

A Study on Socio-Economic Profile of Rural Women and Their Extent of Adoption of Family Planning Methods*

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Abstract: This study was undertaken in Dharwad district of Karnataka to study the socioeconomic profile of rural women and extent of adoption as well as problems encountered by them in adoption of family planning methods. The study revealed that majority of the rural women adopted family planning methods to a greater extent (62.50) and were young aged, illiterate nuclear family and medium land holding. No proper medical check up and untimely visits of medical officials to the villages and irregular supply of contraceptives were the major problems expressed by the respondents.

Introduction

Family planning methods are the effective way of avoiding high risk of pregnancies and ensuring responsible parenthood. It improves health of the women by enabling them to have restricted number of children. Having a large number of children increase the mothers and children's risks of illness or death. Women who become pregnant while at younger age run a much greater risk to complications during pregnancies and child birth than other women. In this context, it becomes essential to study the adoption pattern of family planning methods and problems faced by them. Thus the present study was designed to study the socio economic profile of rural women, extent of adoption of family planning methods and problems encountered by them in adoption of planning methods.

Material and Methods

The study was conducted in the purposively selected Dharwad district of Karnataka state. The sample was selected from a list of ranges and circles coming under the jurisdiction of Dharwad taluk. There are 30 circles under four ranges.

From these 30 circles in Dharwad taluk, 8 circles were selected purposely considering the service rendered in these areas by the Family Planning Association of India. One village from each circle was selected by following systematic random sampling from each of the selected village 20 respondents were randomly selected from the list of eligible couples obtained from the office of the Family Planning Association of India. Thus, the sample size was 160. But the data were collected by interviewing 102 respondents' with the help of structured schedule in an informal atmosphere. Frequency and percentages were used for interpretation of the findings.

Results and Discussion

The persual of table 1 reveals that there are 102 adopters (Permanent and temporary methods) and 58 non-adopters of family planning methods in the total sample size of 160. Majority of the respondents belonged to young age group. Similar findings were reported by Singh *et al.* (1990) The possible reason might be that younger eligible couples might have decided that it was necessary to plan parenthood, spacing and number of children for the betterment of themselves and their family.

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Half of the respondents were illiterate. Low socioeconomic conditions, early marriage of the respondents and illiteracy of the respondents parents and rural social environment in which they lived might not have encouraged their parents to give formal education to them. Hence, majority of the respondents were illiterate. The results were in line with the results of Nirmal *et al.* (1991). Higher percentages of respondents belonged to nuclear families. The reason for these findings may be that now a days it is a tendency in all families to live separately by segregation of joint families. They would prefer to live in small families for the sake of closer contacts, better

harmony and better communication between the spouses about their family matter. All these factors might have motivated the individual to take decision about the welfare of the families by themselves. This findings are inconsonance with the study conducted by Singh *et al.* (1990). Among the respondents, nearly three fourth of them belonged to large family. The reason for this might be that still rural people does not accept the small family norm and they adopted the family planning practice only after having achieved desired family size (ie., 3-4 children) which could be due to lack of education, less exposure to mass-media and their strong belief like children

Table 1. Personal and socio-economic characteristics of the respondents

Characteristics	Number
Age	
Young (up to 30 years)	63 (61.76)
Middle	39 (38.24)
Education	
Illiterate	54 (52.94)
Primary	24 (23.53)
Middle	12 (11.76)
High School	08 (07.84)
College and above	
Type of family	
Nuclear	56 (54.9)
Joint	46 (45.10)
Size of family	
Small family (up to 4 members)	24 (23.53)
Large family (above 4 members)	78 (76.47)
Land holding	
Land less	21 (20.59)
Marginal (up to 3.2 acres)	34 (33.33)
Small farm (3.2 to 7.2 acres)	22 (21.57)
Big farm (above 7.2 acres)	25 (24.51)
Family annual income	
Up to Rs. 11,500	44 (43.14)
Above Rs. 11,500	58 (56.86)
Value orientation	
Low (up to X 12.06)	58 (56.86)
High (Above x 12.06)	44 (43.14)

