

Awareness And Attitude Of Family Planning Among Rural Women In Ballari District: A Sociological Intervention

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Abstract

Karnataka's population increase has become a great concern to demographers, economic planners and even the government agents as a result of people's apathy in family planning. Many of the rural population are not knowledgeable about the benefits of family planning and as such, they feel that the programs are not for them, and therefore, do not participate. Against this backdrop of the above situation, the study examined the awareness and attitude of family planning among rural women of Karnataka in Bellary district. Data were gathered from 240 respondents who were randomly selected from Bellary district. Results showed that younger women (55.2%) were more knowledgeable about family planning than the older women (44.8%). It was also found that religion played an active role in the adoption of family planning practices in Bellary district of Karnataka State. In view of this, it is strongly recommended that education should be employed to improve people's knowledge on sexuality and to curtail the ugly trends in family planning practices in Karnataka.

Keywords: Awareness, Attitude, Family Planning, Sociology, Rural, Bellary.

I. Introduction

Family planning has attracted attentions all over the world due to its relevance in decision making, population growth and development. Samuel (2010) defined family planning as the practice that helps individuals or couples to attain certain objectives such as avoiding unwanted pregnancies, bringing about wanted babies at the right time, regulating, the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of parents and determining the number of children in the family. Family planning is a means of reproductive health. In spite of the hue and cry in and outside Nigeria about family planning or birth control, many people are still confused about its meaning, the methods involved, the advantages and disadvantages and the factors hindering its wide application in Nigeria (Iffy and Ezeah, 2004).

According to free Encyclopedia (2013) family planning is of birth control and other techniques to implement such plans which include sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling and management of infertility. It further conceptualizes that family planning is educational, comprehensive medical or social activities which enable individuals to determine freely the number

and spacing of their children and to select the means by which this may be achieved.

Brown et al (1987) argued that majority of the traditional societies welcome family planning practices because they are linked to the world communication and transportation networks which carry ideas and messages on contraceptive use. On the other hand, some societies do not accept family planning due to their cultural practices. A typical example of son preference in Igbo societies is shown when married couples with female children shun family planning so that they will be able to raise male children who are accorded more importance than females because males propagate family name, property and inheritance laws which limit the rights of females and can reinforce son preference. Research has shown that culture is a determinant for acceptance and non-acceptance of family planning.

Women's education resulted in woman empowerment and it enables them to use family planning services more effectively. WHO (1993) found out that women's education is in line with lower fertility which constitutes management of reproductive resources. Maternal education has once been linked with reduction of child mortality among rural dwellers.

Women's education enhances their capability and also their reproductive rights to decide freely and

responsibly the number, spacing and timing of their children and to have other necessary information regarding reproductive rights. Studies have shown that education is a determinant of awareness of family planning practices in Karnataka, for instance; Recent studies have also shown that religion is a good determinant of family planning practices. United Nation (1997) identified some factors such as cultural background, and religious beliefs which place the women at disadvantaged position in reproductive health issues. Ezea and Iffy (2004) asserted that Catholic Church is rigid in their views of family planning. Catholics hold the view that the application of artificial method is wrong and should not be allowed. The Catholic Church is said to be comfortable with the use of Billings' ovulation method which is rather natural.

It has been noted that women of high socio-economic status are likely to engage in family planning practices than women of low socio-economic status in Karnataka. Most of the women with high socio-economic status are linked to the knowledge / awareness and acceptance of family planning practices because they can foot the bills associated with family planning. Family planning has a great potential for reducing mortality in Karnataka. The main thrust of this work is to ascertain the attitude and the extent of awareness of married mothers toward family planning and also to examine whether educational background, gender, Age, Religion, culture and socio-economic background of mothers are determinants of family planning practices in Bellary district.

II. Theoretical Framework:

Social cognitive theory which has been recognized widely for providing a framework for understanding human behavior was adopted to anchor this study. Social cognitive theory centers on the prominent role of social modeling in human motivation, learning, thought and action. In social cognitive theory, the "social" aspect of the title acknowledges the social origins of human thought and action while the "cognitive" aspect recognizes the influential contribution of cognitive processes to human motivation, affect, and action (Bell, 2007). Social cognitive theory is rooted in the perspective that people are self-organizing, pro-active and self-

regulating. Human behavior is the product of an active interplay of personal, behavioral and environmental influences (Pajares, 2004)

Social cognitive theory assumes that if one is motivated to learn a particular behavior, then that particular behavior would be learned through clear observations. By imitating these observed actions, the individual observer would solidify that learned action. Social cognitive theory is a learning theory based on the ideas that people learn by watching what others do and that human thought process are central to understanding personality.

