

Knowledge, attitude and practices of family welfare programme—A study among working women in Chidambaram

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ABSTRACT

The fertility of women may be related to a number of biological, social, cultural and economic factors, some being of greater significance than others. In developing countries due to increase in fertility, advances that occur in technology and development are nullified, especially when the additional population can not be absorbed into the labour force. Reducing fertility is therefore of great concern to less developed countries like India. Hence, the family planning programme was launched by India in 1952. An attempt has been made in this paper to understand the knowledge, attitude and practice of family welfare methods among working women in Chidambaram town, Tamil Nadu.

KEY WORDS : Knowledge, Attitude, Family welfare programme

How to cite this Article: Vijayalakshmi, J. (2011). Knowledge, attitude and practices of family welfare programme—A study among working women in Chidambaram, *Adv. Res. J. Soc. Sci.*, 2 (2) : 172-177.

Article chronicle : Received : 30.05.2011; **Sent for revision :** 22.07.2011; **Accepted :** 18.10.2011

INTRODUCTION

In most developing countries there is still widespread poverty and the literacy rates are very low (e.g., India, Pakistan, Bangladesh etc.). The status of women is also quite low, leading to their unquestioning acceptance of excessive child bearing without any alternative avenues for self expression. Lack of education acts as a constraint on rational and secular living, and the influence of religious dogmas persists. The result of all these factors is that the size of the family grows without any inhibiting influences. Taking all these factors into account, the governments of most developing countries, have launched official family planning programmes to educate their people to accept the small family norm. Though these family planning programmes can not be a substitute for economic and social development, they can be quite effective in augmenting the control of fertility.

The place of women in society is determined by their dual roles in the family and in the economy. The balance between the two roles depends on a combination of economic, social, cultural and institutional factors. Any change will invariably have corresponding effects on fertility, mortality and migration (Bhende and Kanitkar, 2006).

In National Population Policy, 2000, the Government of India set as its immediate objective the task of addressing unmet need of contraception to achieve the medium range

objective of bringing the total fertility rate down to replacement level by 2010. One of the socio-demographic goals identified for this purpose is to achieve universal access to information counseling and services for fertility regulation and contraceptives with a wide range of choices. (Ministry of Health and Family Welfare, 2000).

Research evidence is available through several studies to show that Indian couples desire and hope to have, not one, but at least two sons. Such a situation can not be remedied unless the status of women in society is improved. Perhaps the first step in this direction is the education of women. Research has indicated that the only factor which is invariably associated with lower fertility is the educational status of the wife. In India, too, the findings of several studies indicated that the educational status of women is associated negatively with fertility.

Education may also be expected to improve the status of the women in the family. Today in traditional societies, her role in the family is only complimentary, and she has little or no say in making decisions, specially during the early stages of her married life, which are of utmost importance for family building.

In NFHS-3 (2007), all women and men were asked questions about their knowledge of each of 10 methods of contraception. Information was asked on the knowledge of female and male sterilization, the pill, the IUD, injectables, male and female condoms and two traditional

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methods (rhythm and withdrawal). In addition, a provision was made in the questionnaire to record any other method named spontaneously by the respondents.

In NFHS-2, 80 per cent of sterilized women did not use any contraceptive method before their sterilization, indicating that there has been a small increase over time in the tendency to use spacing methods before sterilization. In NFHS-3, 7 per cent of women used condoms before sterilization, 6 per cent used the pill, and 5 per cent used an IUD, nine per cent used the rhythm method and 4 per cent used withdrawal. A small proportion of women used more than one methods prior to sterilization. In all states except Tripura, Manipur, Assam, and West Bengal, the majority of sterilized women did not use any contraceptive method before sterilization.

Although involvement in employment would seem at first sight to be an important factor in bringing about a fertility decline, its effect is not significant except in a very limited sector of society. As an independent variable, employment has little influence, but coupled with related variables such as education and socio-economic status, it becomes more significant.

Many things were expected of women's entry into the labour force. Employment through education will allow a woman to become an independent, respected and self sufficient member of society. The additional income would be spent on food and clothes for her children and the increasing demand for job would lead to late marriage and smaller families.

Work outside the home delays the age at marriage and also increases the probability of non-marriage for some women because of enhanced economic self-sufficiency. Working women by attaining economic independence do not require to depend on their children for old age economic security. Hence female participation in the labour force will be inversely related to fertility and positively to the use of contraception.

