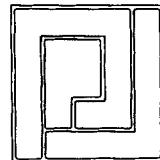


THE CONCEPT OF NEGATIVE BELIEFS IN THE CONTEXT FAMILY PLANNING



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ABSTRACT

This article considers beliefs basically as by-products of communication processes. Based on a research conducted in Egypt on the sociology of negative beliefs about the contraceptive pill, this article treats beliefs as "rumors" and argues that their expressive quality provides a measure of emotional currents about contraception within a particular group or society. It addresses the problem of non-adoption, common in many developing countries, as probably due to the spread and persistence of negative ideas about contraceptive methods. Thus, knowledge of these negative beliefs can help in understanding the process of attitude and behavior change, and consequently, of modernization, in third world countries.

INTRODUCTION

Negative contraceptive beliefs may be defined as cognitions or interpretations about contraceptive use that have not been confirmed by authoritative sources, but that are nonetheless seriously entertained by one or more (often a great many) persons.¹ These negative beliefs are a phenomenon that has been observed in several less developed countries. They seem to arise spontaneously from "grassroots" social interaction with family planning programs. In many respects, they resemble rumors that are untrue or incongruent with objectively determined "fact" as derived from research.

Several hypotheses accounting for this phenomenon may be drawn from a consideration of these beliefs as a by-product of the communication process. The expression of an idea may affect how other persons think

or feel about that idea. Beliefs can be influenced by who said what, when, why, how, or in what context. Informal conversation, for example, can induce in the participants perceptions of established serial networks that may not be verified by scientific research. Negative beliefs about contraception are hypothesized to arise in this way. The expectation would be that within an established interaction network, there would be differentiation of the negative beliefs, depending on the nature of the topic and the structure of interests of the participants with regard to that topic.

A study conducted by this author in Egypt begins with the assumption that if formal media of communication present the pro and con of a particular innovation, with the adequate identification of the adherents and adversaries, then the latitude for the creation of false negative beliefs is

reduced. To test , the study attempted to determine whether adequacy of information does decrease acceptance and transmission to others of negative beliefs, which not only have senders and receivers but also carry a substantive, evaluative message. The study argued that the expressive quality of these beliefs provides a measure of the prevailing attitudes or emotional currents about contraception within a group.

The literature on family planning communication is filled with suggestions as to why adoption has taken a rather slow pace in developing countries such as the Philippines. Social scientists have focused their attention on various social, psychological, cultural as well as biological and medical reasons that could help explain this problem. To a large extent, factors such as lack of social approval of family planning, lack of knowledge about the variety of contraceptive methods available, inaccessibility of family planning services, religious and moral beliefs, actual and feared side effects, negative rumors and misconceptions have been put forward as reasons why people resist family planning or reject particular contraceptive.

The Egypt study by this author hypothesized that many of the factors that tend to discourage family planning adoption may also be the very factors that tend to bring about negative beliefs about contraceptive methods. Contraceptive negative beliefs are seen as a type of response among individuals who may be aware of family planning and who are in a

position to desire its use (probably), but who are lacking salient information or other types of social support in order to make such a decision. Negative misconceptions and fears about contraceptives are presumed to be the result of the individual's attempts to comprehend or relate to a seemingly important but misconstrued idea (i.e., contraceptive effects of the oral pill).

Their prevalence and spread are seen as the result of a combination of social, psychological, and communication variables related to family planning. Viewed from the perspective of the social interaction process, belief systems are considered in terms of cognitions, motivations, attitudes and communication patterns of the individual and are seen not only as being psychological in nature, but also as having a social dimension that requires explanations by other factors.

THE CONCEPT OF BELIEF.

Beliefs generally refer to a person's subjective probability judgments about some aspect of his environment. Beliefs may consist of a set of related ideas about some object, value, concept, or attribute. Belief statements may describe an object or situation as true or false, evaluate it as good or bad, or advocate a certain course of action as desirable or undesirable. Beliefs about an object are said to form the basis of attitude toward that object. An attitude, in turn, is defined as a predisposition to act in some way (Fishbein, 1975). Thus, beliefs may be said to represent a predisposition to act in a particular way towards

an object of belief or towards other things that may be related to that object.

