

Attitude of Women towards Family Life Education: A Comparative Study of Rohtak and Bhiwani

Dr. Savita Sangwan

HOD, Dept. of Home Science
Shri J.J.T. University, Churela, Jhunjhunu, Raj.

Abstract: The present study was conducted to investigate the attitude of women regarding issues in Family Life Education as it appears in their curriculum, to assess their sources of information and to study the attitudes of women in 2 neighbouring districts of Haryana —Rohtak and Bhiwani. The term attitude in this study refers to the sum total of respondent's disposition of mind, feelings, and formed notions before having actual knowledge concepts fears and convictions towards family planning and birth control. Separate questionnaire was used to access the attitude towards family planning and birth control. Majority of the women from Rohtak district were aware of the issues related to Family Life Education. Few adolescents were either having false beliefs or no knowledge regarding the content present in their curriculum.

Keywords: Family Life Education, Family planning, Feelings, knowledge and curriculum.

Introduction:

Education is considered as one of the most potent instruments of peaceful social change and a significant means to develop among individuals the ability of self-actualization and self-realization. In view of this crucial role education has to respond to the current and emerging needs of the society and aspirations of the people. Family Life Education, however, has been conceptualized in more than one way, though it has always focused on various dimensions of the institutions of family and the life within it. In rural areas the women are ignorant about the latest information on different components of family life, which may be due to the poor literacy rate of females. Non-availability of time due to involvement of women in agriculture sector is another hindering factor in implementation of the gained knowledge, giving no time for their self and family care.

Women's education along with an increased age at marriage and their work participation appear to show the strongest relationship to the adoption of family planning. It has been found that the total fertility rate of literate women is lower than that of the illiterate women in rural and as well as in urban areas. Among the women educated up to matriculation, the reduction in total fertility rate is lower in rural areas and higher in urban areas. Economic empowerment of women would become an important factor in family welfare. The social, economic, educational and political empowerment of women will raise decision making capabilities in taking care of their reproductive health, number of children, adoption of family planning methods etc.

Review of Literature:

Attitude of a person towards any aspect decides the flexibility in the person adoption behaviour or knowledge on that aspect. So attitude becomes an important variable in planning and intervention to change the behaviour of the group. So this section of the article will give the studies related to type of attitude people possesses regarding family life components.

Qayed (2005) ; A study on reproductive health attitude and practices of persons under the age of 25 years in Egypt revealed that for most issues, education and residence was found to be associated with greater knowledge of healthy practices, more favourable attitudes and the greater use of health services. Further, majority of respondents (95%) had favourable attitudes towards family planning methods and they were less likely to hold favourable attitudes towards female circumcision and consanguineous marriages.

Ohia (2016), reported about the mother's attitude to giving sexuality education as a check to sexual abuse of primary school girl, the researcher found out that many mothers themselves do not know what constitutes the teaching of sexuality education. This may be due to the culture of silence on sexuality and sex related matters and the myth that sexuality is equivalent to intercourse.

NazliSensoy, et.al. (2017)study revealed that the number and timing of children without discrimination, violence and oppression, to have the necessary information and facilities for it, to access sexual and reproductive health services at the highest standard. Deficient or incorrect family planning methods, wrong attitudes and behaviours toward the methods and consequent unplanned pregnancies, increased maternal and infant mortality rates are the main health problems in most countries. Individuals' learning modern family planning methods and having positive attitude for these methods may increase the usage of these methods and contributes the formation of healthy communities. It is considered important to examine the current attitudes and determinants in order to spread the choice of effective method.

Abaribe, et. al. (2020) study revealed that to be negative from the study and they some encountered difficulties imparting family life education to their adolescents. Mothers need to develop a positive attitude towards imparting family life education and should also create time for their children to gain their confidence so they can feel free to talk to them on any issue bothering them. Mothers need to be encouraged on matters concerning family life education through community outreach, seminars and workshops in churches and even in the market.

Research Methods:

The study was carried out in Rohtak and Bhiwani district of Haryana state randomly selecting, a total sample of 300 women in the age group of 20-30 years. Two villages from each district i.e. Mehra and Badesra from Bhiwani, Kani and Sanghi villages from Rohtak district were selected randomly. The scale used in research was developed by M. Rajamanickam (1998) to judge the attitude towards family planning and birth control. It is further divided into 8 sub areas- population problem, family planning, birth control, fertility control, birth control methods, contraceptive methods, sterilization and age at marriage. For assessing Attitude in sub-aspects, three levels (i.e. Favourable, Unfavourable and Neutral) were formed on the basis of achievable scores. The data were collected through personal visits. Rapport was established with the respondents before conducting the interview. The collected data were classified and tabulated in accordance with the requirement of the objectives to arrive at meaningful and relevant inferences.

