The population policy in India is essentially a social problem, relating to the operation of old social family planning norms in a social situation. It is an agricultural society, the standard of living is low, and fertility very high. An agrarian society develops institutional norms for marriage procreations, and child-care, adequate enough to keep the birth-rate high. It is because of this that Indian society, especially rural society, develops the norms of universal marriage, even early marriage, and also various rituals regarding up-bringing of children, with elders blessing newly married couples with a "May you have many children". Such norms are typical of all agricultural societies.

Now, to take full material advantage of the new opportunities offered by a modern industrial society, and in order to gain wealth and social status, an individual and his children require education, special skills capital and mobility. All these go against the norms of a large family. Family-size has therefore deflated with expanding urbanization, and industrialization because, both the standard of living,

as well as that of education, has substantially improved. The motivation to lower the birth-rate, was of course based on the desire of the people, to improve their wealth and social standing, by availing the opportunities which the emerging industrial society offered. This lowered the birth-rate of an urban society. However, Ungern Sternberg has argued that the mere fact of a low birth-rate in large cities, does not justify the conclusion, that urbanization in itself, is the cause of the declining birth-rate. He has even gone on to elaborate the causes of the fertility decline and considers them to be entirely of mental origin not at all of physical or biological nature. Prosperity is not the cause. It is the goal. And birth-control is the means to achieve this goal.

Now, the Government of India provides contraceptives through family planning programmes as a part of public health work to reduce population growth. However, the problem arises when the poor and illiterate do not agree to plan the family, because of lack of motivation. Poverty being excruciatingly acute, the thought is that additional mouths to feed also mean a additional hands to help earn a living for some the


indulgence could very well be an escape, or even a mode of expression in an otherwise hostile situation. Some experts are of the opinion it is neither poverty nor hunger which is the motivating factor. In fact they do not have any idea of the crises, the nation stands upto because of population bursting at its seams. They are too illiterate for that kind of a perspective, for very few families in rural areas, and very few from urban slums send their girls even to primary schools. Under these circumstances experts feel that they just can not appreciate the need to postpone the age of marriage of their daughters.

Motivation in rural areas towards family planning, can only operate if there is aspiration that is, if the people aspire to have better material prosperity. However, with social mobility being almost nil in rural areas, aspiration is hardly possible. Optimists believe that the problem of motivation, and even aspiration can only be solved if agricultural societies under go transformation and become industrial instead. This is because industrialisation has the prospect of material prosperity to offer. Also two third of the world population is made up of societies primarily agricultural, industrial transformation of which may well be a dream. Yet, its impact on fertility, when the industrialization is achieved can hardly be denied.

4. Ibid., p. 4
Now, in a country like India, steeped in illiteracy, tradition, and orthodoxy, the children are still considered a divine dispensation. The task of explaining the significance of the family planning programmes, to rural masses, and convincing them to take to small family norms, is by no means very easy. A number of knowledge-attitude-and practice (KAP) studies were conducted in the fifties, and early sixties. They revealed that there was a wide disparity, in the degree of acceptance of the idea of family planning, in different parts of the country. What we conclude from these studies is that there was considerable opposition to family limitation. Very few people had crystalized their information on family planning. And among those who did have some knowledge about the techniques, it was found that "only a few ever practiced them to achieve their goals". However, the situation is gradually changing, because the family planning programme is being given high priority, although recent studies do show the startling gaps between targets and achievements.

But then, very few KAP study was carried out in the rural areas of Andhra Pradesh. The state's performance was found quite encouraging especially since 1976-78 in tubectomy operations. The KAP study was very useful in as much as a rural community's attitude to family planning, its

5. Ibid., p. 2.
6. Ibid., p. 2.
knowledge of it and also its practice of it could immensely help in achieving better results later. Further, very little investigation has been conducted for discovering male attitude concerning family planning. Also, so far, most of the KAP studies were confined to women respondents, possibly on the ground that it is they who bear and rear children, and, therefore it is they who should be won around.\(^7\)

