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ENVIRONMENTAL STIPULATION AND FAMILY FORECAST AWARENESS OF SLUM DWELLERS: A STUDY ON IN THE CONTEXT OF BANGLADESH

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Abstract: Health and rights of populations living in informal or slum settlement are key development issues. People living in these areas experience social, economic and political exclusion which bars them from basic resources of society. The conditions of high density of population and poor sanitation in slums exacerbate the spread of diseases. The objective of this study is to describe Environmental Stipulation and Family Forecast Awareness of Slum Dwellers at Sylhet in Bangladesh. The data of this study is collected from 120 adult household members of different slums of Loharpara, Sylhet by using structured survey questionnaire and guide questionnaire. Measuring degree of family planning awareness Likert Scale has been used. Here we find that, the majority of the slum dwellers are using different kinds of family planning methods which is very important for third world country like Bangladesh to decrease over population. The result of this study suggests that entire conditions of urban slums should be improved and religious barriers should be overcome for effective family planning.

Key Words : Environmental Stipulation; Slums; Slum dwellers; Family Forecast awareness.

Introduction

In Bangladesh, urban population is growing at an alarming rate. Urbanization in Bangladesh is caused by an unsustainable rural economy with extreme entitlement contraction among the majority-marginalized peasantry and landless poor. For urban population growth, the number of slums and the people who dwell in them are rapidly increasing. The high rate of growth of

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slums and population in Bangladesh living in slums has serious economic, social, and public health consequences. The government of Bangladesh has a structured health and family planning service delivery system for the rural poor; it does not have any comparable infrastructure for the urban poor.

In urban areas the informal sector is not yet fully urbanized, those who live in the slums are largely distressed migrants from rural areas, most of them live below the poverty line and maintain the outlook and values of their rural heritage and they do not have sufficient access to the education, employment, and health facilities of the formal sector to attain any higher standard of living. The health and nutritional status of the urban poor is even worse than that of the rural poor infant and maternal mortality rates are higher than the national rates. These factors are likely to adversely affect the contraceptive behaviour of those who live in the slums and these factors possibly also help to explain why urbanization has had little effect on the declining fertility in Bangladesh.

However, very little is currently known about reproductive behaviour and family planning in the urban slums. To launch an effective family planning intervention, it is imperative to understand the determinants of family planning practice for the people who live there. The main purpose of the analysis presented in this paper is to learn more about the family planning awareness among people living in the slums of Sylhet city in Bangladesh.

Objectives

The main objective of this study is to know about the entire environmental stipulation of slum dwellers along with their family planning awareness.

The specific objectives are:

→ To know about the living condition of slum people.

→ To measure the degree of family planning awareness of slum people.

→ To identify what kind of family planning methods they use

Literature Review

Odimegwu (1999) investigates the association between Nigerians' attitudes toward family planning and their contraceptive behaviour. His analysis suggests that there is an association between attitudes toward family planning and contraceptive use. The study also shows the impact social support can have on contraceptive use. Thus, he concludes that family planning awareness programs have had and may continue to have an influence on Nigerians' contraceptive behaviour.

Habib (2009) addresses the situation of slums in Dhaka City in relation to government and NGO mechanisms and priorities for slum development and

upgrading. He concludes with specific suggestions for better slum management in Bangladesh.

Berhane et al (2011) attempted to determine knowledge, approval and communication about family planning methods among married men in Ethiopia. This recalled an intensive effort has been taken by the concerned body to reach the country's targeted family planning coverage by involving men in reproductive health endeavour to enhance the discussion and agreement about family planning usage.

Hanifi and Bhuiya (2001) reports the results of an observational study carried out during 1994-1995 in five rural unions of Bangladesh to identify the barriers to adoption of family planning methods. They conclude that the efficiency of the program needs to be improved to meet the demand for family planning methods in Chakaria, Bangladesh.

Ijadunola et al(2010) assessed men's awareness, attitude, and practice of modern contraceptive methods, determined the level of spousal communication, and investigated the correlates of men's opinion in family planning decision making in Ile-Ife, Nigeria. The study concluded that male involvement in family planning decision making was poor and their patronage of family planning services was low. Amin et al (1987) examines trends in contraceptive use in Bangladesh between 1969 and 1983. The authors conclude that a national family planning program, even in a poor country like Bangladesh, can initiate fertility control behaviour by meeting the latent demand for birth control services.

