Chapter 2

Methodology
METHODOLOGY

This chapter discusses the over-all methodological aspects that have been followed for completing present research work. Hence, it is focussed on discussing the details of (I) Objectives (ii) Hypotheses (iii) Study area and sampling (iv) Conceptual model (v) Schedule and data collection and (vi) Plan of report.

(i) Objectives of the Study:
The main objectives of the study are as follows:

(1) To study the difference in the socio-economic profile of the two states,
(2) To explore the relationship of socio-economic variables on fertility and contraceptive behaviour,
(3) To find out the socio-cultural factors that affect the fertility and contraceptive behavior in the two regions,
(4) To find out the level of fertility and family planning in the study area,
(5) To assess the relationship between fertility and family planning in the study area,
(6) To study the influence of specific demographic variables on fertility behavior,
(7) To estimate the mean age at marriage of women in the study area,
(8) To evaluate the status of women in two states,
(9) To explore the relationship between authority of decision making and contraceptive behavior and
(10) To assess the awareness of various family planning methods in the study area.

Hypotheses:

The following hypothesis is to be tested in the present study:

Andhra Pradesh fertility rates are higher than that of Tamil Nadu fertility rates.
(b) Contraceptive adoption is higher in Tamil Nadu than in Andhra Pradesh.
Better socio-economic conditions lower the fertility and also higher adoption of contraceptives.
(d) The status of women in Andhra Pradesh and Tamil Nadu is the same.
(e) Awareness and adoption of family planning are positively correlated.
(f) Modernization and fertility are negatively correlated.
(g) The higher the decision making autonomy the lower will be the fertility.
(h) Age at marriage is higher in Tamil Nadu than that of in Andhra Pradesh.
(i) Number of living children and family planning adoption is directly correlated.
once a part of North Arcot District. Chittoor District was formed on the 1st April of 1911 with head quarters at Chittoor. In 1960, as per the Pataskar Award the territorial Jurisdiction of Chittoor District was changed from then the present territorial areas were under Chittoor District.

Tiruvallur District was carved out as a separate district due to the bifurcation of erstwhile Chengalpattu – MGR district. This district included the talukus of Tiruvallur, Tiruttani, Uttukotai, Pallipet, Gummidipundi and Ponneri.

From Chittor district Sathyavedu mandal, and Pallipet bloc was selected from Tiruvallur District, because these two areas were under the same administrative unit, i.e., district upto 1960. Only after the implementation of Pataskar’s award these two were seperated.

As a result, these share some similar characteristics. Both these lie on the state borders. And a significant number of people speak Tamil in Satyavedu Mandal and Uttukotai a town in Tamil Nadu is the nearest town for all those people who live in Satyavedu Mandal. A majority of people comes to Uttukotai for various purposes like education, heath-care, marketing, entertainment, and the like. Similarly in Pallipet block also a good number of people speak Telugu and a majority of them go to Nagari,
a town in Andhra Pradesh for various needs as reasoned above. Satyavedu Mandal has a population of 45,664 (total rural) in 30 revenue villages, similarly, Pallipet Block has 62,058 rural population in 32 revenue villages. From these villages 15 villages from each mandal/block is selected at random. From these selected villages the list of ever-married women (eligible couples) in the age group of 15-44 is available with the ANM of the concerned sub-centers. And with the help of ANM, women with at least one living child are listed out. From this list 300 women from each area are selected at random and interviewed with the help of interview schedule. Thus, in this study a multi-stage random sampling technique is used. The first stage is selection of villages and the second stage is selection of respondents with at least one child. The total sample size is 600 evermarried women in the age group 15-44 with at least one living child. As our study mainly focuses on fertility and on family planning a married women with no living child and also sterile women are not included because, in a rural area women with no children and sterile women do not practice family planning. Hence, only women with at least one living child are taken as sampling unit.
Conceptual Frame Work:

It is not just one factor, but a combination of several factors influences the fertility and family planning behaviour of an Individual. The different variables included in the model that influence fertility and family planning are broadly categorised as demographic variables, socio-economic variables, developmental variables and family planning variables. In this part, only an illustration was given to explain how some variables determine the fertility and family planning behaviour of an individual.

To consider, first the most important demographic variable namely age at marriage; a girl marrying at late age reduces the reproductive span of that girl, ultimately reduces fertility.

Level of education and income are the two important socio-economic variables. These two variables influence fertility and contraceptive adoption through several ways. For instance, education improves one's understanding, knowledge and awareness. Infact income also through these attributes it affects the fertility and family planning behaviour of the individual. Similarly income improves the chances for better education, exposure, and ultimately influences one's fertility preferences.
SOCIO-ECONOMIC VARIABLES
- education, occupation, income, caste, etc.,

DEMOGRAPHIC VARIABLES
- Age at marriage, no. of live births, sex preference, etc.

FERTILITY

FAMILY PLANNING ADOPTION

HEALTH VARIABLES
- Utilization of health services, awareness of family planning, methods, antenatal care, etc.

DEVELOPMENT VARIABLES
- Exposure to outside world, modernization, decision-making, intra-spouse communication, household articles, etc.
Exposure to outside the world and modernization are the two important development variables. These variables affect the contraceptive behaviour and fertility preference. Since both of these variables increase autonomy, understanding, awareness, follow-up services for sterilized, utilization of health services, etc., and are the important attributes under the family planning variables. These variables affect fertility and contraceptive adoption via increasing health status, health awareness and decreasing the incidence of infant and child health. All such variables are discussed in detail in the following chapters.

Thus the conceptual model given on page 49 is only a model that shows how variables are tested in the present study.

1. **Demographic variables**:
   Age at marriage of the respondent, age at first conception, number of live births, number of living children.

2. **Socio-economic variables**:
   Caste, occupation, type of house, income, education, family size and electrification of the house, etc.

3. **Development variables**:
   Modernization, decision making authority, exposure to outside world, communication, and intra-spouse communication.
4. **Family Planning variables:**

Utilization of health services, awareness of family planning methods, ante-natal care, problems after adopting family planning method and the like.

Based on the above variables, data are collected from sample population with the help of the interview schedule.

**Schedule and Data Collection:**

For the purpose of data collection, an elaborate interview schedule is developed which has precise, simple, clearly worded questions. The questions are mainly focussed on (a) General particulars of the respondent and the household, (b) Socio-economic characteristics of the respondents, (c) Fertility preferences, (d) Pregnancy history of the respondents, and (e) Contraceptive behaviour of the respondents.

The survey is conducted during the period July 1997 to October 1997 and data are collected from the sample population. While collecting the data various data collection techniques are adopted such as probing, observation, cross-checking in order to minimise the reporting errors. After collection of data, editing is done carefully. Code design is prepared and all the data are coded. Based on the data obtained, different tables like
uni-variate, bi-variate, and multivariate tables are prepared. Certain statistical tests like $\chi^2$ test, F test, are applied wherever needed.

**Plan of Report:**

The report of the present study is presented in different chapters.

Chapter I deals with introduction of the topic, need of the study and review of literature.

Chapter II, deals with objectives of the study, hypotheses to be tested, design of conceptual framework and sampling procedure adopted.

Chapter III is devoted to discuss the socio-economic characteristics of respondents in the study area.

In Chapter IV, the fertility behaviour of the sample population has been discussed in detail.

Chapter V gives an account of contraceptive behaviour of the sample population.

In Chapter VI determinants of fertility and family planning behaviour is analysed with the help of multi-variate technique.

Chapter VII gives an overall view of the study. In this chapter, summery of findings is presented and based on the findings some feasible measures are recommended.