

Fertility Behaviour and Family Planning: A Sociological Study of Rural Women in Yadgir District

Dr. Chinna Ashappa

Assistant Professor

Department of Sociology

Government Degree College Gurmitkal, Dist: Yadgir, Karnataka

ABSTRACT: *Study of fertility behaviour helps to know about the factors that influence on child birth and indirectly helps to control population growth. As such, the present study is made on the fertility behaviour and family planning practices of rural women in Yadgir district of Hyderabad-Karnataka region. Totally 300 pregnant women and lactating mothers were interviewed to collect the primary data. It is suggested that there is need for health education including fertility and family planning practices at schools and colleges so as to control population growth.*

I. INTRODUCTION:

Fertility is influenced by a large number of factors such as age at marriage, use of birth control methods and socio-economic factors like income, occupation, education, religion and caste. Fertility differs spatially according to religion, economical, occupational, geographical and social groups. Different regions in a country and different families in a region have differential fertility. No two neighbours have the same fertility level. The level of fertility in a population is directly or indirectly determined by a series of factors that either as a matter of individual desire or indirectly through socio-cultural interfere with or impinge on the biological conditions for birth. There are various factors, such as age at marriage, health, race, religion, caste, climatic conditions, sexual behaviour, migration, marriage, widowhood, status of women, family planning practices, economic status, education, etc, which impact the increase or decrease in fertility.

The professed concern about the population problem was refined over time by invoking the feminist principle that every woman has the right to control her own sexuality and reproduction without discrimination: this would ensure the highest possible level of reproductive health care which was fundamental to the exercise of her reproductive rights. The new paradigm referred to a woman's capability to: (1) understand and enjoy her sexuality by gaining full knowledge of it; (2) regulate her fertility through access to services and information; (3) remain free of reproductive morbidity (and death); and (4) bear and raise healthy children, the paradigm based itself on the belief that such a formulation “moves birth control out from under the umbrella of family planning and planned parenthood, with their patriarchal connotations, into the realm of individual rights to sexual and reproductive health” (Dixon-Muller, 1993).

Reproductive health is posed as an ideal, a dream to move towards: it obviously required different strategies specific to the varying social contexts prevailing in different parts of the globe. But this is possible only through recognizing the interdependence of reproductive health, general health, and socio-economic conditions.

Pregnancy and childbirth are special events in women's lives, and, indeed, in the lives of their families. This can be a time of great hope and joyful anticipation. The primary aim of reproductive health aspects such as antenatal and post-natal care is to achieve, at the end of pregnancy, a healthy mother and a healthy baby. The quality of care is more important than the quantity. Pregnancy and child birth requires specialized care, generally agreed to be a preventive activity. Where visits do occur, they appear to occur infrequently, late in the pregnancy and their content is unclear. Moreover, it appears that antenatal services are likely to be sought by women who experience difficulty or signals of a complicated delivery than other women. Poor availability of health services reflects cultural and socio-economic constraints as well as perceptions regarding accessibility of facilities and quality of care. Nearly 64.00% of women who did not utilize antenatal services consider it unnecessary; reflecting both the traditional notion that child bearing is not an event worthy of medical attention (Jejeebhoy, 1997).

The health conditions of women in India are very poor with severe underweight, high levels of anaemia and iodine deficiency among them, in addition to chronic communicable diseases such as tuberculosis, respiratory diseases, and amebiasis. To an extent, all these conditions can be attributed to the poor nutrition intake by women and the lack of appropriate public health facilities. Due to lack of health facilities, especially in rural areas, there are maternal deaths and infant mortality. Hence, present study is made to assess the fertility behaviour and maternal health of rural women in Yadgir district.

Objectives of the Study:

The study mainly aimed to examine the attitudes towards fertility of the rural women in rural areas of Yadgir district. In addition to main objective the specific objectives are:

1. To study the attitudes of women on child birth.
2. To analyze the impact of different variables such as education, religion, caste, occupation, age at marriage, etc that impact reproductive health of rural women.
3. To look into the family planning practices of the women.
4. To study the faith and beliefs on the child birth in the rural society.

Research Methodology and Limitations:

The study was begun with secondary literature search and the theoretical background is derived from secondary literature such as books, research papers, journal articles, etc. Based on theoretical background, total 300 rural women including 200 pregnant women and 100 lactating mothers were interviewed. The study was conducted in Yadgir district, a new district of Hyderabad-Karnataka backward region. Hence, the study is limited to 300 women living in rural areas of Yadgir district.

