

Young Adults' Attitude Towards Family Planning And Birth Control

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ABSTRACT

This paper discusses the study of Family planning and Birth control, which are crucial for young adults to make informed decisions about their reproductive health and future. Various methods exist, each with its own effectiveness and considerations, including hormonal methods like pills and Intrauterine devices IUDs, barrier methods like condoms, and permanent options like sterilisation. Hence, the present study was undertaken to assess family planning and birth control among working and non-working young adults. The study sample comprised 100 participants (50 male and 50 female) aged 18 to 26 years from Churachandpur District, Manipur. Random sampling was used to select the study sample. A standardised tool, 'Family Planning and Birth Control Attitude Scale,' developed by M. Rajamanickam, was identified for the study. A survey method was used to collect the data. The collected data were analysed using the Chi-square test, ANOVA (F-test), and the correlation coefficient. The study explored differences in family planning and birth control among young adult male and female respondents. The findings revealed that most respondents held neutral attitudes toward most aspects of family planning and birth control. Significant associations were found between demographic factors, such as religion, education, and attitudes, particularly among male respondents. Among females, age showed a significant influence. While the overall attitudes of males and females were significantly different when analysed collectively, individual comparisons showed no significant gender-based differences. The study emphasised the need for targeted awareness programs that address socio-demographic influences to promote informed reproductive health decisions among youth.

Keywords: Family, Birth control, Planning, Sterilisation, Young Adults.

INTRODUCTION

Young adults, typically those between the ages of 18 and 26, are a central group in the discussion around family planning and birth control. This period of life is often marked by significant transitions, such as completing education, starting a career, starting a family, or choosing a life partner, and establishing independence. This is a time when individuals are actively thinking about their futures, including whether and when to have children, start a family, and pursue a successful career.

Family planning and birth control are contraceptive methods, treatment of infertility, procedures, devices, and behaviours that allow people to obtain their desired number of children and determine the spacing of pregnancies (Melanie Menning & Peter Schindler, 2022). Further, family planning also focuses on preventing the spread of HIV/AIDS and

other sexually transmitted diseases (STDs). It is a key measure for controlling population growth worldwide and in the country. It allows couples to anticipate and achieve the desired number of children and to determine the spacing between births. (WHO, 3 July 2025). Family planning and birth control are vital for managing rapid population growth and improving overall health amid the global population's rise. It helps reduce the health risks for both mothers and infants by preventing unplanned, closely spaced, or high-risk pregnancies. Overall, family planning not only improves health and quality of life but also plays a crucial role in reducing poverty and supporting sustainable development.

Given the scale of the family planning program in India, there is a need to strengthen coordination across all aspects, including planning, programs, monitoring, training, and procurement. The quality of care in

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family planning must be a key focus to ensure the program's success. Despite serious efforts and progress, India has yet to achieve its family planning goals. Research shows that adequate attention to family planning in countries with high birth rates can not only reduce poverty and hunger but also avert 32 per cent of maternal and nearly 10 per cent of childhood deaths, respectively. An effective contraception allows a physical relationship without fear of an unwanted pregnancy and ensures freedom to have children when desired. The aim is to achieve contraception in maximum comfort and privacy, with minimum cost and side effects (**Rakhi Jain & Sumathi Muralidhar, 2011**). Family planning programs benefit not only parents and children but also society and the nation, as controlling birth rates reduces population growth. With less population growth, more resources are available for those already in the Indian population; with more resources come longer life expectancy and better health. Hence, the present study aims to assess young adults' attitudes towards family planning and birth control.

3. METHODOLOGY

A simple random sampling technique, a type of probability sampling that selects a subset of participants from a population, was used to identify samples of young adults who were both college and higher secondary students, among working and non-working groups. To assess family planning and birth control among young adults, the sample is identified from Churachandpur District, Manipur. A total of 100 samples (50 boys and 50 girls) aged 18-26 were selected for the study. The random sampling method allowed for an unbiased selection of participants, capturing a diverse range of perspectives and experiences.

The Family Planning and Birth Control Attitude Rating scale, developed by M. Rajamanickam, was used for the present study. The tool comprises 64 statements. The tool is divided into eight dimensions: Population problem, Family planning, Birth control, Fertility control, Birth control method abortion, Contraceptive, Sterilisation, and Age of marriage. The data collected were analysed using the chi-square test, ANOVA, and correlation coefficient.

