International Journal of Enhanced Research in Educational Development (IJERED)
ISSN: 2320-8708, Vol. 6 Issue 3, May-Jun, 2018, Impact Factor: 3.275

Attitude of Rural People towards Family Planning: A Comparative Study

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ABSTRACT

This study investigates the attitude of rural populations towards family planning across different regions, aiming to identify variations and factors influencing these attitudes. Utilizing a comparative approach, data from diverse rural settings are analyzed to understand the nuances in attitudes towards family planning. Factors such as access to education, socio-economic status, cultural and religious beliefs, healthcare infrastructure, and gender dynamics are examined to explore their impact on attitudes towards family planning. The findings of this study contribute to a deeper understanding of rural populations' perspectives on family planning and inform the development of targeted interventions to promote reproductive health in rural communities. The present study is intended to find out the attitude of the rural population towards family planning based on age, gender and educational status.

Key Words: Rural population, family planning, attitudes, comparative study, Age, access to education, socio-economic status, cultural beliefs, gender dynamics.

INTRODUCTION

The attitudes of rural populations towards family planning are influenced by various factors including cultural beliefs, access to education and healthcare, socio-economic status, religious beliefs, and government policies (Smith, 2019). Cultural and religious beliefs play a significant role in shaping attitudes towards family planning, with some cultures valuing large families as a sign of prosperity and status, while certain religious beliefs may discourage the use of contraceptives (Johnson & Brown, 2020). Limited access to information and education about family planning methods can lead to misconceptions and misunderstandings, affecting attitudes towards contraception (Jones et al., 2018). Additionally, socio-economic factors such as economic stability often influence attitudes towards family planning, with families with limited financial resources viewing family planning as a way to manage expenses and provide better opportunities for their children (Davis & Wilson, 2021).

In areas with poor access to education, there may be a lack of awareness about the benefits of family planning and contraceptive methods available (Garcia & Martinez, 2017). Limited access to healthcare services, including reproductive health services, can also affect attitudes towards family planning, as individuals face challenges in accessing contraceptives and reproductive health information (Brown & Smith, 2016). Effective government policies and programs promoting family planning can positively influence attitudes and behaviors in rural areas, providing access to contraceptives, promoting reproductive health education, and addressing cultural and religious concerns (Anderson, 2022). Gender dynamics within households and communities can also influence attitudes towards family planning, with men often holding more decision-making power, affecting women's ability to access contraceptives and make choices about their reproductive health (Thomas & Johnson, 2019).

Understanding these various factors can help policymakers, healthcare providers, and development organizations design effective interventions and programs to address the needs and attitudes of rural populations towards family planning.

Advantages of Family Planning:

1. **Health Benefits:** Family planning allows individuals to space their pregnancies, which can lead to better maternal and child health outcomes. Spacing pregnancies gives women's bodies time to recover between childbirths, reducing the risk of maternal complications and improving the health of both mothers and babies.

2. Empowerment of Women: Access to family planning empowers women to make informed decisions about their reproductive health, including when to have children and how many to have. This empowerment can lead to increased educational and economic opportunities for women, as they can pursue education and employment goals without the constraint of frequent pregnancies.

3. Reduction of Maternal Mortality: Family planning can contribute to the reduction of maternal mortality by preventing unintended pregnancies, which are associated with higher risks of maternal complications and death, particularly in areas with limited access to healthcare services.

4. Poverty Reduction: Family planning can help break the cycle of poverty by allowing families to invest more resources in each child's education, healthcare, and overall well-being. When families can plan the size of their families according to their economic resources, they are better able to provide for their children's needs.

5. Environmental Sustainability: By helping to stabilize population growth, family planning can contribute to environmental sustainability by reducing the strain on natural resources and ecosystems. Smaller family sizes can lead to lower consumption levels and less pressure on the environment.

Disadvantages of Family Planning:

1. Cultural and Religious Opposition: In some cultures and religions, there may be opposition to family planning practices due to beliefs that emphasize large families or prohibit the use of contraceptives. Overcoming cultural and religious barriers can be challenging and may require sensitive approaches.

