

Attitudes of College Students Towards
Family Planning

BY

S. Kalyana Sundari



A THESIS SUBMITTED TO THE AVINASHILINGAM INSTITUTE FOR HOME SCIENCE
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IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF
SCIENCE IN HOME SCIENCE HUMAN DEVELOPMENT

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Certified as bonafide research work


Signature of the
Head of the
Department


Signature of the
Dean of the
Faculty


Signature of the
Guide

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Introduction

I. INTRODUCTION

*"Family planning is the key to open
the door of prosperity and progress"*

Shah, 1989

Family planning is the exercise of the basic human right of couples to decide on the spacing and number of children for the purpose of enriching the quality of life in the family (Sinha, 1991). In the words of Deshpande (1994), it is the planning that parents do with regard to the number and spacing of children.

Family planning is generally used of as synonym to mean concepts like fertility control and planned parenthood. Obviously the term refers to the pattern of human behaviour that has primary objectives of prevention of unwanted pregnancies and births. It is also broadly applied to encompass "Voluntary ways of limiting reproduction". Quite recently the scope of family planning is not just restricted to birth control, but is extended to cover different areas like promotion of fertility among couples without children, family life education, home management, sex education, child guidance and marriage counselling (Vijaybabu, 1989).

World Health Organisation (1991) defines family planning as a way of thinking and living that is

adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples in order to promote the health and welfare of the family thus contribute effectively to the social development of a country.

Mascarenhas (1992) aptly summarises the objectives of family planning as that of practices to help individual or couples to avoid unwanted births and bring about wanted births, to regulate the intervals between pregnancies, to control the time at which births occur in relation to the ages of the parent and to determine the number of children in the family. Thus it can be considered as a planned and scientific approach to solve the problems of family life. Comprehensively family planning is a programme specifically meant to promote family welfare.

The main appeal for family planning is based on consideration of health of the mother and better care in upbringing of children, leading to good health and welfare of the family. The first is to create motivation in favour of family planning in the minds of the people and next is to provide advice and service based on acceptable, efficient, harmless and economic methods (Camerson, 1991). One of the ways to attain the balance between family needs and resources is through family planning which should be the joint responsibility of the couple (Sinha, 1991).

According to Bharadwaj (1994) family planning can also be viewed as a check on the growth of population to the extent necessary, to bring it in harmony with economy and social resources of the country. It also includes all those aspects of human life in building happy, healthy and satisfactory homes where children can grow well and get their legitimate privileges. It also includes that mothers may not lose their vitality under the heavy burden of pregnancies. In this respect family planning emerged as a service to cover all measures conducive towards health and happiness of family as well as of the nation.

It is evident that India is a vast country with a remarkable control amongst their ideals, philosophies, ways of life, even in the shade of strong feeling of caste, creed, literacy, sex and cultural possession with a mere 16 per cent of the world population. At the present rate of population growth it may rise to more than one billion by the turn of the century. The Government of India is fully aware of the present situation and has taken this programme as a nationalised need in right earnest since 1951, by making this programme a national policy. Their aim is not merely to curb the population growth, but also to have happier and healthy families, which is, a small family (Narayan, 1994). It is assumed that the programme of family planning in a country like India can only be successful, if youth and women organisations in both rural and urban areas

Kuppuswamy (1983), an attitude involves beliefs as well as evaluations. Attitude determines thinking about social issues as well as our feelings towards them. People also tend to act consistently as a result of these consistent beliefs and feelings. Our attitudes are derived primarily from social influences. From birth, the human being is enmeshed in social institutions which constitute his environment in the same sense as a physical world. The home, being the primary social unit, has a great influence on the formation of one's attitudes, so later experiences cannot easily alter these attitudes.

If only, positive attitudes are developed in adolescents the nation would move towards small family norm. The attitudes of college students, who would be the future parents, towards family planning are expected to play an important role in limiting India's rapidly growing population. Family planning programmes also do not attempt to reach young and unmarried college students (Chandra, 1980). Hence the investigator undertook this study to find out the attitudes of college students towards family planning, with the following major objectives to :

- a. ascertain the extent of knowledge of family planning in college students and
- b. find out the attitudes of college students towards family planning.

Review of Literature

II. REVIEW OF LITERATURE

The literature pertaining to this study "Attitudes of College Students Towards Family Planning" is reviewed and categorised under the following headings :

- A. India's population-present status
- B. Steps taken by Government towards family planning
- C. Attitudes of people towards family planning
- D. Factor's associated with family planning.

A. India's population-present status

One of the greatest challenge of modern times is the unprecedented population explosion, which if uncontrolled may result in national disaster (Soundara Raj (1983)). India is essentially a land of young people, as half her population is below the age of eighteen years. Those who are in the schools and colleges today, will in a few years become adults and parents. In their future lies the economic, social and spirtual well being of society; hence there is an urgent need to orient this generation to the consequences of population growth.

The idea of family planning was conceived by the Indian society during early sixties and due to phenomenal growth in population and it's direct consequences. It has now become the subject of grave attention of the government as well as of public alike. The notion of family planning connotes

"Control over the number and spacing of children" (Srivastava, 1986).

One of the most crucial problem facing the nation today is the burgeoning population which has been growing at an alarming rate. By 1981, India's population had doubled itself since 1947 and has touched 8,463 lakh in 1991. It is increasing by about 170 lakhs every year such a rapid increase in population has very serious repercussions on socio-economic development of the country (India, 1993).

The population of India as per 1991 census count is 843.93 million. India is the second largest country after China. It contains 16 per cent of world's population while it has only 2.42 per cent of it's area. The population of India is projected to reach one billion by the end of this century. Of the total population, 437.60 million are male and 406.33 million are female bringing the sex ratio to 929 female for thousand male (Manorama, 1993).

TABLE I
THE POPULATION GROWTH RATE

Year	Population	Progressive Growth Rate over 1901%
1901	238,396,327	--
1911	252,093,390	+ 5.75
1921	251,321,213	+ 5.42
1931	278,977,238	+ 17.02
1941	318,660,580	+ 33.67
1951	361,088,090	+ 51.47
1961	439,234,771	+ 84.25
1971	548,159,652	+129.24
1981	683,329,097	+186.64
1991	843,930,861	+254.00

The Table shows the population of India has grown steadily during the period except for a decrease during the decade 1911-21. Table II shows the census figures since 1901 show a successive decline in the trend in sex ratio. In 1991, the sex ratio was 929 female per thousand male.

TABLE II
SEX RATIO IN INDIA (1901-1991)

Census year	Sex Ratio (Female per Thousand Male)
1901	972
1911	964
1921	955
1931	950
1941	945
1951	946
1961	941
1971	930
1981	932
1991	929

B. Steps taken by Government towards family planning

India is the developing country in the world to have a national programme of population control. The National family planning programme was started in 1952 with a demographic approach. An extension approach was adopted in the mid sixties. It was in the late 1970's that the family planning delivery system gradually expanded into a

community - oriented service net work under which family planning services were offered as a component of the over-all health package (Ramaswamy, 1992).

Antony (1992) reported that India was the first country to launch an official programme of family planning way back in 1952. The expenditure on this programme amounted to about Rs.3,500 crores by 1987 and is currently at a level of about Rs.600 crores per annum. The programme is responsible for about five million sterilisations annually and for persuading about 20 million more acceptors to adopt other forms of contraception every year. Despite of all this, the birth rate of India remained almost static at about 33 from 1977 to 1985 and is still reported to be at a level of about 30 per thousand.

