INTRODUCTION

1.1 SIGNIFICANCE OF POPULATION CONTROL

Population is a subject which is attracting attention the world over. It is not only an Indian problem but is also a world problem. In the words of Julian Huxiley, “Human population is probably the gravest problem of our time. Certainly more serious in the long prospective than war on peace” The world is rapidly filling up, there are no longer any large open spaces into which human fertility can easily skill over. The world population is greater than it has ever been and average daily increase is getting bigger all the time.

Global population as on today stands at over 6 billion, one sixth of which is in India. Uncontrolled population is recognized as the single most important impediment to national development. Now Indian’s population has crossed the figure of one billion. Current population growth rate in Indian is 1.75 percent and this growth rate is enough to expose the state of population explosion (Shushma Pandey, Ram Singh, Oct 2001). India has joined billionaire league in population along with China. Not only the population size in the country is large with over a billion people, but is also adding currently over 18.5 million people every year i.e. we are adding one Australia every year.

India is a developing country and it is developing fast. Today it stands among the top ten industrialized countries of the world. Despite all this progress, we are unable to fight poverty because of the population explosion in our country. The growth
of population is a serious problem before us. It is not only impeding our economic growth, but also creating so many social, economic, political and family problems and ultimately creating moral problems too. India has more than 14 percent of the world population although her land area is just a little over two percent of the total area of the world.

Indian has been engaged in efforts to reduce its population for quite some time. However enhanced emphasis and high priority have been more evident since independence in **Five Year Plans**. The nation has been made conscious of the urgent need to raise the living condition of our people. Leaders in various fields of life have seen the ill effects of increasing population in our development. The five year plans and the joint efforts of the people have not benefited in proportion to the increased tempo of development, the reason being the population growth has considerably slowed down the rate of economic development.

In a developing country like India rising population means more children to feed and look after. In India wealth has increased but the population has grown at faster rate. A plan for development is likely to fail or unlikely to be as successful as we aim or wish because our population is growing at alarming rate. **There is a dire need to stabilize the growth of population by controlling the rate of fertility.** As long as we are not able to control the population explosion, the benefits of planning are difficult to reach the common people. The alarming growth cannot be stopped unless effective measures are taken without delay. Democracy itself will be in danger unless every citizen of India is strong, healthy and educated and the only way to do this is to control the population explosion. The planning of
population should be a continuous process requiring constant care and watchfulness on the part of government. With these considerations in background a scientific and an over-all plan for the control of population needs to be formulated.

We live in an age of planning. People are planning their lives to secure their maximum satisfaction not only for themselves but for their families. They plan for the future as well as for the present; **the rationalization of life obviously involves a planned family.** The number of children must be fixed and their appearance at convenient times secured. They must be bought up so as to become people in the social grade the parents have reached or in the higher grade than the parents hope will be reached, if not by them, then by their children. The luxuries of yesterday become the necessities of today, and luxuries of today will become the necessities of tomorrow. This tendency shows itself in the upbringing of children, which becomes more expensive as periods of vocational training lengthens and the age when earning begins to rise. **The planned family; and the rationalization of life go with the desire for social advancement, social security, and the enjoyments of leisure as a factor of declining fertility.**

Hence to check the rather high growth of population, the only factor which seems important in the present context is to control the fertility. Control means modification of fertility by adopting deliberate methods to avoid unwanted births and thereby restricting the family size.
1.2 DEFINITION FAMILY PLANNING

Mr. Nehru observed that it is of the “utmost importance” for the future of India that “the movement for population control by family planning should be made widespread and successful” Hindustan Standard, 10 May 1957.

An expert committee (1971) of World Health Organization defined FAMILY PLANNING as “A way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes, responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country”. (Parke J.E and Parke k Text Book of Preventive Medicine (A TREATISE ON COMMUNITY HEALTH 7TH EDITION)

Family planning refers to practices that help individual or couples to attain certain objectives:

1. To avoid unwanted births.
2. To regulate interval between pregnancies.
3. To bring about wanted births.
4. To control the time at which births occur in relation to the ages of the parents and to determine the number of children in the family.

W.H.O Expert committee (1970) has stated that family planning includes in its purview:

1. The proper spacing and limitations of births.
2. Advice on Sterility.
3. Education for Parenthood.

4. Sex Education.

5. Screening for pathological conditions related to the productive system (e.g. Cervical Cancer)


7. Pre-marital consultation and examination.


10. The preparation of couples for the arrival of their first child.

11. Providing services for unmarried mothers.

12. Teaching home economics and nutrition.

13. Providing adoption services.
1.3 FAMILY PLANNING PROGRAMME IN INDIA

India was the first country to evolve a government backed family planning program in 1950 when the rest of the world was not aware of the problem. Fifty years ago, a campaign was started in right earnest in city of Bombay. Twenty two family planning clinics as part of F.P program was instituted and being run by the municipal corporation of Bombay where free advice and contraceptives were available to all married couples.

In 1949, some of the social workers formed themselves into an organization the Family Planning Association of India which in resent years, has grown into an active national body with several state branches, and is affiliated to the International Planned Parenthood Federation. Members of the F.P.A.I proud of their success with the Municipality of Bombay began to travel within the country, both in urban and rural areas to popularize the gospel of their new service almost the mass of all socio-economic levels. State of Hyderabad and the Punjab soon followed the examples of the Bombay Municipality by opening several Family Planning clinics in there respective states.

After the first national conference the F.P.A.I persuaded the Planning Commission of the Government of India to include in the framework of the First Five Years Plan the great need for Family Planning services, pointing out to them that no matter what plans were to be drawn up of the country whether in the agricultural, industrial, economic, banking or financial spheres of life, these plans would prove failure, unless due consideration
and interest was not taken in the control of population growth in the country.

