ANALYSIS
K. Srinivasan et al in 1983 opined that the fertility level of a population observed at a given time is the outcome of a complex set of factors biological, social, cultural, economic, demographic and political that are operating on the population and these factors interact with each other with regard to their effects on fertility. People of India have strongly held social and cultural value with regard to marriage fertility of the couples and particularly the preference of son. In this study, it has been observed that 27% respondents got married before 18 years of age and most of them got married within 18 to 23 years of age. 99% of female from the study areas beyond the age of 17 years were married as a result duration of conjugal life were longer as such the fertility level were high. Dr. T.K. Choudhury et al in 1982 stated that a high level of fertility is connected with the marriage rate, age at marriage and also by the relative importance of family in the society concerned.

In the present study, it has been observed that the lately married male having children more quickly than the early married to complete their family size as they desire. It has also been observed that the woman contracting more than one marriage are having higher fertility. The duration of conjugal life is directly proportional to the fertility rate. Mamoria in 1957, 1961 and Raina in 1965 also made similar observation.
In the Mysore population study, it was observed that females who marry between 14 and 17 years gave birth to 5.9 children, while those marrying between 18 and 21 years eventually gave birth to 4.7 children. According to S.N. Agarwala et al in 1966, if the marriage age of the women in India was raised at least to 20 years, there would be a decline in the birth rate by 30%.

Registrar General and Census Commission of India estimated that women in rural areas who married below 18 years, between 18 to 20 years and 21 years TMFR was 6.8, 6.7 and 5.2 respectively in comparison to 6.4, 5.5 and 4.9 respectively in urban areas. They estimated a continuous decline in TMFR as the age at marriage increases. There was 7.04% less in TMFR among the females marrying between 13 - 17 years than females marrying at age below 13 years, 26.30% less marrying at age between 23 - 27 years, and 43.7% marrying at age 28+ years. While Prem P. Talwar in 1967 calculated a very small percentage of reduction in birth rate by raising the age at marriage.

In my study almost all the family, 90.5% were joint in nature. The place of residence and structure of family have also been considered as potent factors influencing the fertility. Davis in 1951, Robinson in 1961, Das in 1979 and Rele et al in 1972 observed that the institution of joint family considered to be one of the main
cultural factors forming the high fertility in India. But Burman et al in 1973 : 37-39 opined to the contrary. Malhotra et al in 1970 in a study analyzed that eligible couples with more than 3 children were accepting vasectomy. He also observed that the rate of acceptance were indirectly proportionate to the distance from the health institution.

In the present study it has been observed that though there are modernisation of the family, the various fertility rates were declined by a very negligible percentage. General fertility rate varied from 129.4 in 1981 to 138.4 in 1984 and 134.0 in 1986, Total fertility rate reduced from 4.2 in 1981 to 4.0 in 1986, Gross Reproduction rate from 2.1 in 1981 to 2.0 in 1986, General Maternal Fertility rate from 190.7 to 110.4, Maternal Fertility Rate from 6.4 to 5.5. Srinivasan, Reddy and Raju in 1978, Ranaunik in 1978 and Moni Nag et al in 1980 had made a comprehensive review of the increase in fertility between 1951-75 even if there were modernisation. They had observed that the increase was greater in rural area. In a study in Bangalore it was observed that the number of children born to a woman increased from 5.3 to 5.7. Srinivasan and Tejubhoy et al 1980 found the increase of specific Maternal Fertility Rate in 9 states out of 11 states they have studied.
They found high Maternal Fertility Rate in 1972 than in 1959 in spite of modernisation. Srinivasan, Reddy and Raju et al in 1978 in a study found that the Maternal Fertility Rate in the rural area was greater than in the urban area. In their study in Bangalore the mean number of children were increase from 4.8 to 6.3 in the rural area and in urban area it was increased from 5.3 to 5.7 in 1972 even after modernisation.

