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FAMILY PLANNING IN A SQUATTER SETTLEMENT IN KERALA

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The birth rate in Kerala has shown a slow but steady decline particularly in the last ten to twelve years. It has come down from 37.4 in 1966 to 27.8 in 1975 (See Table 1). Though it can be attributed to no one single factor, nevertheless the role that family planning efforts in the State might have played in bringing about this decline should have been considerable.[1/]

The Family Planning Programme in Kerala began on a modest scale in 1955 but gathered momentum in the mid-sixties. It can be seen from Table 2 that while the main thrust of the programme has been on surgical sterilisation on either men or women, the male sterilisation have fluctuated widely from year to year whereas female sterilisations have been steadily increasing. Naturally, the ratio of female to male sterilizations has also been fluctuating very widely, though for the period, 1970-71 to 1975-76, taken as a whole the female sterilizations in the State were 17% less than male sterilizations.

Purpose and Scheme of the Paper

The purpose of this paper is to study the kind of impact the family planning programme has had on a small squatter settlement, located on the outer fringes of the State's capital city, Trivandrum. More particularly, the idea is to explore what type of sterilization was much more acceptable among very low income households and why.

This paper is divided into VIII parts. Part I describes the squatter settlement and highlights its salient aspects relevant to this paper. Part II describes the situation obtaining in the settlement with respect to various family planning methods. In Part III, we describe the position regarding sterilizations, male and female, that have taken place over the past. It is a sort of stock-taking that we have undertaken with respect to sterilizations in the settlement. Having noted that between male and female sterilizations the latter far exceeded the former, we naturally look around for choice between the two modes of surgery. In Part IV, we examine the relevance of the shift of deliveries from the house to the hospital in this context. Also, since in all cases of female sterilization in the settlement surgery was undergone after either delivery or induced abortion in hospital, the role of the hospital in motivating the choice in favour of female sterilization could be quite important. In Part V we pursue the question of preference for female sterilization further to examine if survival of children, work status and educational attainments have anything to do with it. In Part VI, we take up the matter of preferred family size among those undergoing sterilization to be followed in Part VIII by an examination of the sex preference of parents with respect to children. The concluding section sums up our main observations.

Table 1

Birth Rate in Kerala State

Year	Birth Rate
1966	37.4
1967	36.3
1968	34.3
1969	33.3
1970	32.3
1971	31.9
1972	29.9
1973	27.0
1975	27.8

Source: See Statistics for Planning, Bureau of Economics and Statistics, 1977.

I

Description of the Squatter Settlement[2/]

The squatter settlement, we have studied, consists of forty four households. They are all in a sort of cluster of kutcha houses perched on the slope of a hill, about one kilometre away from the city limit. A bus service to the city passes by the settlement at almost hourly intervals. The nearby Medical College Hospital is on the bus route. Most

of the working men and women, living in these households eke out their livelihood from intermittent wage employment on jobs, mostly unskilled. More than 36% of the households belong to scheduled castes, whereas the proportion of scheduled castes in the State as a whole is only 8.3%. Of the remaining households, the overwhelming majority comes from backward classes. Occupationally, households relying on agricultural labour and construction work, the two categories in which there is found to be considerable overlap is as high as 60% as against 32% for the State as a whole. The general literacy level, however, in the settlement is not significantly lower than in the State as a whole. All this can be seen from Table 3.

Table 2

Progress of Family Planning Programme in Kerala

Year	Male Sterilizations	Female Sterilizations	Induced abortions	I.U.C.D.
1957-58	521	158 (30)		23062
1965-66	3079	1953 (63)		
1966-67	36102	6532 (18)		23062
1970-71	46621	21396 (44)		30584
1971-72	123747	27364 (22)		18767
1972-73	59467	30924 (52)		21444
1973-74	9028	36001 (399)	3766	21222
1974-75	18466	43685 (237)	9564	22221
1975-76	94270	62352 (66)	19969	28238
1970/71 - 1975-76	265795	221722 (83)		

Source: Statistics for Planning, Bureau of Economics and Statistics, Kerala, 1977.

Apart from the advantage of being close to a major city, and even closer to a major hospital, the squatter settlement possesses virtually no amenities. All the households are served by only one public water tap which too is not particularly conveniently located. This is the only source of the settlement's safe drinking water. There are virtually no private or public toilet facilities. Everyone goes down the hill to defecate. No hut has an electric connection. Nor are there any street lights.

