CHAPTER - III

STATEMENT OF THE PROBLEM
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An intensive review of literature presented in the preceding chapter, points out the need for an in-depth study on knowledge, attitude and practice of family planning methods and reproductive health among adult learners in relation to their socio-economic characteristics. The present chapter is focused on the need for the study, the statement of the problem, definitions of certain terms used, objectives, hypotheses, variables studied and the limitations of the study.

3.1 THE PROBLEM

This study examines the “Knowledge, attitude and practice of family planning methods and reproductive health among women adult learners in Chittoor District”.

3.2 DEFINITIONS OF CERTAIN TERMS USED

The definitions of certain terms used in the study are given below:

3.2.a. KNOWLEDGE

Knowledge means perceptions of certain information of a fact or matter. Knowledge is an acquaintance with facts and range of information. It increases the intellectual acquaintance with and perception is nothing but knowing about many things.

B.S.BLOOM (1956) stated knowledge as ‘those behaviors’ and test situations which emphasize in remembering them to recognition or recall of ideas, material or phenomena.
E.M. ROGERS (1983) states “knowledge is a body of understanding and information possessed by an individual about a particular act, thing or process”.

N. E. GRONLUND (1970) defines: “it is the remembering of previously learned material, this may involve the recall of a wide range of material, from specific facts to complete theories, but all that is required in bringing to mind the appropriate information. Knowledge represents the lowest level of learning outcomes in the cognitive domain”.

3.2.b. ATTITUDE

Attitude is the disposition of a figure in standing or painting; hence the posture given to it. Attitude means a posture of the body proper to, or implying, some action, or mental state assumed by human beings or animals. In the order of words attitude means settled behavior or manner of acting as representative of feeling or opinion.

J.M. BALDWIN (1905) defines attitude as “readiness for attention or action of a definite sort”.

G.W. ALLPORT (1929) refers to treat attitude as “a mental and neutral state of readiness, organised through experience, exerting a directive or dynamic influence upon the individual’s response to all objectives and situations with which it is related”.

According to J.J.B. MORGAN (1934), “Attitudes are literally mental postures, guides for conduct before a response is made”.

H.C. WARREN (1934) defines “Attitude as the specific mental disposition towards an incoming (or arising) experience, whereby that experience is modified for a condition of readiness for a certain type of activity”.
Accordingly to E.W. BOGARDUS (1941) attitude is a tendency to act towards or against something in the environment which becomes thereby a positive or negative value. Readiness to respond, act or feel in certain ways towards something.

L. THURSTON (1947) defines “attitude as the degree of positive or negative effect associated which some psychological object”.

J. C. COLEMAN (1975) describes attitudes as a consistent leaned emotional predisposition to respond in a particular situation.

CARRUTH et al (1977) quote, Summers as saying that attitudes have a motivational quality. Attitudes not only contribute to routinizing behavior but they have a directional quality in that they involve an effective dimension, such as a person’s evaluation of liking for or emotional response to the attitude object.

3.2.c. PRACTICE

Practice means carrying out or performance of that which was been down in theory or been acquired by mere learning of knowledge. Practice is to do something frequently or customarily, either for instruction profit or amusement; to form a habit of acting in any manner. In other words, practice means, doing of something repeatedly or continuously by way of study.

J. P. CHAPLIN (1975) described practice as the repetition of an act or behavioral function for the purpose of improving the function. Practice is that which is customary, typical and habitual.

All the definitions cited above give importance to the degree of ‘liking’ or ‘disliking’ towards a psychological object.
Definition of family planning

The expert committee by W.H.O. defined family planning as the "practices that help individuals or couples to attain certain objectives like, to avoid unwanted births, to bring about wanted births, to regulate intervals between pregnancies, to contribute the time at which birth occurs in relation to the ages of the parents and to determine the number of children in the family".

Definition of reproductive health

International conference on Population and Development, Cairo, 1994 defined reproductive health "as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore, implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so."