Beliefs have often been equated with knowledge. This paper, however, makes a distinction between the two concepts, for they have different meanings that are not accurately reflected in ordinary usage. There is a sense of "know" which in common usage is not contrasted with "believe." Knowledge implies certainty about an object (or any attribute associated with it) which on the basis of fact may be proven as true or false. Knowledge may be measured by a set of questions designed to elicit evidence about an object that the individual believes to be true. If this evidence is contrasted with reality, the individual's judgment can be objectively classified as true or false. Beliefs, on the other hand, are subjectively determined propositions regarding some object or its relation to other objects that may be considered as true merely by virtue of its acceptance by individuals without objective tests of validity. Sometimes beliefs require no further evidence of truth other than what is directly perceived. Communication theory assumes that selective perception is always present to some degree in all instances of message reception, transmission, and decoding. To say that perception is selective means that one has a tendency to see, hear, or accept only those things which one is already sensitized to and, in the Gestalt, which one's past experiences predispose one to. An individual's frame of reference determines what is important, and his perceptions are in-

fluenced by his previous experiences and interests. Thus, in some instances, a belief cannot be proven as true or false, unless its cognitive component can be carefully scrutinized against scientifically determined facts, such as those derived through research.

Beliefs are also said to vary in strength or magnitude of influence. This dimension refers to a person's perception of the likelihood that a certain object is associated with some other object or attribute. For example, a belief may link the use of a particular contraceptive method (the object) to "harmful side effects" (the attribute). The attribute may be a positive or negative evaluation of that aspect of the object, and at the same time, may be true or false. Different people may exhibit varying degrees of beliefs about the perceived relationship between contraceptive use and the side effects associated with it. Thus, a person's attitude toward an object is based on his salient beliefs about that object. An individual's attitude towards family planning, for instance, may be a function of his beliefs about this particular innovation. If these beliefs associate family planning with primarily favorable attributes (e.g., it is good for the country, it is convenient to use, etc.), then that person's predisposition to act towards family planning will also tend to be positive. Conversely, negative attitudes will result if the person associates family planning with primarily unfavorable evaluations (e.g., it has damaging effects on health, it interferes with sexual relationships, etc.). From this framework, it follows that

to produce any attitude change, one needs to change the informational base underlying the attitudes (Fishbein, 1974).

The role of beliefs in the process of attitude and behavior change is considered to be a crucial one. What a person already knows (or still does not know) about some object may subsequently influence the formation of other beliefs about that object or other objects, values, or attributes of it. As the process of social change continues, these new beliefs may ultimately affect later attitudes and behaviors.

THE FORMATION AND SPREAD OF NEGATIVE BELIEFS

There are different ways by which beliefs are formed. It was suggested earlier that a person's belief that an object possesses certain attributes or his evaluation of those attributes may be the result of direct experience or of exposure to information communicated by others about this particular object-attribute relationship. Beliefs may also be formed on the basis of inferences made from other beliefs that a person may hold.

A person's beliefs may also be influenced by the positive/negative evaluations of a given behavior and about the compliance/avoidance expectations of significant others regarding that behavior. These evaluations may or may not be directly related to a particular object of belief. In the case of family planning, certain evaluations may be tied to other socio-cultural factors (i.e., religious and moral con-

victions). In some cases, evaluations are perpetuated or made legitimate by social mechanisms that encourage their acceptance and transmission. In many developing countries, for instance, many folk beliefs about procreation are handed down from generation to generation through a cultural transmission system that often dictates what should or should not be believed (Morain, 1971). In this system, for example, grandparents may expect their children and their children's children to subscribe to the same ideas and practices that they have been used to. Some beliefs become so ingrained in the value system of a particular group that it takes a long-term socialization process to change them.

