

A STUDY OF ONE-HUNDRED AND SIXTY ACTIVE AND INACTIVE FAMILY
PLANNING MOTHERS AND HOW THEY DIFFER IN ATTITUDES
AND SOCIO-ECONOMIC CONDITIONS

by

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A THESIS

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A Thesis

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Odest C. Jenkins

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ABSTRACT

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Purpose

The objectives of this study were: (1) to demonstrate the need for more insight into the family planning problems of low income mothers; (2) to provide a current comparative survey of active family planning mothers and inactive family planning mothers; (3) to determine whether significant differences exist among these groups with respect to the four areas of analysis--mother's attitude toward children, mother's attitude toward her husband, mother's attitude toward family planning services, and the mother's socio-economic conditions.

Methods

The methods used in this study were: (1) to collect data on the attitudes and socio-economic conditions of active and inactive family planning mothers by utilizing a questionnaire; (2) to analyze the responses to the specific questions within the four categories of analysis for the active and inactive family planning mothers by using the chi square test with differences considered to be significant at the .05 level.

Findings

From the data presented in this study the following conclusions were made:

1. Active family planning mothers--young and educated--have a comprehensive understanding of family planning. On the other hand, inactive family planning mothers--older and poorly educated--have a lack of knowledge concerning family planning.
2. Active family planning mothers prefer to use family planning contraception because it is easier to use than other means of contraception. Inactive family planning mothers use other methods of contraception because they experience more problems with family planning.
3. Active family planning mothers feel that family planning is conducive to good health, but inactive family planning mothers feel insecure about this.
4. Active family planning mothers have excellent human relationships with the personnel of family planning. However, inactive family planning mothers seem to have less than meaningful relationships with family planning personnel.
5. Active family planning mothers believe that family planning is good for the people of their races, while inactive family planning mothers are not so sure.
6. Active family planning mothers are able to have more children and appreciate the encouragement given to them by others to use family planning. The inactive family planning mothers feel less positive of their ability to have

additional children and most are not receptive to others suggesting that they use family planning.

7. Most mothers--active and inactive--believe that family planning is beneficial and is not an organized program of racial genocide.

8. Most husbands of family planning mothers--active and inactive--approve of their wives using family planning services.

Dorothy D Hayes
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CHAPTER

INTRODUCTION

During the latter 1960's, many people in the United States have become increasingly aware of the problem of overpopulation. This nation, motivated by the impact of serious social problems, began to devote serious attention to means of controlling unrestricted reproduction, especially among the poor. As a result, government and private groups have created organized activities that are designed to make readily available family planning services to the poor. However, few efforts have been directed at analyzing and understanding the ability of poor people to accept and properly use family planning services. It is not the investigator's contention that these services are not wanted by the poor. To the contrary, such services are considered beneficial by the poor which is evidenced by the following statement of Mr. Donald Rumsfeld, Director of the Office of Economic Opportunity:

There should be no misunderstanding about whether family planning services are wanted, as well as needed, by the poor, Mr. Rumsfeld said. Surveys have repeatedly indicated that poor women desire about the same number of children as non-poor women, but, because they generally do not have access to family planning services, the poor have many more children than the non-poor.¹

Harold M. Schmeck, Jr., "OEO Director Rumsfeld Discusses Study," The New York Times, October 25, 1969, p. 1.

Stated in a less sophisticated manner, most American women, except the poor, have the necessary economic resources to obtain private family planning services, and most importantly at the present time, under terms of their own individual choice. The poor are also interested in family planning services, but many are prevented from utilizing the government sponsored family planning services by some unidentified factors. Consequently, a substantial number of low income mothers do not yet make proper use of available family planning resources.

The Problem

National attention has been focused on the need for controlling our rate of reproduction by the Presidential Committee on Population and Family Planning in 1969 under the Johnson Administration. This report, conducted under the leadership of Wilbur J. Cohen, Secretary of the Health, Education and Welfare Department at the time, and John D. Rockefeller III, then chairman of the board of trustees of the Population Council in New York, had a tremendous effect on our domestic policy in this area. The recommendations of this committee stressed an urgent need to make family planning services available to the poor, stating, "It is estimated that there are now 5 million women in this country who were deprived by poverty of the opportunity to

plan their families effectively."¹ In commenting on the report, President Johnson said, "...none of the critical issues facing the world--except the quest for peace--was more important than the problem of rising population and world peace will probably never be possible if this problem goes unresolved."² In more recent years, President Nixon has retained and expanded the family planning policies of the Johnson Administration. Regarding this program, "Nixon called for an expanded program on birth control and family planning. He set a five year goal for making such services available to all poor women in low-income families who wish them. Cost would be about 30 million dollars per year."³

In developing present and future proposals in family planning, the Nixon Administration is basing many of its decisions on the results of a pilot program that was undertaken in Louisiana, more specifically in the New Orleans area. Results were as follows:

Results, from an over-all standpoint, is that about 87 per cent of the mothers delivered at Charity Hospital now come back for post-delivery care, as against 40 per cent in the past.

Participation in the clinic's family planning program has grown, too, from 9,210 in mid-1967 to about 19,000 at the present time. And it is strictly voluntary, officials emphasize.

¹"Wider Aid Urged on Birth Control," New York Times January 8, 1969, p. 16.

²Ibid.

³"A National Plan for Curbing Births," U. S. News and World Report, LXVII (July 28, 1969), p. 4.

About 65 per cent of all women in New Orleans who are given initial appointments keep them on time. Home checkups have raised to 85 per cent the proportion showing up for an initial visit.¹

Dr. Joseph Beasley, Director of the Louisiana Family Planning Programs, stated, "I think we've shown that the large majority of poor want and will use family planning effectively without coercion when it is developed to meet the over-all health and social needs of the people involved, and the community at large."²

Federal officials maintain that low income mothers will accept and use family planning services providing the services are made available.³ Nevertheless, family planning deals with sex, sexual intercourse, and matters relating to the prevention of conception, all of which are subjects considered intimate and personal by our society. Thus, just the nature of family planning alone presents a number of potential blocks to the effective utilization of the service by the poor. Therefore, in order for low income mothers to properly use family planning resources, their frame of reference and living conditions must not be treated superficially, but should be accurately appraised and understood.

This study focuses on the problem as it directly relates to the low income family planning mothers of

¹"Family Planning Campaign: the Louisiana Story," U. S. News and World Report, LXVII (July 28, 1969), p. 57.

²Ibid.

³"Establishment of a National Center for Family Planning," The New York Times, October 26, 1969, p. 39.

Beaumont, Texas. The study sought to objectively evaluate and analyze four areas: (1) the low income mother's attitude toward her children; (2) the low income mother's attitude toward her husband; (3) the low income mother's attitudes toward family planning services; and (4) the socio-economic conditions of the low income mother. The low income mothers included in the study were dichotomized into two sub-samples: active family planning mothers--low income mothers who were using family planning services; and inactive family planning mothers--low income mothers who were not using family planning services.

Purpose of the Study

The purpose of this study was to determine if there were any significant difference between the family planning attitudes and socio-economic conditions of low income mothers who are using family planning services as compared to those who are not using these services. The specific aims of the study were: (1) to demonstrate the need for more insight into the family planning problems of low income mothers; (2) to provide a current comparative survey of active and inactive family planning mothers; (3) to determine whether significant differences exist between the two selected samples with respect to the four areas of analysis--mother's attitude toward the children, mother's attitude toward her husband, mother's attitude toward family planning services, and the mother's socio-economic conditions.

