

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

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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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