At the nearby road junction, a public loudspeaker installed by the Panchayat usually relays radio programmes. Also five of the households in the settlement possess portable transistor radios. The corner tea shop buys the local newspaper and practically everyone who goes there for tea, breakfast or lunch gets a chance to read it or hear it read. Some leftists political workers visit the settlement from time to time and distribute pamphlets. Also, there is a lady village level worker (gramasevika) who runs the nearby mid-day feeding centre for children upto 5 and whom everyone in the settlement, the women in particular, seem to know.

Residing in these 44 households, we have 62 married women in the age range of 20-75 years. Though most families tend to be similar in character, there are eighteen households with two generations living under the same roof. Of these eighteen households, ten have a separate kitchen. Thus if we are to define a household as one sharing the same kitchen, the squatter settlement can be said to have 54 households.

Of the 62 married women, only 43 are now living with husbands as eleven are widows and eight are separated. While six out of every ten married women are illiterate, only one out of every three married men are illiterate. Work participation rates among married women in this community can be said to be very high. When we analyse the figures further, we find that only women married to skilled workers, that too mostly carpenters, whose wages are generally higher and who also get work more regularly, are not working. Most of the other women have got to work. Women workers are engaged largely in construction, agricultural or other unskilled occupations but there are a few who are self-employed.

While more than 60 per cent of the married women are illiterate, 18 per cent have done below primary level of schooling, 18 per cent below secondary level and only 4 per cent have completed secondary level.

II

All the married men and women, in the squatter settlement, literate or illiterate, young or old, working or not, have heard and know, about the methods of limiting the number of children. Married women who have had children already had heard about it all in detail at the hospitals when they went there for their confinements. Since, as we shall note, the majority of the deliveries from the settlement now take place in the hospitals, this itself has been an effective and important source of information, on the subject. They had also heard about it through the local gram sevikas, particularly when family planning campus were organised. In the city

of Trivandrum a mass vasectomy camp was organised in January 1972. The gram sevikas then worked as motivators and had visited all the houses. Though the camp was held for vasectomy on men, women too became generally aware of the programme in general and of the aim of the camp in particular. The most pervasive medium of information was however the word of mouth. Neighbours, friends and relatives spread the word about those who undergo operation. Every adult in the settlement seems to know of not only who has undergone any surgery, be it vasectomy or tubectomy, but also of the post-operation care taken in each case. A general sense of confidence seems to prev in the success of the operation and this naturally must have come about by acceptors sharing their experience with others. The result is that when the occasion arises for others to take the decision to undergo surgery, the reservations are not strong.3/

The awareness of the alternative, but temporary, methods of family planning was rather patchy. Though many married women have heard of the loop none has used it so far. Only a few of them knew that men could use condoms. Even fewer had seen a condom. What is much more interesting is that while men and women in the settlement were ready to talk openly about operations, male as well as female, even men were reluctant to talk about the use of condoms. Women, who knew about it, would rather not talk about it. A sort of stigma seems to be associated with the condoms.

The answers were just not forthcoming. Little information could be collected on the extent of use of condom in the squatter settlement. The gramsevika was not sure that any men in the settlement used condom.

Why has none of the married women gone in for the loop? As stated above, some have heard about. One of these women who had already undergone sterilization explained it thus: "When we don't want children, it is better to undergo the operation. Let there be a permanent end to this business of having children." Many women had heard that the loop was not very convenient. It meant frequent trips to the doctors. In any case, even for the State as a whole the ratio of couples protected by IUCD (loop) and couples protected by surgery has, in recent years, been 1:10. More than anything, what stood out in those conversations was that hardly any fear lurked in the people's minds about surgery, nor did they attach any stigma to it. So it was not at all surprising that in the squatter settlement, surgery has been the method of family planning.

III

Sterilizations in the Settlement

There have been, in all, 28 sterilizations in the squatter settlement. Of these nine were vasectomies and eighteen tubectomies. In five cases both husband and wife have undergone sterilization. It must be added immediately that there is nothing unusual about the number of female operations in the squatter settlement exceeding the male operations. In Kerala State as a whole, female sterilisations exceeded male sterilisations significantly in the years 1973-74, and 1974-75 (See Table 2 above). In Trivandrum district, female sterilisations have exceeded male sterilisations since 1972-73 and the ratio of male to female sterilisations was 1 to 5 in 1974-75 and 2:5 in 1975-76.

