

Impact of Locus of Control on Attitude towards Family Planning: Study in Different Religious in Karnataka

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ABSTRACT

The present study was undertaken to know the impact of Locus of control on family planning Study in different religious of Karnataka about 200 male and 200 female were randomly sample from Gulbarga district Karnataka. The revealed that there is a significant difference in the attitude towards family planning in different religious and there is also significant differences between rural and urban respondents towards family planning.

Keywords: *Locus of control, family planning, and attitudes.*

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 members of children in the family.

Ever since the dawn 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 years throughout human history and even prehistory, in fact, family planning have been also widely practiced (report).

Locus of control is a personality construct referring to an individual's perception of the locus of events as determined internally by his/her own behavior versus fate, luck or external circumstances. Some researcher (McCamb, 1991) suggests that what underlies the internal locus of control is the concept of "Self as agent". This means that our thoughts control our actions and that when we realize this executive function of thinking we can positively affect our beliefs, motivation and academic performance. "The self as agent consciously or unconsciously direct, select and regulate the use of all knowledge structures and intellectual process in support of personal goals, intentions and choices" McCombs asserts that "the degree to which one choose to be self-determining is a function of one's realization of the source of agency end personal control". In other words, we can say to ourselves, "I choose to

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direct my thoughts and energies toward accomplishment. I choose not to be daunted by my anxieties or feelings of inadequacy”.

Locus of control refers to an individual's generalized expectations concerning where control over subsequent events resides. In other words, who or what is responsible for what happens. It is analogous to, but distinct from, attributions. On the other hand, take the case of a 50 year old obese man who eats, drinks, and smokes excessively, believes that he will fall ill only if it is written in his fate, and if that is the case then he cannot prevent the malady no matter how hard he may try. Such a person probably has a Chance of Control. The people of different religion have different locus stand depending on their belief system value in calculated in the name of religion. Therefore, the formulated hypothesis is that, “there would be significant differences between Locus of control in different religion.

REVIEW OF LITERATURE

One of the earliest endeavors in this regard was made by **Poortinga, Dunstan, and Fone (2008)**, found that Health Locus of Control scales were associated with three factors, namely individual socio – economic status, the socio – economic status of one's neighborhood, and how one rates the self. The researchers concluded that a part of the pathway between health, individual and the neighborhood socioeconomic status is formed by the individual's health locus of control. In another interesting study, locus of control along with birth order and residence was studied as a predictor of general well-being. This study reported by Kalia, and Sahu (2007), revealed that locus of control and birth order are predictors of well-being, whereas residence is not. Significant influence of locus of control was seen on general well-being of a sample containing 391 post graduate students in India. Subjects with high scores on internality were observed to be superior on general well being, whereas the case was the opposite with those scoring high on externality. Birth control and locus of control were found to have an interactive effect on general well being also. The authors have reported the use of locus of control scale (LCS) developed by Hasnain, and Joshi (1992). One of the most recent studies investigating the relationship between health locus of control and health behavior, general health status, and subjective perception of health has been reported.

Suresh and Latha (2007), their study focused upon the psychosocial determinants of health including social support along with health locus of control. The research had an ex- post facto design. The sample comprised 648 respondents belonging to a variety of socioeconomic and educational levels. The average age of the respondents was 25.53 years. The researchers hypothesized that people with higher IHLC scores will have a better subjective perception of health, general health status, and health behaviors.

On the other hand high PHLC and CHLC scores would mean a poorer subjective perception of health, general health status, and health behaviors. The results of the study revealed that three factors turned out to be significant predictors of health status including, social support, chance health locus of control, and health behavior. In case of health behavior predictors, four variables were found to have predictive value. These variables consisted of social support, internality, total health status, and chance factors of HLC. Social support was found to be an influential variable. However, two cognitive factors were observed to be significant predictors of health status and health behaviors; IHLC for health behavior, and CHLC for health status. This study employed multidimensional health locus of control scale developed by K. A. Wallston, B. S. Wallston, and De Vellis (1978).

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Leong, Molassiotis and Marsh (2004), adherence to medical regimen in heart patients was looked into. The researchers found seven factors related to such adherence. Of these seven factors, three pertained to the locus of control of the person concerned. These predictors include encouragement from family of the patient for a healthy food intake, the powerful others health locus of control in case of loss in weight, past medical history, internal locus of control and anxiety in relation to physical activity, a person's gender, and finally internal locus of control with regard to adherence to social interaction advice. A number of researchers have indicated a relationship between locus of control and drinking behavior. Some researchers have focused on alcohol consumption, and some on abstinence. Similar studies have also been conducted with the construct of self-efficacy as the core variable under investigation. Those studies have been mentioned in the section on review of research literature pertaining to self-efficacy.

