CHAPTER II

REVIEW OF LITERATURE

The high growth rate of population varies a lot from region to region and from community to community. Population is determined by birth rate, death rate and migration flows. This entire factor is in turn depending on numerous socio-economic factors. These factors are interacting in different ways and that is why it is not easy to identify and quantify them. So it has become necessary to study the factors influencing fertility and family planning adoption. Number of studies has been undertaken and they have identified various socio-economic, cultural and other variables, which are responsible for family planning adoption. Hence study relating to the socio-economic factors determining family planning will be reasonable only when this will consider its impact on fertility. The number of studies has identified that one of the important social factor which influences family planning and fertility behaviour of couples is religion. Therefore it's become necessary to review the existing literature on socio-economic, demographic, cultural, and religious factors enhancing fertility.

II.1 STUDIES RELATING TO SOCIO-ECONOMIC FACTORS AFFECTING FERTILITY AND FAMILY PLANNING

This chapter gives the detailed review of studies related to the main factors, which determine the fertility behaviour of women.

Agarwala (1962), Goyal (1988) provided ample evidence of differentials in age at marriage by religion, being lower among Muslims than the Hindus. Krishnan (1976) analyzed factors influencing fertility behaviour. In his study he observed that there is an impact of education on fertility behaviour of the couples in Kerala state. He found negative relation between education and fertility behaviour among the couples of Kerala state. Shastri (1977) observed that level of income has a positive effect on knowledge of family planning. The educational level is influencing the adoption and use of family planning method. Halli, (1987) observed in his study that
minority fertility is lower than that of majority at upper socio-economic levels and higher at lower socio-economic levels. Gulati (1989) attempted to analyse about the role of contraception and determinants of fertility in the Asian countries. He observed that the female literacy, improvement in mortality condition, process of industrialization, educational levels, status of women, and contraception depicts significant impact on fertility.

Bashir Ahmed (1990) examined determinants of desired family size of rural Bangladeshi women. The study had taken 5513 sample size of ever-married women between 10-49 years. It was a two-stage analysis. In the first stage numeric and non-numeric responses for desired family size were examined. In the second stage determinants of desired family size of those women who expressed numeric desire of the desired family size were examined. Logit and multiple-linear regression models were adopted. The results indicated that older women, uneducated women without work experience and Muslim women expressed non-numeric response for the desired family size. Wife's education and work experiences were positively related to expression of numeric response. One of the interesting finding of the study was that those women whose husbands were engaged in agricultural activities desired they have more number of children than those women's husband were engaged in non-agricultural occupation.

Charles Hirchman (1990) analyzed the fertility determinants of four South Asian Societies viz., Indonesia, Philippines and Thailand. The analysis was based on the micro-data samples of eight-population census for the four countries from 1970 to 1980. Education and employment were taken as indicators of women's status. A multi level model of fertility was applied to draw the results. The results of the study revealed that education of women had a stronger impact on fertility than employment in the early period of investigation but in later period it was women's employment in the modern sector rather than education, which had a stronger effect.

Santhi (1990) examined fertility function of the married women of Pondicherry City. The study was based on 125 observations. They are collected through a primary survey. In the study 'fertility' was measured as the total number of child ever born to women during the married life. Occupation of women,
education of wife and duration of married life were employed as explanatory variables. The results of the study suggested that all the factors cited above had a negative impact on fertility. The impact of wife's education was not significant.

Das, Pandhiyar (1991) examined the determinants of fertility of women of south Gujarat. Data for study was obtained from a survey undertaken by population Research Center, Baroda. The factors determining fertility include caste, religion, and education of husband, education of wife, occupation of husband, and annual income of the family. The results indicated that educational levels of husband and wife had a negative impact on marital fertility. Family income was also negatively associated with fertility. One of the interesting findings of the study was that 'fertility' of manual workers was higher when compared to white-collar workers.

Lakshmanasamy (1991) examined the issue of demand for children among rural families in Tamilnadu. The study was based on a sample of 670 households from 16 villages. The data was obtained through primary surveys during May, October 1985. Children ever born were used as fertility measure. The OLS estimates of the fertility equation suggested that equation of male and female had a negative impact on fertility. But the effect of husband's education was more significant. The impact of high caste on fertility was negative because of better access to education and contraception, while the nuclear families had the negative impact in fertility.