Rashid (2009), overviews policies and actions that impact the level of exclusion of people living in urban slum settlements in Bangladesh, with a focus on improving the health and rights of the urban poor. He shows that, despite some strategies adopted to ensure better access to water and health, overall, the country does not have a comprehensive policy for urban slum residents, and the situation remains bleak.

Methodology

The research design of the research is descriptive . Both Quantitative and Qualitative research methods are used. Questionnaire Survey and Case Study are the research techniques .The area of this study are different slums of Loharpara, Ambarkhana Sylhet and data collected from June 2014 to August 2014. Adult members of each family of respective slum are the population of this study. Convenience sampling is the sampling procedure of this research. Each adult member of respective slums is a unit of analysis. Structured questionnaire for Survey and Guide questionnaire for Case Study are the data collection technique. Measuring degree of family planning awareness Likert Scale has been used. SPSS is used to analyze the data.

Single and Multiple variable analysis are adopted to meet the purpose of the study.

Findings and Discussions

Descriptive Statistics (Mean and Standard Deviation)

	N	Minimum	Maximum	Mean	Std. Deviation
Number of Family Members	120	3	10	4.86	1.741
Number of School Going Children	120	0	6	1.70	1.406
Number of Bread Earner of the Family	120	1	5	2.17	1.007
Years Being in Current Slum	120	1	15	9.33	7.490
Years Since Slum Life Started	120	1	35	12.41	7.275
Total Width of The House(SQ Feet)	120	15	24	16.50	1.847
Number of Families Who Share Same Bath	120	3	35	18.33	7.175
Number of Families Who Share Same Toilet	120	1	10	6.88	3.919
Total Monthly Income of the Family	120	3000.00	32000.00	10083.3333	4937.36539

Sex of The Respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	80	66.7	66.7	66.7
	Male	40	33.3	33.3	100.0
	Total	120	100.0	100.0	

There are 80 female respondents (66.7%) and 40 male respondents (33.3%). Here, our most of the respondents are female.

Education Level of the Head of the Family

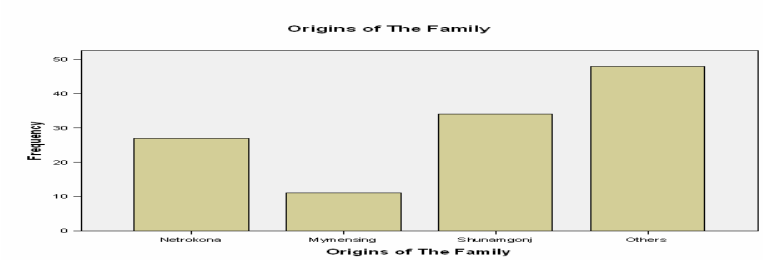
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	71	59.2	59.2	59.2
	Primary	34	28.3	28.3	87.5
	Secondary	15	12.5	12.5	100.0
	Total	120	100.0	100.0	

There are 71 household heads who have no education (59.2%), 34 household heads have primary level of education (28.3%), 15 household heads have Secondary level of education (15.2%). we found that, most of the household head have no education and rests have very little education.

Origins of The Family

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Netrokona	27	22.5	22.5	22.5
	Mymensing	11	9.2	9.2	31.7
	Shunamgonj	34	28.3	28.3	60.0
	Others	48	40.0	40.0	100.0
	Total	120	100.0	100.0	

There are 27 household heads who migrated from Netrokona (22.2%), 11 household heads who migrated from Mymensing (9.2%), 34 household heads who migrated from Sunamgonj (28.3%) and 48 household heads are migrated from other regions.



Types of The Family

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nuclear	101	84.2	84.2	84.2
	Steam	6	5.0	5.0	89.2
	Extended	13	10.8	10.8	100.0
	Total	120	100.0	100.0	

Here 101 families are nuclear (84.2%), 6 are steam (5.0%) and 13 families are extended (10.8%).