The need for family planning was soon recognized by the Central Ministry of Health at whose invitation Dr. Abraham Stone, the well-known Planned Parenthood expert and Director of the Margaret Sanger Research Bureau, New York visited India and advised our Government to survey attitudes and motivations of our rural and urban people towards family planning. The further awakening that took place after the International conference on Planned Parenthood in 1952 and the campaigning of the F.P.A.I. resulted in family planning being given due priority in health services in our First Five Year Plan.

The Family Planning Programme (F.P.P) in India was started in 1952. Our First Five-year Plans emphasized that a high rate of population growth was bound to adversely affect the rate of economic advancement and the standard of living of the people. The programme was taken up in a very modest way during the first Plan period. The objective of the programme was to use the existing government hospitals and some new clinics to give advice on family planning to, those who came to seek it and to conduct research on different aspects of family planning.

Under the Second Plan, the programme received greater attention and about 500 rural clinics were opened. The research scheme under the programme became more meaningful. Facilities for sterilization and other family planning devices were made available and extended.
The Third Five-year Plan saw a major breakthrough in the area of family planning. It was recognized that objective of stabilization of the growth of population over a reasonable period must be at the very center of planned development. With this end in view a massive campaign was launched and family planning services were expanded vastly to reach the door-steps of the people.

The Fifth Five-year plan was regard as a landmark in the growth of the family programme with general health, nutrition, maternity and child welfare schemes.

1.4 FACTORS AFFECTING FAMILY PLANNING IN INDIA

Intensive research in the field of family planning has assumed tremendous importance in recent years there is dire need to stabilize the growth of population by controlling the rate of fertility. From the point of view of the “Demographic Transition theory”, India seems to be in the late expanding stage of demographic cycles. While the fertility rate is still quite high, the mortality rate has come sown substantially due to improvement in health facilities, and thus the rate of growth of population has gone up. With advances in the field of medicine and public health there will be a further decline in the mortality rate. Hence to check the rather high growth of population, the only factor which seems important in the present context, is to control the fertility level. Fertility control mean modification of fertility in adopting deliberate methods to avoid unwanted births and thereby restricting the family size.
Researches in the field of family planning have estimated that about 120 million married women in developing world, about **one in every five have an unmet need for family planning either for limiting or spacing the birth** (Robey et al, 1992).

When we look into causes of slackness of programme in India we find that deep rooted customs, socio cultural beliefs and traditions favour large family size in many parts of the country and make a strong wall against small family norms.


Any study on fertility and adoption of family planning can have three different though overlapping perspectives demographic sociological and psychological. The present study is a socio-psychological approach which elucidates the importance of socio psychological factors influencing couples fertility behavior and thus helps in making family planning programme effective.

### 1.5 SOCIAL PSYCHOLOGICAL FACTORS

Fertility is influenced by number of factors such as age at marriage, gender preference, education, S.E.S. of family, religion, status of women and region.
Socio psychological approach of present study is an attempt to understand these factors contributing to various levels of fertility and adoption of family planning method which is essential for initiating planned efforts to control fertility.

Descriptions of these factors are as follows:

### 1.6 AGE AT MARRIAGE

Marriage in India is almost a universal phenomenon because of religious and cultural influences, this has demographic implications too. What is more important however is the age at marriage. Studies have revealed those females who marry before the age of 19 have a larger number of children than those who marry after. In spite of the existing social legislation, on banning marriage of girls below 18 years and of the boys below 21 years, social practices ignore the existence of such legislation.

Child marriages have been very common in our country. According to the 1931 census, 72 percent marriages in India were performed before 15 years of age and 34 percent before ten years of age. Since then, there has been a continuous increase in the mean age of marriage among both males and females (Hindustan Times, July 11, 1995). In 1994, the mean age was estimated to be 19.3 years. Thus, through the mean age of marriage has been continuously increasing yet a large number of girls even today marry at an age at which they are not ready for marriage either psychologically and emotionally, or physiologically and chronologically.
According to Aggarwala (1962), the influence of age at marriage acts in two ways: “First through a shortening of the reproductive span by about five years; and secondly through the shift in the fertility pattern towards fewer children in the women’s later years, partly attributable to factors like education and modernization”.

Aggarwala (1964), in a Delhi survey found that women marrying before 10 on an average give birth to 7.9 children while those marrying between the age of 20 and 26 on an average give birth to 6.2 children showing a reduction of 1.7 children. Similar results are found in a large scale survey (Registrar, 1964) covering 1-2 per cent of the total population in the rural and urban areas of each state. These were organized by the Registrar General of India for three different marriage cohorts: those marrying below 18-22 and at ages 23 and over, these results give enough evidence to conclude that Indian women marrying after the age of 18 years give birth to fewer children than those marrying before the age of 18 years. The decline in the average number of children born is more marked for women marrying after the age of 23 years.

1.7 GENDER PREFERENCE

A number of studies have documented evidence to show that couples have a decided preference for a particular sex combination of children. For example, in many south Asian
countries, including India, **there is a strong preference for sons over daughters.** In fact son preferences have been considered to be one of the factors responsible for the high fertility in these countries.

The impact of gender preference on fertility has usually been investigated by examining data relating to the sex composition of living children of couples who do not want any more children, the assumption being that, if son preference has an impact on fertility, couples who have sons are much more likely to practice contraception. Such an impact has been documented and empirically demonstrated in several south Asian Countries.

Some of the earlier studies conducted in India did not find any association between son preference and higher fertility. The first, All India family planning survey, for instance found that the parity progression ratio of couples were not much affected by the sex of their living children However the survey did find that the decide for additional children was greatest among couples who had daughters only. In another study from Jordan, Bangladesh and India, Repetto (1972), observed that the fertility decisions of couples were not influenced by the desire to have sons. On the contrary, they were motivated by the economic advantages associated with having children, regardless of their sex. Repetto argued that those couples already have more sons may be more likely to want more children because of the perceived financial utility of sons, while couples with more daughters may be more likely to terminate childbearing sooner because of the economic liability of having several daughters. An alternate hypothesis advanced by McClelland (1979) to explain the positive
association between the number of sons and fertility is that despite a strong preference for sons, couples with several daughters may not risk having an additional child because of the fear that the child may be another daughter.