RESEARCH FINDINGS AND DISCUSSION:

The data collected in accordance with the above research methodology and objectives is presented under this research. Attitude of Bhiwani and Rohtak District's Women towards Family Planning and Birth Control is showed in the table below.

Table-1 Attitude of Bhiwani and Rohtak District's Women towards Family Planning and Birth Control.

District ↓	→	Bhiwani n=150	Rohtak n=150	Total n=300
Population Problem				
Unfavourable (8-13)		66 (44.00)	61 (40.67)	127 (42.33)
Neutral (14-19)		46 (30.67)	50 (33.33)	96 (32.00)
Favourable (20-24)		38 (25.33)	39 (26.00)	77 (25.67)
Family Planning				
Unfavourable (8-13)		63 (42.00)	62 (41.33)	125 (41.67)
Neutral (14-19)		52 (34.67)	51 (34.00)	103 (34.33)
Favourable (20-24)		35 (23.33)	37 (24.67)	72 (24.00)
Birth Control				
Unfavourable (8-13)		59 (39.33)	58 (38.67)	117 (39.00)
Neutral (14-19)		50 (33.33)	56 (37.33)	106 (35.33)
Favourable (20-24)		41 (27.33)	36 (24.00)	77 (25.67)
Fertility				
Unfavourable(8-13)		56 (37.33)	54 (36.00)	110 (36.67)
Neutral(14-19)		46 (30.67)	48 (32.00)	94 (31.33)
Favourable(20-24)		48 (32.00)	48 (32.00)	96 (32.00)
Birth control Methods				
Unfavourable (8-13)		59 (39.33)	59 (39.33)	118 (39.33)
Neutral (14-19)		47 (31.33)	72 (48.00)	119 (39.67)
Favourable (20-24)		44 (29.33)	19 (12.37)	63 (21.33)
Contraceptive Methods				
Unfavourable (8-13)		56 (37.33)	63 (42.00)	119 (39.67)
Neutral (14-19)		51 (34.00)	47 (31.33)	98 (32.67)
Favourable (20-24)		43 (28.67)	40 (26.67)	83 (27.66)
Sterilization				
Unfavourable (8-13)		58 (38.67)	61 (40.67)	119 (39.67)
Neutral (14-19)		54 (36.00)	50 (33.33)	104 (34.67)
Favourable (20-24)		38 (25.33)	39 (26.00)	77 (25.66)
Age at Marriage				
Unfavourable (8-13)		52 (34.67)	63 (42.00)	115 (38.33)
Neutral (14-19)		53 (35.33)	57 (38.00)	110 (36.67)
Favourable (20-24)		45 (30.67)	30 (20.00)	75 (25.00)

Figures in parentheses indicate percentages

It is evident from the above table that 39.00% of female respondents had unfavourable attitude towards birth control followed by 35.33% and 25.67% with neutral and favourable attitude. Whereas district wise comparison revealed that 39.33% respondents from Bhiwani district possessed unfavourable attitude against 38.67% from Rohtak district. Whereas for neutral attitude reverse trend was seen as 37.33% Rohtak district respondents had neutral attitude against 33.33% Bhiwani district respondents. Higher percentage of respondents of Bhiwani district (27.33%) had favourable attitude against 24.00% Rohtak district respondents.

Attitude regarding fertility control data point out that 36.67% respondent had unfavourable attitude followed by neutral (31.33%) and favourable (32.00%). Result revealed that there were hardly any differences in attitude of respondents of both the districts.

For birth methods, it was observed that for the total sample 39.67% respondents had neutral attitude followed by (39.33%) unfavourable (21.00%) attitude. Further perusal of the table points out that equal percentage (39.33%) of respondents from Bhiwani and Rohtak districts had unfavourable attitude. Further distribution of respondents shows that near about half of respondents (48.00%) of Rohtak district had neutral attitude followed by favourable attitude (12.67%). For Bhiwani district the table shows that almost equal percentage of respondents were in neutral and favourable attitude category.

Attitude regarding contraceptive methods highlights that 39.67% of respondents had unfavourable attitude followed by 32.66% neutral and 27.67% favourable attitude. Comparative data revealed that higher percentage (42.00%) of respondents from Rohtak district had unfavourable attitude against 37.33% from Bhiwani district. Whereas approximately 63.00% respondents had neutral to favourable attitude from Bhiwani district in contrast to approximately 58.00% respondents from Rohtak district.