Basic Assumptions

For the purpose of this study the following assumptions were made: (1) low income mothers want to control the size of their families; (2) the low income mothers' ability to accept and use family planning services will be shown by their measurable responses relevant to the four areas of analysis.

Hypothesis

To further objectify the purposes of this study, the following hypothesis was formulated:

Working hypothesis.-Active family planning mothers will project better socio-economic conditions and will express more positive attitudes toward their children, husbands, and family planning services than will the inactive family planning mothers.

Null hypothesis.-There is no significant difference between active and inactive family planning mothers with respect to the areas--socio-economic conditions, attitudes toward children, attitudes toward husbands, and attitudes toward family planning services.

Statistical hypothesis.-A larger proportion of the active family planning mothers will exhibit better socio-economic conditions and will express more positive attitudes toward their children, husbands, and family planning services than will be expressed by the inactive family planning mothers.

If, in the event the null hypothesis is affirmed and there is no significant difference between active and inactive family planning mothers, the results will suggest that inactive family planning mothers reflect the same or similar attitudes and socio-economic conditions as do the active family planning mothers. It would further seem to indicate that there is no direct relationship between the

four areas of analysis and the family planning mothers' acceptance or rejection of family planning services.

In the event the null hypothesis is rejected, the findings would indicate that the socio-economic conditions and attitudes of low income mothers do influence their ability to accept and properly use available family planning services. The data would suggest that there are significant differences between active and inactive family planning mothers. It would also indicate that active family planning mothers reflect better socio-economic conditions and express more positive attitudes toward their children, husbands, and family planning services than do the inactive family planning mothers. In determining rejection or non-rejection of the null hypothesis, the .05 level of significance was utilized.

Basic Questions

The basic questions to be answered by this research study were:

1. In terms of the literature, are there any differences in the socio-economic conditions and family planning attitudes of active and inactive family planning mothers?
2. When cross-tabulated by six baseline characteristics, are there any differences between the active and inactive family planning mothers?
3. To what extent do the responses of the subjects to twenty-six questionnaire items, differentiate active from inactive family planning mothers after these items have been grouped into the four major categories of analysis?

Need for Research

There is a need to conduct comprehensive research of the problem in Beaumont, Texas because there have been no previous attempts to study the problem on the local level. Not only would the findings of this study be beneficial to the Beaumont Welfare Rights Organization and the Beaumont Family Planning Association, but they might also be helpful to many other local social agencies in their working relationships with the low income mothers of this city. This belief is supported by the comments of Mrs. June Klein, Regional Administrator for the Texas Department of Public Welfare:

I am writing to encourage you in your efforts toward research and "Study of Low Income Mothers in Regard to Family Planning." It seems to me that as much research as possible should be done in this subject. We in Public Welfare certainly need all the assistance we can enlist to learn more about our recipients, who inevitably fall in the category about which you plan your project.¹

Pertinent Previous Research

Unfortunately, only two major studies have been conducted to study the social, economic, and psychological forces that bear on low income mothers' decisions to either accept or reject available family planning services. The first study was conducted in 1961 by the Research Department of Planned Parenthood-World Population headquartered in

¹Letter from June Klein to Odest Jenkins, February 25, 1971.

New York City. The basic purpose of the study was to understand the reasons for patients dropping out of family planning programs. Answers were sought to questions such as: Do patients fail to return because they dislike the methods of contraception? Are they not comfortable in going to family planning centers? Are they using some different method? Are they getting supplies and advice from some other sources than Planned Parenthood? The researchers believed that this type of information would help them to plan their organization's national operations more effectively and provide implications for overall national planning.¹

The second of the two major studies was conducted in Louisiana by Dr. Joseph D. Beasley, Director of the Center for Population and Family Studies of the Tulane University School of Medicine and of the Louisiana Family Planning Program. The study was initiated in 1964 in Orleans Parish, population 675,000, and later extended to include the smaller rural parish of Lincoln, population 35,000. It sought to answer the following basic questions: Who are those in need of family planning services? What are their characteristics? Where are they located? Where do they receive their medical care? Where do they deliver their babies? What family planning services exist now? How many

¹Mrs. Brooks S. Creedy and Steven Polgar, Ph.D., "Return for Yearly Checkups--A Study of 22,000 Family Planning Clients." Planned Parenthood Federation of America, Inc., 1963. Mimeographed.

poor persons currently have access to effective family planning services? After the first year of research, it was concluded that a family planning clinic was needed to serve as a laboratory in which to study the various medical and social aspects of the acceptance or rejection of family planning services and programs by family planning mothers. The Louisiana findings indicated that effective and large-scale family planning services can be accepted and used by the poor so long as high standards of medical care and the right of individual free choice are maintained.¹

Each of these studies was focused on the social, economic, and psychological forces that motivated low income mothers to either accept or reject family planning services. Both approached the problem from the low income mothers' frame of reference, rather than from the frame of reference of the respective agency.

Methods and Procedures

Population and Criteria

Originally, efforts were made to use the population of the Beaumont Family Planning Association in conducting this study. As this association's clinic operates on federal, state, and city matching funds, the researcher contacted Mrs. Marilyn Adams--Director of the Beaumont Family Planning

¹Joseph D. Beasley, View from Louisiana, Family Planning Perspectives, Vol. I (New York: Planned Parenthood-World Population, 1969), p. 2.

Clinic, Mr. Kenneth Wall--Beaumont City Attorney, and Mr. James Hendricks--the Director of the Jefferson County Office of Economic Opportunity, requesting permission to use the clinic's patient population. Although these individuals expressed interest in the proposed research, the request was denied due to a state law requiring confidentiality of family planning records.

Subsequently, the researcher contacted Mr. Charles Creacy--Organizer of the Beaumont Welfare Rights Organization--concerning this study. Mr. Creacy expressed an interest in the study and indicated that the population of his organization was basically the same as that of the Beaumont Family Planning Clinic. Afterwards, the researcher requested and received permission to use the population of the Beaumont Welfare Rights Organization for this research.

The study was conducted in Beaumont, Texas during the spring and summer of 1971. The membership of the Beaumont Welfare Rights Organization consisted of low income mothers who were receiving Aid to Families with Dependent Children from the Texas Department of Public Welfare. The organization's total population was composed of approximately 1600 low income mothers. There were no statistics available regarding the number of individuals using or not using family planning services.¹

¹These data were obtained from Mr. Charles Creacy, Organizer of the Beaumont Welfare Rights Organization.

Using a Table of Random Numbers, a random sample of 160 subjects--ten per cent of the population (1600)--was selected.¹ It was believed that this was the largest random sample which could be used due to the amount of time that personal home interviews--conducted by the researcher with each selected subject--would require in the collection of data. The random sample was dichotomized into two sub-samples through the subjects indicating their use or non-use of family planning services by checking either active or inactive on the bottom of the Schedule. The subjects, who indicated that they were using family planning services, were categorized into one sub-sample as active family planning mothers. Those subjects, who indicated that they were not using family planning services, were categorized into another sub-sample as inactive family planning mothers.