Table 3

A Comparative Picture of Kerala and the Squatter Settlement

	Kerala State (1971)			Squatter Settlement (1978)		
	T	M	F	T	M	F
I Literates	60.42	60.62	54.31	54.1	63.4	53.2
II Workers	29.12	45	13.49	46.2	55.9	39.1
III Scheduled Castes	8.3%				36.4%	
IV Age Composition	0-15	:	40.26%	0-14	:	38.43%
	15-59	:	53.51%	15-59	:	58.68%
	60 +	:	6.22%	60+	:	2.8%
Age not stated:			0.01%			
V Occupational						
1. Cultivators		17.3			Nil	
2. Agricultural Labourers*		30.69			21.05	
3. Livestock, fishing plantations etc.		7.0			0.38	
4. Mining and quarrying		0.48%			-	
5. Manufacturing, processing, repairs						
(a) Household Industry		4.28			12.28	
(b) Other than household industry		11.45			14.04	
6. Construction		1.73			38.6*	
7. Trade and Commerce		9.10			8.77	
8. Transport/storage and communications		3.89				
9. Other services		13.58			4.39	

*There is considerable overlap between agricultural labourers and construction workers in that several reasons working for construction industry shift to agricultural when work is at peak in the latter.

It can be seen from Table 4 that of the 38 married women in the reproductive age group alone, i.e., those aged less than 45, 20 (i.e., 53 per cent) are covered by either male or female sterilisation. These include five cases protected by both male and female sterilization. It can be seen also from Table 4 that of the same 38 married women 21 (over 55%) are aged less than 30. Of the ten women in this age group who are not covered by sterilization, male or female, 4 women are newly married and have no children and 6 women have only one child each. Of the 17 married and 6 women have only one child each. Of the 17 married women in the age group of 31 to 45, while 9 are covered by sterilization, the remaining 8, who are not thus covered, exclude 3 who have only one child each.

Strictly speaking, we should exclude women who have had either no births to them or who have had only one child each from our base for measuring the extent of sterilization in the settlement. Then the number of married women in the squatter settlement, married but not covered by sterilization would be only 5 out of 25 or only 20%. Further, while in the age group of 31 to 45, the coverage is only 60%.

Table 4

Distribution of all Married Women covered by Type of Sterilization and not covered by Age Groups

Age group of married women	Type of sterilisation					
	Covered by female sterilization only	Covered by male sterilization only	Covered by both male and female sterilizations	Total married women covered by sterilization	Not covered by any sterilization	Total
20-30	8	2	1	11	10	21
31-45	4	3	2	9	8	17
Above 45	2	-	1	3	21	24
Total	14	5	4	23	39	62

IV

Deliveries in the Hospital

We have noted above the preference for surgery over other methods of family planning among the households of our squatter settlement. Also, the figures bring out clearly the preference for surgery on women (i.e., female sterilization) over surgery on men (i.e., male sterilisation). What could be the possible factors contributing to this preference for female over male surgery? An answer to this question on our study of the squatter settlement has its limitations. All the same, since the phenomenon of female sterilisation exceeding male sterilization prevails in the district as a whole, the results of our study may help us gain some insights to enable us to understand a phenomenon which is much more widely prevalent.

The most important factor contributing to this preference for female surgery has been possibly the great shift of the deliveries in the squatter settlement from one's residence to hospital. It can be seen from Table 5 that of the total number of 225 deliveries of the 62 married women in the squatter settlement 51% took place in hospital.

Table 5

Distribution of Deliveries by Place of Delivery and by the Percentage of Mothers

Place of delivery	Age of mothers			Total deliveries
	20-30	31-45	46 +	
Hospital	31 (84%)	46 (71%)	37 (30%)	114 (51%)
Home	6 (16%)	19 (29%)	86 (70%)	111 (49%)
Total	37	65	123	225

The same table gives the distribution of hospital and home deliveries by age-group of mothers. While for the women in the age-group of 46 and above, 30% of the deliveries took place in hospital, the corresponding figure was 71% for the women between 30 and 45 and 84% for those in the age group of less than 30. It is evident that the younger women in the settlement have tended to go much more frequently to the hospital for their deliveries than did the older women. Actually, the proportion of hospital deliveries would be higher but for the tendency to wait till the very last minute for the labour pains to start before leaving for the hospital. This is due very largely to the experience of many that the hospital otherwise sends them back home and that involves additional expense on taxi fare. Sometimes, women have delivered at home while arrangements were being made to shift them to the hospital.

