CHAPTER 7

FINDINGS, SUGGESTIONS, SUMMARY AND CONCLUSION

This chapter presents a description of the summary and conclusion of the present study. The present deals mainly with the demographic characteristics of the rural population of the Kancheepuram district. Planning of family plays a significant role for the development of the country and welfare of the people. In developed as well as developing and underdeveloped countries growth of population plays a significant role in determining the level of income, and the standard of living of the people. At the global level, women constitute more than half the population and they contribute to the growth of population. Further rural women, being illiterate and not having the opportunity to be involved in any employment, and therefore are ignorant of the danger of bulging population and its implications. This tends to make their role of child bearing and house keeping. No doubt, the status is governed by the cultural values of their society, India is not an exception, as rural women in India are more differentiated according to caste, region, level of education and other factors. In rural India, large size of family has no concern and this is of course the major concern as a factor of hindrance in the growth and development of the country.

India is a country of major villages and rural population constitute a major portion of population of our country. The people in the rural villages do not seem to contribute towards the success of the measures undertaken by our policies, for arresting the soaring population.

India ranks second in the world population with just 2.4 percent of the world area and 1.5 percent of world income. Yet it has to support 15 percent of the
world’s population. In 1991 the population of India was 846 million in 1991. It has reached 1.25 million in 2011 and is estimated to reach 135.18 million by 2025 adding 12 percent every year. The birth rate has declined by nearly 32.4 percent in 70 years and death rate has decreased by 15.4 percent in the same period. This has lead to the enormous addition of the total population.

Tamil Nadu also has witnessed a great increase in population. The population of Tamil Nadu has gone up from 20.9 million in 1951 to 72.13 million in 2011. The decadal variation has recorded a wide increase in the decadal variation during this period with an increase of nearly 5 percent.

During the period study (1961 to 2011), birth rate and death rate have undergone a drastic change. The study reveals that in Tamil Nadu there is a fall in the effort taken by the government in primary health facilities. In 1951 Tamil Nadu had a death rate of 17.1 where as in 1961 it was 14.4 in 1971. During 1951 to 2011 the death rate has declined to 7.48 and the study observes that over the past 60 years, the gap between birth rate and death rate has constantly widenend leading to a volatile situation in the population trends.

In the past 50 years between 1961-2011, the density of population has increased from 232 persons to 555 persons per kilometer. There is a considerable decline in infant mortality rate during 1951-2001; from 120.5 in 1951 it has gone down to 22 per 1000 births in 2011.
During the year 1956, in Tamil Nadu 656 persons underwent sterilization (both vasectomy and tubectomy) and by 1991, 90 percent of the target was reached. Other methods of family welfare programmes have also been practiced by the people and this shows that there is awareness in the mass on family planning programmes.

The policy makers and the government of Tamil Nadu have taken steps for the past 3 decades to implement various family welfare schemes and to educate rural masses. The trend in population in Tamil Nadu after 1981 seems to improve.

The male female ratio of life at birth has been increasing every decade. Expectation of life at birth for 2011-2013 is recorded as 67.3 for males and 69.6 for females.

The fertility rate in Tamil Nadu is declining. The general fertility rate (GER), Total Fertility Rate (TFR) is only 3.0 when compared to 4.2 in the country.

The child women ratio in all the age groups were found very much less below in rural and Urban Tamil Nadu. The present mortality rate is 47 and this has shown a 50 percent fall and this indicates that medical care is provided to infants in Tamil Nadu.

Findings

Following are the findings of the analysis of the demographic profile of the 5 sample villages taken for study.
7.1 Villages

The respondents from Edayarapakkam were maximum numbering 115 with (26.3%) percent followed by respondents from Manamai 101 (23.1%). People from Mevalurkuppam were 94 (21.5%), 92 (21.0%) were from Kunnappattu and the least respondents were from Orathur 36 (8.2%). The sample respondents from Edayarapakkam were the most and Orathur the least.

Position of the respondents:

Of the total 438 respondents 111 were the heads of families with 25.3 percent and 327 persons forming 74.8 percent, were dependents.

7.2 Gender

While categorizing the respondents gender wise it was found that the male were 235 forming 54.7 percent and female were 203 with 46.7 percent. The difference in participation is not very spectacular with a difference of 6.1%.