Malathi (1991) estimated the fertility function for the married women of Rural Pondicherry Region. The study was based on the data collected from 125 respondents through a Primary survey. The explanatory variables used for the analysis were wife's labour participation, duration of married life and education of wife. The results revealed that labour participation had significant and positive impact on fertility. Duration of married life and education of wife had a negative impact on fertility.

According to James.K.S and SajniB.Nair (2005), the age at marriage and the proportion never married in any community are often considered as strong indicators of cultural setting among the religious group. The contraceptive has the highest impact on reducing fertility among all factors.
MariBhat P.M and Francis A.J (2005), by using multivariate analysis of regression, observed that in rural areas, the number of children born alive for Muslim couples with effective marital duration of 36 years or more was 8 percent higher than the corresponding number for Hindu couples (6.6 and 6.1 respectively). The data for urban areas shows that household size is larger among Muslims than Hindus in every cumulated percentile group. SC and ST variables show negative contributions because they tend to act to reduce the Hindu- Muslim differences in fertility measures.

In the study of Kulkarni P.M, and Manoj Algarajan (2005), the socio-economic characteristics to be controlled are those that possibly influence fertility. Multiple regressions were used for the analysis. Demographic research has recognized education, income, residence (rural or urban), occupation, or work participation as possible factors that have a bearing on fertility. The fertility influenced by education is most commonly observed in most societies. The socio economic factors do not seem to explain the religious differential in fertility. Of the four proximate determinant of fertility, contraceptive use is the one of that is commonly cited as the prime factor contributing to religious differentials in fertility.

Bhagat R.B, Purujit Praharaj (2005), found that the independent effect of religion on fertility after controlling for several socio-economic variables on the one hand, and the autonomous influence of education on the other hand, affirm that education and religion operate in an interacting system. Thus it is evident that much of the proximate determinants related to cultural practices are no longer significant in causing Hindu- Muslim differential in fertility. In such a situation, family planning emerges as the most proximate determinant influencing Hindu- Muslim fertility differentials. On the other hand Muslim use a higher level of spacing methods like pills IUD and condoms and also traditional methods like periodic abstinence and withdrawal as compared to Hindu. In addition to directly influencing fertility through the proximate determinant, religion can also impact fertility indirectly through socio-economic factors. "Muslim may desire more children and eschew sterilization because this is what good Muslims do". The above statement is referred in Economic and political weekly (Jan.29.2005) by the author (Dharmalingam A.

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in their study on religion and fertility found that natural fertility is defined as fertility in the absence of deliberate control of contraception and births. Muslims show similar fertility preference as the Hindu using modern contraceptive methods to the same extent.

Hence the earlier studies on socio economic variables determining fertility shows there is difference in determinance of fertility from study to study and across region and across population.

II.2 STUDIES RELATING TO RELIGION AND FERTILITY

Mhadevan, Krishnan, Sumangala (1992) examined fertility among religious groups at the national level. They found that at national level the fertility for the Muslims is higher and lower for the Zoroastrians and intermediate level for the Hindus and Christians. Among the several Caste strata of the Hindus, it is lowest among the upper caste and highest among the scheduled caste and tribe population. Chandrasekhar (1961) made an attempt to examine the effect of religion and caste on fertility. He found that the ever-married Muslim women had larger number of ever born children than Hindu women. Among the Christian again the highest was in the case of Indian Christians and lowest in the case of European. The study of Trivandrum showed that the average age of marriage was highest among the Christians and lowest among the Muslims.

David (1961) observed in his study that religion is an important frequently, mentioned factor which affect fertility and contraceptive behavior, since religion is a deep-rooted cultural phenomenon. Edwin D. Driver (1963) analyzed about religion, caste and fertility. He observed that the mean number of children ever born to couple classified by religion in Central India was 4.8 for Budhist, 4.5 for both Hindus and Muslims. Where as it is 4.3 for other religion. Hanna Ritzk (1963) found that there exist a difference in fertility and contraceptive behavior between Hindus, Christians and Muslims. Santhi Sarupriya (1964) found that the Christians in general used one or more family planning method followed by Hindus and Muslims. Kurup and George (1965) observed in Kerala that the average number of children born to
Hindus and Muslims wives who had completed their fertility were 7 and 6 respectively.

