

Comparison of the Level of Awareness of Parents towards Family Planning and Vaccination Practices in Selected Slum Area of District Varanasi and Ghazipur

Abha Mishra and Kalpana Gupta

Department of Home Science, Mahila Maha Vidyalaya, Banaras Hindu University, BHU, Varanasi 221 005, Uttar Pradesh, India

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ABSTRACT The present study was done for the comparison of the level of awareness of family planning and vaccination practices in the rural and urban-slum of Varanasi and Ghazipur (Uttar Pradesh). The sample of the study was divided into two groups, i.e. urban slum and rural parents. The sample size consisted of 300 parents, 150 from each one. The data was collected with the help of Interview schedule. Findings of the study indicate that parents from the urban as well as rural areas were less aware about the family planning measures and vaccination. The impacts of parent education were also assessed. It was found that after education, a parent gets more aware of these practices. Thus, there is an urgent need to launch a huge programme by the government or social organizations for parent education for better development of children.

INTRODUCTION

Family planning means a well-planned family with limited members whose maintenance is possible with available resources and tools and thus builds a healthy and well to do unit. A well-planned family is the base for planned development and richness of the society and of the country. It can also be stated that the family planning is the key point for a planned development. "Family planning was accepted as the best way to control the rapidly and massively growing population. Individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country, can define family planning" an earlier report WHO (1971). An earlier report by WHO (World Health Organization) expert committee (1970), has stated that family planning includes: The proper spacing and limitation of births, advice on sterility, education for parenthood, sex education, screening for pathological conditions related to the reproductive system, genetic counseling premarital consultation and examination, carrying

out pregnancy test, marriage counseling, the preparation of couples for the arrival of their first child, providing services for unmarried mothers, teaching home economics and nutrition, providing adoption services. From the above, it is clear that family planning doesn't mean limiting the family only, but is manifold advantageous. Repeated pregnancies increase the risk of maternal and infant mortality. These risks increase with the increased number of pregnancies and the age of the mother. With the repeated short interval pregnancies, the health of the mother becomes weak and cannot maintain her normal health and activities. Similarly, the congenital anomalies are also associated with advancing maternal age, fetal death and premature births or abortion and could be the result of weak and under-nourished mother, especially in the mother having more children. These risks increase with each pregnancy beyond the third. Therefore, it becomes essential to: Avoid repeated pregnancies, adopt methods for limiting the births, for spacing the births and for timing births. These will help in maintaining the health of mother and in the birth of healthy child. It will support the saying 'healthy mother is in possession of a healthy child'. Family planning programme makes a planned and scientific approach to the issues and problems of family life and attempts to solve them to make the family life happier, harmonious and fruitful.

Family planning has come to occupy the place of prime importance in our country. It enables to

Corresponding author:

Dr. (Mrs.) Kalpana Gupta, Reader
Department of Home Science, Mahila Maha Vidyalaya
Banaras Hindu University, BHU, Varanasi 221005
Uttar Pradesh, India
Telephone: 091-542-2220923
Mobile: 91-9415303361
E-mail: kgupta_bhu@yahoo.co.in

have a child as and when they so desire. This is an acute problem facing the country in the form of rapidly growing population. Family planning provides many methods to control fertility and choice of birth control methods. The impact of such population growth on the national economy may prove to be disastrous. Only 30 percent of the eligible couple follows the family planning methods. Family planning is given priority over other developmental and family health programmes. Family planning has been accorded more weightage in our five – years plans. Citizens of our country should be made aware of the importance of family planning and the impact of population on the welfare of family and the country's development.

Infectious diseases are a major cause of morbidity and mortality in children. One of the most cost effective and easy methods for child survival is immunization. In May 1974, the World Health Organization (WHO) officially launched a global immunization programme known as Expanded Programme of Immunization (EPI) to protect all the children of the world against six vaccine preventable diseases by the year 2000. EPI, launched in India in January 1978 was re-designated as Universal Immunization Programme (UIP) since 1985. In India, people are still not very sincere about the immunization because of (i) lack of knowledge, (ii) disordered home environment, and (iii) not all the parents are aware that children are most susceptible to vaccine-preventable diseases. Therefore, importance of increase of awareness regarding vaccination is an urgent need for proper child development.