Grewal (1981) exhorted that inspite of seventy years of voluntary efforts and thirty years of public effort, we find the population in India continues to grow at an alarming pace. It is observed that 117 million couples in the reproduction age are yet to come under family planning norm. Vijayababu (1989) reasoned that family planning is a broad concept aiming family welfare, the concentration is towards promoting birth control methods rather than on educating the people to understand the philosophy of the need for family planning. Even among the methods, we find only the permanent methods of family planning being advocated very much. On these assumption an attempt is made to study the differential attitude towards

marriage, family size, spacing of birth and methods of birth control among the people of rural community, since all these elements put together determine the extent of family planning adoption.

Family welfare planning movement in India aims at the welfare of the family, methods of controlling the population and in general the process of change in bringing about development in the quality of life of the people. The movement seeks to modify the attitude of the people regarding family size and age of marriage. In a country like India where the traditions dominate a greater part of the life of the individual, we cannot expect a change at once. A programme like family planning is further resisted as it concerns personal life. That is why, inspite of the long standing efforts to promote family planning, many people still feel shy of it (Muralidharan, 1982).

An universal desire to have at least one or two male children and the mean age of marriage of women at 18.3 years also become contributory factors to large families. In spite of this, India is committed to attain the twin goals of 'Health for all' and 'Net reproduction rate of unity' by the year 2000. Family welfare programme, parenthood with two child norm, male and female, or both through undependent choice of family welfare method best suited to the acceptors. Imaginative use of mass media and interpersonal communication is resorted to for explaining various methods of contraception and removing socio-cultural barriers. As a

result, the number of acceptors of various family methods have started increasing over the years. The below given Table shows the status of family planning (1992-93).

TABLE III
THE STATUS OF FAMILY PLANNING

Methods	Family Planning Acceptors (in Lakhs)
Sterilizations	41.76
IUD Insertations	46.23
Total number of acceptors of different method	266.55
Couples protected	43.5 (Of a total of 18.84 crores)

Family planning measures averted 14.30 crore births, since inception of the programme. On the recommendation existing urban family welfare centres to establish new health posts preferably in the urban areas. Accordingly, all the States/Union territories were requested to send the proposal in respect of cities in their states. At present the scheme is functioning in 10 states. Family welfare programme in India depends on it's voluntary acceptance by the people to approach above 14.50 crore couples in the reproductive age group, living in urban and remote rural areas, a broad-based mass education and motivation programme has been launched. The multimedia campaign is being implemented by media units of the Ministry

of Information and Broad Casting, state mass education media set up and other publicity agencies/organisations. The Ministry of Health and Family Welfare lays down the communication strategy, develops plans and coordinates the media agencies. The mass mailing units of the department of family welfare disseminates information in the form of printed material through direct mail service. The division brings out two monthly journals 'Centre calling' in English and 'Hamara Ghar' in Hindi (India, 1993).

Population policy refers to policies intended to decrease the birth rate or growth rate (Park,1994). In April 1976, India framed it's first 'National Population Policy'. It called for an increase in the legal minimum age at marriage from 15 to 18 for females and from 18 to 21 for males. For the most part however the 1976 statement become irrelevant. The 1976 policy was modified in 1977 by the then new (Janatha) government. The new policy statement reiterated the importance of the small family norm, but ruled out all forms of compulsion and changed the programme's title to 'Family Welfare'. The statement, however endorsed the previous government's decision to raise the minimum age at marriage and the birth rate target of 25 per 1000 population by 1984. The National Health Policy, approved by Parliament in 1983, has set the longterm demographic goal on achieving a net reproduction rate of one by the year 2000. The above policies reflect the 'Political committment' of the national government and the importance

it attaches to the effective implementation of the family welfare programme in India.

It is given in Manorama (1993), that the country has adopted the long term demographic goal of reducing the net reproduction rate to one by year 2000. The implications of this goal were spelt out as the average size of the family would be reduced from 4 children to 2 children, the birth rate per 1000 population would be reduced to 21, the death rate per 1000 population would be reduced to 9, the infantmortality rate would be reduced to 60 or less and the effective couple protection rate would be raised at least 60 per cent. If these goals were achieved the population of India would be around 950 million by the turn of the century and stabilise at 1300 million by the year 2050 A.D.

A review of the Seventh Five Year Plan showed that the couple protection rate achieved by the end of 1990 was 43.3 per cent. The planning commission observed, the present demographic situation in the country, the net production ratio of one by the year 2000 AD would be reached only by 2006-2011. Against this background, fresh targets were formulated to be achieved by the end of Eighth Five year Plan (1992-97) are 32.09 million sterilizations, 39.87 million IUD insertions and enrolment of 19.45 million oral pill users and 103.05 million conventional contraceptive users for effective implementation of the programme. An allotment of Rs.6,500 crores has been earmarked during the Eighth Plan for this (India, 1993).

The Government of India have evolved a more detailed and comprehensive national population policy in 1986, to promote it on a voluntary basis a 'movement of the people, by the people, for the people'. It has given family planning the broadest possible dimensions which include not only health and family welfare but also child survival, women's status and employment, literacy and education, socio-economic development and antipoverty programmes. Some of the highlights of the new policy are as advancing the age of marriage of girls to 20 years through intensified publicity campaigns and appropriate amendments in the law, promoting the two child family norm, increasing female literacy rate, increasing demand for contraception to achieve a couple protection rate of over 56 per cent by the end of 8th Plan, promotion of spacing methods and enhancing child survival through universal immunizations and promotion of oral rehydration therapy (Park, 1994).

C. Attitudes of people towards family planning

The emergence of alarming situation related to the programme of family planning need research oriented programme, which can provide the paths for policy makers, few researchers fired on the issue and results show that it is an important area of research (Sharma, 1984).

It can be said that age, education and autocratism versus democratism and value orientation are specifically related to the attitude towards family planning. The result

show that age denotes the attitude in general and it is a happy sign that people below 30 years are accepting the programme for their own and national welfare (Bharadwaj, 1994). The finding of this study is supported by the earlier study of Sinha (1989), who found that those tended to be high on emotional stability were likely to hold favourable attitudes towards family planning. Another study conducted by Sinha and Krishna (1983) observed a trend indicating high anxiety to be associated with less positive attitudes towards family planning. This study puts forth that extroversion dimension of personality was found to shape attitude towards family planning whereas neuroticism did not contribute substantially (Mishra, 1994).

Study by Sundararajan (1993) has shown that sex and religion of the students influence their attitude towards family planning. Girls had a more favourable attitude towards family planning. The Hindu students stood first, the Muslim students the last and in between fell the Christian students. In Sinha's (1991) research the role of religion in shaping attitudes towards family planning was studied with 50 Hindu and 50 Muslim under graduate students of the district town of Champain in Bihar. It was hypothesised that Hindu students have more positive attitudes towards family planning than of Muslim students.

In Chandra's (1986) study, it revealed that the students showed agreement for both the positive and negative aspects of family planning. Therefore, there is a need for

some formal education to encourage them to develop more healthy attitudes towards various positive aspects of family planning and to discourage them from developing unhealthy attitudes towards family planning. There is possibility of their being favourably inclined towards family planning, if their knowledge is correct, opinions are strong and favourable and attitudes are healthy. As it is shown in this study, mothers' education influence their daughters, the present generation of students should be educated regarding planned parenthood, so that they may influence their future daughter in accepting planned families.

In Muthaya's (1982) study the respondents maintained a doubtful attitude to the item in cluster concerned with information on different aspects of family planning. The males had a positive attitude when compared to the females. The high socio-economic status group had a welcoming attitude towards family planning than the middle and low socio-economic group.

Sarah Salway (1994) referred a study which showed that 77 per cent of cohabiting marital partners held similar attitudes towards family planning and the 73 per cent of the concordant couples approved of contraceptive use. However, only 61 per cent of the wives correctly reported their husband's attitudes. Although 76 per cent of the couple agree on whether they wanted more children, just 44 per cent gave concordant responses on ideal family size. Among

respondents who reported knowing a contraceptive method, 35 per cent of wives and 39 per cent of husbands said they had discussed family planning with their spouse during the pervious year. Regression analysis shows that urban wive's attitude toward family planning and discussion of family planning between spouses have significant independent effects on current contraceptive use.