Again, urbanization has also been extensively studied in relation to fertility. There is a wide dispute regarding it. About 56 studies regarding urbanization and fertility have been denoted. Of these, 31, that is two thirds, hold that urbanization is negatively correlated to fertility (Agarwal, 147; Apte, 1966; Chandrasekaran and George, 1962; Chandrasekaran, 1948; Chandrasekhar, 1943; 1961; Chellaswami, 1960; Dandekar, 1967; Datta, 1961; Davis, 1944; El-Badry, 1967a, 1967b; Fryman, 1963; Geisert, 1961; Ghosh 1967a, 1967b; Jain 1967a, 1967b; Lal, 1968; Memorial 1957, 1961; Mehrotra, 1965a, 1966b; Mukherjee, 1961a, 1961b; Nag, 1951; Nevett, 1964; Poti, 1960; Raina, 1965, and United Nations, 1961).\(^8\)

However, 18 other studies conclude that urbanization has no effect on fertility (Balasurbramaniam, 1966; Chandrasekaran, 1956; Coal and Hoovers, 1950; Danskar and Dandekar, 1953b; Driver 1960, 1963; D'Souza, 1966; Goyal 1964; Jain, 1956; Krishnamurthy, 1968; Mathen, 1965; Paulus, 1964; Raja, 1960;)

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7. Ibid., p. 11.


Yet another four studies bear out the fact that the relationship between urbanization and fertility is bell-shaped curvilinear" (Chandrasekaran, 1963; Davis, 1946; 1951; Gupta, 1965). 10

Also, agriculturism is announced positively correlated to fertility by 10 studies (Das, 1938; Davis, 1944, 1946, 1951; Driver, 1963; Ghurye, 1934; Jain 1939; Krishnamurthy 1968; Saxena 1965; Sharma 1969; and Srinivas 1967). 11 However, two studies hold that agriculturism is not related to fertility (Jain 1956; Paulus 1964). 12 Only one study holds the correlation negative (Mamoria 1961). 13 Therefore the hypothesis of a positive correlation between agriculturism and fertility stands true.

Again, those westernization is conducive to fertility reduction is held by 9 studies (Chandrasekaran 1963; Coal and Hoover 1950; Datta 1961; D'Souza 1966; Geisert 1961; Gupta 1965; Mamorial 1957; Raja 1960; United Nations 1961). But two studies contradict each other when they hold that Easternization has no effect on fertility (Davis 1944; Samuel 1963). 14

9. Ibid., p. 38.
10. Ibid., p. 38.
11. Ibid., p. 38.
12. Ibid., p. 38.
13. Ibid., p. 38.
Further, in the year 1969, Olusanya, P.O. (University of Ibadan) found that "the attitude of rural women are far more favourable to high fertility than those of urban women although for both groups the modal number of children preferred is 5 to 6. The analysis also yeilds a total fertility of nearly 6, and an x family size of about 5 for both groups Rural/Urban fertility differential was found". 15

As to preference of children themselves for the number of children in the family, Kohlmam and Ma (1970) in a study have found non-city and city children around Delhi, somewhat differing in attitude. The city students wanted fewer at every level. 16 Also, James (1969), found that "the numbers of children born per 100 women declined as the population size of the urbanizated area increased". 17 And, Freed (1977), also concludes that industrialization and urbanization both diminish fertility. 18 Recently, Benjamin (1981) conducted a study on family planning practices among Indian couples in rural-urban areas and reached the finding that as among young couples, more of the urban areas adopted these practices. 19

Along with urbanisation, education is also a very important determining factor in curtailing fertility. Studies have been conducted to relate education with the question of fertility. Ronal Freeman, Pascal, K., Whelpton Arthur Com- pell, (1959)20 Caldwell and Hellen Ware (1977)21 and Lam (1979)22 have found a positive correlation between education and the fertility rate. The higher is the education, the lower the fertility, and vise-versa. However, Srivastava's study (Patna University, 1969), tells a different story, concluding that literate females had a slightly higher fertility-rate, than illiterate ones.23 Surprisingly too, C.E.L.A.D.E. and C.F.S.C. (1972) have also reached similar conclusions announcing that educated husbands and wives, both desire more children, and this desire is the stronger if the education is higher.24

24. CELAD and CFSC; Fertility and Family Planning in Metro­ politan, Latin America community and Family Studies Center University of Chicago, 1972, p. 86.
Balasubramaniam (1960); Coal and Hoover (1950); Dandekar and Dandekar (1965); Dandekar (1953a); Davis (1945) and (1951); D'Souza (1966); Bardy (1967a) and (1976b); Geisert (1961); Ghosh (1967a); Goyal (1964); Hussain (1969); India (1967); George and George (1966); Lal (1968); Hamorial (1957) and (1961); Paulus (1964); Raina (1965) and (1965); Raja (1960); United Nations (1961); and (Watta (1934)). He also cites six studies that show that the relation between education and fertility is curvilinear and bell-shaped (Datta (1961); Gupta (1965); Krishnamurthy (1968); Poli (1960); Samuel (1965); Sinha (1955)). Two other studies (Basu (1962) and Singh (1958)) also hold for a positive correlation between education and fertility. 26

