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CULTURAL PERCEPTION AND MEANING OF FAMILY PLANNING SERVICES AMONG THE URBAN SLUM DWELLERS IN DELHI

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ABSTRACT

Family planning means the restriction for the child's conception and prevention through the application of different methods of contraceptives after certain number of children in the family. The small family size has been suggested or recommended by the government health institutions and the population expert of the society. The public health institution have developed and started implementation for promoting small family size by adopting the population policies, programs and different strategic plan of actions. It has been extended even in the population structures of urban slums in India. The present article is an analysis of the research conducted in the urban slum of Delhi. The objective of the study was to explore the determining factors and socio-cultural beliefs and practices of family planning services provided in the slum areas in Delhi. To accomplish the objective 400 respondents (pregnant and lactating mothers) as a sample size of study have been interviewed by administering a semi-structured interview schedule. The main findings of the study have been analyzed in relation to the cultural perception and meaning of family planning services provided among the urban slum dwellers. As observed, more than 74% respondents stated that the daughters were the property of others. 21.3% respondents stated religion did not permit to use contraceptives for family planning. As per 13% respondents children were god gifted in the family. Further, 82.3% respondents stated vasectomy to be avoided due to the beliefs of 'manhood'. Children were sources of income stated by 75.3% respondents and preference of male child was considered by 87.8%. In fact, it has been viewed that higher the educational level lower the preference on cultural beliefs and practices for family planning.

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INTRODUCTION

India was the first country in the world, which started a family planning programme, specifically to control population growth rate. As an important element of the development planning, the birth control clinics were functioning in the country since 1930. Before independence, a committee known as the Bhole Committee was set up in 1946 to look into matters related to health and family planning programs in the country. As per recommendation of the committee the Government of India launched a nation-wide family planning program in 1952. The aim of the family planning programme in India was to promote responsible parenthood with a two child norm through independent choice of the family planning method best suited to the acceptor (Bijalwan *et al.*, 2013).

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However, during last couple of decades it was observed that the extent of acceptance of contraceptive methods was varied within societies and different cast and religious groups. Even choice of contraceptive was largely affected by customs, morals and habits of social groups (Pawar *et al.*, 2014). After the International Conference on Population in 1994, the Government of India introduced the Reproductive and Child Health (RCH) Programme in 1996. The concept was use of integrated approach aimed at improving the health status of young women and young children. The contraceptive methods available under nationwide family programme were conventional contraceptive devices, oral contraceptive pills and sterilization. Practice of contraceptive methods in all its multidimensional facets had been a subject of focus for health policy makers (Park K., Park', 2003). Though the name of this programme had been changed from time to time such as from 'family planning' to 'family welfare' in 1978 and then 'maternal and child health' to 'reproductive and child health'

in 1995-96. However, the National Population Policy, 2000 affirmed the commitment of the government towards voluntary and informed choice and the consent of citizens while supporting availing reproductive health care services and the continuation of the target free approach in administering family planning services. Thus it was observed that total fertility of the world has declined to 2.6 children in 2005-2010 (World Population Policies 2007). Smaller families were slowly becoming the norm in India too. Fertility in India had declined to 2.7 children, mainly due to increased use of contraception in women. In spite of this, India is yet above the replacement level, with contraceptive prevalence rate for married women being only 56 % and total unmet need being 12.8 %. As per NFHS III data, messages about family planning were not reaching all youth. Many youth did not hear of available modern contraceptive spacing methods in spite most of the youth desiring a small family and having a positive attitude towards contraception (NFHS-3, 2005-06). It did not take much momentum due to socio-cultural, socio-economic, and political reasons. Subsequently, on this account, some of the social determinants were noted on both subjective and objective environments as follows:

In the objective environment or material culture the large family size conventionally used to depend on purchasing powers, considering children as earning hands and looking after agricultural production activities, division of labours for minimizing workloads etc. This material culture of population growth used to continue its own existence from time to time and generation to generation by leaving its positive and negative implication to the society. On the other side, the subjective or non-material culture of the large family size mostly used to depend on perceptions, meanings, beliefs, and customs which are end results of material culture. This circumstance used to inculcate moral obligation for social security and safety including collective rational decisions for expansion of family size on account of resources available, accessible, and affordable. In fact, it used to determine age at marriage, gender bias, conceptions and contraceptives, ANC/PNC/deliveries, child rearing/caring including immunization and nutrition.

In recognition of the needs of the urban poor population the National Rural Health Mission (NRHM, 2005-2012) constituted a Task Force on Urban Health to recommend strategies for improving health of the urban slum. Based on the recommendations of this Task Force, the Government announced the launching of the "National Urban Health Mission" by the end of year 2007. In the present paper an attempt has been made to gain an insight about the cultural perception and meaning of family planning services among slum dwellers residing in the urban slum of Delhi. An emphasis has been given to the opinion about the perceptions and the methods of contraception adopted by the slum residents.

