Rural Preference For Small Family

Small family norm is becoming more and more popular in the rural community says Yash P. Oberoi, Health Education Officer, Rural Health Education Centre, Najafgarh, who reports here on the findings of a study on Family Size Preferences in a Small Rural Community, conducted by the Centre.

THE existence of family size preferences is evident not only from biblical and anthropological literature but also from everyday experiences. In some societies the preferences are heavily conditioned by culture. As an eminent sociologist has stated : "In all variations of the life conditions, in all forms of industrializations, and at all stages of the arts, conjectures arise in which the value of the children fluctuates and also the relative value of boys and girls turns in favour now of one, now of the other. Two typical illustrations, one for and one against a large number of children in a family, read as follows."

"As arrows in the hands of a mighty man, so are the children of youth. Happy is the man who hath his quiver full of them."

"One son and one daughter, one flower stalk. Many sons and many daughters, many family wrongs."

The salient features of all research on family size preferences or values concerning the number of children desired, is to the "Considerable Homogeneity" of distribution of responses. The model response appears to be "Three children" regardless of the presumed or observed intercultural or inter-societal differences in family formation values or practices and regardless of differences in "costs" or "utility" of child bearing typically ascribed to the different population sectors, ethnic or religious groups, or social classes in a society.

Objectives of the Study

Implicit in the study of Family Size Preferences is the assumption that all women. with ability to conceive, at some times do consider the question of what constitutes an ideal family size. The present study has been conducted to know the community's preferences for a family size and factors responsible for it.

Methodology

Collection of a base line information of the socio-economic religious-cultural profiles of the people was made, based upon interview questions schedule which embodied six questions, identification data.

The questionnaire schedule was finalized and administered to 100 respondents. Drafts were moderately revised after pre-testing the schedule in the out-patient department of Primary Health Centre, Najafgarh. The interviews were conducted in the homes.

The selection of the respondents was made on an incidental basis and the respondents included in the scope of the study were residents of the villages within a radius of 4-5 kms from the Health Centres. The villages were selected at random considering logistics of transport facilities.

The Data

The field data was collected by administering the questionnaire schedule to 100 individuals. The basis of investigation was six questions and identification data. As mentioned earlier, the results are recorded as under :

Identification Data

Table—**The present age of the respondent**

Age (Years)	Number
20-24	29
25-30	25
31-34	13
35-40	15
41-44	7
45-50	6
51-onward	5

Table—**No. of children born to the respondent**

No. of children born	Number
0	4
1	12
2	17
3	21
4	18
5	13
6	5
7	6
8	4

Table—**Educational status**

Education	Number
Nil	71
Primary	12
Middle	14
Matric & Eleventh	3

Questionnaire & Responses

Q. 1. How many children women generally like to have ?

No. of children	*Number of respondents*
1	2
2	6
3	38
4	9
5	14
6	3
7	4
8	2
No information	22

38 out of 78 respondents are of the opinion that 3 children are considered as ideal number of children for a family.

As is evident small family norm is becoming more and more popular in the rural community.

Q. 2. Why do people prefer a large family ? Please state reasons.

Gods' will	*2-3 children die*
29	16
Need for a son/daughter	*Consider a strong family*
11	16

Choice for particular sex child is an important factor responsible for the increase in a family size followed by gods and mother–in–laws' will, as is evident from the data shown above. It is simultaneously observed that the rural communities do not appreciate an idea now that large family is a strong family. 6 respondents are in favour of a large family due to the reason that 2–3 children usually die.

Q. 3. Why do you like a small family ? Please state reasons.

Better care	*Better health status*	*No reason*
58	37	5

58 respondents are in favour of a small family because better care is provided to the children. 37 respondents are health conscious and are of the opinion that smaller the family the better the health status of the members.

Q. 4. Whether you believe in God ?

If yes, do you visit temples : Yes/No. If yes, daily/ on certain occasions

Believe in God	*Does not believe in God*
99	1

Almost all believe in the existence of God and have a faith in him. Out of 99, 75 people visit temples practically daily. Temples are the places which can render immense help in combating population for a favourable trend toward family planning programme.

Q. 5. What is your attitude towards a disease ?

Rational	*Demonistic*	*Fatalistic*
32	47	21

32 informants only possess a rational attitude towards a disease. 68 respondents believe that a disease is due to fatalistic and demonistic reasons. It appears that health education is inevitable for affecting changes in the existing attitudes and beliefs of the community regarding the occurence and the transmission of the disease.

Q. 6. When there is a serious patient in the family, you consult :

i) Doctor
ii) Priest
iii) Ojha
iv) Any others, please specify.

Doctor	*Priest*	*Ojha*	*God's will*
72	9	7	12

As is evident, an overwhelming majority is in favour of consulting a medical practitioner in case of illness. 28 respondents informed that they either visit a practitioner or ojha or leave it to God merely. It is worth mentioning that the rural community seeks involvement of other agencies too to alleviate sickness.

Discussions

Small family norm is gradually gaining popularity among the rural community. People have started realising that 2–3 children are sufficient now–a–days in a family. The traditional belief that a large family is a strong family does not hold good at present. Perhaps this is due to widespread of family planning education among the rural folk.

Belief in God and the influence of mothers–in–law and the other elderly members of the population in the family are still dominating the rural families in this respect. In addition the reilgious places do play an immense role. The involvement of religious leaders, who are the change agents, is inevitable for the success of the programme. Although the community have shown their inclination to 2–3 children, yet steps are needed to motivate them from the point of view of practice.

The involvement of medical practitioners and other community leaders who have a potential influence on the people is essential.

The wholehearted support and the concerted efforts of entire contingent of community workers will render an additional help to modify behaviour of the people to be favourable to the programme.

Health Education is a dire need of the programme to create an atmosphere of confidence among the Community Health and Family Planning Programme.