

**ATTITUDE OF MIZO POST GRADUATE STUDENTS TOWARDS FAMILY  
PLANNING AND BIRTH CONTROL**

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Submitted

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Mizoram University, Aizawl.

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**CERTIFICATE**

This is to certify that the work incorporated in this Dissertation entitled “**Attitude of Mizo Post Graduate Students towards Family Planning and Birth Control**” is a bonafied research work carried out by Jennifer Lalvenpuii, Regn. No. MZU/M.Phil./510 of 08.05.2019 under my supervision for her M.Phil Degree and the same has not been submitted previously for any degree.

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## **DECLARATION**

**Mizoram University**

**January 2019**

I Jennifer Lalvenpuii, hereby declare that the subject matter of this dissertation entitled 'Attitude of Mizo Post Graduate Students towards Family Planning and Birth Control' is the record of work done by me; that the content of this dissertation did not form basis of the award of any previous degree to me or to the best of my knowledge, to anybody else, and that the dissertation has not been submitted by me or any research degree in any other University/Institution.

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## **CHAPTER - I**

### **INTRODUCTION**

#### **1.1 Introduction:**

The most valuable and important gift that God has given us is Family. It is the first lesson in 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 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 is a great example of the whole society. Family impacts very much in society and society impacts very much in the country. So, an ideal country not only builds by the government but also each and every family member. So, each family is the principal key to the society, this is why family is important in our lives.

Family planning resources are the ability of couples and individuals to attain and anticipate their desired timing and spacing of their birth and number of children. Family planning may involve consideration of what a woman wishes to have in terms of the number of children, including choices not to have children or at what age she wishes to have them. Some external factors such as marital status, financial position, career considerations and other disabilities that may influence their potentiality to have children and care for them have influence these matters.

The use of contraception and its approaches are sometimes used as a synonym for family planning. However, in contraception it often involved practices and methods. In addition, some might wished to use contraception but it is not necessary for

planning a family for such unmarried adolescents and young married couple delaying childbirth during career building.

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. Promotion of family planning and ensuring access to preferred contraceptive methods for women and couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities. Birth control also known as contraception and fertility control is a method or device used to prevent pregnancy. Birth control has been used since ancient times, but effectively and safe methods of birth control only became available in the 20<sup>th</sup> century. 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.

The concepts of 'family planning and birth control' are jointly used by the demographers in India for the past fifty years since independence in the context of the study of the population problems. The demographers have been studying the population in India comparing the growth of population of the other countries of the world. What they have been telling all these with all seriousness is that there is rapid increase of population in India which is beyond her economic development and the production of food and other substances. They have been telling this statistically that

India's population increases geometrical progression while the economic production is made with arithmetical progression.

A discussion of any aspects of family planning must include an evolution of the current demographic situation and the prospects for the future. With the rate of population growth in developing countries between 2-5% per annum and the drastic reduction in morality accepted as a positive goal under any circumstances, it becomes evident that the only way to contain the population growth is by fertility control.

Family planning in India is based on efforts largely sponsored by the Indian government. From 1965–2009, contraceptive usage has more than tripled (from 13% of married women in 1970 to 48% in 2009) and the fertility rate has more than halved (from 5.7 in 1966 to 2.4 in 2012), but the national fertility rate in absolute numbers remains high, causing concern for long-term population growth. India adds up to 1,000,000 people to its population every 20 days. Extensive family planning has become a priority in an effort to curb the projected population of two billion by the end of the twenty-first century.

In 2016, the total fertility rate of India was 2.30 births per woman and 15.6 million abortions performed, with an abortion rate of 47.0 abortions per 1000 women aged between 15–49 years. With high abortions rates follows a high number of unintended pregnancies, with a rate of 70.1 unintended pregnancies per 1000 women aged 15–49 years. Overall, the abortions occurring in India make up for one third of pregnancies and out of all pregnancies occurring, almost half were not planned. On the Demographic Transition Model, India falls in the third stage due to decreased birth rates and death rates. In 2026, it is projected to be in stage four once the Total Fertility Rate reaches 2.1.

The Ministry of Health and Family Welfare is the government unit responsible for formulating and executing family planning in India. An inverted Red Triangle is the symbol for family planning health and contraception services in India. In addition to the newly implemented government campaign, improved healthcare facilities, increased education for women, and higher participation among women in the workforce have helped lower fertility rates in many Indian cities. The objectives of the program are positioned towards achieving the goals stated in several policy documents. While India is improving in fertility rates, there are still areas of India that maintain much higher fertility rates.

In 2017, Ministry of Health and Family Welfare launched Mission Pariwar Vikas, a central family planning initiative. The key strategic focus of this initiative is on improving access to contraceptives through delivering assured services, ensuring commodity security and accelerating access to high quality family planning services. Its overall goal is to reduce India's overall fertility rate to 2.1 by the year 2025. Along with that two contraceptive pills, MPA (Medroxyprogesterone acetate) under Antara program and Chaya (earlier marketed as Saheli) will be made freely available to all government hospitals.

Family planning program benefits not only parents and children but also to society and 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.

## **1.2 Growth of Population in India:**

In India, population survey known commonly as census has been conducted every ten years. Census of India has been managed fourteen times, as of 2011. This exercise originated in 1872 under British Viceroy Lord Mayo, but the first accomplished census was taken in 1881. The last census was held in 2011.

The growth of population for the past five censuses that is from the year 1971-2011 is being discussed here to understand the decadal trend of growth.

In the year 1921, the population of India was 251,321,213 where 223,235,043 were from rural areas and 28,086,170 from urban areas. In the census years of 1921 the population of India increases from the previous census year of 1911 by 0.30% where the total population was 252,093,390. From the census year of 1931 the total population of India was 278,977,238 consisting of 245,521,249 from rural areas and 33,455,989 from urban areas, the population increases by 11% from the previous census year of 1921. Looking at the census year of 1941, the population of India was 318,660,580 where from the rural areas there were 274, 507,283 and from the urban areas there were 44,153,297. Differences and increasement between the two census year of 1931 and 1941 is by 14.23%. In the census year 1951 the total population of India was 361,088,090, from rural areas the population was 298,644,381 and from urban areas the population was 62,443,709, the population increases by 13.32% from the previous census year. Also from the census year of 1961 the population of India lies at 439,234,771 where 360,298,168 from rural areas and 78,936,603 from urban areas. Here, the population from the census year 1961 increases by 21.64% from the census year 1951. In 1971 the population of India was 548,159,652 where 439,045,675 are from rural areas and 109,113,977 from urban areas. The population

of India in 1971 is 24.79% more than the 439,234,771 people counted in the year 1961. The population of India in 1981 was 683,329,097 where from rural areas 523,866,550 people and 159,462,547 people from urban areas. The population increases in 24.65% from the total population in the year 1971. From the census 1991 the population of India was 846,427,039, where 628,691,676 were from rural areas and 217,611,012 from urban areas. The total population increases by 163,097,942 which is 23.89% more than the total population in the year 1981. In 2001 the population of India was counted as 1,028,737,436 consisting of 742,490,639 rural areas and 286,119,689 urban areas. Total population increased by 182,310,397, which is 21.54% more than the 846,427,039 people counted during the 1991 census. In the year 2011 the population was 1,210,854,977 in which 833,087,662 were from rural areas and 377,105,760 from urban areas. The total population increases by 182,117,541 which is 17.7% more than the total population in the year 2001. India has a total land area of 3,287,263 Sq.km i.e. 2.4 percent area of the world's land and it is the world's most populated country. 17 percent of India is the home of the world's population. Here we discussed only the past ten census years that is 1921-2011 to know the growth rate of the population of India. As we have mentioned before, these censuses was officially taken up from the census year 1881, therefore fourteen censuses were taken up till date, out of fourteen censuses ten census years were studied and taken up for this study to know the rate of the growth of Indian population. All of the above mentioned population of India in the census year 1921, 1931, 1941, 1951, 1961, 1971, 1981, 1991, 2001 and 2011 and their differences in percentages are given in the table below.

**Table No. 1**

**Census of India 1921-2011**

<b>YEAR</b>	<b>TOTAL POPULATION</b>	<b>RURAL</b>	<b>URBAN</b>	<b>PERCENTAGE%</b>
<b>1921</b>	251,321,213	223,235,043	28,086,170	0.30%
<b>1931</b>	278,977,238	245,521,249	33,455,989	11%
<b>1941</b>	318,660,580	274,507,283	44,153,297	14.23%
<b>1951</b>	361,088,090	298,664,381	63,443,709	13.32%
<b>1961</b>	439,234,771	360,298,168	78,936,603	21.64%
<b>1971</b>	548,159,652	439,045,675	109,113,977	24.79%
<b>1981</b>	683,329,097	523,866,550	159,462,547	24.65%
<b>1991</b>	846,427,039	628,691,676	217,611,012	23.89%
<b>2001</b>	1,028,737,436	742,490,639	286,119,689	21.54%
<b>2011</b>	1,210,854,977	833,087,662	377,105,760	17.7%

Source: Registrar General of India, Census 2011, Provisional Population Totals.

From the above table it is clear that there was rapid increase in population during the census year 1981-2001 and it slows down from the year 2011. This means that the population of India is very much crucial in the world's population growth and is very

much leading towards over population considering the amount of the land area of India from the world's land area.

### **1.3 Growth of Population in Mizoram:**

Mizoram is an enclosed state in the North East whose southern part shares 722k.m international borders with Myanmar and Bangladesh and the northern part shares the border of Manipur, Assam and Tripura. Mizoram holds the fifth smallest state of India with 21,087k.m that is 8.142 square metre. Its maximum North-South distance is 285k.m and the maximum distance of the east-west is 115k.m.

The census of Mizoram from the year 1921-2011 are being discussed and looked through. Mizoram can be said that it is the least populated state of India and also the smallest state of India. The census year of 1921 in Mizoram the population was 98,406 consisting of 46,652 males and 51,754 females where females are more than the males, the population increases from the census year of 1911 by 7.90% where the total population of Mizoram was 91,204. In 1931, the population of Mizoram was 124,404 where male consist of 59,186 in numbers and females are 65,218 in total. In this census year the population increases by 26.42% from the previous census year. Looking at the census year 1941, the population of Mizoram stands at 152,786 consisting of 73,885 males and 78,931 females, the population increases by 22.81% from the previous census year. From the census year of 1951 it can be seen that the population of Mizoram increases by 28.42% from the previous census year where the total number of population was 196,202 where males are 96,136 and females were 100,066 in numbers. Also from the census year of 1961 the population of Mizoram increases from the previous us year by 35.61% where the total number of population was 266,063 consisting of 132,465 males and 133,598 females. In the year 1971 the

population of Mizoram was 332,390 consisting of 170,824 males and 161,566 females. The population increases by 24.93% from the total population of the year 1961. From the census taken up in the year 1981 the total population of Mizoram was 493,757 where male consist of 257,239 and female consist of 236,518. The total population differs and increases from the previous census by 48.49%. When census was taken up in the year 1991 the population of Mizoram stands at 689,756 in total which consisted of male and female which are 358,978 and 330,778. The population of the year 1991 increases and differs from the year 1981 by 39.7%. While in the census year of 2001 the total population of Mizoram lies at 888,573 consisting male and female, where males are 459,109 in numbers and females were 429,464 in numbers. The total population increases by 198,817 from the year 1991, which are 28.82% differences in population growth. In the year 2011 the census shows that the population of Mizoram was 1,097,206 which consist of male and female where males are 555,339 and females were 541,867 in numbers. The difference in the growth of population during the year 2001-2011 was calculated in percentage and it was 23.48%. Here, as the above mentioned growth of population of India, the population of Mizoram from the ten census years are being discussed to know the average growing rate of the population of the Mizos. It is seen that the population of Mizoram does not steadily increases nor steadily decreases. In some census year the growth rate increases much more and the next census year in increases less than the previous census year. All of the above mentioned and discussed censuses taken up from the year 1921-2011 are given in the following table.

**Table No. 2****Census of Mizoram 1921-2011**

<b>YEAR</b>	<b>TOTAL POPULATION</b>	<b>MALE</b>	<b>FEMALE</b>	<b>PERCENTAGE%</b>
<b>1921</b>	98,406	46,652	51,754	7.90%
<b>1931</b>	124,404	59,186	65,218	26.42%
<b>1941</b>	152,786	73,885	78,931	22.81%
<b>1951</b>	196,202	96,136	100,066	28.42%
<b>1961</b>	266,062	132,465	133,598	35.61%
<b>1971</b>	332,390	170,824	161,566	24.93%
<b>1981</b>	493,757	257,239	236,519	48.49%
<b>1991</b>	689,756	358,978	330,778	39.7%
<b>2001</b>	888,573	459,109	429,464	28.82%
<b>2011</b>	1,097,206	555,339	541,867	23.48%

Source: Census, Provisional Population Totals, Mizoram, 2011.