In the present study it has been observed that 90% of the permanent method users and 66% temporary method users were from urban and semi urban area. While most of the non-acceptors were residing in the distant rural areas. It shows that the couples living in the distant rural areas were having high fertility rate in compared to urban and semi urban dwellers, in Assam. Davis in 1951, Robinson in 1961, Rele in 1972 and Narayan Das et al in 1979 also opined that fertility in the urban area found to be lower than the rural areas of India. Srinivasan, Reddy and Raju et al in 1978, P.M.Blaikie et al in 1975 in their studies commented that the higher economic group accepted the birth control methods not for their early awareness but for their quicker socio-economic interest. It is also commented, that the villagers should be reorganised on community basis instead of a Revenue village as at present, by P.M.Blaikie
The acceptors were residing within 3 K.Ms from any of the Health Institution. While the non acceptors were residing far away from the Health Institution.

Davis (1951) 70-73, Robinson (1961) 222-228, Rale (1972) Das et al in 1979 opined that the place of residence is a potent factor influencing the fertility. The rate of acceptors are indirectly proportionate to the place of residence. For the underdeveloped countries if the level of education is said to be a depressor of the fertility. Education enhanced the quality of human capital and is indispensable to the modernisation. For the permanent method users, husband qualification were the determinants, 49.5% were educated up to high school level. Women education was also very much important for the temporary methods users. Most of them were educated up to high school levels and husbands were up to college levels. Narayan et al in 1983 stated that education of both the husband and wife had independent effect on fertility and fertility control.

Monica Das Gupta et al in 1973 in a study at Ram-pura village indicated that the women education had a strong negative impact on family size.

I have found that couples with low per capita income were having high fertility. K.Srinivasan and Kulkarni et al 1983, in a study evaluated that the additional expenditure to be incurred for food, clothes, education, housing
and health care of the growing population in developing countries are seizedable that too economic burden will considerably eased by slowing down the rate of growth. M.E. Khan and C.V.S. Prasad in 1983, in an analysis identified that relatively large number of target couples belong to socio-economically backward classes of society having less assess to any of the mass media. Backer et al in 1966 argued that the lower fertility effect in higher income group as because what can be attributed to "Price effect" implies that the higher income group couples have to pay high for their children, compared to low income group because they want quality children with better health, education and better facilities. The substantial effect means that higher opportunity cost incurred by the couples of high income group.

The "price effect" and "substantial effect" have got negative co-relation with the fertility which is also known as "Chicago School" theory but Leibenstein et al in 1974 criticised the above theory accepting to him the child cannot be equated with commodities since there is no market as such which can be exchanged for value.
In this study, it has been observed that the family size of the permanent method acceptors was 5, temporary methods users 4 and among the non-acceptors was 5. In my over all survey the family size for Hindu and Muslims in urban area were 4.2 and 5.8 whereas in the rural it was 7.0 and 7.9 respectively.

G.B.Saxena in 1965 carried out a sample survey at rural Uttar Pradesh and tabulated the the number of children borned to a family as follows:

Table No.1:

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Upper cast</th>
<th>Middle cast</th>
<th>Low cast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative age group 40-44 yrs.</td>
<td>7.25</td>
<td>8.06</td>
<td>8.29</td>
</tr>
<tr>
<td>Average No. of children bound per married female 45+ Years</td>
<td>7.6</td>
<td>8.2</td>
<td>8.8</td>
</tr>
<tr>
<td>Gross reproduction rate</td>
<td>3.4</td>
<td>3.88</td>
<td>4.12</td>
</tr>
</tbody>
</table>

He observed that upper cast women had fewer than 7.3 child live birth by the end of their reproductive period as compared to 8 and 8.3 live birth for intermediate and low cast respectively. Intermediate and low cast women had 7.3 live births by the time they reached 35-39 years of age. The age specific fertility rate in upper cast tends to be lower than that of the intermediate cast.
Julian L. Simon et al in 1977 indicated that people in village may respond in different ways to increase in family size.