The preference to go to the hospital for delivery is indeed 100% among all married women in the reproductive age group. They generally feel that not only are hospital deliveries safer but also they are more convenient. Deliveries in the huts are risky and work out to be both more inconvenient and expensive. It is relevant to recall in this context that one of the major problems of the settlement is inadequacy of safe drinking water. Then there is the problem of adequate space which practically every household faces. Also younger women make no secret of greater faith in doctors at hospital than local midwives and old women. The principal expense involved in going to the hospital is gransportation. It costs twelve rupees by taxi, to go the hospital and come back. But those who go to the

hospital than for deliveries tend to have much less after delivery complications and can also get back to work much sooner. Also, even, the mid-wife charges between Rs.5 to 10 per delivery depending on the time taken and the complications in each case. In addition, expense has to be incurred on herbs and special food for home delivery. All of this adds up to more than the expense of going to the hospital in a taxi and buying a few medicines prescribed in hospital. It is not unoften that they economise on these medicines.

In all the cases of female sterilization in the squatter settlem[ent] the suggestion to undergo surgery seems to have come invariably from th[e] doctor, or his subordinates attending on the women concerned while she is in the hospital for delivery or induced abortion. It can be seen from Table 6 that of the 18 female sterilizations, 13 (i.e. 72%) were undergone after delivery and 5 (the remaining 18%) after induced abortion. Nine out of th[e] 13 post delivery female sterilizat[ions] were undergone after 3 or less births. The general tendency clearly is to think in terms of restricting births after 3rd live delivery. If a woman fails to undergo surgery after her third live delivery (or birth) she tends to opt for it after undergoing induced abortio[n]

Table 6

Acceptance of Female Sterilizations by number of Births to each women and Stage of Acceptance, i.e. whether after delivery or abortion

Number of births already undergone	Stage of Acceptance		Total
	After delivery	After abortion	
1			
2	2	1	3
3	7	2	9
4	1	2	3
5+	3		3
Total	13	5	18

The fact itself that a women undergoes induced abortion creates a presumption that she does not want more children. When she undergoes sterilization along with it, the presumption gets fully established. In the settlement, cases of post-abortion sterilizations were also the only cases of induced abortion in hospitals.

Thus the significant role of the doctor and his/her assistants in motivating women for sterilization cannot be overlooked. The women is in the right frame of mind and a suggestion to undergo sterilization, if properly made, is more likely to be accepted than rejected, That seems to be the experience of the doctors in the nearby hospitals. According to the married women in the settlement who have undergone surgery after delivery or abortion there was no question of asking their husbands to undergo surgery instead. Women go to the hospital anyway

either for confinement or for abortion. In either case, if they undergo sterilization at the same time, no additional hospitalisation is called for. Nor is it necessary to take additional rest or to incur any additional expense on medicines or special deit.[4] On the other hand, men have to go to hospital for the specific purpose of sterilisation and take at least a month's rest from sex as well as work thereafter, though the prescribed rest period for men is only ten days. Usually, men ask for special high protein diet for some weeks after the operation. On top of this, men are widely known to complain that they cannot work as well as they did before the operation.[5] Women in the squatter settlement, particularly those who are working, would therefore, prefer to undergo the surgery themselves when the time to stop births has arrived.

Moreover, there appears to be greater confidence in the effectiveness of female sterilisation rather than male sterilisation. Female sterilisation has not failed so far whereas there has been at least one instance in the squatter settlement where a women conceived after the vasectomy operation on her husband, causing great embarassment and misunderstanding all over. There was another case where the wife conceived from the brother of her sterilized husband and underwent surgery after delivery.

