

Urban-Rural Disparities in Family Planning: A Case Study of Kanpur Nagar

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Abstract:

The present study looks into the awareness, accessibility and utilization of family planning among urban and rural population of Kanpur Nagar district in Uttar Pradesh. The research, through its analysis of both Primary and Secondary data obtained from the Household surveys and authentic government sources, reveals that there are significant differences between urban and rural populations in their knowledge of contraceptives, access to health care, socio-economic status, and cultural influences. The results indicate that urban residents have higher levels of awareness about family planning, better access to reproductive health services and higher use of modern methods of contraception, which can be attributed to better healthcare infrastructure, higher literacy rates and socio-economic benefits. Rural areas on the other hand, have limited access to health care facilities, lower literacy rates, limited media access, and the high influence of traditional social norms which makes it difficult to implement family planning. Overall, the study highlights the need for targeted interventions in the rural sector, such as improving healthcare access, expanding educational opportunities, and fostering gender equality to address these gaps. The findings will help to understand the influencing factors on family planning and will serve as the basis for policy suggestions to enable better reproductive health services in both urban and rural areas. The keyword used are Urban-Rural Disparities, Family Planning, Kanpur Nagar, Contraceptive Use, Healthcare Accessibility, Socio-Economic Factors, Women's Empowerment, Reproductive Health.

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Introduction:

Family planning is a fundamental part of public health and socio-economic development because it helps individuals and couples to plan their children based on their health status and reproductive needs. Effective family planning plays an important role in maternal and child health, population control, women empowerment and living standard. Family planning programmes have been in place in developing countries of the world since the early years following independence, in India, to help stabilize the population and to promote sustainable

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development. Although the government has been relentless in its drive to increase awareness and access to family planning services via the National Family Welfare Programme and other reproductive health programmes, there is still a gap between urban and rural regions in terms of awareness, access and utilization.

Educational attainment, health care facilities, socio-economic and cultural beliefs and access to info are factors that affect the urban-rural differences in family planning. Compared to rural areas, urban areas tend to have more access to health care facilities, trained health care workers, media coverage, and more modern contraceptive methods, whereas rural areas may have weak health care facilities, a lower literacy rate, lower income levels, traditional social norms, and less knowledge about reproductive health services. These disparities end up causing differences in contraceptive utilization, fertility practices, maternal health experiences and patterns of population growth. Thus, the analysis of spatial and social dimensions of FP disparities is essential to designing policy and system interventions and promoting equity in health service delivery.

Kanpur Nagar is an important urban industrial district of Uttar Pradesh which has an important socio-economic contrast between urban and rural area. The district has very special urban centers and relatively less developed rural settlements. This diversity is suitable to examine geographical differences in family planning awareness, adoption and access to health care. The rapid urbanization, migration, transformation in socio-economic structures and demographic transition have also contributed to the reproductive behavior and family planning practices in the district. The present study with the title “Urban-Rural Disparities in Family Planning – A case study of Kanpur Nagar” tries to look into the disparity of family planning practices in urban and rural areas of the district. This study is concerned with the detection of differences in awareness, use of contraceptives, access to health care, socio-economic factors and patterns of reproductive behaviors. It also aims to assess the importance of education, earning status, gender awareness and healthcare facilities in influencing family planning adoption. The outcomes of the study are likely to help understand demographic disparities and help inform policy and health system leaders' planning to ensure reproductive health services are better tailored to the needs of the region and to ensure equitable population development.

Review of Literature:

Kanojia (1996) studied the use of contraceptives among the women of urban areas in Mumbai and found that there was a strong correlation between knowledge and acceptance of contraceptive and education, socio-economic status and the accessibility to healthcare. The study revealed that women with high educational and economic status exhibited high usage of modern contraceptive methods, whereas women from lower income levels exhibited low awareness and irregular usage of the modern contraceptive methods.

Halli et al. (2019) have examined the fertility and family planning situation in the state of Uttar Pradesh and found major regional and urban-rural variations in the use of contraceptives and fertility rate in the state. The study showed that fertility was low in the highly urbanized districts, e.g., Kanpur Nagar and Lucknow, than in the less developed rural districts. The

researchers highlighted that the education, health infrastructure, and socio-economic development of women is a key determinant to enhance the adoption of family planning.

