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## Attitude of Mizo Post Graduate Students towards Family Planning and Birth Control

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### Abstract

*The purpose of the study was to measure the attitudes of Mizo post graduate students towards family planning and birth control. Samples of 500 students from different departments under different schools were selected randomly from Mizoram University. Family Planning and Birth Control Attitude Scale designed, developed and validated by Rajamanickam (1998) was used as a tool for collection of data. T-test was used to determine the significance of difference. The study found out that there was no significant difference between males and females and also between the different church denominations.*

**Keywords:** *Post graduate students, Family planning, Birth control.*

### Introduction

Family is the most valuable and important gift that God has given us. It is the first place where one learns his/her lessons regarding relationships with others. Family is really an important word. It means to feel secure, to have someone who you can count on, whom you can share your problems with. It is also about encouragement, understanding, hope, comfort, advice, values, morals, ideals and faith. This is one of the main reasons why family is important in our life. A perfect family can be a great example for the whole society. Family very much impacts the society and society too very much impacts a country. So, an ideal country is not only built by the government but also by each and every family member. So, every family is a principal key to the society, this is why family is important in our lives.

The concepts of 'family planning and birth control' have been jointly used by the demographers in India for the past fifty years since independence in the context of the study of the population problems. Family planning programs benefit not only parents and children but also the society and the nation, by being able to keep the number of new births under control allows for less population growth. With less population growth this will allow for more resources towards those already existing in the Indian population, with more resources comes longer life expectancy and better health.

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### **Rationale of the Study**

The family planning program in Mizoram was launched in the mid-nineties under the auspices of the Health Department, Govt. of Mizoram. Initially, the Mizo people were not appreciative of the family planning programme and were more or less against it. The reason for this was that the Mizo people believed that their population was very small when compared with the population of the other inhabitants of various states of India. Besides this, the Mizo people had a misconception about the meaning of family planning. They thought that acceptance of family planning meant giving birth to only two (2) children. With the strong belief that the Mizo population was already very small compared to the other states, the idea of giving birth to not more than two (2) children was totally unacceptable.

We know that family planning is very important for the health of the mother and her child but in some situations one may not need family planning or birth control. Compared to other states in India, Mizos are very less in terms of population and there is a growing fear that if the youths and young parents follow family planning or control the birth of children, then, soon Mizoram will be over populated by the outsiders. However, the opinion of all people may not be in the same direction. Some may want and need family planning and birth control and some may have negative feelings about the means of family planning and birth control. Majority of the Mizos belong to Christian religion and their mindset and behaviour is greatly affected by the beliefs, doctrines and teachings of Christianity. The issue of Family planning and birth control has now become one great concern even among different Church denominations in Mizoram, as it is believed that whether one has children or not is entirely the will of God.

### **Operational Definitions of the terms used**

- 1. Post Graduate students:** Post graduate students for the present study will mean those students who are pursuing Masters' degree in different departments of Mizoram University.
- 2. Family Planning:** Family planning services are defined as 'educational, comprehensive media or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved. Family planning may involve consideration of the number of children a woman wishes to have, including the choice to have no children, as well as the age at which she wishes to have them. Family planning is sometimes used as a synonym or euphemism for access to and the use of contraception.
- 3. Birth Control:** Birth control also known as contraception and fertility control is a method or device used to prevent pregnancy. Planning, making available and using birth control is called family planning. Some cultures limit or discourage access to birth control because they consider it to be morally, religiously or politically undesirable.

### **Objectives of the study**

- 1) To reveal the attitudes of Mizo post graduate students towards family planning and birth control.

- 2) To compare the attitudes of Mizo post graduate students towards family planning and birth control based on gender.
- 3) To compare the attitudes of Mizo post graduate students towards family planning and birth control based on Church denomination.

### **Hypothesis**

1. Mizo post graduate students have positive attitudes towards family planning and birth control.

### **Null Hypothesis**

1. There is no significant difference between male and female Mizo post graduate students in their attitude towards family planning and birth control.
2. There is no significant difference among Mizo post graduate students belonging to various Church denominations in their attitude towards family planning and birth control.

### **Methodology**

For the study Descriptive survey method is adopted.

### **Population and Sample**

In the present study, multi-stage random sampling design was employed to select sample from the population. The present study comprises twelve (12) departments; from the total nine (9) schools in Mizoram University. Four (4) schools were selected randomly, where three (3) departments each were selected randomly from the randomly selected four (4) schools. The total number of Mizo post graduate students selected was five hundred (500) in which there were two hundred and eleven (211) male students and two hundred eighty nine (289) female students. Based on the different denominations which were Presbyterian Church of India, Baptist Church of India, Salvation Army, Catholic, United Pentecostal Church, Seventh Day Adventist and other denominations.

### **Tools used**

With the intention of finding out the attitude of Mizo post graduate students towards family planning and birth control, Family Planning and Birth Control Attitude Scale designed, developed and validated by Rajamanickam (1998) was used.

This test booklet questionnaire Rajamanickam (1998) is based on family planning and birth control. In very statement one idea about family planning and birth control is expressed. They are expressed in the statements with serial numbers on the scale. The scale consists of 32 positive and 32 negative statements.