In an extensive review of literature on the differences between men’s and women’s reproductive preference in developing countries, Mason and Taj concluded that although gender differences in fertility desires appear to be small and statistically insignificant whenever differences do exist, further they noted that studies from high fertility countries were somewhat more likely to show greater gender differences in fertility intentions than studies from, countries with low fertility.

In a recent study, Jejeebhoy and Kulkarni (1989) observed that although the difference between the fertility preference of husbands and wives were small. Wives as compared to their husbands tended to desire a somewhat greater number of children as well as sons and there differences tended to increase with age. Moreover, Women’s family size desires were primarily shaped by their concern for support from sons in old age, while men desired sons mainly for cultural and religious reasons.

Most fertility surveys which seek to measure the demand for children and gender preference are confined to currently married women and hence assume that the woman’s response reflects the preference of the couple. Thus it remains unclear whether it is the men or the women who exhibit a greater demand for children particularly male children. This issue is further complicated by the fact that conflicting theoretical formulations regarding men’s and women’s reproductive goals
are suggested in the literature. In pre-transition societies men receive a disproportionate share of their children’s love loyalty and labor while women have to bear the costs of childbearing and rearing and in such social setting the fertility desires of men will be higher than those of women. In contrast South Asian countries where women are economically dependent on their male family members women will children especially sons who are perceived as an insurance against the risks of divorce widowhood and old age.

1.8 RELIGION

Religion, in its socio-cultural manifestation, acts as an important agency of socialization and it influences the value pattern and life philosophy of its adherents a point is case of Islam, in its socio-cultural configuration, curbs the freedom and equality of women and provides religious sanction to the natural and the Muslim law of divorce which gives an exclusive right to the husband to divorce his wife. Though the Hindu ethos does accept the equality of women in principle, yet in its manifestation in social life which revolves around the value of hierarchy and holism, it subscribes to the subordinate position of women especially within the family. On the contrary Sikhism has a much more liberal tradition so far as the status of women is concerned. Therefore the extent of equalitarian marital power structure was expected to be higher among the Sikhs as compared to that found among the Muslims and the Hindus.

Both Hinduism and Islam encourage universality of a marriage. On the other hand, Christianity ordains that unmarried and widowed person may remain single to extent
possible. The Hindu Dharmasutras have even postulated that the girl should be married before she attains puberty. Among Muslims an age young girls may be legally married with the consent of their parents. Christian marries much later than the Hindus and Muslims.

1.9 REGIONAL DISPARITIES

The data from the NFHS have revealed that there are considerable variations across states and communities in all of the socio economic, demographic and health parameters. The analysis demonstrates that there are groups of states and communities where considerably greater efforts are needed to bring about balanced socio-economics and demographic developments. Any programme, which is centralized and designed for the country as a whole may not be equally successful in all states and communities. Hence the design and implementation of health and family welfare programme need to fully take into account the special requirements of population subgroups.

Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh and Orissa, which together constitute 43 percent of the population of the country are lagging far behind in the development process, and these states have a major influence on the averages for the doing relatively well in the provision of maternal and child health services are also the reduction of infant and child mortality as well as fertility. These states also have relatively high levels of female literacy, an important agent of change and development. At the other end of the spectrum are the larger states which are
not faring well on any of which also has very high illiteracy especially among females.

Even within the states, glaring disparities are observed between urban and rural areas. In every aspect of demographic and health development, urban areas are more successful than rural areas. Including health and family welfare programmes, need to be further strengthened in rural areas.

Doon valley in Uttaranchal, was been observed during the data collection for the present study, similar disparities and factors as mentioned above where found to be prevalent in the rural parts of Doon valley, affecting the successful implementation of family welfare program.

As in other states of the country, Uttarakhand also shows a low mean age of marriage in rural areas as compared to urban cities. In the rural areas of Doon Valley the women still suffers the brunt of low socio-economic status of the family. Life of woman is hard in rural parts as they have to perform domestic works at home as well as they have to work outside (like in the fields etc.) to earn bread and butter for the family. Therefore women do not get time to think for their own health and F.P. The families especially in rural areas where joint family system prevails, women can not take independent decisions. The elderly person (specially the mother in-laws) has strict interference in all decisions and she has to take permission for not only limiting the family but for the using particular spacing methods like J.U.D. etc. Education level in still low in rural areas thereby they are not self-dependent to take decision regarding family planning. Due to the geographical conditions and the inadequate
number of trained medical staff the implementation and execution of F.P. program and health services is poor. Where as in Urban areas people are educated, mostly they adopt and are living in nuclear families where they can take their decisions independently. The position of women is better as they are educated and self-dependent. In urban areas the exposure to mass media as well as medical and F.P. services in much better in comparison to rural parts.

Contraceptive use is appreciably higher in urban areas than in rural areas. Current use of every method of family planning except male sterilization is higher in urban areas than in rural areas. A much higher proportion of urban couples (12 percent) than rural couples (3 percent) use modern temporary methods. The other important reason for the fertility growth observed which can not be ignored for the fertility growth observed in Door valley in rural areas as well in urban parts is male child preference in the families as there is a dogma that male child can only perform the death rituals as well as other, rituals in the family.

So the development programs including family planning and health services needs to be further strengthened in rural areas to check the fertility growth.