Jih, Sirgo, and Thomure (1995), the study was conducted on high school and college students. The researchers investigated alcohol consumption, locus of control and self-esteem of the sample. The findings showed that the students who scored high on external locus of control had a tendency to drink more alcohol than others. They tended to consume more alcohol in a variety of situations that could be pleasant as well as unpleasant. Researchers have explored health locus of control from divergent angles and have also tried to identify variables having a possible impact on this belief. In this regard a variety of health related situations have been examined. In most cases this examination ended up with empirical support for the significant impact of HLC on health related behaviors and tendencies.

Aim of the study: To study the impact of locus of control 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 locus of control on attitude towards family planning and birth control of respondent in different religious
2. To examine the influence of locus of control on attitudes of respondent

Hypothesis

The following hypothesis is set and attempts are made to verify them.

1. There will be significant influence of locus of control on attitude towards the family planning and birth control of respondent.
2. There will be significant effect of different religious on attitude sample sub group

Sample design

Keeping in view the main objectives of the study sample design is formulated. Different religious.

Religious	male	female	total
Hindu	100	100	200
Muslim	100	100	200
total	200	200	400

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Locus of Control Scale

Locus of Control Scale is prepared by Sanjay Vohra 1992. It is a Likert type scale with multiple choice responses presented in a continuum. This scale consists of 24 statements expressing the locus of control of the individuals. These statements express these types of locus of control of the individuals. These statements express these types of locus of control, powerful others (p), chance control (c) and individual control (i). It is said that a person who attributes powerful others (p) and chance control for his success or failure is called as external locus of control for his success or failure and one who attributes his abilities as internal locus of control. Among the 24 statements of the questionnaire, each category consists of 8 statements.

P = Belief about control by others. High scale indicates that other people control one's outcomes.

C = Belief about chance control. High scores indicate that unordered chances or random events control one's outcomes.

I = Belief about individual control. High score indicates that the self controls one's outcomes.

Administration

This test is administered personally which takes only 10 minutes for completion. The instructions are printed clearly on the front page of the test booklet. The subjects are given detailed explanation regarding the instruction. The meaning of the 'words' when asked is given. No other assistance is given.

Scoring

This scale consists of 24 statements for 3 types of locus of control i.e., Powerful other (P), Chance control (C) and Individual (I). 8 statements of the scale relates to each type of locus of control.

It is a highest type of scale with multiple choice responses presented in a continuum. Responses ranged from Strongly Agree, Undecided, Disagree to Strongly Disagree. The responses are given weightages from 5-1 marks in the descending order.

The 24 statements in the scale are divided into 3 types of locus of control groups in the following way.

- 1. Powerful Others :** Sl. No. 3, 8, 11, 13, 15, 17, 20 and 22 the total score indicates the locus of control score of the individual in the powerful other category.
- 2. Chance Control :** Sl. No. 2, 6, 7, 10, 12, 14, 16 and 24, the total score of the above statements indicate the chance controls are score of the individual.
- 3. Individual Control:** Sl. No. 1, 4, 5, 9, 18, 19, 21 and 23, The total score for the above statements indicates the individual control score of the individual.

Scores are added for all the three factors (P, C and I). The raw scores obtained with the scoring key are converted into Sten scores. The term sten comes from "standard ten". The sten scores are distributed over ten equal intervals of standard scores point from 1 to 10. These sten scores can then be plotted on the profile sheet for comparison, given at the back of the test booklet. The score of 5-6 denotes average strength of the factor. Score above 6, i.e., from 7-10 expresses gradually the greater strength of the factor. Scores below 5, i.e., from 1-4 indicate gradual decrease of strength.

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In the present investigation, two categories of locus of control are used for i.e., externality and internality. People with high I score are treated as internals who believe in themselves. People with high score either in 'P' or 'C' are treated as externals.

Table No.1. showing the Mean SD and 't' value of locus of control of (Chance control) different religious people.