Several studies have found significant divergencies in men's and women's reports about contraceptive use, attitude toward family planning and fertility preferences and intentions (International Family Planning Perspective, 1994).

Balakrishna (1987) has shown from his studies that the attitudes of the wives as perceived by the husbands are more discouraging. Only 35 per cent are favourable, while 48 per cent are opposed to family planning. The most important reason given for unfavourable attitude is that family planning is unnatural, sinful and against the will of god. The fact that women who bear the burnt of child-bearing and child rearing are more opposed to family planning than their husband's and too, on moral grounds may well militate against further success of the programme in this area. A more vigorous job of motivation that has been done so far and that too, aimed primarily at the women seems to be called for.

Most of the rural as well as urban couples have a favourable attitude towards family planning but the extent of practice does not correspond to the degree of positive attitudes (Bharani, 1980).

Nath's (1994) finding showed that high school girls seemed to possess more favourable attitudes than the boys though the attitudes of the latter too were highly favourable.

Mukherjee (1991) studied a sample of 920 married woman as a product of a socio-economic survey to ascertain the attitude towards family planning. Thirty seven per cent of the women desired two children and thirty per cent of the women preferred three as the average number of children. The preference was two children and under certain circumstances favour children.

Anand (1987) quoted a study on opinion and attitude of hundred women aged fifty or over selected by random sampling at Chandigarh and has reported that fifty three percentage of the subjects believed three to be the ideal number of children and fifty percentage of the subjects wanted a combination of two sons and one daughter. Further there was a positive correlation between the numbers of children surviving and the ideal number of children with the exception of three females.

A study done by Rukumani (1982) with thousand marred women, revealed that fifty three percentage wanted

three to four children and ninety percentage believed they must have children for spiritual salvation and sixty one percentage said that children would be a financial burden. The study further pointed out that ninety five percentage of the subjects felt that large families are undesirable.

Basu et al., (1984) studied a ten percentage systematic sampling of hundred and sixty household is of Chelva, interviewed hundred and sixteen couples to ascertain the attitude and knowledge. The study revealed clearly that forty seven percentage of the respondents considered two to three children as the most desirable numbers. Srinath (1986) pointed out that almost all the teachers involved in the study had a favourable attitude towards family planning and women teachers had a more favourable attitude toward family planning than the men teachers.

In Bhargava's (1984) study, the relationship between attitude towards family planning and demographic variables showed that urban residence and increasing level of income positively contributed to a favourable attitude towards family planning.

According to Reddy (1983) intra-spouse communications on family planning is significantly related to favourable attitudes to family planning. A study done by Gbolahan (1991) shows that, the majority of men at all education and residence levels had positive attitudes towards family planning.

D. Factor's associated with family planning

A study conducted by Lakshman (1989) shows that a number of factors affect the attitude towards family planning which ultimately leads adopting family planning.

Ravindra's (1981) study considered education, employment, age at marriage, urbanization, schedule castes, schedule tribes and medical facilities as the factors associated with family planning. It is evident that there is family planning acceptance in the districts of Maharashtra and this variation is from 265.20 equivalent sterilisations for thousand couples (for Great Bombay) to 100.22 equivalent sterilizations (for Ratnagiri Districts). The selected fourteen variables explain sixty seven percentage of the variation in family planning acceptance, the four factors viz, percentage of urban population, female literacy rate, percentage of schedule tribes, population and the number of rural family planning centres, explain fifty seven percentage of the variation. The other factors which are influencing family planning are the interest of official and non official leaders in the programme, co-ordination among the officials, the motivation of eligible couples and such other factors as cannot be easily qualified.

Giri's study (1980) has shown that the variation in the mean age at marriage in 1979 was found to be associated with several factors. One of them is literacy, where the literacy level was high, the age at marriage was

also higher, for example in Kerala, it is the highest among the states and there are states like M.P., Bihar, U.P and Rajasthan where the mean age at marriage is low and the literacy level too is comparatively low.

The association between literacy level and attitude and adoption of family planning was found to be significant in a number of studies made by Singh, Morrision and Balakrishna (1987). Driver found in Nagpur study that the mean number of children born to educated couples was less (3.9) than uneducated couples (5.0). Thansi (1981) reported that the education was the most important factor in having higher knowledge about family planning methods followed by higher profession.

Mandelbaum (1983) states that though there is a general tendency for fertility rates to go down as the number of years in school goes up there was an exception, women with schooling were found to have more children than the illiterate women. The report on infant and child mortality survey (1989) based on 100 percent households for All India also shows an inverse relationship between education of mother and number of children born.

Ramu (1987) found that christians of Bangalore who were relatively better educated had much lower fertility rate compared to people of other religions. Hate's (1980) findings show that, the educated women had better attitude towards family planning. Better socio-economic status

A study done by Mamdani (1980) in Manipur village found that the selected farmers, artisans and agricultural labourers wanted more children due to economic reasons and security during old age. Occupation of the individual affects the adoption of family planning methods and fertility rate. Couples following agriculture or other traditional occupations are less likely to adopt family planning as children start helping parents and learning the skills of the trade at a very early age. Self employed people and petty traders also may not accept family planning due to the same reasons (Mamata, 1988). Jayalakshmi's (1981) results show that about 77 per cent of the households are non adopters of family planning. To reform these attitudes, education is the only remedy. Fear of affects is the main reason expressed by the non-adopters of family planning. To wipe out their fears and change their attitudes, to have more children, particularly sons, education is the only remedy.

It has been found that educational status of husband and wife, their economic status and standard of living, religion, type of family, joint or nuclear family, and age of marriage affect their attitude and adoption of the family planning.

Methodology

statements the weights of 5, 4, 3, 2 and 1 are given and the scoring is reversed for the unfavourable statements. An individual's score is the sum of all the scores for the 28 items. The scores in this scale range from 1 to 140 in the direction of the most unfavourableness to the most favourableness. Anyone who gets a score of above 70 may be said to have favourable attitude towards family planning and those who get a score of less than 70 may be said to have an unfavourable attitude towards family planning. The maximum that one with the most favourable attitude towards family planning can get in the scale is 140.

D. Conducting the Study

A pilot study was carried out on a sample of 20 students randomly selected before the actual commencement of the study. The questionnaire and the attitude scale were given to them and a time limit of half an hour was set for them to finish it.

After selecting the actual samples, the investigator established a rapport with the subjects, the purpose of the study was explained, then the questionnaires were distributed to the students. Each student was given half an hour to complete the questionnaire.

E. Analysis and interpretation of the Data

The data thus obtained was consolidated, tabulated and statistically analysed using the 't' test, 'F' test and percentage. The formula used for statistical analysis is given in Appendix III. The results are discussed in the next Chapter.

Results and Discussion

IV. RESULTS AND DISCUSSION

The results of the study 'Attitudes of College Students Towards Family Planning' are discussed under the following headings :

- A. General profile of the selected samples
- B. Information regarding family planning
- C. Attitude score in relation to selected variables

A. General profile of the selected samples

In order to know the background details of the selected samples, information regarding the age, type and size of the family, income range and occupation of the parents were gathered.

Forty six per cent of the selected samples were of 20 year olds, 32 per cent of them were 19 year olds and 23 per cent were 19 year olds. Sixty nine per cent of them belonged to nuclear families and rest of them came from joint families.

Seventy five per cent of the samples belonged to families having three to five members each; 23 per cent of the families were having six to eight members each and two per cent of the selected samples' families were having more than eight members.