1.10 SOCIO ECONOMIC STATUS OF FAMILIES IN INDIA

Social economic status is positively is influenced by adoption of family planning and desired family status. S.E.S. of family leads to large number of children, specially sons as the only capital they can acquire, therefore these parents produce more number of children not because they are ignorant about family planning methods but they actually need more number of
children, this is evident from the fact that if the families stop their children from working then there families funds will be ruined. Producing more children by low S.E.S. families is the paradox of population, poverty interrelationship. Poverty is the cause and effect of population growth.

Dr. Harvinder Kaur (2000) found in her study that respondents belong to low income are not well educated and their age at marriage in generally low. It has also been observed that the higher level of monthly family income leads to the higher age of marriage.

Illiteracy is abundantly found in the poor women of our society. It has been reported that women with low education in the low strata are more reluctant to accept Family Planning methods. Ministry of Health and Family Welfare (1987) came to the conclusion that most couples wanted not only three or more children but also wanted that two of them should be sons. This is a direct relation between S.E.S. of family and F.P. adoption.

1.11 EDUCATION

Education is a direct and powerful indicator of the status of women. However, the relationship between education and fertility is complex. It is intricately associated with many social, economic and psychological factors and attitudes. Education reduces fertility by rising the age at marriage, strengthening the propensity to be in the labors force, fostering a favorable attitude towards small family size norm and improving awareness and use of family planning methods. Singh, K. P. (1989), Vashist, B. K., Rena, R. K. (1991) and Harvinder Kaur (2000) have brought
out clearly the impact of female education on reduction of fertility. In the study by Aggarwal literacy does not emerge as a significant variable in the overall acceptance of family planning but it has a direct relationship to the acceptance of spacing methods. The study found that there is considerable variation in the mean fertility when couples are classified on the basis of their educational qualification. The mean fertility is the highest for illiterate respondents and the lowest in the case of highly educated of postgraduate respondents.

Education is considered to be a catalyst of change, and its role in the process of national development can not be overemphasized. Although there has been some progress in educational attainment in recent years in India, Seventy two percent of rural women in their childbearing years are illiterate. Nevertheless the education of women can play a major role in shaping the attitudes and behavior of women. Better educated women will be more willing to engage in innovative behavior than the less educated women; and in the contest of developing countries, contraception remains an innovation Caddwell (1979). The better education enables couples to acquire more knowledge on contraceptive methods and how to use them.

According to the 1991 census, the overall literacy percentage in India is 52.11 as compared to 43.56 ten years ago. The male literacy percentage is 63.86 while the female literacy percentage in 39.42 (India, 1992: 9), Education makes a person liberal, broad-minded, open to new ideas, and rational. If both men and women are educated, they will easily understand the logic of planning their family, but if either of them or both of them are illiterate, they would be more orthodox, illogical and religious-minded. This is evident from the fact that Kerala which
has the overall literacy rate of 90.59 percent and female literacy rate 86.93 percent (in 1991) has the lowest birth rate (22.4 per thousand) while Rajasthan’s appallingly low female literacy rate of 20.84 percent (in 1991) gives rise to the third highest birth rate in the country (36.4%), the highest having been registered in Uttar Pradesh (37.5%), followed by Madhya Pradesh (37.1%). These statistical figures hold good for most of the other states too. The national family CNFHS, (1992-93) envisages the contraceptive use in appreciably higher in urban areas (51%) then in rural.

The mean fertility shows a downwards trend as the educational level of husband or wife moves upward. Moreover, it has also been witnessed that education of the wife diminishes the fertility rate in a more pronounced way than education of the husband. In other words, education of the wife plays a more vital role than education of the husband in impinging upon the fertility behavior.

In Kerala it was noted that the wife’s education is the principal variable affecting the knowledge and adoption of family planning methods. Zachariah, 1984 and Cochrane, 1979, in their studies observed that increased education results in better husband wife communication on some discussion is necessary for successful contraceptive use and also for consensus on practicing contraception.

Indians have preference for male children. After the birth of two daughters, the respondents who are matriculates, invariably desire male children. The percentages of illiterate, under – matriculate and matriculate respondents cherishing such a desire are 98.5, 98.5 and 82.3 respectively. These percentages
have a downward movement in case of graduates, post graduates and professional respondents and are noticed to be 48.8, 40.8 and 26.7 respectively. Higher level of education dampens, to some extent, the desire for having a son. (Kaur 2000)

Thus Education is helpful to a large extent in raising the age at marriage, improving the status of women by enabling them to have potent say in determining the size of their family and in over coming parental preference for a son by changing the parents' outlook. All these factors, in turn, are noted to be significant in binging down the fertility rate.

1.12 STATUS OF WOMEN

Status literally means position in relation to others. The status enjoyed by women in any society is an index of the standard of its social organization. Traditionally, while women perform the major roles of reproduction, managing the household and so on, in recent times many new roles have been added on. The term ‘status of women’ then would denote education, economic status, role in decision making in family affairs, and her self-perceived status in the home and in the community.

In recent years, considerable attention has been focused on the need for raising the status of women. This has been highlighted by the Chinese slogan `break the thousand year old chains which have bound them by tradition and custom to an inferior role in society and reassure them that they too can hold up half of the heaven’. According to the United Nations, the status of women in society can be determined
by her composite status which can be ascertained by the extent of control that she has over her own life derived from access to knowledge, economics resources and the degree of autonomy enjoyed in the process of decision making and choice at crucial points in her life cycle.

Speaking of the ‘special interest’ which women’s status has for demographers the nature of women’s position and the variations in its articulation with the status of men, influence important variables with which students of population are concerned in particular, to reproductive behavior and the size and the quality of labor force” Wives manifest lower fertility behavior in wife-dominant and egalitarian families rather than in husband-dominant families.

India needs to empower women so that they decide on the family and thus help the country curb the growth of its population. India joined China as the second one billion strong nations in May 2000. While the global population has increased three-fold in the twentieth century from two to six billion, the population of India has grown nearly five times from 230 million to one billion.