Could it also be a factor contributing to the popularity of female sterilisation that once women have got the number of children that they regard as adequate, they want to ensure themselves against further conception regardless of whether it is from the present husband or the next. In this context, it is relevant to recall that

while out of the 11 widoes only one is now within the reproductive age group (she is only 32 years old but has already three children, one boy and two girls), out of the 3 separated women 6 are still within the reproductive age group and 5 are less than 40 in age. Out of these five, only one has undergone sterilization (Incidentally, she underwent it when she conceived after separation and went to hospital for abortion. The neighbours do talk about the risk of pregnancy under which these four relatively young unprotected women live. But whether such talks reflects the neighbours genuine concern or their view of the women's current sex life or their own preference for undergoing female sterilization on time, i.e. before sterilisation occurs, is a matter of speculation.

A reference was made in the preceding section to the women's possibly going in for female sterilization after they had the required number of children. To say so rests very crucially on the parent's particularly the mother's confidence in the survival of children.[6] In this connection, it is relevant to note that infant mortality in Kerala State as a whole, seems to have declined drastically over the past 15-20 years.[7] In the squatter settlement itself we attempted to take stock of the prevailing situation in this regard, though in an indirect way.

In Table 7, is given the distribution of the married women by age groups and the number of children they lost.

Table 7

Distribution of Married Women by Age Group and Number of Children Lost

Age of women	Number of children lost 0	1	2	3	4	5+	Total No. of women	%
Below 30 years	19	2	0	0	0	0	21	90
31 to 45 years	10	5	2	0	0	0	17	59
46 years and above	14	4	1	2	2	1	24	58
All age groups	43	11	3	2	2	1	62	100
Percentage	69	17	5	3	3	1		

It can be seen that while of the 19 married women below 30 only 2 (i.e. 11%) have experienced the loss of a child, of the 41 women in the higher age-groups, 17 (i.e. 41%) experienced the loss of one or more children. For the squatter settlement, while nearly 70% of the married women have not experienced the loss of any child, another 17% of the married women have lost only one child. If we take only the married women in the reproductive age group of under 45, 76% have not experienced the loss of any child and 18% have lost only one child. To confine ourselves to only those below 30 years of age, the proportion of those having experienced no loss of child goes up to 90%.

It would be relevant, in this context, to disaggregate the married women even further into those who are protected by sterilisation and those who are not. This has been done in Table 8.

While of the 23 married women now protected by sterilization, male or female, 74% have experienced no loss of child, of the 39 married women not protected by sterilization 67% have experienced no loss of child.

Table 8

Distribution of Protected and Unprotected Married Women by Loss of Children

	Number of children lost						
	0	1	2	3	4	5+	Total
Protected by sterilisation	17	5	-	-	1	-	23
(a) Female	15	2	-	-	1	-	18
(b) Male	2	3	-	-	-	-	5
Not protected by sterilisation	26	6	3	2	1	1	39
Total	43	11	3	2	2	2	62

Out of the 18 women who themselves have undergone sterilisation, only 16% experienced the loss of a child whereas of the 5 women protected by male sterilisation 60 per cent experienced the loss of a child. It would appear, therefore, that while experiencing the loss of a child may have had some part to play in the decision to undergo protection by sterilisation, it may have had a greater role to play between male and female sterilisation.

To the possible question whether in the choice of sterilisation as such the literacy of married women and men played any role, a straightforward answer is not possible. As can be seen from Table 9, while the proportion of illiterates among the 9 men who have undergone vasectomy in the same (about one-third) as of illiterates among all married men, the proportion of illiterates among 23 protected women is only a little lower than of illiterates among all married women.

Table 9

Educational Status of Married Women and Men

Level of education	All married women	Women who have undergone sterilisation	All married men	Men who have undergone sterilisation	Wives of men who have undergone sterilisation	All women protected by sterilisation male or female
Illiterate	37 (60%)	7 (39%)	14 (33%)	3 (35%)	5 (100%)	12 ([illegible]
Lower primary (1-4 years)	11 (18%)	6 (33%)	20 (47%)	4 (44%)		6 ([illegible]
Upper primary (5-7 years)	10 (16%)	3 (17%)	6 (14%)	2 (22%)		3 ([illegible]
Secondary (8-10 years)	4 (6%)	2 (11%)	3 (7%)	-		2 ([illegible]
Total	62 (100)	18 (100)	43 (100)	9 (100)	5 (100)	23([illegible]

So, in the choice of sterilisation as such as a method of protection literacy or the lack of it does not seem to play a significant role. Nor does the level of education seem to play a role in this re[illegible]

that may be worth mentioning. However, in the choice between male and female sterilisation, literacy among women seems to play some part. Thus of the 18 women who have undergone female sterilisation, 39% are illiterate whereas of the wives of 5 men who are protected by vasectomy, the proportion of illiterates is 100%. It would appear therefore that among literate women there can be said to be preference for female over male sterilisation. But the level of education does not seem to make a significant difference to this choice.

