**INTRODUCTION**

India is the first country in the world to initiate an officially sponsored family planning programme since 1951. However, the implementation of the programme was very slow until the late 1960s. With the creation of a separate department of family planning in the mid-1960s, greater emphasis was given to this programme, and since then contraceptive use rate increased steadily. For example, at the end of the year 1971 the contraceptive prevalence rate (CPR) in India was just 10 per cent but by the end of the year 1991 (20 years) the CPR was increased to 43 per cent. However, the achievement of the family planning programme is not quite satisfactory, and the adoption rate is still very low, especially among the poor people. This is true particularly among the slum dwellers in urban areas and scheduled caste and tribe people in rural areas. Apart from the influence of social and economic factors, the lack of effectiveness in implementation of the programme may be the reason for lower level of family planning adoption among the scheduled caste and scheduled tribe people.

The family planning programme was not effectively implemented during the first and second five-year plans (i.e., 1951-1956 and 1956-1961). There were two reasons for it. The first one was due to clinical approach. Under this approach, couples who intend to practice family planning should go to family planning clinics on their own. The second reason was due to high illiteracy, ignorance, superstition and poverty, majority of the couples did not approve birth control methods. Therefore, a new impetus was given during the third-five year plan (1961-66). In this plan, specific goals, direct and indirect measures were considered for promoting family planning programmes. The strategy was shifted from clinical approach to extension approach. In the extension approach, the health extension workers must
visit houses, and explain them the advantages of limited family and also provide family planning services at the doorstep of the couples. In addition to this, Cafeteria approach was also implemented, where all methods of family planning were equally promoted. In our country, to bring down the infant mortality rate, maternal and child health services were integrated with family planning programmes. For the first time, in this field, targets were fixed and the family planning outlay was increased substantially.

During the fourth-five year plan (1969-1974) the Medical Termination of Pregnancy (MTP) Act, was passed in the parliament which effects from 1st April 1972. In the fifth-five year plan (1974-79), health and nutrition and family welfare became a part of minimum needs programme. In 1978, Child Marriage Restraint bill was amended to raise the age of marriage of girls (15 to 18 years) and boys (18 to 21 years). During emergency period (1976), Dr.Karan Singh had announced, National Population Policy, this was superseded by the Janata Government regime, in 1977, and the then Health Minister, Mr.Rajnarain had announced another National Population Policy. Family planning became a part of 20 point programme in the sixth-five year plan (1980-85). Even in the seventh and eighth-five year plans (1985-90 and 1992-97), family planning programme was accorded high priority in terms of budget allocation, and strengthening of health infrastructure to achieve an effective couple protection rate (CPR) of 60 per cent by 2000 AD. In addition, World Bank projects on health and family welfare came handy to further strengthen this programme in India.
obstructing the adoption of family planning is regarded as highly valuable for understanding and carrying out the family planning programme effectively.

Need and Importance of the Study

The Indian Government's concern about the population problem created interest among the demographers and social scientists in the study of family planning. In the 1960's a number of Knowledge, Attitude and Practice of Family Planning (KAP) studies were undertaken to assess the characteristics of family planning acceptors and to evaluate the impact of the government programme. However, most of these studies were small in their coverage and largely confined to urban areas only. But according to 1991 census only 25.73 per cent of the population were living in urban areas and the remaining (74.72 per cent) were living in rural areas in India. So the rural masses are lagging behind in the adoption of family planning compared to their counterparts living in urban areas (Operations Research Group, 1972 and Dias & Dias, 1978). Therefore, a large scale KAP studies are to be undertaken in rural areas to find out the reasons for such low acceptance of family planning. Such studies would give us clues to increase the adoption of family planning in rural areas on par with urban areas. Hence, the present study is aimed at rural people among whom the KAP of family planning is at a very low ebb.

It is a known fact, that adoption of family planning is highest among forward castes followed by backward castes and lowest among scheduled caste people. This argument was voiced by many studies (Agarwal, 1972; Pillai and Namboothri, 1972; Mahadevan, 1972; Nag, 1973; Mandelbaum, 1974; IPPF, 1974; Jain, 1975; Chandrasekhar, 1976; Visaria and Jain, 1976; Rele and Kanitkar, 1977; Haq, 1977;
Further it is a known fact that, illiteracy, superstition and poverty are very high among scheduled caste population. They have very large families compared to backward and forward castes. The birth rate is also high among them compared to the other two caste groups. They consider children as a divine dispensation and they feel that "more hands more money".

So, there is need for KAP studies on family planning behaviour among Scheduled Caste population. Hence, keeping this in view, the present investigation is taken up to study the behaviour of the scheduled caste people (women) with special reference to family planning. In the present study, women have been chosen as the respondents purposively because among the adopters of family planning in India more than 90 per cent are women. Such studies provide us specific knowledge about the factors determining fertility and family planning acceptance by scheduled caste population which can be used for developing suitable programmes for them. Since, a very little information is known about the demographic factors, fertility and family planning behaviour of the Scheduled Caste women in India, in general and Andhra Pradesh, in particular.

The present study is aimed at ascertaining the KAP of this population so that the results of the study will help to device accurate programmes which will be able to lessen the difficulties of explaining the significance of the family planning programme and convincing them to have small family norm by launching proper programmes at right time.
Structure of the Thesis

The present study is divided into nine chapters with an introduction at the beginning. The first chapter contains review of literature and methodology. In this chapter, a number of Indian and International studies available on family planning acceptance and non-acceptance have been reviewed. Methodology, covers the details relating to objectives, hypotheses, area of the study, sample frame and size, interview process, data analysis, operational definitions and measurement of variables.

The second chapter refers to socio-economic and demographic characteristics and family planning behaviour. The variables discussed here are religion, education, occupation, annual household income, type of house, type of family, present age of the respondents, type of marriage, duration of married life, number of living children, sex combination of living children with reference to adoption and non-adoptions of family planning.

The third chapter covers knowledge of family planning, which involves knowledge of different family planning methods both modern methods and traditional methods among adopters and non-adopters with reference to detailed background characteristics. It also covers first source of information about the knowledge of family planning, knowledge of sources where the method could be obtained, perception towards family planning methods (modern), knowledge of minimum legal age at marriage, perception of infant mortality, knowledge of abortion are studied in detail.

The fourth chapter refers attitude towards family planning, which includes index on respondents perception towards family planning, opinion towards sexual
promiscuity, perceived disadvantages of the modern methods, effective source of information, ideal spacing, perception towards incentives, attitude towards intra-personal discussion, attitude towards induced abortion.

The fifth chapter covers practice of family planning and fertility behaviour. It refers sterilization, reasons for approval or non-approval of family planning, respondents intention to use a family planning method in the future and fertility behaviour with reference to background characteristics such as age, religion, education, occupation, annual income, type of family.

The sixth chapter contains family size norm and family planning behaviour which include ideal family size and composition, dimension of value of children, son preference, value of son(s), degree of son preference, value of daughter(s).

The seventh chapter indicates communication and family planning behaviour. It refers inter-personal communication, importance of inter-personal sources, intra-spouse communication, mass media, exposure to radio and television, satisfaction of media availability.

Status of women, modernisation and family planning behaviour deal in chapter VIII. With regards to status of women it includes index on role in decision making in the family matters, index on women roles, institutional participation, attitude towards political freedom. Whereas under modernization it includes urban contacts, belief about reproduction, attitude towards daughter's education, duration of breast feeding and perception of infant mortality.

The last chapter presents the summary and implications of the present research.