

Construction of Questionnaire for Measurement of Attitude towards Family Planning Programme

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ABSTRACT

In India, Muslim population is increasing at the greatest rate. The fertility rate of Muslim people is higher than that of Hindus. Muslims have highest growth rate in West Bengal. To check this explosion we should adopt a suitable attitude in the direction of family planning programme. So, measurement of attitude towards family planning programme is urgently needed. From this point of view, the present study aims to emphasis on the preparation of attitude scale relating to family planning programme of Muslim women of Murshidabad District, West Bengal. During this study, questionnaire was prepared for compilation of the data. In the present study, self made questionnaire regarding attitude towards family planning programme was prepared as suitable tool for collecting data in order to achieve the predetermined objectives of this study. Nine (9) dimensions viz. Education, Equality, Population, Small family Norm, Government facilities, Superstition, Sexually transmitted disease and Law were considered during preparation of the scale.

It was a "5-points Liker Scale". Though, at the beginning, there were thirty one (31) items or statements in the prepared attitude scale but, finally twenty one (21) items or statements were retained. The scale consist twenty one (21) statements, among them fifteen (15) are favourable and six (6) are unfavourable statements. The scale was highly valid as the researcher selected the most differentiating statements for the final form of the attitude scale towards family planning programme through the opinion of experts in this field. The test-retest co-efficient of the scale was found as 0.965 which is highly significant.

1. Introduction

The "National Progress" is not possible without education. It depends upon education and population of the country. Literacy and population can bring a rapid social, political and economical development of the country. Because only literate and educate people are aware about the various problems of the country and try to solve the problem. Education is an instrument of social changes that reinforces the process of national development (Purkait, 1992).

In this study The Murshidabad district of West Bengal is taken by the researcher which is a remote, socially, educationally and economically backward district of West Bengal. Large number of Muslim people resides in this area. Its population growth rate over the decade 2001-2011 was 21.07%. The Murshidabad district has a Sex ratio of 957 females for 1000 every males and a literacy rate of the district is 67.53% (Census, 2011). The problem of non-acceptance of family planning programmed becomes an acute problem among these populations. Muslim people use to increase their family in an unplanned and unhealthy way. It creates a lot of social and economical problems within this district, as well as in our country. They have no adequate knowledge about family planning i.e., various methods about family planning and have no clear conception about fertility process due to illiteracy and ignorance. Before launching a special program, a thorough understanding of socio-demographic determinants, knowledge, attitude and practices of family planning is essential. Because of unemployment and inadequate education and health services, high rate of maternal and infant mortalities, a rapidly

growing population is a serious problem in Murshidabad district. Socio-economic status, knowledge and attitudes of women might be effective in using modern family planning methods.

As there is a dearth of a suitable scale for measurement of attitude of Muslim women of Murshidabad district an effective scale has been designed to measure attitudes towards family planning programme of Muslim women of Murshidabad district according to their socio-economic status to estimate their views about family planning programme which will be helpful for our educator, policy planner, sociologists, etc. for future planning.

2. Construction of attitude scale

The attitude scale has been designed to measure attitudes of an individual or group of individual towards issues, Institution and group of people (Sidhu, 1994). Coleman (1959) describes attitudes as a consistent learned emotional predisposition to respond in a particular way to given object, person or situation. Allport (1954) defines attitude, "A mental and neutral stage of readiness, organized through, experience exerting a direction or dynamic influence upon the individual's response to all objects and situation with which it is related". To obtain the measure the attitude or belief of an individual or a group of individuals towards some phenomenon the inquiry form is called opinionnaire or attitude scale is used (Sukhia *et. al.*, 1963).

There are various types and techniques for preparation/construction of tool i.e. questionnaire, rating scale, interviews, check list, etc. Questionnaire is a printed form of tool containing a set of measuring attitude towards family planning programme. Each statement of the attitude scale is related with five possibilities of responses viz. strongly Agree (SA) Agree (A), Neutral (N), Disagree (DA) and strongly disagree (SD). All positive/favourable statements from maximum to minimum as 5,4,3,2,1 and negative/unfavourable statements from minimum to maximum in reverse order.

For construction of attitude scale various dimensions was selected for inclusion in our current tool. Adequate numbers of items/statements were equipped underneath each dimension. The investigator include the following areas i.e. Education, Population, Equality, Small family Norm, Government facilities, Superstition, Sexually transmitted disease and Law. These areas and items had also been legitimate by the expert's effective in the field of education. Therefore the investigator to conclude determined to develop the questionnaire on the said areas.

3. Item pool

After a thorough review of related literature in the field of attitude towards family planning, researcher came to a point that most of the tools were focused partly on the issue and there were no such tools to measure attitude of Muslim women towards family planning programme.. In this situation, a comprehensive tool which would measure the attitude of Muslim women towards family planning programme must be developed. So researcher made an attempt to develop a suitable attitude scale. As there is no definite content area, the researcher first included all possible areas of family planning programme and then consulted with different books, journals internet and resource persons like doctor, psychologist educationist etc. The statements were prepared and necessary changes were made and irrelevant items were excluded. List of the revised form of the statements were again presented to the same expert and requested them to re-evaluate the appropriateness, language, clarity and purposes. According to their opinion necessary corrections had been made. Finally, 31 items under different dimensions were retained e.g. Education, Equality, Population, Small family Norm, Government facilities, Superstition, Sexually transmitted disease and Law.