Collection of Data

A Schedule and Questionnaire were employed in the collection of data for this study. The Schedule was comprised of six baseline characteristics to collect background information--age, race, marital status, number of children, religious preference, educational level--regarding each active and inactive low income mother selected. The Questionnaire consisted of four categories. The first category included six questions each of which attempted to obtain either positive or less positive responses in regard to the family planning mother's attitudes toward her children. The second

category consisted of four questions each of which attempted to secure either positive or less positive responses in regard to the family planning mother's attitudes toward her husband. There were ten questions included in the third category each of which sought to obtain either positive or less positive responses concerning the family planning mother's attitudes toward family planning services. The fourth category consisted of six questions each of which attempted to obtain either positive or less positive responses relating to the family planning mother's social and economic conditions.

The method used to obtain information for the Schedule and Questionnaire is as follows. The Schedule was completed by the researcher during an interview with each subject. The four categories of the Questionnaire were completed by each subject during an interview with the researcher. This method of collecting information was used due to the following reasons: (1) the researcher believed that the method of mailing questionnaires would solicit a weak response from the low income mothers involved in this study; and (2) the researcher believed that two years of professional casework experience with the Texas Department of Public Welfare qualified him as a reliable interviewer.

Unit of Analysis

The unit of analysis for this study is family planning attitudes, to include reflections on socio-economic conditions, as described by active and inactive family

planning mothers.

Distribution of Data

The data were distributed in frequency tables. Summary and recapitulation tables were used when appropriate.

Analysis of Data

When the data were collected, the sample of 160 active and inactive family planning mothers were cross-tabulated by six baseline characteristics. Percentages, proportions, and the computed chi-squares are shown with accompanying probability values.

The responses to the Questionnaire items, which were used to evaluate the attitudes and socio-economic conditions of family planning mothers, also were analyzed by percentages and proportions. The data were subjected to the chi-square test to determine whether or not the results obtained were significant.¹

Definition of Major Terms

To facilitate and clarify this study, the following specific terms and their definitions are presented:

1. Family Planning.--The term "family planning" is interpreted as meaning all professional services, sub-professional services, birth control pills, and intrauterine devices that are available at the Beaumont Family Planning Clinic to assist low income mothers in planning and controlling

¹Clinton I. Chase, Elementary Statistical Procedures (New York: McGraw-Hill Book Company, 1967), p. 177.

the sizes of their families. This term is used interchangeably with the terms "family planning services" and "family planning clinic."

2. Family Planning Mother.--This term refers to a low income mother who is receiving Aid to Families with Dependent Children or is a member of the Beaumont Welfare Rights Organization.
3. Active Family Planning Mother.--This term encompassed any family planning mother who indicated that she was using family planning services.
4. Inactive Family Planning Mother.--This term refers to any family planning mother who indicated that she was not using family planning services.
5. Family Planning Problem.--This term refers to any source of phenomena which prevents or hinders a family planning mother from accepting or using family planning services.
6. Family Planning Attitudes.--This term was defined as those feelings and emotions of family planning mothers toward their children, husbands, and family planning services.
7. Socio-economic Conditions.--This term had reference to information relating to the family planning mother's state of employment, state of receiving federal or state financial assistance, husband's state of employment, state of housing, state of private transportation, and the state of the family planning mother's health.
8. Husband.--This term refers to the family planning mother's legal or common-law spouse.

This chapter has been basically devoted to outlining and explaining each part of the total study. The problem, purpose of the study--basic assumptions, hypothesis, basic questions, need for research, pertinent previous research, and methods and procedures--population and criteria, collection of data, unit of analysis, distribution of data, analysis of data, definition of major terms--were presented. The following chapter is concerned with the presentation of the background of this study.

CHAPTER II

BACKGROUND OF THE STUDY

It is becoming apparent that no single factor can be held responsible for low income mothers' usage or non-usage of family planning services. At the same time, there are indications that certain factors have a bearing on the rejection or acceptance of family planning by low income mothers. Most of the literature concerning family planning emphasizes the institutional frame of reference rather than that of the low income mothers. Conversely, the amount of literature related to the feelings and attitudes of the low income mothers is extremely limited. Thus, additional research is needed regarding the attitudes of low income mothers toward family planning and the part these attitudes play in either acceptance or rejection of family planning services.

Review of The Literature

Only a few studies have been conducted concerning the social, psychological, and economic forces that bear on low income mothers in family planning. These studies have sought to determine the elements that influence low income mothers to reject family planning services.

The Research Department of Planned Parenthood-World Population conducted a study in 1961 to try to understand the reasons for low income mothers dropping out of

established family planning programs.¹ This study focused on obtaining answers to the following questions: Do the low income mothers fail to return to the family planning clinic because they dislike the contraception method being used or because they felt uncomfortable? Are they using a different method of contraception? Are they obtaining contraception advice and supplies from sources other than the family planning clinics? The findings of this study were based on questionnaires and interviews with low income women who were due for an annual checkup at a number of selected family planning centers in the United States. The research aims were twofold: (1) to obtain information that would help family planning affiliates of Planned Parenthood-World Population program their services more effectively; (2) to evaluate this area of their national operations which could have implications for future national, as well as local planning.² Thirty out of one hundred affiliate family planning clinics were selected for participation in the study and included 21,917 cases.

Of the total number of subjects studied, it was found that 3,017 or 13.7 percent could not be contacted as a result of having moved. For most of the low income mothers in this category, letters were returned to the Post Office

¹Creedy and Polgar, op. cit., mimeographed.

²Ibid.

stamped as "forwarding address unknown". Also, when home visits were attempted, some had moved without leaving a forwarding address. Another 2,100 low income mothers--9.58 percent of the total subjects--refused to participate in the study. Consequently, there were no data collected on almost one-fourth of the subjects included in the study.

Through home visits, mail, and telephone contacts, 5,369 or 24.62 percent of the study sample indicated a variety of reasons for not returning to the family planning centers for annual checkups. Of the total number in this group, only 18--.33 percent--felt that they did not like to visit the family planning center. Thus, the study found that the majority of the low income mothers who were dropouts continued to maintain positive attitudes toward family planning.

The remainder of the study sample, approximately 47 percent, indicated that they were no longer using family planning due to a variety of reasons. Included in this group were such responses as using a different contraceptive method, going to a private physician, difficult to get to family planning centers, and buying contraceptive supplies at drug-store. Subsequently, the study's findings indicated that low income mothers dropped out of family planning because of four basic reasons: (1) geographical--when the family planning center is too far away from their homes; (2) psychological--when the low income mothers are ashamed, unconcerned, discouraged, and afraid, or generally skeptical about the

way they will be treated; (3) economic--when the expenses involved in obtaining family planning services are too costly; and (4) time-related--when the low income mothers are preoccupied with personal affairs during the operating hours of the family planning centers.¹

Another significant study concerning family planning was conducted in Louisiana by Dr. Joseph D. Beasley, Director of the Center for Population and Family Studies of the Tulane University School of Medicine and of the Louisiana Family Planning Programs. The study was initiated in 1964 and attempted to design and implement a system providing modern medical family planning services to approximately 130,000 low income women of Louisiana. Dr. Beasley's ultimate objective was to use family planning to reduce the number of unwanted pregnancies, infant deaths, premature births, abortions, illegitimate births, and to improve the total health care for the medically indigent. The population consisted of all racial, religious, and economic groups from Orleans and Lincoln Parishes.²

Dr. Beasley found that only 28 percent of the low income mothers used any type of contraception. However, this group was responsible for 56 percent of live births, 88 percent of illegitimate births, 72 percent of stillbirths, 68 percent of infant deaths, and 68 percent of births to

¹Ibid.