The present paper attempts to study the extent of knowledge, attitude and practice of family welfare programme among the working women.

Objectives of the study to assess the knowledge and attitude towards family welfare programme among working women, to examine the changes in practice of family welfare methods by literacy status / level of working women and to examine the changes in practice of family welfare methods by the economic status and demographic status of the women.

METHODS

The data required for this study were collected in Chidambaram town at Cuddalore district, Tamil Nadu.

Using the simple random sampling technique, 500 working women were selected from this town. Well structured schedule was used to collect the data through personal interview method by contacting the respondents at their homes. The collected data were analysed and presented in suitable tables and cross tables to draw the meaningful conclusions.

OBSERVATIONS AND ANALYSIS

The findings of the present study as well as relevant discussion have been summarized under following heads:

Knowledge about family welfare programme:

The term awareness of FWP means knowledge about atleast any one of the programmes if not all the methods. In this study, all the respondents had knowledge about the family welfare methods.

It is evident from the analysis of Table 1 that all the respondents had knowledge about vasectomy and tubectomy (100%), whereas 52 per cent and 36 per cent of the respondents are known about condom and oral pills, Rhythm and IUD, respectively. The others category includes withdrawal method and abstinence methods, for which 48 per cent was observed.

Table 1 : The percentage distribution of respondents by knowledge about family welfare methods

Methods known	Number of respondents		Total
	Yes	No	
Vasectomy and tubectomy	500(100)	-	500(100)
Condom and oral pills	260 (52)	240(48)	500(100)
Rhythm and IUD	180(36)	320(64)	500(100)
Others	240(48)	260(52)	500(100)

Attitude towards FWP:

Respondents attitude towards family welfare method was obtained by asking the question, some married couples planned to have a limited number of children and hence adopt family welfare methods. The respondents are classified by the attitude towards family welfare methods in Table 2.

Table 2 : The percentage distribution of respondents by attitude towards family welfare method

Response	Number of respondents	Per cent
Approved	437	87.4
Disapproved	63	12.6
Total	500	100.0

It has been observed from Table 2 that a higher proportion (87.4 %) of the respondents had approved the

family welfare methods, while 12.6 per cent had disapproved it.

It is evident from the analysis of Table 3 that a higher proportion (100%) of graduates and those studied up to Higher Secondary and Secondary level (100%) of education had approved the family welfare methods followed by those with middle level (83%) of education.

Regarding occupation, it has been observed that higher proportion of professionals and those doing large scale business, teachers and clerks(100%) had approved the welfare methods, whereas lesser proportion was observed for those doing small scale business (66%)and agricultural labourers (40%).It has also been observed that a higher proportion (100%) of the respondents whose annual income ranged between Rs.110,000 to Rs.260,000 approved the welfare method followed by 76 per cent

and 63 per cent of those in low income group of Rs.60,000 to 110,000 and Rs.10,000 to 60,000, respectively, who had approved the family welfare methods.

It is also evident from the above analysis that higher proportion of the respondents in the age group from 20 to 29 (100%) and from 30 to 39 (above 90%) had approved the family welfare methods, followed by those in the age group 40-44 (75%), whereas this proportion was low (36%) for those in 45-49 age group. It was also observed that higher proportion of the respondents with one child and 2 children (100%) followed by 84 per cent of those with 3 children had approved the family welfare methods; whereas it was low for those with 4 children(68%) and 5 children (35%).

Among those disapproved, higher proportion was observed for the illiterates (63%) and for those with primary

Table 3 : The percentage distribution of the respondents' attitude towards family welfare methods by socio-economic and demographic aspects