This study will investigate areas that may hinder women from the knowledge of accessing the available information on family planning services. It has been noted that access and availability of information enhances rightful choices of family planning. When people are well informed on an issue, they act appropriately. Adequate information on family planning services is beneficial to all and sundry including men, women, children, families, governments and the world at large. The knowledge of family planning services will help to protect women from unwanted pregnancies thereby saving them from high risk pregnancies or unsafe abortions. Thus, social cognitive theory can be useful in developing a training program to address the provision of family planning information by social workers, once it is known what needs to be confronted (Bell, 2007).

iii. Material And Methods

The study was located in Bellary district of Karnataka State, India and was undertaken among rural women of reproductive ages (18-49 years). A cross sectional design was used to measure the awareness and attitude of family planning among rural women in Bellary district. The chi-square test was used in order to test for the association of variables. The sample for this study consisted of 240 respondents (females only) selected through simple random sampling methods from the three communities (Sandurtaluka and Kudligi) of Bellary district, though the study made use of 230 respondents of those who returned their questionnaires.

A structured questionnaire on the awareness and attitude of family planning was used for the data collection. The first part of the questionnaires was

designed for women of reproductive ages (18 – 49 years). The data collected was processed and analyzed using statistical packages for social sciences (SPSS). A descriptive of statistical packages for social sciences was used. The first part of analysis started with socio- demographic characteristics of respondent’s such as marital status, sex, Age, education and occupation. The second part of this analysis used frequency, simple percentages and chi-square to test the variables.

Iv.Data And Descriptive Statistics

Socio-demographic characteristics collected in the questionnaire included age of the respondents, marital status, religion, occupation and educational attainment of the respondents. The study showed that majority of the respondents (96.1%) were married and only (3.1%) and (.9%) were divorced/separated and single respectively. Distribution of respondents by age showed that 27% of the respondents were within the age of 20 – 29 years while 50.5% fall within the age of 30 – 39 years.

The findings of the educational qualification of the respondents showed that most of them (30.9%) were holders of school certificate of education while 27% of them fall within the range of those who possess first school leaving certificate. 9.1% of the respondents had no formal education and 17% and 16% had their Degree Certificate respectively. Most of the respondents (37%) from the petty trading groups dominated the sample population and notable among the other groups in the sample were the farmers (27.4%) and civil servants (26.1%). The study also showed that (90.4%) of the respondents were Hindu while Muslims represented 4.8% and Christian 2.2% respectively.

**Table 1:
Percentage Distribution of Respondents by background Information**

Details	Frequency	Percent	Valid percent
AGE RANGE			
20 – 29	62	27.0	27.0
30-39	116	50.5	50.5
40 and above	52	22.5	22.5
Total	230	100.0	100.0
Marital Status			
Single	2	.9	.9
Married	221	96.1	96.1
Separated	2	.9	.9
Divorced	5	2.2	2.2
Total	230	100.0	100.0

Educational Qualification			
No Formal Education	21	9.1	9.1
School Leaving Certificate	62	27.0	27.0
Senior School Certificate	71	30.9	30.9
Diploma	39	17.0	17.0
Degree	37	16.0	16.0
Total	230	100.0	100.0
Occupation			
Rural Artisan	22	9.6	9.6
Farmer	63	27.4	27.4
Govt. Employee	60	26.0	26.0
Petty Business	85	37.0	37.0
Total	230	100.0	100.0
Religious Affiliation			
Hindu	208	90.4	90.4
Muslim	5	2.2	2.2
Christianity	11	4.8	4.8
Others	6	2.6	2.6
Total	230	100.0	100.0

The table 2 below showed the differences between the level of education and awareness of family planning methods in Bellary rural communities. The findings revealed that respondents with high level of education are more aware of family planning than those with lower level of education. Table 2 also examined the age related differences in awareness of family planning among rural women of Bellary district. The study also explored the relationship between religion and acceptance of family planning method among the rural populace in two taluks.

**Table 2
Distribution of Respondents According To Awareness of Family Planning, Relationship between Religion and Family Planning and Knowledge Difference between Older and Younger Women on Family Planning**

Have you heard about family planning?				
Education level	Yes	No	Don't know	Total
High education level	113 (49.1%)	30(13.0%)	11(4.8%)	154(67.0%)
Low education level	60 (26.1%)	14(6.1%)	2(.9%)	76(33.0%)
Total	173(75.2%)	44(19.1%)	13(5.7%)	230(100.0%)
Do you have the knowledge of family planning methods				
Age group	Yes	No	Don't know	Total
Older women	63(27.4%)	31 (13.5%)	9(3.9%)	103 (44.8%)

Younger women	110(47.8.0 %)	13(5.7%)	4(1.7%)	127(55.2%)
Total	173(75.2)	44(19.1%)	13(5.7 %)	230(100.0 %)
Educational Level				
Religion	Low education	High education	Total	
Hindu	40 (25.6%)	174(61.2 %)	214 (86.8%)	
Muslim	0(.0%)	2(1.7%)	2(1.7%)	
Christiani ty	4(3.3%)	5(4.1%)	9(.4%)	
Others	2(1.7%)	3(2.5%)	5(4.1%)	
Total	46(30.6%)	184(69.4 %)	230(100.0%)	

IV.I. Awareness And Attitude Measures

Results from the study showed that younger respondents (55.2%) were more knowledgeable about family planning than the older respondents (44.4%). The study also revealed the differences between the level of education and awareness of family planning methods in Bellary district. The findings showed that women with high level of education have more knowledge of family planning than those with lower level of education. The results also revealed the unwillingness or apathy of the rural women on the practice of family planning in Bellary district. This was as a result of religious factors or cultural practices of the people. Many of the respondents (40.4%) believed that children come from God and therefore there is no need planning or controlling fertility.