Stockel, Chowdhury (1968) found that the religion is associated with fertility and Muslims on an average have higher number of children than Hindu. Gordon (1970) examined the religious fundamentalism, socio-economic status and fertility attitudes in the Southern Appalachians. By applying multiple and partial coefficients of correlation Gordon found that religious fundamentalism appears as an important factor in differentiating attitudes and values related to fertility. The studies conducted by Sidney Goldstein (1970) have established the close association between religion and fertility differentials. The findings showed considerable difference among religious groups regarding fertility.

Paul (1970) found that there is a reason to hope that organized religion can become a powerful force in working towards population control and further there is still considerable religious opposition to population control among Hindus. Raymond Peart (1972) analyzed about the contraceptive effectiveness among religious groups found that, the Catholics stood lowest proportion of using contraception in the whole religious group. Saksena (1972) who examined attitudes towards family planning observed that the approval of family limitation after the first child was negligible among the women irrespective of their socio-economic characteristics. And a larger proportion of the women approving family planning after the second child had higher education and economic status and belonged to forward castes among the Hindus.

Joseph Chamie (1977) examined fertility differentials among religious groups. He found that significant fertility differences exist among Muslims and Christians. The statistical tools which were applied to analyse the fertility difference was regression method and it was found that religion is an important characteristic in differentiating fertility behaviour but only at certain socio-economic levels.

Redolf Andorka (1978)'s study was conducted in Netherlands about religious denomination and ethnicity in fertility. He observed that there are religious differences in fertility between Roman Catholics and Protestants. The former being consistent has higher fertility than the later. Khanme (1978) examined determinants of Muslim fertility in an urban setting. He found that there was a decline of Muslim
fertility during 1967-1973 periods and the decline was slightly higher among the non-occupational Muslim group.

Harish Srivastava (1979) analyzed about fertility differentials among married Hindu and Muslim women in Bhiwandi and observed that the Muslim women had given birth to higher mean number of children as compared to the Hindu women. The standardized mean number of children born to the Muslims was also found higher. Pranab Kumar Chatterjee (1979) in his study observed that the fertility of the Muslim couples has been found to be considerably higher than that of the Hindu couples.

Asha Bhende, Minga Kim Chaoe, Rele, James Palmore (1980) analyzed the use of contraception among religious groups and sub group. The selected sample size shows 13 percent Muslim and 12 percent Hindu and others, 75 percent. By applying multinomial logit regression coefficients it was observed that the Muslim and Hindu scheduled caste show significantly lower contraceptive use than the majority group comprising 75 percent of the population. Muslims prefer non-permanent and natural method with significantly lower use of both male and female sterilization. Joseph Chamie (1981) analysed religion and fertility. By employing regression techniques and cross-tabulation method has observed that sunnis and shias have considerably higher fertility than the Druzes, Catholics and Non-Catholics Christians.

Clarence Maloney, Ashraful Aziz, Profulac Sarker (1981) conducted studies about worldview religion and fertility. They observed that the Muslim women in the age group of 20 and 30 are a little more fertile than Hindu women. The Hindu community will have lower fertility when compared to Muslim community, and there is negative relationship between use of contraception and Muslim women.

Susan, Janssen, Robert, Hauser (1981) examined the effects of religious socialization and affiliation on fertility. They observed that the effect of fertility on socialization to Catholic religion is positive. Bhasker Misra, Ali Ashra and Simmons (1982) examined the socio-economic and cultural factors influencing fertility. They found that fertility bears a negative relationship with status of women. Among Rural Urban fertility differentials, the urban women are practicing family planning to a greater extent than rural women. Ralph Tomlinson (1982) examined
psychological determinants of fertility rate across religious groups world wide and observed that the average number of children desired by American wives varied by Jews at 2.8, Protestants at 3.0, Catholics at 3.6 and Mixed Protestant Catholic at 3.3, occupational differences were negligible ranging from 3.1 to 3.4. The white collar Catholics expressed a desire for larger families than did blue collar Catholics.

A study conducted by Mahadevan (1982) about determinants of fertility across religious groups in south Indian villages observed that the general wealth has a negative association with fertility behaviour for the communities whose cultural influence on fertility is relatively less, the Hindus and the Harijans. And the concept of a small family norm is slowly evolving, though it is not an accepted part of culture yet. Balasubramanian (1984) in his has found that the growth of the Muslim population is higher than that of the Hindu Population, because the fertility of the Muslim is statistically and substantively higher than that of the Hindus. Zaharia (1984) found that the average fertility of Muslim women was 4.1 while that of Hindus was only 2.9. The completed fertility of these two groups differs by 2.5 children's per women.

