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Changing Attitude Towards Family Planning : A Status Study

"VTEARS, following the reorganization of Bombay's family planning movement (1966), witnessed a sharp rise in the programme performance. The breakthrough was achieved by intensive campaign and by providing family planning services at the door step of the people : (Asha Bhende, 1968). This spontaneous success of the programme has attracted researchers to study this achievement, but most of the efforts made, were either to evaluate the family planning services or to study the characteristics of the programme acceptors. Very little attention was given to explore the changes (1) in the people's attitude towards family planning, and (2) in the effect of socio-economic variables on the acceptance of family planning. Present study is an effort in this direction. Its specific objectives are : (i) to assess the knowledge and practice of family planning in an industrial area of Greater Bombay, (ii) to analyse the change in people's attitude towards family planning during the period of study, and (iii) to evaluate the impact of socio-economic and demographic variables on the acceptance of family planning.

The study is based on three random sample surveys conducted in F/South Municipal Ward of Greater Bombay, during the period 1972 to 1975. The *F/South* ward is the second populous ward of Greater Bombay having a population of 422,000 (1971 census). It is predominately an industrial area; many big industries are located in this ward. Some demographic and socio-economic characteristics of the residents of this ward, according to the 1971 census, are :

(1) 55 percent of the male workers were employed in (manufacturing) industry, 14 percent in trade and commerce, and 13 percent in transport, storage and communication.

(2) 70 percent males and 53 percent females were literate.

(3) A sex ratio of 637 females per 1000 males suggest that as compared to Bombay City, proportion of single persons was higher in this area (Bombay's sex ratio is 730 females per 1000 males).

(4) Average family size was 5.2.

(5) On an average 5.4 persons were residing in one residential house (majority of houses were one room dwellings).

Along with industries, the residents of this ward have the benefit of a large number of medical care institutions offering family planning services. Therefore, as a representative of Bombay's industrial population, resiednts of this ward were considered suitable to study the problem of population control in a somewhat ideal service network.

The first random survey (I) was conducted in 1972, when 48,000 households were interviewed by an army of investigators and medical students. The second round of survey (II) was taken in 1973 when a sample of 510 families, randomly selected from the voters lists of F/South Ward, were interviewed. In the third and final round of survey (1975, III), 574 randomly selected women were interviewed. Survey was conducted by the help of small schedule, including questions regarding socio-economic and demographic characteristics and about knowledge, practice and attitude towards family planning.

Analysis and Discussion

Socio-economic and demographic characteristics of the respondents : Keeping in view the industrial characteristics of the F/South Ward, it was expected that the respondents would be from lower socio-economic strata of the society.

Table 1, shows that respondents (housewives) were in elderly ages[1] they had a married life of 10 to 15 years and 2.8 living children. During the period of study no significant change was noticed in these characteristics. Majority of

1. According to 1971 census mean age at marriage for female was 20.3 years.

TABLE 1—INDIVIDUAL AND DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

Characteristic	*I-Survey*	*II-Survey*	*III-Survey*
(i) Median age (wife)	33.83 Yrs.	34.36 Yrs.	33.11 Yrs.
(ii) Average number of living children	2.87	2.89	2.80
(iii) Proportion of nuclear families	58.73%	60.39%	64.28%
(iv) Proportion of Hindus	87.14%	89.73%	90.62%
(v) Proportion of Muslims	5.30%	5.62%	7.35%
(vi) Proportion of Marathi speaking respondents	73.84%	75.39%	79.62%

respondents were from nuclear families, whose proportion increased during the period of study. Proportion of Hindus was greater and that of Muslim smaller as compared to the corresponding proportions for Greater Bombay (1971 census), and the proportion of both the religious groups had increased over the years of survey. A higher and increasing proportion of Marathi speaking respondents shows that non-migrants and migrants from other parts of Maharashtra are concentrating in this locality.

Table 2, shows that as compared to wives, literacy level and educational

TABLE 2—SOCIO-ECONOMIC CHARACTERISTICS OF RESPONDENTS

Characteristics	*I-Survey*	*II-Survey*	*III-Survey*
(Husband)			
1. Proportion of illiterates	13.87%	11.27%	14.98%
2. Proportion of S.S.C. +	21.37%	17.35%	21.25%
3. Proportion of skilled industrial workers	65.06%	68.70%	66.90%
4. Average monthly income			
(wife)	Rs. 30/-	Rs. 326/-	Rs. 373/-
5. Proportion of illiterates	58.89%	51.34%	49.37%
6. Proportion of S.S.C.+	7.86%	3.42%	5.76%

standard of husbands were much higher. As expected, majority of husbands were employed in industries, having an average monthly income between **Rs.** 301 to Rs. 373.