Attitude	Sterilization					
	Male		Female		Combined	
	No	%	No	%	No	%
Favourable	10	20	7	14	17	17
Neutral	31	32	31	62	62	62
Unfavourable	9	18	12	24	21	21
Total	50	100	50	100	100	100

Table 1: Degree of Attitude (Sterilisation) among Respondents

Table 1 highlights attitudes towards sterilisation among male and female respondents. It shows that 62 per cent of female and 32 per cent of male respondents have a neutral attitude, and 24 per cent of female and 18 per cent of male respondents have an unfavourable attitude towards sterilisation. In contrast, 20 per cent of male respondents and 14 per cent of female respondents have a favourable attitude towards sterilisation. Data indicate that most of the respondents have a neutral attitude 62 per cent, while

21 per cent of them have an unfavourable attitude, and only 17 per cent of them have a favourable attitude towards sterilisation for family planning and birth control. **Sian Herbert's study (2015)** found that individuals and couples control the number, timing, and spacing of their children through contraception and infertility treatment. The study examined socioeconomic factors influencing alternative contraceptive choices over sterilisation among married women. The findings of the study are in line

with Isabel Tiago de Oliveira. *et. al.* (2014), Franciele Hellwig and Aluisio JD Barros. (2021) who have highlighted that contraceptive use has risen

globally, with female sterilisation accounting for a significant share of family planning in many countries.

Attitude	Age of Marriage					
	Male		Female		Combined	
	No	%	No	%	No	%
Favourable	10	20	14	28	24	24
Neutral	27	54	24	48	51	51
Unfavourable	13	26	12	24	25	25
Total	50	100	50	100	100	100

Table 2: Degree of Attitude (Age of Marriage) among Respondents

Table 2 The data presents the degree of attitude towards age of marriage among male and female respondents, it is seen that 54 per cent of male respondents and 48 per cent of female respondents are having neutral attitudes towards age of marriage, 28 per cent of female respondents and 20 per cent of male respondents are with the favourable degree of attitude towards age of marriage, whereas 26 per cent of male respondents and 24 per cent of female respondents are having unfavourable degree of attitude towards the age of marriage. In contrast, 51 per cent of respondents hold a neutral attitude, 25 per cent an unfavourable attitude, and 24 per cent a favourable

attitude towards the age of marriage. The focus was to understand the association of early marriage and spousal age difference (independent of early marriage) with reproductive and sexual health and autonomy in decision-making among married women before conception. Shantanu Sharma. *et al.* (2021) found differences in respondents' ages regarding marriage. According to Pipit Feriani *et al.* (2024), individual factors such as education, age, and attitudes, while community-level influences such as healthcare access and geographic disparities influence attitudes towards marriage.

Attitude (Scores)	Male Mean $\pm$ SD	Female Mean $\pm$ SD	T test
Favourable (202 and above)	214.69 $\pm$ 15.36	214.92 $\pm$ 5.53	0.596 ^{NS}
Neutral (185-201)	192.30 $\pm$ 5.00	193.04 $\pm$ 4.92	
Unfavourable (184 and below)	172.45 $\pm$ 11.80	172.69 $\pm$ 8.87	
Overall	195.10 $\pm$ 18.86	193.00 $\pm$ 16.28	

NS – not significant

Table 3: Comparison of the overall Attitude of Male and Female Respondents towards Family Planning and Birth Control

Table 3 examines the overall attitude of male and female respondents towards Family planning and Birth control. Data indicates that maximum number

both male and female respondents are having favourable attitude towards family planning and birth control with Mean $\pm$ SD (214.69 $\pm$ 15.36) and Mean

$\pm$ SD (4.92 ± 5.36) followed by average number of respondents having a neutral attitude towards Family planning and Birth control with Mean $\pm$ SD (192.30 ± 5.00) and Mean $\pm$ SD (193.04 ± 4.92) in case of male respondents an unfavourable attitude can be observed among the least number of respondents having a Mean $\pm$ SD value of (172.45 ± 11.80) and in case of female the Mean $\pm$ SD (172.69 ± 8.87). The overall score shows that male respondents have a more favourable attitude, with a mean $\pm$ SD of 195.10 ± 18.86 , compared to female respondents, with a mean $\pm$ SD of

193.00 ± 16.28 . The t-value (0.596, NS) indicates a non-significant difference. **Inara Muhammad Karim. (2023)** observed that family planning refers to a couple's decision on when to start a family, the number of children they desire, birth spacing, and contraceptive methods. **Dhesi Ari Astuti. et al. (2024)** explored effective family planning and population control methods to enhance family development.