Note: Figures in parentheses indicate the percentage

Table 2. Type of family planning methods followed by the respondents

Methods	Number	Percentage
Permanent methods		
Tubectomy	48	47.05
Vasectomy	06	05.88
Temporary methods		
IUD	21	20.59
Pills	16	15.69
Nirodh	11	10.73

* Only 54 and 48 responded replied for the item per cent and temporary methods followed by them.

are Gift of God and prevention of pregnancy is a sin and agriculture being the main occupation of all the respondents which needs team work, requires more number of persons for its laborious work. The existence of greater number of members in the family becomes the requirement and hence large families. The result was also inline with the result of the studies conducted by Khan and Singh (1987).

Majority of the respondent's families possessed land. The reasons could be attributed to this is agriculture being the main family occupation, they depend on land for their livelihood. It could also be their inherited property. In other cases respondents families had small land holdings and they may not find sufficient time to devote for agriculture which is a labour intensive activity. More number of respondents had an annual income above Rs.11,500. This finding was inconsonance with the study conducted by Sharma and Singh (1984). The existence of large families with more number of earning members engaged in occupation other than agriculture might also be considered as the reason for high annual income. With respect to value orientation respondents had high value orientation towards family planning methods. The reason for this might be that smaller the family size, lesser their burden of household activities enabling them to participate actively in bread earning activities. They can also plan effectively for their children for a better life.

The persual of table 2 indicated that the adoption of temporary methods of family planning ie., (47.06) percentage of the respondents had adopted temporary methods IUD, Pills and Nirodh. The possible reason is for that they have considered that in order to maintain proper spacing between two children. So to get a successive /desired children at proper interval and also because of its semi permanency and ease of usage. In addition to knowledge about the temporary methods, education level of the family and exposer to various mass media might be the other possible reasons for the adoption of temporary methods of family planning by the rural women.

With respect to adoption of permanent methods of family planning ie., (52.94) tubectomy was adopted by higher percentage of rural women followed by vasectomy. The possible reasons for adoption of tubectomy method may be that they had already achieved desired family size and could not bear the burden of a further increase in the size of their families. Sterilization was considered the best method because of its permanency and easy adoption. In addition to these factors the financial incentives offered by the Government also play a significant role. Among the adopters majority of them were agricultural laborers and they informed the investigator that, practicing of temporary methods of family planning require regular attention and it was impossible for them. Fear about side effects and low awareness about temporary methods

might be the other possible reasons for adoption of permanent methods. Ill health of the respondents and education level (respondents) of husbands might be other possible reasons for adoption of vasectomy by the 5.88 per cent of respondents husband. Similar problems observed and reported in the studies by Bhuyan (1980) and Verma (1987) the respondents were asked to state their problems in adoption of family planning methods.

Majority of respondents (90.19%) expressed that no proper medical check up after the adoption of family planning method was the main problem (Table 3). The medical officials of family planning association may not be fully equipped for giving treatment and allocation of limited hours of time to visit the particular village might have resulted in quantitative achievement rather than on qualitative. Nearly three fourth of the respondents complained that un-timely visits

of medical officials to the village was the problem. The official's reason might be that the family planning workers visit at irregular hours and attend the villages only when they all pressurized to achieve the target. The family planning staff visits the village according to their convenience during their time. This result is due to the harmony between the rural women and the medical staff. The respondents quoted irregular supply of contraceptus like pills and nirodha as the problem. This might be due to their irregular visits improper medical follow-up and insufficient of supply of contraceptive by the medical officials. This is mainly because of medical officials emphasis only on convenient, near and adjoining houses and neglecting the poorer and far reaching hours. Similar problems were observed and reported in the studies by Bhuyan (1980) and Verma (1987)

Table 3. Problems encountered by the respondents while adopting family planning methods

Reasons	Respondents	
	Number	Percentage
No proper medical checkup	92	90.19
Untimely visits of medical officials to the village	74	72.50
Irregular supply of contraceptives	23	22.55
a) Pills	16	15.69
b) Nirodh	07	06.86
More than one response obtained		

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