²Beasley, op. cit., pp. 2-3.

women under 19 years of age. Over 90 percent of the low income mothers showed a marked ignorance of family planning.¹

Considering the apparent lack of knowledge about family planning by low income mothers, Dr. Beasley found that most of them desired to limit and space their children. The average low income mother had five children, but wanted only three, and did not want to become pregnant again. They also felt that information should be distributed to their children concerning birth control. Consequently, the study concluded that low income mothers will accept and use family planning services so long as high medical standards and the right of free choice are preserved.²

The review of the literature indicated that there have been a limited amount of research concerning the attitudes of family planning mothers toward family planning. Thus, additional study is needed to indicate actual differences in the family planning attitudes and socio-economic conditions of active and inactive family planning mothers, and its relationship to the acceptance or rejection of family planning services.

¹Ibid.

²Ibid., p. 2.

Description of The Study Sample

This study was limited to the population of the Beaumont Welfare Rights Organization which has a membership of approximately 1600 low income mothers. According to Mr. Charles Creacy, the organizer of this group, there were no statistics available concerning the number of low income mothers using or not using family planning services. However, he indicated that his organization's membership came mostly from the roles of the local office of the Texas Welfare Department, which is also the target population of the Beaumont Family Planning Association.

Subjects in the population of low income mothers (1600) were assigned numbers ranging from 0000 to 1600. Using a table of random numbers, the study sample was selected by picking the first four-digit numbers of each number--starting with the first number of the table and moving down each column until 160 subjects were selected.¹ The size of the sample (160) was determined by the amount of time the researcher felt he had to collect the data through personal home interviews.

The random sample was dichotomized--subjects indicated their usage or non-usage of family planning on the Schedule--into two sub-samples. Of the one-hundred and sixty subjects selected, sixty-six subjects indicated that they were using family planning--active mothers, and sixty

¹Edwards, op. cit., pp. 378-382.

indicated that they were not using family planning--inactive mothers. Of the remainder, eleven refused to participate in the study and twenty-three could not be contacted.

It was found that the active mothers and inactive mothers differed significantly with regard to three of the six baseline characteristics. These three characteristics were age, marital status, and educational level. These differences, no doubt, influenced the responses made to the Questionnaire attitudinal descriptive items. The active and inactive family planning mothers were comparable when cross-tabulated on the remaining three baseline characteristics--race, number of children, and religious preference.

Three-fourths (75%) were between 15 and 35 years of age. The active mothers were younger (.86) than the inactive mothers (.62). While one-fourth of the total sample of mothers were between 35-45 years of age, proportionately there were almost three times as many inactive (.38) as active (.14) who were in this age bracket. Age of the mothers may have influenced marital status. Although almost one-half of the 126 mothers were married, there were proportionately twice as many inactive (.42) mothers as active mothers (.21) who were either separated, divorced, or widowed, and interestingly, twice as more active (.23) than inactive (.18) mothers who were single.

The data revealed that none of the 126 mothers had completed college. However, there were two inactive and two active mothers who had some degree of college education.

TABLE I

126 FAMILY PLANNING MOTHERS DICHOTOMIZED BY ACTIVE AND INACTIVE AND BY SIX BASELINE CHARACTERISTICS OF THE FAMILY PLANNING MOTHERS: CHI SQUARE AND PROBABILITY

Schedule Items	Family Planning Mothers						Chi Square	d.f.	Probability Value
	Active			Inactive					
	N= 66	Pro- portion	N= 60	Pro- portion	N= 126	Per Cent			
Age:									
15-24	25	.38	15	.25	40	32.0			
25-34	32	.48	22	.37	54	43.0			
35-45	9	.14	23	.38	32	25.0	10.80	2	.01>P>.001
Race:									
Afro-American	59	.89	55	.92	114	90.0			
Anglo-American	7	.11	5	.08	12	10.0			
Mexican-American	0	.00	0	.00	0	0.0	0.34	2	.90>P>.80
Marital Status: ^a									
Married	37	.56	24	.40	61	48.0			
Separated	9	.14	11	.18	20	16.0			
Divorced	5	.07	9	.15	14	11.0			
Widowed	0	.00	5	.09	5	4.0			
Single	15	.23	11	.18	26	21.0	6.51	2	.05>P>.02

These four mothers were not included in the totals in computing the chi square and degree of freedom. On the whole, the active mothers had achieved higher levels of education than had the inactive mothers. More than twice as many active as inactive mothers had completed high school (.57 and .27 respectively), while more than three times as many inactive (.18) than active (.05) had gone through grades 0-8 only. There were more drop-outs from high school among the inactive than among the active family planning mothers. (.52 and .35).

Mexican-American mothers were not represented in either the active or inactive samples. There were approximately the same proportionate number of active (.89) as inactive (.92) Afro-American mothers as there were active Anglo-American (.11) and inactive (.08) Anglo-American mothers. Only ten per cent of the total sample were from the Anglo-American race; ninety per cent were Afro-American. The increasing population is among all races. Hopefully, all races are interested in family planning. It may be that private medical services are used in this regard by both the Anglo-Americans and Mexican-Americans, but there are no collected and published data to suggest that this situation prevails.

Number of children as one of the selected baseline characteristics did not significantly differentiate the active from the inactive mothers. More than one-half of the total sample had one to two children, one fourth had three to four children, and another fourth had five or more children.

The proportionate number of mothers in each sub-category were comparable. The chi square and accompanying probability value indicate that the difference is a chance difference. Where are the "large families" about which there is so much concern? Are these large families among the Anglo-American and Mexican-American families of which so few were represented in the sample?¹ In terms of this question, there were no published data for Beaumont regarding family sizes of the population.²

Almost eighty per cent of the mothers indicated a Protestant preference. Less than one fourth of the mothers indicated a Catholic (17%) and/or other religious (4%) preference.

Based upon an analysis of the data in this chapter, the findings revealed that active mothers were younger, achieved a higher level of education, and had a larger proportion of marriages than did the inactive mothers. When cross-tabulated by race, number of children, and religious preference, they were comparable. Additional investigation of the differences between active and inactive mothers regarding the Questionnaire is included in the following chapter.

¹Records of the Beaumont Family Planning Clinic were not made available to this study because of the confidentiality of medical records required by the State of Texas.

²This information was obtained from Mr. Barry Kulpa of the Beaumont Chamber of Commerce.

CHAPTER III

ANALYSIS OF THE DATA

In an effort to investigate and compare the attitude and socio-economic conditions of active family planning mothers and inactive family planning mothers, the questionnaire consisting of twenty-six items was administered to sixty-six active family planning mothers and sixty inactive family planning mothers. The responses were cross-tabulated by active family planning mothers and inactive family planning mothers and by the categories of answers for each question. The chi square test for the significance of the difference was computed for the distribution on each question and the probability value was obtained for each chi square.