Gender driven socio-economic policies had an adverse affect on lives of women in India especially in rural areas. The sexual division of labor in India is both a cause and the effect of monopoly of man of key position in social economic and political hierarchy and control of societal institution. There is an example of how women’s empowerment makes economics sense. In Uttar Pradesh only 5% of population avails of subsidized food through public distribution system while in Kerala 95% of the population
take benefit of it. The forces that have helped Kerala achieve population stabilization with a crude birth rate of 15.9 per 1000 are: two-child norm, universal primary education, emphasis on girl child, economic quality and better health care.

In the fourth World Conference on Women convened in Beijing in 1995, six basic principles were emphasized:

1. Violence against women must be dropped.

2. Girls must be valued against the boys in their families and within society.

3. Women must have access to high quality education and health care and to economics resources and political power.

4. Family responsibility must be shared.

5. Women must have rights to control their own fertility and equality in sexual relations.

6. Human rights and women’s rights are intertwined and based on freedom of expression.

In order to translate the commitment made by our country during the world conference, a national policy on empowerment of women was finalized in 2001. The primary objective of the 9th five year plan was empowerment where women can freely exercise rights both within and outside home as equal partners along with men. Experiences in China indicated that women’s control over land rights during 1940s gave women a stronger sense of self and the mean to leave unhappy marriages. Lack of
property rights is an obstacle to women’s empowerment in India. Land also provides social status and women’s power as well as economics security. Women landlessness reduces women’s power in the household even for wealthy women.

Population policy can be made effective through respect for voluntary compliance to social objectives for reduced population growth. Respect must also be accorded to human and reproductive rights. The objective is to empowerment of women. Women and women’s concerns must be given research priority. Women’s movement has called for rethinking of ethical basis for policy, objectives, strategies, programme design and technology.

Family planning India’s present demographic dilemma might not be what it is today were it not for the relatively backward position which the majority of Indian women occupy in the social economy. To repeat, such social attitudes and institutions as early marriage have a very definite impact on population growth. Besides early marriage the near-universal of marriages, the inauspicious nature of infertility and the unwanted barren woman, the desire for male children for single women the want of prolonged education, training the widow, divorced and separated women – all have a direct effect on family size and population growth.

The Indian institutional and social bias against women is revealed in the fact that the expectation of life at birth for females is lower than for males, while in all the advanced countries the reverse is the case. And in India, it may be recalled, the infant mortality rate is higher for female than for male babies.
Purposeful education and consequent economic freedom will enable women to decide when whom they will marry, whether they will be homemakers or career women or both, how many children they will choose to bear and rear and when they will have them. Then almost all the children will be wanted ones. This will be both the cause and consequence of the biological emancipation of the women of India.

1.13 CULTURAL FACTORS

While these are reasons to believe that in Indians society there are several cultural values which have a direct or indirect influence on fertility. Enough evidence yet does not exist to establish a clear inter – relationship between a particular cultural norm and fertility behavior. Several religious and culturally- oriented values Operate in the field of fertility. But the degree of their Contribution to fertility behavior is not quantifiable; further, several of these culture- oriented values associated with fertility interact among themselves in a complex manner. They both lower and raise fertility of Indian women, and this relatively low level of fertility could be a part of the result of cultural practices which involves about 100 days of voluntary abstinence on religious and health grounds (among Hindus) and a long- period of location amenorrhea following child birth.

Among the cultural values responsible for high fertility rate are the following :-

(i) Marriage is considered a sacred duty of every Hindu man and women – and as such marriage is universal in India. Barrenness is regarded as curse.
(ii) The desire for more children may not be universal but the desire for more sons is passively followed by everyone. This preference for a male child is due to the conventional belief among the Hindus that a man is born with there major debts towards gods and ancestors, and by procreating sons he frees himself from the best of these debts, and thus secures immortality and heaven. The birth of son, therefore, not only provides social security to aged parents but assures them a ladder to a blessed life thereafter.

(iii) Any discussion on matter to sex is considered a taboo, more so for unmarried boys and girls. It is considered immoral and unethical so that it is an inhibitive factor in acquiring knowledge and in practicing family planning methods.

(iv) The joint family system, even though on the decline, promotes the authority of man over women, thus obstructing the process of joint decision – making in the family. Particularly in matters related to the size of the family and spacing of births. Even in nuclear families, which are emerging because of industrialization and urbanization, the legacy of the male- dominated family is preserved.

By and large, Indian culture puts a high premium on large size families, as it carries a higher status and helps continuing the family name. It is also believed that large size families provide greater emotional security and better family adjustment and yet as a check on immorality and marital infidelity.
1.14 TECHNOLOGICAL FACTORS -

While various methods of fertility control namely sterilization, IUCD, mechanical and chemical contraceptives etc, are being advocated and used, the technological breakthrough has not yet met the challenge of our culture. The widespread acceptance of the need to limit the number of births, not being backed by actual adoption of birth control measures is indicative of a serious problem, probably the contraceptive methods are either clinically defective or their use is not possible in the existing environmental conditions prevailing in the country, particularly in rural areas. Today’s need is an invention of some cheap contraceptive which is cent percent effective and has no side effects on the health of the user. Once this is made possible, it will take care of the various barriers to the adoption and practice of methods of fertility control.

1.15 PSYCHOLOGICAL FACTORS -

Psychological insecurity associated with a small family is a great barrier in the practice of birth control. This insecurity is more pronounced among women who already suffer from several social and economic disabilities. Some studies have demonstrated that infant mortality promotes a desire for a large number of children. Forced poverty and exploitation of the vast majority of Indians over centuries have eroded their moral and psychological foundations, thus developing in them a feeling of helplessness and hopelessness. Acute apathy and indifference among our people have caused failures of many of our development schemes, and it threatens the acceptance of family planning programme too. Over a period of time people,
particularly women, have developed a fatalistic attitude, rationalizing their feedings of disgust and despair under cultural and religious garbs. Without lifting people from this psychological depression and creating in them a hope their lives can be bettered and for which adequate support and opportunities will be made available the chances of their accepting birth control as a measure of rising their status and standard of living are bleak. Fortunately in our country, the psychological climate has lately improved in favor of the have not and the backward people. The workers in the field of family planning can usefully exploit in favor of small families.