7.3 Age group

It was also found that respondents of 18-36 age group were maximum with 130 respondents with 30.4 percent, followed by the below 18 group with 130 respondents forming 29.7 percent; respondents in the 36-54 age group were 129 members with 29.5 percent, the least was the above 54 years age group forming 10.5 percent with 46 persons. Older people represent the least among the 438 total sample population and the majority were from the 18 – 36 years of people.
7.4 Marital status

The women participation in the survey as per marital status wise are Unmarried population was 60 persons with 13.7 percent, married were maximum 320 forming 73.1 percent and divorced/widowed were the least with 58 persons and formed 13.2 percent of the sample population.

7.5 Community

The respondents community wise were the SC/ST the second highest with 119 people forming 27.2 percent, MBC were the most with 158 forming 36.1 percent, the backward community were 89 with 20.3 percent people and Other Caste people were 72 forming 16.4 percent.

7.6 Education

The Educational qualification of the 438 total sample population were as follows: Illiterates were 95 in number forming 21.7 percent, Primary school educated were the most with 227 members comprising of 51.8 percent, followed by the High school educated 88 persons and formed 20.1 percent and the least were Higher Secondary educated 28 members and formed 6.4 percent.

7.7 Nature of family

It was found that of the 438 respondents, 116 respondents lived in a Nuclear Family forming 26.5 percent and were the minorities in number whereas Joint families were found more with 322 respondents, forming 73.5 percent of the sample population.
7.8 Size of the family

The size of the family of the respondents were 83 forming 19.2 percent; families which had up to 3 members in them; 4-6 members were in 184 families forming 42 percent; 7-9 members were found in 126 families which formed 8.8 percent and the least size was from those with above 9 members, they formed the 10 percent and lived in 44 families.

7.9 Dependendents

The number of dependants in the family were as follows: up to 3 are in 76 families(17.4%), families with 4 members are 195 (44.5%), families with 5 dependents are in 131 (29.9%) and the least are those with above 5 dependents who form 36 families and are (8.2%).

7.10 Marital Status

The number of respondents who were married from the 438 total sample population: Number married were found more and were 378 forming 86.3 percent and those not married are 60 with 13.7 percent.

7.11 Age of marriage

The age of marriage of the respondents were grouped as follows: people who got married in the age of 15-18 years were 118 and formed 31.2 percent, the group 19-21 years of age were 151 forming 39.9 percent, the group 22-25 years of age were 98 in number and formed 25.9 percent, and above 25 were 11 with 2.5 percent.
Mean and standard deviations

On analyzing the mean and standard deviations for the variables the results are as follows:

- The Mean of Educated people have less children is 4.14 with Standard deviation 0.532, Mean of Educated are only occupied, others are jobless in villages is 4.20 with standard deviation 0.538, Mean of Educated follow FP methods easily is 4.21 with Standard deviation is 4.21 with Standard deviation 0.653, Mean on illiterates are not convinced on FP measures is 4.21 with Standard Deviation 0.669 and Mean on Literates are only willing to spend on FP measures is 4.17 with the Standard Deviation 0.630.

- Further analysis shows that the mean of all should attend FP workshops is 4.27 with Standard deviation 0.639, Mean of Pictures should be screened more on FP is 4.27 with standard deviation 0.566, Mean of People are not worried about FP is 4.55 with Standard deviation is 0.704, Mean of Awareness is more for men is 4.17 with Standard Deviation 0.526 and Mean of Ladies have no time for acquiring FP knowledge is 4.32 with the Standard Deviation 0.650.

- From the analysis of the the financial aspects of the variables it was found that mean of rich can only spend on FP measures is 4.26 with Standard deviation 0.639, Mean of Females need to stay at home idle for a planned family is 4.28 with standard deviation 0.584, Mean of Money is not enough to spend for raising more than 1 child is 4.34 with Standard deviation is 0.654, Mean of Govt. does not give awareness on FP to
unemployed female is 4.17 with Standard Deviation 0.629 and Fee should be charged for FP instructions Mean is 4.26 with the Standard Deviation 0.569.

When looking in to the effect of family planning the mean of both male and female children are equally accepted of mean is 4.32 with Standard deviation 0.563, Mean of Families should have only one child is 4.35 with standard deviation 0.588, Mean on Expenditure on school education has increased is 4.26 with Standard deviation is 0.585, Mean on Female laborers are increasing now Mean on is 4.38 with Standard Deviation 0.580 and Mean on health hazard is decreasing now is 4.28 with the Standard Deviation 0.574.

The findings of the financial aspects are D1 of mean is 4.20 with Standard deviation 0.589, D2 of mean is 4.38 with standard deviation 0.584, D3 of mean is 4.24 with Standard deviation is 0.606, D4 of Mean is 4.28 with Standard Deviation 0.649 and D5 Mean is 4.29 with the Standard Deviation 0.563.