MATERIALS AND METHODS

The main objective of the study was to explore the determining factors and socio-cultural beliefs and practices affecting and influencing the family planning practices in the slum areas in Delhi.

In order to accomplish the objective 400 households were selected using systematic random sampling methods. For selecting these 400 women who were the users of family planning services, a list of all households with pregnant & lactating mother having child between 0-2 years was prepared. The methods adopted for data collections were interview and observation. Main tool for the collection of data was a semi-structured interview schedule. The collected data were analyzed using the SPSS package of computer software and presented in the form of tables. For the data analysis, Chi-square Test was applied. Statistical significance of association had been explained accordingly. The descriptive analysis was done to establish the association between the variables with the help of cross-tabulation. Thus, the study findings in relation to the utilization of family planning services, age and use of family planning methods, preferences of family planning methods, and reasons for the cultural beliefs and norms of family planning have been presented for drawing its relevant conclusion.

RESULTS

Table 1 shows the access to family planning services among the urban slum dwellers in Delhi. On average, 26.3 percent respondents used contraceptives during the reference period. The use of contraceptives and the level of education of the respondent were very significantly correlated. As observed 21.3 percent illiterate respondents used contraceptives whereas the corresponding figure for the higher educated respondents was 42.3%. The level of education of the respondent's husband revealed the significant correlation with the usage of contraceptives of the respondents. For example, 15.8 percent illiterate respondents used contraceptives during the reference period. The corresponding percentage for the secondary level educated husband was 34.8%. It means the usage of contraceptives among the women respondents also depends on the education of their husbands.

The study found a correlation between the use of contraceptive and social status of households. The households with lower social status were less likely to use contraceptives compared to the forward status class. The respondents from the general caste reported 40.9 percent use of contraceptives in the sample slum while the corresponding figures for SC and ST communities were 25.9 and 17.6 percent respectively. The strong relationship has been found in case of household occupational characteristics with the use of contraceptives among the respondents and with their husbands. If the occupational status of the husband was higher, there was a higher probability to utilize the family planning services in the surveyed slums. For example, husbands doing job in Govt. sector reported 61.5 percent use of contraceptives while the corresponding figure for the daily wage worker and petty services were 20.9 percent and 30.2 percent respectively. From table 2 it is clear that in the age group of 18 to 25 year there are 25.9 percent respondents who have used family planning method followed by 29.1 percent respondents of 26 to 35 year age group and only 7.1 percent respondents of age group 36 to 45 year used the family planning methods. It means the middle groups of eligible couple have been using contraceptives more than other age groups (Age group 26 to 35).

Table 1. Utilization of Family Planning service facilities

Aspects	Levels	Use Contraceptives						Chi-square p-value
		Yes		No		Total		
		N	%	N	%	N	%	
Education of Respondent	Illiterate	20	21.3	74	78.7	94	100	0.047
	Primary	37	25.0	111	75.0	148	100	
	Middle	15	29.4	36	70.6	51	100	
	Secondary	11	20.0	44	80.0	55	100	
	Sr.Secondary and above	22	42.3	30	57.7	52	100	
	Total	105	26.3	295	73.7	400	100	
Education of Husband	Illiterate	6	15.8	32	84.2	38	100	0.039
	Primary	18	18.2	81	81.8	99	100	
	Middle	26	33.3	52	66.7	78	100	
	Secondary	32	26.9	87	73.1	119	100	
	Sr. Secondary	23	34.8	43	65.2	66	100	
	Total	105	26.3	295	73.7	400	100	
Caste	General	9	40.9	13	59.1	22	100	0.271
	OBC	28	25.9	80	74.1	108	100	
	SC	65	25.7	188	74.3	253	100	
	ST	3	17.6	14	82.4	17	100	
	Total	105	26.3	295	73.7	400	100	
*Occupation of respondent's Husband	Daily Wager /Labour	45	20.9	170	79.1	215	100	0.004
	Government Service	8	61.5	5	38.5	13	100	
	Private Service	39	30.2	90	69.8	129	100	
	Petty Business/Shop	13	30.2	30	69.8	43	100	
	Total	105	26.3	295	73.7	400	100	

*For Occupation of respondent's husband and Use Contraceptives, Chi square p-value =0.004 which is very significant.