Of the selected samples, 47 per cent were earning Rs.7000 to 8000 per month. Seventeen per cent of the families' income level was Rs.5000 to 6000, 15 per cent

of the samples had an income level of Rs.8000 and above. Only six per cent of the samples were from families having an income of Rs.4000 to 5000/-.

Sixty two per cent of the parents were employers; 17 per cent of the samples' parents were professionals and 22 per cent of the parents were involved in business.

B. Information regarding family planning

The population bomb is ticking threatening to burn all our efforts to progress. We are trying to diffuse it and look forward to tasting the fruits of development in a free, healthy and happy country. It is an urgent need to impart awareness in the minds of young people about family welfare (Mukherji, 1993).

Hence in this study the respondents' knowledge and opinion regarding the family planning were collected in terms of age at which the concept of family planning was first known, sources, meaning of family planning, spacing and advantage of small family, methods known, information on family planning, vasectomy, its' advantage, sterilization, awareness of temporary method, preference of the temporary method, ideal age for marriage, raising age of marriage and abortion.

1. Age at which the concept of family planning was first known

Age at which the selected students heard about the family planning is in Table IV.

TABLE IV

AGE AT WHICH THE CONCEPT OF FAMILY PLANNING WAS FIRST KNOWN

Age (in years)	Number (n=200)	Percentage
10-15	68	34
15-20	132	66

Sixty six per cent of the selected students heard about family planning between the ages of 15 and 20 years while 34 per cent of the samples at the age of 10 and 15 years were aware of family planning.

2. Sources through which the samples came to know about family planning

The sources by which the samples of this study came to know about family planning are enlisted in Table V.

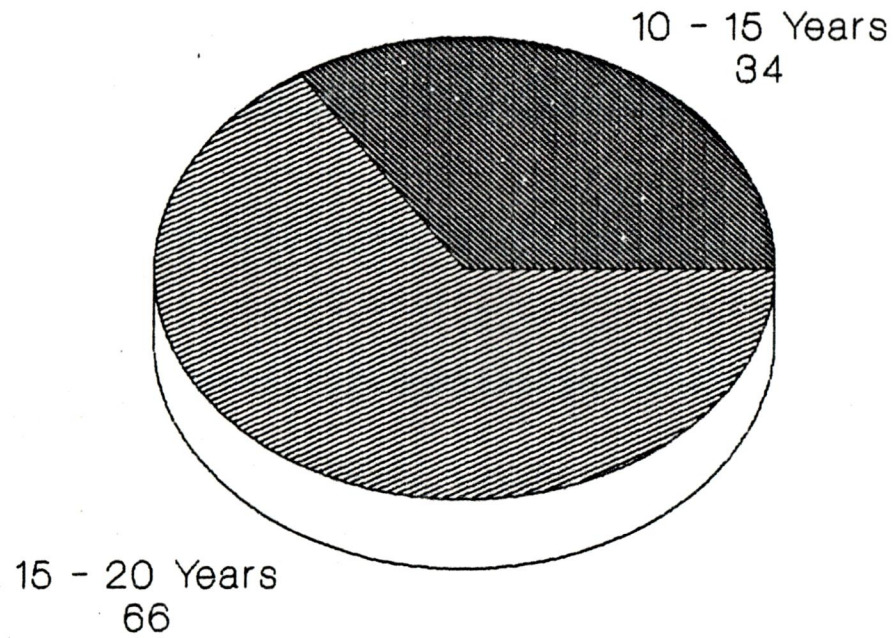
TABLE V

SOURCES THROUGH WHICH THE SAMPLES CAME TO KNOW ABOUT
FAMILY PLANNING

S.No.	Sources	Number* (n = 200)	Percentage
1.	Television	170	85
2.	Friends	120	60
3.	Neighbours	88	44
4.	Magazines	82	41
5.	Radio	78	39
6.	Books	70	35
7.	Newspapers	64	32
8.	Posters	52	26
9.	Film	52	26
10.	Relatives	44	22
11.	Family members	30	15
12.	Pamphlets	28	14
13.	Campaigns	26	13

* Multiple response

AGE WHEN CONCEPT OF FAMILY PLANNING WAS FIRST KNOWN



Fla 1

Eighty five per cent of the selected samples came to know about family planning through television, 60 per cent of them heard about it from friends, 44 per cent of them from neighbours, 41 per cent from magazines, 39 per cent of the samples heard it from radio, 35 per cent of them from books, 32 per cent from newspapers, 26 per cent from film and posters, 15 per cent from family members, 14 per cent from pamphlets and 13 per cent from family planning campaigns.

This result clearly indicates that the television plays a major role in imparting knowledge on family planning to mass. It is interesting to note that the percentage of the subjects who had the family planning awareness through their friends are higher (60 per cent), than the other mass media like magazines, radio, newspapers and posters, which may be due illiteracy and non availability of the sources.

3. Meaning of family planning

The selected college students had different meaning for family planning.

TABLE VI
MEANING OF FAMILY PLANNING

Meaning of family planning	Number (n=200)	Percentage
Limiting the size of the family	154	77
Surgery done so as not to have children	40	20
No idea about family planning	6	3

Inspite of intensive advertisements on family life education, only seventy seven per cent of the selected samples in this study understood the word family planning in terms of limiting the size of the family. For 20 per cent of the samples, it means the surgery done so as not have children and three per cent had no idea about family planning. Hence there should be a qualitative aspect of the family welfare programme mainly interms of awareness rather than the target oriented as suggested byParekh (1995).

4. Spacing between two children

Selected samples' opinion on spacing is shown in Table VII.

TABLE VII
SPACING BETWEEN TWO CHILDREN

Years	Number (n=200)	Percentage
1 - 2	44	22
3 - 4	116	58
5 - 7	40	20

The above Table reveals the selected samples' opinion about spacing between two children. Fifty eight per cent of them expressed that there should be a gap of three to four years between two children and 22 per cent of them preferred only one to two years as a gap. But 20 per cent of the samples wanted a gap of five to seven years between two children, which is a very wide gap.

MEANING OF FAMILY PLANNING

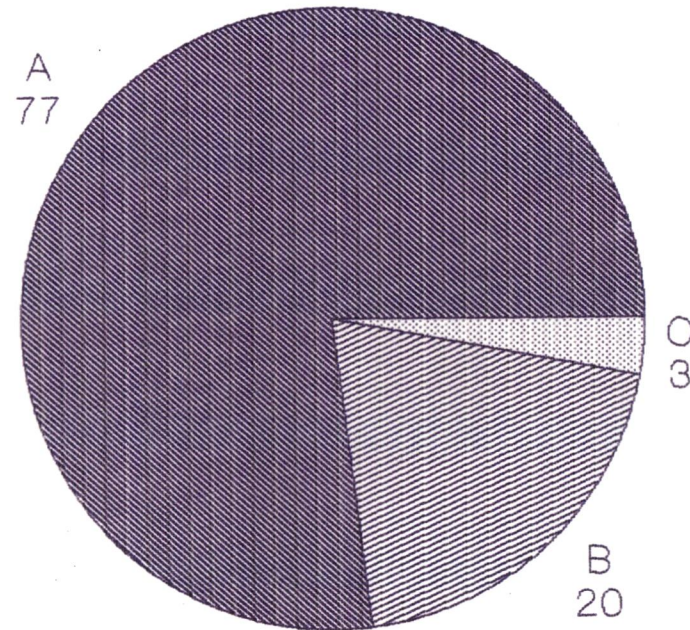


Fig 2

- A - Limiting the size of the family**
- B - Surgery done not to have children**
- C - No idea about family planning**

5. Advantages of small family

Benefits of small family according to the selected samples are enumerated in Table VIII.

