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ATTITUDE TOWARDS BIRTH CONTROL OF MARRIED AND UNMARRIED PEOPLE OF CHITTAGONG

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ABSTRACT

The study was designed to investigate the attitude towards birth control of the married & unmarried people using the Bengali version of the Wang and Thurstone, 1930 scale. The objective of the study was to see whether married and unmarried people differ in their attitude towards birth control. The sample consisted of 120 adults divided into 2 groups on the basis of marital status. Sixty married people (30 married males and 30 married females) and 60 unmarried people (30 unmarried males and 30 unmarried females) were the respondents of this study. The two groups of samples were selected at random. The result showed that the difference of attitude towards birth control of the married & unmarried people is not significant. Both groups possess favorable attitude towards birth control.

Key words: Attitude, Birth control, Married and Unmarried people.

INTRODUCTION

There are currently over 6 billion people in the world. American population expert Poul Ehrlich calculated in the 1960s that if the rate of population growth at that time were to continue, nine hundred years from now there would be 60 quadrillion people on the earth (Giddens 2006). There would be one hundred people within every square yard of the earth's surface, including both land and water. A physicist worked out that housing such a huge population would require a continuous two thousand storied building covering the entire planet. Even such a stupendous structure would have only three or four yards of floor space per person (Giddens 2006). If the current trends are not reversed, the world's population will grow to intolerable levels. Governments and other agencies should consider the warnings of Ehrlich and immediately need to introduce birth control program which would trail off population growth.

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Birth control refers to the practice of preventing unwanted pregnancies, typically using contraception. It is a voluntary limitation or control of the number of babies conceived, especially by planned use of contraceptive techniques.

Birth control refers to control over and decisions about the timing and number of births that a woman/couple has; it is a part of the family planning programs and includes more than contraception. People have used various forms of birth control throughout history, including abstinence, withdrawal, vasectomy and condom. No longer under the taboo the subject of birth control can at last be freely discussed and its implications urgently need to be explored (<http://family.jrank.org/pages/162/Birth-Control-sociocultural-historical-aspects.html>).

Attitude is a settled way of thinking or feeling, typically reflected in a person's behavior. A position of the body proper to or implying an action or mental state is also called attitude. According to Jung (1921) "Attitude is a readiness of the psyche to act or react in a certain way". According to Eagly and Chaiken (1995) "Attitudes are learned predispositions to respond in a favorable or unfavorable manner to a particular person, behavior, belief, or thing. An attitude is a hypothetical construct that represents an individual's degree of like or dislike for something. Attitudes are generally positive or negative views of a person, place, things or event. This is often referred to as the attitude can also be conflicted or ambivalent towards an object meaning that they simultaneously possess both positive and negative readiness to behave towards the item in question.

Now-a-days various birth control methods are available which can decrease the birth of unwanted babies. Accelerated increase in the size of population needed to be contained in a view of world's limited resources. All out efforts should be taken popularized the slogan "Not more than two, one child is better." Few countries have put family planning and reproductive health care at the top of their agendas. Survey confirms that half the 463 married women in developing countries outside China do not want more children. Million more would like to delay their next pregnancy (Jacobson 1992). The present population of young college educated adults is, for the most part, altered to the population crisis that confronts their generation & that with an increasing knowledge and acceptance of contraception, a long range decline in birth rates is foreseeable in the future (Scarlett 1972).

Over the past decade the findings of the surveys suggest that men & women do not necessarily have similar fertility control or birth control attitudes and goals (Ezech 1993, Bankole 1995) in Nigeria and Ghana.

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Attitude towards birth control is shaped by the people who surround them. Low perception of the risk for pregnancy, lack of thought or perceptions are the critical factor in influencing attitude about birth control. Economic, educational, cultural & religious factors are also related to such attitude. If a family is unable to afford adequate medical care, then family planning services and birth control materials may not be attainable. Cultural factors also include education and employment opportunities available to women. The marriage age of women and the societal acceptance of birth control methods are also important factors. Religion can have profound effect on birth control. Many religions encourage large families as a way to further the religion or to glorify a higher power. For example- In Islam, the Qur'an does not make any explicit statements about the mortality of contraception, but contains statements encouraging procreation. The Prophet Muhammad (SM) also is reported to have said "Marry and procreate". There is no ban on birth control in Hinduism. In Buddhism, there is no widely recognized policy on birth control. Among Christian denominations today there are different opinions towards contraception. The Roman Catholic Church has disallowed artificial contraception.