According to Ali et al. (2021), inequalities in care-seeking for maternal care in urban areas of India identified that there were significant differences between poor and non-poor in India based on NFHS data. The study found that marginalised population groups had less access to antenatal care, institutional delivery, and reproductive health services. The authors found that socio-economic inequality is a key factor hindering reproductive health services utilization in India. The NFHS-5 report for Uttar Pradesh provided important demographic and reproductive health indicators related to contraception and family planning by the International Institute for Population Sciences (IIPS) and ICF (2021). While the report reflected advancement in contraceptive use and in the access to institutional care, the gap remained between rural and urban areas, attributable to variations in literacy, access to health care and awareness. In the study conducted by Tripathi et al. (2023), the significant rise in contraceptive prevalence at the national level in the study was reported as major findings of NFHS-5. It was observed that the use of modern contraceptives has significantly risen from the NFHS-4, reflecting the better awareness and service provision related to reproductive health. There were, however, regional and socio-economic inequalities, especially for rural and marginalised groups.

Singh et al. (2023) studied the trends of unmet need for contraception in India and found that the unmet contraceptive needs was decreasing with time, but there was a variation in the reduction between the states and districts. The researchers emphasized that unmet needs of rural population and socio-economically disadvantaged groups remained high, as a result of poor healthcare access, limited awareness and cultural barriers.

Agrawal et al. (2023) explored the use of temporary modern contraceptive methods for women of reproductive age in India, using data from the NFHS-5 survey. Education, wealth status, media exposure and access to healthcare were identified as important factors associated with contraceptive use in the study. Temporary contraceptive use was shown to be higher among women living in urban than in rural areas.

Kumar et al (2024) investigated inequalities in the use of modern contraceptives between rural and urban areas in India and reported that the gap narrowed over the years as family planning programmes got to the marginalised population. However, differences existed between the poorer, uneducated and rural women. The research highlighted the importance of policy interventions that create specific targets for socio-economic and spatial disparities for the use of contraceptives. Halli et al. (2024) investigated socio-economic and geographic inequalities in the uptake of modern family planning methods in Uttar Pradesh and found that significant inequities even at the small geographical level. The findings showed that in various regions of the state, socio-economic inequality, accessibility of health services and educational status were significant factors that affect the adoption of family planning.

Mishra et al. (2025) investigated the unmet need for family planning among young women in Uttar Pradesh and found that son preference, education, fertility behavior, and socio-economic factors played a significant role in explaining family planning unmet needs among young women in urban areas as compared to the rural areas. The study underscored the need for

awareness programmes and women empowerment to help overcome reproductive health inequalities.

Shit et al. (2026) investigated changes and correlates of contemporary contraceptive use in Mission Parivar Vikas districts of India, and discovered that sizeable differences persisted between urban and rural groups. The research found that even after the government interventions, the use of contraceptive in the rural and high fertility districts was comparatively low among women. Family planning information, education and economic factors had a positive effect on contraceptive uptake.