Personality factors have been correlated to the attitude towards family planning and fertility behaviors. Before going in deep first are give some definition of personality. “Personality refers to the whole behavioral pattern of an individual to the totally of its characteristics. Bigge and Hund (P-30) “Personality is the dynamic the unique adjustments in his environment “All port: Personality (P-48).

Attitudes affect behavior on the other hand behavior is rooted in one’s personality. There are a number of studies (e.g Fawett, 1974, Joe et at 1979. Muramatsu 1974). Correlating personality factors to attitude towards family planning and fertility behavior. However, they all were conducted outside India. Hence the need to investigate such relationship in India, Sinha and Mishra (1994) examined the role of personality factor in respect of attitude towards family planning. They found that high extroverts were more positive in their attitude towards family planning. However neuroticism was unrelated to attitude towards family planning. The nine personality factors which
affect the attitude of people towards family planning are
decisiveness, responsibility, emotional – stability, masculinity,
friendless, heterosexuality, ego, strength, curiosity and
dominance.

The evidence regarding the role of gender is not conclusive.
On the other hand females have to bear the burden of having
unwanted child and therefore should be more positive to family
planning; they are often more influenced by their husbands than
their husbands are by them. The studies (D Grandberg) and
1972. Pannu 1962) indicates that males and females do differ in
their attitude towards family planning but the differences are not
always consistent.

1.16 ATTITUDES TOWARDS FAMILY PLANNING.

The attitude of a woman towards family planning is
influenced by her education, age, income, background,
husband’s occupation and her status among other factors. In
terms of age, it has been found that the percentage of women
approving family planning decreases as the age group increases.
But the acceptance is about two-thirds even among the older
age group. This clearly shows that the great majority of India
women approve of family planning, irrespective of age. A survey
conducted by Khanna and Varghese (India Women Today, 1978)
on Indian Women’s attitudes to family planning showed that the
percentage of women who did not approve of family planning was
less than 10 in the 15-24 age bracket. The figure increased with
age to reach 36 percent in women above 45 years. Another
survey was conducted in 1981. In this survey, 753 married
women (belonging to 18-50 years of age group) and 733 men were questioned on family planning. To the question retaining to the optimum number of children a couple should have, 7.0 percent female answered they should have as many children as they want 63.5 percent wanted 2-3 children and 29.5 percents wanted 4-5 children. Against this 60.9 percent males were of the opinion that a couple should have only 2-3 children 27.8 percent were in favour of 4-5 children and 11.3 percent wanted the couple to have children as they desired. About two- third respondents were in favour of 2-3 children only.

A study made by the National Institute Of Community Development covering 365 village in 16 states and 43 districts also revealed that 51.6 percent were in favour of family planning and 23.7 percent were against it.

Khanna and Varghese survey showed that the acceptance of family planning is directly related to education. As many forty percent of women with primary school education or below did not favour family planning. If education level increases to even middle school level, the percentage drops to 14 percent. This shows that education brings about a change in the attitude to family planning.

The illiteracy of the husband also acts as a barrier because they remain unconcerned about planning the family. Illiteracy is found more among the poorer section of our society. Women with low education in the lower strata are more reluctant to use family planning methods. Their contention is that since they have no money to fall back upon, their only hope of survival is their children’s income. As average poor Indian Couple is not
satisfied with less than two or there children. A large scale survey conducted in 1987 by Ministry of Health and family welfare came to the conclusion that most couples wanted not only three or more children but they also wanted that two of them should be sons. Thus the message is loud and clear women in the low and middle strata need to be more effectively covered by family planning methods than those who are economically better off.

1.17 PSYCHOLOGICAL STUDIES ON FERTILITY

“Psychological, social and cultural factors have been all but ignored as objects of scientific inquiry. It is probably fair to say, even now; that we know more about what people expect, want and do with respect to planting wheat or purchasing TV sets than with respect to having babies” Sty Cos (1963).

Our world is watching its weight in population. If mankind is faced with a population crisis of worldwide proportions, it would seem that the services of every relevant professional or scientific group, including psychologist had absolutely nothing to offer in the practical business of slowing population growth, however the psychological aspects of birth planning would deserve systematic research. Perhaps the alarm over population avalanches, together with the popular interest in contraception, can stimulate research in a field that also merits study for less practical reasons.
Rainwater (1965) notes that social scientists’ study of birth planning is not merely an application of knowledge already present; research in birth planning provides new hypothesis and perspectives that feed back into social sciences.

Fertility behavior is complex and is determined by a host of physiological, biological, sociological and economic factors. There factors not only affect the fertility behavior divinely but also in variety of compilations. In such a complex situation no one discipline/approach is sufficient to provide a satisfactory explanation. Admittedly the dilemma for social psychologist as compared to others has been rather large the dilemma has existed mainly because social psychological researches so far have not been able to point at those individual dimensions through which the background variable that is socio-demographic and economic become operative and are expressed in the behavior of Individual.

In India the Socio-psychological researches mostly using ex post facto design have compared the personality dimensions of acceptors.

In a study Khan and Prasad (1980) have tried to establish that, acceptors are more prone to change, posses rational thinking and their subjective efficacy is high.

In another study Bhargav and Kapoor (1986) observed that open mindedness emotionality and naturalness is directly related to family planning acceptance. Singh and Bhargav exhibit a high degree of independence. On the other hand, Tiwari
(1976) have shown in his studies that sterilized persons as compared to non adopters are move anxious, introvert and group dependent.