Thus, in the present study, we have tried to investigate about the awareness of parents regarding family planning practices and immunization in two selected slum areas and parents of rural area.

METHODOLOGY

The present study is an exploratory attempt to study the comparison of level of awareness of family planning measures in parents from the urban slum and rural parents of Uttar Pradesh. Initially, the two urban slum areas of Varanasi, (i) Banakati, (ii) Ghasiyari Tola nearby Durgakund and (i) Raipur, (ii) Kachua Rural area of district Ghazipur was selected. Because the two districts have much similarity in the social, cultural, and traditional beliefs of the rural inhabitants. The

standard of living, caste composition, occupational structure, climatic conditions and agriculture characteristics are also similar throughout the area. The data were collected periodically between October 2006 to March 2008. The data from the urban slums were collected first and thereafter the rural area was surveyed. After the analysis of responses of respondent, parent education was given to a definite number of parents from both the areas.

Sample: The sample for the study is divided into two groups. Group 1 includes 150 parents from urban area (Durgakund, Bankati of Varanasi) and Group 2 includes 150 parents from rural area (Raipur village of district Ghazipur), in the age group of 25-35 years. Purposive sampling technique was used to select the sample to study the comparison of the level of awareness of family planning measures in parents from the urban slum and rural parents communities.

Procedure of Data Analysis: The data were collected by personal visits. Interview method was used for the data collection. First of all, rapport was established with the subjects and then information was obtained. Both qualitative and quantitative analysis was done. The responses obtained were coded, tabulated and then percentages were drawn and content analysis was done.

Statistical Analysis: Initially for the analysis purpose, all the data obtained was converted into coded form and transferred on to a computer software (Excel). The analysis has been done with SPSS 15.0 v/s. The data had been presented in form of percentage for qualitative variables. The qualitative variables have been presented in form of mean and standard deviation. The χ^2 test has been used to test the significance difference in different variables of the study area. Z test has been used to test the significance in the mean level of the study area. The Z test has also been used to see the significance effect in intervention (Parent education) on all aspect of study variables.

RESULTS

Table 1 shows that in urban slum, 32% parents belongs to age group of 26 to 30 years. While in case of rural area, maximum parents belongs to age group of 21 to 25 years that is about 31.33.

Table 2 presents the literacy status of urban slums and rural parents. The literacy level was very low in case of urban slums, where only 22%

parents were educated. However, in rural area, parents belong to different educational status ranging from primary to intermediate.

Table 3 reveals marital status of parents in both the selected areas. It showed that 94% parents get married at the age of 15 to 17 years. However, in case of rural area, maximum parents get married in age of 15 to 17 years, that is 64%. It was observed that the main reasons were lack of knowledge and women were considered as a burden in the family.

Table 4 represents data pertaining to family planning in both the selected areas depicts that parents are not aware about vaccinations and family planning practices. When we ask parents about the family planning, only 19.33 (urban) and 26.66 % (rural) were aware about family planning, before education. But after parents education, an enhancement towards these practices. But after

parent education an increase in awareness was recorded. This being 80(urban) and 83% parents (rural) respectively. Further, we have also made an attempt to know what practices they exactly preferred. In urban slum areas, 11.3 and 32.0% parents preferred loops and vasectomy. Table 5 showed that in rural area 4.0, 20.0 and 56.0 % parents preferred loops, pills and vasectomy, respectively. After the parent education, we observed improved awareness in parents of both the areas.

Table 6 shows that out of the 150 selected parents, 16.6, 12.6, 12.6 and 8.0 and 10, 14.0, 12.6 and 6.6 parents gave vaccination against BCG, DPT, measles and Hepatitis B before parent's education. In slum areas, 75% (urban) and 91% (rural) said that they should get vaccination against BCG, DPT, Measles and hepatitis B. Table 7 reveals when we have access attentiveness