Yet another study by Ishrat Zafar Hussain reveals "a positive relationship between the educational attainments of household members including its head and the age at marriage of M.S. and F.S. direct relationship between preference for 2 or 3 children and the educational level of the head and household members. The findings indicates the important role that cultural factors such as education plays in moulding the reproductive behaviour of the household." 27

Studies have also shown that among the affluent, the desire to have more children is comparatively less pronounced, but among the poorest people, the desire to have more children remains high. Coontz confirms this, for according

26. Ibid., p. 34.
him, the poor class would have a strong motive than the wealthy to practise family limitation". However, letter disagrees and says that it is "actually it is among the well situated that the fear of hunger is greatest, their behaviour is characterised by prudence and foresight, by the ability to subordinate present enjoyment to future considerations the some virtues which have made them healthy are ones which led them to practise family limitation". But Coontz has a counter argument. He says that when the family is considered a production unit, there is absent in the upper class a motive to procreate which exist among the lower whereas among the wealthy, an additional child not only increase the family expenditure but also fails to augment the family income for a relatively long period among the poor the children frequently supplement the family income at an early age".

Muller Eva and Richard Cohn (1977), studied the fertility rate in relation to income in Tiwan, and found that neither "family-income nor husband income shows any positive impact on demand for children, regardless of which of several definitions of income is used. Path analysis shows that increasing income results in increasing contraceptives use but has no effect on fertility". The income variable has

29. Ibid., p. 63.
30. Ibid., p. 63.
highly been controversial because some studies reveal that there is no correlation between income and fertility (Anand (1966); Bhate (1961); Dandekar (1959); Dandekar and Dandekar (1953a); Davis (1951); Driver (1960); (1963); Goyal (1964); Henery (1960); Pethe (1960); Soni (1948); Thaper (1985)). However, other studies hold that the correlation between income and fertility is positive Das (1938); Datta (1961); India (1953a); Jain (1939); Poli (1960); and Sinha (1965). Further, seven studies also confirm a bell-shaped curvilinear relation Krishnamurthy (1968); Mukherjee (1961b); Nag (1962); Nevette (1964); Sharma (1969); Sinha (1957) and (1955). Another five studies: (Agarwala (1960); Boppeimate (1966); Chandrasekhar (1957) and (1961); Husain (1969)), 32 two studies even affirm a U-shaped curvilinear relation (Mujumdar (1960); Planning Commission (1958)). 33 The debate not with standing, the state in which present research stands, and the conclusion to which it comes, is that the relation between income and fertility is positive. And Fetter denies that a rapid increase in income will be dissipated by a consequent growth in population. True, the growth in income will cause a spurt in the population, but the spurt will not be considerable, and will not affect the standard of living and the fact that the standard of living will be directly corroded will operate

33. Ibid., p. 35.
as a further check to population growth. Double-day goes along with this saying that "the state of depletion or the deplethoric state is favourable to fertility and that the plethoric state of depletion is unfavourable to fertility. Among those in the state affluence well supplied with good and luxuries, a constant decrease goes on. Among those who form the mean or medium between these two opposite states. Population is stationary". Even Demots argues that though social capillarity is manifest in all civilised communities, it does not operate with equal vigour everywhere. It is weakest in those societies where status and caste are rigid barriers to individual advancement. In such communities, as in India, fertility is always great, since the individual is debarred from personal progress. However, social capillarity is the most influential in communities characterised by great social mobility. Here, fertility is low, since children are an encumbrance, which prevent, or, retard individual's struggle to advance, or, arrive. Thus, he does not wish to embark on his journey ladder with such luggage. But then, Demots is also of the opinion that poverty it is not the cause of high fertility. It is rather that the regions of high fertility, are precisely

