1.1 INTRODUCTION

Maintenance of a human society entirely depends on human fertility and through which only biological replacement is possible. Population expands through the positive force of fertility because it acts against the force of mortality. In the developing countries mortality has declined at a faster rate than birth rate. The result of high fertility in such a country is the positive growth of population.

Population growth is considered as one of the major obstacle to the progress of the world and it is a threat to social and economic development. In most of the developing countries, the major goal of the population policy is reduction in fertility or growth rate of population. Planners and demographers have shown their interest in the nature of fertility decline. The developing countries now a days have recognised the need to reduce the high rate of population growth to a manageable level i.e. the replacement level, where the net reproduction rate (NRR) remains at unity or the total fertility rate (TFR) is slightly about two children per woman (Sardon, 1991). Above all, the replacement level is
the appropriate level of fertility for zero population growth in a population closed to migration.

Though fertility is a biological phenomenon there are a number of other factors influencing the levels of fertility. According to Ng and Gu (1995), fertility should be observed as a multidimensional phenomenon. Demographers usually measure the fertility differentials by observing various dimensions like land, occupation, education, family type, type of marriage etc. The cultural factors indirectly affect the fertility of a particular population.

Fertility does not decline in all groups simultaneously. It is difficult to identify the factors responsible for variation in fertility levels among different societies. But with the help of carefully designed sample survey, it has become possible to study various aspects of human fertility and hence is being studied in different societies.

The International Conference on Population and Development (ICPD), which was a milestone in the history of population and development was held in Cairo in 1994. The Programme of Action emphasises the integral linkages between population and development on meeting the needs of individual women and men, rather than on achieving developmental targets. The key to this new approach is empowering women and provide them expanded access to education and health services and thereby improve the quality of life for everyone. The
Programme of Action has targeted goals in four related areas—(1) universal education, (2) reduction of infant and child mortality, (3) reduction of maternal mortality and (4) access to reproductive and sexual health services.

India's population has grown fast and crossed the one billion mark of population in May, 2000. The future growth rate of India's population depends mainly on the birth rate trend.

In 1952, India was the first country in the world to launch a national programme, emphasising family planning for reducing birth rate. But it operated in isolation from other sectors such as education. In the year before the 1994 Cairo International Conference on population and development (ICPD), the Government of India set up a committee under the chairmanship of Dr. M.S. Swaminathan to review the national family welfare programme and draft a new national population policy. It called for a radical shift to a policy for a more bottom up and need based approach. The Government of India has always remained aware of the need to implement ICPD goals in India and consequently launched a reproductive and child health programme from October 1997.

A new national population policy (NPP) 2000 has been adopted by the Cabinet of the Government of India. The NPP 2000 provides a policy framework for advancing goals and prioritising strategies during the next
decade, to meet the reproductive and child health needs of the people of India and to achieve net replacement levels by 2010. The immediate objective of the NPP 2000 is to address the unmet needs for contraception, health care infrastructure and health personnel and to provide integrated service delivery for basic reproductive and child health care.

It is observed that the women's education and fertility decline has a positive relationship. Hence the NPP 2000 has laid specific emphasis on girls' education, as fertility decline sharply with education. It aims to bring a desired social change in the country. With a target free approach in family welfare programme now there is a paradigm shift in our population policy.

1.2 NEED OF THE STUDY

In Assam tea tribes occupies a sizable proportion of the population. Socio economic development of the state depends greatly on the development of the tribal sector also. Tribal population and their development are interdependent.

Although there has been some studies on tea garden labour population, but these are inadequate to provide information on various aspects of fertility determinants. It is also observed that preference for children is still high among the tea population. The population of plantation labour community has increased but their employment
opportunity has decreased, as tea plantation is not in a position to provide employment to all of them.

In the view of the prevailing condition of high fertility and its future consequences on the tea garden labour population, there is an urgent need to divulge into the reproductive behaviour of them. There are several reproductive health problems exist in the population that require urgent attention. The pertinent literatures on fertility scenario of the said population are very scanty. This present study was undertaken to collect some reliable information regarding fertility levels and trends, as well as socio economic and cultural factors that are supposed to influence the fertility pattern of married females of tea garden labour population. Cultural factors, such as age at marriage, multiple marriage, type of marriage etc, and some social factors such as education and family type etc are considered.

In view of the national population policy, the adequate understanding of fertility is essential for its regulation. The Indian government has long been realized the importance of maternal child health and family planning services. Our National Policy on Population has a target to achieve lower population growth rate through family planning and other voluntary regulation methods. The knowledge of fertility and its interrelationship could be incorporated in policy measures to ensure good quality of life.
1.3 OBJECTIVES OF THE STUDY

Keeping in view the importance of fertility study, the present study was undertaken with the following objectives.

1) To study the determinants of fertility differential as well as to investigate the practice of family planning among females of tea garden labourer.

2) To study the fertility trend amongst the tea tribes.

3) To develop a probability model for closed birth interval considering variation in the period of post partum amenorrhea (PPA).

4) To develop a probability model for most recent birth interval considering variation in the period of post partum amenorrhea.

5) To study the reproductive health condition of females of tea garden labourer.

The ultimate objective of this study is to provide policy makers with useful information about fertility of females of tea tribe of Assam in order to lower fertility level. This study also intends to examine the reproductive health of them.

1.4 ORGANISATION OF THE STUDY

In view of the outlined objectives, this present research is organized into eight chapters as follows:
Chapter I: This chapter, which is introductory in nature, presents the background of the fertility study and the need and objectives of this study.

Chapter II: A brief review of important literature pertaining to the study is presented in this chapter.

Chapter III: The background of the population under study, procedure of data collection, about the schedule, preparation of codebook, the sampling procedure and problems faced during data collection are discussed in this chapter. Logistic regression analysis of the factors influencing the age at marriage is also presented here.

Chapter IV: In this chapter, the fertility inhibiting effects of the four proximate determinants is studied by using Bongaarts model.

Chapter V: The present chapter explores the fertility transition occurring amongst the tea tribes during the decade 1990-1999. Applying Bongaarts and Feeney model, the existence of tempo effects that helps in fertility reduction is determined in the chapter.
Chapter VI: The probability model for closed birth interval is developed in this chapter by considering variation in the PPA.

Chapter VII: The probability model for most recent birth interval is modified in this chapter by considering the variation in PPA.

Chapter VIII: The various factors influencing the reproductive health of females of tea garden labourer is studied in this chapter. The reproductive health index for them is also estimated in the present chapter.

Chapter IX: Summary and conclusion of the thesis is presented in this last chapter.