Years Being in Current Slum

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less Than Five Years	46	38.3	38.3	38.3
	Five To Ten Years	41	34.2	34.2	72.5
	More Than Ten Years	33	27.5	27.5	100.0
	Total	120	100.0	100.0	

46 Of the respondents has been living in this slum for less than five years (38.3%), 41 respondents for five to ten years (34.2%), and 33 respondents for more than ten years (27.5%).

Religion of The Family

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Muslim	110	91.7	91.7	91.7
	Hindu	10	8.3	8.3	100.0
	Total	120	100.0	100.0	

Here, 110 respondents are muslim (91.7%) and 10 respondents are hindu (8.3%).

Years Since Slum Life Started

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less Than Five Years	18	15.0	15.0	15.0
	Five to Ten Years	48	40.0	40.0	55.0
	Ten To Fifteen Years	22	18.3	18.3	73.3
	Fifteen to Twenty Years	19	15.8	15.8	89.2
	More Than Twenty Years	13	10.8	10.8	100.0
		120	100.0	100.0	

18 respondents have been living in slum for less than five years(15.0%), 48 respondents for five to ten years(40.0%), 22 respondents for ten to fifteen years(18.3%), 19 respondents for fifteen to twenty years(15.8%), and 13 respondents for more than twenty years(10.8%).

Types of House

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kacha	10	8.3	8.3	8.3
	Semi Paka	110	91.7	91.7	100.0
	Total	120	100.0	100.0	

We found that, 10 of the houses are kacha (8.3%)and 110 of the houses are adha paka (91.7%).

Source of Water of The House

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Supply Water	82	68.3	68.3	68.3
	Tube-Well Water	38	31.7	31.7	100.0
	Total	120	100.0	100.0	

In our analysis we find that, 82 households use supply water (68.3%) and 38 households use tube-well water (31.7%).

Condition of the Bathing Place

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adjoining Toilet In The House	4	3.3	3.3	3.3
	With Other Families	116	96.7	96.7	100.0
	Total	120	100.0	100.0	

4 households use bathing place as Adjoining toilet of the house (3.3%), 116 households share bathing place with other families (96.7 %).

Female, Male Bathing place In Slum

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Separate	33	27.5	27.5	27.5
	Shared	87	72.5	72.5	100.0
	Total	120	100.0	100.0	

33 families use separate bathing place (27.5%) and 87 families use shared bathing place (72.5%) for male and female

Types of Diseases Those Suffered Last Six Months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Diarrhoea	17	14.2	14.2	14.2
	Dysentery	13	10.8	10.8	25.0
	Others	90	75.0	75.0	100.0
	Total	120	100.0	100.0	

17 families suffered from Diarrhoea(14.2%), 13 families suffered from Dysentery(10.8%), and 90 families suffered from other diseases in last six months.

E.P.I Vaccination taken for Under Five Years Children

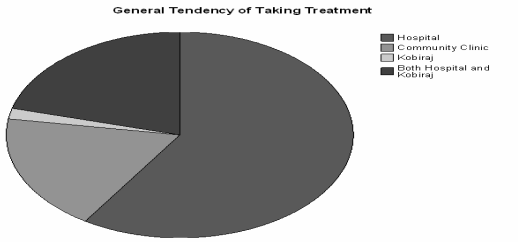
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Taken	111	92.5	92.5	92.5
	Not Taken	9	7.5	7.5	100.0
	Total	120	100.0	100.0	

E.P.I vaccination was taken for under five year are 111 families (92.2%), and not taken are 9 families (7.5%). So we can say that, most of the respondents are aware of E.P.I vaccination.

General Tendency of Taking Treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hospital	71	59.2	59.2	59.2
	Community Clinic	22	18.3	18.3	77.5
	Kobiraj	2	1.7	1.7	79.2
	Both Hospital and Kobiraj	25	20.8	20.8	100.0
	Total	120	100.0	100.0	

71 families used to hospital (59.2%), 22 families used to community clinic (18.3%), 2 families go to kabiraj (1.7%), and 25 families go to both hospital and kabiraj (20.8%).