Patnaik (1985) analyzed how caste is influencing on fertility behaviour. He observed that the mean fertility of upper caste is found to be lower than that of backward caste or scheduled caste. The mean fertility of couples living in urban area is lesser than that of the couples living in rural areas. Irrespective of the educational level of husband, the mean fertility among Hindus is lesser than that among Muslims. The illiterate mothers have higher fertility than educated mothers in both religious groups. Anderson (1986) found that in Western Europe the patterns and pace of fertility decline, often reflected by differences in religion and religiosity.

Mahadevan (1986) analysed determinants of religious and caste differentials in fertility in Ramapuram Village. This village is located near Tirupati in Chittoor District of Andhra Pradesh. He observed that the medium level of fertility was declining among Muslims and Hindu Harijans. Muslim fertility level is closer to the Harijans fertility level because relatively more of them have accepted family planning.

Singh (1986) examined fertility differentials among different religion. He observed that the Hindu respondents in Ugaala and Ghagga had higher number of live
births; at the same time they also had comparatively lower age at marriage, higher the incidence of child deaths and lesser the use of contraception. If the degree of community to religion were high then higher would be the fertility level and lesser would be the use of family planning methods.

The study conducted by Government of India (1986) in sixteen states reported that the percentage of family planning was higher among the Christians with 80 percent followed by Hindus with 62 percent and Muslim with 60 percent. In a study, Balakrishnan (1987) found that the average fertility among Muslims was (3.4) percent compared to Christians (3.07) percent and Hindus (2.78) percent.

Srivastava (1988) analyzed the role of mass media in inter-spouse communication among urban momin and kokni Muslims. He observed that the different media such as radio, films and posters were important sources of family planning information among momin and kokni husband. The family planning communication through the mass media would be more effective among Muslim couples if simultaneous efforts are made to raise their social and economic status particularly by increasing their educational level. Jayasree (1988) observed that the religion is a one of the important factor which influences family planning method. Fertility rate is higher for Muslims followed by Christians and Hindus. Mahadevan, Somasundaram (1989) studies conducted in U.P., A.P. and Kerala have analysed the influence of religion on fertility behaviour. They observed that in U.P. and A.P. there is a higher level of fertility than in Kerala, which shows that, fertility behavior may change from religion-to-religion and from region-to-region.

Srivastava, Saksena (1989) analyzed Hindu Muslim differentials in ideal family size by socio-economic status in Central Uttar Pradesh. They observed that among all socio-demographic and economic groups, Muslim respondents considered a relatively larger number of children as ideal for their families as compared to Hindu respondents.

Ghosh, Das (1990) examined fertility and adoption of family planning among the Muslims of 24 parganas in West Bengal. They observed that in the family planning acceptance between these two Muslim groups of the North 24 parganas, West Bengal was is very low as compared to other Muslim population of the country. Das, Padhiyar (1990) analyzed the socio-cultural determinants of fertility. They
observed religion, caste, husband's occupation and family income are found to be important determinant of fertility. The reduction of marital fertility was due to socio-economic changes and due to modernization.

_Satia, Shireen, JeJee Phees (1991)_ examined that the age at marriage is determined by religion in rural & urban areas of LNI states of Kerala and all over India. Their study was for the year of 1984. They observed that among the religious groups, Christians had a consistently higher age at marriage compared to Hindus and Muslims both in rural and urban areas. There are little differences in the ages at marriage of Hindus and Muslims in both rural and urban areas and age at marriage of scheduled Caste is slightly lower than that of other castes.

_Sinha (1991)_ examined the role of religion in shaping attitudes towards family planning among undergraduate college student. He observed that Hindu students would have more positive attitudes towards family planning than Muslim students and the religion is quite potent in shaping family planning attitudes. _Fatema Alaudin (1992)_ in her study conducted in Bangladesh observed, that a significant proportion of women has received the message of family planning through various source and are sufficiently motivated to limit their family size. Sex preference of the children is prevailing among the women particularly preference is for (a) One son and one daughter, (b) Two sons and one daughter, (c) Two sons and two daughters.

