4%) are using contraceptives or oral pills, 93 (18.6%) are using condoms and for the remaining 259 (51.8%) of the respondents, it is not applicable as they are not aware about the same. The use of different tools to control pregnancy are varied and mixed.

5. Reasons for Undergoing Sterilization:

About 61 of the respondents have undergone sterilization and the reasons for the same are collected from the respondents and presented in the following table.

Table No. 5. Reasons for Undergoing Sterilization

Particulars	Frequency	Percentage
Have Both Male & Female Children	21	4.2
Earlier Deliveries by Caesarian	04	0.8
Felt More Children Not Necessary	22	4.4
Any Other	14	2.8
Not Applicable	439	87.8
Total	500	100

The reasons furnished by the respondents for undergoing sterilization revealed that, 21 (4.2%) of the respondents stated that they have both male and female children, 04 (0.8%) have expressed that their earlier deliveries are made by Caesarian, 22 (4.4%) have remarked that they felt more children are not necessary, 14 (2.8%) have given other reasons and for the remaining 439 (87.8%) of the respondents, it is not applicable, as they have not undergone sterilization.

6. Place of Sterilization

As discussed above, about 61 of the respondents have gone for sterilization and the information was collected from the respondents on the place of sterilization and presented in the following table.

Table No. 6. Place of Sterilization

Particulars	Frequency	Percentage
Govt Hospital in City/ Taluk	40	8.0
Primary Health Centre	--	--
Private Hospital	21	4.2
Health Camps	--	--
Any Other	--	--
Not Applicable	439	87.8
Total	500	100

Above table revealed that of all the respondents covered under the study, 40 (8.0%) have undergone sterilization in government hospitals in city, 21 (4.2%) have undergone sterilization in private hospitals and for the remaining 439 (87.8%) of the respondents, it is not applicable as they are not undergone sterilization.

7. Are You Prefer to Undergo Sterilization in Future:

As discussed above, about 439 of the respondents are not undergone sterilization to control their pregnancy. It was asked to these respondents that whether they are going to get sterilized in future and the collected information is presented in the following table.

Table No. 7. Are You Prefer to Undergo Sterilization in Future

Particulars	Frequency	Percentage
Yes	327	65.4
No	112	22.4
Not Applicable	61	12.2
Total	500	100

It is highlighted from the above table that majority, that is 327 (65.4%) of the total respondents have agreed that they will get sterilized in future, whereas 112 (22.4%) of the respondents are not interested to sterilize themselves in future and for the remaining 61 (12.2%) of the respondents, it is not applicable as they have undergone sterilization already.

8. Reasons for Undergoing Sterilization

As described above, 327 respondents have agreed that they will get sterilized in future. The reasons for the same were collected from the respondents and presented in the following table.

Table No. 8. Reasons for Undergoing Sterilization

Particulars	Frequency	Percentage
At least one or more sons born	139	27.8
At least one or more daughters are born	67	13.4
After Children Grown up	121	24.2
Any Other	--	--
Not Applicable	173	34.6
Total	500	100

On the reasons for undergoing sterilization in future, among all the respondents covered under the study, 139 (27.8%) have stated that at least one or more sons are born, 67 (13.4%) have expressed that at least one or more daughters are born, 121 (24.2%) have remarked that after their children have grown up and for the remaining 173

(34.6%) of the respondents, it is not applicable as some of them have already being sterilized and a few are not interested to sterilize themselves in future.

9. Reasons for Not Undergoing Sterilization in Future

As discussed above, 112 of the respondents have expressed that they are not going for sterilization in future. The reasons for the same were furnished by the respondents as under.

Table No. 9. Reasons for Not Undergoing Sterilization in Future

Particulars	Frequency	Percentage
Operation is Risky & Dangerous	23	4.6
It is against God's Will	67	13.4
More Children are Useful	22	4.4
Any Other	--	--
Not Applicable	388	77.6
Total	500	100

On the reasons for not undergoing sterilization in future as expressed by all the respondents, 23 (4.6%) have stated that operation is risky and dangerous, 67 (13.4%) have expressed that it is against god's will, 22 (4.4%) have expressed that more children are useful and for the remaining 388 (77.6%) of the respondents, it is not applicable as some of them have sterilized already and a few of them are undergoing for sterilization in future.