TABLE VIII
ADVANTAGES OF SMALL FAMILY

S.No.	Advantage	Number* (n=200)	Percentage
1.	Good education and better care for children	114	57
2.	Better standard of living	100	50
3.	Less expenditure	96	48
4.	Fulfilling family needs	96	48

* Multiple response

The advantages of the small family as per the samples were to ensure good education and better care for their children (57 per cent), for better standard of living (50 per cent), incur less expenditure (48 per cent) and fulfilling the family needs in a better way (48 per cent).

This study highlights that good education, better care for children, better standard of living, less expenditure and fulfilling the family needs were the advantages of small family. It is apt to refer the opinion of Bhatta (1995) that an educated women, who is more aware, desires a small family so that her children can be provided with a better standard of living.

ADVANTAGES OF SMALL FAMILY

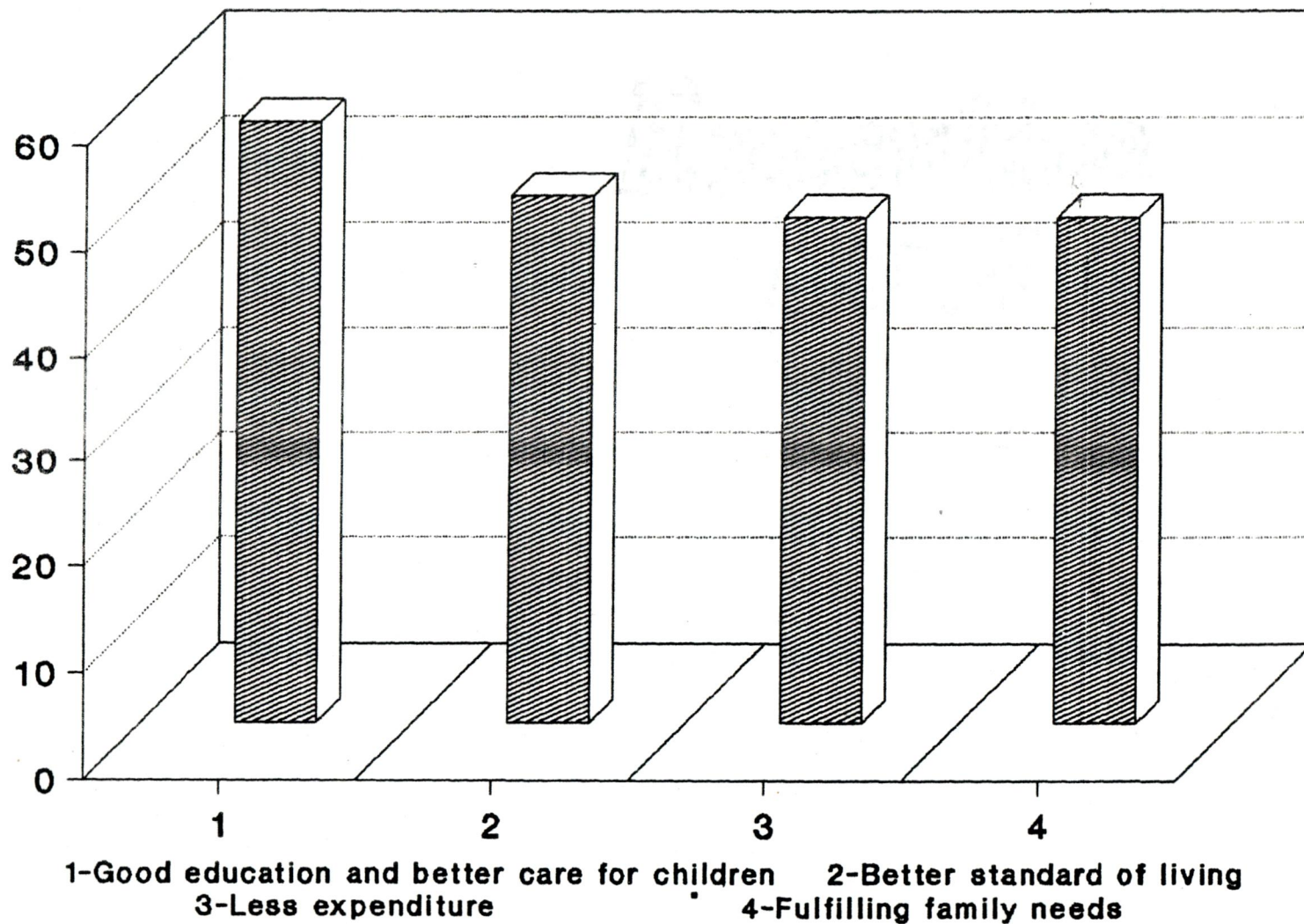


Fig 3

6. Methods of family planning known

The respondents' knowledge regarding the method of familyplanning known to them is given in this Table.

TABLE IX
METHODS OF FAMILY PLANNING KNOWN

Method	Number (n=200)	Percentage
Vasectomy	166	83
Tubectomy	174	87
Intrauterine device	174	87

Due to health education through mass media, the samples of this study were aware of the three methods by which family planning can be exercised such as tubectomy (87 per cent), intrauterine device (87 per cent) and vasectomy (83 per cent).

7. Information on family planning methods

Table X indicates the respondents' knowledge regarding the details of family planning methods.

TABLE X
INFORMATION ON FAMILY PLANNING METHODS

Methods	Number (n=200)	Percentage
<u>Vasectomy is done for</u>		
Male	194	97
Female	6	3
<u>Tubectomy is done for</u>		
Male	6	3
Female	194	97

It is good to know that 97 per cent of the samples knew that vasectomy is done for male and tubectomy is done for female. Only three per cent of the samples had wrong concept about vasectomy and tubectomy. Vasectomy and tubectomy are the most simple methods to practice as per 54 per cent and six per cent of the samples respectively. Forty per cent of the samples were not able to decide whether they are easy to practice or not.

8. Opinion about vasectomy

Awareness about the vasectomy was collected and given here.

TABLE XI
OPINION ABOUT VASECTOMY

Vasectomy	Number (n=200)	Percentage
<u>Make the man impotent</u>		
Yes	6	3
No	132	66
Don't know	62	31
<u>Possible to have children</u>		
Possible	20	10
Impossible	92	46
Don't know	88	44

Sixty six per cent of the samples expressed the fact that vasectomy do not make man impotent, only three per cent of them had the wrong concept that it makes the man

impotent and 31 per cent of the samples were not sure whether vasectomy makes the man impotent or not.

Forty six per cent of the samples felt that it is impossible to have children after undergoing vasectomy, 10 per cent of the samples felt that it is possible to have children after undergoing vasectomy and 44 per cent of the samples did not know whether it is possible or not.

9. Advantages of vasectomy and tubectomy

Table XII shows the respondents' opinion regarding the advantages of permanent sterilization methods.

TABLE XII
ADVANTAGES OF VASECTOMY AND TUBECTOMY

Advantages	Vasectomy		Tubectomy	
	Number (n=200)	Percent- age	Number (n=200)	Percent- age
Reduce expenditure/make both ends meet/small and a happy family	120	60	54	27
Better health and economy	58	29	80	40
Less children means less probem	22	11	66	33

The selected samples had different ideas about the vasectomy and the tubectomy in terms of advantages. Sixty per cent of the samples felt that vasectomy helps to reduce expenditure, ensures small and happy family whereas only 27 per cent of the samples felt that the tubectomy helps in the above mentioned advantages. Twenty nine per cent of the

samples viewed that vasectomy paves way for better health and economy and 40 per cent of them felt in the same way for the tubectomy too.

10. Opinion on sterilization

The Table XIII presents the respondents' opinion as to who should undergo sterilization and reasons for their opinion.

TABLE XIII
OPINION ON STERILIZATION

Reasons	Male		Female	
	Number	Percent- age	Number	Percent- age
No health problem	90	45	20	10
Easy to use	62	31	28	14

Seventy six per cent of the samples raised the point that the male should undergo sterilization, because there is no health problem (45 per cent) and it is easy for men to undergo sterilization (31 per cent).