Table 10

Work Status

Work status	All married women	Women who have undergone sterilisation	All married men	Men who have undergone sterilization	Wives of men who have undergone sterilization
	Type of Married Women				
Working	24 (39.1%)	14 (78%)	39 (91%)	9 (100)	4 (80%)
Not working	38 (61%)	4 (22%)	4 (9%)	-	1 (20%)
Total	62 (100%)	18 (100%)	43 (100%)	9 (100%)	5 (100%)

Could the work status of married men or women have played some role in the choice between male and female sterilisation? It can be seen from Table 10 that the proportion of working women among those who have undergone female sterilisation is higher (78%) against (63%) than that among all married women. Also, the proportion of working men is higher

(100% against 91%) among those who have undergone vasectomy but the difference is relatively small. However, even of the 5 wives of men who have undergone vasectomy the proportion of those working is 80%. So it is difficult to say that the fact of male or female work participation could significantly have influenced the choice in favour of female sterilisation.

On the whole, of the factors which we sought to relate to the choice of the mode of sterilisation, loss of children and female literacy seem to have had some influence but not whether men or women are engaged in work activity or staying at home.

VI

Preferred Family Size

Regardless of whether it is the male or female who has undergone sterilization, let us look at the 23 couples, in the squatter settlement, who have undergone sterilization, and try to infer the preferred family size. After how many children does a couple decide to undergo sterilization? It can be seen from Table 11 that while only 4% got themselves protected after one child, 26% have opted for it after 2 children and 35% after 3 children. The percentage of couples however, undergoing surgery after four or more is not insubstantial being 35%. Let us now look at the age distribution of 23 women protected by sterilization and relate it to their number of surviving children. When we do that, it is found that while in the younger age groups of under 30 years, 5 out of 11 women (i.e., 45%)

got themselves protected after two surviving children, the corresponding number was 2 out of 9 (22%) for women between 30 and 45. Of the three women aged 45 and above, also while 9 out of 11 women in the younger age group have 3 or less surviving children, the corresponding number in the next higher age group is 5 out of 9.

Table 11

Distribution of protected women by age and number of living children

Number of living children	Age of protected women			
	Under 30	30-45	45 & above	Total
One	-	-	-	1 (4)
Two	5	1	-	6 (26)
Three	4	3	1	8 (35)
Four	2	1	-	3 (13)
Five	-	3	2	5 (22)
Total	11 (48)	9 (39)	3 (13)	23 (100)

Of the three women aged 45 and above, two have five surviving children each and one has three. It should be reasonable to infer from the above that there is a tendency among the younger age groups in the squatter settlement to opt for fewer children and therefore a small sized family. This is probably connected with confidence in

the survival of children. As was noted above, of the 19 married women under 30, in the settlement (17 i.e. 90 per cent experienced no loss of child. Whether it is connected also with the level of literacy of wives or their husbands is difficult to say because of the two other women under 30 who lost a child but got themselves protected (both through female sterilisation), one was illiterate and the other had been to primary school for four years. In both the cases, the husbands had gone to primary schools only.

VII

Preference for Sons

Our discussion of the preferred size of the family drew no distinction between the sex of children. All the same, it appeared to us that a preference for a small family size with 2 to 3 children was evolving in the squatter settlement, since more and more of younger married women, getting protected from sterilization, male or female, had fewer children. However, it remains to be asked to what extent the average family size, on whatever number it comes to rest, will have to accommodate the sex preference if any, of the people. To be able to answer the question, we must first ask if there exists in the squatter settlement, any noticeable sex preference in the matter of children.

Table 12 gives the distribution of women protected by sterilization male or female, by the number of male and female children at the time of sterilization.