those which are characterised by ignorance and poverty. Thus, poverty (like ignorance), is seen as the condition but not the true cause of high fertility. Similarly, wealth is not the cause of low fertility. Rather, they are both common products of the will to advance. It is because of this that in urban centres, where social capillarity is most pronounced, fertility is necessarily low. But then this is not true for every class of urban society. Coontz (1979) studied the relation between urban fertility and income and found that fertility decreased with increasing income only up to a certain point, beyond which, however, the opposite proved true. Also, some studies on fertility and income, among the rural people, show that the lowest fertility is that of a middle group, for the poorest and wealthiest groups had larger families. Of course, Brentano's view is purely psychological, he points out that among the poorest classes, the number of alternative pleasures, are strictly limited. Therefore, the high fertility is traceable to their brutal and psychologically restricted existence. There is also a counter argument, where scholars like unger-sternberg deny that wealth, or, increasing prosperity, is a necessary condition for low fertility. For on the contrary, the majority of the inhabitants of countries like Es... Norway, Finland, and Lati... are quite poor, yet fertility there is relatively low.

37. Ibid., p. 59.
38. Ibid., p. 68.
And, in Germany after the first world war, the standard of living, as well as fertility both declined. However, he concludes that there may be some connection, between decreasing fertility, and increasing prosperity, though the causative factor is not universal.39 Unger-Sternberg also explains that urbanization is a necessary condition for low fertility.40

Yet another study done in the university of Isfahana, Iran, in 1970 by Ali and Sarram, reveals an inverse relation between the three measures of socio-economic status (occupation, education and finances), and fertility. Furthermore, the findings clearly show that the Shiraz couples, like many other husbands and wives in the highly advanced and modernized societies of the west, prefer to have smaller families, as the become richer and more educated, and obtain higher occupation.41 Also, Opong Christine (1978), in his study found the following three hypothesis true:

1- Those with greater social and spatial mobility will feel more economically deprived and dissatisfied than those who are more stable.

2- The least socially and specially mobile people will want the most children and


40. Ibid., p. 70.

3- Those with the highest feeling of economic security will want the most Children.42

Now, looking at all these differing conclusions, is keeping in perspective, the net result appears to be that no factor, single and by itself is sufficiently causative to be considered a Universal cause. Also that each factor contributes to the totality of a situation, and is equally important and responsible for the fertility of any society being what it is. This is all the true for an Indian Society which is so pronounced by diverse. Better appears to agree with this conclusion.

Birth and Death Rates in India:

Now, statistics in India, are known to be extremely defective, and even unreliable, because the reporting agencies are not all equal to the duty entrusted to them in this regard. Since independence the position had definitely worsened, and the reported birth and death rates are all more suspect. This a fact admitted even by the census commissioner.

The high birth-rates in India, as is well known, are also accompanied by high death-rates. The view is held that

these rates are not independent variables, and the high death rate is a cause of, even consequence of the high birth-rate. Gyan Chand (1954) concludes that they are related to each other, in some measure, as cause and effect. India provides striking and impressive examples of high birth and death-rates usually observed in under-developed countries. By 1961-71, it had already attained a birth-rate of 40.0 per thousand. However it declined substantially in 1981 along with the death-rates, but the gap between the birth and death-rates is still wide. The following table indicates the trend of birth and death-rates in India:

<table>
<thead>
<tr>
<th>Year</th>
<th>Birth Rate</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1951-61</td>
<td>40.6</td>
<td>21.7</td>
</tr>
<tr>
<td>1961-71</td>
<td>40.0</td>
<td>17.2</td>
</tr>
<tr>
<td>1971-81</td>
<td>33.3</td>
<td>12.5</td>
</tr>
</tbody>
</table>

2. and also quoted by Kuppuswami in Population and society in India, Bombay, 1975.  

This table indicates that there has been a slight fall in the birth-rate from 40.6 per thousand, in 1961, to 33.3, in 1981, that is, it fell by 7.3 per thousand. Also, the death rate fell from 21.7 per thousand in 1951-61 to 17.2, in 1961-71, and further to 12.5 in 1971-81. This shows a constant fall, the total fall being by 9.2 per thousand. The two together, that is the fall in birth rate by 7.2 per thousand, and also the fall in the death rate by 9.2 per thousand, show that the population rose not because of the new borns, but because of the consistent fall in the death rate, between 1951 and 1981, by 9.2 per thousand. It also shows that health programmes during the three decades under review, which incidentally also cover the span of the five year plans, were quite successful in bringing the death-rate down.

