

Relations between attitudes towards population problem and religion of middle adults and elderly persons of Kolkata

MANJISTHA BANERJEE

Department of Home Science, (Viharilal College Campus)
University of Calcutta, Alipore, Kolkata (W.B.) India

ABSTRACT

Research objective was to ascertain whether adults' and elderly individuals' attitude towards family planning could be predicted based on their attitudes towards religion. Technique of selecting samples was a combination of area sampling, stratified random sampling and multi-stage random sampling. Residents of Kolkata belonging to middle socio-economic status families, comprehending English language and aged between 45 and 50 years; or 65 and 70 years were selected for inclusion in samples. There were 100 middle aged persons (50 males; 50 females) of 45-50 years and 100 elderly individuals (50 males; 50 females) aged 65-70 years in the samples. Data were collected by administering Family Planning and Birth Control Attitude Scale (Rajamanickam, 2005); and Religious Attitudes Scale (Rajamanickam, 2004). Socio Economic Status Scale (Singh *et al.*, 2006) was administered to assess participants' socio-economic status for controlling it. Means, Standard Deviations, Product-Moment and Partial Correlations were computed. Two-Way Analysis of Variance and Multiple Regression Analyses were conducted. For the pooled sample, respondents' total attitude towards family planning and attitude towards population problem were significantly predicted by their attitudes towards religion. Middle-aged respondents' attitude towards population problem was significantly predicted by their attitudes towards religion. None of the dimensions and aggregate of attitude towards family planning could be significantly predicted by attitudes towards religion of elderly participants. Male respondents' total attitude towards family planning; attitudes towards population problem, birth control, fertility control, and sterilization were significantly predicted by their attitudes towards religion. Female participants' attitudes towards population problem and sterilization were significantly predicted by attitudes towards religion.

Key Words : Population problem, Middle adults, Elderly persons, Relation

INTRODUCTION

Attitudes towards family planning and religion appear to be closely interlinked (Mathew and Grigsby, 2008; Githinji, 2008; Chauhan and Bansal, 2012; and Mahajan *et al.*, 2013). However among adults these attitudes tend to vary with age (Audinarayana, 1986; Loroz, 2006; Qu and Weston, 2008). This is partly because physical, cognitive, personality and social developments occur across the stages of adulthood *viz.*, middle adulthood - 40 to 65 years; and late adulthood - 65 years and beyond (Feldman, 2011). Changing political and socio-economic ambience may also

bring about age-related difference in these attitudes (Goldin and Katz, 2002; Loro, 2006; Kabamalan, 2008). Within each age-level these attitudes vary somewhat by gender (Family Planning Association of India, 1990; Khan *et al.*, 2005; Dave, 2013), socio-economic status (Mullan Harris and Lee, 2006; Dave, 2013), habitat (Family Planning Association of India, 1990; Ghule *et al.*, 2007), and religious affiliation (Stephenson, 2006; Mahajan *et al.*, 2013).

According to Rajamanickam (2005) attitude towards family planning comprises the following aspects:-a) Attitude towards population problem - Attitude towards the pressure put forth by population growth on need satisfaction of individuals. b) Attitude towards family planning - Attitude towards control of the number of children in a family and of intervals between births of two children by use of contraception. c) Attitude towards birth control - Attitude towards limiting of childbearing by contraception. d) Attitude towards fertility control - Attitude towards limiting number of births occurring in a specified population in given period of time. e) Attitude towards abortion - Attitude towards termination of pregnancy. f) Attitude towards contraceptive methods - Attitude towards various artificial means of preventing contraception. g) Attitude towards sterilization - Attitude towards surgical operation to make one infertile. h) Attitude towards age of marriage - Attitude towards marriageable age (Rajamanickam, 2005).

Attitude towards religion may be defined as positive or negative responsive tendency towards various aspects of religion *viz.*, nature of god, prayer and worship, formal religion, priest, future life, spiritual and spirits world (Rajamanickam, 2004).