Mean of Both male and female children are equally accepted of mean is 4.32 with Standard deviation 0.563, Mean of Families should have only one child is 4.35 with standard deviation 0.588, Mean on Expenditure on school education has increased is 4.26 with Standard deviation is 0.585, Mean on Female laborers are increasing now Mean on is 4.38 with Standard Deviation 0.580 and Mean on health hazard is decreasing now is 4.28 with the Standard Deviation 0.574 are said to be findings of the effect of family planning of the respondents.
The chi-square tests to analyse the family planning

The chi-square tests of family planning reveals that there is significant difference between Male and Female with respect to all the factors of Family Planning, namely, Role of Education, Awareness, Financial Aspect, Health Aspects, reduction in productivity and Effect of Family Planning. Mean level of satisfaction of Females are slightly better than the Male and but is significant at 1% level.

The chi-square tests further reveals that there is significant difference between Head and Dependent with respect to Awareness, Financial Aspect, Health Aspects and Effect of Family Planning. Mean level of satisfaction of Heads are reasonably better than the Dependents. There is also there is significant difference between Head and Dependent with respect to reduction in Productivity. Mean level of satisfaction of Heads are slightly better than the Dependents. It is also found that there is no significant difference between Head and Dependent with respect to Role of Education and mean level of satisfaction of heads are slightly better than the Dependents. There is no significant difference between Nuclear and Joint with respect to all the factors of Family Planning namely, Awareness, Financial Aspect, Health Aspects and Effect of Family Planning. Mean level of satisfaction of Nuclear Family are slightly better than the Joint Family.
Difference between the Age groups

The analysis of variance also reveals that there is significant difference between the Age groups of the respondents with respect to Role of Education Reduction in Productivity and Effect of Family Planning. Based on Duncan Multiple Range Test (DMRT), Role of education, Reduction in Productivity and Effect of Family Planning have significantly higher level of satisfaction on Below 18 years group than the other age groups but there is no significant difference between 18-36, 36-54 and above 54 groups. Reason for this is, the lower the level of age, lower is the interest shown in Family Planning measures. It is also concluded that that there is significant difference between the Age groups of the respondents with respect to Role of Education Reduction in Productivity and Effect of Family Planning. Based on Duncan Multiple Range Test (DMRT), Role of education, Reduction in Productivity and Effect of Family Planning has significantly higher level of satisfaction on Below 18 years group than the other age group but there is no significant difference between 18-36, 36-54 and above 54 groups. Reason for this is, the lower the level of age, lower is the interest shown in Family Planning measures.

Cross Sectional Analysis

The results of the cross sectional analysis concludes that the the position of the people in family, in the sample villages taken for the study. In Edayarapakkam, of the total 115 valid sample, 33 forming 27.8 percent were heads of the family and dependents were 83 and formed 72.2 percent. In Manamai, of the total 101 respondents, Heads were 26 forming 25.7 percent and dependents were 75 and formed 74.3 percent. In the third village Mevalurkuppam, of the total 94 respondents 24 members who formed 25.5 percent were Heads and 70 members who formed 74.5 percent were dependents. In Kunnappattu village, of the total
respondents, number of Heads were 21 and formed 22.8 percent and dependents were 71 with 77.2 percent; in Orathur village, of the total respondents, heads were 8 persons and formed 22.2 percent and 28 persons forming 77.8 percent were dependents. Among the 111 respondents of Heads of family, 28.8 percent were from Edayarappakkam, 23.4 percent from Manamai, 21.6 percent from Mevalurkuppam, 18.9 percent from Kunnappattu, and 7.2 percent from Orathur. Among the 327 dependents of family, 25.4 percent were from Edayarappakkam, 22.9 percent from Manamai, 21.4 percent from Mevalurkuppam, 21.7 percent from Kunnappattu, and 8.6 percent from Orathur.

The gender analysis of the study reveals that gender of the people in family, in the sample villages taken for the study. In Edayarappakkam, of the total 115 valid sample, 73 formed 63 percent were male and female were 46 forming 36.5 percent. In Manamai, of the total 101 respondents, Male were 62 and formed 61.4 percent and female were 39 in number forming 38.6 percent. In Mevalurkuppam, of the total 94 respondents, 42 were male and formed 44.7 percent where as 52 were female and formed 55.3 percent. In Kunnappattu, of the total respondents, Male were 42 in number and formed 44.4 percent and female were 50 and formed 54.3 percent. In Orathur of the total respondents, Male were 16 and formed 44.4 percent and 20 numbers with 55.6 percent were female. Among the 235 Males in the family, 31.1 percent were from Edayarappakkam, 26.4 percent from Manamai, 17.9 percent from Mevalurkuppam, 45.7 percent from Kunnappattu, and 6.8 percent from Orathur. Among the 203 female persons of family, 20.7 percent were from Edayarappakkam, 19.2 percent from Manamai, 25.6 percent from Mevalurkuppam, 24.6 percent from Kunnappattu and 9.9 percent from Orathur.

