

Research Papers



**Impact of education and domicile towards family  
planning and birth control**

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**Abstract**

*The present study was undertaken to know the impact of education and domiciles towards family planning and birth control about 120 male and 120 female were randomly sample from Gulbarga district (Karnataka). The study revealed that there is a significant difference in the attitudes of high and low educated towards family planning and birth control and there is also a significant difference between rural and urban respondents towards family planning and birth control.*

**Keywords:** attitude, family planning and birth control.

**Introduction:**

The issue of family planning all over the world has attracted attentions due to its importance in decision making about population growth and Development issues. Family planning is defined as the provision of birth prevention information services and appliances (Onokerhoraye 1997). Family planning basically refers to the practices that help individuals or couples to avoid unwanted births, bring about wanted birth regulate the intervals between pregnancies control the time at which birth occur in relation to the age of parents and determines the member s of children in the family .

Ever since the down of history, women and men have wanted to be able to decide when and whether to have a child, contraceptives have been used in one form or another for thousands of years throughout human history and even prehistory, in fact, family planning has always been widely practiced (report)

The various contraceptive methods are categorized as barer chemical, natural or surgical(weeks-2002) surgical method includes sterilization (vasectomy andTubectomy) which is permanent and irreversible method of birth control. Induced abortion is the post –conception methods of family planning and is performed if there is a need to terminate an unwanted pregnancy because of failed contraception. Despite of many temporary method, the emphasize was put on sterilization of male or female. Although sterilization is a safe and most effective technique it cannot serve the needs of all couples in the different stages of the reproductive life-cycle.

Attitudes towards fertility regulation knowledge of birthcontrol methods access to the means of fertility regulation and communication between Husband Wife about desired family size are essential for effective family planning (Dabral S and Malik 2004). various factors governs the acceptance of contraception e.g. Religion (NFHS -1998-99,2002), number of sons in family (Bhasin and Nag2002) and education of husband and wife (Bhasin and Nag 2002), etc. besides spousal communication also

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increases the likelihood of contraceptive use (Kamal 1999; Ghosh 2001).sterilization is usually accepted when the couple is sure that they have completed their family size.

Studies have shown that education is regarded as a key factor in making men more modern .Further it has been demonstrated that the level of education is positively related to the amount of health modernity.

People with different domiciles will be exposed to different types of conditions and circumstances, which would be exposed to the agents of modernity and scientific thinking as well as to the quality education training and plenty of opportunities and internal locus of control, which helps them to adopt positive self-image and positive attitude towards family planning and birth control methods Whereas,the rural respondent living in the rural surroundings would be deprived of these advantages and benefits, which would have adverse impact on his locus of control and modernity.

**Aim of the study:**To study the impact of Education and Domicile towards Family Planning and Birth Control.

**Objectives:**

The following are the main objectives of the present study.

1.To examine the effect of level of education on attitude towards family planning and birth control of respondent in two levels of education.

2.To examine the influence of domicile on attitudes of respondent.

**Hypotheses:**The following hypotheses are set and attempts are made to verify them.

1. There will be significant influence of education on attitude towards the family planning and birth control of respondent.

2. There will be significant effect of domiciles on attitudes sample sub group

**Sample design:**

Keeping in view the main objectives of the study, the sample design is formulated. Education and domicile have been taken as independent variables. Thus the study consists of 240 respondents distributed equally on two variables.

Education level	Urban		rural		Total
	Male	female	Male	female	
High education	30	30	30	30	120
Low education	30	30	30	30	240

Family planning and birth control attitude scale Rajamanickam.M has been used in the present study in this scale there are 64 statements.This scale consists of 8 areas or dimension viz, PP FP BC FC BCMA CM S and AM .These dimension have significant inter correlation each dimension consist of 8 items with 5response categories [strongly agree, agree, undecided, disagree, and strongly dis agree]. The scoring is done following Likerts summated method .A score of 5, 4, 3, 2, and 1, is assigned for responses to favorable[ positive]items and scoring is reversed for negatives item, then the scores added to get test score . High scores indicate favorable attitude and vice-versa.

**Statistical analysis:**

To meet the objectives of the study and to verify the formulated hypotheses data were analyzed. As the purpose of the study was to find out the attitude of different sample subgroups towards the family planning and birth control practices, the mean, SD and't' values were calculated to test the significant difference between the sample/sub groups.

**Discussion:****Table1. Mean, SD and t value of attitude towards family planning and birth control of respondents in two levels of education (n=240)**

High education N=120	Categories	PP	FP	BC	FC	BCMA	CM	S	AM	total
	mean	37.12	37.81	36.94	35.73	35.91	35.73	36.88	35.91	293.03
	SD	5.21	4.83	4.99	5.01	4.85	4.99	5.12	5.04	40.04
<b>T- value</b>		10.76**	10.61**	11.12**	12.09**	8.01**	8.82**	7.95**	10.18**	9.91**
	Mean	30.12	31.12	29.82	28.99	31.02	30.08	31.71	29.90	242.76
Low education n=120	SD	4.84	4.90	4.92	4.98	4.59	4.93	5.01	4.08	38.25

\*\*significant at 0.01 level

The above table shows that the total mean of urban high education respondents have more favorable and positive attitude towards family planning and birth control methods than low educated respondent, the obtained 't' value of 9.91 which is significant at 0.01 level suggest that different level of education produces significant differences in the attitudes of respondents. The result also shows that increment in educational attainment have added influence on the development of modern qualities like scientific belief and understanding about PP, FP, BC, FC, BCMA, CM, S, and AM, hence the result pronounce the fact that education bring about attitudinal changes than those who are not exposed longer period of time than those who are not.

**Table2.**

Mean SD and 't' values of attitudes towards family planning and birth control of respondents in Rural –Urban respondents. ( N=240)

Category		PP	FP	BC	FC	BCM A	CM	S	AM	total
Rural(N=120)	Mean	31.58	30.12	29.92	29.99	30.18	30.97	31.02	28.72	242.5
	SD	5.02	5.02	4.92	4.97	5.01	4.99	5.01	5.00	45.03
't' value		9.18*	9.18*	11.07*	14.40*	12.29*	9.55*	8.35*	8.71*	9.31*
Urban(n=120)	Mean	36.73	36.73	37.12	39.21	38.91	37.17	36.62	34.91	296.58
	SD	6.14	6.14	5.21	5.02	5.97	5.03	5.43	5.83	44.75

\*\*Significant at 0.01 level

Table reveals that urban respondent have more positive and favorable attitude towards family planning and birth control methods than their rural counterparts who have negative and unfavorable attitudes. Meanwhile their 't' value also shows a significant differences between different dimensions.

**Conclusion:**

1. There is a significant difference in the attitudes of high and low educated respondents towards the family planning and birth control. The high-educated respondents have more positive or favorable attitude towards the family planning and birth control than the low educated respondents on different dimensions of family planning and birth control.
2. There is a significant difference in the attitudes of rural and urban respondents towards the family planning and birth control. The urban respondents have more positive or favorable attitude towards the family planning and birth control.

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