Sterilization can be done for the women as per 24 per cent of the samples' opinion. Ten per cent of them reasoned out that it doesnot give health problems and the rest of the samples (14 per cent) preferred because it is easy for women.

The result of this study shows that the majority of the samples' (76 per cent) preference goes for men's

sterilization and the rest for womens' sterilization, which is contradictory to the actual fact referred by Mukherji (1993). Out of the total 4,121,980 sterilizations performed in 1990-91, 3,872,963 were tubectomy and 249017 vasectomy, thus resulting in 94 per cent of sterilization being on females.

11. Opinion on the best method of family planning

Respondents' knowledge on the best method of family planning has been tabulated below.

TABLE XIV
OPINION ON THE BEST METHOD OF FAMILY PLANNING

Method	Number (N=200)	Percentage
Permanent sterilization	84	42
Temporary sterilization	80	40
Don't know	36	18

Forty two per cent of the samples' felt permanent sterilization is the best method, whereas 40 per cent of them favoured the temporary sterilization as the best method and eighteen per cent of them had no idea about this.

12. Awareness of temporary methods

The details of the temporary methods of family planning are in Table XV.

OPINION ON THE BEST METHOD OF FAMILY PLANNING

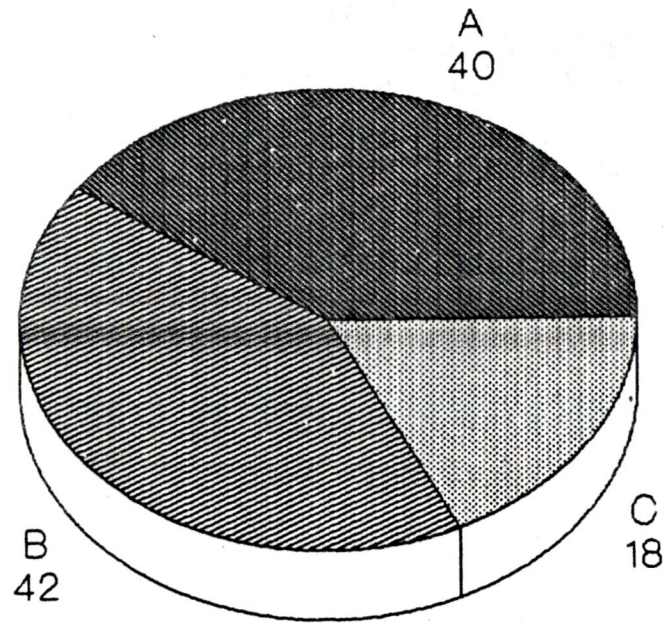


Fig 1
A - Temporary sterilization
B - Permanent Sterilization
C - Don't Know

TABLE XV
AWARENESS OF TEMPORARY METHODS

Temporary method	Number* (n=200)	Percentage
Condom	192	96
Pills	148	74
Diaphragm	142	71
Copper T-loop	124	62

* Multiple response

The above Table depicts the selected samples' knowledge on the temporary methods of family planning. Ninety six per cent of the samples were aware of the condom, 74 per cent of the samples' knew about birth control pills, diaphragm and loop were the other methods known to 71 and 62 per cent of the samples respectively.

13. Preference of the temporary methods

The methods may not be preferred equally by the people. In order to find out the selected samples' preference and reasons for preference, information was collected and presented in this Table.

TABLE XVI
PREFERENCE OF THE TEMPORARY METHODS

Temporary method	Number (n=200)	Percentage
<u>Most liked</u>		
Condom	160	80
Loop	40	20
<u>Reasons</u>		
Easy to use	140	70
No side effect	60	30
<u>Least liked</u>		
Pills	154	77
Diaphragm	46	23
<u>Reasons</u>		
Adverse side effect	100	50
Difficult to use	30	15
Health problem	20	10

Eighty per cent of the samples felt that the condom is the best temporary method and for the rest of them, loop is the best temporary method. They reasoned out that condom and loops are easy to use (70 per cent) and do not have side effects (30 per cent).

Seventy seven per cent of the samples preferred the pills as the least method of the birth control, whereas 23 per cent of them expressed that the

diaphragm as the least method to use for birth control. Adverse side effects, difficulty to use and health problems were the reasons given by 50, 15 and 10 per cent of the samples respectively for the least preference.

In a Brazilian study, two-thirds of married women practice contraception, of which 43 per cent use the pill and 42 per cent have had tubal ligations (Bhatty, 1995).

14. Ideal age for marriage

In family welfare programme, it is found that the parameters directly linked to it are female literacy and age at marriage of the female (Mukherji, 1993). Though the government has the ideal age for marriage, the investigator was interested to findout the opinion of the samples in this regard and their suggestions are given below.

TABLE XVII
IDEAL AGE FOR MARRIAGE

Age (in years)	Number (n=200)	Percentage
<u>Male</u>		
23 - 24	90	45
25 - 26	70	35
27 - 28	40	20
<u>Female</u>		
18 - 19	84	42
20 - 21	58	29
22 - 23	58	29

This Table reveals the samples' opinion on the ideal age of marriage for male and female. Forty five per cent of the samples' felt 23 to 24 years is the ideal age of marriage for male, for 35 per cent of them 25 to 26 years is the ideal age for marriage and the rest 20 per cent preferred 27 to 28 years as the ideal age for boys.

For female, 18 to 19 years is the ideal age for 12 per cent of the respondents, 29 per cent of the samples viewed that female to be married between 20 to 21 years and 21 per cent of the samples wanted to raise the age of marriage for females to 22 to 23 years.

These findings are in line with that of Mukherji (1993) who has shown that if the female age at marriage is 19 years, total fertility would decline by about one. In Chhabra's (1993) study also neo-natal mortality was more than doubled among the teenage mothers compared to 20-24 years old.

15. Opinion about government raising age of marriage

With regard to government's action of raising age at marriage, 96 per cent of the samples suggested as good and the rest of the samples had no idea about it. The reasons were collected and tabulated below.

TABLE XVIII
OPINION ABOUT GOVERNMENT RAISING AGE OF MARRIAGE

Reason	Number (n=200)	Percentage
Maturity is needed to plan their life in proper manner	124	63
To reduce the growth of population	74	37

Sixty three per cent of the samples wanted the age of marriage to be raised, since both the boys and girls need maturity to plan their life in proper manner and 37 per cent of the respondents expressed that to reduce the growth of population, the age of the marriage to be raised.

16. Opinion about abortion

The use of contraceptives and permitting abortions is actually all about the empowerment of women letting them control their own sexuality, a power denied by many religions (Bhatty, 1995). Hence the investigator was interested to gather the knowledge regarding abortion from the selected samples. They are listed below.

TABLE XIX
OPINION ABOUT ABORTION

Abortion	Number (n=200)	Percentage
<u>Tenable</u>		
Yes	96	48
No	104	52
<u>Legal</u>		
Yes	136	68
No	64	32
<u>Reasons</u>		
Abnormal position of foetus	110	55
Chronic disease	90	45

The above Table shows that 52 per cent of the selected samples felt that the abortion is not tenable while the rest (48 per cent) reported that the abortion is tenable. Sixty eight per cent of the samples were aware of the fact that the government has legalised abortion while the others were not aware. Fifty six per cent of the samples knew that the abortion is legalised if the foetus is in abnormal condition, whereas 45 per cent of them knew that the abortion is legalised if the foetus has chronic disease.

It is relevant here to quote that a survey done on 2000 couples in Brazil revealed that 88 per cent of the couples ignored the Church's restriction on contraceptives and abortion. About 1.4 million Brazillian women undergo

abortion every year, though it is illegal and permitted only in the case of rape and when there is a threat to the mother's health (Bhatty, 1995).