_Sarkar (1992)_ observed that the practice of conventional contraceptive increases with rise in education levels of wives. Muslim males and females were responsible for higher number of live births in lower ages. Muslim has higher ages resulting significantly higher family size of 7.2 per eligible wife of 45-49 years when compared to 5.3, 5.6 and 6.5 in respect of upper castes Hindus and scheduled caste Hindus. _William Sander (1992)_ examined Catholicism and the economics of fertility. He observed that changes in fertility over time are at least partly associated with changes in the influence of norms, economic variable and thus indirectly affect fertility. The results also show that church attendance is unrelated to fertility even though more religious wives have more children.

_William Mosher, Linda. Williams, David. Johnson (1992)_ analyzed about religion and fertility in the United States. They observed that among Non-Hispanic catholic the total fertility rates (TFRs) were (1.64 vs.1.91). The difference between
catholic and protestant is because of later marriage and less frequent marriage. Abusalof Shariff (1993) examined socio-economic and demographic aspects of population according to religious affiliation in India. He observed that the level of fertility is measured by gross marital fertility rate (GMFR) and total fertility rate (TMFR), which is higher for Muslims in both rural and urban areas. But the child mortality among both urban & rural Muslim is comparatively low. And the acceptance of family planning was higher for Muslims compared to Hindus.

Sujatha, Murthy. (1993) examined religiosity and fertility behavior among the Vaidiki and Niyogi Brahmins of Andhra Pradesh. They observed that the mean number of living children declined by 2.0 and 1.5 respectively among Vaidiki and Niyogi Brahmin. Masuma Mamdani (1993) observed that the population growth rate in urban areas of developing countries is growing rapidly, because of a number of mechanisms including continued migration, high age specific fertility rates and inter religious marriages. David Alaleye, Akinrinola Bankola (1994) in their recent studies observed that exposure to media, message and contraception exerts strong impact on current practices of contraception. Women who had heard or seen advertisement on contraception brands and women who favor broadcast media message are significantly more likely to adopt birth control beyond religious bearers.

Kulkarni (1996) examined on growth rate of Hindu and Muslim populations during the decade (1981-91). He observed that the higher growth rate of Muslim population in the large states as well as in India as a whole is attributable primarily to their higher levels of fertility than Hindus to some extent to their lower level of mortality, and to some extent migration of Muslim from across the border. Khan (1997) analyzed reproductive behaviour among Muslims in U.P. He found that Muslims have relatively higher fertility than Hindus. At the end of their reproductive age, on an average, Muslim couples have higher number of children than Hindu. This could be because of various socio-cultural factors.

Alagarajan, Kulkarni (1998) found that in Kerala, the tendency to go for the third and higher order births has considerably declined through the 1970s and 1980s. But the decline has not been uniform at least across the three major religions Hindu, Muslim and Christian. The fall among the Muslims has been relatively modest. Analyzing the national level data, Moulash and Rama Rao (1999) have
convincingly demonstrated that the fertility of the Muslims is higher than that of the Hindus in India.

*Leela Visaria (2000)* analyzed about religious differentials in fertility. She observed that the fertility of Muslims had been slightly higher than that of Hindus. In Urban areas the age at marriage among Hindu women has perhaps increased than among Muslim women. Besides because of modernization and educational changes the Muslims are adopting family norms. *Victor Agadjanian (2001)* analyzed religion, social milieu and the contraceptive revolution. He found that the religious and cultural practice would play a significant role in shaping the reproductive process in the society.

*Sandhya (2000)* examined variable proportion about fertility and family planning across different communities. The study was based on data collected from a survey of 800 eligible couples (men and women), twenty-three service providers and thirteen opinion builders. Analysis was carried out at the village level, household level, and among eligible couples. The variable, which is taken as fertility measurement, was the total number of conception and total number of living children. Three types of multivariate analysis applied includes multivariate analysis, regression analysis, general linear modeling and discriminate analysis. The findings showed that the number of conception was higher among adopters than among non-adopters in the younger age groups. Muslim had higher number of conception than Christian and Hindus irrespective of age, occupation of women and education and occupation of husbands, and religion of spouses.