## Mode of Data Collection and Analysis

### Collection of Data

After giving the necessary instructions and directions, the questionnaire was handed out to the students. After the students completed answering the questionnaire the researcher collected the entire filled questionnaire immediately after completion.

Each statement were given five choices as SA (strongly agree), A (agree), UD (undecided), D (disagree) and SD (strongly disagree). These responses were scored as 1,2,3,4,5 for negative statements and 5,4,3,2,1 for positive statements as given in the manual ( Family Planning and Birth Control Attitude Scale, 1998).

### Data Analysis

The analysis of data was carried out with statistical techniques like mean and standard deviation for the present study and to examine whether group means differ from one another; 't' test was used. For all the techniques mentioned, manual calculation and Microsoft Excel 2010 were used.

### Analysis and Interpretation of Data

#### 1. To reveal the attitude of Mizo post graduate students towards family planning and birth control.

In order to find out the attitude of Mizo post graduate students towards Family Planning and Birth Control, their responses are classified into positive, negative and neutral responses which are presented in the following table:

**Table No – 4.1**

#### Attitude of Mizo Post Graduate Students towards Family Planning and Birth Control

Gender	Number	Positive	Negative	Neutral
Male	211	2 (0.95%)	2 (0.95%)	207 (98.104%)
Female	289	5 (1.73%)	4 (1.38%)	280 (96.88%)
Total	500	7 (1.4%)	6 (1.2%)	487 (97.4%)

The above table reveals that out of 500 Mizo post graduate students 1.4% have positive attitudes towards family planning and birth control while 1.2% have negative attitudes towards family planning and birth control. It is also seen that 97.4% are neutral in their attitudes towards family planning and birth control.

Out of a total of 211 males 0.95% has positive attitudes towards family planning and birth control and also 0.95% has negative attitudes towards family planning and birth control while 98.104% have neutral attitudes towards family planning and birth control. Also out of a total of 289 females 1.73% has positive attitudes while 1.38% has negative attitudes towards family planning and birth control. It is also seen that 96.88% are neutral in their attitudes towards family planning and birth control.

Therefore, the hypothesis, *Mizo post graduate students have positive attitudes towards family planning and birth control* is rejected. This finding states that the students have neutral attitudes more than positive attitudes towards family planning and birth control.

**2. To compare the attitudes of Mizo post graduate students towards family planning and birth control based on gender.**

In order to compare the samples attitudes towards family planning and birth control they are divided into two groups based on gender - male and female and different statistical techniques were employed which are presented as follows:

**Table No. – 4.2**

**Comparison of Attitudes of Mizo Post Graduate Students towards Family Planning and Birth Control Based on Gender.**

Gender	Sample	Mean	SD	SEMD	t-value
Male	211	189.73	13.46	1.25	0.05
Female	289	189.8	14.55		

Analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between Male and Female of Mizo post graduate students. The mean value for male and female students is 189.73 and 189.80 respectively. This tables shows that the test is not significant at 0.1 level. So, there is no difference between male and female in relation to their attitudes towards family planning and birth control.

Therefore, the null hypothesis, *there is no significant difference between male and female Mizo post graduate students in their attitude towards family planning and birth control* is accepted. This finding states that the attitudes of male and female towards family planning and birth control are no different at all.

**3: To compare the attitudes of Mizo post graduate students toward family planning and birth control based on denominations.**

In order to compare the samples attitudes towards family planning and birth control they are divided into seven groups based on denominations – Presbyterian Church of India (PCI), Baptist Church of India (BCI), Salvation Army (SA), Catholic, United Pentecostal Church (UPC), Seventh Day Adventist (SDA) and other denominations, different statistical techniques were employed which are presented as follows:

**Table No.—4.3****Comparison of Attitudes towards family planning and birth control between Presbyterian Church of India and other Denominations**

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
PCI	101	187.48	12.65	1.9	1.08
BCI	84	189.55	13.07		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between PCI and BCI in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
PCI	101	187.48	12.65	2	1.36
SA	76	190.21	13.55		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between PCI and SA in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
PCI	101	187.48	12.65	1.9	0.86
Catholic	67	185.84	11.67		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between PCI and Catholic in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
PCI	101	187.48	12.65	2.15	2.8
UPC	74	193.5	15.003		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between PCI and UPC in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
PCI	101	187.48	12.65	2.7	2.4
SDA	56	193.96	17.944		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between PCI and UPC in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
PCI	101	187.48	12.65	2.543	0.62
Others	42	189.05	14.34		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between PCI and Others in relation to their attitudes towards family planning and birth control.

**Table No. – 4.4**

**Comparison of Attitudes towards family planning and birth control between Baptist Church of India and other Denominations**

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
BCI	84	189.55	13.07	2.1	0.314
SA	76	190.21	13.55		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between BCI and SA in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
BCI	84	189.55	13.07	2.02	1.83
Catholic	67	185.84	11.67		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between BCI and Catholic in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
BCI	84	189.55	13.07	2.25	1.75
UPC	74	193.5	15.003		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between BCI and UPC in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
BCI	84	189.55	13.07	2.78	1.58
SDA	56	193.96	17.944		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between BCI and SDA in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
BCI	84	189.55	13.07	2.631	0.19
Others	42	189.05	14.34		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between BCI and Others in relation to their attitudes towards family planning and birth control.