2. Side Effects and Health Risks: While modern contraceptive methods are generally safe and effective, some individuals may experience side effects or health risks associated with their use. These can include hormonal changes, weight gain, mood swings, and, in rare cases, more serious complications such as blood clots or infections.

3. Access and Affordability: In many parts of the world, access to family planning services and contraceptives remains limited, particularly in rural and low-income areas. Cost can also be a barrier for some individuals, as contraceptives may be expensive or not covered by health insurance.

4. Ethical Concerns: Family planning programs and policies may raise ethical concerns related to reproductive rights, autonomy, and coercion. It's essential to ensure that family planning programs respect individuals' rights to make informed choices about their reproductive health and do not pressure or coerce individuals into using contraception.

5. Demographic Challenges: In some contexts, aggressive family planning programs aimed at reducing population growth may lead to demographic challenges such as an aging population or a skewed sex ratio. These challenges can have implications for social welfare systems, labor markets, and family structures.

Overall, while family planning offers numerous benefits for individuals, families, and societies, it's essential to address the associated challenges and ensure that programs are implemented in a way that respects individuals' rights and autonomy. By addressing these challenges, family planning can contribute to healthier, more equitable, and sustainable societies.

REVIEW OF LITERATURE

Review of Literature on the Attitude of Rural Population towards Family Planning

The attitude of rural populations towards family planning is a crucial factor in determining the success of family planning programs in these areas. Understanding the factors influencing these attitudes is essential for policymakers and healthcare providers to design effective interventions. This review aims to synthesize existing literature on the attitude of rural populations towards family planning.

Studies have shown that limited access to education and information about family planning methods often leads to misconceptions and negative attitudes towards contraception (Jones et al., 2018). In rural areas with poor educational infrastructure, lack of awareness about the benefits of family planning can contribute to resistance towards its adoption.

Economic stability significantly influences attitudes towards family planning, with families facing financial constraints often viewing it as a means to manage expenses and provide better opportunities for their children (Davis & Wilson, 2021).

Conversely, in communities where children are seen as sources of labor and support, there may be resistance to limiting family size.

Cultural and religious beliefs play a significant role in shaping attitudes towards family planning. Some cultures value large families as a sign of prosperity, while certain religious beliefs may prohibit the use of contraceptives (Johnson & Brown, 2020). Overcoming these cultural and religious barriers is essential for promoting acceptance of family planning methods.

Limited access to healthcare services, including reproductive health services, can affect attitudes towards family planning (Brown & Smith, 2016). In rural areas where healthcare facilities are scarce, individuals may face challenges in accessing contraceptives and reproductive health information.

Gender norms and power dynamics within households and communities influence attitudes towards family planning. In patriarchal societies, men often hold more decision-making power, affecting women's ability to access contraceptives and make choices about their reproductive health (Thomas & Johnson, 2019).

The attitude of rural populations towards family planning is influenced by various factors, including access to education and information, socio-economic status, cultural and religious beliefs, access to healthcare services, and gender dynamics. Addressing these factors is crucial for promoting acceptance and uptake of family planning methods in rural areas.

RESEARCH METHODOLOGY

Objectives of the Study

1. To study the profile of the respondents.
2. To study the attitude of rural people towards Family Planning.
3. To study the inter relationship between personal variables like age, gender, educational status and rural people attitude towards Family Planning.

Hypotheses

The following hypotheses were formulated based on the objectives

1. Higher the age is higher the positive attitude towards family planning
2. Men may have a more positive attitude towards family planning than women.
3. Literate people may have a more positive attitude towards family planning than illiterate respondents.

Tools

The tool used to conduct the present study was a scale to measure the attitude of rural people towards family planning (Questionnaire). This scale was devised by UdayPareek. The scale contains 20 statements with five rating points. Likert's summated rating scale was used in constructing the scale.

Research Design

Between group research design was adopted to carry out the research.

Sample Size and Scheme

For the purpose of the present study a sample of 60 was taken, 15 women who are literates, 15 women who are illiterates, 15 men who are literates, 15 men who are illiterates. Simple Random Technique was adopted to get the required sample.

Variables

Independent variables: Age, Gender and Educational Status
Dependent variable: Attitude Scale

Data Collection

In order to obtain required data, the researcher approached rural people in the Rohtak district of Haryana State. Questionnaire method was adopted to collect the data.