3.2.d. ADULT LEARNERS

In a broader sense the term learner suggests the person who participates in a learning activity out of his own choice. The term Adult Learner is used to distinguish him from the youthful student in the class room setting. For the present study the learners who attend the continuing education centres are categorized as adult learners and the women learners are taken as the sample for the present study.

3.3 NEED OF THE STUDY

The modern age is in full swing, Scientific progress has brought an all-round change in our socio-economic conditions, old beliefs and notions are crumbling down. A new role for today's woman is emerging out of the debris
of the past. She has come from obscurity to limelight, from socio-economic subjugation to freedom. She is venturing freely in the avenues of life. Which were until now forbidden to her by customs, traditions and religious superstitions. She is competing with man in every sphere of life and has started snatching the monopolies so far held by man. But still in most of the societies, particularly in rural areas women do not enjoy equal status with men due to a number of social, economical, cultural and political reasons. Women are reduced to depend on men instead of being complete individuals. The entire life span of women from birth to death is being controlled by male attitudes. As a result of this, women have lost control over natural resources like land, water, forest, etc. In fact, they have lost control over their own bodies and are denied access to knowledge; skills, information, ideas and financial resources. Ignorance, illiteracy or marginal education and poverty associated with traditional practices and beliefs have made women weak and submissive counterparts in the society.

Indian women are suffering from mass illiteracy, unemployment, malnutrition, ill health and limited access to economic assets. In India, women's health status is poor and the number of pregnancy related deaths in rural areas is the high. India has about (15%) of the world's population but accounts for almost (25%) of the world's maternal deaths. Malnutrition is widespread among Indian girls and women. Though women have equal rights to enjoy the standard health services, in reality, women have different and unequal access to basic health services. Awful poverty, lack of nutritious food and safe drinking water, lack of sanitation and hygienic accommodation, hostile work environment, heavy workload combined with insufficient nutrition are the major factors have immeasurable adverse effect on the health of women. About half of the women in general and 70% pregnant women in particular suffer from anaemia. Over one lakh Indian women die every year due to anemia. In India, the maternal mortality rate and the child mortality are very high. This is due to the lack of awareness and
proper education regarding reproductive health and safe family planning. We often encounter cases in rural areas where women with small problems faced hardships during pregnancy and child birth.

Stabilisation of population is a function of socio-economic advancement of the society in general and the liberation of women in particular. This then, is the hidden agenda of reversing the traditional role of a woman from that of a baby producing machine, based on the maxim of "more the merrier" to that of an active contributor to the socio-cultural and economic advancement of the individual, the family and the society to her full potential.

The overriding objective of economic and social development is to improve the quality of life of the people, to enhance their well being and to provide them with opportunities and choices to become productive assets in society. Slowing population growth to achieve the goal of population stabilization aids in development. It relieves pressures on both the economy and the natural environment. When population growth slows, it enables the government to invest more per capita in education, healthcare, sanitation and other productive aspects of human life.

Population stabilization, therefore, is a necessary condition for sustainable development, which also recognizes that the process of social and economic development should continue without sacrificing the environment. A stronger economy promoting qualitative social development can afford to invest more in the promotion of environment. Sustainable development, therefore, subsumes efforts towards sustained economic growth, poverty eradication, healthy social development, protection of environment and reduction in overall population growth.

Major thrust of the National Population Education Programme has been the integration of the elements of reconceptualised population
education in the existing education system. It is expected that by doing so, the learners will be made aware of the inter-linkages between population and sustainable development. Education is also expected to include in them the required positive attitudes and responsible behaviour towards crucial issues of population stabilization.

The concept 'child by choice not by chance' is still not in practice in the Indian society. The major reason being rural women by themselves do not freely decide their family size and this lack of decision making power among women about the number of children they want and compounded by the lack of knowledge about the family planning methods are the most severe constraints to adopt the norm of small size family.