4. Pre-tryout

After preparation of the statements for the attitude scale, it was applied on 140 Muslim women of Murshidabad district of West Bengal. On the basis of their responses researcher again consulted with the expert in this field and tried to improve the language and ambiguity for better understanding of the statements. The preliminary form of the attitude scale includes with 31 statements of Liker type. Each item contained five alternative responses such as Strongly Agree (SA), Agree(A), Neutral (N), Disagree(DA), Strongly Disagree (SD). It was a self administering scale without any time limit. Sufficient number of positive and negative statements are included in this attitude scale.

5. Try-out

By purposive random sampling technique prepared attitude scale was administered on 140 Muslim Women of Murshidabad district, West Bengal. At the beginning of the administration of the questionnaire the women were requested to read carefully the instruction given in the front page and then asked to put a tick mark against each statement. Each Statement of the attitude scale is associated with five possibilities of responses viz. Strongly Agree (SA), Agree (A), Neutral (N), Disagree (DA), Strongly Disagree (SD). All positive/favorable statements were scored from maximum to minimum as 5, 4,3,2,1 and all negative/unferable statements from minimum to maximum i.e. 1, 2, 3, 4, 5. The Score of each individuals were computed and summing the weights of the responses made against each individual statement.

6. Item analysis

From item analysis of a test usually we yields two kinds of information i.e. item difficulty and item discrimination. The index of item difficulty to make known how difficult an item is. On the other hand, the index of discrimination indicates that the extent to which an item discriminates the well-known persons from the poorly known persons. The items were checked and altered/modified on the basis of pre-testing and administered on randomly selected 140 individuals for item analysis. The above individuals were excluded in the sample for final study for avoiding testing effect. The 140 individuals were representative of the community in which the final study will be conducted (Roy and Mandal, 2000). The total numbers of right answer given by an individual out of 31 items was the attitude score of the individual. After calculating the score obtained by 140 individuals the scores were arranged from highest to lowest in order of magnitude. Twenty seven percent (27%) of the high achiever (High group) and 27% of the low achiever (Low group) groups were identified and separated on the basis of total score for item analysis. The upper 27 % may be called the upper group and lower 27% may be called the lower group. Thus from the total number of middle 46% were took a side and only on the basis of 54% the index of difficulty of each item was determined. On the basis of these two extreme groups (High group & low group), the index of difficulty was determined and it is almost the same when the entire sample of the examinees was taken into account (Singh, 2002).

7. Reliability and validity of attitude scale

Reliability denotes the precision of score value obtained on the same individual on repeated measurement by the same tool on different occasions.. According to Anastasi (1968), reliability refers to consistency of score obtained by the same individuals when re-examined with test on different occasions, or with different sets of equivalent items, or under variable examining conditions is refered as reliability. Test- retests method was applied to check the reliability of the test. In this method a solitary form of the test is applied/administered twofold on the samer individual with a time gap, i.e. 15 days. This yields two self-governing sets of scores. The correlation between the two sets of score express the value of the reliability co-efficient.

The test was re-administered upon 100 individuals from Murshidabad in West Bengal which were included randomly

from original sample. To minimize the memory effect to a minimum, retest was held 15 days from the date of initial/first test. Reliability co-efficient between test score and retest score of 100 participants from Murshidabad district in West Bengal was calculated. The SPSS package (versions 16.0) was used for computation of the reliability coefficient between test- retest score of attitude towards family planning programmes of Muslim women of Murshidabad district. The test-retest coefficient of the scale was found as 0.965 which is significant.

Validity of a test of any measuring tool depends upon the fidelity with which it procedures what its purpose of measure (Garrett and Woodworth, 1981). The present test definitely ensures high content validity, since it satisfactorily covers both the content and the objectives of the unit. In construction of the test the researcher did not work under any subjective influence. A sufficient number of experts were engaged to

assist the investigator to get ready the test. All the dimensions and items were checked by them.

The test has an extremely reliability co-efficient. So, theoretically, it was highly valid. To find out the external validity of the test the researcher used statistical calculation and established the internal consistencies of every item. On the basis of the consequences obtained from the measure of internal consistency, the researcher selected the most differentiating items/statements for the final form of the attitude scale. Therefore, it is assumed that the scale was highly valid.

8. Final form of the attitude scale

Final form of the attitude scale consists of 21 items/statements under 9 dimensions. There are 15 positive/favorable and 6 negative/unfavorable (underlined) items/statements in the scale of family planning programme.

Table : Distribution of the items among various dimensions of attitude scale for measurement of attitude towards family planning programme

Sl. No.	Dimension	Serial No. of items	No. of items
1.	Education	<u>14</u>	1
2.	Economic Condition	3, 4, <u>9</u> , <u>10</u>	4
3.	Population	7	1
4.	Equality	8, 13, 21	3
5.	Small Family Norm	5, <u>6</u> , <u>16</u> , 19	4
6.	Government Facilities	2	1
7.	Superstition	15	1
8.	Sexually Transmitted Disease	11, <u>12</u> , 18	3
9.	Law	1, 17, 20	3
Total items = Positive -15; Negative-06			21

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