Drainage System Beside The House

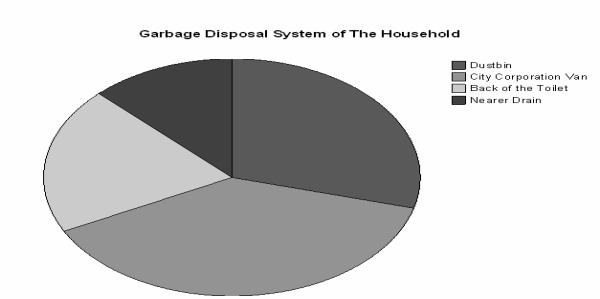
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kacha Drain	13	10.8	10.8	10.8
	Pacca Drain	77	64.2	64.2	75.0
	Others	14	11.7	11.7	86.7
	No Drainage System	16	13.3	13.3	100.0
	Total	120	100.0	100.0	

There is katha drain besides 13 houses (10.8%), pacca drain besides 77 houses (64.2%), others besides 14 houses (11.7%), and no drainage system besides 16 houses (13.3%).

Garbage Disposal System of the Household

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dustbin	35	29.2	29.2	29.2
	City Corporation Van	46	38.3	38.3	67.5
	Back of the Toilet	24	20.0	20.0	87.5
	Nearer Drain	15	12.5	12.5	100.0
	Total	120	100.0	100.0	

35 families use dustbin (29.2%), 46 families use city corporation van (38.3%), 24 families use back of the toilet (20.0 %), and 15 families use nearer drain (12.5%) for their garbage disposal.



Inundated House In Rainy Seasons

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	34.2	34.2	34.2
	No	79	65.8	65.8	100.0
	Total	120	100.0	100.0	

Here we find out that, 41 houses were inundated (34.2%) and 79 houses were not inundated (65.5%).

House at Risk In Flood And Natural Calamities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	51	42.5	42.5	42.5
	No	69	57.5	57.5	100.0
	Total	120	100.0	100.0	

51 respondents said that, their house is at risk (42.5%) and 69 respondents said that, their house is not at risk (57.5%) in flood and natural calamities.

Neighbourhood Environment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Crowdy	8	6.7	6.7	6.7
	Nasty	7	5.8	5.8	12.5
	Good	105	87.5	87.5	100.0
	Total	120	100.0	100.0	

Here, 8 of the respondents said that, their neighbourhood environment is crowdy (6.7%), 7 said nasty (5.8%), and 105 said it is good (87.5%).

Security of The Neighbourhood Environment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Well	5	4.2	4.2	4.2
	Well	96	80.0	80.0	84.2
	Not Good	19	15.8	15.8	100.0
	Total	120	100.0	100.0	

5 respondents said that, their security of neighbourhood environment is very well (4.2%), 96 said that, well (80.0%), and 19 respondents said that it is not good (15.8%).

Behaviours of Youth Community in Neighbourhood Environment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Well	1	.8	.8	.8
	Well	104	86.7	86.7	87.5
	Not well	15	12.5	12.5	100.0
	Total	120	100.0	100.0	

1 respondent said that, behaviours of youth community is very well (.8%), 104 said that well (86.7%), and 15 said that not well (12.5%) in their neighbourhood environment.

Problems In Neighbourhood Environment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Crowdy	33	27.5	27.5	27.5
	Nasty	13	10.8	10.8	38.3
	Quarrelsome	61	50.8	50.8	89.2
	No Problem	13	10.8	10.8	100.0
	Total	120	100.0	100.0	

In stating about problems in their neighbourhood environment, 33 of the respondents said that it is crowdy (27.5%), 13 said that it is nasty (10.8%), 61 said that it is quarrelsome (50.8%), and 13 said that there is no problem in their neighbourhood environment.

Religion Control The Environment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	78	65.0	65.0	65.0
	No	42	35.0	35.0	100.0
	Total	120	100.0	100.0	
Missing	System	0	0		
	Total	120	100.0		

78 respondents (65.0%) think that religion can control the environment and 42 respondents (35%) think that religion can not control the environment.

Do You Know There Are Two Class In The Society

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	119	99.2	99.2	99.2
	No	1	.8	.8	100.0
	Total	120	100.0	100.0	

In response to this question, we see that 119 respondents (99.2%) think there are two classes in the society and only 1 respondent (.8%) do not think so.