The age wise analysis of the study concludes that age wise distribution of marital status of the people in family, in the sample villages taken for the study. In the
below 18 age group, of the total 130 valid sample, unmarried are 29 (22.3%), married 91 (70.0%), and widowed/single 10 (7.7%). In the 18-35 age group of 133 respondents, unmarried are 11 (8.3%), married 111 (83.5%) widowed/single 11 (8.3%). In the 36-54 age group 129 respondents, unmarried are 13 (10.1%), married 94 (72.9%) and widowed/single 22 (17.1%). In the above 54 age group of 46 respondents, unmarried are 7 (15.2%), married 24 (52.2%) and widowed/single 15 (32.6%).

Among the 60 Unmarried in the family, 48.3% are from Below 18 years of age, 18.3% are from 18-35 years, 21.7% from 36-54 years of age and 11.7% from above 54 years. Among the married persons of 320, 28.4% are from Below 18 years of age, 34.7% from 18-35 years group, 29.4% from 36-54 years and 7.5% from above 54 years. Among the widowed/single, 17.2% are below 18 years, 19% between 18-36, 37.9% in 36-54 age and 25.9% in above 54 years.

The marital status of the respondents concludes that the SC/ST of the total 119 valid sample, unmarried are 26 (13.4%), married 87 (73.1%), and widowed/single 16 (13.4). In the MBC group of 158 respondents, unmarried are 19 (12.0%), married 113 (71.5%) widowed/single 26 (16.5%). In the BC group of 89 respondents, unmarried are 10 (11.2%), married 69 (77.5%) and widowed/single 10 (11.2%). In the OC group of 72 respondents, unmarried are 15 (20.8%), married 51 (70.8%) and widowed/single 6 (8.3%). Among the 60 Unmarried, 26.7% are SC/ST, 31.7 MBC%, 16.7% from BC and 25.0% from OC. Among the 320 married, 27.2% SC/ST; 35.3% from MBC; 21.6% from BC and 15.9% from OC. Among the 58 widowed/Single, 27.6 are SC/ST; 44.8% MBC; 17.2% BC and 10.3% OC.

The family wise marital status findings shows that people in family, in the sample villages taken for the study. Among the up to 3 persons family of the total
84 valid samples, unmarried are 16 (19.0%), married 57 (67.9%), and widowed/single 11 (13.1). In the 4-6 members family of 184 respondents, unmarried are 22 (12.0%), married 132 (71.7%) and widowed/single 11 (13.1%). In the 7-9 members family of 126 respondents, unmarried are 16 (12.7%), married 96 (76.2%) and widowed/single 14 (11.1%). In the above 9 members family of 44 respondents, unmarried are 6 (13.6%), married 35 (79.5%) and widowed/single 3 (6.8%). Among the 60 Unmarried in the family, 48.3% are from upto 3 members family, 36.7% are from 4-6 members, 26.7% from 7-9 members and 10.0% from above 9 members. Among the married persons of 320, 17.8% are from upto 3 members family, 41.3% from 4-6 members, 30.0% from 7-9 and 10.9% from above 9 members. Among the 58 widowed/singles, 19.0% are upto 3, 51.7% in 4-6 members, 24.1% in 7-9 members and 5.2% in above 9 members.