Educationl level	Approve(437)	Per cent (87.4)	Disapprove (63)	Per cent (12.6)	Total (500)
Illiterates	23	37	39	63	62(100)
Primary	24	57.1	18	42.9	42(100)
Middle	29	82.8	6	17.2	35(100)
Secondary	74	100	-	-	74(100)
Higher secondary	102	100	-	-	102(100)
Graduates	185	100	-	-	185(100)
Occupation	Approved	Per cent	Disapproved	Per cent	Total
Labourers	25	40.3	37	59.7	62(100)
Small scale business	51	66.2	26	33.8	77(100)
Clerks	88	100	-	-	88(100)
Teachers	172	100	-	-	172(100)
Large scale business	39	100	-	-	39(100)
Professionals	62	100	-	-	62(100)
Annual income (in Rs.)	Approved	Per cent	Disapproved	Per cent	Total
10,000-60,000	60	62.5	36	37.5	96(100)
60,000-110,000	87	76.3	27	23.7	114(100)
110,000-160,000	122	100	-	-	122(100)
160,000-210,000	88	100	-	-	88(100)
210,000-260,000	80	100	-	-	80(100)
Current age	Approved	Per cent	Disapproved	Per cent	Total
20 - 24	16	100	-	-	16(100)
25 - 29	70	100	-	-	70(100)
30 - 34	98	96	4	4.0	102(100)
35 - 39	143	93	11	7.0	154(100)
40 - 44	102	75	34	25	136(100)
45 - 49	8	36.4	14	63.6	22 (100)
Children ever born	Approved	Per cent	Disapproved	Per cent	Total
1	120	100	-	-	120(100)
2	167	100	-	-	167(100)
3	86	84.3	16	15.7	102(100)
4	52	67.5	25	32.5	77(100)
5	12.	35.3	22	64.7	34(100)

level of education (43%),and for the labourers (60%), followed by those doing small scale business (34%) and for those in the low income group (37%) and for those in the age group of 45-49 (64%)and for those who had borne 5 children (65%).

This analysis reveals that favourable attitude towards these methods increases with increase in the level of education and thus a positive relationship between these two has been proved. It also reveals that favourable attitude towards these methods increases with increase in occupational status and also with increase in income level. Thus, positive relationship between them has been proved. This analysis reveals that favourable attitude towards these methods decreases with increase in current age and with increase in the number of children ever born. Thus, negative relationship between them has been proved.

Practice of FWP:

In respect of practice of family planning methods, respondents were classified into “ever users” and ‘current users’. The term ‘ever users’ refer to those who used any of the family planning methods in the past. ‘Current users’ refers to those who have been using any of the family planning methods continuously.

It is clear from Table 4 that regarding ever users, it has been observed that higher proportion of the respondents had practiced IUD(55%) followed by oral pills (23%) and condom(16%) whereas lesser proportion of them had practiced other methods (6%) namely abstinence and withdrawal methods. Regarding current users, higher proportion (56 %) of them had adopted Tubectomy method, whereas lesser proportion of them had practiced IUD (20%) and oral pills (11%),followed by condom (9%).

From the analysis of Table 5 it has been observed that higher proportion of the graduates(55%)were current users of the welfare methods, followed by those with Higher Secondary (26%) level of education; whereas lesser proportion was observed for illiterates (5%) and

for those with low level of education (<15%). Among the non-users, higher proportion was observed for illiterates (95%) and for those with primary level (93%) and middle level (86 %) of education.

Regarding occupation, it has been observed that higher proportion of current users were professionals (55%), followed by those doing large scale business(44%) and teachers (41%), whereas lesser proportion was observed for laborers(5%) and for those doing small scale business (8%). Among the non-users, higher proportion was observed for labourers (95%) and for those doing small-scale business (92%), followed by clerks (75%).

It is evident from the analysis of Table 5 that higher proportion of the current users (60%) belonged to the income group which ranged between Rs. 2,10,000 to 2,60,000, followed by those in the income group of Rs. 1,60,000 to 2,10,000 (56%)and 110,000 to 160,000(35%); whereas lesser proportion of current users belonged to the annual income group of Rs.10000 to 110,000 (<10%). Among the non-users, higher proportion was observed for those in the low income group of Rs.10000 to 110,000 (>90%).

It has been observed from the above analysis that higher proportion of the respondents who had borne 2 children (57%) and 3 children (31%) were current users of these methods; whereas lesser proportion of the respondents who had borne 4 children (14%)and 5 children(9%) followed by those who had borne 1 child (10%) were users of these methods. Among the non-users, higher proportion was observed for those respondents who had borne 5 children (91%) and 4 children (86%).