Do You Know People Are Exploited By The Rich					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	107	89.2	89.2	89.2
	No	13	10.8	10.8	100.0
	Total	120	100.0	100.0	

In this section, 107 respondents (89.2%) think that poor people are exploited by the rich and 13 respondents (10.8%) do not think so.

Do You Know There Is Soliderity Among The Poor People					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	87	72.5	72.5	72.5
	No	33	27.5	27.5	100.0
	Total	120	100.0	100.0	

87 respondents (72.5%) agree with solidarity among the poor people, 33 respondents (27.5%) don't agree.

Do Welfare of The People					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	61	50.8	50.8	50.8
	Occasionally	45	37.5	37.5	88.3
	Never	14	11.7	11.7	100.0
	Total	120	100.0	100.0	

61(50.8%) respondents always do welfare of the people, 45(37.5%) respondents occasionally do welfare of people, 14(11.7%) never do welfare of people.

Quality To Rise In Upper Position (Perception of The Respondents)					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Devotion Old And Respect For Time	79	65.8	65.8	65.8
	To Popular Among The People	41	34.2	34.2	100.0
	Total	120	100.0	100.0	

79(65.85%) respondents agree with 'Devotion old and respect for time', and 41(34.2%) agree with 'To popular among the people' Quality to rise in upper position.

Important For The Future of The Country (perception)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hard Work of People	59	49.2	49.2	49.2
	Help of God	61	50.8	50.8	100.0
	Total	120	100.0	100.0	

59(49.2%) respondents agree with 'Hard work of people' and 61(50.8%) respondents agree 'Help of God' are important for the future of the country.

Degree of Alienation In Among Slum People					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Alienated	60	50.0	50.0	50.0
	Some What Alienated	47	39.2	39.2	89.2
	Not Alienated	13	10.8	10.8	100.0
	Total	120	100.0	100.0	

60 respondents fell alienated (50%), 47 respondents somewhat alienated (39.2%), 13 respondents not alienated (10.8%).

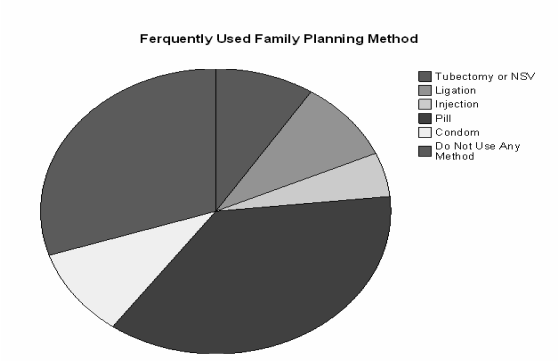
Family Planning Awareness of Slum People					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Aware	40	33.3	33.3	33.3
	Moderately Aware	67	55.8	55.8	89.2
	Not Aware	13	10.8	10.8	100.0
	Total	120	100.0	100.0	

We found that, 40 respondents are aware (33.3%), 67 are moderately aware (55.8%), and 13 are not aware (10.8%) of family planning.

Frequently Used Family Planning Method

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tubectomy or NSV	11	9.2	9.2	9.2
	Ligation	11	9.2	9.2	18.3
	Injection	6	5.0	5.0	23.3
	Pill	44	36.7	36.7	60.0
	Condom	12	10.0	10.0	70.0
	Do Not Use Any Method	36	30.0	30.0	100.0
	Total	120	100.0	100.0	

11 of the respondents(9.2%) used Tubestomy or NSV, 11 of the respondents (9.2%) used Ligation, 6 of the respondents (5.0%) take Injection, 44 of the respondent(36.7%) take pill, 12 of the respondents use condom (10%), 36% of the respondents don't use any method.



Whether Family Planning Workers Visit In The House					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	101	84.2	84.2	84.2
	No	19	15.8	15.8	100.0
	Total	120	100.0	100.0	

101 respondents (84.2%) said that family planning workers visit their house and 19 respondents (15.8%) said that not.