Birth and Death-rates in Bihar:

The state of Bihar, is yet another striking example of a high birth-rate. It had already attained a birth-rate of 37.9 per thousand, by 1961-71. This fell substantially to 7.93 in 1971-81. Death rate in the state which had reached a fairly low level of 3.20 per thousand population in 1971-81. See Table No. 5.2 the birth and death rates have also shown through graph in Figure No. 29.
Now, the above table indicates that the birth-rate in Bihar, during the period 1971-81, was 7.93, and this was far below the Indian birth-rate, which in 1971-81 was 33.3 per thousand. Another important feature of the birth-rate in Bihar, was its fluctuation over the years. This, it 9.86 per thousand, while the death rate was 4.94 during 1951-61. However, while on one hand, the births rose from 9.86, in 1951-61, to 37.9, in 1961-71, the death-rate on the other hand also rose substantially, during the same period, from 4.94, to 14.40 per thousand. But both the birth and death-rates fell substantially, the former from 9.86, to 7.93, and the latter from 4.94, to 3.20 per thousand, in 1971-81. Therefore it can be concluded that the low death-rate in Bihar was

#### Table No. 5.2

<table>
<thead>
<tr>
<th>Year</th>
<th>Birth Rate</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1951-61</td>
<td>9.86</td>
<td>4.94</td>
</tr>
<tr>
<td>1961-71</td>
<td>37.90</td>
<td>14.40</td>
</tr>
<tr>
<td>1971-81</td>
<td>7.93</td>
<td>3.20</td>
</tr>
</tbody>
</table>

Sources:
2. Statistical Hand Book, Table No. 7.2, 1971, p. 64. and
Fig: 29 BIRTH & DEATH RATES IN BIHAR (1961 - 1981)
one of the main factors affecting the birth-rate. It may be also said that there is a close relationship between the birth and death-rates, for as the death rate increases, the birth-rate also increases, and vice-versa during the 30 years under review. This could be because the deaths spurred the desire to have more births among the people afflicted.

**Birth and Death Rates in Purnia:**

It is very interesting to observe that the rate of decline, in the level of mortality, and fertility, in the district of Purnia, during the 30 years under's review has not been uniform. The high birth-rate in the district is accompanied by a high death rate too, and a high death rate is also accompanied by high birth-rate. These rates are not independent variables, and the high death rate appears to be a consequence of the high birth rate and vice-versa.

These have been shown in Table No. 5.3. The birth and death rates have also been represented by graphs in Figure No. 30.
Table No. 5.3

Birth and Death Rates in Purnia District
during 1951-1981

<table>
<thead>
<tr>
<th>Year</th>
<th>Birth Rate</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1951-61</td>
<td>9.2</td>
<td>3.4</td>
</tr>
<tr>
<td>1961-71</td>
<td>33.7</td>
<td>13.8</td>
</tr>
<tr>
<td>1971-81</td>
<td>6.55</td>
<td>3.0</td>
</tr>
</tbody>
</table>

2. Statistical Hand Book Table No.7.2, 1971, p. 64.

The above table reveals the fluctuation in birth and death rates over the decades, but it proves that there has been some relation between the birth and death rates. It shows that if the deaths increase, the birth rate also increase and vice-versa. Throughout the two decades 1951-61, and 1971-81, the birth rate increased substantially, rising from 9.2, in 1951-61, to 33.7 per thousand, during 1961-71. The death-rate went from 3.4, to 13.8 per thousand, during the same periods. However, the birth-rate came down substantially, from 33.7, in 1961-71, to 6.59, in 1971-81, with the decline in death-rate from 9.2, in 1961-71, to 3.0, per thousand, in 1971-81. Thus we conclude that the low birth-rate is due to the low death-rate in the district, or, in
Fig: 30 BIRTH & DEATH RATES IN PURNIA (1961 - 1981)
other words, we can say that the higher is the birth-rate, the higher is the death-rate and vice-versa.

**Birth and Death-Rates in Saharsa**

In the district of Saharsa, the high birth is also accompanied by a high death-rate, and vice-versa, as the Indian Census shows during the period of 1951-61 - 1971-1981. The high death-rate once again appears the cause of the high birth-rate, and similarly, the low birth-rate seems a consequence of the low death-rate. Table No. 5.4 gives the statistics of the district since 1951-61. Birth and Death rates have also been shown by graphs in Figure No.31.

