

Attitude Towards Family Planning and Birth Control of Literate and Illiterate People of Different Religion in Karnataka

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ABSTRACT

The present study was undertaken to know the impact of literate and illiterates towards family planning and birth control in this study researchers adopted the method for collecting data is, (400 + 400) random sampling method, and sample drawn from Gulbarga district Karnataka. The major objectives of the study are to know the how people are different in family planning according to their religious and concept and how the education will work in different situation. Based on methods and objectives of the researcher study revealed that, there is a significant difference in their attitude towards family planning and birth control and there is also a significant difference between literates and illiterates.

Keywords: Birth control, family planning, religious concept and attitudes

India started the first national family planning programmed in the world nearly sixty years ago. Those were very different times with different realities. The life expectancy of the average Indian was more than thirty years less than it is today (thirty-five years to sixty-seven years), the average number of children a woman had in her lifetime was about six and about more than one fifth of infants born did not see their first birthday. Contraceptive usage had begun earlier, but interestingly female sterilization, the most common contemporary contraceptive, did not exist as we know it today. Since then India's family planning programme had a chequered history. From being a programme which was seen as being essentially supportive to a more robust maternal and child health programme it became so big that it overwhelmed the entire health programme in the size of its scope and budget as the fears of a 'population explosion' overwhelmed planners. From seeing development as the best contraceptive (1974), Indian policy makers moved to a radically different policy of forced sterilization within a very short time span (1975 –77). Over time men's involvement in family planning fell and it became an entirely target driven numbers game where all government officials from the subordinate village school teacher to the District Collector being judged by the number of 'tubectomies' they delivered in a year (twenty-point programme of the 1980's).

Some degree of sanity was restored when post- ICPD (International Conference on Population and Development, Cairo 1994), India went into a target free, reproductive and

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child health regime (1996 -97), adopted a new National Population Policy (2000), which called for an integrated approach which transformed itself over the years into a more holistic National Rural Health Mission (2005). In the interim the spread of HIV/AIDS had introduced the new paradigm of dual protection with the consequences of unsafe sex being linked to both unwanted pregnancy as well as sexually transmitted infections. But somehow this concern remains isolated from mainstream health policy concerns in India today. In 2010 the family planning concerns were revisited by the National Parliament, after a long hiatus of thirty-three years (since the Emergency) by holding a five and half hour discussion on the topic in early August. It is against this backdrop that this paper will explore some the new priorities and concerns around family planning and contraception.

Overall contraceptive usage has increased from about 13% in the 1970s to 41% in 1992-93 (NFHS1 – pre ICPD) to 56% in 2005 -06, 2007 to 2012 (NFHS 3). For rural India this increase has been from 37% to 53%. The proportionate change during this period has been more in rural India, particularly in Kalaburagi (Karnataka) most of the family they are aware about family planning and they all shows the positive attitude towards family planning.

Khanna and Varghese survey showed that the acceptance of family planning is directly related to education. As many forty percent of women with primary school education or below did not favor family planning. If education level increases to even middle school level, the percentage drops to 14 percent. This shows that education brings about a change in the attitude to family planning. The illiteracy of the husband also acts as a barrier because they remain unconcerned about family planning. Illiteracy is found more among the poorer section of our society. Women with low education in the lower strata are more reluctant to use family planning methods. Their contention is that since they have no money to fall back upon, their only hope of survival is their children's income. As average poor Indian Couple is not satisfied with less than two or three children. A large-scale survey conducted in 1987 by Ministry of Health and family welfare came to the conclusion that most couples wanted not only three or more children but they also wanted that two of them should be sons. Thus the message is loud and clear women in the low and middle strata need to be more effectively covered by family planning methods than those who are economically better off. Therefore, the formulated hypothesis is that, "there would be significant differences between life stress of people of different religion".

METHODS

Objectives of the study

To measure the differences in literate and illiterates towards in attitude towards family planning and birth control between the religions.

Hypothesis

There would be significant differences between literate and illiterate and attitude towards family planning and birth control in different religions.

Variables:

- Independent variable – religion, and literacy
- Dependent variable – attitude towards family planning and birth control.

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Sample Design

Showing distribution of the sample by groups and gender

Groups			Total
	literacy	Illiteracy	
Hindu	100	100	200
Muslim	100	100	200
Christian	100	100	200
Buddhism	100	100	200
Total	400	400	800

Statistical analysis

To meet the objectives of the studies 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.