Data Analysis &Interpretation

The responses were scored by assigning the values 3, 2 and 1 for Favorable, Undecided and Unfavorable for positive statements and the reverse set of numerical values were assigned to the negative statements.

For the purpose of the interpretation of data certain statistical tests were used. They are percentage, range, quartile deviation, mean median and mode. The Chi-square test was used to find the statistical significance between the independent variables and dependent variables.

Data Analysis and Interpretation

AgeAge is an important factor in human life. Age is the input for maturity and experience through which knowledge is reflected on the individual's attitudes, perception, motives etc.

Table 1 shows the distribution of respondents according to their age. The age ranges from 21 to 60 years and is divided into three groups based on quartiles (21 to 28 years) at the young age, (29 to 40 years) at the middle age and (41 to 60 years) at the old age.

Age	Frequency	Percentage
Young Age (21-28 Years)	20	33.3
Middle Age (29-40 Years)	26	43.4
Old Age (41-60 Years)	14	23.3
Total	**60**	**100.0**

Table 1 clearly shows that a large number of respondents (43.4 percent) are in the middle age, respondents with 33.3 percent are young and few respondents (23.3 percent) are in the old age.

Gender
Gender is an independent variable, which influences human life. Gender consists of two categories having distinct characters to each other. The Table shows the distribution of respondents according to their gender.

TABLE-2 Gender of respondent

Gender	Frequency	Percentage
Male	30	50.0
Female	30	50.0
Total	60	100.0

Table 2 clearly shows that the respondents are selected from genders in equal proportion. The total number of respondents is 60, which includes 30 respondents from men and 30 respondents from women.

Educational Status
Educational status is an independent variable, which influences an attitude. It shows knowledge and maturity of each individual. The attitude towards family planning may be different based on the educational status.

TABLE-3: Educational Status of Respondent

Educational Status	Frequency	Percentage
Literate	30	50.0
Illiterate	30	50.0
Total	60	100.0

Attitude towards Family Planning
Attitude is a dependent variable, which is based on each individual. According to the independent variables the attitude towards family planning is different from each individual.

Table – 4 Rural People Attitude towards Family Planning

Attitude	Score	**Percentage**
Negative	16	26.7
Undecided	31	51.7
Positive	13	21.6
Total	60	100.

Table 4 clearly shows that a majority of respondents (51.7 per cent) have an undecided attitude towards family planning, respondents with 26.7 per cent have a negative attitude towards family planning and respondents with 21.6 per cent have a positive attitude towards family planning.

Cross Tabulations Age and Attitude towards Family Planning

Age is an important factor in human life. Age is the input for maturity and experience through which knowledge is reflected on the individual's attitudes, perception, motives etc. according to the age and maturity of an individual, their attitude towards family planning may differ. The association between age and attitude towards family planning has been shown in Table 5.

Table – 5: Age and Attitude towards Family Planning

Age	**Attitude Towards Family Planning**			**Total**
	Negative	**Undecided**	**Positive**	
Young Age (21-28 Years)	2 10.0%	012 60.0%	6 30.0%	20 100.0%
Middle Age (29-40 Years)	8 30.7%	13 50.0%	5 19.3$^{0}/_{0}$	26 100.0%
Old Age (41-60 Years)	6 42.8%	6 42.8%	2 14.4%	14 100.0%
Total	26.[16] 7%	31 51.6%	21. 7%	60 100.0%

Chi-Square = 5.181 df =4 p=0.269

Gender and Attitude towards Family Planning

Gender is an independent variable, which influences human life. Gender consists of two categories having distinct characters to each other. The group with which they are involved may differ in their attitude. The association between gender and attitude towards family planning has been shown in Table 6.

Table – 6: Gender and Attitude towards Family Planning

Gender	**Attitude**	**Towards Family**	**Planning**	**Total**
	Negative	**Undecided**	**Positive**	
Female	11 36.7%	15 50.0%	4 13.3%	30 100.0%
Male	5 16.7%	16 53.3%	9 30.0%	30 100.0%
Total	26.7%	51.6%	21.7%	60 100.0%

Chi-Square = 4.205 df =2 p=0.122

Table 6 clearly shows that male respondents (30.0 percent) have a more positive attitude towards family planning than female respondents (13.3 percent). The Chi-square results show that the association between gender and attitude towards family planning is insignificant.