Attitudes Toward Children

The data in Table II show the two sub-samples cross-tabulated by six questionnaire items concerning attitudes toward children. Of the six items, one question--Item 19--differentiates the two samples. More of the inactive family planning mothers (.92) than active family planning mothers (.82) stated that they would not like for their families to be any smaller or have a lesser number of children. Three times as many active family planning mothers (.17) as inactive family planning mothers (.05) indicated that they prefer to have a smaller family or less children. On this

TABLE II

126 FAMILY PLANNING MOTHERS DICHOTOMIZED BY ACTIVE AND INACTIVE AND BY SIX
QUESTIONNAIRE ITEMS ON ATTITUDES TOWARD CHILDREN:
CHI SQUARE AND PROBABILITY

Questionnaire Items on Attitudes toward Children	Family Planning Mothers						Chi Square	d.f.	Probability Value
	Active		Inactive		Total				
	N= 66	Pro- portion	N= 60	Pro- portion	N= 126	Per Cent			
2. Are you extremely nervous as a result of your children's behavior?	Yes 19 Some- times 14 No 33	.29 .21 .50	22 18 20	.37 .30 .33	41 32 53	33.0 25.0 42.0	3.39	2	.20>P>.10
5. Are you able to feed, clothe, and house your children?	Yes 51 Some- times 8 No 7	.77 .12 .11	41 13 6	.68 .22 .10	92 21 13	73.0 17.0 10.0	2.17	2	.50>P>.30
8. Do you feel that you should tell your children you love them?	Yes 58 Some- times 6 No 2	.88 .09 .03	53 5 2	.88 .08 .04	111 11 4	88.0 9.0 3.0	0.00	2	
19. Would you like for your family to be smaller than it is now?	Yes 11 Some- times 1 No 54	.17 .01 .82	3 2 55	.05 .03 .92	14 3 109	11.0 2.0 87.0	6.38	2	.05>P>.02

TABLE II (continued)

22.	Do you feel that your children are in good health?	Yes	61	.92	51	.85	112	89.0		
		Some-	3	.05	6	.10	9	7.0		
		times	2	.03	3	.05	5	4.0	1.93	2 .50>P>.30
25.	Would you like to have more children?	No								
		Yes	28	.42	18	.30	46	37.0		
		Some-	1	.02	4	.07	5	3.0		
		times	37	.56	38	.63	75	60.0	4.92	2 .10>P>.05
		No								

item the null hypothesis is rejected and the statistical hypothesis is sustained in the negative as there was a larger proportion of inactive family planning mothers (.92) indicating positive attitudes toward their children than there were active family planning mothers (.82). Another question--Item 25--tends strongly toward differentiating the two sub-samples. Forty-two percent of the active family planning mothers as compared to thirty percent of the inactive family planning mothers want to have more children. On the remaining four attitudes toward children, the responses between the active family planning mothers and the inactive family planning mothers are fairly evenly distributed. The null hypothesis of no significant difference is not rejected on these four attitudes.

Attitudes Toward Husbands

The data in Table III show that out of four items there are two items--Items 10 and 17--which significantly differentiate the active family planning mothers from the inactive family planning mothers. On Item 10 more active family planning mothers (.86) felt positive about the ability of their husband to father children than did the inactive family planning mothers (.80). Also, less active family planning mothers (.00) were doubtful regarding their husbands' ability to father children than were inactive family planning mothers (.05). Over three-fourths of the active family planning mothers (.76) believed that

TABLE III

126 FAMILY PLANNING MOTHERS DICHOTOMIZED BY ACTIVE AND INACTIVE AND BY FOUR
QUESTIONNAIRE ITEMS ON ATTITUDES TOWARD HUSBANDS:
CHI SQUARE AND PROBABILITY

Questionnaire Items on Attitudes toward Husbands	Family Planning Mothers						Chi Square	d.f.	Probability Value
	Active		Inactive		Total				
	N= 66	Pro-portion	N= 60	Pro-portion	N= 126	Per Cent			
4. Do you and your husband agree on the number of children that you want?	Yes 36 Some-times No	.54 .05 .41	33 3 24	.55 .05 .40	69 6 51	55.0 5.0 40.0	0.00	2	0.0000
10. Do you feel that your husband is able to father children?	Yes 57 Some-times No	.86 .00 .14	48 3 9	.80 .05 .15	105 3 18	83.0 2.0 15.0	6.15	2	.05>P>.02
17. Do you feel that your husband would approve of you using family planning?	Yes 50 Some-times No	.76 .06 .18	28 11 21	.47 .18 .35	78 15 33	62.0 12.0 26.0	11.46	2	.01>P>.001
23. If your husband prefers a certain type of birth control, do you feel that you should use the type that he prefers?	Yes 14 Some-times No	.21 .15 .64	15 10 35	.25 .17 .58	29 20 77	23.0 16.0 61.0	0.34	2	.90>P>.80

their husbands would permit them to use family planning while less than one-half of the inactive family planning mothers (.47) believed that their husbands would condone their use of family planning. The responses on the remaining two items regarding attitudes toward husbands were nearly evenly distributed. It was interesting to find that the proportion of active family planning mothers (.54) who agreed with their husbands concerning the number of children wanted was almost identical to the proportion of inactive family planning mothers (.55) who agreed with their husbands regarding the number of children wanted.

The null hypothesis is not rejected on two of the four attitudes toward husbands. This finding appears to be relatively important. As very little is actually known about the factors influencing these results, it seems that family planning mothers--active and inactive--are sincerely concerned about limiting their family sizes to the number of children wanted by both parents. These findings suggest that most family planning mothers are positive in their attitudes toward their husbands.

Attitudes Toward Family Planning

Of the ten questionnaire items regarding attitudes toward family planning, all except Item 7--Are you superstitious about the family planning clinic's birth control?--significantly differentiated at the .05 level of significance the sixty-six active from the sixty inactive mothers. These

TABLE IV

126 FAMILY PLANNING MOTHERS DICHOTOMIZED BY ACTIVE AND INACTIVE AND BY TEN QUESTIONNAIRE ITEMS ON ATTITUDES TOWARD FAMILY PLANNING:
CHI SQUARE AND PROBABILITY

Questionnaire Items on Attitudes toward Family Planning	Family Planning Mothers						Chi Square	d.f.	Probability Value
	Active		Inactive		Total				
	N= 66	Pro-portion	N= 60	Pro-portion	N= 126	Per Cent			
3. Do you feel that you understand the family planning clinic's services?	Yes Some- times No	59 .89 2 .03 5 .08	42 .70 2 .03 16 .27	101 80.0 4 3.0 21 17.0			7.53	2	.05>P>.02
7. Are you superstitious about the family planning clinic's birth control?	Yes Some- times No	4 .06 0 .00 62 .94	3 .05 3 .05 54 .90	7 6.0 3 2.0 116 92.0			2.59	2	.30>P>.20
9. Do you feel that family planning's birth control is more difficult to use than other birth control?	Yes Some- times No	6 .09 4 .06 56 .85	19 .32 8 .13 33 .55	25 20.0 12 10.0 89 70.0			12.80	2	.01>P>.001
11. Do you feel that family planning is good for your health?	Yes Some- times No	55 .83 8 .12 3 .05	34 .57 16 .27 10 .16	89 71.0 24 19.0 13 10.0			9.15	2	.02>P>.01

TABLE IV (continued)

13.	Are the family planning doctors patient and understanding with you?	Yes Some- times No	56 10 0	.85 .15 .00	32 16 12	.53 .27 .20	88 26 12	70.0 21.0 9.0	2 P<.001
14.	Do you like the ladies who work at the family planning clinic?	Yes Some- times No	50 16 0	.76 .24 .00	32 18 10	.53 .30 .17	82 34 10	65.0 27.0 8.0	2 .01>P>.001
16.	Do you feel that family planning helps the people of your race?	Yes Some- times No	62 2 2	.94 .03 .03	41 13 6	.68 .22 .10	103 15 8	82.0 12.0 6.0	2 P<.001
18.	Do you feel that you are presently able to conceive more children?	Yes Some- times No	61 0 5	.92 .00 .08	40 2 18	.67 .03 .30	101 2 23	80.0 2.0 18.0	2 .01>P>.001
20.	Do you prefer to use your own birth control rather than family planning's birth control?	Yes Some- times No	7 3 56	.11 .04 .85	26 8 26	.43 .14 .43	33 11 82	26.0 9.0 65.0	2 P<.001
24.	Do you appreciate other people encouraging you to use family planning?	Yes Some- times No	50 6 10	.76 .09 .15	27 8 25	.45 .13 .42	77 14 35	61.0 11.0 28.0	2 P<.001

findings indicate that active and inactive mothers hold different attitudes toward family planning. However, most (92%) expressed similar attitudes in not being superstitious of family planning.