*Sriya Iyer (2002)* examined socio-economic and demographic data according to religion in India, which is collected from various census, National sample and academic publications since the independence of India. She observed that the fertility level is relatively higher for Muslims. The relative increase in contraception has been marginally higher for Muslims than for Hindus between 1980-88. The women’s education has a negative correlation with fertility among all religions. *Philip Morgan (2002)* analyzed about Muslim and Non-Muslim fertility differences in female autonomy conducted with evidence from four Asian countries. He observed that the religion occupy central positions in reproduction. The Muslim community response for opposition to particular form of birth control, encouraging larger family size,
greater demand for children and higher risks of unwanted pregnancies is higher than for non-Muslims. Reddy (2003) examined religion, population growth, and fertility and family planning practice in India. The forgoing data and analysis convincingly demonstrate that the Muslim population is growing at a faster rate than Hindu Population. The fertility of Muslim is higher than that of Hindus.

Irudayaran (2005) estimated crude birth rates and total fertility rates for Hindus and Muslim for 594 districts of India and assessed the state and district level fertility differentials across the country. He found that there is a regional variation in fertility in India with higher fertility in the north than in the southern and western parts, irrespective of religious affiliation. The patterns of growth rates among Hindus are normal for the last four decades with a continuous decline in the regions of south, north- east, east and west – during the last decade. The Hindu growth rate in North West has shown an increasing trend. This is also true for Muslim in the north- east and west. Dharmalingam, Navaneetham, Philip Morgan (2005) examined Hindu Muslim difference in desire for additional children and use of contraceptives. They found that additional children and use of contraceptives are pervasive across India and almost invariant across states and districts. The Muslim - Hindu difference has narrowed between 1992-1993, 1998-99 and also Muslim- Hindu fertility behaviour seems to be moving towards convergence.

James, Sajini Nair (2005) examined about accelerated decline in fertility in India since 1980s among Hindus and Muslims. This study finds that the fertility among Muslims follows nearly the same pace of transition as that of Hindus. Particularly when an accelerated decline in fertility in the country is taking place the fertility transition among Indian Muslims is unwarranted. He also analyzed the proximate determinants of fertility among Hindus and Muslims as against the socio-economic differentials as causes for the differences in reproductive behavior. Some of the proximate determinants of fertility in this study include influence of culture, society, economic condition, standard of living, number of children and contraceptive use. And the variables, which lead to change in fertility, are marriage pattern, contraception use, induced abortion, and post-partum infecundability. The fertility transition is well underway in both the communities in India nearly at the
same pace. It may be true that different communities adopt different strategies for a reduction in fertility and they are by limiting family size to the desired level.

*Mari Bhat, Francis Zavler (2005)* analyzed about the role of religion in fertility decline in the case of Indian Muslims. By using data from the national family health survey he applied multivariate analysis to assess the contribution of socio-economic factors affecting fertility differentials by religion. They found that the variable, which affects the fertility by religion, is preference for children of particular sex, rural urban distribution of the population, literacy and educational levels and income and poverty of female autonomies. The Muslims should realize that their high fertility is mainly their own making, and a major contributor to their higher levels of poverty and lower levels of education.

*Kulkarni, Manoj Alagarajan (2005)* examined population growth, fertility and religion in India. By using data from national family health survey they found out contraceptive use is main reason for differences in fertility among different communities. The population of religions varies because of some factors such as income, occupation, urbanization, marriage, contraception, and abortion. There has been some raise in the share of the Muslim population, from 10.7 percent in 1961 to 13.4 percent in 2001. Further, analysis of contraceptive practice shows that the religion effect is quite strong.

*Bhagat, Purujit Prakaraj (2005)* examined Hindu - Muslim fertility differential. They found that Hindu Muslim differential in fertility has persisted in India. While the lower levels of contraceptive use among Muslims is the most important factor responsible for the fertility differential, the use of contraceptive has increased faster among Muslims in recent times. The two measures, of fertility rate are total fertility rate and children ever born. Among all socio economic factors female education is considered to be one of the most important factors influencing fertility. A multivariate analysis of fertility shows that the influence of education on fertility remains significant even after controlling for other socio economic variables. It is not to be disputed that the practice of family planning is low among Muslims, but it is also worthwhile to mention that they use more spacing and traditional methods compared to Hindus. On the other hand, among both Hindus and Muslims, female sterilization continues to be dominant method of family planning.
Hence from the above earlier study related to religion and fertility we observe that religious factors play a major role in some study and socio-economic factors play a major role in fertility in some study.