**Table No. – 4.5**  
**Comparison of Attitudes towards Family Planning and Birth Control between**  
**Salvation Army and other Denominations**

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
SA	76	190.21	13.55	2.1	2.08
Catholic	67	185.84	11.67		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between SA and Catholic in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
SA	76	190.21	13.55	2.34	1.4
UPC	74	193.5	15.003		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between SA and UPC in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
SA	76	190.21	13.55	2.85	1.32
SDA	56	193.96	17.944		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between SA and SDA in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	T
SA	76	190.21	13.55	2.703	0.43
Others	42	189.05	14.34		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between SA and Others in relation to their attitudes towards family planning and birth control.

**Table No. – 4.6**  
**Comparison of Attitudes towards Family Planning and Birth Control between**  
**Catholic and other Denominations**

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
Catholic	67	185.84	11.67	2.25	3.4
UPC	74	193.5	15.003		

This tables shows that the test is significant at 0.1 level. So, there is a difference between Catholic and UPC in relation to their attitudes towards family planning and birth control.



Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
Catholic	67	185.84	11.67	2.78	2.92
SDA	56	193.96	17.944		

This tables shows that the test is significant at 0.1 level. So, there is a difference between Catholic and SDA in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
Catholic	67	185.84	11.67	2.63	1.22
Others	42	189.05	14.34		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between Catholic and Others in relation to their attitudes towards family planning and birth control.

**Table No. – 4.7**

**Comparison of Attitudes towards Family Planning and Birth Control between United Pentecostal Church and other Denominations**

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
UPC	74	193.5	15.003	2.96	0.15
SDA	56	193.96	17.944		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between UPC and SDA in relation to their attitudes towards family planning and birth control.

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
UPC	74	193.5	15.003	2.82	1.57
Others	42	189.05	14.34		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between UPC and Others in relation to their attitudes towards family planning and birth control.

**Table No. -4.8**

**Comparison of Attitudes towards Family Planning and Birth Control between Seventh Day Adventist and others**

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
SDA	56	193.96	17.944	3.26	1.5
Others	42	189.05	14.34		

This tables shows that the test is not significant at 0.1 level. So, there is no difference between SDA and Others in relation to their attitudes towards family planning and birth control.

Therefore, the null hypothesis, '*there is no significant difference among Mizo post graduate students belonging to various Church denominations in their attitude towards family planning and birth control*' is accepted. There was no difference between the different denominations in their attitudes towards family planning and birth control.

### **Major Findings**

- 1) Among 500 Mizo post graduate students 1.4% has positive attitudes towards family planning and birth control while 1.2% has negative attitudes towards family planning and birth control. It is also seen that 97.4% are neutral in their attitudes towards family planning and birth control. Therefore, the majority of students have neutral attitude towards family planning and birth control which indicates that they are neither favourable nor unfavourable about the matters of family planning and birth control.
- 2) Based on gender the students have no difference between them towards the family planning and birth control programme. They have the same attitudes towards it neither of them are not highly favourable nor highly favourable.
- 3) Among the different denominations Presbyterian Church of India have no significant difference in their attitudes with the other different denominations towards the programme of family planning and birth control.
- 4) Baptist Church of India have no significant difference in their attitudes with other different denominations towards family planning and birth control.
- 5) Catholic and United Pentecostal Church and Seventh Day Adventist have significant difference between them towards the family planning and birth control programme, the mean value shows that United Pentecostal Church and Seventh Day Adventist have higher level of attitudes towards family planning and birth control whereas, Catholic and others have no significant difference between them.
- 6) United Pentecostal Church and other denominations have no significant difference between them towards family planning and birth control programme. And also Seventh Day Adventist has no significant difference in their attitudes with other denominations towards family planning and birth control.
- 7) The overall interpretation indicates that there are no significant difference between male and female and all the different denominations towards family planning and birth control. Also the post graduate students have neutral attitudes towards family planning and birth control, they do not have such thoughts about the programmes and the outcomes of it.

### **Conclusion**

India is the first country that launched a National Family Planning Programme in 1952, emphasizing fertility regulation for reducing birth rates to the extent necessary to stabilize the population at a level consistent with the socio-economic development and environment

protection. Since then the demographic and health profiles of India have steadily improved. The family planning program in Mizoram was launched in the mid-nineties under the auspices of the Health Department, Govt. of Mizoram. Initially, the Mizo people were not appreciative of the family planning program and were more or less against it. It is clear from this study that Mizo post graduate students have no thought about the programme as they fall in the level of neutral attitudes towards family planning and birth control. As far as both the genders go, males and females do not have any different attitudes towards it and it is also the same for the different denominations. So, this clearly indicates the need for developing awareness for family planning and birth control among the youth.

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