In my observation 11% women came for repeated child birth, they feared to refuse the gift of God by using contraceptions and M.T.P. which proved that religious belief had definite bearing on fertility level. Casen et al in 1975 pointed out that it was virtually impossible to assess the role played by the religious belief. In the present study I have observed the reasons for not using any contraceptive devices as follows:

Table No. 2 (Delivery group 200 women)

<table>
<thead>
<tr>
<th>Reason</th>
<th>No. of women</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire for more children</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Left for God</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>Fear for side effects/lack of after services</td>
<td>42</td>
<td>21</td>
</tr>
<tr>
<td>Wanted privacy/Lady staff</td>
<td>44</td>
<td>22</td>
</tr>
<tr>
<td>Unaware of fertility control methods or process of M.T.P.</td>
<td>38</td>
<td>19</td>
</tr>
<tr>
<td>Wanted male child</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Non availability of devices/ specialised doctor</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Wanted female child</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>
Table No. 3 (M.T.P. group 200 women)

<table>
<thead>
<tr>
<th>Reason</th>
<th>No. of Women</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of after services</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>Fear for side effects</td>
<td>44</td>
<td>22</td>
</tr>
<tr>
<td>Unaware of fertility control methods</td>
<td>58</td>
<td>29</td>
</tr>
<tr>
<td>Wanted privacy/Lady staff</td>
<td>48</td>
<td>24</td>
</tr>
<tr>
<td>Non availability of devices/specialised doctor</td>
<td>20</td>
<td>10</td>
</tr>
</tbody>
</table>

Analysing the reasons for not practising any birth control devices by 200 women but coming for repeated child birth after having 4 or more living children it has been revealed that 6% women wanted more children either for a source of income, old age security, to maintain property, or as a more success of effective marital life. 7% having female child came for repeated child birth for the need of male child, for old age security, source of income, to maintain property and mainly for performing parent's last 'rites' and for offering 'pinda' for salvation. 5% wanted female child for earning 'punna' by donating girl to a bride groom. Some women wanted more son as they said that one son is not a son as such one eye is not an eye. Other 82% did not wanted more children at the same time did not used any birth control devices but coming for repeated childbirth.
of which 11% did not use for fear of God, 21% for fear of side effects and lack of after services, 19% were unaware of fertility control devices and did not know the procedure to get rid of unwanted pregnancy. 22% wanted privacy and lady staff, 9% women did not use due to non availability of devices and lack of faith on the local health functionaries as they were not specialised on the subject. In the M.T.P. group, I have evaluated the reasons that inhibited the couples from accepting the birth control devices but used the procedure of termination of pregnancy as they did not want any more child birth. 15% did not use for the lack after services, 22% for fear of side effects, 29% were unaware of fertility control devices and 10% for non availability of the devices they desired in the nearest health institution, while surveying the remote villages it was observed that only 25% of the eligible couples were covered by the mass media of the family welfare educational programmes. The villages I have studied were far away from the health institution.

In my study area not a single lady doctor was found in any of the 16 P.H.Cs. The P.H.Cs were not functioning properly, 30% of the sub-centres were existing in their own houses, 50% in donated house and remaining 20% were without existence. Chandra Sekhar in 1957, K.K.Mathur and Sen in 1965 in their study commended that couples wanted more children preferably the son as a security for old age.
M.E. Khan and R.B. Gupta in 1983 in their study concluded that parents are most concerned about the economic benefits and their old age security that they get from their children especially from the sons. Bauman and Udry in 1973 have shown that the black white differences in unwanted births was due to the factor ; (i) Black desire fewer children, (ii) blacks were less likely than whites to use physician administered method , more likely than white to use no contraception (iii) black had higher failure rate than the white. Ashok Kumar in 1983 carried out a study in 12 districts of Uttar Pradesh and evaluated the reasons for not using birth control methods as follows :

Table No. 4 :