Investigations generally reveal close association between attitudes towards family planning and religion. Hayford and Morgan (2008) reported that those women in the U.S. who regarded religion as very important demonstrated higher intended and actual fertility than women who considered religion as somewhat or not important. Stephenson (2006) revealed the impact of community conservatism (based on religious beliefs) on women's access to sterilization services in India. Bouvier and Rao (1975) found significant difference between Catholics and Protestants in attitude towards abortion. Population Crisis Committee (1977) reported that abortion upto the 4th month is accepted by most Muslims. However many uneducated Hindu and Buddhist villagers believe that family planning is counter to their religion. Degni *et al.* (2006) sampled 100 Somali married women (18-50 years). It was revealed that attitude of these women towards contraception were linked with religious beliefs. Ahmad *et al.* (2006) reported that attitude of religious leaders partly influenced acceptability of family planning in Pakistan (N= 120). Ellison (2013) contributed to knowledge about the relationship between religion and attitude towards policy relevant aspects of contraception and the broader social influence of religion subcultural identification. Bakibinga *et al.* (2015) highlighted that the religion and ethnicity have no impact the most significant factors are level of education and knowledge about the benefits of FP for mother and FP interventions ought to include strategies aimed at enhancing women's knowledge about the positive impacts of family planning.

METHODOLOGY

Objectives:

- Relations, if any, among attitudes towards family planning and religion held by adults.
- The influence of age, if any, on the above relations.
- Whether attitude towards family planning of adults can be predicted on the basis of their attitudes towards and religion.

Hypothesis :

- i) Attitude towards population problem held by adults can be predicted by their attitudes towards religion.
- ii) Attitude towards family planning held by adults can be predicted by their attitudes towards religion.
- iii) Attitude towards birth control held by adults can be predicted by their attitudes towards religion.
- iv) Attitude towards fertility control held by adults can be predicted by their attitudes towards religion.
- v) Attitude towards abortion held by adults can be predicted by their attitudes towards religion.
- vi) Attitude towards contraception held by adults can be predicted by their attitudes towards religion.
- vii) Attitude towards sterilization held by adults can be predicted by their attitudes towards religion.
- viii) Attitude towards age of marriage held by adults can be predicted by their attitudes towards religion.
- ix) Total attitude towards family planning held by adults can be predicted by their attitudes towards religion.

Sample selection and composition:

- i) Stratified random sampling technique was used for sample selection. Strata are based on age. Lottery technique was used for selection of individuals.
- ii) Size of the sample is 200 with 100 subjects (50 male; 50 female) each in age-groups 45 to 50 years and 65 to 70 years respectively.
- iii) Subjects have different religious affiliations. The composition of the sample in terms of religious affiliation of subjects arose through random sample selection. Controlling this variable would have meant restriction of randomness.
- iv) Subjects are residents of Kolkata and belong to middle socio-economic status.

Variables :

Predictor : Attitude towards Religion.

Dependent variables : Dimensions of attitude towards family planning: i. Population Problem ii. Family Planning, iii. Birth Control iv. Fertility Control, v. Abortion, vi. Contraceptive Method, vii. Sterilization, viii. Age of Marriage, ix. Total Attitude Towards Family Planning.

Control variable : Habitat and Socio-economic status of participants.

Tools used :

Family Planning and Birth Control Attitude Scale by M. Rajamanickam (2005):

It was used for assessing the opinion of adults on population control. It contains 64 statements under 8 dimensions. The dimensions are population problem, family planning, birth control, fertility control, abortion, contraceptive method, sterilization and age of marriage. There are 32 positive and 32 negative statements. Likert-type scaling has been used for responding to the tool. There is no time limit. Split-half reliability (S.B. formula) for the scale was found to be 0.81 (N=470). Intrinsic validity was found to be 0.90 (N=470). Both values are reportedly significant at 0.01 level. Total scores range from 64 to 320. Percentile norms are provided (Rajamanickam, 2005).

Rajamanickam's Religious Attitudes Scale by M. Rajamanickam (2004):

It was used to assess an adult individual's attitude towards religion. It consists of 60 statements covering 6 components *viz.*, nature of god; prayer and worship; formal religion; priests; future life; and spirits and spiritual world. Likert-type scaling is used. Total score ranges from 60 to 300. There is no time limit. Split-half reliability (S.B. formula) is 0.89 (N=350); Intrinsic validity is 0.94 (N=350); and criterion validity is 0.86 (N=350). All values are significant at 0.01 level. Norms are in percentiles (Rajamanickam, 2004).

Socio Economic Status Scale by Singh et al. (2006):

It was used to assess the socio-economic status (SES) of participants for controlling it. The tool is suitable for use with rural and urban adults. It consists of 25 items. The items relate to caste, occupation, family, education, income, housing, relational network, material and livestock possessions. It can distinguish among low (raw score 41 and below), middle (42-100) and high (101 and above) SES. Cronbach alpha was computed to be 0.791 (N=500). Search for factorial validity yielded four factors which accounted for 41.73% of total variance (N=500). Norms are T scores and percentiles (Singh *et al.*, 2006).