Proper messages related to population aspects are to be spread among women residing in rural areas as well as in the slums of the urban areas. Women should be made to participate in population control exercise and are to be made conscious of the development activities that are to be achieved. Keeping the above in mind, from 1998 onwards messages pertaining to population and development are being disseminated among adult neo-literates and members of continuing education centres as a part of continuing education programme.

Knowledge about family planning methods will inculcate the people to have a choice of their own and is likely to develop a very favourable attitude among people and enable them to take the right decision at the right time. Reinforcement of knowledge on contraception and its advantages is an absolute necessity to overcome the anxiety and fear that is invariably noticed among most of the people in order to quell the rumours and to facilitate diffusion of the various contraceptive uses through satisfied adopters. Knowledge about reproductive health enables women to give birth to healthy children and also helps in prevention of Sexually Transmitted Diseases.
(STD's). From 1998 onwards knowledge about reproductive health is being provided to the adult learners in continuing education centres through the supply of study material and books like Nelatappite, Chulalu Teesukovalasina Jagrattalu (precautions to be taken by a pregnant woman), Garbhavatula Aaharam (diet for pregnant women), Sukha Prasavaniki Sukhamaina Margalu (healthy measures to easy delivery), Garbhini Streelu – Puriti Noppulu (pregnant women labour pains), Kanupayite (at the time of delivery), Talli Paalu (Mother's milk), Amma Aasa (Mother's desire), Pandanti Papayi (health baby), Tallulu Pillalu Jagratha (children’s care). Keeping this in view, the present study is formulated to identify the attitude and practice of family planning methods and reproductive health among Continuing Education Centres learners with particular reference to women in Chittoor District.

3.4 OBJECTIVES OF THE STUDY

The main objective of the present investigation is to study the “Knowledge, attitude and practice of family planning methods and reproductive health among women adult learners in Chittoor District” and to assess the influence of different socio-economic factors on the knowledge, attitude and practice of family planning methods and reproductive health.

The specific objectives of the study are as follows:

1. To Study the knowledge, attitude and practice of family planning methods and reproductive health among the respondent's.

2. To find out the influence of the socio-economic characteristics such as religion, caste, occupation and annual family income on the knowledge, attitude and practice of family planning methods among women adult learners.
3. To find out the influence of the socio-economic characteristics on the knowledge, attitude and practice of reproductive health among women adult learners.

4. To find out the influence of the demographic characteristics such as age, age at menarche, age at marriage, age at first delivery, total live births, total living children, total still births, total spontaneous abortions, total infant deaths and total child deaths on the knowledge, attitude and practice of family planning methods among women adult learners.

5. To find out the influence of the demographic characteristics on the knowledge, attitude and practice of reproductive health among women adult learners.

6. To study the association between the knowledge and practice of family planning methods among women adult learners.

7. To study the association between the knowledge and practice of reproductive health among women adult learners.

3.5 HYPOTHESES

Keeping in view the above mentioned objectives the following hypotheses are formulated.

1. There is no significant association or difference between Religion and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

2. There is no significant association or difference between caste and knowledge, attitude and practice of family planning methods and reproductive health of the sample.
3. There is no significant association or difference between Occupation and knowledge, attitude and practice of family planning methods and reproductive Health of the sample.

4. There is no significant association or difference between the Annual Family Income and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

5. There is no significant association or difference between the Age and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

6. There is no significant association or difference between the Age at Menarche and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

7. There is no significant association or difference between the Age at Marriage and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

8. There is no significant association or difference between the Age at First Delivery and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

9. There is no significant association or difference between Total Live Births and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

10. There is no significant association or difference between Total Living Children and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

11. There is no significant association or difference between Total Still Births and knowledge, attitude and practice of family planning methods and reproductive health of the sample.
12. There is no significant association or difference between Total Spontaneous Abortions and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

13. There is no significant association or difference between Total Infant Deaths and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