**Table No. 5.4**

**Birth and Death-Rates in Saharsa District during 1951-1981**

<table>
<thead>
<tr>
<th>Year</th>
<th>Birth-Rate</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1951-61</td>
<td>18.2</td>
<td>2.9</td>
</tr>
<tr>
<td>1961-71</td>
<td>36.2</td>
<td>9.2</td>
</tr>
<tr>
<td>1971-81</td>
<td>7.2</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Source: 1. Statistical Hand Book, Table No.7.2, 1961, p. 96
2. Statistical Hand Book, Table No.7.2, 1971, p. 64.
Fig: 31  BIRTH & DEATH RATES IN SAHARSA (1961 - 1981)
Table No. 5.4 shows the birth and death rates in the district, with fluctuations over the different decades. It reveals that the birth-rate in the district was 18.2, and the death-rate was 2.9, per thousand, in 1951-61. However, the birth-rate rose sharply from 18.2, in 1951-61, to 36.2, in 1961-71, and the death-rate from 2.9, in 1951-61, to 9.2, during 1971-81, per thousand. However, both the birth, and the death-rates declined during 1971-1981.

**Birth and Death Rates in Katihar**

The district of Katihar is a little developed, being somewhat better than Saharsa district, and also to some extent better than Purnia. Perhaps that is why mortality is lower, as compared to Purnia and Saharsa districts. The birth and death rates of Katihar district have been represented in Table No. 5.5

**Table No. 5.5**

<table>
<thead>
<tr>
<th>District</th>
<th>Birth Rate</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katihar</td>
<td>6.72</td>
<td>2.82</td>
</tr>
</tbody>
</table>

Table No. 5.5 reveals that the birth-rate was 6.72, and death-rate 2.82, per 1000, in the Katihar district, during the year 1981. It is clear from the table that the birth and death rates, in the district are lower than the average birth rate (7.93), and the average death-rate (3.20) of the state. Katihar is also lower in birth and death-rates, as compared to the birth-rate (7.16), and death-rate (2.91), of Saharsa district, as well as the death-rate (30.01) of Purnia district.

Fertility Trends in Bihar:

The state of Bihar does not present a constant decline in the birth and death-rates. There is fluctuation in the fertility trends over the thirty year period under review. It indicates a high birth-rate, during the period 1971, which is generally observed in the underdeveloped countries. Bihar already had attained the birth-rate of 37.9, in 1971, which is below the birth-rate of India (40.0 %). In Bihar, birth-rate was moderately low, being 9.86, in 1961, and 7.93, in 1981. A significant change occurred in the birth-rate during the period 1961-71. The birth-rate rose from 9.86, in 1961, to 37.9, in 1971. But it fell from 37.9, in 1971, to 7.93, in the subsequent year 1981, showing a fluctuation in the fertility trend. The highest decline in the fertility rate was 29.97, in 1981. And, their decline in fertility was also
accompanied by a low mortality-rate over the same period in Bihar, (See Table No. 5.2).

**Fertility Trends in Purnia:**

The district of Purnia also does show a constant decline in both fertility and mortality. It rather shows an irregular rise, and fall in fertility over the periods under review. In 1971, the birth-rate was 33.90 but this was below the average birth-rate of the state, which was 37.9. A low fertility was observed being 9.59 in 1961, and, 6.59, in 1981. But there was a significant change in fertility rate in 1971. The birth-rate of the district rose from 9.59, in 1961, to 33.7, in 1971, that is, by 24.11, but it declined from 33.7, in 1971, to 6.59, in 1981, that is by 27.11. The highest decline in the fertility rate was observed in 1981, being 6.59, which is below the average birth-rate of the state (7.93). The fertility trend therefore appears to fluctuate during this period. However, a low fertility was also been accompanied by low mortality in the district, (See Table No. 5.3).

**Fertility Trends in Saharsa:**

Fertility and mortality trends in Saharsa district present an irregular rise and fall rate over the periods. In 1971, the fertility rate was high. In 1961, the fertility
was low in the district, being 8.6, and fell further to 7.2, in 1981. But during the period 1971, there has been a significant change in the fertility rate. During this period the birth-rate rose from 8.6, in 1961, to 36.2, in 1971, that is by 27.6. However, it declined from 36.2, in 1971 to 7.2, in 1981, that is by 29. Fertility therefore fluctuated in the district, the highest decline being recorded in 1981 was 7.2, that is a fall by 29. This low fertility was also accompanied by a low mortality rate in the district. (See Table No. 5.4).