II.3 STUDIES RELATING TO ATTITUDE OF WOMEN TOWARDS FERTILITY BEHAVIOUR

Boden Horst (1963) made an attempt to analyze family limitation and methods of contraception in urban population. He observed that the wife’s religion and educational status are one of the important reasons for using contraception. The higher the wife’s education, greater will be the use of contraception methods. Examining contraception Krishnamurthy (1968) observed that the IUCD prove to be more effective between illiterate and highly motivated families. Higher number of people learns about IUCD from friends and relatives. The use of IUCD is higher among the rural people than among the urban ones.

Examining about decision-making in family planning adoption among spouses Avit Danda (1984) observed that over 33 percent of women reported to have decided adoption of family planning themselves. Twenty seven percent of the female adaptors consulted their spouse and jointly took the decision in this respect. Over 13 percent of the female adaptors decided to go for family planning adoption as per advice of their respective mothers-in-law.

Sivaswamy Srikantan (1989) examined family planning and fertility control in India. He observed that contraception and sterilization have gained acceptance in India and are widely prevalent among all communities. The level of fertility varies community wise, by level of education of the wife and that of her husband. And these variables also affect family planning through family size norms and parity at acceptance.

In the study conducted on fertility and family planning by Tarakanikar Ramesh, Roy (1993) observed that the family planning is nearly universal in India. Ninety six percent of the women reporting knowledge of at least one contraceptive method. Contraceptive knowledge is slightly higher among urban women than rural women. Fertility level is decline sharply beyond age of 30 and child bearing is
negligible among the women in their forties. Examining family planning programme Pravin Visaria, Leela Visaria Anrudhjain (1995) observed that the factors which influence the family planning programmes are the individual's desire for additional children, micro-level factors or the individual's characteristics. Macro-level supply factors that effect of availability cost and quality of contraceptive service.

Vijaya Krishnan (1984) examined about gender of children and contraceptive use. The study found that sterilization is the most prevalent method. Women with two sons are more likely to use contraception than those who have had two daughters. The gender of children may have a weak effect on contraceptive behaviour of Canadian couples at higher parities. According to Chowdhury (1988), the effects of family sex composition on fertility preference and behavior during the period 1977-88 are examined using longitudinal data from Matab, Bangladesh. The sex composition of living children was found to be systematically related to fertility preferences. The behavior with higher number of sons at each family size associated with a higher percentage of women wanting no more children, a higher percentage currently using contraception, and lower subsequent fertility.

Mulhi Prabhjot (1995) analyzed the influence of gender preference for children on fertility behavior. By using random sampling he found that the fertility behavior of both men and women is influenced by a strong desire to acquire a minimum number of surviving sons in the family. Since women exhibit a stronger desire for sons, measures related to improving women's status in society would be one way of hastening the erosion of prevailing social norms, which support and sustain son preference in the state.

Amarthyasen, Jean Dreze (1995) examined about fertility and women's emancipation. They found out that there is a close connection between women's well being and women's agency in bringing about a change in the fertility pattern. Some demographic evidence indicated that birth rates tend to go down followed by the decline of death rates. This is partly because the need for having many children to ensure some survivors goes down with lower mortality rates. Also, because of the complementing between the respective means of birth control and death control. Women decide themselves on matters about family planning programme than with others.
Vanee Bor Rooah, Sriya Iyer (1994) examined religion and fertility in India regarding the role of son preference and daughter aversion. By using Poisson regression analysis and taking sample size of 10548 women found that son bring benefits to their parents whereas daughter impose ‘costs’ and is complementing a desire to have sons not to have a daughter. Consequently, the desire for sons increases family size while the fear of daughter limits it. The Muslim women will prefer large families to small families compared to Hindu women younger of all religions are more likely to use contraception than ‘older women who may be more resistant. Son preference is lower among Muslim women.

Coulson, Hinch Cliffe (1978) observed that the son preference is also evident in Islamic society which gives men more prominent place than women within the family. Analyzing family limitation and the fertility transition with evidence from the age patterns of fertility in Europe and Asia John Knodel (1977) observed that the modern family limitation was largely absent prior to a secular decline in marital fertility in both Europe and Asia. The evidence indicates that once the practice of family limitation status to spread among the broader strata of the population, it seems almost inevitable to increase until it is a widespread behavioural pattern.