The fertility decline in Bangladesh cannot only be contributed to family planning progress & policies but also to the broader social & psychological shift in family size norms as indicated by the work conducted in Bangladesh during this time (Caldwell and Barkat-e-Khuda 2000)

Communication of information & education in family planning (FP) to the currently married women & men is an important step to motivate them to practice contraception. According to the BDHS (1996-97) nearly 70% of men and a little over 40% of women reported that they had heard or seen a Family Planning message in one or four of the mass media (i.e., Radio, television, bill board & newspaper or magazine). Nearly 54% of the currently married women practice contraception in Bangladesh (43.4% modern methods and 10.3% traditional methods). In recent years (1997-2000), contraceptive use has increased by 5% from 49% to about 54% of the currently married women at their reproductive ages (i.e., 15 year-49 year). In Bangladesh, Men constitute one half of the population. From (1996-2000) the total contraceptive prevalence Rate (CPR) in Bangladesh had increased by 5% (i.e., from 49% to 54%) and the increased use was more pronounced in the case of male methods (19.3%) compare to the female methods (6.2%). Knowledge of birth control methods is high among Bangladeshi couples. According to BDHS 1999-2000 knowledge of any family planning methods among the currently married men is universal. A high proportion (90% or more)

knows about oral pill, condom, injection and female sterilization. Comparatively they are less likely to know about male sterilization (87%). Knowledge of at least one method (a modern method in particular) is virtually universal among both women in the age group 10-49 years in men it is 15-59 years in both urban & rural areas, in all divisions & irrespective of any category of education level. Education, especially female education has received considerable attention from scholars & researcher in Bangladesh. Women with higher education levels are more likely to be able to organize their lives outside the realm of marriage & family.

According to Koenig and Falkenstein (1972) research on birth control and concluded that the college community values are strong determiners of the attitudes towards birth control, since upper class men & more alienated students showed the highest acceptance.

According to Insko *et al.* (1970) research result showed that users of birth control techniques were found to have significantly more consistent attitude structures than non-users.

Scarlett (1972) studied the attitude of the undergraduates towards birth control. Virtually almost all of the respondents (96%) agreed on the desirability of limiting family size, with a substantial majority (81%) indicating they wanted two children (6%) or less (17%).

Donahoe (1996) survey revealed that men's attitude towards family planning are overwhelmingly favorable even in the country's most conservative division Chittagong including Sylhet area. Women in Bangladesh have a tendency to use contraceptive only when they perceive that their husbands do not object (Kamal and Sloggett 1993).

The objective of the study was to see whether married and unmarried people differ in their attitude towards birth control.

MATERIALS AND METHODS

Sample

The samples consisted of 120 adults divided into 2 groups. The samples were selected on the basis of simple random sampling. Out of 120 adults, 60 were married people (male = 30, female = 30) and 60 were unmarried people (male = 30, female = 30). Age levels of the unmarried people were between 18-32 years & married people were between 30-45 years. The educational qualifications of all the respondents were above higher secondary level.

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Instrument used

The Bangla version of attitude scale was used to measure attitude towards birth control of married & unmarried people in this study. The scale was originally developed by Wang and Thurstone (1930). The scale that was used in this study was a 40 items Likert type scale. Each item was provided with 3 response choices, such as strongly agree, agree and disagree. For positive items, score 3 indicates strongly agree, 2 for agree and 1 for disagree. Reverse scoring was used for the negative items. For example-score 1 indicate strongly agree, 2 for agree and 3 for strongly disagree. The sum of scores of all items was the total score of the scale for an individual, resulting in a scale range 40 to 120 where higher score indicates most favorable attitude. Its reliability correlation range 0.62 to 0.93. The validity correlation is +0.56.

Procedure

The questionnaire was administered to each of the individual session either at home, hall or Chittagong University Campus .Chittagong University Campus and its surrounding areas were the study site for collecting data from married and unmarried male and female. Respondents were asked to follow the standard instruction printed on the top of the questionnaire. In case of problems faced by the respondents, the investigator offered necessary explanations. Respondents were required to fill up an information blank sheet after answering the questionnaire. The information blank was included information like name, age, sex, marital status, socio-economic status and educational background. They were also assured that the confidentiality of their information would be maintained and it would be only used in study purpose. At the end, respondents were thanked for their active co-operation.

RESULTS AND DISCUSSION

The study was conducted to evaluate the attitude towards birth control of married and unmarried people. The data were analyzed by mean, standard deviation and t-test. Result are shown in the following tables.

TABLE 1: MEAN AND SD OF BIRTH CONTROL ATTITUDE SCORES OF MARRIED AND UNMARRIED RESPONDENTS WITH t-VALUE.