The findings of the education qualifications are educational qualification wise marital status of the people in family, in the sample villages taken for the study. Among the illiterates of the total 95 valid samples, unmarried are 14 (14.7%), married 65 (68.4%), and widowed/single 16 (16.8%). Among the primary school qualified, of 227 respondents, unmarried are 27 (11.9%), married 170 (74.9%) and widowed/single 30 (13.2%). Among the High school educated, of 126 respondents, unmarried are 12 (13.6%), married 66 (75.0%) and widowed/single 10 (11.4%). Among the H.SC educated, of 28 respondents, unmarried are 7 (25.0%), married 19 (67.9%) and widowed/single 2 (7.1%). Among the 60 Unmarried in the family, 23.3% are from illiterates, 45.0% are upto primary school, 20.0% from High School and 11.7% from HSC. Among the married persons of 320, 20.3% are from illiterates, 53.1% from Primary school, 17.2% from High School and 5.9% from HSC. Among the 58 widowed/singles, 21.7% are illiterates, 51.8% are Primary School, 20.1% from High School and 6.4% from HSC.
The age at marriage and number of children in family, in the sample villages taken for the study. Among the 15-18 years age group, of the total 118 valid samples, without child families are 5 (4.2%), 1 child 6 (5.1%), 2 children 71 (60.2%), 3 children 29 (24.6%) and above 4 7 (5.9%). In the group of 19-21 among 151 persons, without child 1(0.7%), with 1 child 4 (2.6%), with 2 are 98 (64.9%), with 3 children 46 (30.5%) and above 4 children 2(1.3%). In the age group of 22-25, of the total 118 people, without child families are 2 (4.2%), with 1 child are 6 (5.1%), with 2 children 71 (60.2%), with 3 children 29 (24.6%) and above 4 children are 7 (5.9%). In the above 25 years group, of the total 11 people, without child families are 0(0.0%), with 1 child are 1 (9.1%), with 2 children 7 (63.6%), with 3 children 3 (27.3%) and above 4 children are 0 (0.0%).

Among the number of children in families of 8 numbers, 62.5 are in 15-18 group, 12.5% are from 19-21 group, 25.0% are from 22-25 group 26.7% from above 25 group. Among the 1 child family of 17, 35.3% are of 15-18 age group, 23.5% from 19-21; 35.3% from 22-25 age, and 5.9% from above 25 years age group. Among the 2 children family of 229, 31.0% are of 15-18 age group, 42.8% from 19-21; 23.1% from 22-25 age, and 3.1% from above 25 years age group. Among the 3 children family of 110, 26.4% are of 15-18 age group, 41.8% from 19-21; 29.1% from 22-25 age, and 1.1% from above 25 years age group. Among the 3 above 4 children family of 14, 50.0% are of 15-18 age group, 14/3% from 19-21; 35.7% from 22-25 age, and 0.0% from above 25 years age group.

The findings in relationship between the age at marriage and miscarriage in family, in the sample villages taken for the study shows that the 15-18 years age group, of the total 107 valid samples, having miscarriages are 19 (17.8%), and without miscarriage are 88 (82.2%) . In the group of 19-21 among 61 families, having miscarriages are 7 (11.5%), and without miscarriage are 54 (88.5%) . In the
age group of 22-25, of the total 12 people, having miscarriages is 1 (8.3%) and without miscarriage are 11 (91.7%). In the above 25 years group, of the total 5 families, having miscarriages are nil (0.0%) and without miscarriage are 5 (100%). Not without child families are 0 with (0.0%), with 1 child are 1 (9.1%), with 2 children 7 (63.6%), with 3 children 3 (27.3%) and above 4 children are 0 (0.0%). Among the 27 people having miscarriage, 70.4% are 15-18 years age group, 25.9% are 19-22; 3.7% are 22-25, and 0.0% are above 25 years. Of the 158 people having no miscarriage, 55.7% are in 15-18 group, 34.2% are from 19-21 group, 7.0% are from 22-25 group 3.2% from above 25 group.

The findings in relationship between the age at marriage and women dead during delivery,

In the sample villages taken for the study. Among the 15-18 years age group, of the total 107 valid samples died during delivery are 14 (13.1%), and not dead are 107 (86.9%). In the group of 19-21 among 61 persons, number dead are 7 (11.5%), and not dead are 54 (88.5%). In the age group of 22-25, of the total 12 people, number dead is 0 (0.0%) and not dead are 12 (100%). In the above 25 years group people dead are 0 (0.0%) and 5 (100%). Among the 21 people dead during delivery, 66.7% are 15-18 years age group, 33.3% are 19-22; 0.0% are 22-25, and 0.0% are above 25 years. Of the 164 people not dead, 56.7% are in 15-18 group, 32.9% are from 19-21 group, 7.3% are from 22-25 group 3.0% from above 25 group.
The relationship between the age at marriage and Workplace of the woman

In the sample villages taken for the study, among the 15-18 years age group, of the total 107 valid samples, people who work in farm is 35 (32.7%), work in Home based jobs 37 (34.6%), work as maid 25 (23.4%) and as labor is 10 (9.3%). In the 19-21 group among 61 samples, people who work in farm is 7 (11.5%), work in Home based jobs 18 (29.5%), work as maid 25 (23.4%) and as labor is 11 (18.0%). In the 22-25 group of 12 people, people working in farm is 1 (8.3%), Home based jobs are 2 (16.7%), maid are 9 (14.3%) and as labor is 1 (20.0%). In the group of above 25 years persons, working in farms and in Home based jobs are 0 (0.0%) and maid are 4 (80.3%) and as labor is 1 (20.0%).