Table 12

Distribution of women Protected by Sterilization by Number of Male/Female surviving children

Female	Male 0	1	2	3	4	5+	Total
0		1	3				4 (17%)
1		2	1			1	4 (17%)
2	3	7		1			11 (48%)
3		2					2 (9%)
4		2					2 (9%)
5							
Total	3	14	4	1		1	23
	13%	61%	17%	4%		23%	100%

We find that while only 13% of the sterilizations were undergone with no male child, 61% of them were undergone only after one male child and 17% after two male children regardless of the number of female children. On the otherhand, while 17% of sterilization were undergone after no male child, another 17% of them were undergone after one female child. It should be added that out of the

14 (out of 23) women protected by sterilization after one male child, 7 had two female children each and 2 had three female children and two had four female children each. What seems to us interesting to note in that being assured of one male child was important for more than 60% of the couples that are now protected.

That there is son preference among the couples which have already sought to protect themselves through sterilisation against further child birth seems to be clearly exhibited. What could be the possible reasons behind the phenomenon of son preference?

In response to the usual questions seeking to elicit reasons for this son preference, the answers are not very different from what we have heard before. Here we list them in order of the importance married women in the squatter settlement seem to attach to having sons in preference to daughters:

(1) Sons support you in old age

(2) You do not need dowry to marry them off; in fact you get some;

(3) Sons are less of a responsibility, on the whole daughters have always to be protected. You constantly worry about them till they get married.

(4) You need a son to do your last rites.

How valid are the above reasons? Are sons really a greater support in old age than daughters? For this purpose, we analysed the distribution of households in the squatter settlement by

number and type of generations living together under the same roof. In only 18 out of 44 (i.e. 41%) houses in the settlement, one or both parents were found to be living with married children. Out of these 18 cases, 10 (i.e. 56%) however, are of those where the parents concerned are running a separate kitchen, and not dependent for maintenance on children. Of the other 8 cases, there are four where the old mother is living with her son and his wife but is earning her keep being engaged in work, two where separated daughters have back and are living with parents (of these two daughters, one is dependent on parents for maintenance and the other is working), one where the old father, is living with his married daughter, and is totally dependent on her. So there is really only one case of a dependent parent (mother) living with her married child (daughter).

If we looked only at the number of cases in which one or both parents are staying with married sons, it is 11, (i.e. 61%) out of 18 (i.e. 61%). More parents can be said to stay with married sons than with married daughters. However, in all of these 11 cases, parents are economically independent. In 6 out of these 11 cases, the parent/s run/s a separate kitchen. Thus in actual fact, it is difficult to say that sons are a greater source of security than daughters, at least not on the basis of the data for our squatter settlement. As regards dowry, we found that there has been 12 marriages in the squatter in the past five years. Of these 12, four have been inter-caste marriages within the settlement itself. Of the other eight cases, the boys from

the squatter settlement got married to girls from outside the settlement and in all but one such cases the girl brought with her some dowry. No case has however come to one's notice of a girl from the settlement getting married with a dowry. "That is why so many girls in our colony stay unmarried for as long", was one comment. The other comment reinforced the first "And those of us with grown up sons have to arrange marriage alliances fast if we want dowry and all of us very much do. Otherwise they will elope with ery girl from the colony." (Everyone in the settlement talks about it as a colony). Both these comments have a significance of their own. To the extent that dowry has c[illegible] into even very low income households and if for want of wherewith girls in such households cannot be married off on time easily, that itself could be a cause of worry. So may be, when people express concern about the need to worry till their daughters are married off is not without its basis. Quite independently of wh[illegible] girls in the settlement stay unmarried longer than elsewhere, it is broadly true that once they reach puberty they evoke concern from parents, particularly mothers, and talk in the neighbourhood particularly among women. Also in households belonging to rah[illegible] higher castes, some expense has to be incurred on ceremony conn[illegible] with the attainment of puberty.

It must be added, however, that of the seven marriages with dowry, not one was from a scheduled caste household. They were all from backward castes, i.e., from castes relatively superior [illegible] scheduled castes. This factor is not unimportant in our context

Of the 23 married women protected through sterilisation, 12 (i.e.52%) are from the scheduled castes, though they account for only 32% of the total married women in the settlement. This can be seen from Table 13.