<table>
<thead>
<tr>
<th>Name of districts</th>
<th>Harmful to Health(%)</th>
<th>Against religion(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharanpur</td>
<td>9.5</td>
<td>21.3</td>
</tr>
<tr>
<td>Muzaffar Nagar</td>
<td>11.4</td>
<td>23.8</td>
</tr>
<tr>
<td>Lucknow</td>
<td>8.1</td>
<td>14.0</td>
</tr>
<tr>
<td>Rae Bareli</td>
<td>15.0</td>
<td>8.8</td>
</tr>
<tr>
<td>Pratapgarh</td>
<td>12.6</td>
<td>11.9</td>
</tr>
<tr>
<td>Saltanpur</td>
<td>20.2</td>
<td>9.8</td>
</tr>
<tr>
<td>Azangarh</td>
<td>4.9</td>
<td>29.4</td>
</tr>
<tr>
<td>Basti</td>
<td>12.8</td>
<td>15.8</td>
</tr>
<tr>
<td>Deoria</td>
<td>21.4</td>
<td>14.2</td>
</tr>
<tr>
<td>Shazipur</td>
<td>20.8</td>
<td>16.5</td>
</tr>
<tr>
<td>Mirzapur</td>
<td>8.1</td>
<td>9.0</td>
</tr>
<tr>
<td>Varanasi</td>
<td>8.9</td>
<td>12.2</td>
</tr>
</tbody>
</table>
In the study he stated that the couples apprehended that the use of birth control devices might be harmful to health and caused loss of 'sexual pleasure' which were the outcome of knowledge acquired by the couples from unfavourable sources. He also suggested that due importance to be given to provide proper knowledge to the illiterate couples. According to him values and attitudes towards the family size were not relevant to the couples who wanted more children. Kothandapani et al in 1971 stated that for better predictibility of behaviour and attitude to be considered as being made up three components viz feeling, belief and intention to act. As Wilkening et al in 1953: 9. postulated that the acceptance therefore is composed of learning deciding and acting over a period of time. The adoption of a specific practice is not the result of single decision.

Narayan Das analysed the 1975 fertility data and evaluated as follows:

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Beta coefficients derived from MCA runs</th>
<th>Baroda District</th>
<th>Rural</th>
<th>Baroda city</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of effective marriage</td>
<td>0.579</td>
<td>0.531</td>
<td>0.600</td>
<td></td>
</tr>
<tr>
<td>Wife's age</td>
<td>0.099</td>
<td>0.148</td>
<td>0.108</td>
<td></td>
</tr>
<tr>
<td>Child mortality</td>
<td>0.268</td>
<td>0.332</td>
<td>0.213</td>
<td></td>
</tr>
<tr>
<td>Husband's education</td>
<td>0.082</td>
<td>0.038 ns</td>
<td>0.108</td>
<td></td>
</tr>
<tr>
<td>Wife's education</td>
<td>0.080</td>
<td>0.046 ns</td>
<td>0.106</td>
<td></td>
</tr>
<tr>
<td>Monthly family income (in rupees)</td>
<td>0.027 ns</td>
<td>0.017 ns</td>
<td>0.039 ns</td>
<td></td>
</tr>
<tr>
<td>Place of residence</td>
<td>0.027 ns</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Grand mean</td>
<td>0.992</td>
<td>3.175</td>
<td>2.884</td>
<td></td>
</tr>
<tr>
<td>Standard deviation</td>
<td>2.180</td>
<td>2.209</td>
<td>2.156</td>
<td></td>
</tr>
<tr>
<td>Value of $R^2$</td>
<td>0.64317</td>
<td>0.68976</td>
<td>0.61797</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>2213</td>
<td>824</td>
<td>1389</td>
<td></td>
</tr>
</tbody>
</table>

ns = not significant at 0.05 level.

He also stated that among the socio-economic variables husbands education was fairly important in explaining the observed level of fertility. But in rural area wife's education was more important. The place of residence and family income were found to be of not that important as other socio-economic variables.
The analysis of 1980's fertility data expressed as follows:

Table No. 6:

<table>
<thead>
<tr>
<th>Predictor</th>
<th>South Gujarat (rural)</th>
<th>Baroda City (rural)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elapsed duration since the attainment of parity three</td>
<td>0.580</td>
<td>0.423</td>
</tr>
<tr>
<td>Wife's at the attainment of parity three</td>
<td>0.078</td>
<td>0.108</td>
</tr>
<tr>
<td>Experience of child mortality</td>
<td>0.098</td>
<td>0.100</td>
</tr>
<tr>
<td>Perception of child mortality</td>
<td>0.052</td>
<td>0.079</td>
</tr>
<tr>
<td>Surviving sons</td>
<td>0.175</td>
<td>0.226</td>
</tr>
<tr>
<td>Couple's education</td>
<td>0.165</td>
<td>0.207</td>
</tr>
<tr>
<td>Occupation of husband</td>
<td>0.037 ns</td>
<td>0.110</td>
</tr>
<tr>
<td>Family income</td>
<td>0.064</td>
<td>0.082</td>
</tr>
<tr>
<td>Length of location</td>
<td>0.111</td>
<td>0.078</td>
</tr>
<tr>
<td>Grand mean</td>
<td>1.549</td>
<td>1.136</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>1.590</td>
<td>1.397</td>
</tr>
<tr>
<td>No. of cases</td>
<td>1619</td>
<td>1433</td>
</tr>
<tr>
<td>Value of $R^2$</td>
<td>0.481</td>
<td>0.404</td>
</tr>
</tbody>
</table>