The relationship between the Workplace of the woman and work during pregnancy

This highlights that in the sample villages taken for the study, among the farm workers of the total 43 valid samples, people who work during pregnancy are 39 (90.3%), and do not work are 4 (9.7%) In the Home based jobs among 57 persons, number working are 38 (66.7%), and not working are 19 (33.3%). People working as maids, of the total 63, number working are 36 (57.1%) and not working are 27 (42.9%). People working as labour out of 22 are 15 (68.2%) and not working 7 (31.8%). Among the 128 working during pregnancy, 30.5% are in farms, 29.7% in Home based jobs, 28.1% are as maids and 11.7% are as labour. Of the 57 people not working during pregnancy, 7.0% are in farms, 33.3% are Home based jobs, 47.4% are maids and 12.3% from labour category.
The findings of the workplace of the woman, number of months pregnancy at work place

In the sample villages taken for the study. Among the total 39 Farm workers, working up to 5 months are 10 (25.6%), up to 6 months are 17(30.6%), and 7-9 months are 12(43.8%). Among the home based workers, of 38 respondents, working up to 5 months are 7 (18.4%), up to 6 months 25 (65.8%) and 7-9 (15.8%). Among the maids, of 36 respondents, working up to 5 months are 10 (27.8%), up to 6 months 23 (63.9%) and for 7-9 months 3 (8.3%). Among, of 15 labour workers, working up to 5 months are 8(53.3%), up to 6 months 7 (46.7%) and 7-9 months, none (0.0%).

Among the 35 members working up to 5 months of pregnancy, Farm workers are 28.6%, Home based workers are 20.0%, 28.6% are from maids and 22.9% are labours. Among the 72 members working up to 6 months during pregnancy, farm workers are 23.6%, Home Based workers are 34.7%, Maids are 31.9% and labour are 9.3%. Among the 21 members working up to 7-9 months Farm workers are 57.1%. Home based workers are 28.6%, 14.3% are from maids and none are labours (0.0%)

The findings of the workplace of the woman and time availed for rest after delivery

In the sample villages taken for the study. Among the Farm workers, of the total 39 valid samples, number taking rest for 2 months after delivery is 1 (2.6%), upto 3-4 months are 16(41.0%), up to 5-6 months are 20 (51.3%), up to 7-8 months are 2 (5.1%). Among the Home based workers, of the total 38 valid samples, number taking rest for 2 months after delivery is 1 (2.6%), up to 3-4 months are 21(55.3%), up to 5-6 months are 12 (31.6%), up to 7-8 months are 4(10.5%).
Among the mail ids, of the total 36 valid samples, number taking rest for 2 months after delivery is 1 (2.8%), up to 3-4 months are 17 (47.2%), 5-6 months are 15 (41.7%), up to 7-8 months are 3 (8.3%). Among the Labours, of the total 15 valid samples, number taking rest for 2 months after delivery is 1 (6.7%), up to 3-4 months are 6 (40.0%), up to 5-6 months are 6 (40.0%), up to 7-8 months are 2 (13.3%).

Among the 4 workers taking rest for 2 months after delivery, of 8 numbers, 25% are in farms, 25% are Home based jobs, 25% are maids and 25% as labours. Among the 60 workers taking rest for 2 months after delivery, of 16 numbers, 26.7% are in farms, 35% are Home based jobs, 28.3% are maids and 10.0% as labours. Among the 53 workers taking rest for 2 months after delivery, of 16 numbers, 37.7% are in farms, 22.6% are Home based jobs, 28.3% are maids and 11.3% as labours.

Among the 53 workers taking rest for 2 months after delivery, 26.7% from above 25 group. Among the 1 child family of 17, 35.3% are of 15-18 age group, 23.5% from 19-21; 35.3% from 22-25 age, and 5.9% from above 25 years age group. Among the 2 children family of 229, 31.0% are of 15-18 age group, 42.8% from 19-21; 23.1% from 22-25 age, and 3.1% from above 25 years age group. Among the 3 children family of 110, 26.4% are of 15-18 age group, 41.8% from 19-21; 29.1% from 22-25 age, and 1.1% from above 25 years age group.