Beliefs about family planning are assertions that can be positive or negative and which may or may not be correct. A belief such as "family planning can help solve a country's population problem," for example, may connote a true and positive assertion, while a belief stating that "contraceptives are harmful to health" may be a true or untrue negative assertion, depending on the specificity of the ascribed attribute. Contraceptive beliefs that imply unfavorable opinions about family planning and which may have no firm basis in fact are described as "negative" beliefs because such perceptions tend to discourage contraceptive use. Sometimes, these beliefs arise from spontaneous "grassroots" interaction with family planning programs, especially among uninitiated audiences who may have very little or almost no knowledge about this in-

novation at all. A person may also develop certain contraceptive beliefs that are based on the perception that important others (e.g., spouse, friends, neighbors, community opinion leaders, etc.) think he should or should not practice family planning. This situation has been described as the person's *subjective norm* (Fishbein, 1975). In particular instances, a person who has tried a certain method may claim beliefs about that method on the basis of contraceptive experience. For others who have not tried any method at all, one of the ways by which they form such contraceptive beliefs is by accepting information from some outside sources such as peers or the mass media.

The communication exchange implied in the process of social interaction is likewise viewed as underlying the development and spread of contraceptive beliefs. Berger and Luckmann (1968) argued that people make their inner feelings become real for others by expressing them in some way, which, in turn, form the basis of social activity among members of a group. An interaction experience allows the participants to directly observe various objects, people, events, and situations. Such experience entails a large number of object-attribute links from which individuals derive particular beliefs. Contraceptive beliefs, whether positive or negative, can be validated or sometimes refuted through interaction with sources of family planning information, both formal and informal. The term "interaction" also implies that the consensus about symbolic acts is sufficient to enable parti-

cipants to adopt roles and, through time, evolve norms about both their behavior toward one another and the topic at hand (Bales et al., 1951). To this formulation, Labov et al. (1977) add that the symbolic meaning of communication is built upon what is actually spoken or communicated as well as the complexity of responses to these interpretations. There is an element of "immanent reference" in all communicative acts in that

... no matter what else human beings may be communicating about or think they are communicating about, they are always communicating about themselves, about one another, and about the immediate context of the communication (21-23).

Borhek and Curtis (1975) refer to a belief system as a set of related ideas (learned and shared) to which individuals or a group exhibit some commitment. Beliefs imply variable characteristics such as permanence, commitment, and connectedness through which belief systems are expected to be related to social organization. Rokeach, one of the major contributors to the social psychology of belief, defines a belief system as having represented within it, in some organized psychological (but not necessarily logical) form, each and every one of the person's countless beliefs about physical and social reality (1968). Included in the term belief, therefore, is something that has importance to and is held by particular individuals.

The study of belief formation and spread has also been extended to

other theories. In recent years, concepts such as "balance," "attribution," "consistency," "congruity," and "dissonance" have played an important theoretical role in the study of attitudes and behavior. All such notions share the common assumption that man strives to maintain consistency between the cognitive, affective and behavioral components within a single belief, between two or more beliefs, among all beliefs entering into an attitude organization, or between attitudes and behavior. These theories all take off from a more or less similar definition of a group as a collection of individuals who have relations to one another that make them interdependent to some degree. This interdependence involves both affective and cognitive elements with which individuals determine the nature and extent of their relationships. These so-called "consistency theories" also generally argue that when people are in unstable conditions, or when they feel unsure about their own thoughts or beliefs, they often turn to the judgments of others to ensure their own psychological equilibrium. In this situation, the actions of others become important and unanimity becomes a dominant value in the group (Shepherd, 1964). The tendency of group members to behave according to group norms or expectations may reflect reciprocal effects of individual judgments. Thus, in a group situation, individuals may experience strong social pressures towards conformity, even though they do not necessarily share the same emotions or beliefs.

The exchange of beliefs can allow

participants to obtain needed comparative information in an indirect and painless fashion (Suls, 1977). If the subject of beliefs is socially approved, their expression may grant public recognition and act as a positive sanction. Furthermore, the transmission of ideas, regardless of their truth or falsity, positive or negative connotations, enables individuals to participate in and identify themselves more fully in group activity (Hart, 1927). It can thus be generalized that an opinion, belief, or attitude may be considered as "legitimate", "proper," or "correct" to the extent that it is anchored in a group of people willing to share opinions, beliefs and attitudes.