Over three-fourths (80%) had an intelligent understanding of family planning. The active mothers (.89) seemed to have a better understanding of this service than the inactive mothers (.70). Three times as many inactive (.27) as active (.08) mothers did not have a common knowledge of family planning. Inadequate information concerning family planning probably influences some mothers to reject this service.

The data revealed that most mothers (70%) found family planning's birth control easier to use than other birth control materials. Proportionately, more active mothers (.85) than inactive mothers (.55) were convinced of this. Three times as many inactive mothers (.45) as active mothers (.15) experienced difficulties. Complications in the use of family planning's birth control are likely the result of the mother's inability to follow instructions and personal health problems.

Over seventy per cent believed that family planning was good for their health. Only ten per cent indicated that it was not good for their health. More active (.83) than inactive (.57) mothers believed this to be true. The adverse publicity regarding birth control pills in the recent past probably influenced some of the less positive

responses.

Nearly three-fourths of the mothers (70%) were favorably impressed by the family planning doctors. Only a few active mothers (.15) as compared to almost one-half of the inactive mothers (.47) were disenchanted with them. In view of this, it seems that the doctors should attempt to improve their relationships with the less responsive patients of the clinic.

Even less mothers (65%) were favorably impressed by the ladies of family planning. Nearly one-fourth of the active (.24) and one-half of the inactive (.47) mothers experienced an occasional dislike for the female members of the staff. More active (.76) than inactive (.53) mothers liked the ladies. As in the case with the doctors, it also appears that the female staff members of family planning should seek to improve professional relationships with their clients.

The data indicated that eighty-two per cent of the mothers believed family planning was helpful to the people of their races. Practically all active (.94) and the majority of inactive (.68) mothers felt this way. Proportionately, five times as many inactive (.32) as active (.06) mothers appeared to be racially opposed to family planning. Nevertheless, this finding dispels the contention--expressed by some militant individuals and organizations--that family planning is an attempt at racial or black genocide.

Eighty per cent of the mothers believed that they were able to conceive more children. More active (.92) than inactive (.67) mothers were confident of their ability to reproduce. Proportionately, four times as many inactive (.33) as active (.08) mothers believed that they could not have any more children. How a mother feels about her ability to procreate, plays a major part in her decision to accept or reject family planning.

Sixty-five per cent of the mothers indicated a preference for family planning's birth control. Most were active (.85) rather than inactive (.43) mothers. Almost four times as many inactive (.57) as active (.15) mothers preferred other personal methods of birth control. It seems that most mothers were happy and satisfied with using the birth control of family planning.

Most mothers (61%) appreciated other people encouraging them to use family planning. As might be expected, more active mothers (.76) shared this feeling than did inactive mothers (.45). Nearly three times as many inactive (.42) as active (.15) mothers were opposed to the suggestions of other individuals. On the whole, active mothers were more receptive to the encouragement given to them by others to use family planning than were the inactive mothers.

Socio-Economic Conditions

Of the six questionnaire items concerning socio-economic conditions, Item 15--Do you feel that you are

TABLE V

126 FAMILY PLANNING MOTHERS DICHOTOMIZED BY ACTIVE AND INACTIVE AND BY SIX
QUESTIONNAIRE ITEMS ON SOCIO-ECONOMIC CONDITIONS:
CHI SQUARE AND PROBABILITY

Questionnaire Items on Socio-Economic Conditions	Family Planning Mothers						Chi Square	d.f.	Probability Value
	Active			Inactive					
	N=66	Pro-portion	N=60	Pro-portion	N=126	Per Cent			
1. Are you employed at least 20 hours per week?	Yes Some- times No	15 .23 47	14 .06 46	.23 .00 .77	29 4 93	23.0 3.0 74.0			
6. Is your husband employed at least 20 hours per week?	Yes Some- times No	37 .11 22	36 1 23	.60 .02 .38	73 8 45	58.0 6.0 36.0	4.17	2	.20>P>.10
12. Do you have your own private transportation?	Yes Some- times No	34 .52 31	24 1 35	.40 .02 .58	58 2 66	46.0 2.0 52.0	4.92	2	.10>P>.05
15. Do you feel that you are presently in good health?	Yes Some- times No	52 .79 8 6	38 .63 6 16	.63 .10 .27	90 14 22	71.0 11.0 18.0	7.99	2	.02>P>.01

TABLE V (continued)

21.	Does your family share housing with another family?	Yes	10	.15	6	.10	16	13.0		
		Some- times	0	.00	0	.00	0	0.0		
		No	56	.85	54	.90	110	87.0	1.13	2 .70>P>.50
26.	Do you receive state welfare assistance or social security?	Yes	23	.35	23	.38	46	36.0		
		Some- times	1	.02	1	.02	2	2.0		
		No	42	.63	36	.60	78	62.0	0.12	2 .95>P>.90

presently in good health?--was the only item that significantly differentiated the sixty-six active from the sixty inactive mothers at the .05 level of significance. More than three-fourths of the active mothers (.79) indicated that they were in good health, while only sixty-three per cent of the inactive mothers viewed their state of health as being good. Three times as many inactive mothers (.27) as active mothers (.09) expressed feelings of poor health. Regarding the total number (126), seventy-one per cent believed that they were in good health. Thus, the data suggest that the active mother is generally in better health than the inactive mother.

Item One--Are you employed at least 20 hours per week?--and Item Six--Is your husband employed at least 20 hours per week?--also tended toward differentiation, but was not significant at the .05 level. Item One showed that of seventy-four per cent of the mothers who were unemployed, more were inactive mothers (.77) than were active mothers (.71). The proportionate number of mothers employed were comparable. Item Six indicated that more husbands of active mothers (.67) were employed at least twenty hours per week than were husbands of inactive mothers (.62) A substantial number (36%) of all husbands were unemployed.

The remaining three items did not significantly differentiate active from inactive mothers. Their socio-economic conditions regarding transportation, housing, and welfare assistance were comparable.

Of the four categories of analysis, there was only one category--attitudes toward family planning--which significantly differentiated the active family planning mothers from the inactive family planning mothers at the .05 level of significance. Thus, the statistical hypothesis is sustained and the null hypothesis is rejected concerning attitudes toward family planning. The attitudes of the active mothers indicated that they felt more positive toward family planning than did the inactive mothers. More active mothers than inactive mothers believed that they understood family planning, that it was easier to use, that it was good for their health, that the family planning staff was sincerely concerned about them, that family planning helps the people of their races, that they are able to have more children, prefer to use family planning contraception rather than personal contraception, and appreciate other people giving them encouragement to use family planning.

The null hypothesis was not rejected regarding the other three categories of analysis. This finding indicated that the active and inactive mothers share similar views with respect to attitudes toward their children and husbands, while also reflecting similar socio-economic conditions.