Findings from the Study:

Following are findings from the present study:

1. Age of all the respondents shows that, 55.8% of the respondents are between the age of 26 to 40 years, whereas the remaining 44.2% are in the age group of 18 to 25 years. To sum up, all the respondents covered under the present study are between the age of 18 to 40 years.
2. Marital status of the respondents reveal that, 93.2% of the respondents are married and living with their husbands, 2.2% are deserted and separated from their husbands, 1.0% are divorcees and the remaining 3.6% are widows. Even though the age group of respondents is between 18 to 40 years, it is highlighted that a few of the respondents are already widows or separated, divorced and deserted from their husbands.
3. It is highlighted that a few of the respondents have more than one type of health problems and diseases. Particularly, of all the respondents covered under the present study, 12.6% have general health problems, 27.0% have pregnancy related problems, 16.4% have hereditary diseases, 3.6% have other health problems and about 49.2% have no any health problems. Hence, it can be generalized that total 50.8% of the total respondents have one or few of the health problems. It is summarized that many of the respondents are suffering from one or more of the health problems and nearly half of the respondents have no any health problems.
4. Years of married life of all the respondents covered under the study shows that, 15.6% of the respondents have married since the 4 years, years of married life of 28.0% of the respondents is between 04 to 06 years, that of 30.4% of the respondents is between 07 to 10 years, years of married life of 16.6% of the respondents is between 11 to 15 years and the years of married life of 9.4% of the respondents is more than 15 years. It is revealed that majority of the respondents have spent 7 years to more than 15 years of married life.
5. It is noted that 29.2% of all the respondents are not having children and are for the first time pregnant now, 47.4% of the respondents have 1 to 2 children and the remaining 23.4% are having 3 to 4 children. It is highlighted that a few of the respondents don't have children and are pregnant now and considerable majority of the respondents have 1 to 2 children already.
6. It is observed that, 43.2% of the respondents are pregnant for 1-2 times, 46.6% are pregnant for 3-4 times and the remaining 10.2% are pregnant for 5-6 times.
7. It is found that many of the respondents have faced the problems of abortion and miscarriage already during their earlier pregnancies. As such, they have chosen more than one option, such as abortion, miscarriage, still birth or live birth. Particularly, 19.6% have stated that abortion was the outcome of the pregnancy, 11.2% have expressed that there was miscarriage for their earlier pregnancies, 29.2% have stated that they have to still give birth to child shortly and 70.8% have expressed that there are live births from their earlier pregnancies.

8. Regarding their discussion about reproductive health and number of children with their husbands, 51.0% of the respondents have stated that they never discuss about the number of children and reproductive health with their husband, followed by, only 28.6% will sometime discuss on these issues with their husbands and the remaining 20.2% of the respondents always discuss these issues with their husbands. It is surprising to note that majority of the respondents are not discussing on the number of children and reproductive health with their husbands. It shows that the ignorance, hesitation, cultural issues and fear of the respondents with their husbands.
9. Regarding the factors to determine the number of children, of all the respondents covered under the study, 20.6% have stated that the god's will determine the number of children, 6.8% have expressed that the education will determine the number of children, 9.0% have remarked that the religion and caste determine the number of children, 3.4% have stated that the occupation or profession will determine the number of children, 43.2% have expressed that the economic conditions will determine the number of children and 17.0% have stated that all the factors mentioned above will determine the number of children. Considerable few of the respondents have stated that god's will determine the number of children, which shows the religious faith and traditional beliefs, are still prevalent in the society regarding the number of children. Considerable majority of the respondents have agreed that the economic conditions are determining the number of children.
10. On the factors that influence on the number of children among all the respondents covered under the study, 20.6% have expressed that the religious, caste conventions, traditions and culture will influence the number of children, 12.4% have stated that income, property and wealth of the family will influence the number of children, 8.6% have stated that the education and knowledge will influence the number of children, 33.2% have expressed that the mutual consent between the husband and wife influence the number of children, 19.6% have expressed that the elders' or parents' advice influence on the number of children and 5.6% have remarked other aspects that influence the number of children.
11. Of all the respondents, a great majority, that is 82.6% have agreed that the childlessness is curse, whereas 13.6% have not agreed to the same and the remaining 3.8% have not expressed their opinions on the same. Childlessness, even though is the affect of medical, physiological and health reasons, still a great majority of the respondents believe in blind faith that the childlessness is a curse.
12. It is surprising to note that, 57.4% of the respondents have not agreed with two child families, whereas the remaining 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.
13. Of all the respondents covered under the study, only 48.2% are aware about the family planning tools, whereas the remaining 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.
14. Among all the respondents covered under the study, majority, that is 51.8% have never used any method to control their pregnancy, 30.4% have stated that they were used these family planning methods earlier and discontinued now and the remaining 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.
15. It is found that many of the respondents are using or used more than one method or tool to control their pregnancy. Particularly, 12.2% are using Sterilization, 10.6% are using Copper T, 14.4% are using contraceptives or oral pills, 18.6% are using condoms and for the remaining 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.
16. The reasons furnished by the respondents for undergoing sterilization revealed that, 4.2% of the respondents stated that they have both male and female children, 0.8% have expressed that their earlier deliveries are made by Caesarian, 4.4% have remarked that they felt more children are not necessary, 2.8% have given other reasons and for the remaining 87.8% of the respondents, it is not applicable, as they have not undergone sterilization.
17. Of all the respondents covered under the study, 8.0% have undergone sterilization in government hospitals in city or taluka, 4.2% have undergone sterilization in private hospitals and for the remaining 87.8% of the respondents, it is not applicable as they are not undergone sterilization.
18. It is noted that, 65.4% of the total respondents have agreed that they will get sterilized in future, whereas 22.4% of the respondents are not interested to sterilize themselves in future and for the remaining 12.2% of the respondents, it is not applicable as they have undergone sterilization already.
19. On the reasons for undergoing sterilization in future, among all the respondents covered under the study, 27.8% have stated that at least one or more sons are born, 13.4% have expressed that at least one or more daughters are born, 24.2% have remarked that after their children have grown up and for the

