

## **Identifying the Influential Socio Economic Factors on the Thought of Having Family Planning Among Youth in Rural (With Reference from Porawagama Gn Division)**

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**Abstract :** Family planning is simply the decision-making process by couples, together or individually, on the number of children that they would like to have in their lifetime, and the age gap between children. This means that both halves of a couple have equal rights to decide on their future fertility. The main objective of the study was to identify the influential socio economic factors on the thought of having family planning among youth in a rural area. 100 of 18 - 40 age grouped in Porawagama GN divisional area were chosen as the sample through the purposive sampling technique, using a structured questionnaire. The dependent variable is thus the thought of having family planning and the independent variables have considered under three categories as economic, socio demographic and family planning related factors to reveal the significantly influential factors. Results of the chi square analysis revealed that, job sector (husband and wife), monthly income, age group, education level, age at marriage, number of actual birth, ability to leave from the job, status of house, free time (in hours), awareness about (husband's), awareness about methods and from where obtained as significantly influential for the thought of having family planning among youth in rural.

**Keywords:** Family Planning, Rural, Youth

### **1. INTRODUCTION**

There is a very long history for the family planning concept. Family planning is simply the decision-making process by couples, together or individually, on the number of children that they would like to have in their lifetime, and the age gap between children. This means that the both halves of a couple have equal rights to decide on their future fertility. In planning, the partners need to have the right information on when and how to get and use methods of their choice without any form of prevention. Such planning therefore helps mothers and their children enjoy the benefits of birth spacing and having planned pregnancies. Family planning is one of the leading strategies to promote family life and welfare, control unwanted population growth, and the development of the nation (Mason, 2010).

The first family planning clinic in Sri Lanka started in 1937, but closed soon thereafter. The family planning activities in Sri Lanka commenced in a consistent way with the establishment of the Family Planning Association in 1953. The initial work of the association focused on reducing maternal and infant mortality and malnutrition among the poor. In 1965, family planning was integrated in the government's maternal and child health programme, and in 1968 the Family Health Bureau was established to co-ordinate family planning under the Ministry of Health. The government's concern for population reduction was clearly expressed through the formulation of the Population Policy in 1977. However, it took about two decades for the National Family Planning Programme to be able to reach the remote and rural areas (Jayakody, 2011).

Family planning has been justified on various grounds including its contribution to poverty alleviation, improved maternal and infant health and the advancement of women's rights and choices. More recently, the discourse of 'Family Planning's empowerment' has been used in the advocacy of family planning. This discourse integrates a number of earlier justifications for fertility control promoting family planning as a strategy to enhance women's access to higher standards of living and improved health. (Gillespie, 2004).

Effective family planning programs make the rapid spread of voluntary modern family planning methods possible in the world. Such programs help people achieve their personal reproductive goals. Many women in developing countries use family planning methods to prevent unwanted and unplanned pregnancies. Family planning use levels have increased from 10% in 1960s to more than 50% in 1990s in developing countries (N, Babalola and John, 2012).

In the developing world, a substantial gap exists between women's stated reproductive attitudes and their use of family planning. This discrepancy is referred to as the unmet need for family planning (Bongaarts and Bruce, 1995).

Bertrand discusses the importance of access, quality of care and medical barriers for using family planning programs. According to the authors, access can determine whether or not the individual makes contact with the family planning provider, whereas quality of care can affect the client's decision to use family planning services. Medical barriers include policies and practices that might prevent clients from receiving the contraceptive method of their choice or "impose unnecessary process barriers to access family planning services" (Jane T, 1995).

On the view of above, identifying the influential socio economic factors on the thought of having family planning among youth in rural area is the main objective of this study.

## 2. MATERIALS AND METHODS

### 2.1 Data Collection

This study mainly based on primary data and data were generated by using a structured questionnaire filled by 100 of 18 - 40 age grouped in Porawagama GN divisional area.

### 2.2 Population and Sample

People who are in the ages 18 -40 in Porawagama GN divisional area has been considered as the population. The population has been collected divided into two clusters as 58 from the katuketiya sub village householders and 42 from the karuwalathota sub village householders. In order to select that sample, purposive sampling method was used.

## 3. DATA ANALYSIS

Chi – Square technique has been utilized as main analysis method since the dependent variable is constructed with categories. Chi –Square Test is used at a 0.05 significant level under the following null hypotheses.

H<sub>0</sub>: There is not an association between the thought of having family planning among youth and the corresponding explanatory variables.

The dependent variable is the thought of having family planning and the independent variables have considered under three categories as economic, socio demographic and family planning related factors to identify the significantly influential factors. Table 1, 2 and 3 exhibits the summary results of the chi square tests under each category of variables.