Table 2. Age and Use of Family Planning Methods

Aspects	Age Group (Year)	Yes Contraceptives					
		Yes		No		Total	
		N	%	N	%	N	%
Age of Respondent	18 to 25	67	25.9	192	74.1	259	100
	26 to 35	37	29.1	90	70.9	127	100
	36 to 45	1	7.1	13	92.9	14	100
	Total	105	26.3	295	73.7	400	100

Table 3. Respondent's views over Preferences of Family Planning Methods

Family Planning Methods	N	%
Tubectomy	43	10.8
Copper T	28	7.0
IUD	26	6.5
Condom	156	39.0
Mala-D (Pills)	64	16.0
Using safe period	24	6.0
Nothing	59	14.8
Total	400	100

Table 4. Reason for preferring the existing method of Family Planning*

Opinion on preferring for the existing method of Family Planning	N	%
For avoiding repeated conceptions	290	72.5
For keeping gap between the children	296	74
For the economic reasons	291	72.8
For small Family Size	294	73.5

*Multiple Responses

Table 3 shows the respondent's views over the preference of family planning methods. Different types of family planning methods were used by the respondents such as tubectomy, Copper T, IUD, Condom, and Pills. However, condom user was higher than the other methods followed by the respondents. 39 percent respondents used condom as the family planning method, whereas only 16 percent respondents preferred to use the Pills as the method of family planning.

It has also been noted that 14.8 percent respondents did not use any kind of family planning methods in the slum areas. Table 4 shows that 72.5 percent respondents expressed their views that couples followed the family planning methods for avoiding the repeated conceptions. 74 percent respondents in the sample population expressed their views that people did use family planning method for keeping the gap between the two children. 72.8 percent respondents expressed their views that people were using family planning method for economic reason. As per respondent's views, 73.5 % couples also used the family planning method for reducing the family size. Table 5 shows the impact of the cultural beliefs and faiths on family planning services. 13 percent respondents in the surveyed slums stated that the children in a family were considered God gifted. This notion of cultural beliefs also varied with the economic class of the respondents. 17.5% respondents belonging to the lower economic class expressed that the children considered as god gifted. The corresponding figure for the upper income group (above Rs.15000) was 7.9%. The level of cultural beliefs also varied with the educational status of the respondents. As found, 19.2 percent respondents from the illiterate background stated that children considered as God gifted. The corresponding figure for the higher educational status was 4.3 percent. It means the respondents from lower educational status were more inclined towards the cultural beliefs and faiths for accessing family planning services, whereas respondents from better economic class having higher educational status demonstrated lower proportion.

Table 5: Cultural beliefs and faiths for Family Planning

Aspects	Levels	Children are God gifted			Son child is essential for the family/clan			Daughters are property of others			Religion does not permit for FP		
		Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
		%	%	%	%	%	%	%	%	%	%	%	%
Household Income (Rs.)	Below 5000	17.5	82.5	100	86.8	13.2	100	84.2	15.8	100	39.0	61.0	100
	5000-10000	15.3	84.7	100	86.7	13.3	100	76.7	23.3	100	19.0	81.0	100
	10000-15000	12.1	87.9	100	81.0	19.0	100	73	27	100	18.8	81.2	100
	Above 15000	7.9	92.1	100	64.4	35.6	100	59.3	40.7	100	13.2	86.8	100
	Total	13.0	87.0	100	82.5	17.5	100	74.3	25.8	100	21.3	78.8	100
Education of Respondent	Illiterate	19.2	80.8	100	94.7	5.3	100	90.4	9.6	100	32.7	67.3	100
	Primary	17.6	82.4	100	83.1	16.9	100	73.6	26.4	100	29.4	70.6	100
	Middle	12.7	87.3	100	72.5	27.5	100	64.7	35.3	100	23.6	76.4	100
	Secondary	14.9	85.1	100	81.8	18.2	100	74.5	25.5	100	20.9	79.1	100
	Sr. Secondary & above	4.3	95.7	100	69.2	30.8	100	55.8	44.2	100	9.6	90.4	100
	Total	13.0	87.0	100	82.5	17.5	100	74.3	25.8	100	21.3	78.8	100

Table 6. Reasons for the Cultural beliefs and norms of Family Planning

Aspects	Levels	Contraceptive like vasectomy is avoided due to the belief of manhood			Children are sources of income in the family			Male child is preferred in connection with sustaining the race/clan		
		Yes	No	Total	Yes	No	Total	Yes	No	Total
		%	%	%	%	%	%	%	%	%
Education of Respondent	Illiterate	89.4	10.6	100	83	17	100	93.6	6.4	100
	Primary	84.5	15.5	100	82.4	17.6	100	88.5	11.5	100
	Middle	78.4	21.6	100	66.7	33.3	100	80.4	19.6	100
	Secondary	83.6	16.4	100	69.1	30.9	100	87.3	12.7	100
	Sr. Secondary and above	65.4	34.6	100	55.8	44.2	100	82.7	17.3	100
	Total	82.3	17.8	100	75.3	24.8	100	87.8	12.3	100

The similar relationship was also found in case of son child preferences. Those respondents having higher educational and income status were less likely to follow the traditional cultural beliefs and faiths in case of family planning issues. More than 74 percent respondents stated that the daughters were the property of others. In this regards the level of cultural beliefs also varied with the economic classes of the respondents. The respondents belonging to the poor economic class were more likely to follow the traditional cultural beliefs and customs compared to the richer section. As observed, 84.2 percent respondents from the poor economic class expressed their views that daughters were the property of others, whereas the corresponding figure for the richer economic class was only 59% which was less percent. The level of cultural beliefs also varied with the educational status of the respondents. The illiterate respondents were more on the cultural beliefs like the daughters were the property of others compared to literate respondents.