Table 13

Caste and Religion of Married Women

Caste/Religion	Type of Married Women			
	All married women	Married women protected by sterilisation male or female	Married women who underwent female sterilisation	Married women whose husbands alone underwent vasectomy.
HINDUS:				
A. Scheduled Caste				
Pulaya	18	12	10	2
Pariah	2			
B. Backward Caste Ezhavas and others:	17	4	3	1
Asari	10	4	3	1
Nadar	7			
Pandaram	2	1		1
Thatan	1	1	1	
Barbar	1			
C. Nair	3	1	1	
NON-HINDU CHRISTIANS	1			
Total	62	23	18	5

So from our point of view, possibly, the fact of dowry being a factor, operating on the decision to undergo surgery through the impact of son-preference, on the acceptable size of son-family may not be that important.

As regards last rites it appears that a son does have a very important role to play for all the caste groups represented in the squatter settlement. Of course, in the absence of a son these rites can be performed by a nephew. But people would naturally prefer sons doing it for them.

Thus the reasons stated to us for son preference in the squatter settlement are not without basis, though the basis is not equally well founded in all cases. Nevertheless, the existence of noticeable son preference cannot be overlooked and this factor is bound to influence the people's view of an acceptable family size. While parents with one son may be satisfied with two children, one boy and one girl, or two boys, those with only two girls and no son may not want to call it a day at that point. (Though in the squatter settlement there are two cases where one of the partner has gone in for sterilisation after having only two girls.) Still it would rather be the exceptions than the rule.

VIII

Conclusion

It would appear from this small study of a peri-urban squatter settlement in Kerala State that while there is universal awareness among married men and women that something effective can be done to limit the size of the families, there is a clear preference for surgery over other methods, of prevention of births. Between surgery on men and that of women, the preference seems to be decidedly in favour of the latter.

The pronounced shift of deliveries from the house to the hospitals may well have played an important role in influencing the choice in favour of female sterilization. It appears that the doctors, and their deputies in hospitals, play an important role in motivating people in favour of combining sterilizations with delivery or induced abortions. Also this way, it does not involve any extra period of rest for working women. But the decision when to go in for sterilization is connected, quite understandably, with the confidence gained in the survival of children. This is reflected in a larger proportion of younger women, undergoing **protection,** after two or three children each.

However, while the acceptable average size of family appears to be declining, whatever this size, however, it will have to accommodate the strong preference for having sons. Having one son at least is a norm everyone, it appears, would try to reach.

All the conclusion of the study are subject to one very major limitation, namely that its representativeness may be questioned because (a) it covers a very small group of houses and (b) its composition is not typical of either the population as a whole or a major segment there of such as rural or urban population.

Our squatter settlement, it may be objected, is neither quite urban nor quite rural. Also, there is an over-representation of low-income occupations and lower castes in our settlement. But at least, those interested in precisely such households on the rural-urban threshold may find our conclusions worthwhile probing further.

NOTES AND REFERENCES

1/ TN Krishnan, Demographic Transition in Kerala, Facts and Factors, Economic and Political Weekly, Vol.XI, August 1976, p.1203.

2/ It is in the same habitat that I had earlier studied the operation of the system of informal rationing as it obtains in the State of Kerala, Leela Gulati 'Rationing in a Peri-Urban Community; Case Study of a Squatter Habitat, Economic and Political Weekly, March 19, 1977.

3/ A follow up study of vasectomy acceptor in a mass camp organised in Trivandrum early in 1972 showed that nearly 66% of the acceptors had knowledge of their relatives having undergone vasectomy, prior to the camp. According to this study, "such knowledge might have induced them to undergo vasectomy operation." Demographic Research Centre, Paper No.39. Bureau of Economics and Statistics, Trivandrum, 1975.

4/ G. Velayudhan, 'How to Achieve Population Control' in Population Growth in Kerala, Ed.M.S. Purup and K.A. George, Bureau of Economics and Statistics, Trivandrum, 1965.

5/ According to the follow up study of vasectomy acceptors referred to earlier, while almost one-third of the acceptors had, complaints to make about their operation, about half of the complaints related to conditions after the operation though complaint of weakness as such was received for less than 10% of the complainants.

6/ C.A. Kulkarni, 'Relation Between Infant Mortality and Fertility', Sample Registration Bulletin, January 1975.

7/ Infant Mortality decline in Kerala has been particularly noticeable in recent years. See TN Krishnan, 'Demographic Transition in Kerala, Facts and Factors', op.cit.

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