remaining 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.

20. On the reasons for not undergoing sterilization in future as expressed by all the respondents, 4.6% have stated that operation is risky and dangerous, 13.4% have expressed that it is against god's will, 4.4% have expressed that more children are useful and for the remaining 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.
21. About option to adopt family planning programmes, among all the respondents, 47.6% have stated that their husbands have suggested them to take up the family planning programmes, 10.4% have stated that they have suggested to take up family planning programmes on their own, 15.4% have remarked that both the husband and wife (respondent) have suggested to take up family planning programmes, 12.6% have expressed that their parents and parents-in-law have suggested them to take up family planning programmes, 5.4% have stated that doctors and medical practitioners have suggested them to take up family planning programmes, 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 4.8% have stated that other persons have suggested them to take up family planning programmes.
22. Opinion about the satisfaction of using family planning methods and tools, 29.6% of the respondents stated that they are fully satisfied, 42.6% are satisfactory, 9.4% are not satisfactory and the remaining 18.4% have not expressed their views on the same.
23. It is highlighted that among all the respondents covered under the study, 46.8% have fully agreed that small family with two children helps their parents to give education, health, food and proper care, 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, 18.2% do not agreed that the small family with two children helps parents to give education, health, food and proper care and the remaining 8.8% of the respondents have not expressed their views on the same.
24. The sources of information about the reproductive health, fertility and family planning, from which the respondents have gained information revealed that of all the respondents covered under the study, 37.2% have gained information from their elders followed by, 32.4% have gained information from mass media, radio, television and press, 18.8% have gained information from medical practitioners, 6.2% have gained information from NGOs and voluntary organizations and 5.4% have gained information from other sources respectively.

Suggestions:

The following suggestions may be given from the present study.

1. It is suggested to execute the legislations already passed on the age of marriage of both males and females strictly to control child marriages;
2. Health education is essentially needed to be given to both girls and boys during their school days;
3. It is essential on the part of government at different levels (panchayats) to educate the rural people on the blind faiths such as children are born upon god's will, etc; and
4. It is suggested to the Government to distribute the necessary medicines and family planning tools such as pills, etc to rural people free of cost and also educate the rural people in use of such family planning tools.

CONCLUSION:

The exhaustive study on fertility behaviour and family planning practices adopted by rural women is essential so as to control growth of population in India. It is noted that though child marriages are banned legally, still they are prevailed in few villages and communities. Hence, there is need to restrict child marriages so as to control fertility and population growth. Further, it is essential to provide health education and population problems at schools and colleges.

REFERENCES:

- [1]. Dasgupta, Monica, et al (2010): How Might India's Public Health Systems Be Strengthened? Lessons from Tamil Nadu. **Economic & Political Weekly**. Vol. 65. No. 10. March 6, 2010. P. 46-61.
- [2]. Dixon-Muller, Ruth (1993): Population Policy and Women's Rights: Transforming Reproductive Choice, Praeger, London, 1993.
- [3]. Jejeebhoy SJ (1997): Maternal Mortality and Morbidity in India: Priorities for Social Sciences Research. **Journal of Family Welfare**. Vol. 42. No. 2. 1997. P. 30-51.