10. Suggestions to take up Family Planning Programmes

As the women in slum areas are illiterates and ignorant about the family planning programmes, information was collected from the respondents on the suggestions got from others to take up family planning programmes. The collected primary data is presented in the following table.

Table No. 10. Suggestions to take up Family Planning Programmes

Particulars	Frequency	Percentage
Husband	238	47.6
Self	52	10.4
Husband & Self	77	15.4
Parents/ Parents-in-law	63	12.6
Doctors/ Medical Practitioners	27	5.4
Mass media, Press, TV, etc	19	3.8
Any Other	24	4.8
Total	500	100

On the suggestions to take up family planning programmes, 238 (47.6%) have stated that their husbands have suggested them to take up the family planning programmes, 52 (10.4%) have stated that they have suggested to take up family planning programmes on their own, 77 (15.4%) have remarked that both the husband and wife (respondent) have suggested to take up family planning programmes, 63 (12.6%) have expressed that their parents and parents-in-law have suggested them to take up family planning programmes, 27 (5.4%) have stated that doctors and medical practitioners have suggested them to take up family planning programmes, 19 (3.8%) have expressed that mass media, press, television, and such other media have suggested them to take up family planning programmes and the remaining 24 (4.8%) have stated that other persons have suggested them to take up family planning programmes.

11. Satisfaction in Family Planning Methods:

It was asked to the respondents regarding the level of satisfaction on the family planning methods and the collected information is tabulated as under.

Table No. 11. Satisfaction in Family Planning Methods

Particulars	Frequency	Percentage
Fully Satisfactory	148	29.6
Satisfactory	213	42.6
Not Satisfactory	47	9.4
Don't Know/ Can't Say	92	18.4
Total	500	100

On their satisfaction in using family planning methods and tools, 148 (29.6%) of the respondents are fully satisfied, 213 (42.6%) are satisfactory, 47 (9.4%) are not satisfactory and the remaining 92 (18.4%) have not expressed their views on the same.

12. Small Family with Two Children Helps Parents to Give Education, Health, Food and Proper Care

It was asked to the respondents that whether they agree that the small children with two children helps their parents to give the education, health, food and proper care to their children and the collected primary data is tabulated as under.

Table No. 12. Small Family with Two Children Helps Parents to Give Education, Health, Food and Proper Care

Particulars	Frequency	Percentage
Fully Agree	234	46.8
Agree to a Greater extent	131	26.2
Don't Agree	91	18.2
Don't Know/ Can't Say	44	8.8
Total	500	100

The table revealed that of all the respondents, 234 (46.8%) have fully agreed that small family with two children helps their parents to give education, health, food and proper care, 131 (26.2%) have agreed to a greater extent that the small family with two children helps them to give education, health, food and proper care to their children, 91 (18.2%) do not agree that the small family with two children helps parents to give education, health, food and proper care and the remaining 44 (8.8%) of the respondents have not expressed their views on the same.

Observations and Conclusion

Surprisingly, it is highlighted from the present study that, though a few of the women living in slum areas have undergone sterilization to control child birth, still they are not aware about such family planning initiative. It is observed that, many of the women living in slum areas are illiterates or low-educated, they are ignorant about number of children, as they feel that if there are more children, then there will be more family income, as children of many of such parents are working outside at early age. Even though, these women are living in city, they believe in myths such as male child helps to attain salvation or moksha, male child is essential to continue generation, restriction of religious traditions on family planning, etc. As such, few of women in slum areas are not using any of family planning methods. In this respect, it is essential on the part of NGOs, Government and Doctors to organize mass awareness camps on family planning practices and contraception in slum areas. The Government has to announce more welfare schemes for two-child families and even provide benefits of social welfare schemes to only families with two children.

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