Group	Hindu	Muslim
N	200	200
Mean	19.65	17.51
SD	5.17	6.45
t-value	3.66	
Significance	0.0001	

Table no 1: shows the mean, SD and "t" value of chance control of locus of control different religions. The mean and SD of Hindu 19.65 and 5.17 is higher than the Muslim 17.51 and 6.45 respectively. Hindu have high score in chance control, it reflects that, they have external locus of control, and low score indicates internal locus of control, Muslims are having internal other control. The calculated 't' value 3.66 is higher than the table 't' value at 0.0001 level of significant. Therefore, the formulated hypothesis is that "there would be significant difference between Hindu and Muslims in chance control". Hence, the formulated hypothesis is accepted.

Table: No.2. Showing the mean SD and 't' value of powerful others of locus of control different religious people

Group	Hindu	Muslim
N	200	200
Mean	26.86	24.28
SD	4.08	7.21
t-value	4.40	
Significance	0.0001	

Table 2: shows the mean, SD and 't' value of powerful other of locus of control (powerful others) of different religion. The mean and SD of Hindu 26.86 and 4.08 is higher than the Muslim in 24.28 and 7.21 respectively, Hindu have high score in powerful others, it reflects that, they have external locus of control and low scores indicates internal locus of control, Muslims indicated as internal locus of control. The calculated 't' value 4.40 is higher than the table value at 0.0001 level of significant. Therefore, the formulated hypothesis is that "there would be significant differences in powerful other of locus of control between Hindu and Muslims". Hence, the formulated hypothesis is accepted.

Table N0.3: Showing the Mean SD and 't' value of individual control of locus of control in different religious people.

Group	Hindu	Muslim
N	200	200
Mean	19.75	11.99
SD	9.06	4.09
t-value	11.03	
Significance	0.0001	

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Table No. 3 shows the mean, SD and 't' value individual control of locus of control of different religion. The mean and SD of Hindu 19.75 and 9.06 is higher than the Muslims 11.99 and 4.09 respectively Hindu have higher score in individual control its reflects that, they have external locus of control, and low score indicates internal locus of control, Muslims have internal locus of control. The calculated 't' value 11.09 is higher than the table 't' value at 0.0001 level of significant. Therefore, the formulated hypothesis is that "there would be significant differences between Hindu and Muslims in locus of control (individual control). Hence, the formulated hypothesis is accepted.

SUMMARY AND CONCLUSIONS

1. There are significant differences between locus of control of male /female of different religious people.
2. Hindus male have high locus of chance control, whereas Muslims shows low LOC score. Hindus & Muslims females have external control of locus of control.
3. There are significant differences between power full other locus of control of male and female of different religious people. Muslims male are high in powerful others they have external locus of control whereas Hindus have low powerful of others locus of control.
4. There are significant differences between individual locus of control in male and female of different religious people Hindu have individual locus of control. Muslims male have low individual control. Hindus & Muslims female have external locus of control, Hindus & Muslims female high score powerful others.

REFERENCES

- Adioetomo SM, The role of religion in the construction of the small family norm in Java, Indonesia, paper presented at the annual meeting of the Population Association of America, San Francisco, CA, USA, April 6-8, 1995.
- Barkat-e-Khuda et al., The global fertility transition: new light from the Bangladesh experience, in: Comparative Perspectives on Fertility Transition in South Asia, 1996, Vol. 2, Liège, Belgium: International Union for the Scientific Study of Poplulation (IUSSP), 1997, p. 21.
- Chandrasekhar, S.(1943a).Growth and characteristics of India's Population. The Scientific Monthly(Washington, D.C) September.
- Coale AJ, The demographic transition, in: IUSSP, International Population Conference, Liege, 1973, Vol. 1, Liège, Belgium: IUSSP, 1973, pp. 53-72; and Coale AJ and Watkins SC, eds., The Decline of Fertility in Europe, Princeton, NJ, USA: Princeton University Press, 1986.
- Goldmann L, Essays on Method in the Sociology of Literature, St. Louis, MO, USA: Telos Press, 1980.
- Kiragu, K. and Zabin, L. X. (1993): "The correlates of premarital sexual activity among school age adolescents in Kenya". International Family Planning Perspectives. 19, (3): 92-97.
- McCubbin, M. A., & McCubbin, H. I. (1991). Family stress theory and assessment: The Resiliency Model of Family Stress Adjustment and Adaptation. In H. I. McCubbin & A. Thompson (Eds.), Family assessment inventories for research and practice (pp. 3-31). Madison: University of Wisconsin

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Conflict of Interest

The author declared no conflict of interests.

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