Total area of Mizoram is 21,081 sq. km. Density of population of Mizoram is 52 per sq. km which is much lower than the National average which is 382 per sq. km. In 2001, the density of population of Mizoram was 42 per sq.km, while the National average in 2001 was 324 per sq. km.

Although a sharp fall in rate of growth has been registered during the last decade in Mizoram with 39.69 percent, the figure is, no doubt, distinctive if compared with the all India growth rate of 23.50 percent. It is not only during the decade that growth rate of Mizoram population is higher than National level, but throughout the centuries that Mizoram has maintained a higher decadal growth rate than the all India growth rate.

#### **1.4 Christianity and its impact in Mizoram:**

The first Christian missionaries reached Mizoram on 1894. It took them only few years to convert the Mizos to Christianity and in no time, all the Mizos were converted into the Christian religion. This conversion of the whole tribe has brought about complete social change in the Mizo society. The mindset and attitude of the Mizos was changed from their own traditional customs and traditions and their thoughts and beliefs were changed to be in tune with the teaching of the Bible. Social control has also been conceptualised from Christian viewpoints and the social structure was also modified and changed accordingly.

With the thoughts, beliefs and customs being greatly impacted by the teachings of the Bible, any kind of plans or schemes introduced by the government will be assessed by individuals as well as the society from the point of Christianity. This assessment is found to be very true especially with the Government scheme of Family Planning which is automatically linked with birth control. It is greatly felt by the Churches in Mizoram that birth control of any kind is against the Christian belief that life and death are in the hands of God and it is not for men to decide whether to give birth or to murder someone. This being the case, there was much resistance among the Mizo community regarding the Family Planning programme.

### **1.5 Rationale of the Study:**

Increasing population growth is a world-wide problem today and Mizoram is no exception. Mizoram possesses about 0.64 percent of the country's area but its inhabitants form 0.081 percent of the total population of India. The density of population of Mizoram (52 per sq.km) is far below than the All India level (382 per sq. km). If we look at these figures we feel quite comfortable but it should be noticed in the light of the fact that only about 1/3 of the total area of this state is suitable for inhabitation.

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. 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 very small as compared to the other states, the idea of giving birth to no 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 and birth control. Compared to other states in India, Mizos are very less in population and there is a growing fear that if the youths and young parents follow family planning or control the birth of children, 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 mind-set 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 no is entirely the will of God.

Majority of Mizo people are Christians. The Christian view about birth control stems from the teachings of the church rather than scripture (since little is said about contraception in the Bible). So, beliefs about birth control and its methods tend to be based on different interpretations of marriage, sex, and family. Contraception was condemned by Christianity as a barrier to God's procreative purpose of marriage until the start of the 20th century. Protestant theologians have now become more willing to accept that morality should come from the conscience of each person rather than from outside teachings with regards to family planning.

The Roman Catholic Church absolutely prohibits abortion and does not encourage its members to follow any family planning programs. Natural family planning method such as periodic abstinence is the only contraceptive method sanctioned by the Catholic Church. However, Stacy, D. (May 21, 2019), in her article "What Do Religions Say About Birth Control and Family Planning?" noted that 90 percent of Catholic women, from the United States, who are of child bearing age use a form of birth control method not sanctioned by the Catholic Church.

Similarly, the Presbyterian Church issued pamphlets in 2007 which were to be read out to all its members through all its Churches. The gist of the pamphlets was simply

discouraging family planning programs. The Baptist Church also propagated, more or less, the same amongst its members in a similar fashion. However, now many Protestant denominations are of the view that members use birth control as dictated by their consciences. Many considered having children a positive force that could strengthen marriage and family, if couples did not feel threatened by the possibility of having children they could not support which could lead to poverty and its related issues in the family.

In this study attempts will be made to analyse the attitudes of Mizo post graduate students towards family planning and birth control based on gender and their Church denomination with the help of an Attitude Scale. It would be interesting to find out the attitudes of the students towards family planning and birth control and compare their attitude with reference to their gender and their Church denomination. Although many studies have been conducted on these family planning and birth control in other parts of India, no studies have been carried out to find out the attitudes of Mizo post graduate students towards family planning and birth control and to compare them with reference to their gender and their Church Denomination, thus the present study has been undertaken to have empirical knowledge on the selected topic.

### **1.6 Research Questions:**

With the growing awareness about family planning and the related birth control issues, this has given rise to the following research questions.

- 1) What is the attitude of Mizo post graduate students towards family planning and birth control?
- 2) Is there any significant difference in the attitudes of Mizo post graduate students towards family planning and birth control based on gender?

- 3) Is there any significant difference in the outcome of family planning and birth control among Mizo post graduate students according to their Church denomination?

### **1.7 Statement of the Problem:**

Considering the questions raised above, a study of the attitude of Mizo post graduate students towards family planning and birth control seems to be a significant topic of study. Hence, the topic for the study is stated as, “Attitude of Mizo Post Graduate Students towards Family Planning and Birth Control.”

### **1.8 Operational Definition of Keywords:**

**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.

**i) Abortion:** Abortion is the procedure of terminating pregnancy before the fetus (unborn child) gets full development into a child. The termination of a pregnancy after, accompanied by, resulting in, or closely followed by the death of the embryo or fetus: such as:

- Spontaneous expulsion of a human fetus during the first 12 weeks of gestation.
- Induced expulsion of a human fetus
- Expulsion of a fetus by a domestic animal often due to infection at any time before completion of pregnancy

**ii) Contraception (Contraceptive):** Contraception is the means for preventing conception or pregnancy by artificial method. It refers to an attempt to prevent pregnancy. Although there are different contraceptive methods working in different ways, contraception generally prevents sperm and an egg from meeting each other which is how a pregnancy starts.

**iii) Sterilization:** Sterilization is defined as “a process or act that renders an individual incapable of sexual reproduction.” Sterilization is the making of one unable to produce children (off spring) or the making of one infertile to produce children.

**iv) Fertility:** It is the ability to produce children (off spring). Generally fertility refers to the number of births occurring in a specified population in a given period of time. Fertility is the natural capability to produce offspring. As a measure, fertility rate is the number of offspring born per mating pair, individual or population.

Fertility differs from fecundity, which is defined as the potential for reproduction. A lack of fertility is infertility while a lack of fecundity would be called sterility. Nutrition, sexual behaviour, consanguinity, culture, instinct, endocrinology, timing, economics, way of life and emotions are the factors that Human fertility depends on.

### **1.9 Objectives of the Study:**

- 1) To reveal the attitude 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.

**1.10 Hypothesis of the Study:** The above objectives have been framed with the following hypotheses in mind -

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

### **1.11 DELIMITATION:**

In Mizoram University, there are 9 School of Studies and there are 38 Departments running both Undergraduates and Post-Graduate Courses. As the present study is

related to attitude of Post Graduate Students, the population is confined to only students of Post-Graduate Departments.

## References:

- Warren C. & John A. (2007). *The Global Family Planning Revolution*. Washington DC: The World Bank.
- Bernard, B. (1969). *Family Planning Programmes: An International Survey on Birth Control* Basic Books Publisher.
- Chandrashekhar, S. (1946). *India's Population Facts and Policy* . New York: The John Day Company.
- Malthus, T. (1798). *An Essay on the Principal of Population as it Effects the Future improvement of the society* . London: J Johnson in St. Paul's Church Yard.
- Shodgnanga. (n.d.). Retrieved April 06, 2019 , from [www.shodganga.inflibnet.ac.in](http://www.shodganga.inflibnet.ac.in):  
[https://shodganga.inflibnet.ac.in/bitstream/10603/4594/9/09\\_chapter%202pdf](https://shodganga.inflibnet.ac.in/bitstream/10603/4594/9/09_chapter%202pdf)
- CensusInfo India . (2011). Retrieved 10 23, 2020, from INDO15\_Mizoram.pdf:  
[https://censusindia.gov.in/2011census/censusinfodashboard/stock/profiles/en/IND015\\_Mizoram.pdf](https://censusindia.gov.in/2011census/censusinfodashboard/stock/profiles/en/IND015_Mizoram.pdf)
- Lovetkonow. (n.d.). Retrieved April 04, 2019, from [www.family.loveto-know.com](http://www.family.loveto-know.com):  
<https://family.loveto-know.com/about-family-values/why-is-family-important>
- Ministry of Communication & Information Technology. (n.d.). Retrieved 09 19, 2020, from Population Trend-Mizoram: <https://mizoram.nic.in/about/population-trend.htm>
- Ministry of Communication & Information Technology. Retrieved 09 19, 2020, from Population Trend-Mizoram, (n.d): <https://mizoram.nic.in/about/population-trend.htm>
- Livestrong. (n.d.). Retrieved April 10, 2019, from [www.livestrong.com](http://www.livestrong.com):  
<https://www.livestrong.com/article/72185-importance-family-planning>
- J. Frost, Lori F. Frohwirth, Nakeisha Blades, Mia R. Zolna, Ayana Douglas-Hall, and Jonathan Bearak, "Publicly Funded Contraceptive Services At U.S. Clinics, 2015" New York: Guttmacher Institute, 2017.

*Wikipedia.* (n.d.). Retrieved 09 19, 2020, from Wikipedia\_Mizoram:  
<https://en.wikipedia.org/wiki/Mizoram>

*History of Christianity in Mizoram.* Retrieved 02, 12, 2020, from Wikipedia.org:  
[https://en.wikipedia.org/wiki/History\\_of\\_Christianity\\_in\\_Mizoram](https://en.wikipedia.org/wiki/History_of_Christianity_in_Mizoram)

INDO15\_Mizoram.pdf *CensusInfo India* . (2011). Retrieved 10, 23, 2020, from  
INDO15\_Mizoram.pdf:[https://censusindia.gov.in/2011census/censusinfodashboard/stock/profiles/en/IND015\\_Mizoram.pdf](https://censusindia.gov.in/2011census/censusinfodashboard/stock/profiles/en/IND015_Mizoram.pdf)

*Wikipedia.* (n.d.). Retrieved 09 19, 2020, from Wikipedia\_Mizoram:  
<https://en.wikipedia.org/wiki/Mizoram>

*Birth control health center.* (n.d.). Retrieved 08 12, 2020, from  
<https://www.webmd.com/>: <https://www.webmd.com/sex/birth-control/default.htm>

*Family PLanning.* (n.d.). Retrieved 08 12, 2020, from  
<https://health.gov/healthypeople>: <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>

Darchungnunga, R. (1995). *Mizoram Chhiarkawp*. Aizawl: Synod Literature and Publication Board.

Lalawmpuia, H. (2002). *Zofate Hmangaihtu* . Aizawl: L.R. Presss, Sharon Veng, Aizawl.

Lalhmuaka. (1988). *Zoram Thim ata Engah*. Aizawl: The Synod Publication Board, Aizawl, Mizoram.

Lawmsanga, K. R. (2000). *Kristian Mission Bihchianna*. Aizawl: Missionary Training College.

## CHAPTER II

### REVIEW OF RELATED STUDIES

This chapter deals with the reviews of different related studies on the basis of the present study. The reviews are presented into two sections, section 2.1 presents the reviews of related studies conducted towards awareness on family planning and 2.2 presents the reviews on related research conducted towards attitudes on family planning.

#### **2.1 Reviews on related studies towards awareness on family planning.**

For many years, there are many reports published for researches that are related to awareness on family planning. Awareness of family planning programs have been studied analysing its relation to variables like education, locale, socioeconomic status, occupation and age. The studies vary in methods, techniques and mode of analysis. Most of the studies which have been conducted in India are KAP studies on family planning which include knowledge of, attitude towards and practice of family planning. The research related to awareness of family planning programs both in India and abroad has been reviewed in this section.

In general terms, 'Awareness' refers to the knowledge that something exists. However, in this study, the term 'Awareness' refers to the existence of idea, on the part of the people, that there are certain methods by means of which a couple can postpone or even completely stop a pregnancy while following, at the same time, a normal conjugal life. It has been indicated that certain variables such as education, occupation, socio-economic status and locale play an important part in determining the awareness level of family planning programs amongst the Mizo women. A

synoptic view of the researches will enable the researcher to explore greater depths in this important area of study.

**Dandekar, Kumudni (1951-52)** conducted the first of the studies on the attitudes towards the adoption of family planning in India in the District of Poona. The investigation regarding the “**Attitudes towards family planning and Limitations**” was done by means of two questionnaires, one for the males and the other for the females. In this study, widespread ignorance regarding the contraceptives was noticed and it was observed that if the subject was introduced without creating appropriate background, it was liable to failure because of misconception about family planning.

**Dandekar,V.M and Dandekar,K (1953)** conducted a “**Survey of Fertility and Mortality in Poona District**” to investigate attitudes toward family planning. However, the results, besides showing the attitudes, also showed that out of 1,767 males and 752 females, 509 males had no knowledge of family planning methods whereas only 40 females were aware of family planning methods.