14. There is no significant association or difference between Total Child Deaths and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

15. There is no significant association between knowledge and practice towards family planning methods of the sample.

16. There is no significant association between knowledge and practice towards reproductive health of the sample.

3.6 SCOPE OF THE STUDY

The study enquires into the knowledge, attitude and practice of family planning methods and reproductive health of the adult learners at the continuing education centre with special reference to women in Chittoor District. The study makes an effort to identify their knowledge on different family planning methods, the problems they face during the use of family planning methods, their attitude towards different family planning methods and the extent of practice of these methods by the sample. Further, the study tries to understand the knowledge of the subjects on the elements of reproductive health such as, maternal care, nutrition, reproductive tract infections, sexually transmitted diseases (STD's), infertility and infant and child health. The study also aims to study the attitude and practice of the subjects on the maternal care, nutrition of pregnant women, prevention of sexually transmitted diseases and also towards the infant and child health. In addition, the study also aims to find out the association amongst and
between the dependent variables of knowledge, attitude, practice and the independent variables of demographic and socio-cultural nature.

3.7. VARIABLES

Variables considered in the present investigation are categorized under two heads, namely, dependent variables and independent variables.

3.7.a. DEPENDENT VARIABLES

Dependent variables included in the study are knowledge, attitude and practice of adult learners.

Knowledge

Knowledge in the present study is considered as the amount of adequate information, awareness and understanding about the family planning methods and reproductive health. Knowledge advance towards family planning and reproductive health mainly depends on different factors such as Religion, Caste, Occupation, Annual Family Income, Age, Age at menarche, Age at marriage, Age at first delivery, Total live births, Total living children, Total still births, Total spontaneous abortions, Total infant deaths, Total child deaths etc. Knowledge of adult learners is measured with the help of a questionnaire which contains different aspects pertaining to the family planning methods and reproductive health and is analysed based on the knowledge of adult learners in relation to their socio-economic variables. The item, knowledge has been considered as dependent variable in this study. However, knowledge is also considered as independent variable to measure the attitude and practices of adult learners in family planning methods and reproductive health. The sample of women is divided into three knowledge groups, i.e. Low, Moderate and High.
Attitude

Attitude mainly depends on the occupation and exposure to the mass media etc. The attitude of adult learners towards the family planning methods and reproductive health has been measured with a rating scale. Though attitude was considered as dependent variable, to measure practice, it was considered as independent variable. The sample of women is divided as strongly agree, agree, undecided, disagree and strongly disagree based on their attitudes.

Practice

Practice is nothing but adoption and use of family planning methods and taking care of all other matters relating to reproductive system and its functions and process. Practice of adult learners is measured with the help of a questionnaire which contains different aspects relating to family planning methods and reproductive health. The sample women are divided into Low, Moderate and High categories.

3.7.b. INDEPENDENT VARIABLES

There are a large number of variables that influence the knowledge, attitude and practice of adult learners in the family planning methods and reproductive health. Independent variables selected for the study are: Religion, Caste, Occupation, Annual Family Income, Age, Age at menarche, Age at marriage, Age at first delivery, Total live births, Total living children, Total still births, Total spontaneous abortions, Total infant deaths and Total child deaths.

Religion

Religion is one of the most important variables in the present study. In this study the two groups of adult learners, viz., Hindus and Muslims were taken.
Caste

Caste refers to the class or distinct hereditary order of society. It is an important factor which pervades all fields of social action in Indian society. People belonging to different castes have their own status on the society and their mode of living. As the study was aimed at finding the bearing of caste on their level of knowledge, attitude and practice in the family planning methods and reproductive health, caste has been taken as an independent variable. In this study the four castes of adult learners viz., Scheduled Castes, Scheduled Tribes, Backward Castes and Forward Caste have been considered.

Occupation

Occupation refers to the means of livelihood of any individual. Hence, the variable occupation of the respondents is included in this study. Based on their occupation, the respondents are divided into four groups, i.e., Others, Agriculture labourers, Business and Cultivation.