The foregoing analysis reveals the fact that the practice of welfare methods increases with increase in the level of education and with increase in occupational status and also tends to increase with increase in income level of the respondents. Thus, the existence of positive relationship between them has been proved.This analysis also reveals that the practice of contraceptives tends to decrease with increase in number of children ever born to

Table 4 : The percentage distribution of respondents by ever users and current users of family welfare methods

Family welfare methods	Ever users		Current users	
	Number of respondents	Per cent	Number of respondents	Per cent
Condom	10	15.6	14	9.1
IUD	35	54.7	31	20.3
Oral pills	15	23.4	16	10.5
Vasectomy	-	-	6	3.9
Tubectomy	-	-	86	56.2
Others	4	6.3	-	-
Total	64	100	153	100
Mean CEB	2.7		1.9	

Table 5 : The percentage distribution of the respondents by practice of family welfare methods and socio-economic and demographic aspects

Educational level	Current users	Per cent	Non-users	Per cent	Total
Illiterates	3	4.8	59	95.2	62 (100)
Primary	3	7.1	39	92.9	42(100)
Middle	5	14.3	30	85.7	35 (100)
Secondary	14	18.9	60	81.1	74(100)
Higher Secondary	26	25.5	76	74.5	102(100)
Graduate and Post Graduate	102	55.1	83	44.9	185(100)
Occupation					
Labourers	3	4.8	59	95.2	62(100)
Small scale business	6	7.8	71	92.2	77(100)
Clerks	22	25.0	66	75.0.	88(100)
Teachers	71	41.3	101	58.7	172(100)
Large scale business	17	43.6	22	56.4	39(100)
Professionals	34	54.8	28	45.2	62(100)
Annual income					
10,000-60,000	3	3.1	93	96.9	96 (100)
60,000-110,000	10	8.8	104	91.2	114(100)
110,000-160,000	43	35.2	79	64.8	122 (100)
160,000-210,000	49	55.7	39	44.3	88 (100)
210,000-260,000	48	60.0	32	40.0	80 (100)
Children ever born					
1	12	10	108	90	120(100)
2	95	56.9	72	43.1	167(100)
3	32	31.4	70	68.6.	102(100)
4	11	14.3	66	85.7	77(100)
5	3	8.8	31	91.2	34(100)
Total	153	30.6	347	69.4	500(100)

the respondents. Thus, the existence of negative relationship between them has been proved.

Conclusion :

From this study, it has been observed that all the respondents had knowledge about family welfare methods. Regarding attitude, towards this programme, 87 per cent had approved it. This approval rate was higher among the graduates and post graduates followed by those with secondary level of education, and also among professionals and among those who had earned higher income and among those who were in the age group between 20 to 39 years and among those who had borne 1 and 2 children followed by those with 3 children.

Regarding practice of this programme, it has been observed that higher proportion of the respondents had adopted tubectomy (56%)method followed by IUD(20%) oral pills(11%)and condom(9%)methods. Practice of welfare methods (both temporary and permanent) was higher among the graduates(55%) and among the professionals(55%), teachers and those doing large scale business (>40%) and among those who had earned higher

income (>55%) and also among those who had borne 2 children (57%).

The foregoing analysis clearly shows that the practice of contraceptives was very low among the illiterates and among those with low level of education and among the labourers and among those with low level of income which resulted in high fertility. So it is necessary to improve their socio-economic status of women as much as possible in order to increase the practice of contraceptives among them and to achieve success in reducing fertility.

Suggestions:

– In order to increase the practice of family welfare methods among women, it is necessary to enforce compulsory education up to a certain higher level which will increase their economic status by providing job opportunities.

– The improved status of women will help to realize the ideal of marital relationship based on communication and companionship between husband and wife, joint decision making and proper distribution of authority. This type of marital relationship is known to be conducive to

the acceptance of family planning.

– Couples using family planning to limit family size adopt contraception when they have already the number of children they want. This may be done before a couple has had their desired number of children or even if they have no living child.

– A majority of ever users of family planning have been sterilized. Popularising the concept of spacing births for the welfare of children and women and promoting spacing methods can lead to contraceptive use among women at lower parities and a consequent fertility reduction.

– Introducing population education in the school curriculum is also expected to inculcate an appreciation of the magnitude of the population problem among the

young and give them an awareness of the contributing factors. It is expected that when grown up, persons exposed to population education would opt for family planning in order to keep down the size of their families.

LITERATURE CITED

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