ns = not significant at 0.05 level.
According to him the elapsed duration since the attainment of parity three and number of surviving sons were the important determinants for parity levels. Wife education and individual modernity were also equally important in urban community. In rural area modernity was less important but wife's education highly influenced the fertility. Contraception was highly practised among couples with high education and modernity. The lower economic women were offered terminal method at no cost by the Govt. operated family planning centres rather than temporary methods. In the present study 7% women came for repeated child birth as they wanted male child and another 6% women came as they wanted more child irrespective of sex.

As per Register General of India's record, the period 87-88 in Assam 9972 MTPs were done of which 1166 (11.7%) had undergone concurrent sterilisation, 803 (8.1%) used IUCD and remaining 8003 (80.2%) did not accepted any devices to prevent further pregnancies, against all India figure, 29.2% had concurrent sterilisation, 18.8% used IUCD and 52.0% women did not accepted any birth control devices which proved that women preferred repeated termination of pregnancy rather than contraceptives.
Table No. 7:

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>GFR</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Assam</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R</td>
<td>169.1</td>
<td>126.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U</td>
<td>121.9</td>
<td>94.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>All India</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R</td>
<td>165.6</td>
<td>146.8</td>
<td>153.1</td>
<td>146.9</td>
<td>145.6</td>
</tr>
<tr>
<td>U</td>
<td>139.8</td>
<td>111.6</td>
<td>120.2</td>
<td>112.9</td>
<td>108.1</td>
</tr>
</tbody>
</table>

| **GMFR**   |       |       |       |       |       |
| **Assam**  |       |       |       |       |       |
| R          | 227.5 | 126.5 |       |       | 219.2 |
| U          | 163.9 | 94.3  |       |       | 161.3 |
| **All India** |      |       |       |       |       |
| R          | 190.8 | 170.2 | 191.0 | 184.4 | 182.8 |
| U          | 172.9 | 143.9 | 166.1 | 157.3 | 150.6 |

| **TFR**    |       |       |       |       |       |
| **Assam**  |       |       |       |       |       |
| R          | 7.4   | 6.0   | 7.1   | 7.2   | 7.0   |
| U          | 5.4   | 5.2   | 6.2   | 6.3   | 6.5   |
| **All India** |      |       |       |       |       |
| R          | 6.8   | 5.4   | 6.0   | 5.8   | 5.7   |
| U          | 6.0   | 4.6   | 5.3   | 5.2   | 4.9   |

| **GRR**    |       |       |       |       |       |
| **Assam**  |       |       |       |       |       |
| R          | 5.3   | 4.0   | 9.2   | 4.2   |       |
| U          | 3.7   | 2.8   | 2.6   | 2.5   |       |
| **All India** |      |       |       |       |       |
| R          | 5.4   | 4.8   | 4.8   | 4.6   | 4.5   |
| U          | 4.3   | 3.4   | 3.5   | 3.3   | 3.1   |

Source: Registrar General of India.