Marital Status	N	ΣX	\bar{X}	SD	t
Married	60	5910	98.5	11.10	0.040
Unmarried	60	5956	99.27	7.89	

Table 1 Shows that there is no significant difference in the attitude of married and unmarried peoples towards birth control.

TABLE 2: MEAN AND SD OF ATTITUDE SCORES OF MARRIED AND UNMARRIED MALES TOWARDS BIRTH CONTROL WITH t-VALUE.

Marital Status	N	$\sum X$	\bar{X}	SD	t
Married Male	30	3037	101.23	8.72	1.042
Unmarried Male	30	2970	99	7.45	

Table 2 Shows the attitude of married male's score (101.23) higher than the attitude towards birth control as compared to unmarried male (99). But there is no significant difference between the two means.

TABLE 3: MEAN AND SD OF ATTITUDE SCORES OF MARRIED & UNMARRIED FEMALE TOWARDS BIRTH CONTROL WITH t-VALUE.

Marital Status	N	$\sum X$	\bar{X}	SD	t
Married female	30	2873	95.77	12.47	0.35
Unmarried female	30	2986	99.53	8.30	

Table 3 shows that unmarried female expressed higher positive attitudinal preference (99.53) towards birth control than married female (95.77). But the difference between the two groups is not significant.

The result of the present study reveals that married and unmarried people do not differ significantly in their attitude towards birth control. Both of them (married and unmarried) expressed positive attitude towards birth control.

Table 1 also indicates that unmarried people (99.27) expressed slightly positive attitude towards birth control than married people (98.5). But the difference is not significant. Zaman and Rahman (1978) in their research result found that people who are higher in education possess more favorable attitude

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towards family planning. The respondents of the present study were educated people. The findings of this study support the findings of the study done by Zaman and Rahman (1978). It seems that the attitude of the peoples were influenced by the mass media today more than any other time before. Internet, Television, Film, Music Video, Radio all contribute people's positive attitude towards birth control.

Table 2 shows the attitude of married male respondents was score (101.23) is higher than the unmarried male respondents (99). But the finding is not significant between the two groups. BDHS (1993-94) report showed that men's desire of family size in Bangladesh is small. Only one third of the respondents wanted more than two children, and knowledge of at least one modern method of family planning is virtually universal. Males had the highest influence in deciding about the accepting of sterilization (Hasan and Huq 1990). In Bangladesh males are generally the decision makers of a family. Married male get more family planning messages than others through different the mass media. In a patriarchal society like Bangladesh men as the husband in a couples life have an important say in decision making about family size and the use of contraceptives.

Table 3 shows that unmarried female expressed higher positive attitudinal preference (99.53) towards birth control than married female (95.77). But the findings not significant between married & unmarried female. The assumption is common that education lead to autonomy that it helped the women to stand up and learn about birth control, effective use of health care delivery systems, etc.

From the result we found there is no difference between married and unmarried people attitude towards birth control. There were some causes for it. For example- Government consistently supported family planning over the past 30 years. Field workers delivered contraceptive Materials from door to door. Thus the system was successful. Though Bangladesh is a Muslim Country the Bangladeshi women enjoy the right to work, to participate in public affairs and possess greater control over their reproductive lives.

In Bangladesh, Government recently raised the legal age of marriage for women to 18 and now encouraging women's education and workplace participation. The Bangladeshi people also know that the country has limited resources. So all out efforts are taken to popularize and ingrain the slogan 'Not more than two, one child is better'. So the Bangladeshi people expressed the positive attitude towards birth control.

Birth control helps to create favorable conditions for socio-economic development and improve educational performance. Minimum regular income, housing, education and medical facilities offer family stability. Education and social position make women more responsible. Working women are more eager to keep their family small. Birth control allows women to delay childbearing until they are older, more experienced, better educated and more financially secure. Not only can educated women contribute more to economy, but more experienced mothers are better able to raise healthy children.

The widespread availability of birth control has led to dramatic change in attitude towards sex and marriage. Women believe that reliable birth control would finally give them the opportunity to participate more actively in the society rather than being tied to the traditional roles of keeping the house and raising the children.

From 1997 to 2000, the total contraceptive prevalence rate in Bangladesh had increased by 5% from 49% to 54% (Hossain 2003). The increased use was more pronounced in the case of male methods (19.3%) compared to the female methods (6.2%).

For analyzing the data, the 't' test was used here. The result of the present study showed that there is no significant difference between the attitude of married and unmarried people towards birth control.

There are many limitations in our present study. Sample size was relatively small for a national sample. All the respondents were educated. Most of the respondents are from middle class socioeconomic status.

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