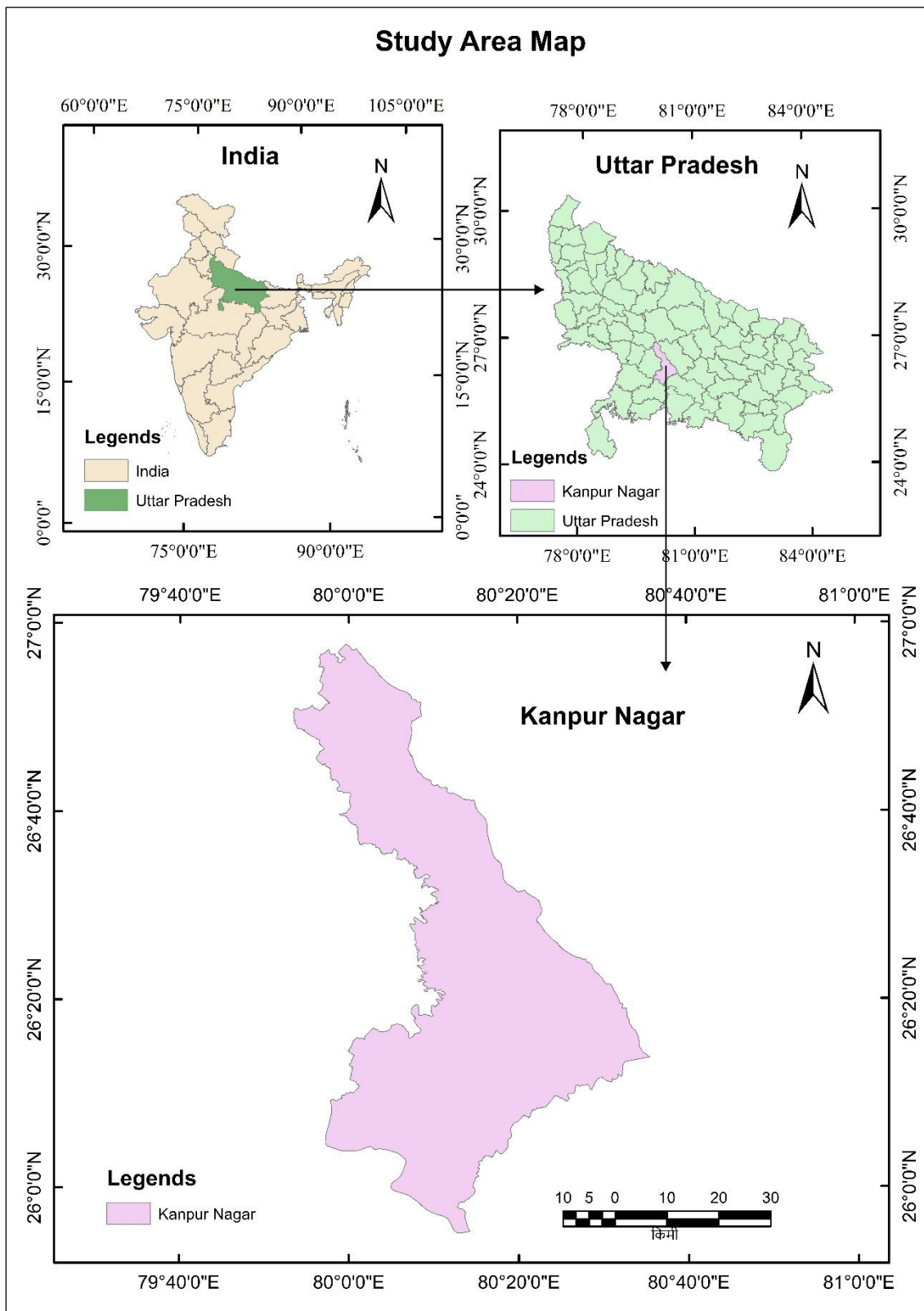
Objectives of the Study:

1. To examine the urban-rural disparities in awareness, accessibility, and utilization of family planning methods in Kanpur Nagar.
2. To analyze the socio-economic and demographic factors influencing family planning practices among urban and rural populations of Kanpur Nagar district.

Overview of the study area:

Kanpur Nagar is one of the biggest industrial and metropolitan city of Uttar Pradesh and is a part of Kanpur Division of northern India. The district is located along the banks of the river Ganga and has a prominent geographical location in the central part of the state. Kanpur Nagar has an area of 3155 sq. km, an important centre of industry, trade, education, transport and administration. Census of India 2011 data shows that the district is one of the most populated districts of Uttar Pradesh with 4,581,268 people, which translates to a 1,452-population density approximately. Almost 65.83 per cent of the population in this district lived in the urban areas, and 34.17 per cent in the rural areas, which is a high degree of urbanization compared with many other districts of the State. The literacy rate for the district was 79.65 percent, whereas the rate for the state was 78.65 percent, the male literacy rate stands at 83.62 percent and female literacy rate stand at 75.05 percent. The sex ratio of the district was 862/1000, which is in a similar state of imbalance as many of the northern cities and industrial areas of India. As per economic aspect Kanpur Nagar is historically known as “Manchester of North India” due to its leather, textile, engineering, chemical, manufacturing industries. It is also an educational hub with world renowned institutes like Indian Institute of Technology Kanpur, Chhatrapati Shahu Ji Maharaj University as well as medical and technical institutes. The district is administratively divided into several Tehsils, namely Kanpur Sadar, Bilhaur, Ghatampur, etc. The district's socio-economic and demographic features have been greatly affected by rapid urbanization, industrialization, migration and infrastructural development. Meanwhile, differences between urban and rural areas remain regarding health services, access to education, jobs, sanitation and family welfare services. Such features make Kanpur Nagar an important geographical unit to evaluate the differences between the urban and rural levels of demographic and social development indicators, especially the family planning and reproductive health behaviour.