When the respondents were asked the reasons for lack of adoption of family planning, 56% of them opted for religious beliefs while 44% supported lack of knowledge. This shows that religion is a good determinant of family planning in India. Some women, who may have died as a result of refusal to use contraceptives, could have died as a result of religious belief. Religion is said to have played an active role in the adoption of family planning practices in Bellary district Karnataka. In India, religion has been identified as one of the determinant factors that affect family planning practices.

Furthermore, the study revealed that women have knowledge of family planning than men. Studies have shown that there are educated women that have knowledge of family planning, but are not practicing it due to the influence of their husbands; this is referred to as unmet need of the family planning. When the respondents were asked whether

they have at any point in time practiced any family planning methods, 53% of them agreed to have practiced family planning while a large proportion (47%) denied having ever practiced family planning. This attitude of failing to practice family planning could be linked to the cultural or religious beliefs of the people of Ballari district. For those who practice family planning, only 31% adopted the natural method of planning while a greater percentage (69%) are said to be practicing artificial method.

Finally, the study showed that cultural sensitivities account for the knowledge and use of family planning in Bellary district of Karnataka State, India. The position of ideas, meaning, beliefs and values, people learn as members of society determine human nature. People are what they learn and practice.

V. Discussion

The major thrust of this research was to examine the awareness and attitude of family planning among rural women of Bellary district. In the study, it was revealed that women with high level of education are more knowledgeable about family planning methods than those with lower level of education. Educated women are much more likely to know more than one method of family planning than the uneducated women. Numerous studies indicate that women's educational status and decision making are positively associated with the use of family planning. Beekle (2006) argued that educated women are often incorporated into family planning programmes' and counseling through different communication channels including the mass media. Formal education for both men and women may result in increased acceptance of the family planning in the society. UNICEF (2005) study revealed that in India, 96% of women with secondary and high education and 47% of those with no formal education had sought family planning services in the past two years.

The high percentage response on the reasons for lack of adoption of family planning in this study means that religion has traditionally been seen as a barrier to fertility decline and the adoption of family planning in India. This restriction can lead to frequent child bearing which can result to maternal deaths. Hence, religion influences people's reasoning

and behavioral attitude in their disposition to issues especially in sexual relationship.

The study also showed that women are more knowledgeable about family planning than men. The study noted that 59% of the respondents agreed that women have knowledge of family planning than men while only 16% of them did not support the idea of women having more knowledge. Women ranked highest in the awareness of family planning and have demonstrated superior knowledge over their male counterparts. The results, however showed that there is a significant difference between sex of respondents and the awareness of family planning $\chi^2(2, N=230) = 69.452, p 0.000$.

In this regard, women require more social support to enable them fulfill their productive and reproductive role. The ability of women to apply knowledge of contraceptives depends on this basic understanding of family planning. WHO (2014) holds the view that gender is the socially constructed roles and the relationship between men and women. Generally, women are more engaged in family planning methods than men because women carry the burden of child bearing and nurture more than men. Despite the difficulties that couples experience, those who can plan their families are more likely to have a much better chance of overcoming problems and staying together than those who do not plan their families. In Nigeria many marriages have failed because of lack of knowledge on family planning.

Finally, the study noted that majority of the respondents (53%) had practiced family planning whereas only (47%) had failed to practice family planning at all. Therefore, it does appear that many of the respondents have learnt that family planning has a lot of advantages which entails deciding freely and responsibly the number, spacing and timing of their children. Nevertheless, the 47% of the sample population who had not practiced family planning cannot be swept under the carpet because they are simply large enough. The reason for this kind of result may be clear because cultural sensitivities account for the knowledge and use of family planning in most of the developing countries of the world. One can conclude that cultural belief is linked to the negative attitude towards acceptance of family planning. In this case, there is probably no aspect of expression that does not have its cultural

determinants and because the patterns of attitude and behaviours set by different cultures may vary greatly, they frequently constitute significant barriers to family planning.

VI. Conclusion

The findings from the present study suggest that religious beliefs and cultural sensitivities are contributory factors to India's population increase which have become a great concern to economic planners and demographers. This research also noted that the major constraints to family planning in Ballari district include; cultural practices, religion and ignorance. However, there is need for social workers to work toward changing these ugly trends associated with population explosion and cultural practices of people which have continued to contribute to maternal mortality in India. Social thinkers should employ education and counseling to curtail the apathy or unwillingness of the rural women on the practice of family planning in India. Formal education is hereby recommended for both men and women who may result in increased acceptance of the family planning in the society.

VII. References:

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