Spearman's Correlation coefficient	Population Problem	Family Planning	Birth Control	Fertility Control	Birth Control Method: Abortion	Contraceptive Method	Sterilization	Age of Marriage
Population Problem	1							
Family Planning	0.269 ^{NS}	1						
Birth Control	0.497 ^{**}	0.381 ^{**}	1					
Fertility Control	0.578 ^{**}	0.366 ^{**}	0.540 ^{**}	1				
Birth Control Method: Abortion	-0.040 ^{NS}	0.062 ^{NS}	0.289 [*]	0.080 ^{NS}	1			
Contraceptive Method	0.316 [*]	0.235 ^{NS}	0.283 [*]	0.462 ^{**}	0.158 ^{NS}	1		
Sterilization	0.162 ^{NS}	0.072 ^{NS}	0.346 [*]	0.147 ^{NS}	0.166 ^{NS}	0.167 ^{NS}	1	
Age of Marriage	0.279 [*]	0.054 ^{NS}	0.059 ^{NS}	0.418 ^{**}	-0.291 [*]	0.264 ^{NS}	-0.142 ^{NS}	1

NS – not significant, * significant at 1%, ** significant at 5%.

Table 4: Correlation between the Dimensions of Family Planning and Birth Control Attitude among Females

Table 4 presents the interdomain correlation between the Family Planning and Birth Control Attitude dimensions among female respondents. The table indicates a positive, significant correlation between the population problem and birth control (0.497**),

and between the population problem and fertility control (0.578**), both significant at the 1% level. Furthermore, a positive, significant correlation is observed between the contraceptive method (0.316*) and the age at marriage (0.279*), significant at the 5%

level. Whereas, a negative non-significant correlation is seen between population problem and Birth Control Method: Abortion (-0.040^{NS}).

It is interesting to note that there are significant positive correlations between family planning and birth control (0.381**) and between family planning and fertility control (0.366**). While a non-significant correlation can be observed between family planning and birth control method: abortion (0.062, NS), contraceptive method (0.235^{NS}), sterilisation (0.072^{NS}) and age of marriage (0.054^{NS}). A positive, significant correlation was observed between birth control and fertility control ($r = 0.540^{**}$, $p < 0.01$). A positive significant correlation was observed between birth control and birth control method: abortion (0.289*), contraceptive method (0.283*) and sterilisation (0.346*), which is found to be significant at 5% level of significance.

Moving on, the results highlight a positive and significant correlation between fertility control and contraceptive method (0.462**), followed by fertility control and age of marriage (0.418**), at the 1% level of significance. A non-significant correlation exists between fertility control and birth control method: abortion (0.080^{NS}) and sterilisation (0.147^{NS}). Further, the findings indicate a significant negative correlation between birth control method: abortion and age of marriage (-0.291*), and a non-significant correlation between contraceptive method (0.158^{NS}) and sterilisation (0.166^{NS}). It can be observed that a non-significant correlation exists between contraceptive method and sterilisation (0.167^{NS}) and age of marriage (0.264^{NS}). Similarly, a negative non-significant difference is observed between sterilisation and age of marriage (-0.142^{NS}). Thus, it can be concluded that respondents are aware of family planning and birth control and can assess their pros and cons. Findings of the study by **Anita Dam et al. (2022)** indicate that access to diverse, safe contraceptive options is crucial and that policies and programs need to consider reproductive experiences to enhance counselling, access, and informed choices, aligning with the study's findings.

CONCLUSION

The young adults differ in their attitude towards family planning and birth control. The majority tend

to maintain a neutral perspective, indicating a possible lack of strong awareness. Some demographic variables like religion, education, and age were found to have a significant influence on attitudes, highlighting the importance of socio-cultural and educational context in shaping reproductive health views. Overall, the findings emphasise the need for increased awareness, education, and culturally sensitive reproductive health programs to promote more informed and favourable attitudes toward family planning and birth control among college students.

IMPLICATIONS OF THE STUDY

There is a need to create awareness on the importance of family planning and birth control among young adults of the urban and rural populations.

The study highlights the need for creating awareness on contraceptive measures and permanent sterilisation.

A workshop on family planning and birth control among young adults could be organised to sensitise them on the importance of spacing of childbirth.

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