Figure: 01



Source: Prepared by ArcGIS

Data and Methodology:

In the present study, “Urban-Rural Disparities in Family Planning: A case study of Kanpur Nagar”, both primary and secondary sources of data have been used. Primary data was collected with the help of structured household questionnaire survey in selected urban and rural areas of Kanpur Nagar district. The respondents were married women in reproductive age group and households selected by purposive sampling and random sampling technique, representing the urban and rural population. Data on awareness of family planning methods, contraceptive use, access to maternal health services, educational status, income level and reproductive behavior were gathered in the field survey. Secondary data were collected from authentic sources like the Census of India (2011), the National Family Health Survey (NFHS-5), District Statistical Handbook, reports of Ministry of Health and Family Welfare, and published research articles, books and government publications on reproductive health and family planning. The data gathered were sorted, tabulated and analysed with statistical and comparative approaches to pinpoint the spatial and socio-economic gaps between urban and rural areas. To assess variations in family planning awareness and utilization, simple statistical techniques, such as percentage analysis, ratio analysis, and comparative interpretation were used. Maps, tables and diagrams were also used effectively for the presentation and geographical interpretation of the data. The overall approach used in the study is descriptive, analytical and comparative method with the objective of understanding the determinants and patterns of disparity in the use of family planning in the district.

Table:01 Family Planning Indicators

Indicators	Urban (%)	Rural (%)
Awareness of Contraceptives	92	71
Contraceptive Usage	74	52
Access to Health Services	88	59
Institutional Counseling	81	46
Media Awareness	85	49

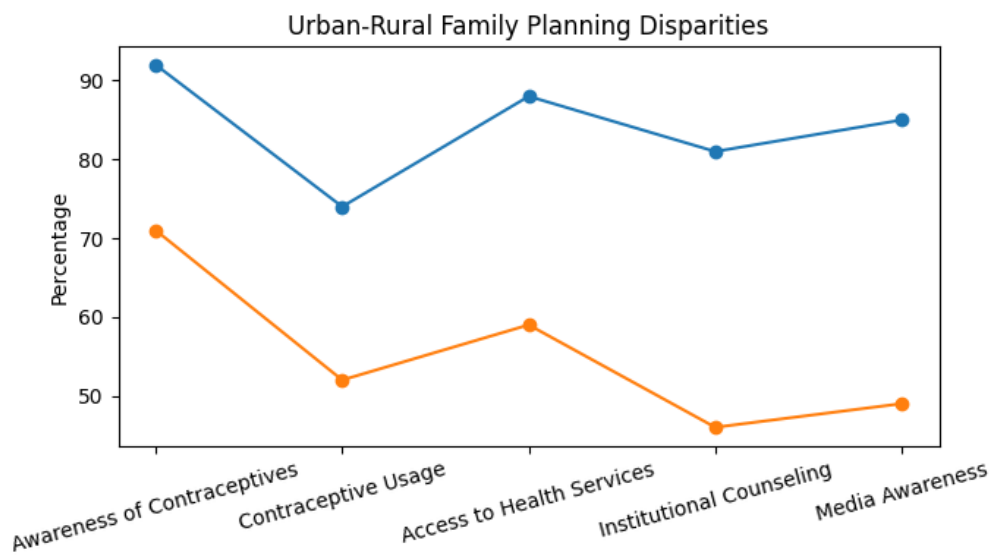
Source: Primary data collected by Author

Result and Discussion:

The study finds that there are large urban-rural differences in the awareness, access and use of family planning in Kanpur Nagar. The comparative analysis of the selected indicators reveals that reproductive health infrastructure, literacy, media exposure, socio-economic conditions etc. are relatively better in urban areas and these factors are associated with higher uptake of family planning practices. However, rural areas remain constrained with regard to access to health services, education, social awareness and economic constraints, which all impact the proper implementation of family planning programmes.

The data show that the knowledge about modern contraceptive method is still significantly higher in urban areas (92 percent) than in rural areas (71 percent). This disparity is due to the fact that the educational institutions, health care centers, media communication and public health campaigns are more prominent in urban areas. As a result, urban women are more likely to be exposed to television, Internet, newspapers, and hospital counseling services, thereby having more information about reproductive health and reproductive choice. Traditional sources of information and community perceptions, however, may be the only means of information for rural people, and sometimes limit a proper understanding of modern family planning methods.

Figure: 02



Source: Based on table 01

There is also a distinct difference in the uptake of family planning methods, with urban areas performing better than rural areas. Around 74 percent of urban respondents said they use contraceptive methods while 52 percent of the rural respondents indicated they used contraceptive methods. Lack of health care facilities, cultural beliefs, fear of side effects, gender difference and the desire for having large families are some of the factors that could be linked to the lower adoption rate in rural areas. Traditional norms and male-dominated social structures in many rural households, limit women's autonomy in decisions concerning family planning. Contrarily, urban women tend to have more involvement in decision making than their rural counterparts, as a result of their better educational and economic level.