Annual family income

Income is personalized as the average monthly earnings of the family and it determines the economic status of the individual. Income is also an important variable in determining the level of knowledge. In the present study the sample of respondents are divided into three groups on the basis of their annual family income, i.e., Below Rs.25,000, Rs.25,000 to 35,000 and Rs.36,000 and above.

Age

Age is operationalized as a number of full chronological years completed by the respondents at the time of the investigation. Age is included as one of the variables in the present study to see whether age is a significant factor in determining the knowledge, attitude and practice of the family
planning methods and reproductive health or not. Hence, the respondents are divided into three categories according to their age, i.e. Below 28 years, 28 - 33 years and 34 and above years.

Age at menarche

Menarcheal age differs from region to region and from one community to the other. According to Tanner (1978) menarche occurs around 12.8 to 13.2 years. Studies conducted in Northern and Eastern India among various communities do reveal that menarche occurs around 12.38 to 14.34 years. (Bhattacharya, chatterjee and Bhattacharya, 1977).

Age at marriage

In India marriage is universal and a pre-requisite to beget children. According to the Government of India act the minimum age at marriage for males is 21 years and for females is 18 years. Legally it is an offence if marriage is performed earlier. However it may be mentioned here that child marriages were widespread in Indian society during the pre Independence era. Even today despite legal prohibition of child marriages in the country they still occur in considerable number in the rural areas. If girls are married before 18 years they will not be physically and mentally developed fully to bear the burden of child bearing and rearing. Babies of very young girls have a greater risk of low-birth weight, sickness and death in childhood. Hence age at marriage is taken as the variable for the present study.

Age at first delivery

As explained about the importance of age at marriage, age at first conception also has got an equal importance on the reproductive and general health of a woman and her child. As many demographers and health personnel have found out in their studies that pregnancy at too early age and
also at too late age is not desirable in view of mother's and child's health. High risk of maternal morbidity, mortality, miscarriages and infant morbidity and mortality could be prevented or rather reduced by following appropriate age for conception.

Total live births

Total live births is also an important component in measuring fertility. Therefore mean live births per women are analysed here.

Total living children

A woman may give birth to more than one child in her reproductive period. But due to so many reasons there is scope for occurrence of still births, infant and child morality. Here the investigator has considered only the number of living children that the women have.

Total still births

Still birth is defined as “after completion of seven months of gestation during pregnancy per 1000 live births. It is nothing but late foetal mortality by observing still births and the health status of women”.

Total spontaneous abortion

Miscarriages or abortions refers to the termination of pregnancy before 7 months in terms of spontaneous abortion. The incidents of abortion is for higher than is generally reported. Accurate statistics are impossible to obtain but it is probable that at least more that (30%) if pregnancies terminate spontaneously. Here in this study the researcher has made an attempt to elicit and analyse the status of miscarriages in relation to the reproductive health status of the respondents.
Total infant deaths

It is well known that there is association between the health status of women during pregnancy particularly, and her infants morbidity and mortality levels. Infant mortality is defined as "the total number of living children before completing their first birthday [before completion of 365 days of life after birth] per 1000 live births in a specific year".

Total child deaths

Children are the most vulnerable group of the entire population. Large number of babies are born in India and many of them die also before reaching their Fifth birthday. In India about (33%) of children below 5 years of age are categorized malnourished and (5%) are severely malnourished resulting on child mortality. Besides that due to poor health services and prevalence of poverty in rural areas child mortality also would be more in rural areas.

3.8 LIMITATIONS OF THE STUDY

1. The present investigation is confined to a few mandals of Chittoor District in Andhra Pradesh.

2. Knowledge, attitude and practice of family planning methods and reproductive Health among men is also equally important to stabilize population and to maintain good reproductive health status of the community as a whole. But the present study is confined only to women adult learners.