It is rightly noted that there is no shortcut to population stabilisation. There is no substitute to sustained good work. We must create a situation where people would ask for health and family planning services. This implies an urgent need to understand the dynamics in the adoption of family welfare programmes. Further, the family planning/welfare programmes has been persistently being criticised for their focus on couples which smacks of western individual centric approach. It is in this backdrop, the present study is a modest attempt with a central objective- to understand dynamics of personal and familial characteristics in the adoption of family welfare programmes. Thus study focuses on the following objectives-

1. To analyse and assess the influence of socio-economic correlates, and the personal and familial characteristics in the adoption of family welfare programmes.

2. To analyse the nature and impact of rural women reproductive trajectory in the adoption of family welfare programmes.

3. To explore the intra-house dynamics of communication and power relations in the adoption of family welfare programmes.

4. To understand how personal and familial characteristics operate to influence the process of contraceptive adoption.
In the light of objectives, following hypotheses are posited for verification in this study-

1. Higher is the caste, education, income and outside employment, higher is the adoption of family welfare programmes.

2. Poorer the reproductive trajectory of woman, poorer the adoption of family welfare programmes.

3.1 Higher the scope of discussion on family issues (wider the communication domain), higher the adoption of family welfare programmes.

3.2 Higher the mutual decision making in family, higher the adoption of family welfare programmes

4.1 More positive the personal and familial response to contraceptive methods, more the adoption of contraceptives.

4.2 More participatory the decision making process, more the adoption of contraception.

The present research is a micro exploratory study of the adoption of family welfare programmes. Given the collective and unique nature of Indian rural family, as a social institution, the family is taken as a unit of study. Further, the collective value system of Indian society, ethos and community solidarity are preserved and mutates through the institution of family, of which fertility behaviour and adoption of family welfare programmes are no exceptions. Further, the family as unit of study takes the present research more close to
Indian model of social work instead of western social work unit ‘individual’ and family welfare programmes much-criticised unit ‘couple’. The present research focuses on analysis of Lodha block, which lies in the district of Aligarh, Uttar Pradesh. The study is restricted to a sample of 150 households consisting of 75 sterilisation adopters (adopters) and 75 non-sterilisation adopters (non-adopters). In the collection of primary data, both survey method and qualitative techniques like FGDs, case studies, key informants and also ‘informal discussions’ are used. The approach was to supplement the quantitative data with dense qualitative data. The use of secondary data is restricted to facts and figures and is collected from Census data, block data and PHC. The data thus collected are analysed and inferences are drawn accordingly with the help of percentages, mean averages and two-tailed t-test and to crystallise subtle dimensions the FGDs and case studies are used.

The thesis is divided into seven chapters. The first chapter is devoted to building of research argument. It outlines the major population debates and researches in fertility and family planning and the rationale and relevance of undertaking this research. The second chapter is on research methodology, which sets the path to pursue present research. The chapter three is on personal and familial determinants of contraceptive adoption in rural milieu. The fourth chapter discusses the rural reproductive trajectory; the fifth chapter explores the dynamics of communication and power relations; and the sixth chapter analyses the process of contraceptive adoption. Basically, these chapters from three to six deal with the each major objective of the study. Each of these chapters first dwells heavily on related studies and thereafter the
results from the data analysis of present research are discussed and inferences drawn accordingly. The thesis end with chapter seven on conclusion and ways forward.