Measurement of Degree of Family Planning Awareness of Slum People:

Family planning plays vital role as a dominant factor to the development of a country and specific household. Literatures regarding Slum suggest that there is very low level of education and income among the slum people. Thus, these may have impact on family planning awareness and using family planning methods. Before implementing any kinds of family planning awareness strategy it is wise to know about the present level of family planning awareness of the slum people.

To measure family planning awareness we selected seven indicators from the questionnaire. These are shown bellow-

Do You Think Family Planning Methods Rein On Population

Do You Think That Family Planning Is Necessary

Do You Think That Under Eighteen Girls Are In Pregnancy Risk

Do You Think That Large Family Is Burden for Society

Number of Children Can't be seen as God Gift

Family Planning Is Consonant With Islam

It's Not True That Allah Gives Children and Food

Each Indicator has three potential answers along with distinct weight; these are Yes=1, Perhaps=2, No=3. Summation of all indicators' answer lies within 7 to 21. Eventually, we categorise family planning awareness into three categories; Aware= 7-11, Moderately Aware=12-16 and Not Aware=17-21. After generating the measurement procedure we got result that is shown bellow.

1)Family Planning Awareness of Slum People					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Aware	40	33.3	33.3	33.3
	Moderately Aware	67	55.8	55.8	89.2
	Not Aware	13	10.8	10.8	100.0
	Total	120	100.0	100.0	

Table 2 presents the level of family planning awareness of slum people. It shows that about 33% respondents are aware of family planning. Greater frequency lies in moderately aware which suggests that most of the people including not aware (10.8%) are not fully aware of family planning.

Family Planning Awareness and its Association with Other variables:

It is mentioned before that there might be association between family planning awareness and low level of education and income of slum people. Family planning worker's visit as an external factor may be associated with this. Concerning the sampling limitation our purpose was to know the association without any inference. Family planning awareness and its association with family income, household's level of education are presented bellow. Family planning worker's visit and its association with family planning awareness is also presented.

Our assumptions were:

- First assumption was-
  Ho: There is no association between family planning awareness and Education Level of the Head of The Family.
  H1: There is association between family planning awareness and Education Level of the Head of The Family.
- Second Assumption was-
  Ho: There is no association between family planning awareness and total monthly income of The Family.
  H1: There is association between family planning awareness and total monthly income of The Family.
- Third assumption was-
  Ho: There is no association between family planning awareness and FP worker's visit.
  H1: There is association between family planning awareness and FP worker's visit.

Education Level of the Head of the Family * Family Planning Awareness of Slum People

Cross Tabulation Chi-Square Tests					
	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.699[a]	4	.320	.324	
Likelihood Ratio	6.074	4	.194	.229	
Fisher's Exact Test	4.278			.362	
Linear-by-Linear Association	3.904[b]	1	.048	.050	.030
N of Valid Cases	120				
a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is 1.63.					
b. The standardized statistic is -1.976.					

3) Total Monthly Income of the Family * Family Planning Awareness of Slum People

Crosstabulation (Chi-Square Tests)

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	10.654[a]	8	.222	.210	
Likelihood Ratio	10.940	8	.205	.261	
Fisher's Exact Test	10.449			.179	
Linear-by-Linear Association	.100[b]	1	.752	.811	.408
N of Valid Cases	120				
a. 7 cells (46.7%) have expected count less than 5. The minimum expected count is .22.					
b. The standardized statistic is -.316.					

Table 3and 4 Show the association between family planning awareness and Education Level of the Head of The Family, Total Monthly Income of the Family. Individually, both independent variables' association with family planning awareness were measured. As both tables have cells with less than 5, it is necessary to analyse Fishar Exat Test. Both results are greater than .05 which support not to reject the null hypothesis. Both tables show that there is no association between family planning awareness and Education Level of the Head of The Family, Total Monthly Income of the Family.

4) Whether Family Planning Workers Visit In The House * Family Planning Awareness of Slum People

Crosstabulation Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	22.858[a]	2	.000	.000	
Likelihood Ratio	16.660	2	.000	.000	
Fisher's Exact Test	16.587			.000	
Linear-by-Linear Association	10.859[b]	1	.001	.001	.001
N of Valid Cases	120				
a.1 cells (16.7%) have expected count less than 5. The minimum expected count is 2.06.					
b. The standardized statistic is 3.295.					