Design : Correlational.

Techniques of Statistical Analysis :

- Mean, Standard Deviation
- Multiple Regression Analysis

Procedure :

An appropriate topic was selected for the present research. The purpose of the study was decided upon after carrying out review of literature. Objectives of the study were clarified and hypotheses were formulated. Specific persons were contacted as respondents and their consent was obtained for data collection. A sample of 200 subjects (100 male, 100 female) aged 45 to 50 years and 65 to 70 years residing in Kolkata were selected. Area and stratified random sampling techniques were followed. Four standardized tools were used for data collection. Among these socio-economic status scale was used for assessment of socio-economic status of subjects for purpose of control. Data were collected individually. Venues of data collection were homes of participants. After data collection and scoring, mean, standard deviation and correlation coefficients were calculated. MANOVA and Regression Analysis were conducted. SPSS 16 was used. Obtained results were discussed taking into account outcomes of previous studies and conclusions were drawn based on the findings.

RESULTS AND DISCUSSION

From the observation of mean and S.D. values (Table 1) it seems, in general, that these values do not differ much for the age groups. The S.D. values show moderate homogeneity of variance. It indicates that intragroup-variability is not high.

Table 2 shows results of regression for the age group 45-50 years. It seems that the predictors bear significant relations only with attitude towards population problem ($R=0.29$; $p<.01$). R^2 values are quite low. Highest R^2 value (0.08) is for attitude towards population problem. It indicates that only 8% of variance in respondents' attitude towards population problem can be accounted for by

Table 1: Mean and Standard Deviation values of variables																						
N	Variables																					
	Attitude towards population problem		Attitude towards family planning		Attitude towards birth control		Attitude towards fertility control		Attitude towards abortion		Attitude towards contraception		Attitude towards Sterilization		Attitude towards age of marriage		Attitude towards family planning		Attitude towards marriage		Attitude towards religion	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Age 45-50 yrs N=100	29.64	4.17	31.10	4.41	29.77	4.10	30.64	4.93	19.56	5.68	28.63	4.73	27.52	4.75	30.95	5.32	227.16	21.38	78.39	13.99	175.90	13.28
Age 3(65-70) N=100	30.10	4.16	31.22	4.40	29.69	4.18	31.39	4.57	18.33	5.51	29.28	4.99	26.89	5.60	32.30	5.07	229.20	20.40	81.20	17.96	173.06	25.65

the predictor. Significant F value (4.42; $p < .05$) for attitude towards population problem indicates that scores on this dimension can be significantly predicted by respondents' attitudes towards religion. So for this age group (45-50 years) just the 1st hypothesis is supported. This outcome is consonant with those of Ahmad *et al.* (2006) and World Population Awareness (2013).

Table 2 : Summarized results of regression: Dimension and total score of attitude towards family planning (Dependent variable) of age group 45 to 50 years (N=100)										
Dependent variable	Attitude towards marriage		Attitude towards religion		Intercept	R	R ²	df	F	
	Regression coefficient	Standard error	Regression coefficient	Standard error						
Attitude towards population problem	.07	.03	.03	.02	19.97	.29**	.08	2,97	4.42*	
Attitude towards family planning	.03	.03	.00	.02	28.24	.08	.01	2,97	.32	
Attitude towards birth control	.02	.03	.02	.02	24.26	.14	.02	2,97	.99	
Attitude towards fertility control	.04	.03	.01	.02	25.45	.13	.02	2,97	.77	
Attitude towards abortion	-.04	.04	.02	.02	19.36	.15	.02	2,97	1.16	
Attitude towards contraception	.02	.03	.03	.02	21.86	.15	.02	2,97	1.18	
Attitude towards Sterilization	-.02	.04	.02	.02	31.68	.09	.01	2,97	.35	
Attitude towards age of marriage	.03	.03	-.01	.02	30.23	.10	.01	2,97	.51	
Attitude towards family planning	.14	.15	.09	.09	201.05	.13	.02	2,97	.77	

* $p < .05$, ** $p < .01$

Table 3 presents results of regression for the age group 65-70 years. It appears that the predictors bear significant relations with total attitude towards family planning ($R=0.25$; $p < .01$); and only one of its dimensions - attitude towards population problem ($R=0.26$; $p < .01$). These outcomes resonate with those of Ahmad *et al.* (2006), David (2008) and World Population Awareness (2013). R^2 values are low. Highest R^2 value (0.07) is for attitude towards population problem. It shows that respondents' attitudes towards religion are responsible for only 7% of variance in their

attitude towards population problem. None of the F-values are significant even at .05 levels. Thus for this age group (65-70 years) all the hypotheses are rejected. This may be because at this age of negligible / no fertility (Feldman, 2011) issues like population problem, family planning, birth control, fertility control, abortion, contraceptive methods, sterilization and age of marriage have no personal relevance.