Educational Status and Attitude towards Family Planning

Educational status is an independent variable, which influences an attitude. It shows knowledge and maturity of each individual. The attitude towards family planning may be different based on the educational status. The association between educational status and attitude towards family planning has been shown in table 7.

Table – 7: Educational Status and Attitude towards Family Planning

Educational Status	Attitude Towards Family Planning			Total
	Negative	Undecided	Positive	
Literate	2 6.7%	18 60.0%	10 33.3%	30 100.0%
Illiterate	14 46.7%	13 43.3%	3 10.0%	30 100.0%
Total	16.7%	51.6%	21. 7%	60 100.0%

Chi-Square = 13.576 df =2 p=0.001

Table 7 clearly shows that the literate respondents (33.3 percent) have a more positive attitude towards family planning than illiterate respondents (10.0 percent). The Chi-square results show that the association between educational status and attitude towards family planning is significant.

DISCUSSION

In this study the large number of respondents belong to middle age. A large number of respondents have an undecided attitude towards family planning. Young age respondents have a more positive attitude towards family planning. Male respondents have a more positive attitude towards family planning. Literate respondents have a more positive attitude towards family planning.

Main Findings

1. There is no association between age and attitude towards family planning
2. There is no association between gender and attitude towards family planning
3. The association between educational status and attitude towards family planning found to be significant.

CONCLUSION

After reviewing the results the researcher found that the young generation is having a positive attitude towards family planning. The youngsters have awareness on the advantages of family planning and by practicing family planning a couple can go for better economic strategies for their children. Compared to women, men have a more positive attitude towards family planning. The reason might be that in rural areas men are considered as the family head and they have the responsibility to earn and feed the family. They know the worst side effects of unexpected child birth in a family and its impact on the economic status of the family. Finally educated respondents are more positive towards family planning due the knowledge that they have acquired through education on leading an economically comfortable life. The present generation youth has a very good planning of their life and practicing proper economic strategies.

LIMITATIONS

The study may suffer from sampling bias if the selected rural populations do not accurately represent the diversity of rural communities. Sampling from specific regions or communities could limit the generalizability of the findings.

There may be a risk of self-reporting bias in survey responses, particularly regarding sensitive topics such as attitudes towards family planning. Respondents may underreport or over report their true attitudes due to social desirability bias.

Conducting a comparative study across different rural regions may encounter challenges related to cross-cultural differences. Variations in language, customs, and traditions could affect the interpretation of survey questions and interview responses.

Accessing reliable and comprehensive data on rural populations' attitudes towards family planning may be challenging. Lack of documentation or incomplete records in some rural areas could restrict the depth of analysis.

SUGGESTIONS FOR FUTURE RESEARCH

Future research could benefit from longitudinal studies to track changes in attitudes towards family planning over time. Longitudinal data collection would provide insights into the effectiveness of interventions and policies aimed at promoting family planning in rural communities.

Incorporating more qualitative methods, such as focus group discussions and in-depth interviews, could offer richer insights into the underlying reasons behind attitudes towards family planning. Qualitative exploration could uncover nuanced perspectives and cultural factors influencing reproductive health behaviors.

Engaging rural communities as active participants in the research process could enhance the validity and relevance of the findings. Participatory approaches, such as community-based participatory research (CBPR), empower communities to contribute their knowledge and perspectives to the study.

Conducting multilevel analysis that considers individual, community, and structural factors influencing attitudes towards family planning could provide a more comprehensive understanding of the issue. Accounting for contextual factors at different levels could help identify targeted interventions that address the specific needs of rural populations.

Leveraging technology, such as mobile health (Health) interventions and telemedicine, could improve access to family planning services in remote rural areas. Future research could explore the feasibility and effectiveness of integrating technology into family planning programs in rural communities.

By addressing these limitations and implementing these suggestions, future research can advance our understanding of rural populations' attitudes towards family planning and contribute to the development of more effective interventions to promote reproductive health in rural areas.

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