Table 5 depicts the association between association between family planning awareness and FP worker's visit. Fisher Exat test result is smaller than .05 which indicates to reject null hypothesis. We can conclude from this that FP worker's visit may be an important factor to raise slum people awareness about family planning.

Case Studies

1. Fatema has been living Loharpara slum for 6 years. She is 35 years old. Her husband is a rickshaw puller. She has three daughter and two sons. She has not sent any of them in school. She knew about family planning method but never used any method, but now she is conscious about it. She said that she has 5 children and she has able to understood the about the usefulness of family planning method. Her husband took injection for birth control but she told that after taking injection his working power is reducing. She is tensed about that and she think using family planning method is not supported by religion. Situation forced them to use family planning method. Family planning workers visit her house occasionally. She knows that under18 years old are in pregnancy risk and she believes, big family size creates lots of problems. She also thinks poor people are not able to obey the rules, that's why poor people are always suffer and it is their destination.

2. Ruksana has been living slum from her childhood. She is 23 years old. Her husband is a cleaner. Both of them completed their primary education and they are conscious about family planning method. She takes 'Pill' for birth control. She thinks it's very important and family planning is not against to Religion. She said everyone should follow this because problem of extended family is very dangerous. She told that she is facing various problems in slum and she will make her children educated and though this she will be able to change her condition. She thinks her educated children will make them happy. She knows that rich are the powerful group but she believes that education can change life. She said hard word is the key to success; she has no problem for struggling. She hopes for a better future and it will possible by educating her children.

3. Doly Begum, a 45 years old woman. Her husband left her. She lives Loharpara slum from 2000. She has four daughter and two sons. She is in a critical condition. She thinks Allah is the source of powers, he can do everything. Children are the gift of Allah and men can't do anything here. She works in houses as a servant and gets a very little amount of money. She struggles for the survival with her children. She said her husband is

responsible for her bad condition and she never gets any kind of help from anyone. Family planning workers visits slum but she never

talked with them. She told, they are in risk of flood, cyclone, earthquake etc, they have the facility of electricity and supply water but sharing of bathroom and toilet is hygienic but actually she doesn't know about the sanitation system. She is very depressed about her future and think rich are the advantage group and exploits poor.

4. Manuyara Banu is about 37 years old, her husband is a rickshaw puller. She has two sons and a daughter, they are school going children. She is conscious about family planning and she has applied Ligation Method. She thinks everything depends on men. Everyone should do everything according to their condition, that's why she decided to apply family planning method. She strongly oppose childhood marriage and she thinks under 18 years old girls are in the pregnancy risk. She also got married in her childhood and she suffered a lot. She wants that her daughter will get marry after 18 and make her family size small. Sometimes she fells alienated and anxious about society.

Conclusion

The majority of rural migrated people live in urban slum areas. We have worked on 120 households of different slums at Loharpara and Dhanuhaterpar in Sylhet city. We found that, most of the families of these slums are poor and have little or no education. The entire environment of these slums is nasty and crowdy. Population density is very high. They live in inadequate housing with no or a few basic resources. House is either Kacha or Semi Paka. Their family members share same room and room size is also very small. Many houses are at risk in flood and other natural calamities. There is electricity in every house and source of safe water for all families but minimal access of water and sanitation. Several families use same bath and toilet. In most cases, there is no separate bathing place for male and female. Toilets are dirty and unhygienic. Now, the system of City Corporation is improved enough and that's why, slum drainage system and garbage disposal system is improved, but in some cases it remains bad.

We discover that about 90% people living in these slums are alienated and somewhat alienated. We also have come to know that most of the respondents are moderately aware of family planning. But this is not the result of the education level of the head of the family and not the result of their total family income. We found that, family planning workers visit their house and literate or illiterate all are now moderately conscious about family planning. So, family planning workers visit is an important factor of family planning awareness among slum people. But many of them fell doubt that whether this method is against to their religion.

Finally, our result suggests that, entire conditions of urban slums should be improved and religious barriers should be overcome for effective family planning.

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