Table 1: Distribution of respondents according to age

S. No.	Age	Urban (N=150)		Rural (N=150)		Total number (300)	
		No.	%	No.	%	No.	%
1	15 to 20 year	18	12.0	21	14.0	39	13.0
2	21 to 25 year	36	24.0	59	39.33	95	31.6
3	26 to 30 year	48	32.0	42	28.0	90	30.0
4	31 to 35 year	36	24.0	17	11.33	53	17.6
5	36 to 40 year	12	8.0	11	7.33	23	7.6

Table 2: Educational status of mother in the urban (slums) and rural area

S. No.	Educational status	Urban (N=150)		Rural (N=150)		Total number (300)	
		No.	%	No.	%	No.	%
1	Illiterate	128	85.3	65	43.33	193	64.3
2	Primary education	22	14.6	70	46.6	92	30.66
3	Middle school			08	5.3	08	2.66
4	Intermediate			07	4.6	07	2.30

Table 3: Age of marriage

S. No.	Age	Urban (N=150)		Rural (N=150)		Total number (300)	
		No.	%	No.	%	No.	%
1	15 to 17 year	141	94.0	96	64.0	237	79.0
2	18 to 20 year	9	6.0	54	36.0	63	21.0
3	20 to 25 year						
4	More than 25 year						

Table 4: Are you aware about any family planning methods?

S. Knowledge	No.	Before education						After education					
		Urban (N=150)		Rural (N=150)		Total number (300)		Urban (N=100)		Rural (N=100)		Total number (200)	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1	Yes	29	19.33	39	26.0	68	22.66	80	80.0	83	83.0	163	81.5
2	No	121	80.66	111	74.0	232	77.33	20	20.0	17	17.0	37	18.5

Table 5: If yes, then what?

S. Types No.	Before education						After education					
	Urban (N=150)		Rural (N=150)		Total number (300)		Urban (N=100)		Rural (N=100)		Total number (200)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1 Copper T												
2 Loop	17	11.3	9	6.0	23	7.6	22	22.0	19	19.0	41	20.5
3 Piles							29	29.0	31	31.0	60	30.0
4 Vasectomy	12	8.0	30	20.0	42	14.0	44	44.0	33	33.0	77	38.5
5 Others							5	5.0	17	17.0	22	11.0

Table 6: Have your child get vaccinated against the following?

S. Types of No. vaccines	Before education						After education					
	Urban (N=150)		Rural (N=150)		Total number (300)		Urban (N=100)		Rural (N=100)		Total number (200)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1 B.C.G.	25	16.6	15	10.0	40	13.33	8	8.0	2	2.0	10	5.0
2 DPT	19	12.6	21	14.0	40	13.33	7	7.0	4	4.0	11	5.5
3 Measles	19	12.6	19	12.6	38	12.6	5	5.0	1	1.0	6	3.0
4 Hepatitis B	12	8.0	10	6.6	22	7.3	5	5.0	2	2.0	7	3.5
5 Hib												
6 All the above75		50.0	85	56.0	160	53.3	75	75.0	91	91.0	166	83.0

Table 7 Have your child taken polio drop?

S. Polio drop No.	Before education						After education					
	Urban (N=150)		Rural (N=150)		Total number (300)		Urban (N=100)		Rural (N=100)		Total number (200)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1 Yes	97	64.66	103	68.6	200	66.66	91	91.0	100	100.0	191	95.5
2 No	53	35.33	47	31.3	100	33.33	9	9.0				

towards polio drop i.e polio. Before the parent's education towards the severity of polio and importance of polio drop, 64.66 and 68.66% parents of urban and rural area said that they are conscious about the vaccine against polio drop. However, this awareness enhances tremendously, being 91.0 and 100% in slums of urban and rural areas, respectively.

DISCUSSIONS

The results of the study are based on the information collected from the respondents through interviews of every woman, information was based on age at marriage, fertility, and family planning practices. Fertility preferences were investigated by posing hypothetical questions such as "How many of these children [the ideal number] would you like to be boys and how many would you like to be girls?" The answers to such questions were translated into indicator variables.

An indicator variable for boys used in the analysis assumed the value one if a boy was born at parity where the preceding number of male births exceeds the ideal number of boys; the corresponding indicator variable for girls was analogously defined. The women were asked "Do you agree or disagree that an Indian family should have no more than two children?" Use of family planning was investigated by recording the point in time when contraceptive was first used.