A contingency coefficient was obtained for each of the thirteen significant Questionnaire items. The results are exhibited in Table VI. From the data, it is indicated that the following items show a low degree of association:

TABLE VI

THIRTEEN SIGNIFICANT QUESTIONNAIRE ITEMS BY CONTINGENCY COEFFICIENT FOR
ASSOCIATION: CHI SQUARE, DEGREES OF FREEDOM AND
PROBABILITY VALUES

Significant Items	Chi Square	d.f.	Probability Value	Contingency Coefficient
3. Do you feel that you understand the family planning clinic's services?	7.53	2	P<.05	.237
9. Do you feel that family planning's birth control is more difficult to use than other birth control?	12.80	2	P<.05	.303
10. Do you feel that your husband is able to father children?	6.15	2	P<.05	.215
11. Do you feel that family planning is good for your health?	9.15	2	P<.05	.260
13. Are the family planning doctors patient and understanding with you?	19.02	2	P<.05	.362

TABLE VI (continued)

14.	Do you like the ladies who work at the family planning clinic?	12.85	3	P<.05	.304
15.	Do you feel that you are presently in good health?	7.99	2	P<.05	.244
16.	Do you feel that family planning helps the people of your race?	14.12	2	P<.05	.317
17.	Do you feel that your husband would approve of you using family planning?	11.46	2	P<.05	.288
18.	Do you feel that you are presently able to conceive more children?	13.06	2	P<.05	.306
19.	Would you like for your family to be smaller than it is now?	6.38	2	P<.05	.219
20.	Do you prefer to use your own birth control rather than family planning's birth control?	23.69	2	P<.05	.397
24.	Do you appreciate other people encouraging you to use family planning?	14.45	2	P<.05	.320

(3) Do you feel that you understand the family planning clinic's services? (10) Do you feel that your husband is able to father children? (11) Do you feel that family planning is good for your health? (15) Do you feel that you are presently in good health? (17) Do you feel that your husband would approve of you using family planning? (19) Would you like for your family to be smaller than it is now? Those items reflecting a moderate degree of association were: (9) Do you feel that family planning's birth control is more difficult to use than other birth control? (14) Do you like the ladies who work at the family planning clinic? (16) Do you feel that family planning helps the people of your race? (18) Do you feel that you are presently able to conceive more children? Finally, the strongest degrees of association were shown on Item Thirteen--Are the family planning doctors patient and understanding with you--and Item Twenty--Do you prefer to use your own birth control rather than family planning's birth control.

It can be seen from the data in this chapter that active and inactive family planning mothers are comparable in some areas. They experience about the same socioeconomic conditions, while also maintaining similar feelings toward their children and husbands. In only one major area--attitudes toward family planning--are the active mothers significantly differentiated from the inactive mothers. A more detailed interpretation of these findings are discussed in the following chapter.

CHAPTER IV

FINDINGS AND INTERPRETATIONS

This study was an examination of attitudes and socio-economic conditions of active family planning mothers and inactive family planning mothers. The purpose of the study was to determine if there were any significant difference between the family planning attitudes and socio-economic conditions of low income mothers who are using family planning services as opposed to low income mothers who are not using family planning services with respect to a questionnaire. The questionnaire consisted of twenty-six questionnaire items organized into four categories--attitudes toward children, attitudes toward husbands, attitudes toward family planning services, and socio-economic conditions.

The study sample of one-hundred and sixty subjects was selected from sixteen-hundred subjects by using a Table of Random Numbers. The study sample was dichotomized into two sub-samples by each selected subject indicating her usage or non-usage of family planning services. The total study sample of one-hundred and sixty subjects was reduced to one-hundred and twenty-six subjects as a result of eleven subjects refusing to complete the questionnaire, and another twenty-three subjects who could not be contacted. Of the remaining subjects--terminal sample, sixty-six were

active family planning mothers and sixty were inactive family planning mothers. A sample schedule indicating age, race, marital status, number of children, religious preference, and educational level, was completed on each subject.

Three basic questions were asked regarding this study. The first question was:

In terms of the literature, are there any differences in the socio-economic conditions and family planning attitudes of active and inactive family planning mothers?

The review of the literature, presented in Chapter II, reveals that the majority of the literature concerning family planning emphasized the institutional frame of reference as opposed to the feelings and attitudes of low income family planning mothers. The literature related to the frame of reference of the low income mothers in family planning was extremely limited. In a study conducted by the Research Department of Planned Parenthood-World Population, it was found that low income mothers dropped out of family planning because of geographical, psychological, economic, and time-related reasons, but most continued to maintain positive attitudes toward family planning.¹ Another study, conducted by Dr. Joseph D. Beasley, found that most low income mothers, although ignorant of family planning, desired to limit and space their children. It

¹Creedy and Polgar, loc. cit., mimeographed.

was concluded that low income mothers will accept and use family planning so long as high medical standards and the right of free choice are preserved.¹

The second basic question was:

When cross-tabulated by six baseline characteristics, are there any differences between the active and inactive family planning mothers?

These data were obtained from the subjects in the two sub-samples, and then subjected to the chi square test to determine whether significant differences existed between the active family planning mothers and the inactive family planning mothers. The data revealed that age, educational level, and marital status differentiated the two sub-samples. Active family planning mothers were younger, achieved a higher level of education, and had a larger proportion of marriages than did the inactive mothers. There was no significant difference between the two groups on the remaining three items--race, number of children, and religious preference.

The third basic question was:

To what extent do the responses of the subjects to twenty-six questionnaire items, differentiate active from inactive family planning mothers after these items have been grouped into the four major categories of analysis?

¹Beasley, loc. cit., pp. 2-3.

After tabulating the responses to the twenty-six questionnaire items concerning family planning attitudes and socio-economic conditions, it was found that there were thirteen items that differentiated the active family planning mothers from the inactive family planning mothers at the .05 level of significance. Thus, the null hypothesis was rejected and the statistical hypothesis was sustained on those thirteen items. There were three other items that strongly tended toward differentiating the two sub-samples. Therefore, out of twenty-six items on the questionnaire, approximately six-tenths of the items either differentiated the two sub-samples at the .05 level or strongly tended toward differentiating the active family planning mothers from the inactive family planning mothers. On the other ten items, the responses by both sub-samples were similar and the null hypothesis was not rejected.

In the category of attitudes toward children, one item--Item 19--differentiated the two sub-samples. Ninety-two per cent of the inactive family planning mothers did not want their families to be smaller, while eighty-two per cent of the active family planning mothers felt like this. Three times as many active as inactive family planning mothers wanted their families to be smaller. Thus, the null hypothesis was negatively rejected on this item. Item twenty-five--Would you like to have more children?--strongly tended toward differentiating the two sub-samples. Forty-two percent of the active family planning mothers as

compared to thirty percent of the inactive family planning mothers wanted to have more children. Therefore, on these two items the active family planning mothers expressed ambiguous attitudes. They wanted smaller families while at the same time desiring to have more children. Inactive family planning mothers were satisfied with their family sizes, but did not want more children.

Within the category of attitudes toward husbands, two items--Items Ten and Seventeen--differentiated the two sub-samples. Eighty-six percent of the active family planning mothers felt that their husbands were able to father children, whereas eighty percent of the inactive family planning mothers felt likewise. Approximately four inactive to three active mothers were doubtful or felt that their husbands could not father children. Thus, the null hypothesis was rejected on this item. Another item--Item Seventeen--also differentiated the two sub-samples. Seventy-six percent of the active family planning mothers believed that their husbands approved of family planning, while only forty-seven percent of the inactive family planning mothers felt that their husbands approved of family planning. Therefore, on these two items the active family planning mothers expressed more positive attitudes toward their husbands than did the inactive family planning mothers.