**Sovani,N.V and Dandekar,K (1955)** conducted “**Fertility Surveys of Nasik, Kolaba and Satara (North) District, Poona** with the objective of assessing attitudes toward family planning and family limitation. They found that 49 percent were unaware of family planning methods, 48 percent felt that it was not necessary to know about family planning methods and 43 percent were interested in knowing more about family planning methods.

**Morrison, William A (1957)** conducted a study on the “**Attitudes of Males and Females towards family planning in a Western Indian Village**” and found that most of the respondents were aware of family planning methods and programs.

**Agarwala, SN (1961)** conducted a study on “**family planning in four Delhi Villages**” and found that out of the 298 women interviewed, 50 percent were aware of family planning, 19 percent had knowledge of a method and 3 percent used birth control.

**Rao, H. Krishna, Satyanarayanacher, R.A., and Begam, Ameena (1971)** conducted “**A study on the Attitudes of Muslim women towards family planning in Bangalore City**” and found that out of 500 women, 446 women had knowledge of family planning methods.

**Vora, U.D., and Khatri, T.D. (1971)** conducted “**A study on knowledge, attitude and practice of eligible couples of Banaskantha district towards family planning**” and found that only 22 percent of 396 couples had not heard of family planning. Of the remaining 310 who were aware of family planning, 64 percent reported the family planning staff as the source of information.

**Zaheer, Mohammad, Sinha, S.N., and Khan, Aziz (1971)** conducted a study on the “**Knowledge and practice of family planning among Grade IV employees of Aligarh Muslim University**” and found that, of the 316 respondents, over 90 percent of the respondents were aware of family planning through mass media while 17 percent were aware through family planning clinics.

**Taneja, R.N. (1972)** carried out a study on the “**Fertility, Knowledge, Attitude and Practice (KAP) in relation to family planning in a selected population of Armed Forces**” which included a sample of 251 civil women and 230 women of service personnel. All respondents were aware of family planning and 50 percent of civilian and 66 percent of service women knew of the use of one and more methods of birth control.

**Das, Narayan (1972)** conducted a study on the “**Factors related to Knowledge, family size preference and Practice of family planning in India**” and found that nearly 77 percent of urban males and 64 percent of urban females had heard of family planning methods as compared to 72 percent rural males and 69 percent rural females.

**Akhtar, H.S.M.Q., Sueha, Anjali Kumar, and Islam, Faizul (1972)** conducted a study on the “**Attitude and practices of Graduate School Teachers towards family planning**” among 207 Higher Secondary School teachers in Patna and found that 30 percent of the unmarried males and 35 percent of the unmarried females could mention some methods of contraception in contrast with 8.12 percent of the married males and 90 percent of the married females.

**Mukherjee, B.N. (1974)** carried out a study on “**family planning in Haryana and Tamil Nadu**” and found that Haryana couples showed a slightly better knowledge of family planning methods as compared to Tamil Nadu couples probably due to differences in the thrust of the program in the two states.

**Kee. W. F. and Swee-Hock. S. (1975)** in their study “**Knowledge, Attitudes, and Practice of family planning in Singapore**” found that they have good knowledge about methods of contraception and reported a high level of its usage.

**Khan, M.E. (1979)** conducted a study on “**family planning among Muslims in India**”. The study revealed that a majority of both male and female respondents were aware of modern family planning methods. However, they lacked clear and adequate knowledge about them. It was observed that majority of Muslims have blind belief that family planning is against religion although family planning programs were very popular among them.

**Thapa, S. (1989)** in his study “**A decade of Nepal's family planning program: achievements and prospects**” found that there existed awareness among the population but the strategies employed to promote family planning should be modified and critically reviewed.

**Bhuyan, K. C. (1991)** on the basis of a study on “**Social Mobility and family planning Practices in Rural Bangladesh – A Case Study**” concluded that every couple in the rural area is aware of family planning but very few practice it.

**Pandey, R. N. (2002)** in his study “**Changing Knowledge, Attitude and Practice of family planning Methods in an Economy under Transition**” reveals an increase in the awareness level of Mongolian women towards family planning and its practices about the use of modern contraceptive methods is also recorded by the study.

**Thalji, N. N. (2002)** conducted a study on the “**Knowledge, Attitude and Practice of Women Towards family planning Methods in Tafila-Jordan**” and found that 93 percent women showed considerable knowledge about different methods of contraception. She concluded that women in Tafila city have considerable knowledge about contraception methods.

**Srivastava, Reena; Srivastava, Dharendra Kumar; Jina, Radha; Srivastava, Kumkum; Sharma, Neela and Saha, Sushmita (2005)** conducted a “**Contraceptive knowledge attitude and practice (KAP) survey**” in Gorakhpur, Eastern UP and found that although 82.2 percent women were aware of the existence of a contraceptive method, only 44.2 percent ever used one. The study highlights that awareness does not always lead to the use of contraceptives.

**Mao. J. (2007)** conducted a study on the “**Knowledge, Attitude and Practice of family planning: A Study of Tezu Village, Manipur (India)**” and found that 48 percent of the respondents had the knowledge of tubectomy and 44 percent of the respondents reported that it is through friends they come to know about the different contraceptive methods.

**Singh,V.K and Singh,M.B (2007)** conducted a study on “**Social Dynamic Status and its Reflection on use of family planning Methods in an Indian Village: The Case of ‘Gaura’ Village (UP)**” and found that majority of the respondents had knowledge and awareness about various aspects of family planning but its adoption is of low magnitude.

**Kazi, Kalsoom (2008)** conducted “**A study of Knowledge, Attitude and Practice (KAP) of family planning among the women of rural Karachi**”. Seven hypotheses were tested which yielded the following results:

1. Literacy among rural women is related with their knowledge about family planning.
2. 2 Empowerment of rural women in their personal matters is related to their knowledge about family planning.
3. 3. Availability of electronic media facility (TV and Radio) at home is related with their knowledge about family planning. The present study confirms that, for the success of family planning program, awareness is very necessary especially in rural areas where, though many women are reported as being aware of family planning but contraceptive rate is still very low.

**Deb,Roumi (2010)** undertook a study on “ **Knowledge, Attitude and Practices Related to family planning Methods among the Khasi Tribes of East Khasi**

**Hills, Meghalaya”** and found that the knowledge of family planning methods is not much widespread but more than fifty percent of the women were adopting at least one kind of family planning method. However, there is a gap between the knowledge and the practice of contraception among these women.

**Dhingra, R., Manhas, S., Kohli, N. & Mushtaq, A. (2010)** conducted a study entitled ‘**Attitude of Couples towards family-Planning**’ with an aim to assess knowledge, understanding and attitude of couples towards family planning across the two ecological settings of Jammu district. The results witnessed a high prevalence of illiteracy and associated ignorance among rural masses (35 percent) especially regarding the concepts and measures of family planning. Majority of rural respondents especially women folk (51 percent) were unaware of concepts related to family planning. Education was found to be significantly associated with the respective attitude of respondents towards family planning.

## **2.2 Reviews on related studies towards attitudes on family planning.**

In preceding years, there have been many reports published on researches related to Attitudes towards family planning programs. Attitudes towards family planning programs have been studied analysing its relation to variables like education, locale, socio-economic status, occupation and age. The studies vary in methods, techniques and mode of analysis. Most of the studies which have been conducted in India are KAP studies on family planning which include Knowledge of, Attitude towards and Practice of family planning. The research related to Attitudes towards family planning programs both in India and abroad has been reviewed in this section.

In this study, the term ‘Attitude’ refers to the predisposition of the individual to evaluate some symbol or object or aspect of his world in a favourable and

unfavourable manner. It has been indicated that certain variables such as education, occupation, socio-economic status and locale play an important part in determining the attitude towards family planning programs amongst the Mizo women. A synoptic view of the researches will enable the researcher to explore greater depths in this important area of study.

Researchers have conducted numerous studies on the attitudes towards family planning programs amongst women all across the world using a number of variables like age, education, socio-economic status, occupation, locale, husband's opposition, fear of side effects, religion etc.

**Dandekar, Kumudni (1951-52)** conducted the first of the studies on the attitudes towards the adoption of family planning in India in the District of Poona. The investigation regarding the **“Attitudes towards family planning and Limitations”** was done by means of two questionnaires, one for the males and the other for the females. In this study, widespread ignorance regarding the contraceptives was noticed and it was observed that if the subject was introduced without creating appropriate background, it was liable to failure because of misconception about family planning.

**Dandekar,V.M and Dandekar,K (1953)** conducted a **“Survey of Fertility and Mortality in Poona District”** to investigate attitudes toward family planning. The results showed that out of 1,767 males and 752 females, 206 males and 121 females were totally opposed to family planning whereas 542 males and 190 females wanted more information on family planning and the remaining respondents either did not reply or left the questions unanswered.

**Sovani,NV and Dandekar,K (1955)** conducted **“Fertility Surveys of Nasik, Kolaba and Satara (North) District, Poona”** and found that 52 percent had a

positive attitude towards family planning and 48 percent felt that it was not necessary to know about family planning methods.

**Morrison. W.A (1957)** conducted a study on the “**Attitudes of Males and Females towards family planning in a Western Indian Village**” and found that although most of the respondents were aware of family planning, level of education played a significant role in determining whether a respondent had a negative or positive attitude towards family planning. 93 percent of uneducated males had a negative attitude whereas 53 percent of males with an 8th grade or higher education were favourably inclined. 73 percent of uneducated females had a negative attitude whereas 74 percent who had higher education were also favourably inclined.

**Dandekar,K(1959)** carried out a study on the “**Attitudes Towards family planning – Demographic Survey of Six Rural Communities**” and found that out of 647 women respondents aged 25 – 40 years, although more than 90 percent were aware of family planning, 453 women had a favourable attitude towards family planning and 194 women had a negative attitude towards family planning.

**Chandrasekhar,S (1959)** conducted a study on “**family planning in an Indian Village : Motivation and Methods**” at village Mangadu, Chingleput District, Madras and found that 55percent of husbands and 58.11percent of wives were strongly in favour of family planning whereas 44.65percent males and 41.6percent females were against family planning.

**Rao, H. Krishna, Satyanarayanacher, R.A., and Begam, Ameena (1971)** conducted “**A study on the Attitudes of Muslim women towards family planning in Bangalore City**” and found that out of 500 women, 402 women had a favourable attitude towards family planning and approved of the use of family planning methods.

**Vora, U.D., and Khatri, T.D. (1971)** conducted “**A study on knowledge, attitude and practice of eligible couples of Banaskantha district towards family planning**” and found that 56.44 percent had favourable attitude towards family planning and 106 of the respondents opposed family planning due to religious objection (25.47percent), objection by husband (18.87percent) and objection by elders (18.87percent).

**Akhtar, H.S.M.Q., Sueha, Anjali Kumar, and Islam, Faizul (1972)** conducted a study on the “**Attitude and practices of Graduate School Teachers towards familyplanning**” among 207 graduate teachers of Higher Secondary Schools in Patna (180 males and 27 females). The study revealed that 80 percent males and 85 percent females have a positive attitude towards family planning.

**Mukherjee. B.N.(1974)** carried out a study on “**family planning in Haryana and Tamil Nadu**” and found that more eligible couples of Tamil Nadu were favourably disposed to the family planning program than their counterparts in Haryana ( difference significant at .001 level ).

**Kee. W. F. and Swee-Hock. S. (1975)** in their study “**Knowledge, Attitudes, and Practice of family planning in Singapore**” found that, by and large, the attitudes of the married women in Singapore towards family planning are favourable.

**Belcher,DW; Neumann,AK; Ofosu-Amaah,S; Nicholas,DD and Blumenfeld, SN (1978)** conducted a survey in Ghana on the ‘**Attitudes Towards family Size and family planning in Rural Ghana-Danfa Project: 1972 Survey Findings**’. Most respondents (70.1percent) reported approval, including 67.4percent of males and 72.1percent of females; 26.7percent of the sample disapproved and 3.7percent were uncertain.

**Thapa S.(1989)** in his study “**A decade of Nepal's family planning program: achievements and prospects**” found that the strategies employed to promote family planning should be modified and critically reviewed. The motivation to use family planning for fertility regulation seems to be promising in Nepal. Between 1976 and 1986, the desired number of children in a family set-up decreased by 14 percent among women ageing between 15 years old - 24 years old; by 12 percent among the women whose age are between 40 - 49. The overall mean for desired number of children declined from 4.0 to 3.5 per woman during the decade.