One of the other salient dimensions of disparity is related to healthcare accessibility. The proportion of the population that had good access to health care and family welfare centres increased from 88 per cent in urban areas to 59 per cent in rural areas. The health infrastructure developed in the Kanpur Nagar is relatively advanced with hospitals, private clinics, maternal health centres and trained healthcare workers. However, rural areas face challenges due to a shortage of medical personnel, poor transport infrastructure, weak connectivity, and

reproductive health care services' inaccessibility. These infrastructural constraints greatly limit the impact of government family planning programmes in rural settlements.

The study also draws attention to differences among institutions in institutional counseling and media coverage of awareness about family planning. The level of institutional counselling was also determined, which was 81 percent in urban areas and 46 percent in rural areas. Likewise, urban areas had a significantly higher media coverage of family planning programmes (85 percent) than the rural areas (49 percent). The differences indicate that the information dissemination mechanisms are distributed unevenly in the district. Urban residents are therefore exposed to ongoing messages and counselling about public health in their communities, whilst rural communities are exposed to a more limited amount of scientific information about reproductive health.

The socio-economic factors also have significant bearing on family planning behaviour. It was observed that the level of female literacy was significantly higher in urban than rural areas and this has a significant impact on awareness and acceptability of contraceptive methods. The education of women is generally more aware of maternal health, child welfare and economic planning, and thus, more inclined with small family norms. Also, employment for women was higher in urban areas than in rural areas, which meant an increased financial independence and involvement in household decision making. Meanwhile, the rural areas have lower literacy and less employment opportunities, which are associated with reduced awareness and reliance on traditional reproductive practices.

Income inequality also deepens the differences between rural and urban areas in reproductive health services use. Household incomes were significantly lower in rural areas than in urban areas and as a result, rural households had less access to private health services and modern contraceptive facilities. Poorly-healthy low-income rural households tend to put food on the table before paying for reproductive health services. Also, early marriage rate was higher in rural areas, adding to higher fertility and low contraceptive uptake in the regions.

The need for family planning was also very high among the rural populations compared to the urban populations. These reflect that a significant percentage of rural women would like to space or postpone pregnancy if they could but are not able to access appropriate contraceptive services for social, economic or infrastructural reasons. Such unmet needs may lead to unintended pregnancies, maternal health risks, and higher dependency ratios. These results thus highlight the critical need for tailored interventions in the field of rural healthcare, awareness creation programs, women empowerment efforts as well as promoting the availability of affordable contraceptive services.

In general the study validates that the awareness of family planning and utilization is comparatively better in urban areas of Kanpur Nagar while, rural areas have multiple socio-economic and infrastructural disadvantages. The disparities observed highlight the need to strengthen the health care systems in the rural areas, improve educational provision, expand awareness programmes at the community level and make reproductive health services available to all areas of the district. The measures are significant to ensure sustainable population

management, good health for mothers and children and balanced demographic development in rural and urban areas of Kanpur Nagar.

Conclusion:

The study of the “Urban-Rural Disparities in Family Planning: A Case Study of Kanpur Nagar” provides a clear picture that there is a huge gap regarding the awareness, accessibility and utilization of family planning services between urban and rural population. However, the levels of contraceptive awareness, health service access, institutional counseling, media exposure, female literacy and socio-economic development are comparatively high in urban areas of the district, which reflect good influence on the adoption of family planning methods. However, rural areas still have several barriers to overcome, including poor health care facilities, lack of education, poor awareness, low income, traditional social values and limited access to reproductive health care services. These differences have implications for contraceptive practices, maternal health status, fertility patterns, and family well-being. The study also shows that socio-economic factors such as education, income, jobs, and women empowerment affect the reproductive choice and family planning. While the government programmes and public health measures have helped to advance reproductive health service delivery, disparities between urban and rural areas persist. Hence, there is a compelling need for improvement of the rural health infrastructure, increasing awareness building, making health care facilities more accessible for cheaper services, educating women and building awareness of involvement of community in reproductive health programmes. Balanced population growth, social development and sustainable regional development in Kanpur Nagar district requires to reduce disparities between cities and villages in terms of family planning not only in terms of improving maternal and child health but also in terms of enhancement of social development.

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