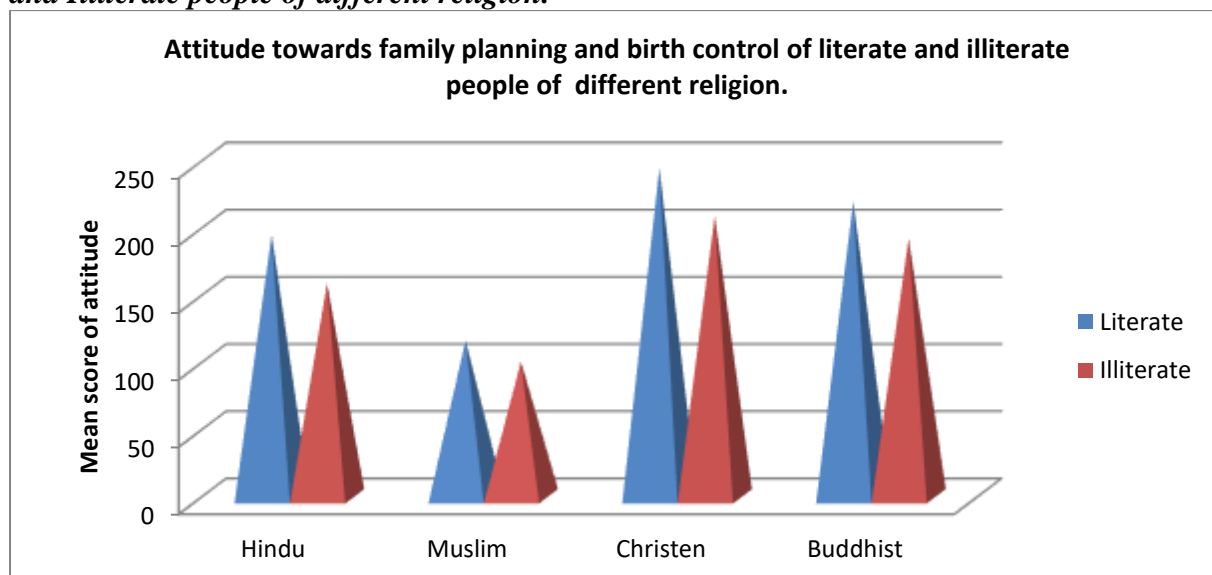
RESULT AND DISCUSSION

Table 1: Showing the Mean, SD and 't' value of Attitude towards family planning and birth control of literate and illiterate people of different religion.

Group	Hindu		Muslim		Christian		Buddhist	
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate
Mean	194.87	158.51	115.92	100.31	244.22	208.88	219.49	192.13
SD	55.87	57.12	18.80	13.07	28.40	60.13	66.20	12.63
t-value	4.44*		6.81*		5.31*		4.05*	
	Literate	HM:13.39*	HC:7.87*		HB:2.84**		MC:37.67*	
	Illiterate	HM:9.93*	HC:6.07*		HB:5.74*		MC:17.64*	
	Literate: MB:15.04*		Illiterate: MB:50.51*		literate: BC:3.43*		Illiterate: BC:2.72**S	

Significance at* 0.0001 level, **significance at 0.0005, ***It is not significant. Note: HM: Hindu to Muslim, HC: Hindu to Christian, HB: Hindu to Buddhist, MC: Muslim to Christian: Muslim to Buddhist: Buddhist to Christian

Graph: 20. Mean score of Attitude towards family planning and birth control of literate and Illiterate people of different religion.



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Table No. 1: Shows the mean, SD and t-value of literates and illiterates' attitude towards family planning and birth control people of different religion. The mean and SD of literate Hindu 194.87 and 55.87 is higher than the literate Muslims 115.92 and 18.80 respectively. Literate Hindu score reveals that they have favorable attitude towards family planning and birth control and literate Muslims have moderately unfavorable attitude towards family planning and birth control. The calculated t-value 13.39 is higher than the table's value at 0.0001 level of significant. Therefore, the formulated hypothesis is that, "there would be significant differences between literate Hindu and Muslims attitude towards family planning and birth control". Hence, the formulated hypothesis is accepted.

The mean and SD of literate Hindu 194.87 and 55.87 is less than the literate Christian 244.22 and 28.40 respectively. Literate Christian has high score of attitudes towards family planning and birth control, it shows that, they have favorable attitude towards family planning and birth control. Literate Hindu have less favorable attitude. The calculated value 6.07 is higher than the table's value at 0.0001 level of significant. Therefore, the formulated hypothesis is the "there would be significant differences between literate Hindu and Christians attitude towards family planning and birth control". Hence the formulated hypothesis is accepted.

The mean and SD of literate Hindu 194.87 and 55.87 is less than the literate Buddhist 219.49 and 66.20 respectively. Literate Buddhist have high score, it shows that, they have favorable attitude towards family planning and birth control than the literate Hindu. The calculated value 6.18 is higher than the table's value at 0.0001 level of significant. Therefore, the formulated hypothesis is that "there would be significant differences between literate Hindu and Buddhist attitude towards family planning and birth control". Hence, the formulated hypothesis is accepted.

The mean and SD of urban Hindu 194.05 and 55.87 is lesser than the urban Christian 244.22 and 28.40 respectively. Urban Christian have shown high score in attitude, 'it shows that, they have favorable attitude towards family planning and birth control, Urban Hindu have neutral attitude towards family planning and birth control. The calculated value 7.87 is higher than the table 't' value at 0.0001 level of significant. Therefore, the formulated hypothesis is accepted.

CONCLUSION

There is a significant deference in the attitudes of high and low educated respondents towards family planning and birth control. The high -educated respondents have more positive or favorable attitudes towards family planning and birth control than the low educated respondents on different dimension of family planning and birth control.

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Conflict of Interest

The author(s) declared no conflict of interest.

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