C. Attitude score in relation to selected variables

The attitude score of the respondents towards family planning associated with structure of the family, age of the respondent, total number of family members, income and occupation of the parents. The results are discussed in the following Tables.

1. Attitude score versus type of family

In order to find out the impact of the type of family and the attitude towards family planning, the data was collected and the statistically treated results are tabulated below.

TABLE XX
ATTITUDE SCORE VERSUS THE TYPE OF FAMILY

Particulars	Number (n=200)	Mean	Standard deviation	Standard error	't' value
Joint	63	97.77	15.67	1.97	1.83 ^{NS}
Nuclear	137	102.00	14.93	1.27	

NS = Not significant

The mean score of the students of joint and nuclear family was 97.77 and 102 respectively. It was found

that the type of family did not have any influence over the attitudes of the students towards family planning.

2. Attitude score of the respondent with regard to age, number of family members, income and occupation

Table XXI depicts the respondent's attitude score with regard to their age, number of family members, income and occupation of their parents.

TABLE XXI
ATTITUDE SCORE OF THE RESPONDENTS WITH REGARD TO AGE, TOTAL NUMBER OF FAMILY MEMBERS, INCOME AND OCCUPATION

Aspects	Number (n=200)	Mean	Standard deviation	Standard error	'F' ratio
<u>Age</u>					
19 years	64	92.01	12.78	1.59	
20 years	90	103.10	14.64	1.54	19.87**
21 years	46	100.67	14.29	2.10	
<u>Total number of family members</u>					
3-5 members	149	102.04	16.76	1.20	
6-8 members	47	96.51	16.27	2.37	2.41 ^{NS}
Above 8 members	4	98.75	16.07	0.03	
<u>Income</u>					
4000-5000	12	109.91	15.63	4.51	
5000-6000	64	101.35	13.03	2.23	
6000-7000	30	97.83	16.89	3.08	10.50**
7000-8000	94	96.06	13.78	1.42	
Above 8000	30	113.50	11.57	2.11	
<u>Occupation</u>					
Employee	124	101.03	14.31	1.28	
Professional	33	97.54	19.72	3.43	900 ^{Ns}
Business	43	100.67	15.26	1.07	

** = Significant at 5 per cent level

NS = Not significant

From the Table XXI, one can understand, that there is a difference in the mean score of the samples obtained for the attitude of family planning with regard to age. The students of 20 year old scored more (103.10) than the students of 19 and 21 year old. Generally speaking, as the age increases attitude towards family planning will change. It may be due to the kind of exposure the students of this study had, their attitude is different. It is a welcoming trend that by 20 years, these samples have more favourable attitude towards family planning.

The mean score was found to be higher for the students who hailed from the family whose income is above Rs.8000/-. The 'F' ratio is found to be 10.50 which is highly significant at 5 per cent level, hence we can say that the higher the income, the samples preferred the small family norm. The total number of members in the family and the occupation did not affect the adolescent's attitude towards family planning.

Summary and Conclusion

V. SUMMARY AND CONCLUSION

The study on 'Attitudes of College Students Towards Family Planning' was done with two hundred Final year under graduate students. The objectives of the study were to ascertain the extent of knowledge of the college students on family planning and to find out their attitudes towards family planning. Questionnaire and attitude scale were the tools used to elicit the required information. The findings of the study are summarized below .

A. Attitude towards family planning

1. Of all the selected college students, 66 per cent were aware of family planning between the ages of 15 to 20 years and 34 per cent of them heard about it between 10 to 15 years.
2. About 85 per cent of the selected students came to know about family planning through television, 64 per cent of them heard from neighbours, 41 per cent and 39 per cent of the samples read from magazines and newspapers respectively, 26 per cent of the samples became aware of it through film and posters, 15 per cent of the samples from family members, 14 per cent of the students from pamphlets and 13 per cent of them came to know by attending the campaigns on family planning.

3. Seventy per cent of the selected college students understood the word family planning in terms of limiting the size of the family and to 20 per cent of them, it meant a surgery done not to have children and three per cent had no idea about family planning.
4. As far the spacing between the children, fifty eight per cent of the selected students opined that there should be a gap of three to four years between two children, 22 per cent of them preferred the age of only one to two years and the rest (20 per cent) felt that the gap should be five to seven years between two children.
5. About 57 per cent of the students realised that small families ensure good education and better care for children, 50 per cent of them felt that small families improve standard of living, 48 per cent of the girls voiced that small family incurred less expenditure and fulfilled family needs better.
6. More than 85 per cent of the selected students were aware of family planning methods such as tubectomy and intrauterine device and about 83 per cent of the selected girls were of vasectomy.
7. Ninety seven per cent of the girls knew that vasectomy is done for male and tubectomy is done for female. Fifty four per cent of the girls were aware

of that vasectomy and tubectomy to be the most simple methods and the rest (40 per cent) of them were not able to discriminate the above mentioned methods.

8. Sixty six per cent of the samples expressed the fact that vasectomy does not make the man impotent, only three per cent of the samples had the wrong notion that it makes the man impotent. And 31 per cent of the samples were not sure whether vasectomy makes the man impotent or not. Forty six per cent of the samples felt that it is impossible to have children after undergoing vasectomy whereas 10 per cent of them felt that it is possible to have children after undergoing vasectomy and 44 per cent of the samples had no idea in this regard.
9. Sixty per cent of the samples felt that vasectomy helps to reduce expenditure, ensure small and happy family, whereas only 27 per cent of the samples felt that tubectomy helps in the above mentioned manner. Twenty nine and 40 per cent of the samples viewed that vasectomy and tubectomy respectively promotes better health and economy. Thirty three and eleven per cent of the selected samples opined that vasectomy and tubectomy respectively helps in reducing the number of child birth and thereby promote the health of the mothers.

10. Seventy six per cent of the samples raised the point that male should undergo sterilization and the rest favoured the women's sterilization.
11. Forty two per cent of the samples felt that permanent sterilization is the best method, whereas 40 per cent of them favoured the temporary sterilization as the best method and eighteen per cent of them had no idea about this.
12. Ninety six per cent of the selected students were aware of the condom and 74 per cent of them knew about the birth control pills. Diaphragm and loop were the other methods known to 71 and 61 per cent of the selected samples respectively.
13. Eighty per cent of the girls felt that the condom is the best temporary method and for the rest of the samples loop is the best temporary method.
14. Forty five per cent of the girls felt that 23 to 24 years is the ideal age of marriage for males, 35 per cent of them mentioned 25 to 26 years and the rest (20 per cent) felt that 27 to 28 years as the ideal age for boys.

For females, 42 per cent of the respondents felt 18 to 19 years as the ideal age for marriage and 29 per cent indicated 20 to 21 years.

15. Sixty three per cent of the samples wanted the age of marriage to be raised since both the boys and girls need maturity so as to plan their life in a proper manner and 37 per cent of the respondents expressed that population growth needs to be arrested raising the age at marriage.
16. About 52 per cent of the samples felt that abortion is not tenable. Sixty eight per cent of the samples knew that abortion is legalised if the foetus is in abnormal condition, whereas 45 per cent of them knew that the abortion is legalised if the foetus has chronic disease.

B. Attitude score in relation to selected variables

17. The mean attitude of the students of joint and nuclear family was 97.77 and 102 respectively without any significant difference. The type of family does not seem to affect the attitudes of the students towards family planning.
18. The mean score of the students of 20 year old was higher (103.10) than the students of 19 and 21 year old.
19. The mean score of the attitude was higher for the students hailing from the families whose income was above Rs.8000/=. The 'F' ratio was found to be 10.50 which was highly significant at five per cent level. It was found that higher the income, the better the attitude towards family planning.