Among the 3 categories, family with 14 forming 50.0% were of 15-18 age group, 14/3% from 19-21; 35.7% from 22-25 age, and 0.0% from above 25 years age group.

Among the 43 people working in farms, 81.4% are in 15-18 years age group. 16.3% are 19-21; group, 2.3% among 22-25 age group and 0% in above 25 age group. Among the 57 people working in Home based jobs, 64.9% are in 15-18 years age group. 31.6% are 19-21; group, 3.5% among 22-25 age group and 0% in above 25 age group. Among the 63 people working as maids, 39.7% are in 15-18 years age group. 39.7% are 19-21; group, 14.3% among 22-25 age group and 6.3%
in above 25 age group. Among the 22 people working as labors, 45.5% are in 15-18 years age group. 50.0% are 19-21; group, 0.0% among 22-25 age group and 4.5% in above 25 age group.

**Workplace of the woman, number of months pregnancy at work place**

The findings of the Workplace of the woman, number of months pregnancy at work place, in the sample villages taken for the study. Among the of the total 39 Farm workers, working up to 5 months are 10 (25.6%), up to 6 months are 17(30.6%), and 7-9 months are 12 (43.8%). Among the Home based workers, of 38 respondents, working up to 5 months are 7 (18.4%), up to 6 months 25 (65.8%) and 7-9 (15.8%). Among the maids, of 36 respondents, working up to 5 months are 10 (27.8%), up to 6 months 23 (63.9%) and for 7-9 months 3 (8.3%). Among, of 15 labour workers, working up to 5 months are 8 (53.3%), up to 6 months 7 (46.7%) and 7-9 months, none (0.0%). Among the 35 members working up to 5 months of pregnancy, Farm workers are 28.6%, Home based workers are 20.0%, 28.6% are from maids and 22.9% are labours. Among the 72 members working up to 6 months during pregnancy, farm workers are 23.6%, Home Based workers are 34.7%, Maids are 31.9% and labour are 9.3%. Among the 21 members working up to 7-9 months, Farm workers are 57.1%. Home based workers are 28.6%, 14.3% are from maids and none are labours (0.0%)
Difference between mean ranks towards Factors of Family Planning.

The findings of the Friedman tests highlights that there is no significant difference between mean ranks towards Factors of Family Planning. Based on the mean rank Health aspects (3.06), Financial aspects (3.06) are more effective factors; and is followed by awareness of Family Planning (3.01), Reduction in Productivity (2.98) and the least effective is Role of Education (2.98).

The findings further highlights that there is significant difference between mean ranks towards Awareness of Family Planning. Based on the mean rank People are not worried about FP (3.58), Ladies have no time for acquiring FP knowledge (3.04) are more effective factors; and is followed by All should attend FP workshops (2.90). Pictures should be screened more on FP (2.89) and the least effective is Awareness is more for men (2.62).
**Financial aspect and Health Aspect**

The fried man test further highlights that concluded that there is significant difference between mean ranks towards Financial aspect. It further that there is significant difference between mean ranks towards Health aspect.

The fried man test between two mean ranks highlights that there is no significant difference between mean ranks towards **Health**. In the same analysis it is further concluded that concluded that there is significant difference between mean ranks towards Effects of Family Planning. It is further concluded that there is significant difference between mean ranks towards Factors of Family Planning.

**Correlation Coefficient**

Education and all factors of Family Planning, namely, and Role of Education Awareness, Financial Aspect, Health Aspects and Effect of Family Planning and is significant at 1% level. While further looking in to the analysis of the correlation effect the Correlation Coefficient between Awareness and Awareness factor is 0.619 which indicate 100 percentage positive relationships between Awareness and all factors of Family Planning, namely, and Role of Education Awareness, Financial Aspect, Health Aspects and Effect of Family Planning and is significant at 1% level.

The Correlation Coefficient between Financial Aspects and Financial aspects is 0.680 which indicate and concludes that 100 percentage positive relationships between Health Aspects and all factors of Family Planning, namely, and Role of Education Awareness, Financial Aspect, Health Aspects and Effect of Family Planning Financial Aspects and is significant at 1% level.
The Correlation Coefficient between Health Aspects and Health Aspects is 0.726 which indicate 100 percentage positive relationships between Health Aspects and all factors of Family Planning, namely, and Role of Education Awareness, Financial Aspect, Health Aspects and Effect of Family Planning. Awareness is significant at 1% level.