Studies are inconclusive with regard to value orientation of acceptors and non-acceptors of F.P

Katiar (1976) revealed in his studies that the value orientation of acceptors does not exert sufficient influence for creating value changes in favor of small family sizes. Khan and Prasad (1980) confirmed that not only modernity values are positively associated with the acceptance of F.P, the acceptors of program belong to social, theoretical, religious and aesthetic combination of values, and rejectors to political and economic combination of values (Singh, 1976). The value orientation studies in these researches consisted of activism, aspiration, adventure, individualism and modernism.

Studies on the decision making process at the individual level to accept or reject F.P are nearly non- existence in India.

All India F.P studies conducted in, 1980 by operation research group, identified that out of 117 million eligible couples there were as many as 20 million couples who were not practicing any method of F.P despite not desiring any more children, about 15% reported that they did not liked the existing methods and 11% that it was against their religion. Shastri (1983), in another study found that husband wife differences on fertility desires on contraception, the conflicting influences from
the in-laws and conflict between personal norms & social norms were identified as additional factors for non-acceptance.

Cain (1981), studied that large families are the only insurance to people who have studied that Indian parents are must concerned about economic benefits and old age security from children.

Das (1983), stated in his studies that the preference for a son is not a exclusion of a daughter, at higher families size levels, particularly when all living children are son’s, a slight increase in the desire for additional children has been observed, indicating a desire for a daughter, whereas Khan and Prasad (1980) observed that **most preferred sex combination is 2 sons and 1 daughter followed by 1 son and 1 daughter.** He also stated that desire for additional is consistently related to the use of contraception.

**1.18 PERSONALITY**

Personality may be described as the most characteristic integration of an individual’s structure, modes of behavior, attitudes, capacities, abilities and aptitudes. Most theorists agree that personality is an internal, mental, and emotional pattern of response to the environment – a pattern of thought, felling and behavior that affects every aspect of a person’s life. Personality can also be defined in terms of characteristics (traits) of the individual which are directly observable in the behavior. It is quality that makes a person stand out from others; it is what ever makes a person unique.
A broad definition of personality generally encompasses the dimensions of uniqueness, stability and determinism.

“Personality is your effect upon other people” personality is also used colloquially to imply personal attractiveness the ability to withstand hardship and specific qualities.

1.19 RAYMOND CATTELL’S TRAIT THEORY

Psychodynamic threads approach by looking for basic mental structures whose natures and interactions account for differences in personality. The initial ideas of factor analysis were introduced by spearmen (1904).

One important approach is to view personality as a basic pheromone is its own sight, as a hierarchically structured, meaning fully organized whole with observable facts or elements. These elements are called traits. There have been two major ways of approaching personality through traits. These are the theories of Canon Allport (1931) and Raymore B. Cattell (1950).

Cattell (1950) provides a very general definition “Personality is that which permits a prediction of what a person, will do in a given situation”. The Psychological research in personality is thus to establish law about what different people will do in all kinds of social and general environment situations. Personality is concerned with all the behavior of the individual, both overt and under the skin.

The above definition stated by him provides us with an indication of the general purpose and theme of his view of the nature of personality. His purpose is studying personality in the
prediction of behavior of what a person will do in response to a particular stimulus situation. In Cattell’s approach to personality there is no reference to changing or modifying behavior from undesirable to desirable or from abnormal to normal. That has been the aim of several theorists, who were concerned with individuals in a clinical setting.

One of the statistical techniques used by cattle for his theory was factor analysis. He arrived at basic source traits through factor analysis. Sixteen factors have been repeatedly extracted, and a personality inventory, The SIXTEEN P.F (personality Factors) Test, has been developed to misuse them. Party to convey the tentativeness of factor labels, Cattle refers to source traits in terms of letters -16 source traits (A- O), factors D.V.K are not inhered in the sixteen (Q1-Q4).

1.20 SIXTEEN PERSONALITY FACTOR TEST

In a rapidly developing psychological field, different psychologists on diverse fields, e.g. clinical, experimental, educational, interpersonal, occupational and vocational many other have made different, temporary and semi popular factor analytical experiments for misusing personality of person. Technically accurate and widely repeated experiments of this kind are necessary to demonstrate that the separate traits or dimensions of personality which test scales measure correspond too uniquely, functionally unitary and psychologically significant course traits. One of them is the 16 P.F which is not a questionnaire compared of as ftrary scales, but consists of scales carefully oriented and groomed to basic concepts in human personality structure research, Its publication was under
taken to meet the demand of research psychologists for a personality-measuring instrument duly validated with respect to the primary personality factors, and rooted in basic concepts in general psychology.

The 16 PF test is a multidimensional set of sixteen questionnaire scales, arranged in omnibus form. It is designed to make available, in a practicable testing time, information about an individual's standing on the majority of primary Personality factors twenty three of them, if we count the 16 P.F supplement out of, perhaps. Thirty or so covered by existing research on the total human personality rheum, as defined by cattell's operational concept (1964 a, 1964 b). As regards the 16 P.F it self, one should note that it covers, in addition to the sixteen primaries, some eight derivatives there from as second-stratum, higher-over, broader reconditions.

**THE MAIN UTILITIES OF THE TEST**

The devise psychological user of 16 P.F can be summarized in the properties of the test. A first important properly in the unusual comprehensives of coverage of personality dimensions. A second important feature is the orientation of the scales are not set up in terms of subjective or a prior concepts, but are directed to previously located natural personality statuses related to the way personality actually develops. Thirdly, because it deals with such basic personality concepts the measurements become increasingly reliable to an organized and integrated body of practical and theoretical knowledge in the clinical, educational, industrial and basic research fields and lastly the
16 P.F scale, make possible comprehensive coverage of both factors discovered and needed in prediction.