Thus, in general, respondents belonged to lower socio-economic strata of the society. Some important changes in the socio-economic characteristics were increasing proportion of nuclear families, increase in the proportion of Marathi speaking people which could be due to increasing concentration of this ethnic group in this locality, and sharp rise in the income level of respondents.

Knowledge and Practice of Family Planning. In a metropolitan setting like Greater Bombay, a 100 percent awareness for family planning can be very safely assumed. Data also substantiate this assumption by showing an awareness of the order of 96 percent to 98 percent. But for majority of respondents, knowledge of family planning was limited to the terminal method of sterilization only. Knowledge of condom, oral pills and loop was comparatively less and very few respondents knew about other methods of contraception. This indicates that though intensive campaign has succeeded in creating an awareness for family planning, knowledge of family planning methods is still grossly deficient.

TABLE 3— PRACTICE OF FAMILY PLANNING

	l-Survey (percent)	*It-Survey (percent)*	*Ill-Survey (percent)*
1. Proportion of couples practising family planning	33.9	31.8	32.2
2. Proportion of sterilized couples	12.6	16.9	18.0
3. Proportion of couples using loop	0.5	0.5	10.0
4. Proportion of couples using conventional methods	12.3	13.9	11.4

Despite widespread awareness of family planning, there was a big gap between knowledge and practice of family planning, as only 33.9, 31.8 and 32.2 percent of couples were practising family planning in 1972, 1973 and 1975 respectively. In the light of its industrial characteristics and availability of an ideftl service network, this locality was expected to show a better performance in

terms of family planning as compared to the" levels shown by other studies. Yet, its performance is equally poor. It is in this regard, possible that lack of knowledge of non-terminal methods of family planning is to a great extent res-Rpn^jble for its poor acceptance. Further, easy availability of facilities does Hot stimulate a person to accept family planning until the person is not properly motivated to do so. , ,

According to different methods of family planning highest acceptance wa§ for terminal method i.e. sterilization. In 1972, 12.6 percent couples were sterilized; in 1973 their proportion goes upto 16.9 percent and in 1975 to 18.0 percent. Among contraceptors also, proportion of sterilization acceptors increases from 44-3 percent in 1972 to 53.1 in 1973 and 65.8 percent in 1975. Use of loop was limited to 0.5 percent couples in 1972 and 1973 and to 1.0 percent in 19?5, but practice of condom, oral pills and other methods declined over the survey period, the proportion was 12.6 percent in 1972 and 13.9 percent in 1973 and only 11.4 percent in 1975. ;

Sterilization thus emerges as. the most popular method of contraception, and a marked improvement in its acceptance during the period is also evident. Tljis can be attributed to a greater degree of emphasis on sterilization in Bombay family planning mojwment. Moreover there, are. the conventional reasons like the sterilization being a one-time procedure, being more effective than other contraceptive and leading to the complications etc. Cash incentives for accepting sterilization also helped in boosting its acceptance. Main reason for the poor acceptance of non-terminal methods seems to be lack of knowledge of these methods, and less emphasis in the family planning campaign. Decline in the use of conventional methods, can partly be attributed to the increase in the acceptance of sterilization but the possibility of reporting errors can not he ruled put. Though the above argument may support shift from the coQyenr tional methods to the terminal methods as a healthy sign, since it being a one-time method, can be used only after having desired number of children, con-yentiona.1 methods should also be propagated among the new couples entering the reproductive span of life.

Socio-economic and Demographic Characteristics of the Family planning Acceptors. In the earlier, studies it has been found that Indian couples generally use family planning as a measure to terminate fertility. Therefore, it is accepted only after having the desired number of children (3 or 4) and so by elderly ages.

Data show that modal age group of the sterilization acceptors was 30 to 39 years, of the loop users, 25 to 34 years and of the users of conventional methods, 20 to 29 years. Over the period of study, the age distribution of Sterilization acceptors does not show any significant change. However, the Users of the loop and other methods were comparatively younger in later years. In terms of family size there was an improvement in the composition of contraceptive users which is reflected in the fact the average number of children for the sterilization acceptors had decreased from 4.6 to 4.3 in 1975 and for the i|seF8 of other methods from 2.5 to 2.3.