Analyzing about effects of family sex composition on fertility preference and behavior in Rural Bangladesh Mridul (1994), observed that the highest percentage of women wanting no more children, using contraception and having lowest subsequent fertility was already had one daughter as well as at least one son. Vijayan Pillai, Donald Yates (1993) in their study of teenage sexual activity in Zambia, observed data from a study of teenage sexual activity among secondary school girls, show the need for a sex education policy as a first step in controlling teenage fertility in Zambia. Besides a large proportion of teenage females enter in to close relationship with males at young ages and at high proportion of young females have engaged in sexual intercourse. They conclude that teenagers receive very little sex education from their parents so modern institutional sex education programme is needed. The higher fertility of Muslim could also be a contributory factor as there is evidence showing that the children from smaller families get more schooling than the children from larger families (Bhat 2002).
Beyond examining contraceptive use and fertility outcomes, the role of religion in shaping the attitude towards fertility and contraceptive could have been a subject of inquiry Francis Zavier. A.J. (2005). In the study of Krishnaji.N and K.S. James (2005), the ideal family size is gives us little idea about trends in fertility.

Hence the attitude of women towards family planning adoption and fertility play a major role in earlier study.

Garry.S.Becker (1992), in his article fertility and economy analyzed about the demand for children to parental incomes and the cost of rearing children especially to the demand of the time spent on child care and to the public policies that change the cost of children. He found that fertility is depend too on child and adult mortality uncertainty about the sex of children if there is a preference for boys and girls for variety.

Garry.S.Becker (1960), contributed to the ‘New Household Economics’, It clearly provides inspiration to the development of different theoretical and empirical models of human behaviour with respect to female work participation, their labour supply, fertility, marriage and wage. And this fertility may also be influenced by wages. Becker.G.S. (1981), parents may altruistically internalize in their fertility decision, the effects of their fertility on their welfare and that of their children, including investment in child quality and lifetime savings in financial assets.

Shultz (2005), The heterogeneity in parent preference or other unobserved determinants of behaviour could inversely affect child quantity and quality.

Shultz T.P.(2007), In an experimentally designed family planning and health programme started in 1997 for women in rural village of Matlab,Bangladesh, the women in villages benefiting from the programme had one fewer child by 1996 than did comparable women in comparison villages. Micro credit targeted to groups of women in Bangladesh increases women’s earning and increase their later fertility.

II.4 CONCLUSION

From the preceding observation, it is important to say that the family planning program plays a vital role in reducing the fertility among couples in the age group through adoption of various methods of birth control. Reviewing the socio-economic and demographic data available from various sources, it is observed that
religion, education, occupation and income plays a vital role in changing fertility rate and family planning acceptance across Hindus, Muslim and Christians. Most of the studies conducted in various parts of the world show a significant association between contraception behaviour, fertility and religion. This adoption of family planning and contraception of fertility behaviour among women show a close relation with that of demographic factors like percentage of urban population, density of population, sex ratio, and literacy rate.

The importance of family planning program and their effect on reducing birth rate has been widely acknowledged in certain states such as Kerala, Punjab, Haryana, Tamilnadu, Maharashtra and Union Territories like Delhi, Chandigarh, Pondicherry, Lakshadeep, etc. These practices of family planning in different religion not only changes or reduce the birth rate but it pave way for changes in population.

Therefore the preceding studies on religion, fertility control and adoption of family planning reveal the following observations.

1. The factors such as religion education, occupation, marriage age and economic status are playing important roles as determinants of fertility and family planning adoption. Most of the studies have not systematically examined the link between religion fertility and family planning exclusively.

2. No studies have attempted the different factors determining fertility and family planning method across religious groups in Karaikal region of the union territory of Pondicherry. The inner regional variation across religious groups regarding fertility and family planning methods among adopter and non-adopter have not been explicitly brought in the earlier studies.

3. The inner regional variations about attitude of women towards fertility preference and family planning issues across religious groups have not been explicitly brought out in the earlier studies. Besides there is no such detailed study in the Karaikal region of Union Territory of Pondicherry.

4. The individual level data on fertility and socio-economic variables were generally not rigorously analyzed.

There fore the present study is a first attempt to fill the gap that exists in the studies conducted in the Karaikal region of the union territory of Pondicherry. As it noted in this chapter the present study seeks to examine the factors determining fertility and family planning among adopters and non-adopters of family planning method across religious groups and to examine the factors determining attitude of women towards fertility preference and family size norms and across religious groups.