20. The total number of members in the family and the occupation of the parents did not affect the attitude of the selected samples towards family planning.

Recommendations :

The following recommendations emerge out of this study.

1. We need to merge the girl child in the main stream of development, looking to her dreams and desires, her completies and constraints, of all which together mould her outlook on life.
2. School and educational institutions, having 50 per cent of more girl students (every year should be encouraged) should be given 25 per cent additional grants by the government. Similarly, educational institutions, showing 10 per cent increase in girl students.
3. Concerted efforts must be taken to popularise the 'one couple - one child' programme through media.
4. Those who seek election to education, cultural or co-operative bodies must accept small family norm. Failure of which should be treated as a disqualification and the post to which those persons are elected, should stand automatically vacated.
5. Family life education must be included in the curriculum of higher secondar class (X standard to XII standard) and in the undergraduate syllabus.

V. SUMMARY AND CONCLUSION

The study on 'Attitudes of College Students Towards Family Planning' was done with two hundred Final year under graduate students. The objectives of the study were to ascertain the extent of knowledge of the college students on family planning and to find out their attitudes towards family planning. Questionnaire and attitude scale were the tools used to elicit the required information. The findings of the study are summarized below .

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5. About 57 per cent of the students realised that small families ensure good education and better care for children, 50 per cent of them felt that small families improve standard of living, 48 per cent of the girls voiced that small family incurred less expenditure and fulfilled family needs better.
6. More than 85 per cent of the selected students were aware of family planning methods such as tubectomy and intrauterine device and about 83 per cent of the selected girls were of vasectomy.
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of that vasectomy and tubectomy to be the most simple methods and the rest (40 per cent) of them were not able to discriminate the above mentioned methods.

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6. Drawing, painting and competition on small family norm can be conducted for the college students to promote the awareness.
7. Debate on small family norm can be organised in all universities at least once in a year.

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Appendices

APPENDIX I

AVINASHILINGAM DEEMED UNIVERSITY, COIMBATORE

INFORMATION REGARDING ATTITUDES OF
STUDENTS TOWARDS FAMILY PLANNING

I. GENERAL INFORMATION :

1. Name of the Investigator :
2. Name of the respondent :
3. Age :
4. Class :
5. MotherTongue :
6. Type of the Family : a. Joint family b. Nuclear Family
7. Individual Characteristics of Family Members :

S. No.	Name of the Family Members	Relationship with the respondent	Sex	Age	Marital status	Educa- tional status	Occu- pat- tion	Income
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II. INFORMATION REGARDING FAMILY PLANNING :

1. At what age, you hear first, the concept of family planning?
 - a. 10-15 years
 - b. 15-20 years
 - c. 20 and above
2. What are the sources through which you came to know about various methods of family planning

Sources

Information gained

- i. Family members
 - ii. Relatives
 - iii. Neighbours
 - iv. Friends
 - v. Any others (Specify)
-

b. Mass media

Information gained

- i. Radio
 - ii. Film
 - iii. Television
 - iv. Posters
 - v. Pamphlets
 - vi. campaigns
 - vii. News papers
 - viii. Any others (Specify)
-

3. What exactly do you understand by the term family planning?

- a. Limiting the size of family
- b. Surgery done so asnot to have children
- c. No idea about family planning

4. In your opinion, what should be the spacing between two children?

5. Do you know that government emphasises on small family norm?

- a. Yes
- b. No

6. In your opinion, what are the advantages of small family?
7. a. What are the methods of family planning you have of
 - i. Vasectomy
 - ii. Tubectomy
 - iii. IUD
 - iv. Others
- b. Vasectomy is done for
 1. Males
 2. Females
- c. Tubectomy is done for
 - i. Males
 - ii. Females
- d. Which method of family planning is reversible?
 - i. Vasectomy
 - ii. Tubectomy
 - iii. IUD
 - iv. Sterilization
- e. Which method Family planning is irreversible,
 - a. Vasectomy
 - b. Tubectomy
 - c. IUD
 - d. Sterilization
- f. According to you which of the following is simple,
 - a. Vasectomy
 - b. Tubectomy
 - c. Don't know
- g. In your opinion does Vasectomy make the man impotent?
 - a. Yes
 - b. No
 - c. Don't know

- h. Is it possible to have children after undergoing vasectomy?
 - a. Possible
 - b. Impossible
 - c. Don't know
 - i. What is your opinion about advantages of vasectomy?
 - a. Reduces expenditure/make both ends meet/small and a happy family
 - b. More children means more problem
 - c. Better health and better economy
 - j. what is your opinion about advantages of tubectomy?
 - a. Reduces expenditure/make both ends meet/small and a happy family
 - b. More children means more problem
 - c. Better health and better economy
8. Whom do you think should under go sterilization?
- a. Man or
 - b. Woman
- give reasons :
9. Which method do you think is the best?
- a. Temporary sterlization
 - b. permanent sterlization
 - c. Don't know
10. What are the temporary methods of sterlization you are aware of?
- a. Copper - T loop
 - b. Condom (e.g) Nirodh
 - c. Diaphragm
 - d. Pills

11. Of the temporary methods known to you which would you like the most and least and why?

Method

Reason

a. Most liked

b. Least liked

12. What is the ideal age for marriage?

a. Boys (Years)

b. Girls (Years)

13. What is your opinion about government raising age of marriage?

a. Good

b. Bad

c. No idea

Reasons :

14. In your opinion, is a abortion tenable?

a. Yes

b. No

15. Do you know that government has legalised abortion?

a. Yes

b. No

If yes, under what conditions?

APPENDIX II
ATTITUDE SCALE

Statements	Responses				
	Strongly agree	Agree	Undeci- ded	Dis- agree	Stron- ly dis- agree
1. Proper food and clothing are provided for the members of the small family rather than in large ones					
2. One cannot say whether a small family is advantageous or disadvantageous					
3. Whether rich or poor, a planned family with two or three children will be ideal					
4. As children are the joy of life there is no need to restrict their number					
5. There is lesser chance of children in small families realising parents difficulties than in large families					
6. Since the number of births in a small family is less, the health of the mother and the child is not affected adversely					
7. As the creator will take care of the created, one need not worry about the family size					
8. Parents will be able to bestow more love and care on children only if the family is small					
9. Whether a family is small or big, it matters little					
10. Since in a small family the number of children is less, the family income also decreases					
11. Family planning is important and should be used whenever it is reasonably possible to do so					

Statements	Responses				
	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
12. If the number of children is limited through the application of birth control techniques, then the natural sex relations between the spouses will be hampered					
13. Emphasis on family planning is the correct measure to have healthier children					
14. For a healthier nation, family planning is essential					
15. Family planning is a bad ideal imported to India from abroad					
16. Family planning is harmful, dangerous and contrary to religious teaching					
17. Every citizen of the country must practice birth control					
18. Parents having few children can provide proper facilities for their children's education					
19. When family planning ideas spread throughout the country, they will increase the divorce rate					
20. It is difficult for husbands and wives to talk together freely about sex, and so family planning is not possible					
21. By adopting family planning, husband and wife experience conjugal differences					
22. Social and moral ruin will be inevitable as a consequence of introduction of birth control					
23. Mothers of few children maintain better health than mothers of many children					

Statements	Responses				
	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
24. Planned families maintain a good standard of living					
25. Family planning has qualities which are distasteful					
26. Family planning is of some value and more people should use it					
27. Family planning is important and should be used by everyone					
28. As child is the gift of God, adoption of family planning is a great sin.					

MSC = Mean Sum of Squares between Columns

MSE = Mean Sum of Squares due to Error

(C-1) = Number of degree of freedom between columns

(r-1) = Number of degree of freedom between rows

(C-1) (r-1) = Number of degrees of freedom for residual.