While studying the influence of family variables on the acceptance of family pJannin-g, Pareek and Rao (1974) reported that people from joint families are less inclined towards family planning than those from nuclear families. Our data also show that nearly 33 percent couples from nuclear families and 24 percept couples from joint families were practising family planning. It is important to note that, while in nuclear families, practice of family planning increases significantly over the period, no such trend was observed in case of joint families.

Hence, it can be said that nuclear families, where couples have direct responsibility of upbringing the children are more receptive to the ideas of family pluming as compared to joint families where parents do not have such direct 'responsibility.

Though religion and caste have a significant effect on the life of people, their influence on the acceptance of family planning is contradictory. For example, while Samant and Baveja (1968) report no difference in the acceptance of steri-Jijzution among Hindus. However, our data show a higher acceptance among Hindus (33 percent) as compared to Muslims (22.5 percent) and other religious groups (22.0 percent). There was no change in the acceptance pattern of any religious group during the period of study.

Mother tongue which is indicative of ethnic composition of population, shows & higher acceptance among Marathi (30.6 to 35.4 percent) and Gujarati (29,4 to 34.3 percent) speaking couples. Among Hindi speaking couples acceptance was 18.9 to 23.4 percent and in South Indian people 23.5 to 27.6percent. None of tfce.se, groups except Marathi, show any improvement in the. acceptance. In general, it can be said that distant migrants (Hindi and South Indian) are less

receptive to family planning, as compared to non- or near-migrants (Marathi and Gujarati).

Education plays a vital role in the acceptance of family planning as it influences the attitude and makes people more receptive to new ideas and practices. Many earlier studies have reported that practice of family planning was comparatively high among people with education. Present study also shows similar results. According to the education of husbands, use of contraceptives was more among secondary educated (35.5 to 39.7 percent) and graduates (31.0 to 37.6 percent) as compared to illiterates (25.2 to 38.2 percent) and lower educated husband (26.5 to 29.3 percent). But it is important to note that use of contraception increases more rapidly among illiterates than higher educated groups, though all the groups show increase in the acceptance. As per education of wives, primary (31.8 to 38.5 percent) and secondary (32.6 to 35.4 percent) educated wives show a higher acceptance as compared to illiterate wives (28.9 to 29.8 percent). It is also apparent from the data that only primary educated wives show any significant improvement in the acceptance. It is important to note that illiterates and those with less education show a greater potential for improvement in their acceptance rate. Education does not appear to be strong barrier in the acceptance of family planning, provided proper motivational efforts are made.

Occupation is other important socio-economic status symbol which influences the acceptance of family planning. Studies show that family planning acceptance is generally greater in higher occupational group as compared to the lower ones. In the present study, professionals (49.9 to 57.1 percent) and white collor workers (32.6 to 43 percent) show a higher acceptance of family planning as compared to skilled industrial workers (32.8 to 33.3 percent) and unskilled workers (23.0 to 27.3 percent). Further, only the higher occupational groups show comparatively greater improvement in the acceptance of family planning over the period.

Income also exhibits a positive association with the acceptance of family planning. In Rs. 500+ income group 35.3 to 40.5 percent couples were using contraceptives, in Rs. 300 to Rs. 499 income group their proportion was 33.7 to 36.7 percent and in Rs. 100 to Rs. 299 income group, 25.6 to 27.8 percent. In the income of less than Rs. 100, only 10 percent of the couples were using contraceptives. It is interesting to note that higher income groups show greater improvement in the acceptance as compared to lower income groups.

Summary and Conclusions

There is a large gap between knowledge and practice of family planning. Sterilization was the most preferred method of contraception. Poor use of other methods was mainly due to the lack of knowledge and greater emphasis by the Government on sterilization programme. During the period of study the acceptance of sterilization had increased considerably. Declining trend in the number of living children of the contraceptive users indicates improvement in the quality of acceptors. Acceptance of family planning was more among nuclear families and it had increased during the period of study. Though acceptance of family planning was more in higher educated couples, illiterates and lower educated couples showed a more rapid improvement in their acceptance. Occupation and income show a positive association with the practice of family planning.

The finding that acceptance of family planning is hampered by the poor knowledge of non-terminal methods suggests that more efforts should be made to increase the popularity of conventional methods. Providing easy family planning services is not enough; it needs the backing of a proper motivation programme. Since lower occupational and income groups exhibit very poor practice of family planning, economic benefit of family planning should be highlighted in the campaign.

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