It can be seen from table that near about 40.00% respondents had unfavourable attitude followed by neutral and favourable (34.67% and 25.66% respectively) regarding sterilization. District wise comparison highlights that trend of distribution of the respondents for their attitude from both the districts was same regarding contraceptive methods. The table shows that almost equal percentage of respondents had unfavourable attitude from both the districts. Further the data indicate that percentage of respondents in Bhiwani district was slightly higher for neutral attitude against Rohtak district.

Above table also displays data regarding attitudes towards age at marriage. It is indicated that near about 40.00% of respondents had unfavourable attitude followed by neutral attitude (36.67%) and favourable attitude (25.00%). District wise comparison of respondents shows that more than forty percent had unfavourable attitude from Rohtak district followed by 68.00% who had neutral and favourable attitude. Almost equal percentage of Bhiwani district respondents had neutral (35.33%) attitude followed by unfavourable (34.67%) and favourable (30.67%) attitude towards age at marriage.

Table 2:- Association of attitude towards Family Planning and Birth control and Personal variables

In order to find out that association of personal variables with attitude of the respondent's chi-square was computed. The data pertaining to these aspects have been presented in next table.

It is evident from the next table that attitude towards family planning, birth control, fertility control, birth control method and contraceptive methods had highly significant association with age of respondents ($X^2=15.35, 10.30, 9.21, 26.90, P<0.01$ respectively). Whereas a significant association of age was seen with attitude towards sterilization ($X^2=6.92, P<0.05$).

The table further portrays the marital status of respondents non-significantly affected the attitude towards birth control and age at marriage ($X^2=6.08$ and $8.51, P<0.01$, respectively). Whereas it had non-significant impact on attitude towards other aspects.

Table further highlights that education of respondents had a highly significant association with attitude towards contraceptive methods ($X^2=11.65, P<0.01$). Whereas attitude towards all other aspects of family planning and birth control was found to be non-significantly associated with education of respondents.

It is also seen that occupation of respondents had significant impact on attitude towards sterilization only ($X^2=7.10, P<0.05$). Whereas no effect of occupation was observed on attitude towards other aspects.

Table 2:- Association of respondents attitude towards family planning and birth control life education and personal variables

Aspect of Attitude	Population Problem			Family Planning			Birth Control			Fertility Control			Birth Control Methods			Contraceptive Methods			Sterilization			Age at marriage			
	U	N	F	UN	N	F	UN	N	F	UN	N	F	UN	N	F	U	N	F	UN	N	F	UN	N	F	
Personal Variables																									
Respondent age (yrs.)	45	41	23	25	47	37	29	51	29	25	39	45	38	55	16	2	52	28	41	43	25	34	48	27	
20-23	48	33	29	43	43	24	38	41	31	38	40	32	40	33	37	9	23	40	40	45	25	39	39	32	
24-27	34	22	25	35	35	11	39	25	17	31	31	19	40	31	10	4	23	15	34	20	27	37	28	16	
28-30																7									
																4									
																3									
X^2	3.63			15.35**			10.30**			9.21**			22.03**			26.90**			6.92*			5.82			
Marital Status																									
Married	10	76	67	81	106	61	90	98	60	74	90	84	91	10	57	9	86	68	98	84	66	97	97	54	
Unmarried	5	20	10	22	19	11	16	19	17	20	20	12	27	6	12	4	12	15	17	24	11	13	18	21	
	22													13		2									
X^2	1.83			1.80			1.70			2.64			6.08*			2.92			2.82			8.51*			
Respondent Education																									
Illiterate	87	69	54	72	88	50	81	73	56	71	68	71	89	80	41	94	69	47	86	73	51	74	89	47	
Non Illiterate	40	27	23	31	37	22	25	44	21	23	42	25	29	39	22	25	29	36	29	35	26	36	36	28	

χ^2	0.30			0.02			5.60			5.60			2.81			11.65**			2.07			5.30		
Respondent Occupation Daily Paid Worker Housewife	67 60	56 40	37 40	53 57	68 57	40 32	50 56	68 49	42 35	52 42	53 57	55 41	60 58	71 48	29 34	55 64	53 45	52 31	51 64	67 41	42 35	57 33	59 56	44 31
χ^2	2.0			0.53			2.74			1.92			3.35			5.33			7.10*			1.2		

* Significant at P<0.05 level of significance;

** Significant at P<0.01 level of significance

UN- Unfavourable, N- Neutral, F-Favourable

From the result of this table conclusions can be drawn that age of the respondents influence the formation of attitude of respondents on family planning and birth control. The middle and young age group women were more positive in their attitude against the group older on. The reason may be that the young women up to 25 years understanding the overpopulation problem and want to control their families for providing better family life to their children. The results are in line with Gupta (2002)

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