It has also been found that beliefs tend to get passed on to those individuals to whom they are specifically relevant and that certain beliefs are not widely transmitted if they are not acceptable or believable. Therefore, the question is raised about the "determinants of belief." To be accepted, the content of belief must be reasonably consistent with other beliefs. In the event, however, that scientifically valid evidence is lacking or equivocal, then beliefs will tend to be determined by consistency with other (possibly invalid) beliefs. Experiments on social communication have found that when "physical reality" or the basis with which to validate an opinion or belief is low or lacking, the greater will be the importance of the social group and the greater the forces to communicate (Festinger, 1950). This is consistent with earlier statements about how a person's judg-

ments about some stimulus can be influenced by the judgments of other people. It has been noted, however, that within a given community or interest and even under conditions of high ambiguity and importance assigned to the topic at hand, people become links in the chain of belief transmission only if they are "suggestible" (Allport and Postman, 1947).

The above concept of suggestibility characterizes what Blumer (1939) has called the *acting crowd*. The crowd condition is seen as intensifying individual behavior because the reactions of individuals are facilitated by seeing others react in the same way. Gabriel Tarde (1969) referred to this type of action as following the "laws of imitation," while Freud (1949) theorized that crowds were engaged in a process of identification with group leaders. Laboratory studies have shown that people are more likely to accept the ideas of others when they have none of their own and that this acceptance occurs with increased frequency as people feel increasing pressure to make decisions (Swanson, 1971). Certain family planning audiences thus may appear to be more susceptible to negative contraceptive beliefs simply because they have no concrete relevant beliefs of their own. Suggestibility may likewise imply selective perception where individuals, based on their past experiences and background, may exhibit preconceived notions about family planning. An important principle implied in this type of reasoning is that personal characteristics act as selective factors in the recruitment of individuals to a

group and in the determination of the degree and nature of their participation in the formation and spread of such beliefs.

In considering belief systems from the perspective of social interaction, it can be seen that they represent a report or summary depiction of an idea or event constructed in the process of individuals' attempts to relate to their environment. They may imply efforts to fill in gaps in knowledge, especially when the need for information is not satisfied by readily available means. Shibutani (1966) has found that if unsatisfied demand for news is great, collective excitement is intensified and belief formation and exchange occurs through spontaneous interchanges. The extent of beliefs may vary along temporal dimensions and according to the spatial distribution of those who make up the public and may be limited by the availability of communication channels. Empirical studies along this line have led to generalizations about changing length of reports as the number of persons involved in the transmission increases, and as content alterations are introduced (Bartlett, 1932; Allport and Postman, 1947).

In the context of population and family planning, some of the factors and conditions that might bear evidence to some of the generalizations just cited about beliefs may vary according to the socio-cultural conditions prevailing in different countries. In the study conducted by the author in Egypt, and by analogy to other developing countries, one problem that was hypothesized as contributing

to the development of negative contraceptive beliefs is the lack of adequate communication about what contraceptives are and what they can or cannot do. This lack of knowledge of relevant and reliable family planning information may be hampering the process of contraceptive adoption. Negative contraceptive beliefs may be seen as a type of response among individuals who may be aware of contraceptive methods and who may be likely to use one, but who do not have enough detailed information that could help bring about such a decision. A person's social and psychological situation can also have a lot to do with how contraceptive innovations are perceived. Misconceptions or mistaken beliefs about me-

thods may be the result of perceived lack of social approval of family planning. Others who consider this innovative technology as still socially taboo may find expression of negative beliefs about contraceptive methods as a convenient excuse for legitimizing their own beliefs and values. Negative contraceptive beliefs may thrive because there are social conditions that tend to encourage their persistence. Thus, any study on negative contraceptive beliefs can help provide family planning communicators with insights on the nature of this phenomenon, which could further help them develop strategies on how to deal with such beliefs in order to increase their chances of program success.

NOTE

¹This paper was based largely on the author's dissertation, "A Sociology of Negative Beliefs About the Contraceptive Pill in Egypt," Department of Sociology, Division of Social Science, University of Chicago, 1983.

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