For example, 90.4 percent respondents from the lower educational status stated that the daughters are property of others while on the other hand, 55.8 percent respondents from the higher educational status said that the daughters were the property of others. It means education has been playing a significant role in changing the traditional belief system, especially for the value of the children in the family. As observed 21.3 percent respondents in surveyed slums stated that the religion didn't permit them for family planning. More than 39 percent women of poor economic class expressed that religion did not permit them for Family Planning whereas the corresponding figure for the upper income groups was only 13.2 percent. Similarly, respondents from the lower educational status were more on the religious mindset in regard to family planning issues.

example, 32.7 percent illiterate respondents expressed that religion did not permit for the family planning issues while the corresponding figure of the higher educational status was 9.6 percent. It means that the higher the level of education, lower the religious mind set for cultural beliefs and faiths on the utilization of family planning survives in Delhi slums. As per table 6 the cause of the beliefs on the cultural aspects was viewed as 82.3 percent respondents stated vasectomy contraceptive was to be avoided due to the belief of manhood. This belief of the contraceptive was higher among the respondents of lower educational groups. The beliefs of manhood also varied with the educational status of the respondents. 89.4 percent respondents from the lower educational status stated that the use of contraceptive was avoided because of the beliefs of manhood. The corresponding figure for the higher educational status was 65.4 percent. Thus, it reveals that the use of contraceptive as a method of family planning was highly influenced by the educational status. There was another notion that children were the sources of income of the family that used to highly influence the level of utilization of family planning services and male child was preferred in connection with sustaining the race/clan.

DISCUSSION

The present study found that 26.3% percent of the respondents used contraceptives during the reference period. Higher prevalence (45.1%) of contraception was found in another study conducted by Khokar *et al.* in Delhi (2005). About 79% of illiterates respondents were non-users of contraceptives followed by secondary and above level of education (57.7%). Similar finding was found in a study of Dasgupta *et al.* (2009) in Kolkata slum. In the present study it was found that the 39 percent respondents used condom as contraceptive. Similar finding was observed in the study of Bhasin *et al.* (2005)

amongst the different methods of contraception used, condom was the most common method (33.4%) in east Delhi. About 88% of respondents reported that the cause of the beliefs on the cultural aspects for not using family planning methods was male child preferred in connection with sustaining the race/clan the same was observed in another study conducted by Kumar *et al.* (2005), they found that for more children and for son preferences were the leading reason for not using any methods of family planning. The present study revealed that 73.5% respondents used family planning method for reducing the family size, similar finding was found in a study of Bhattacharjya Himadri, Taranga Reang, (2014), in urban slum of Tripura. In the present study most of respondents expressed their views that the both the husband and wife were responsible to ensure this family planning services in the slums. Another study conducted by Santanu Ghosh *et al.* (2013) in slum of Kolkata, they noted that in more than half of the families (53.5%) the couple themselves made decisions on family planning issues.

Conclusion

From the above analysis, it has been found that there is a positive correlation between the contraceptive use and level of household's income as the poor income groups have used less contraceptives compared to the higher income groups. Similarly, a significant correlation has been observed between the level of education of the women (respondents) and their husbands. Moreover, the slum dwellers with lower social status are less likely to use contraceptives compared to forward class as it is evident that respondents from the general caste have used more contraceptives as compared to SC and ST groups. The strong relationship has also been noted between household occupational characteristics and the use of contraceptives among the women and of their husbands. The slum women from lower educational status use to carry more beliefs on cultural beliefs and faiths for accessing family planning services, whereas respondents from better economic status having higher educational level have demonstrated lower preference on the cultural traits. The similar relationship has also been found with reference to have more number of children in the family. The women having higher educational and income status are less likely to follow the traditional culture and custom in terms of adapting family planning methods.

Recommendations

- The slum dwellers should be provided actual knowledge and use of different family planning methods.
- The mothers should be motivated and awaked about the importance of small family size.
- Knowledge regarding sex and sex-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 methods.

- Children regarded as additional sources of income at a very early age should be removed in the community through IEC.
- Apart from the economic environment in the family, the socio-cultural and religious factors which determine the demographic behavior of the people like age at marriage, level of literacy, status of women, value, and desire for children etc. need to be modified in the society through educational and enlightenment movement of the people along with the legislative and regulatory measures.

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