**Odimegwu,C.O. (1999)** in his study “**family planning Attitudes and Use in Nigeria: A Factor Analysis**” found that the respondents' perceptions or attitudes towards family planning were associated with contraceptive usage: Those who approved of family planning were twice as likely to use contraceptives as compared against the respondents who disapproved; respondents who have good communication with their spouse regarding family planning were also three times more likely to use contraceptives than those who did not. Women who agreed with statements regarding supporting girls' education and discouraging early marriage were three times more likely to use contraceptives than their counterpart who disagreed. Using Contraceptive was also more common in men who have been exposed to family planning and its methods through the media than among those who were not.

**Hennink, Monique; Stephenson, Rob and Clements, Steve(2001)** studied ‘**Demand for family planning in Urban Pakistan**’. They found out that the level of approval of contraception is an indicator of the potential willingness of a population to accept the use of family planning methods. Although it is important to note that an individual may indicate approval of contraception in general but not be personally

able or willing to adopt a method. With the exception of Larkana, more than threequarters of women stated that they approved of contraception; women in Gujrat showed the highest level of approval (91.1 percent). Almost one third of women in Larkana disapproved of contraception. However, the majority of women in all sites stated that if the decision was entirely their own, they would be willing to use a method of contraception. The majority of women in all study sites (78percent) stated that it was mainly the husband's idea to adopt a method of family planning; only 18percent reported that contraceptive use was the woman's own idea. Although some men stated that it is a woman's decision to use contraception, all agreed that a woman is unable to use family planning without the husband's consent.

**Thomas. M.D., Thomas. P. and Garland F.C.(2001)** in their study “**Contraceptive Use and Attitudes Toward family planning in Navy Enlisted Women and Men**” found that enlisted women and men had favourable attitudes towards contraception. It was also found that contraceptive use was related to attitude towards family planning. Women and men who used birth control have a more favourable attitude towards family planning than those who did not use birth controls; women have a more positive attitude towards family planning as compared to the men.

**Korra, Antenane.(2002)** in her book “**Attitudes toward family planning, and Reasons for Non-use among Women with Unmet Need for family planning in Ethiopia**” stated education as one of the factors that significantly contributes to the quality of women's lives. Improving women's access to education and encouraging continuous and constant exposure would significantly increase the use of family planning and reduce unmet need. Family planning services needs to be expanded and strengthened in rural Ethiopia so as to let the people gain knowledge, education, and

counselling on family planning and provide services to the needy, especially to the unreached and underserved populations.

**Pandey. R. N.(2002)** in his study “**Changing Knowledge, Attitude and Practice of family planning Methods in an Economy under Transition**” reveals that 60 percent of the Mongolian women in the age-group of 15-49 years expressed their desire to use any contraceptive method in the future, the analysis revealed. Though Mongolia has transition to a market economy, contraceptive use is still very low; between the years 1994 – 1996 there was almost no change in the figure observed for contraceptive usage. However, an increase in the awareness level of Mongolian women towards family planning and its practices about the use of modern contraceptive methods is also recorded by the study.

**Thalji,N.N , ( 2003 )** conducted a study on the “ **Knowledge, Attitude and Practice of Women Towards family planning Methods in Tafila-Jordan** ” and found that 67percent showed positive attitude towards using a contraceptive method that was approved by the husband. In contrast, 23 percent showed negative attitudes towards using a contraceptive. She concluded that women in Tafila city have considerable knowledge and positive attitudes towards contraception methods.

**Dabral, Shweta and Malik, S.L. (2004)** in their study ‘**Demographic Study of Gujjars of Delhi: IV. KAP of family planning**’ found out that the analysis of attitude of every married women towards acceptability of family planning messages on radio or television reflects that media messages are acceptable to four-fifth of the women. Relatively larger proportion of older women (over 44 years), and women who are illiterate, don’t consider broadcasting of family planning messages acceptable. On the other hand attitudes towards the acceptability of media messages, are highly favourable among women who have completed primary school and above,

as well as those below 30 years of age. Thus, education is one of the significant parameter that influences the attitude and abilities of the women. Also, family planning is more acceptable to younger women. Majority of women have a favourable attitude towards family planning. Over ninety percent of currently married non-sterilized women approve of family planning use. Similar proportion of women are of the opinion that parents can take proper care of their children, only when the children are few in number i.e., family size is limited. Information on whether women talk about family planning at all, and with whom, reflects their interest in family planning and other sources of information. More than half of the women reported that they have not discussed about family planning methods with their husbands reflecting lack of spousal communication regarding family planning. Spousal communication increases the likelihood of contraceptive use and thus, with regards to family planning it is an important parameter for determining the family size.

**Kumar S, Priyadarshini A, Kant S, Anand K, Yadav BK (2005)** in their study '**Attitude of women towards family planning methods and its use – Study from a slum of Delhi**' found that more than 90 percent had an unfavourable attitude towards family planning. Almost 2/3rd women did not adopt family planning method because they want more children or a son. Many of them did not prefer any of the family planning methods due to its side effects (50percent) and other health problems (50percent).

**Dhingra,Rajni; Manhas,Sarika; Kohli,Nidhi and Mushtaq, Asiya (2010)** studied '**Attitude of Couples towards family planning**' and while assessing the attitude of respondents towards family planning, a marked difference was observed in the two ecological settings under consideration. Majority of the male (55percent) and female

(61percent) respondents in urban areas were having positive attitude towards family planning. Only 1/4th (approx.) of both male (27percent) and female (25percent) respondents had negative attitude. As compared to urban areas, majority of respondents, females (50percent) and male (72percent) in rural areas showed negative attitude towards family planning. Just 21percent of females and 25percent males had positive attitude, indicating that family planning measures are not widely accepted by rural respondents especially by males.

**Sajid,A. and Malik,S. (2010)** in their study “**Knowledge, Attitude and Practice of Contraception Among Multiparous Women at Lady Aitchison Hospital, Lahore**” found that 60 percent of the women have positive attitude towards contraception. 45 percent of the women use contraceptive methods on a regular basis; 33 percent uses it irregularly; the reasons for not using contraception was fear of side effects, lack of knowledge and the desire to produce a male child. 40 percent of the population still have no awareness and need our attention; by improving the awareness and the practice of using contraception we can reduce the population growth rate.

## References:

- Fertility and Sterilization*. (n.d.). Retrieved 04 19, 2020, from <https://www.sciencedirect.com/>:  
<https://www.sciencedirect.com/science/article/abs/pii/S0015028299003659>
- International Journal of Reproductive Medicine*. (n.d.). Retrieved 04 25, 2020, from <https://www.hindawi.com/>:  
<https://www.hindawi.com/journals/ijrmed/2015/190520/>
- Chandrasekhar, S. (1942). *Why are India Poor/ Population and poverty*. New York: The Scientific Daily, Asia.
- Chandrasekhar, S. (1967). *Asia's Population Problem*. London: George Allen and Unwin.
- Kale, B. (1965). *Family PLanning Enquiry in Dharwad Raluka*. Dharwad: Demographic Research Centre.
- Warren C. & John A. (2007). *The Global Family Planning Revolution*. Washington DC: The World Bank.
- Shodgnanga*. (n.d.). Retrieved April 06, 2019 , from [www.shodganga.inflibnet.ac.in](http://www.shodganga.inflibnet.ac.in):  
[https://shodganga.inflibnet.ac.in/bitstream/10603/4594/9/09\\_chapter%202pdf](https://shodganga.inflibnet.ac.in/bitstream/10603/4594/9/09_chapter%202pdf)
- Lovetkonow. (n.d.). Retrieved April 04, 2019, from [www.family.lovetoknow.com](http://www.family.lovetoknow.com):  
<https://family.lovetoknow.com/about-family-values/why-is-family-important>
- Fertility and Sterilization*. (n.d.). Retrieved 04 19, 2020, from <https://www.sciencedirect.com/>:  
<https://www.sciencedirect.com/science/article/abs/pii/S0015028299003659>
- International Journal of Reproductive Medicine*. (n.d.). Retrieved 04 25, 2020, from <https://www.hindawi.com/>:  
<https://www.hindawi.com/journals/ijrmed/2015/190520/>
- Family PLanning*. (n.d.). Retrieved 08 12, 2020, from <https://health.gov/healthypeople>: <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>

- Kale, B. (1965). *Family PLanning Enquiry in Dharwad Raluka*. Dharwad: Demographic Research Centre.
- Warren C. & John A. (2007). *The Global Family Planning Revolution*. Washington DC: The World Bank.
- Bernard, B. (1969). *Family Planning Programmes: An International Survey on Birth Control* BASic Books Publisher.
- Chandrashekhar, S. (1946). *India's Population Facts and Policy* . New York: The John Day Company.
- Lovetkonow. (n.d). Retrieved April 04, 2019, from [www.family.loveto know.com](http://www.family.loveto know.com):  
<https://family.loveto know.com/about-family-values/why-is-family-important>
- J. Frost, Lori F. Frohwirth, Nakeisha Blades, Mia R. Zolna, Ayana Douglas-Hall, and Jonathan Bearak, "Publicly Funded Contraceptive Services At U.S. Clinics, 2015" New York: Guttmacher Institute, 2017.
- Livestrong. (n.d.). Retrieved April 10, 2019, from [www.livestrong.com](http://www.livestrong.com):  
<https://www.livestrong.com/article/72185-importance-family-planning>
- Shodgnanga. (n.d.). Retrieved April 06, 2019 , from [www.shodganga.inflibnet.ac.in](http://www.shodganga.inflibnet.ac.in):  
[https://shodganga.inflibnet.ac.in/bitstream/10603/4594/9/09\\_chapter%202pdf](https://shodganga.inflibnet.ac.in/bitstream/10603/4594/9/09_chapter%202pdf)
- Shodgnanga. (n.d.). Retrieved April 06, 2019 , from [www.shodganga.inflibnet.ac.in](http://www.shodganga.inflibnet.ac.in):  
[https://shodganga.inflibnet.ac.in/bitstream/10603/4594/9/09\\_chapter%202pdf](https://shodganga.inflibnet.ac.in/bitstream/10603/4594/9/09_chapter%202pdf)
- Livestrong. (n.d.). Retrieved April 10, 2019, from [www.livestrong.com](http://www.livestrong.com):  
<https://www.livestrong.com/article/72185-importance-family-planning>
- Fertility and Sterilization*. (n.d.). Retrieved 04 19, 2020, from <https://www.sciencedirect.com/>:  
<https://www.sciencedirect.com/science/article/abs/pii/S0015028299003659>
- J. Frost, Lori F. Frohwirth, Nakeisha Blades, Mia R. Zolna, Ayana Douglas-Hall, and Jonathan Bearak, "Publicly Funded Contraceptive Services At U.S. Clinics, 2015" New York: Guttmacher Institute, 2017.

## **CHAPTER III**

### **METHODOLOGY**

This chapter deals with the methodology take up in the present study. The methodology and proceedings followed by the investigator is discussed in the following sequence:

- 3.1 The Research Design
- 3.2 Sources of Data
- 3.3 Population
- 3.4 Sample and Sampling Techniques
- 3.5 Tool and Techniques Used
- 3.6 Collection of Data
- 3.7 Scoring
- 3.8 Organization of Data
- 3.9 The Analysis of Data

#### **3.1 The Research Design**

The research design is an essential part of every research. Therefore, it is important that the investigator employ a careful and logical planning in a research design.

The present study belongs to Descriptive Research as the systematically and accurately describing a population, phenomenon or situation are the aims of descriptive research. It can answer what, where, when and how questions, but not why questions. A wide variety of quantitative and qualitative methods can be used by descriptive research to investigate one or more variables. The researcher does not control or manipulate any of the variables, unlike in experimental research, but only observes and measures them. The present study belongs to the category of

“descriptive research” with composite characteristics of inter group comparison. Since the main objective is to find and compare the attitude of Mizo post graduate students towards family planning and birth control with respect to their gender and their Church denomination, the casual comparative status survey design has been employed in the present investigation.

### **3.2 Source of data**

For any type of research study, the data must be collected from reasonable and reliable sources. As the aim of the present study was to find out the attitude of Mizo post graduate students; all Mizo post graduate students enrolled in Mizoram University (either from rural or urban areas) were regarded as an applicable primary source for compilation of relevant data for the present study.

### **3.3 Population**

In the present study, the population of this study will contain all the Mizo post graduate students enrolled in Mizoram University.

### **3.4 Sample and Sampling Techniques**

In the present study, Multi-stage random sampling design was employed to select sample from the population. The present study comprises thirty eight (38) departments; from the total of nine (9) schools in Mizoram University. Four (4) schools are being 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; which are elaborated below in table number 3.