The correlation findings state that positive relationships between Health Aspects and all factors of Family Planning, namely, and Role of Education Awareness, Financial Aspect, Health Aspects and Effect of Family Planning. It further states that 100 percentage positive relationships between Reduction in Productivity and all factors of Family Planning, namely, and Role of Education Awareness, Financial Aspect, Health Aspects and Effect of Family Planning. positive relationships between Effect of Family Planning and all factors of Family Planning, namely, and Role of Education Awareness, Financial Aspect, Health Aspects and Effect of Family Planning.

**Multiple regression Tests**

The findings in the multiple regression analysis highlights that there is relationship between effect of planning which is the dependant variable is related with independent variables like Role of Education  2. Awareness   3. Financial Aspects  4. Health aspects  5. Reduction in Productivity.

The findings in the correlation further highlights that there is positive relationship between role of education, awareness, health aspects, reduction in productivity and family planning.
As per the findings in the structural equation modeling the role of education has a partial role over Factors of Family Planning on Reduction in fertility, Awareness, Financial aspects, Health aspects and Reduction In Productivity.

SUGGESTIONS

1. The growing population is a menace to the nation. Urgent steps are necessary to curb population growth in India in general and especially Tamil Nadu in particular the following suggestions are offered:

   ➢ New Population Policy on a wider scale should be undertaken only after proper demographic evaluation of the integrated health, nutrition and family welfare programmers in an organized manner.

   ➢ Incentives in cash or kind would play a significant role in attracting the certain socio-economic groups of the population accepting family planning methods.

   ➢ Population education should be given proper emphasis at root levels.

   ➢ The age of marriage should be increased to 28 in case of males and 25 for females.

   ➢ Contraceptives such as pills, condoms and other medicines should be available at free of cost. The Government should advertise various methods of family control to all the people even at the rural areas and keep them informed of all the facilities in this regard.

   ➢ Sex education should be introduced in the syllabus from high school level.
Facilities should be provided by the Government in the villages to the persons who undergo family welfare operations such as vasectomy and Tubectomy and also the recent Laproscopic Operations.

One child in one family norm should be adopted throughout the country by legislation.

Emigration Law should be liberalized so that people can freely go to any other country.

Significance of the study

This study may be considered as unique in the sense that it concentrates on the demographic transition in Kancheepuram district which provides lot of insights in to the population trends in the particular district. The study also highlights the role of education in creating awareness on family planning. The government need to conduct many awareness programs on sex education, uses of Contraceptives pills and birth control measures for women.

Data were collected by using a comprehensive questionnaire covering all aspects of demographic transition. Very relevant statistical tools applicable for the study have been used.

Scope for Further Study

This research work has covered areas like role of education, Health aspects of rural population, Financial aspects, Awareness to population policies, and effectiveness to family Planning methods and so on.
As population study is a broader area, each of the above areas could be dealt further individually, with relevance to the following details. Certain areas cannot be touched, however it is recommended that the following areas can be chosen for research work.

1. Awareness creation perceptions on family planning among people.
2. Effectiveness of sex education among women and youth.
3. Effectiveness of awareness programs conducted by the government.
4. A separate study on the Social cost and wellness of the people.
5. A separate study on birth control measures for women can be undertaken.

Policy suggestions:

The following suggestions are made to the policy makers:

1. It is suggested that Government can take policies to issue the guidelines in conducting awareness programs more effectively, especially in the rural areas.
2. One child policy can be followed in a precautious and liberal way bearing in mind the consequences.
3. More importance could be given for programmes related to women education programs in rural areas.
4. Allotment of funds for Health and wellness of Family in village both at Central and State levels.
5. More employment opportunities for women in rural areas. This could be easily achieved by providing high cost advanced technology to village

6. Create Awareness regarding the advantage of small family and its advantage, at school level.

7. Mandatory contraceptive courses are required for both males and females before a marriage license can be obtained and marriage license to be made mandatory.

**Conclusion**

In the past decades government has been taking various measures to control population, provide education, taking care of health and so on. However the real problem is not tackled for the reason that the policy makers are unable to implement the schemes meant for reducing the size of population, upgrading the education of girl children and providing health care at grass root level. The exact problem is not population but lack of basic education and poor economic conditions play a more disastrous role. Just by making policies, implement them and work in clinics will not in any way suffice the work of Family Planning. The facilities provided in urban areas should be taken to the rural areas. Villages should become virtual cities with a potential to expand and have all facilities and accommodate 3-5 lakhs people.

As Dr. Abdul Kalam rightly said, "by neglecting them (Rural) India cannot be a developed nation by 2020". Any policy should have honesty and hard work.