The category of attitudes toward family planning consisted of ten items. Nine of the ten items--Items 3, 9,

11, 13, 14, 16, 18, 20, and 24--significantly differentiated the two sub-samples. A larger proportion of active family planning mothers than inactive family planning mothers had an understanding of family planning services--Item 3, believed that the birth control of family planning was less difficult to use than other contraception--Item 9, felt that family planning was good for their health--Item 11, believed that the family planning staff was concerned about them--Items 13 and 14, indicated that family planning helps the people of their races--Item 16, believed that they were able to conceive more children--Item 18, preferred contraception--Item 20, and appreciated other people encouraging them to utilize family planning services--Item 24. On these nine items, the statistical hypothesis was sustained and the null hypothesis was rejected. Thus, a greater proportion of active family planning mothers expressed positive attitudes toward family planning than did inactive family planning mothers.

Within the category concerning socio-economic conditions, one item--Item 15--significantly differentiated the active from the inactive family planning mothers. More active family planning mothers believed that their state of health was good than did inactive family planning mothers. Thus, the statistical hypothesis was sustained and the null hypothesis was rejected on this item. Two more items--Items 1 and 6--strongly tended toward differentiating the

sub-samples. Item One indicated that less active family planning mothers were unemployed than were inactive family planning mothers. Seventy-four percent of all the subjects--active and inactive--were unemployed. Item Six showed that more husbands of active family planning mothers were employed than were husbands of inactive family planning mothers. Thirty-six percent of all husbands of active and inactive family planning mothers were unemployed. On the other three items, the null hypothesis was not rejected. Thus, the socio-economic conditions of active and inactive family planning mothers were similar.

Of the four categories of analysis, only one category--attitudes toward family planning--significantly differentiated active family planning mothers from inactive planning mothers at the .05 level of significance. Thus, the statistical hypothesis was sustained and the null hypothesis was rejected regarding this category.

The findings of this study indicated that all low income family planning mothers--active and inactive--experienced about the same socio-economic conditions, and had similar feelings toward their husbands and children. Of more importance, the findings showed that active family planning mothers viewed family planning in a much different light than did the inactive family planning mothers. Consequently, the findings of this study seem to support the following conclusions:

1. Active family planning mothers--young and educated--have a comprehensive understanding of family planning. On the other hand, inactive family planning mothers--older and poorly educated--have a lack of knowledge concerning family planning.
2. Active family planning mothers prefer to use family planning contraception because it is easier to use than other means of contraception. Inactive family planning mothers use other methods of contraception because they experience more problems with family planning.
3. Active family planning mothers feel that family planning is conducive to good health, but inactive family planning mothers feel insecure about this.
4. Active family planning mothers have excellent human relationships with the personnel of family planning. However, inactive family planning mothers seem to have less than meaningful relationships with family planning personnel.
5. Active family planning mothers believe that family planning is good for the people of their races, while inactive family planning mothers are not so sure.
6. Active family planning mothers are able to have more children and appreciate the encouragement given to them by others to use family planning. The inactive family planning mothers feel less positive of their ability to have additional children and most are not receptive to others suggesting that they use family planning.
7. Most mothers--active and inactive--believe that family planning is beneficial and is not an organized program of racial genocide.
8. Most husbands of family planning mothers--active and inactive--approve of their wives using family planning services.

In view of the results of this study and the limited number of studies concerning the attitudes of low income mothers toward family planning, the following recommendations are presented:

1. Additional studies are needed regarding the problems that low income mothers experience in utilizing the services of family planning.
2. Additional studies are needed in the area of low income mothers' attitudes toward family planning utilizing more accurate measuring instruments.
3. There is a need for people who are working in family planning to develop better human and working relationships with low income mothers who hold negative attitudes toward family planning. Special efforts in this area are needed.
4. There is a need for better programs to inform low income mothers of the advantages and disadvantages of using family planning as opposed to other means of contraception.

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APPENDIX

APPENDIX A

SCHEDULE

Baseline Characteristics of Active and Inactive
Family Planning Mothers

1. Age of Mother:
 - a. ☐ 15-24
 - b. ☐ 25-34
 - c. ☐ 35-45
2. Race of Mother
 - a. ☐ Afro-American
 - b. ☐ Anglo-American
 - c. ☐ Mexican-American
3. Marital Status of Mother:
 - a. ☐ Married
 - b. ☐ Separated
 - c. ☐ Divorced
 - d. ☐ Widowed
 - e. ☐ Single
4. Number of Children of Mother:
 - a. ☐ 1-2
 - b. ☐ 3-4
 - c. ☐ 5 or more
5. Religious Preference of Mother:
 - a. ☐ Catholic
 - b. ☐ Protestant
 - c. ☐ Other
6. Educational Level of Mother:
 - a. ☐ Grades 0-8
 - b. ☐ Some High School
 - c. ☐ High School
 - d. ☐ Some College
 - e. ☐ College

Name of Mother: _____

Category: ☐ Active Mother ☐ Inactive Mother

APPENDIX B

Questionnaire

	YES	SOMETIMES	NO
1. Are you employed at least 20 hours per week?	_____	_____	_____
2. Are you extremely nervous as a result of your children's behavior?	_____	_____	_____
3. Do you feel that you understand the family planning clinic's services?	_____	_____	_____
4. Do you and your husband agree on the number of children that you want?	_____	_____	_____
5. Are you able to feed, clothe, and house your children?	_____	_____	_____
6. Is your husband employed at least 20 hours per week?	_____	_____	_____
7. Are you superstitious about the family planning clinic's birth control?	_____	_____	_____
8. Do you feel that you should tell your children that you love them?	_____	_____	_____
9. Do you feel that family planning birth control is more difficult to use than other birth control?	_____	_____	_____
10. Do you feel that your husband is able to father children?	_____	_____	_____
11. Do you feel that family planning helps your health?	_____	_____	_____
12. Do you have your own private transportation?	_____	_____	_____
13. Are the family planning doctors patient and understanding with you?	_____	_____	_____
14. Do you like the ladies who work at the family planning clinic?	_____	_____	_____
15. Do you feel that you are in good health?	_____	_____	_____

	YES	SOMETIMES	NO
16. Do you feel that family planning helps the people of your race?	_____	_____	_____
17. Do you feel that your husband condones your use of family planning	_____	_____	_____
18. Do you feel that you are able to conceive more children?	_____	_____	_____
19. Would you like for your family to be smaller than it is now?	_____	_____	_____
20. Do you prefer to use your own birth control rather than family planning's birth control?	_____	_____	_____
21. Does your family share housing with another family?	_____	_____	_____
22. Do you feel that your children are in good health?	_____	_____	_____
23. If your husband prefers a certain type of birth control, do you feel that you should use the type that he prefers?	_____	_____	_____
24. Do you appreciate other people encouraging you to use family planning?	_____	_____	_____
25. Would you like to have more children?	_____	_____	_____
26. Do you receive state or federal welfare assistance or social security?	_____	_____	_____

Name of Mother _____

Category

- () Active Family Planning Mother
 () Inactive Family Planning Mother

Vita was removed during scanning