**Table No.3**

**Sample distribution of Mizo post graduate students based on gender and different denominations.**

<b>DENOMINATIONS</b>	<b>GENDER</b>		<b>TOTAL</b>
	<b>MALE</b>	<b>FEMALE</b>	
<b>Presbyterian</b>	51	50	101
<b>Baptist</b>	45	39	84
<b>Salvation Army</b>	39	37	76
<b>Catholic</b>	28	39	67
<b>United Pentecostal</b>	25	49	74
<b>Adventist</b>	15	41	56
<b>Others</b>	8	34	42
<b>Total</b>	<b>211</b>	<b>289</b>	<b>500</b>

The above table shows that the sample size consisted of five hundred (500) students two hundred eleven (211) males and two hundred eighty nine (289) females. As per

the under the domain of the different denominations fifty one (51) males and fifty (50) females from Presbyterian Church of India, forty five (45) males and thirty nine (39) females from Baptist Church of India, thirty nine (39) males and thirty seven (37) females from Salvation Army, twenty eight (28) males and thirty nine (39) females from Catholic, twenty five (25) males and forty nine (49) females from United Pentecostal Church, fifteen (15) males and forty one (41) females from Seventh Day Adventist and eight (8) males and thirty four (34) females from other denominations respectively.

### **3.5 Tools and Techniques Used:**

For 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 Dr. M. Rajamanickam (1998) was used.

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

**Table No.4**

#### **Serial numbers of positive and negative statements in the scale**

<b>SERIAL NUMBERS OF POSITIVE AND NEGATIVE STATEMENTS IN THE SCALE</b>	
Negative statements	2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36,

	38, 40, 42, 44, 46, 48, 50, 52, 54, 56, 58, 60, 62, 63.
Positive statements	1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59, 61, 64.

The Scale is divided into 8 dimensions such as Population problem, Family Planning, Birth control, Fertility control, Birth control method: Abortion, Contraceptive method, Sterilization, Age of Marriage. Serial numbers of the eight dimensions are elaborated below:

3.5(i) Population problem: These statements consist of the whether there is a population problem faced by the Nation and how they wanted to deal with it.

Population Problem	
Positive	1, 3, 5 & 7
Negative	2, 4, 6 & 8

3.5(ii) Family Planning: The statement is about how family planning is needed for the betterment of the Nation or is it better to have more children for the happiness of the family.

Family Planning	
Positive	9, 11, 13 & 15
Negative	10, 12, 14 & 16

3.5(iii) Birth Control: here the statement deals with the means whether the families are to be forced to have birth control or give them freedom to make decisions for themselves.

Birth Control	
Positive	17, 19, 21 & 23
Negative	18, 20, 22 & 24

3.5(iv) Fertility Control: These statement talks about the importance and negative impact of fertility.

Fertility Control	
Positive	25, 27, 29 & 31
Negative	26, 28, 30 & 32

3.5(v) Birth Control Method: Abortion: Here the statement deals with whether abortion should be encourage or not and also the outcomes of it.

Birth Control Method: Abortion	
Positive	33, 35, 37, 39 & 41
Negative	34, 36, 38 & 40

3.5(vi) Contraceptive Method: the statement reads: preventing conception or pregnancy by artificial method should be enforced or not.

Birth Control Method: Contraceptive Method	
Positive	41, 43, 45 & 47
Negative	42, 44, 46 & 48

3.5(vii) Sterilization: Here the statement states whether it is safe or not to use sterilization.

Birth Control Method: Sterilization	
Positive	49, 51, 53 & 55
Negative	50, 52, 54 & 56

3.5(viii) Age of Marriage: These statement talks about the necessity of having age limit of one to get married.

Age of Marriage	
Positive	57, 59, 61 & 64
Negative	58, 60, 62 & 63

All these statements are taken from the items analysed on all the 64 statements expressing all the eight dimensions (32 +ve and 32 -ve). In every statement five choices are given for to respond Strongly Agree (SA), Agree (A), Un Decided (UD), Disagree (D) and Strongly Disagree (SD). These responses are scored as 5,4,3,2,1 for positive statements and 1,2,3,4,5 for negative statements as per given in the manual (Family Planning and Birth Control Attitude Scale).

### **3.6 Collection of Data:**

The researcher collected the data by visiting all the sample departments under different schools of Mizoram University. Firstly, consent was obtained from each of the Head of the Departments, and after getting permission, interaction with students was done in a cluster of classes. All the available students from the department were briefed about the nature and rationale of the research in order to obtain the reliable data. And after making all the appropriate introductions, the participants were ensured by giving information about the confidentiality of their responses. After giving those necessary instructions and directions the questionnaire was handed out to the samples. The subjects took about 15-20 minutes for completing the questionnaire: the researcher collected the entire filled questionnaire immediately after completion.

### **3.7 Scoring:**

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).

### **3.8 Organization of Data:**

Keeping in mind the objectives of study the data were organized. Data collected from the sample were organized into gender i.e., male and female and different church denominations i.e., 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 (O).

### **3.9 The Analysis of Data:**

For any qualitative research statistical analysis is essential. To confirm the validity, reliability and objective of the research hypothesis is only possible by using different statistical techniques. Statistical techniques like mean and standard deviation were employed for the present study and to examine whether group means differ from one another 't' test was used.

So, for data analysis the following statistical techniques were used:

- (i) Mean
- (ii) Standard Deviation
- (iii) The 't' – test

For all the techniques mentioned above manual calculation and Microsoft Excel 2010 were used.

## References:

- Rajamanikam, M. (1998). *family planning and Birth Control Attitude Scale*. Tamil Nadu: Institute of Community Guidance and Research, Ranganathan Garden, 15th Main Road Anna Nagar, Chennai-600 040, Tamil Nadu.
- Kothari, C. (1990). *Research Methodology*. Jaipur: New Age International Publisher.
- Bernard, B. (1969). *Family Planning Programmes: An International Survey on Birth Control*. Basic Books Publisher.
- Mangal, S. (2013). *Statistics in Psychology and Education*. Haryana: Ashoke K. Gosh, PH Learning Private Limited, Rijim House, 111, Patpargani Industrial Estate, Delhi.

## CHAPTER IV

### ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the analysis, findings and interpretation of data. The data were collected using Family Planning and Birth Control Attitude Scale developed by Dr. M. Rajamanickam (1998). All the findings, analysis and interpretation of the study are outlined in this chapter in accordance with the objectives of the study mentioned earlier in chapter I.

**Objective No. 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 in the attitude scale were classified into positive, negative and neutral responses which are presented in the following table:

**Table No – 5**

**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.

**Objective No.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. –6**

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

Gender	Sample	Mean	SD	SEM <sub>D</sub>	T
Male	211	189.73	13.46	1.25	0.05
Female	289	189.80	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 not different at all. They have the same perspective towards family planning and birth control.

**Objective No.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. 7**

**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
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PCI	101	187.48	12.65	1.90	1.08
BCI	84	189.55	13.07		

Analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between PCI and BCI of Mizo post graduate students. The mean value PCI and BCI is 187.48 and 189.55 respectively. This tables shows that the test is not significant at 0.1 levels. 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	190.210	13.55		

Analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between PCI and SA of Mizo post graduate students. The mean value for PCI and SA is 187.48 and 190.210 respectively. 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	1.90	0.86
Catholic	67	185.84	11.67		

Analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between PCI and Catholic of Mizo post graduate students. The mean value for PCI and Catholic is 187.48 and 185.84 respectively. 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		

Analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between PCI and UPC of Mizo post graduate students. The mean value for PCI and UPC is 187.48 and 193.5 respectively. 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	2.70	2.4
SDA	56	193.96	17.944		

Analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between PCI and SDA of Mizo post graduate students. The mean value for PCI and SDA is 187.48 and 193.96 respectively. This tables shows that the test is not significant at 0.1 level. So, there is

no difference between PCI and SDA 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		

Analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between PCI and Others of Mizo post graduate students. The mean value for PCI and Others is 187.48 and 189.05 respectively. 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.

Therefore, the analysis of the above tables indicates that Presbyterian Church of India has no significant difference with other denominations with respect to the attitudes towards family planning and birth control.

**Table No. 8**

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

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
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BCI	84	189.55	13.07	2.10	0.314
SA	76	190.210	13.55		

The analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between BCI and SA of Mizo post graduate students. The mean value for BCI and SA is 189.55 and 190.210 respectively. 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		

The analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between BCI and Catholic of Mizo post graduate students. The mean value for BCI and Catholic is 189.55 and 185.84 respectively. 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		

The analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between BCI and UPC of Mizo post graduate students. The mean value for BCI and UPC is 189.55 and 193.5 respectively. 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		

The analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between BCI and SDA of Mizo post graduate students. The mean value for BCI and SDA is 189.55 and 193.96 respectively. 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
BCI	84	189.55	13.07	2.631	0.19
Others	42	189.05	14.34		

The analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between BCI and Others of Mizo post graduate students. The mean value for BCI and Others is 189.55 and 189.05 respectively. 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.

From the analysis of the above tables we come to the conclusion that Baptist Church of India do not significantly differ from the other Denominations with respect to their attitudes towards family planning and birth control.

**Table No. 9**

**Comparison of Attitudes towards family planning and birth control between Salvation Army and other Denominations**

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-test
SA	76	190.210	13.55	2.10	2.08
Catholic	67	185.84	11.67		

From the analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between SA and Catholic of Mizo post graduate students. The mean value for SA and Catholic is 190.210 and 185.84 respectively. 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-test
SA	76	190.210	13.55	2.34	1.40
UPC	74	193.5	15.003		

From the analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between SA and UPC of Mizo post graduate students. The mean value for SA and UPC is 190.210 and 193.5 respectively. 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-test
SA	76	190.210	13.55	2.85	1.32
SDA	56	193.96	17.944		

From the analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between SA and SDA of Mizo post graduate students. The mean value for SA and SDA is 190.210 and 193.96 respectively. 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-value
SA	76	190.210	13.55	2.703	0.43
Others	42	189.05	14.34		

From the analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between SA and Others of Mizo post graduate students. The mean value for SA and Others is 190.210 and 189.05 respectively. 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.

Therefore, from the above analysis of the data it can be said that Salvation Army has no significant difference with each and every different denominations with respect to their attitudes towards family planning and birth control.

**Table No. 10**

**Comparison of Attitude towards family planning and birth control between Catholic and other Denominations**

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-test
Catholic	67	185.84	11.67	2.25	3.40
UPC	74	193.5	15.003		

Analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between Catholic and UPC of Mizo post graduate students. The mean value for Catholic and SDA students is 185.84 and 193.5 respectively. This tables shows that the test is a significant at both 0.5 and 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-test
Catholic	67	185.84	11.67	2.78	2.92
SDA	56	193.96	17.944		

Analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between Catholic and SDA of Mizo post graduate students. The mean value for Catholic and SDA students is 185.84 and 193.96 respectively. This tables shows that the test is a significant at both 0.5 and 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-test
Catholic	67	185.84	11.67	2.63	1.22
Others	42	189.05	14.34		

Analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between Catholic and Others of Mizo post graduate students. The mean value for Catholic and SDA students is 185.84 and 189.05 respectively. This tables shows that the test is no significant at 0.1 level. So, there is no difference between Catholic and SDA in relation to their attitudes towards family planning and birth control.

From the above analysis it can be seen that Catholic have significant difference with United Pentecostal Church and Seventh Day Adventist, whereas, it has no significant difference with other denominations.

**Table No. 11**

**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		

The analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between UPC and SDA of Mizo post graduate students. The mean value for BCI and SDA is 193.5 and 193.96 respectively. 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		

The analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between UPC and Others of Mizo post graduate students. The mean value for BCI and Others is 193.5 and 189.05 respectively. 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.

Hence from the above analysis, it is clear that United Pentecostal Church have no significant difference with other denominations towards family planning and birth control.

**Table No. 12**

**Comparison of Attitudes towards family planning and birth control between Seventh Day Adventist with other Denomination**

Denomination	Sample	Mean	SD	SEM <sub>D</sub>	t-value
SDA	56	193.96	17.944	3.26	1.50
Others	42	189.05	14.34		

The analysis of data from the above table reflects the result for the comparison of attitudes of towards family planning and birth control between SDA and Other of Mizo post graduate students. The mean value for SDA and Others is 193.96 and 189.05 respectively. 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.

## CHAPTER V

### SUMMARY, MAJOR FINDINGS, DISCUSSIONS AND SUGGESTIONS

This chapter presents summary of the study, major findings and discussions on the findings.

#### 5.1 SUMMARY

##### 5.1.1 Introduction:

The most valuable and important gift that God has given us is Family. It is the first lesson in 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 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 is a great example of the whole society. Family impacts very much in society and society impacts very much in the country. So, an ideal country not only builds by the government but also each and every family member. So, each family is the principal key to the society, this is why family is important in our lives.

Family planning resources are the ability of couples and individuals to attain and anticipate their desired timing and spacing of their birth and number of children. Family planning may involve consideration of what a woman wishes to have in terms of the number of children, including choices not to have children or at what age she wishes to have them. Some external factors such as marital status, financial position,

career considerations and other disabilities that may influence their potentiality to have children and care for them have influence these matters.