Population of India has been growing at a very rapid rate. Rapidly growing population is one of the major problems faced by most of the countries today. Family planning and immunization are the key point for a planned development. Family planning was accepted as the best way to control the rapidly and massively growing population. But there are many constraints for non-acceptance of the family planning programs and policies. Due to these constraints, majority of the population, especially women folk are unaware

about the benefits of family planning. In order to study the comparison of the level of awareness of family planning measures and vaccination in parents from the urban (Varanasi) and rural slum (Ghazipur) Communities, Interview schedule was prepared. The interview schedule was discussed. Tables 1 and 2 clearly depicts that people of both the slum areas are very less concern about family planning use. The probable reason for such type of unawareness seem (i) their low educational status (ii) living status (iii) surroundings and (iv) low income status. Our study is supported by reports of Bharagava (2003) and Agrawal et al. (2005).

The association between literacy level and attitude and adoption of family planning was found to be significant, as a number of studies show (Hate 1970; Balakrishna 1971; Mandelbaum 1974; Singh 1976; Bicego and Boerma 1993; Murthi et al. 1995). In general, there is a tendency for fertility rates to go down as the number of years in school goes up, the expectation being women with little schooling have more children than the illiterate women. It was found from the present study that all the parents belonging to the urban as well as rural area are aware about the family planning measures and the main reason behind that awareness regarding family planning measures were media, Primary Health Centres, family planning but all these information regarding family planning measures was obtained after marriage. It suggest that effects of maternal education on infant mortality it is likely that educated mothers take better care of themselves and the infant.

Lakshmana (1988) studied that mass media and Government agencies like clinics and family planning workers, as sources of information were significantly associated with the number of conceptions. It was found from the present study that in the urban areas, wife used family planning measures like pills whereas in the urban slum areas husband used all these measures like condoms. It was observed that in the urban slum area, failure rate was high due to non-cooperation of the husband who not frequently used the family planning measures. The main reason being the non-cooperation between the husband and wife were lack of understanding and money. Healthy attitude regarding the use of family planning measures was strongly observed in the parents who belonged to the urban areas as compared to the rural parents where the use of family planning measures was considered not only best for

spacing the children but also had helped in maintaining a healthy and tension free life. Despite of positive attitude regarding these measures some parents also told about their side effects like backache, headache etc.

Since for the healthy development of a child it is utmost important that you child should have capacity to withstand against variety of disease. For that we have compared the knowledge of parents towards importance of vaccine for protection against diseases. It was found that both the parents of rural and urban slums are very less aware about vaccination practices (Table 1 and 2).

Infectious diseases are major cause of morbidity and mortality in children. One of the most cost effective and easy methods for child survival is immunization. In May 1974, the World Health Organization (WHO) officially launched a global immunization programme known as Expanded Programme of Immunization (EPI) to protect all the children of the world against six vaccine preventable diseases by the year 2000. So, we have also asked parents towards vaccination against variety of diseases including polio. It were noticed that both the area parents are not so sincere about vaccine against all the important diseases. However, after giving education towards these practices, we observed significant awareness in both the areas towards immunization (Tables 3, 4), more rural area as compared to urban slums. Such type of observation has been made earlier also (Nair and Varughese 1993; Yadava et al. 2006). Similarly, case studies in India demonstrate that a large number of literate women in a village may influence other women's capacity to seek and take advantage of state provided healthcare by negotiating for better access to health information, services, skills, and technologies as well as continual support of responsive local-level medical personnel (Das and Dasgupta 2000). Female doctors, teachers, and political leaders in influential positions may manipulate extant social institutions, help foster growth in public services, and mobilize community resources to serve their own, and ultimately, other women's needs (Caldwell 1986). Higher levels of women's education may also increase their visibility and participation, initiate changes in local attitudes regarding women's status, and contribute towards the community's overall development. Thus, in a positive "dispersion" effect, children of uneducated mothers residing in the same area

as educated mothers may have better preventive health outcomes (Desai and Alva 1998)

CONCLUSION

Thus, we can say that effective education to parents can alter the awareness towards family planning practices and immunization. So, we can say that this could be the best way for betterment of growth of child and its proper development.

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