Table 3 : Summarized results of regression: Dimension and total score of attitude towards family planning (Dependent variable) of age group 65 to 70 years (N=100)

Dependent variable	Attitude towards marriage		Attitude towards religion		Intercept	R	R ²	df	F
	Regression coefficient	Standard error	Regression coefficient	Standard error					
Attitude towards population problem	.05	.02	.02	.02	23.27	.26**	.07	2,97	3.52
Attitude towards family planning	.01	.03	.02	.02	27.01	.13	.02	2,97	.81
Attitude towards birth control	.02	.02	.02	.02	24.28	.17	.03	2,97	1.50
Attitude towards fertility control	-.01	.03	.02	.02	29.37	.11	.01	2,97	.57
Attitude towards abortion	-.01	.03	.04	.02	12.60	.18	.03	2,97	1.62
Attitude towards contraception	-.02	.03	.01	.02	29.83	.06	.00	2,97	.18
Attitude towards Sterilization	-.01	.03	.04	.02	21.18	.17	.03	2,97	1.46
Attitude towards age of marriage	.02	.03	.03	.02	25.99	.17	.03	2,97	1.40
Attitude towards family planning	.04	.11	.19	.08	193.53	.25**	.06	2,97	3.12

**p<.01

Barring the case of non-significant F value for elderly respondents (Table 3) the pattern of results in respect of attitude towards population problem is similar for the 45 to 50 years (Tables 2). Disparity in outcomes the older one (Table 3) seem to demonstrate the impact of respondents' age on prediction of attitude towards population problem based on attitudes towards religion. This disparity apparently associated with age of respondents is somewhat congruent with findings of Loroz (2006) and Qu and Weston (2008).

Conclusion :

i) For the elderly participants, attitude towards religion has been found to be significantly associated with attitude towards family planning. This finding that attitude towards religion appears to be significantly related with attitude towards family planning only for the elderly respondents suggest greater importance of religion in old age as compared with that in middle age-groups.

ii) Excepting that for elderly participants, attitude towards population problem has been found to be significantly predicted by attitudes towards religion for the pooled sample as well as for middle adult participants.

iii) Relations among attitudes towards family planning, and religion do not appear to vary with

respondents' age. In general, similarities in magnitude and nature of these relations (across age-groups) may originate from the fact that all participants are uniform in socio-economic status. Previous findings not only assert close relations among attitudes towards family planning and religion but also show that individuals' socio-economic status influences these. Besides, the participants shared another similarity. They were all urban.

iv) Excepting that for elderly participants, attitude towards population problem has been found to be significantly predicted by attitudes towards religion for the pooled sample as well as for middle adult participants.

Suggestions :

Since attitude towards population problem has emerged as a prominent dimension of attitude towards family planning so it merits special attention. The problem of population explosion in India need to be highlighted through newspaper/ magazine articles, T.V. programmes, movies, plays, skits, puppet shows, posters and models. Comprehending the severe consequences of this problem will surely motivate the masses to adopt family planning measures earnestly.

The role of attitude towards religion in shaping the attitude towards family planning has prominently figured among the elderly. Though the elderly are past reproductive age yet their opinions still matter in conservative sections of our society. So the help of religious leaders and their elderly followers must be enlisted to endorse family planning. The argument that adoption of family planning will not only help check population explosion but will reduce incidence of sexually transmitted diseases may be promoted among them. This move will secure greater social support to young and middle adults in their quest for modern attitudes towards marriage and adoption of family planning.