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. Promotion of family planning and ensuring access to preferred contraceptive methods for women and couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities. Birth control also known as contraception<sup>and</sup> fertility control is a method or device used to prevent pregnancy. Birth control has been used since ancient times, but effectively and safe methods of birth control only became available in the 20<sup>th</sup> century. 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.

The concepts of 'family planning and birth control' are jointly used by the demographers in India for the past fifty years since independence in the context of the study of the population problems. The demographers have been studying the population in India comparing the growth of population of the other countries of the world. What they have been telling all these with all seriousness is that there is rapid increase of population in India which is beyond her economic development and the production of food and other substances. They have been telling this statistically that

India's population increases geometrical progression while the economic production is made with arithmetical progression.

### **5.1.2 Rationale of the Study**

Increasing population growth is a world-wide problem today and Mizoram is no exception. Mizoram possesses about 0.64 percent of the country's area but its inhabitants form 0.081 percent of the total population of India. The density of population of Mizoram (52 per sq.km) is far below than the All India level (382 per sq. km). If we look at these figures we feel quite comfortable but it should be noticed in the light of the fact that only about 1/3 of the total area of this state is suitable for inhabitation.

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. 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 very small as compared to the other states, the idea of giving birth to no 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 and birth control. Compared to other states in India, Mizos are very less in population and there is a growing fear that if the youths and young parents follow family planning or control

the birth of children, 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 mind-set 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 no tis entirely the will of God.

Majority of Mizo people are Christians. The Christian view about birth control stems from the teachings of the church rather than scripture (since little is said about contraception in the Bible). So, beliefs about birth control and its methods tend to be based on different interpretations of marriage, sex, and family. Contraception was condemned by Christianity as a barrier to God's procreative purpose of marriage until the start of the 20th century. Protestant theologians have now become more willing to accept that morality should come from the conscience of each person rather than from outside teachings with regards to family planning.

### **5.1.3 Research Questions**

With the growing awareness about family planning and the related birth control issues, this has given rise to the following research questions.

- 1) What is the attitude of Mizo post graduate students towards family planning and birth control?
- 2) Is there any significant difference in the attitudes of Mizo post graduate students towards family planning and birth control based on gender?

- 3) Is there any significant difference in the outcome of family planning and birth control among Mizo post graduate students according to their Church denomination?

#### **5.1.4 Objectives of the Study:**

- 4) To reveal the attitude of Mizo post graduate students towards family planning and birth control.
- 5) To compare the attitudes of Mizo post graduate students towards family planning and birth control based on gender.
- 6) To compare the attitudes of Mizo post graduate students towards family planning and birth control based on Church denomination.

**5.1.5 Hypothesis of the Study:** The above objectives have been framed with the following hypotheses in mind -

4. Mizo post graduate students have positive attitudes towards family planning and birth control.
5. There is no significant difference between male and female Mizo post graduate students in their attitude towards family planning and birth control.
6. There is no significant difference among Mizo post graduate students belonging to various Church denominations in their attitude towards family planning and birth control.

## **5.2 MAJOR FINDINGS**

After careful analysis and interpretation of the collected data, the following are the major findings.

### **5.2.1 Attitudes of Mizo Post Graduate Students towards Family Planning and Birth Control.**

The study came to reveal that only a very few percentage of the students have positive attitudes towards family planning and birth control and majority of the students have neutral attitudes towards family planning and birth control. Another very few percentage of the students have negative attitudes towards family planning and birth control. And the study came to a conclusion that Mizo post graduate students have neutral attitudes towards family planning and birth control. As in this case, it may be concluded that, the sample consisting of five hundred Mizo post graduate students have neutral attitudes towards family planning and birth control in the sense of abortion, contraception (contraceptive), sterilization and fertility [Table 5]. As very few percentage of students have positive or negative attitudes towards family planning and birth control it is hard to say that the Mizos are not very well aware of the negative or positive impact of family planning and birth control in our society or in our community.

### **5.2.2 Attitude of Mizo Post Graduate Students towards Family Planning and Birth Control based on Gender.**

When attitudes of Mizo post graduate students towards family planning and birth control was studied majority of the students have neutral attitudes towards family planning and birth control. So, another analysis was taken up to know if there were any differences between male and female on their attitudes towards family planning and birth control. As in this case, the significant difference between male and female was studied and at the significant level of 0.1 and 0.5, male and female have no significant difference between them in their attitudes towards family planning and

birth control [Table 6]. This study reveals that male and female out of five hundred students have no difference in their point of view about the consequences of family planning and birth control. Mizo post graduate students are mostly from the age group of 22-24, but as for such an age group they both male and female have no such interest or concerns and have not thought about family planning and birth control.

### **5.2.3 Attitude of Mizo Post Graduate Students towards Family Planning and Birth Control based on Denominations.**

When the attitudes of Mizo post graduate students towards family planning and birth control between different denominations were studied the study reveals that there was no significant difference between seven denominations which are- Presbyterian Church of India (PCI), Baptist Church of India (BCI), Salvation Army (SA), Catholic, United Pentecostal Church (UPC), Seventh Day Adventist (SDA) and others. These findings are discussed in detail below:

#### **5.2.3.1 Comparison of attitudes towards family planning and birth control between Presbyterian Church of India and other Denominations:**

- i. Presbyterian church of India and Baptist Church of India have no significant difference between them in their attitudes towards family planning and birth control. They have the same point of view regarding the planning and control.
- ii. Presbyterian Church of India and Salvation Army also have no significant difference between them in their attitudes towards family planning and birth control.
- iii. Presbyterian Church of India and Catholic does not have any significant difference in their attitudes towards family planning and birth control

between them. They also share the same point of view about the topic concerns.

- iv. Between Presbyterian Church of India and United Pentecostal Church the study reveals that there was no significant difference in their attitudes towards family planning and birth control.
- v. Presbyterian Church of India and Seventh Day Adventist clearly from the study have no significant difference in their attitudes towards family planning and birth control.
- vi. Presbyterian Church of India and others are not significant to each other; they have no significant difference between them in their attitudes towards family planning and birth control.

This study reveals that Presbyterian Church of India is not significant to every other six denominations. There was no difference between each and every one of them in their attitudes towards family planning and birth control. They all have neutral attitudes towards the impact and awareness about family planning and birth control.

#### **5.2.3.2 Comparison of attitudes towards family planning and birth control between Baptist Church of India and other Denominations:**

- i. The study reveals that Baptist Church of India has no significant difference with Salvation Army in their attitudes towards family planning and birth control. They share the same views regarding the planning and control.
- ii. Baptist Church of India and Catholic are not significant to each other and they have difference between them in their attitudes towards family planning and birth control.

- iii. Baptist Church of India and United Pentecostal Church have no significant difference between them in their attitudes towards family planning and birth control.
- iv. The study reveals that there was no significant difference between Baptist Church of India and Seventh Day Adventist in their attitudes towards family planning and birth control.
- v. Here, Baptist Church of India and others are not significant to each other; they have no difference in their attitudes towards family planning and birth control.

This concludes that Baptist Church of India is not significant to all of the other denominations. They have no differences between them in their attitudes towards family planning and birth control. Like Presbyterian Church of India has no difference with the other denominations, Baptist Church of India also has no difference in their point of view towards family planning and birth control with other denominations.

#### **5.2.3.3 Comparison of attitudes towards family planning and birth control between Salvation Army and other Denominations:**

- i. Salvation Army is not significant to Catholic; they have no difference between them in respect to their attitudes towards family planning and birth control. They have the same point of view about family planning and birth control.
- ii. There was no significant difference between Salvation Army and United Pentecostal Church in their attitudes towards family planning and birth

control. They share the same point of view in their attitudes towards the planning and control of birth.

- iii. Salvation Army and Seventh Day Adventist are not significant to each other; they have no difference between them with respect to their attitudes towards family planning and birth control.
- iv. Salvation Army and others have no significant difference between each other in their attitudes towards family planning and birth control. They share the same point of view and attitude towards family planning and birth control.

From the study it reveals that Salvation Army have no significant difference with each and every other denomination in their attitudes towards family planning and birth control. It can be said that Salvation Army have no such different ideas and point of view regarding family planning and birth control with that of the other denominations, they have similar attitudes towards it.

#### **5.2.3.4 Comparison of attitudes towards family planning and birth control between Catholic and other Denominations:**

- i. Catholic is significant to United Pentecostal Church so they have differences in their attitudes towards family planning and birth control. They do not share the same attitudes and approach towards the term family planning and birth control.
- ii. The study reveals that Catholic has significant difference with Seventh Day Adventist in their attitudes towards family planning and birth control. They do not hold the same attitudes towards the system of family planning and birth control.

- iii. Catholic and others have the same attitudes as there was no significant difference between them in respect to their attitudes towards family planning and birth control.

This study reveals that Catholic and two other denominations are significant to each other having different attitudes towards family planning and birth control. On the other hand Catholic has no significant difference with one denomination having the same attitudes towards family planning and birth control. With respect to the majority scores it reveals that Catholic is not significant to other denominations with respect to their attitudes towards family planning and birth control.

**5.2.3.5 Comparison of attitudes towards family planning and birth control between United Pentecostal Church and other Denominations:**

- i. United Pentecostal Church and Seventh Day Adventist are not significant to each other; they have no significant difference in their attitudes towards family planning and birth control.
- ii. The study reveals that United Pentecostal Church and Others have no significant difference with respect to their attitudes towards family planning and birth control. They have the same attitudes and point of view about the topic of study.

From the study, it can be concluded that United Pentecostal Church is not significant to other denominations. They have the same attitudes with no differences in their attitudes towards family planning and birth control.

**5.2.3.6 Comparison of attitudes towards family planning and birth control between Seventh Day Adventist and others:**

- i. Seventh Day Adventist is not significant to others; they have the same and no difference was found in their attitudes towards family planning and birth control.

Seventh Day Adventist was compared with each and every other denominations and the study reveals that with each different denominations Seventh Day Adventist have no significant difference with them. They have the same attitudes towards family planning and birth control.

From all the analysis and interpretations the study reveals that the Mizo post graduate students does not have neither positive nor negative attitudes but have neutral attitudes towards family planning and birth control. Based on gender they have similar attitudes towards family planning and birth control as there was no significant difference between them they both have neutral attitudes towards it. Also in case of denomination, seven denominations existing in Mizoram were compared in their attitudes towards family planning and birth control can comes to a conclusion that there was no significant difference between each and every denominations. Only few denominations have significant difference between them but the majority of the denominations have no significant. So, it may be concluded as the status of the majority that there were no significant difference between seven denominations from Mizoram in their attitudes towards family planning and birth control. They all have neutral attitudes towards family planning and birth control, it is decided that some steps and measures that the different denominations take up no have not much influence on the attitudes of the Mizo post graduate students.

### **5.3 Discussion:**

The present study is an attempt to find out the attitude of post graduate students of Mizoram University towards family planning and birth-control wherein gender and denomination of the respondents are taken as independent variables. The concept of family planning has been opposed by Christian belief and it was felt necessary to have a study on whether this belief has affected the attitude of the educated youth negatively or not. As there are different denominations among the Christians in Mizoram which has also published different guidelines regarding birth-control and family planning, comparison of the attitude based on denominations was also done. At the same time, it is popularly believed that females are more in favour of family planning than males, thus comparison of the attitude based on gender has also been taken up.

The findings of the present study showed that only 1.4% of the total respondents had favourable attitude towards family planning. This is greatly in contrast to the findings of Sovani,NV and Dandekar,K (1955) who found in their study that 52 percent had a positive attitude towards family planning.

In this study, it was found that very few males (.95%) had unfavourable attitude and the same number had favourable attitude towards family planning. Majority of the respondents fall in the neutral scale in their attitude which is very different from the findings of Belcher,DW; Neumann,AK; Ofosu-Amaah,S; Nicholas,DD and Blumenfeld, SN (1978) where 67.4 percent of males disapproved and 3.7 percent were uncertain.

The finding that out of a total of 289 female respondents, only 1.73% had positive attitude and 1.48% had negative attitude towards family planning is also contrary to the findings of Dandekar,K (1959) who found in his study that 70% of women had

favourable attitude towards family planning and 30% women had negative attitude towards family planning. Rao, H. Krishna, Satyanarayanacher, R.A., and Begam, Ameena (1971) also found in their study that 80.05% of females had positive attitude towards family planning.

From the findings of the present study, the assumption that the Mizos, who are Christians are greatly influenced by Christianity opposes the family planning programme as it was felt that it is against the teachings of the Bible, seem to be true as only a negligible percentage of the respondents were found to have positive attitude towards family planning. At the same time, as the respondents were all post-graduate students who were in the higher education level, their education seem to have impacted their attitude also as the percentage of respondents having negative attitude is also negligible.