**COMPREHENSIVES IN RELATION TO GENERAL PERSONALITY EXPRESSION.**

In applied fields the best strategy is to investigate using the whole spectrum of the 16 P.F for the verdict of many years of research indicates that in nine cases out of ten the practitioner will overlook some other, unconsidered personality dimension that is equally potent for what he wants to predict.

The central feature of the 16 P.F which distinguish it from most other adult questionnaires is that it is frontally based on the personality spare concept (Cattle 1946, 1954b, 1964b) a design to insure initial item coverage for all the behavior that commonly enters stings and the dictionary descriptions of personality. Thus, it has not been built up only by factoring of questionnaire material, but is part of the general structuring research on personality in everyday life rating data, objective tests etc.

**I. FactorA: Reserved (Sizothymia) Vs Outgoing (Affectothymia)**

The Concept has been measured as the score obtained on ten (10) items of the questionnaire that are indicative of reserved or outgoing personality. The low scores on Factor A indicate to be stiff, cool, critical, detached and aloof personality. Where as the high score indicate the Warm-hearted, Easy going, Co-operating and participating personality.
II  **Factor B: Low Intelligent Vs High Intelligent**

This refers to the Brightness or Dullness of the individual. Thirteen (13) items of the Factor B deals with this area and scores on these items are taken as a measure of Intelligence.

III  **Factor C: Emotionally less stable (low ego strength) Vs emotionally stable (high ego strength)**

This refers to the content of emotional stability of the person. Thirteen (13) items of the 16 P.F questionnaires constitute this area and scores on these items measure the degree of ego strength.

IV  **Factor E: Humble (Submissiveness) Vs Assertive (Dominance)**

The thirteen (13) items of the 16 P.F questionnaires measure the submissiveness or dominance as concretized in personality.

V  **Factor F: Sober (Desurgency) Vs Happy-go-lucky (Surgency)**

The scores on Desurgency refers to a tendency to be sober, dependable, and serious personality, Where as Surgency refers to cheerful, active, talkative, lively and enthusiastic personality. It is measured as the individual’s sores on the thirteen (13) items of the 16 P.F questionnaires that constitute this area.

VI  **Factor G: Expedient (Weaker Super ego strength) Vs Conscientious (Stronger Super Ego Strength)**
This refers to the content of Super ego strength of the individual. Ten (10) items of the 16 P.F questionnaires constitute this area and scores on these items measure the degree of Super ego strength.

VII  Factor H : Shy (Threctia) Vs Venturesome (Parmia)

The thirteen (13) items of 16 P.F questionnaires constitute this area and scores on these items measure the threctia or Parmia of individual’s personality.

VIII  Factor I : Tough – Minded (Harria) Vs Tender-minded (Premsia)

The Harria refers to the Individual having a self reliant, realistic, independent and responsible personality. The premsia refers to be tender minded, day dreamer and artistic personality. The ten (10) items of the 16 P.F questionnaires that constitute this area.

IX  Factor L : Trusting (Alaxia) Vs suspicious (Protension)

The ten items of the 16 P.F questionnaires constitute this area and scores on these items measure the degree of Adaptability or Suspiciousness of individual’s personality.

X  Factor M : Practical (Praxenia) Vs Imaginative (Autia)

The low scores on the Factor M indicate the individual having a proper, careful, practical and anxious personality. Where as the high scores on this refers to self motivated, creative and absent minded individual. The Thirteen (13) items of 16 P.F questionnaires measure this trait.
XI  **Factor N : Forthright (Artlessness)**

The Ten (10) items of the 16 P.F questionnaires constitute this and the scores on these items measure the degree of Artlessness or Shrewdness of individual’s personality.

XII  **Factor O : Placid (Untroubled Adequacy) Apprehensive (Guilt Proneness)**

The low scores on he Factor O show the person to be placid, self-assured and confident personality. The high score person have a apprehensive, worrying, troubled and depressive personality. The thirteen (13) items of the 16 P.F measure this trait.

XIII  **Factor Q1 : Conservative (Conservatism) Vs Experimenting (Radicalism)**

This refers to the content of Conservatism or Radicalism of individual’s personality. The ten (10) items of 16 P.F questionnaires constitute this and the scores on these items measure whether the person is conservative or radical.

XIV  **Factor Q2 : Group Dependent (Group adherence) Vs Self-Sufficient (Self-Sufficiency)**

The low scores on Factor Q2 refer to depend on social approval and admiration. The high score on the factor refers to the resourceful and self sufficient. The ten (10) items of 16 P.F deal with thin aspect and it is measured as the scores on these items.
XV  Factor Q3 : Undisciplined-Self-Conflict (Low Self-Sentiment integration) Vs Controlled (High Strength of Self-sentiment)

The ten (10) items of 16 P.F deal with low or high Self Sentiment and it is measured as the score on these 10 items.

XVI  Factor Q4 : Relaxed (Low Ergic Tension) Vs Tense (High Ergic Tension)

This refers to the content of Ergic Tension o individual. The Thirteen (13) items of 16 P.F constitute this area and scores on these measures the factor Q4.
1.21 Psychological Aspects of Acceptance and Effectiveness of F.P

This rapidly increasing population badly affects our economy, resources, environment, and primary health service and food position. In the years to come we have to check increasing population with effective programs is a challenge. This programme should become public programme. By active participation of the public desired. Success will be actives. Political will towards population control is needed which can play very important rate. Those who involved in the intervention need a better understanding of the social-psychological dynamics that may facilitate more effective adoption of Family Planning methods. A policy with a new integrated approach to population of F.P programme is needed. The present study suggests that the individual’s approach towards family planning can be motivated in the interest of self and spouse, that they will be healthy, free from burden of unwanted child and increased sexual gratification will be attained. Children welfare is another strong motivating factor for the couples thinking of family planning.