REFERENCES

- Ahmad, F., Hanif, M. and Zafar, M.I. (2006). Attitude of religious leaders (imam masjid) towards family planning. *J. Agric. & Soc. Sci.*, **2**(3) : 163-166.
- Dave, V.A. (2013). Study of attitude towards family planning and sex education in relation to gender socio-economic status and religion. *Global Res. Analysis*, **2**(2) : 190-191.
- David, O. (2008). Socio-cultural and norms factors influencing family planning choices among couples in Ibadan metropolis, Nigeria. *European J. Scientific Res.*, **23**(2) : 212-218.
- Family Planning Association of India (1990). Attitudes and perceptions of educated, urban youth to marriage and sex: Report of a survey conducted by Secret Sex Education Counselling Research Training Department of the Family Planning Association of India. Retrieved on March 29, 2013 from http://www.womenstudies.in/elib/adolescent_health/ah_attitudes_and.pdf.
- Ghufran, M. and Ansari, S. (2008). Impact of widowhood on religiosity and death anxiety among senior citizens. *J. Indian Academy Appl. Psychol.*, **34**(1) : 175-180.
- Ghule, M., Balaiah, D. and Joshi, B. (2007). Attitude towards premarital sex among rural college youth in Maharashtra. *Sexuality & Culture*, **11** : 1-17.
- Githinji, F.K. (2009). Good and bad attitude towards marriage. www.ezinearticles.com.
- Goldin, C. and Katz, L. (2002). The power of the pill: Oral contraception and women's career and marriage decisions. *J. Political Economy*, **110**(4) : 730-770.
- <http://www.aifs.gov.au/afrc/pubs/newsletter/newsletter8.html#family>.

<http://paa2006.princeton.edu/papers/61880>.

- Kabamalan, M.M.M. (2008). Twenty years hence: Changes in young Filipino women's attitude toward premarital sex and unmarried childbearing since the 1980s. Retrieved on March 29, 2013 from <http://epc2008.princeton.edu/papers/80512>.
- Khan, Z. H., Watson, P.J. and Habib, F. (2005). Muslim attitudes towards religion, religious orientation and empathy among Pakistanis. *Mental Health, Religion & Culture*, **8**(1) : 49-61.
- Kooy, G.A. and Mass, L.C. (1988). More or less modern attitude toward marriage in 1980s. *Bevolking En Gezin*, Dec (2), 19-43.
- Kumar, P. (1988). *Manual for marriage attitude scale (MAS)*. Vallabh Vidyanagar: Sardar Patel University.
- Kumari, R. (1985). Attitude of girls toward marriage and a planned family. *J. Family Welfare*, **31**(3) : 53-56.
- Katz, S.H. (1999). Role of family interaction in adolescent depression: A review of research findings. Retrieved on Sept. 3, 2011 from <http://www.findarticles.com>.
- Loroz, P.S. (2006). The generation gap : A baby boomer vs. gen y comparison of religiosity, consumer values and advertising appeal effectiveness. *Adv. Consumer Res.*, **33** : 308-309.
- Mahajan, P.T., Pimple, P., Palsetia, D., Dave, N. and De Sousa, A. (2013). Indian religious concepts on sexuality and marriage. *Indian J. Psychiatry*, **55** : 256-262.
- Mathew, J.A and Grigsby, J. (2008). Attitude towards arranged marriage among second generation Indian-American. NCUR Abstract, www.dominican.edu.
- Peterson, S.A. (1999). Marriage structure and contraception in Niger. *J. Biosocial Sci.*, **31**(1) : 93-104.
- Population Crisis Committee (1977). Religious attitude towards birth control. *Population*, Jan (6), 1-4.
- Rajamanickam, M. (2004). *Manual for Rajamanickam's religious attitudes scale*. Agra: Rakhi Prakashan.
- Rajamanickam, M. (2005). *Manual for family planning and birth control attitude scale*. Agra: Rakhi Prakashan.
- Rosenmayr, L. (1973). Family planning, birth control and attitude towards sex. *Wiener Medizinische Wochenschrift*, 24-29.
- Singh, B.K. and Leahy, P.J. (1978). Contextual and ideological dimensions of attitudes toward discretionary abortion. *Demography*, **15**(3) : 381-388.
- Singh, R., Shyam, R. and Kumar, S. (2006). *Manual for socio economic status scale*. Agra: National Psychological Corporation.
- Stephenson, R. (2006). District-level religious composition and adoption of sterilization in India. *J. Health Population & Nutrition*, **24**(1) : 100-106.
- Thorburn, S. (2007). Attitudes toward contraceptive methods among African American men and women: Similarities and differences. *Womens Health Issues*, **17**(1) : 29-36.