The results of the present study are summarized here with reference to the objectives of the study and the hypotheses set forth for testing:

The study attempted to find out how the personal and familial characteristics become operative under the influence of socio-economic variables and thereafter analyses the major personal and familial characteristics of adopters and non-adopters. The research began with an analysis of data on major and much acknowledged and commented upon socio-economic variables determining fertility and family planning adoption. The data is collected with regard to religion, caste, family type, land holdings and political participation. With regard to socio-economic correlates it may be inferred that in sampled population, religion as a category (across Hindus and Muslims) is not significant while caste is significant at least in sterilisation adoption. SCs are better sterilisation adopters however in case of temporary contraception SCs and general category are at same platform while OBCs performed better. The family typology also does not present a clear picture but in case of sterilisation nuclear families are more conducive. Further, in terms of land holding and political participation, the sample population have poor profile however those belonging to these categories are either adopters or have positive inclination towards family welfare programmes. The qualitative data more thoroughly reflect that these socio-economic correlates govern and operationalise subjective realms of adopters and non-adopters. For example, religion as an
It may be inferred that the poor reproductive trajectory of rural women force them to take recourse in adoption of sterilisation which to them is more safer than unsafe abortions or being further puzzled of pregnancies, child care and household managements that also with limited incomes. This area require much needed attention of public health agenda and can be fruitful for both saving the mothers and promoting the family welfare programmes.

In order to understand the significance of intra-house dynamics of communication and power relations, the present research dwelled across two hypotheses, one on communications domains and another on process of decision-making in the family. The adopters have communication domains than non-adopters and hence the hypothesis that higher the scope of discussion on family issues (wider the communication domains), higher is the adoption of family welfare programmes is tested true. Similarly, the decision making of these issues have variations across the issues and also among adopters and non-adopters. The data show that unlike general issue like domestic problems, economic problems and even child upbringing, the intimate issues like personal health and hygienic, and the issues of small family and family limitation differs in decision making matters and these dynamics have to be considered in any mobilization for small family norm or adoption of family planning. It is also clear from the data that among adopters there is more mutual decision-making and this again supports the proposed hypothesis that higher the mutual decision making in family, higher the adoption of family welfare programmes.
It thus came out from data analysis that in case of temporary contraception responses are more of simple consent and encouragement than of indifference and even there is no response of rejection. Among non-adopters, the responses are more relatively more positive than adopters. However, the process of decision-making is more participatory among adopters than non-adopters and probably the same speak of high percentages of adopters in ever-temporary contraception than non-adopters. Similarly, in case of sterilisation also there is either more mutual decision-making (all adopters, their spouses and significant others) or extreme unilateral decision by women. It may be noted that in case of temporary contraception there was not even a single case of mutual decision-making, this again justifies that in case of sterilisation whole family becomes active thus decision making becomes complex. Thus the hypotheses: i. more positive the personal and familial response to contraceptive methods, more the adoption of contraceptives; and ii. more participatory the decision making process, more is the adoption of contraception are tested true.

In view of intensive data analysis, insight gained from key informants, FGDs and case studies, it is amply clear that the contraception adoption is a dynamics process involving ‘family’ as a whole rather than individuals. Further, the mutual discussions and mutual decision-making process becomes more important as one moves from adoption of temporary contraceptives to permanent methods like sterilisation. It can thus safely be argued that- higher is the synchronisation between personal and familial characteristics, higher is the adoption of family welfare programmes.
It came out from the results of present research that if proper threshold energy is provided to speed up process of contraceptive adoption at personal and familial level (i.e. at family level), than the family planning catch segment will not be the exhausted generation but the potentials groups to substantially strike at TRF. It has also become very evident that unlike sterilisation there are not much inhibitions regarding temporary contraception, rather there is high unmet need. However, the hassles and infectiveness of temporary contraceptives is a cause of concern among the sampled population. From the qualitative data it became crystal clear that the only missing link is the lack of proper counselling and clarification regarding temporary contraceptives which results in incorrect and inconsistent use of temporary contraceptive and hence the resultant effectiveness. It also came out that due to delay in process of decision-making for sterilisation and ineffectiveness of temporary contraception, the women attempt fatal traditional concoctions and unsafe abortions. Thus, there is need of concrete steps for developing such groups within community who can act as catalysts to provide the much needed threshold energy. It is here that the study proposes the proactive role of Panchayati Raj Institutions (PRIs) and the professional social workers to provide true momentum to Cairo goal of informed choices in contraceptive adoption under the umbrella concept of Reproductive Health (RH).