Table 1: Chi square test results for dependant variable vs economic factors

Independent variables	P-value	Decision
job sector (husband)	0.002	reject H <sub>0</sub>
job sector (wife)	0.000	reject H <sub>0</sub>
Working sector	0.169	Do not reject H <sub>0</sub>
Monthly income	0.368	reject H <sub>0</sub>
Monthly expenditure	0.067	Do not reject H <sub>0</sub>
Monthly expenditure for children	0.056	Do not reject H <sub>0</sub>

Source: Sample survey, 2019

Results of the Table 1 demonstrates that the youth's thought on having family planning is significantly influenced by the economic factors; job sector (husband and wife) and monthly income.

Table 2: Chi square test results for dependant variable vs socio demographic factors

<b>Independent variables</b>	<b>P-value</b>	<b>Decision</b>
Gender	0.249	Do not reject H <sub>0</sub>
Age group	0.02	reject H <sub>0</sub>
Education level	0.000	reject H <sub>0</sub>
Num of members in the family	0.526	Do not reject H <sub>0</sub>
Age at marriage	0.004	reject H <sub>0</sub>
Number of actual births	0.000	reject H <sub>0</sub>
Use of drugs	0.074	Do not reject H <sub>0</sub>

Source: Sample survey, 2019

According to the results of the Table 2, age group, education level, age at marriage and number of actual births were found to be significantly influential socio demographic factors for the youth's decision for having family planning.

Table 3: Chi square test results for dependant variable vs family planning related factors

<b>Independent variables</b>	<b>P-value</b>	<b>Decision</b>
Ability to get leave from the job	0.042	reject H <sub>0</sub>
Status of house	0.039	reject H <sub>0</sub>
Free time (in hours)	0.020	reject H <sub>0</sub>
Awareness about (husband's)	0.024	reject H <sub>0</sub>
Awareness about (wife's)	0.433	Do not reject H <sub>0</sub>
Awareness about the Methods	0.000	reject H <sub>0</sub>
From where obtained (place took)	0.000	reject H <sub>0</sub>
Number of Expected children	0.434	Do not reject H <sub>0</sub>
Mostly like (child)	0.118	Do not reject H <sub>0</sub>

Source: Sample survey, 2019

Results of the Table 3 demonstrates that the youth's thought on having family planning is significantly influenced by the family planning related factors; ability to leave from the job, status of house, free time (in hours), awareness about (husband's), awareness about methods and from where obtained.

#### 4. DISCUSSION

The main purpose of this study is to identify the influential socio economic factors on the youths' decision to having family planning in a rural area. In order to achieve this objective, the independent variables have taken under three categories as economic, socio demographic and family planning related factors to identify the significantly influential factors.

Gender, age group, education level, numbers of members in the family, job sector, working sector, ability to take leave from the job, monthly income, monthly expenditure, members in the family, status of house, free time in hours per day, age at marriage, awareness about family planning, reasons for family planning,

methods for family planning, From where obtained (place took), expected number of children, number of children at present, mostly preferred child, monthly expenditure for children, use of drugs were the considered as the factors for this study.

According to chi-square test results, job sector (husband and wife), monthly income, age group, education level, age at marriage, number of actual birth, ability to leave from the job, status of house, free time (in hours), awareness about (husband's), awareness about methods and from where obtained found to be significantly influential for the thought of having family planning among youth in rural.

#### REFERENCES

- [1] Mason, E. J. (2010) 'Identifying Factors of Influence on Family Planning Practices', pp. 1–67.
- [2] Jayakody, UV (2011) 'Health conditions and health care principles among ageing population in Sri Lanka', Sri Lanka Journal of Population Studies, 12–13, pp. 81–96. Available at: <file:///C:/Users/kdu/Downloads/VOL 12 - 13.pdf>.
- [3] Gillespie, J.H. (2004). Population Genetics : A Concise Guide. The Johns Hopkins University Press. ISBN 0-8018-8009-2.
- [4] N, B. S. J., Babalola, S. and John, N. (2012) 'Factors underlying the use of long-acting and permanent family planning methods in Nigeria: A qualitative study. TT -', The RESPOND Project Study Series: Contributions to Global Knowledge, (5), pp. ix-pp. Available at: [http://www.respond-project.org/pages/files/6\\_pubs/research-reports/Study5-Use-Dynamics-Study-Nigeria-August2012-FINAL.pdf](http://www.respond-project.org/pages/files/6_pubs/research-reports/Study5-Use-Dynamics-Study-Nigeria-August2012-FINAL.pdf).
- [5] Bongaarts, J. and Bruce, J. (1995) The Causes of Unmet Need for Contraception and the Social Content of Services. Studies in Family Planning, 26, 57-75.
- [6] <http://dx.doi.org/10.2307/2137932>
- [7] Jane T, B. K. H. (1995) 'Access, Quality of Care and Medical Barriers', Access, Quality of Care and Medical Barriers, 21. Available at: <https://www.gutmacher.org/sites/default/files/pdfs/pubs/journals/2106495.pdf>