It may be concluded that family planning and birth control can be used in both negative and positive ways to manage and settle for our ideal kind of family. This can be done through proper awareness and information about all the different steps in planning and controlling birth. Family planning and birth control does not only mean to have less family members or less children. It can be in a way to manage the age gap of the birth of the child and systematically planning the system of the birth. If one does not want a huge family or one who wanted to have as much children as possible, in both ways family planning and birth control can play a very important role. So, this clearly indicates the needs of developing awareness for family planning and birth control among the youth.

#### **5.4 Suggestions for further studies:**

After going through the literatures on family planning and its related issues, and after doing research in one of the issues, the following suggestions are made for further studies in the same field.

1. Awareness Level of Married Couples on Family Planning and its Impact on their Overall Plan of Their Family.
2. Study of the Attitude of Males and Females in Relation to Their Education.
3. Family Planning in Mizoram: Achievements, Problems and Prospects.
4. Resistance Towards Family Planning in Mizoram: Factors and Issues

## **Bibliography:**

- Warren C. & John A. (2007). *The Global Family Planning Revolution*. Washington DC: The World Bank.
- Bernard, B. (1969). *Family Planning Programmes: An International Survey on Birth Control* Basic Books Publisher.
- Chandrashekhar, S. (1946). *India's Population Facts and Policy* . New York: The John Day Company.
- Malthus, T. (1798). *An Essay on the Principal of Population as it Effects the Future improvement of the society* . London: J Johnson in St. Paul's Church Yard.
- Shodhganga. (n.d.). Retrieved April 06, 2019 , from [www.shodhganga.inflibnet.ac.in](http://www.shodhganga.inflibnet.ac.in):  
[https://shodhganga.inflibnet.ac.in/bitstream/10603/4594/9/09\\_chapter%202.pdf](https://shodhganga.inflibnet.ac.in/bitstream/10603/4594/9/09_chapter%202.pdf)
- Lovetkonow. (n.d.). Retrieved April 04, 2019, from [www.family.loveto-know.com](http://www.family.loveto-know.com):  
<https://family.loveto-know.com/about-family-values/why-is-family-important>
- Livestrong. (n.d.). Retrieved April 10, 2019, from [www.livestrong.com](http://www.livestrong.com):  
<https://www.livestrong.com/article/72185-importance-family-planning>
- J. Frost, Lori F. Frohwirth, Nakeisha Blades, Mia R. Zolna, Ayana Douglas-Hall, and Jonathan Bearak, "Publicly Funded Contraceptive Services At U.S. Clinics, 2015" New York: Guttmacher Institute, 2017.
- CensusInfo India* . (2011). Retrieved 10 23, 2020, from INDO15\_Mizoram.pdf:  
[https://censusindia.gov.in/2011census/censusinfodashboard/stock/profiles/en/INDO15\\_Mizoram.pdf](https://censusindia.gov.in/2011census/censusinfodashboard/stock/profiles/en/INDO15_Mizoram.pdf)
- Ministry of Communication & Information Technology*. (n.d.). Retrieved 09 19, 2020, from Population Trend-Mizoram: <https://mizoram.nic.in/about/population-trend.htm>
- Wikipedia*. (n.d.). Retrieved 09 19, 2020, from [Wikipedia\\_Mizoram](https://en.wikipedia.org/wiki/Mizoram):  
<https://en.wikipedia.org/wiki/Mizoram>

INDO15\_Mizoram.pdf *CensusInfo India* . (2011). Retrieved 10, 23, 2020, from  
INDO15\_Mizoram.pdf:[https://censusindia.gov.in/2011census/censusinfodash  
board/stock/profiles/en/INDO15\\_Mizoram.pdf](https://censusindia.gov.in/2011census/censusinfodashboard/stock/profiles/en/INDO15_Mizoram.pdf)

*Ministry of Communication & Information Technology*. Retrieved 09 19, 2020, from  
Population Trend-Mizoram, (n.d): [https://mizoram.nic.in/about/popu-  
trend.htm](https://mizoram.nic.in/about/popu-trend.htm)

*Wikipedia*. (n.d.). Retrieved 09 19, 2020, from *Wikipedia\_Mizoram*:  
<https://en.wikipedia.org/wiki/Mizoram>

*History of Christianity in Mizoram*. Retrieved 02, 12, 2020, from *Wikipedia.org*:  
[https://en.wikipedia.org/wiki/History\\_of\\_Christianity\\_in\\_Mizoram](https://en.wikipedia.org/wiki/History_of_Christianity_in_Mizoram)

*Birth control health center*. (n.d.). Retrieved 08 12, 2020, from  
<https://www.webmd.com/>:  
[https://www.webmd.com/sex/birth-  
control/default.htm](https://www.webmd.com/sex/birth-control/default.htm)

*Family PLanning*. (n.d.). Retrieved 08 12, 2020, from  
<https://health.gov/healthypeople>: [https://www.healthypeople.gov/2020/topics-  
objectives/topic/family-planning](https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning)

*Fertility and Sterilization*. (n.d.). Retrieved 04 19, 2020, from  
<https://www.sciencedirect.com/>:  
<https://www.sciencedirect.com/science/article/abs/pii/S0015028299003659>

*International Journal of Reproductive Medicine*. (n.d.). Retrieved 04 25, 2020, from  
<https://www.hindawi.com/>:  
<https://www.hindawi.com/journals/ijrmed/2015/190520/>

Darchungnunga, R. (1995). *Mizoram Chhiarkawp*. Aizawl: Synod Literature and  
Publication Board.

- Lalawmpuia, H. (2002). *Zofate Hmangaihtu* . Aizawl: L.R. Presss, Sharon Veng, Aizawl.
- Lalchhuanliana, R. (2007). *Mizoram Presbyterian Chanchin*. Aizawl: The Synod Literature & Publication Board, Aizawl, Mizoram. Synod Press Building, Mission Veng .
- Lalhmuaka. (1988). *Zoram Thim ata Engah*. Aizawl: The Synod Publication Board, Aizawl, Mizoram.
- Lawmsanga, K. R. (2000). *Kristian Mission Bihchianna*. Aizawl: Missionary Training College.
- Sangkhuma, Z. (1995). *Missionaryte Hnuhma*. Aizawl: Lengchhawn Press, Bethel house, Khatla, Aizawl 796001.
- Tlanghmingthanga, R. R. (1995). *Kum100 Kristian Zofate Hmabak*. Bangalore: Bangalore Mizo Christian Fellowship. 63, Milles Road,Bengalore - 560 046, South India .
- Chandrasekhar, S. (1942). *Why are India Poor/ Population and poverty*. New York: The Scientific Daily, Asia.
- Chandrasekhar, S. (1967). *Asia's Population Problem*. London: George Allen and Unwin.
- Chandrasekhar, S. (June 1943). Population Pressure in India. U.S.A: Pacific Affairs .
- Council, T. P. (1970). *A Manual For Survey of Fertility and Family Planning: Knowledge, attitude and practice*. New York: The Population Council.
- Guilford, J. (1954). *Psychometric Methods*. New York: McGraw-Hill Book Company.
- Kale, B. (1965). *Family PLanning Enquiry in Dharwad Raluka*. Dharwad: Demographic Research Centre.

- Warren C. & John A. (2007). *The Global Family Planning Revolution*. Washington DC: The World Bank.
- Bernard, B. (1969). *Family Planning Programmes: An International Survey on Birth Control* Basic Books Publisher.
- Chandrashekhara, S. (1946). *India's Population Facts and Policy* . New York: The John Day Company.
- Malthus, T. (1798). *An Essay on the Principal of Population as it Effects the Future improvement of the society* . London: J Johnson in St. Paul's Church Yard.
- Shodhganga. (n.d.). Retrieved April 06, 2019 , from [www.shodhganga.inflibnet.ac.in](http://www.shodhganga.inflibnet.ac.in):  
[https://shodhganga.inflibnet.ac.in/bitstream/10603/4594/9/09\\_chapter%202pdf](https://shodhganga.inflibnet.ac.in/bitstream/10603/4594/9/09_chapter%202pdf)
- Lovetknow. (n.d). Retrieved April 04, 2019, from [www.family.loveto-know.com](http://www.family.loveto-know.com):  
<https://family.loveto-know.com/about-family-values/why-is-family-important>
- Livestrong. (n.d.). Retrieved April 10, 2019, from [www.livestrong.com](http://www.livestrong.com):  
<https://www.livestrong.com/article/72185-importance-family-planning>
- J. Frost, Lori F. Frohwirth, Nakeisha Blades, Mia R. Zolna, Ayana Douglas-Hall, and Jonathan Bearak, "Publicly Funded Contraceptive Services At U.S. Clinics, 2015" New York: Guttmacher Institute, 2017.
- CensusInfo India . (2011). Retrieved 10 23, 2020, from INDO15\_Mizoram.pdf:  
[https://censusindia.gov.in/2011census/censusinfodashboard/stock/profiles/en/IND015\\_Mizoram.pdf](https://censusindia.gov.in/2011census/censusinfodashboard/stock/profiles/en/IND015_Mizoram.pdf)
- Ministry of Communication & Information Technology. (n.d.). Retrieved 09 19, 2020, from Population Trend-Mizoram: <https://mizoram.nic.in/about/population-trend.htm>
- Wikipedia. (n.d.). Retrieved 09 19, 2020, from Wikipedia\_Mizoram:  
<https://en.wikipedia.org/wiki/Mizoram>

INDO15\_Mizoram.pdf *CensusInfo India* . (2011). Retrieved 10, 23, 2020, from INDO15\_Mizoram.pdf:[https://censusindia.gov.in/2011census/censusinfodashboard/stock/profiles/en/INDO15\\_Mizoram.pdf](https://censusindia.gov.in/2011census/censusinfodashboard/stock/profiles/en/INDO15_Mizoram.pdf)

*Ministry of Communication & Information Technology*. Retrieved 09 19, 2020, from Population Trend-Mizoram, (n.d): <https://mizoram.nic.in/about/popu-trend.htm>

*Wikipedia*. (n.d.). Retrieved 09 19, 2020, from Wikipedia\_Mizoram: <https://en.wikipedia.org/wiki/Mizoram>

*History of Christianity in Mizoram*. Retrieved 02, 12, 2020, from Wikipedia.org: [https://en.wikipedia.org/wiki/History\\_of\\_Christianity\\_in\\_Mizoram](https://en.wikipedia.org/wiki/History_of_Christianity_in_Mizoram)

*Birth control health center*. (n.d.). Retrieved 08 12, 2020, from <https://www.webmd.com/>: <https://www.webmd.com/sex/birth-control/default.htm>

*Family PLanning*. (n.d.). Retrieved 08 12, 2020, from <https://health.gov/healthypeople>: <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>

*Fertility and Sterilization*. (n.d.). Retrieved 04 19, 2020, from <https://www.sciencedirect.com/>: <https://www.sciencedirect.com/science/article/abs/pii/S0015028299003659>

*International Journal of Reproductive Medicine*. (n.d.). Retrieved 04 25, 2020, from <https://www.hindawi.com/>: <https://www.hindawi.com/journals/ijrmed/2015/190520/>

Rajamanikam, M. (1998). *family planning and Birth Control Attitude Scale*. Tamil Nadu: Institute of Community Guidance and Research 14, Ranganathan Garden, 15th Main Road Anna Nagar, Chennai-600 040, Tamil Nadu.

Kothari, C. (1990). *Research Methodology* . Jaipur: New Age International Publisher.

Bernard, B. (1969). *Family Planning Programmes: An International Survey on Birth Control* Basic Books Publisher.

Mangal, S. (2013). *Statistics in Psychology and Education*. Haryana: Ashoke K. Gosh, PH Learning Private Limited, Rijim House, 111, Patpargani Industrial Estate, Delhi.

Rajamanikam, M. (1998). *family planning and Birth Control Attitude Scale*. Tamil Nadu: Institute of Community Guidance and Research 14, Ranganathan Garden, 15th Main Road Anna Nagar, Chennai-600 040, Tamil Nadu.

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1. BOS :26<sup>th</sup> April 2019

2. SCHOOL BOARD :8<sup>th</sup> May 2019

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(Prof. H.MALSAWMI)

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## **INTRODUCTION:**

The most valuable and important gift that God has given us is Family. It is the first lesson in 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 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 is a great example of the whole society. Family impacts very much in society and society impacts very much in the country. So, an ideal country not only builds by the government but also each and every family member. So, each family is the principal key to the society, this is why family is important in our lives.

Family planning resources are the ability of couples and individuals to attain and anticipate their desired timing and spacing of their birth and number of children. Family planning may involve consideration of what a woman wishes to have in terms of the number of children, including choices not to have children or at what age she wishes to have them. Some external factors such as marital status, financial position, career considerations and other disabilities that may influence their potentiality to have children and care for them have influence these matters.

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. Promotion of family planning and ensuring access to preferred contraceptive methods for women and couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities. Birth control also known as contraception <sup>and</sup> fertility control is a method or device used to prevent pregnancy. Birth control has been used since ancient times, but effectively and safe methods of birth control only became available in the 20<sup>th</sup> century. 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.

The concepts of 'family planning and birth control' are jointly used by the demographers in India for the past fifty years since independence in the context of the study of the population problems. The demographers have been studying the population in India comparing the growth of population of the other countries of the world. What they have been telling all these with all seriousness is that there is rapid increase of population in India which is beyond her economic development and the production of food and other substances. They have been telling this statistically that India's population increases geometrical progression while the economic production is made with arithmetical progression.

## **RATIONALE OF THE STUDY**

Increasing population growth is a world-wide problem today and Mizoram is no exception. Mizoram possesses about 0.64 percent of the country's area but its

inhabitants form 0.081 percent of the total population of India. The density of population of Mizoram (52 per sq.km) is far below than the All India level (382 per sq. km). If we look at these figures we feel quite comfortable but it should be noticed in the light of the fact that only about 1/3 of the total area of this state is suitable for inhabitation.

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. 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 very small as compared to the other states, the idea of giving birth to no 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 and birth control. Compared to other states in India, Mizos are very less in population and there is a growing fear that if the youths and young parents follow family planning or control the birth of children, 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 mind-set 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 no tis entirely the will of God.

Majority of Mizo people are Christians. The Christian view about birth control stems from the teachings of the church rather than scripture (since little is said about contraception in the Bible). So, beliefs about birth control and its methods tend to be based on different interpretations of marriage, sex, and family. Contraception was condemned by Christianity as a barrier to God's procreative purpose of marriage until the start of the 20th century. Protestant theologians have now become more willing to accept that morality should come from the conscience of each person rather than from outside teachings with regards to family planning.

## **RESEARCH QUESTIONS**

With the growing awareness about family planning and the related birth control issues, this has given rise to the following research questions.

- 1) What is the attitude of Mizo post graduate students towards family planning and birth control?
- 2) Is there any significant difference in the attitudes of Mizo post graduate students towards family planning and birth control based on gender?
- 3) Is there any significant difference in the outcome of family planning and birth control among Mizo post graduate students according to their Church denomination?

## **OBJECTIVES OF THE STUDY:**

- 1) To reveal the attitude 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 OF THE STUDY:**

The above objectives have been framed with the following hypotheses in mind -

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

## **MAJOR FINDINGS**

After careful analysis and interpretation of the collected data, the following are the major findings.

### **Attitudes of Mizo Post Graduate Students towards Family Planning and Birth Control.**

The study came to reveal that only a very few percentage of the students have positive attitudes towards family planning and birth control and majority of the students have neutral attitudes towards family planning and birth control. Another very few percentage of the students have negative attitudes towards family planning and birth control. And the study came to a conclusion that Mizo post graduate students have neutral attitudes towards family planning and birth control. As in this case, it may be concluded that, the sample consisting of five hundred Mizo post graduate students have neutral attitudes towards family planning and birth control in the sense of abortion, contraception (contraceptive), sterilization and fertility [Table 5]. As very few percentage of students have positive or negative attitudes towards family planning and birth control it is hard to say that the Mizos are not very well aware of the negative or positive impact of family planning and birth control in our society or in our community.

### **Attitude of Mizo Post Graduate Students towards Family Planning and Birth Control based on Gender.**

When attitudes of Mizo post graduate students towards family planning and birth control was studied majority of the students have neutral attitudes towards family planning and birth control. So, another analysis was taken up to know if there were any differences between male and female on their attitudes towards family planning and birth control. As in this case, the significant difference between male and female was studied and at the significant level of 0.1 and 0.5, male and female have no significant

difference between them in their attitudes towards family planning and birth control [Table 6]. This study reveals that male and female out of five hundred students have no difference in their point of view about the consequences of family planning and birth control. Mizo post graduate students are mostly from the age group of 22-24, but as for such an age group they both male and female have no such interest or concerns and have not thought about family planning and birth control.

### **Attitude of Mizo Post Graduate Students towards Family Planning and Birth Control based on Denominations.**

When the attitudes of Mizo post graduate students towards family planning and birth control between different denominations were studied the study reveals that there was no significant difference between seven denominations which are- Presbyterian Church of India (PCI), Baptist Church of India (BCI), Salvation Army (SA), Catholic, United Pentecostal Church (UPC), Seventh Day Adventist (SDA) and others. These findings are discussed in detail below:

### **Comparison of attitudes towards family planning and birth control between Presbyterian Church of India and other Denominations:**

- i. Presbyterian church of India and Baptist Church of India have no significant difference between them in their attitudes towards family planning and birth control. They have the same point of view regarding the planning and control.
- ii. Presbyterian Church of India and Salvation Army also have no significant difference between them in their attitudes towards family planning and birth control.

- iii. Presbyterian Church of India and Catholic does not have any significant difference in their attitudes towards family planning and birth control between them. They also share the same point of view about the topic concerns.
- iv. Between Presbyterian Church of India and United Pentecostal Church the study reveals that there was no significant difference in their attitudes towards family planning and birth control.
- v. Presbyterian Church of India and Seventh Day Adventist clearly from the study have no significant difference in their attitudes towards family planning and birth control.
- vi. Presbyterian Church of India and others are not significant to each other; they have no significant difference between them in their attitudes towards family planning and birth control.

This study reveals that Presbyterian Church of India is not significant to every other six denominations. There was no difference between each and every one of them in their attitudes towards family planning and birth control. They all have neutral attitudes towards the impact and awareness about family planning and birth control.

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

- i. The study reveals that Baptist Church of India has no significant difference with Salvation Army in their attitudes towards family planning and birth control. They share the same views regarding the planning and control.

- ii. Baptist Church of India and Catholic are not significant to each other and they have difference between them in their attitudes towards family planning and birth control.
- iii. Baptist Church of India and United Pentecostal Church have no significant difference between them in their attitudes towards family planning and birth control.
- iv. The study reveals that there was no significant difference between Baptist Church of India and Seventh Day Adventist in their attitudes towards family planning and birth control.
- v. Here, Baptist Church of India and others are not significant to each other; they have no difference in their attitudes towards family planning and birth control.

This concludes that Baptist Church of India is not significant to all of the other denominations. They have no differences between them in their attitudes towards family planning and birth control. Like Presbyterian Church of India has no difference with the other denominations, Baptist Church of India also has no difference in their point of view towards family planning and birth control with other denominations.

**Comparison of attitudes towards family planning and birth control between Salvation Army and other Denominations:**

- i. Salvation Army is not significant to Catholic; they have no difference between them in respect to their attitudes towards family planning and birth control. They have the same point of view about family planning and birth control.

- ii. There was no significant difference between Salvation Army and United Pentecostal Church in their attitudes towards family planning and birth control. They share the same point of view in their attitudes towards the planning and control of birth.
- iii. Salvation Army and Seventh Day Adventist are not significant to each other; they have no difference between them with respect to their attitudes towards family planning and birth control.
- iv. Salvation Army and others have no significant difference between each other in their attitudes towards family planning and birth control. They share the same point of view and attitude towards family planning and birth control.

From the study it reveals that Salvation Army have no significant difference with each and every other denomination in their attitudes towards family planning and birth control. It can be said that Salvation Army have no such different ideas and point of view regarding family planning and birth control with that of the other denominations, they have similar attitudes towards it.

**Comparison of attitudes towards family planning and birth control between Catholic and other Denominations:**

- i. Catholic is significant to United Pentecostal Church so they have differences in their attitudes towards family planning and birth control. They do not share the same attitudes and approach towards the term family planning and birth control.
- ii. The study reveals that Catholic has significant difference with Seventh Day Adventist in their attitudes towards family planning and birth control. They do

not hold the same attitudes towards the system of family planning and birth control.

- iii. Catholic and others have the same attitudes as there was no significant difference between them in respect to their attitudes towards family planning and birth control.

This study reveals that Catholic and two other denominations are significant to each other having different attitudes towards family planning and birth control. On the other hand Catholic has no significant difference with one denomination having the same attitudes towards family planning and birth control. With respect to the majority scores it reveals that Catholic is significant to other denominations with respect to their attitudes towards family planning and birth control.

**Comparison of attitudes towards family planning and birth control between United Pentecostal Church and other Denominations:**

- i. United Pentecostal Church and Seventh Day Adventist are not significant to each other; they have no significant difference in their attitudes towards family planning and birth control.
- ii. The study reveals that United Pentecostal Church and Others have no significant difference with respect to their attitudes towards family planning and birth control. They have the same attitudes and point of view about the topic of study.

From the study, it can be concluded that United Pentecostal Church is not significant to other denominations. They have the same attitudes with no differences in their attitudes towards family planning and birth control.

**Comparison of attitudes towards family planning and birth control between Seventh Day Adventist and others:**

- i. Seventh Day Adventist is not significant to others; they have the same and no difference was found in their attitudes towards family planning and birth control.

Seventh Day Adventist was compared with each and every other denominations and the study reveals that with each different denominations Seventh Day Adventist have no significant difference with them. They have the same attitudes towards family planning and birth control.

From all the analysis and interpretations the study reveals that the Mizo post graduate students does not have neither positive nor negative attitudes but have neutral attitudes towards family planning and birth control. Based on gender they have similar attitudes towards family planning and birth control as there was no significant difference between them they both have neutral attitudes towards it. Also in case of denomination, seven denominations existing in Mizoram were compared in their attitudes towards family planning and birth control can comes to a conclusion that there was no significant difference between each and every denominations. Only few denominations have significant difference between them but the majority of the denominations have no significant. So, it may be concluded as the status of the majority that there were no significant difference between seven denominations from Mizoram in their attitudes towards family planning and birth control. They all have neutral attitudes towards family planning and birth control, it is decided that some steps and measures that the different

denominations take up no have not much influence on the attitudes of the Mizo post graduate students.

### **Discussion:**

The present study is an attempt to find out the attitude of post graduate students of Mizoram University towards family planning and birth-control wherein gender and denomination of the respondents are taken as independent variables. The concept of family planning has been opposed by Christian belief and it was felt necessary to have a study on whether this belief has affected the attitude of the educated youth negatively or not. As there are different denominations among the Christians in Mizoram which has also published different guidelines regarding birth-control and family planning, comparison of the attitude based on denominations was also done. At the same time, it is popularly believed that females are more in favour of family planning than males, thus comparison of the attitude based on gender has also been taken up.

The findings of the present study showed that only 1.4% of the total respondents had favourable attitude towards family planning. This is greatly in contrast to the findings of Sovani,NV and Dandekar,K (1955) who found in their study that 52 percent had a positive attitude towards family planning.

In this study, it was found that very few males (.95%) had unfavourable attitude and the same number had favourable attitude towards family planning. Majority of the respondents fall in the neutral scale in their attitude which is very different from the findings of Belcher,DW; Neumann,AK; Ofosu-Amaah,S; Nicholas,DD and

Blumenfeld, SN (1978) where 67.4 percent of males disapproved and 3.7 percent were uncertain.

The finding that out of a total of 289 female respondents, only 1.73% had positive attitude and 1.48% had negative attitude towards family planning is also contrary to the findings of Dandekar, K (1959) who found in his study that 70% of women had favourable attitude towards family planning and 30% women had negative attitude towards family planning. Rao, H. Krishna, Satyanarayanachar, R.A., and Begam, Ameena (1971) also found in their study that 80.05% of females had positive attitude towards family planning.

From the findings of the present study, the assumption that the Mizos, who are Christians are greatly influenced by Christianity opposes the family planning programme as it was felt that it is against the teachings of the Bible, seem to be true as only a negligible percentage of the respondents were found to have positive attitude towards family planning. At the same time, as the respondents were all post-graduate students who were in the higher education level, their education seem to have impacted their attitude also as the percentage of respondents having negative attitude is also negligible.

It may be concluded that family planning and birth control can be used in both negative and positive ways to manage and settle for our ideal kind of family. This can be done through proper awareness and information about all the different steps in planning and controlling birth. Family planning and birth control does not only mean to have less family members or less children. It can be in a way to manage the age gap of the birth of the child and systematically planning the system of the birth. If one does not want a huge

family or one who wanted to have as much children as possible, in both ways family planning and birth control can play a very important role. So, this clearly indicates the needs of developing awareness for family planning and birth control among the youth.

**Suggestions for further studies:**

After going through the literatures on family planning and its related issues, and after doing research in one of the issues, the following suggestions are made for further studies in the same field.

1. Awareness Level of Married Couples on Family Planning and its Impact on their Overall Plan of Their Family.
2. Study of the Attitude of Males and Females in Relation to Their Education.
3. Family Planning in Mizoram: Achievements, Problems and Prospects.
4. Resistance Towards Family Planning in Mizoram: Factors and Issues