R: Rural
U: Urban
Table No. 8:

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>G.F.R. All India</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R</td>
<td>149.4</td>
<td>150.8</td>
<td>152.2</td>
<td>153.1</td>
<td>146.9</td>
<td>145.6</td>
</tr>
<tr>
<td>U</td>
<td>107.2</td>
<td>113.6</td>
<td>114.6</td>
<td>120.2</td>
<td>112.9</td>
<td>108.1</td>
</tr>
<tr>
<td>Combined</td>
<td>140.9</td>
<td>142.2</td>
<td>143.0</td>
<td>145.2</td>
<td>138.7</td>
<td>136.5</td>
</tr>
<tr>
<td>Assam</td>
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<td></td>
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<tr>
<td>R</td>
<td>133.0</td>
<td>141.0</td>
<td>141.6</td>
<td>142.1</td>
<td>138.0</td>
<td>137.9</td>
</tr>
<tr>
<td>U</td>
<td>88.3</td>
<td>91.1</td>
<td>92.2</td>
<td>96.4</td>
<td>91.0</td>
<td>89.9</td>
</tr>
<tr>
<td>Combined</td>
<td>129.4</td>
<td>137.0</td>
<td>137.5</td>
<td>138.4</td>
<td>134.1</td>
<td>134.0</td>
</tr>
<tr>
<td>E.F.R. All India</td>
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<td></td>
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Sources: Register General of India.
The table No. 7 and 8 analysed various vital statistics of Assam and India. It shows that the G.F.R., G.M.F.R., T.M.F.R., F.R., G.R.R. of Assam is lower than that of the All India level. These figures are much higher in Bihar, Haryana, Jammu and Kashmir, Madhya Pradesh, Rajasthan and West Bengal.

In the present study it has been observed that in most of the cases wife's opinion were nothing to do with the acceptance. In some cases the female did not have favourable attitude regarding the contraceptives for their side effects and other social and religious problems yet they had to accept as their husbands desired.

Biswanath Mukherjee in 1977 in a study observed that the Khasi couples never thought of the number of children. High percentage of couples never take any decision about limiting their family size. His study confirms that the acceptance of contraception is more frequent in case of these couples who decide jointly. Munikrishna Reddy in 1983 in a study confirms that intra-spouse communication on family planning is significantly related to favourable attitude to family planning. It was found that very few respondents were found to discuss such matter with their spouse as compared to the other matters.

In a study by Khana in 1979 it was found that the respondents who did not want additional children but
not practising any family planning method are often found to have less husband-wife communication, empathy, less exposure to mass media and less perceived burden of children. Bhatia and Numann in 1980 in a study observed that 41% of the eligible couples discussed the matter with their spouse. While the 49% did not of those who discussed 47.2% used family control method which others did not.

Sastry in 1967 in a study stated that rumours found to be propagated by the vested interested/dissatisfied workers and adopters.

Fishbein in 1967 has stressed the importance of social norms and individuals motivation to comply with such norms as important determinants of attitude behaviour relation. Conflict between individual and groups and non-availability of desired devices may delay in acceptance and resulting unwanted pregnancies. K.Mahadevan in 1974 in a study observed that the decision making is influenced by the adopters and other significant persons in the social environment. We need to find out who these people are and how to utilize their influence in the positives direction. Ramanujan in 1983 in a study in Tamilnadu found that 38% men and 73% women were unaware of the methods available to postpone contraception.
Radha Devi in 1979 observed the following reasons for non acceptance of devices - (i) Ignorance of methods available (ii) fear for after effects (iii) sex preference among the children (iv) objection from other members of the family.

Chacko in 1980 in a study of 800 non-acceptors observed that fear for side effects and complications are the important causes of non acceptance.

The population Research Centre of the Department of Statistics, Guwahati University has carried out a study in the district of Cachar to evaluate the 'family welfare and MCH programmes in 1988-89'. According to their evaluation and 15% of the eligible couples are covered in the mass media, 93.18% of the user women were house wife with education upto middle schools. The programme implementation are highly effective among the lower age groups. 65% of the permanent method users were from the lower economic group. Average family size was 7.0. The temporary method users were of comparatively high economic and educated group but preferred to accept the method only after completing family size.

Importance of sociology and social study is not yet well understand. The subject of social study has been introduced in the school level but in the hand of non-subject teacher. University also did not have separate department but is incorporated with education and political
science. On the other hand in 1983 Honourable Supreme Court of India in Her historic judgement in the case of National Textile Workers Union vs. P.R. Ramakrishnan (AIR 1983, S.C. 75) opined that everything both Government Private and individual established in the society is/are the property of the society.

Well being of any country depend on the society mainly. Society can only be seen through the sociology. Such an important subject is still crime on the mother's lap as a malnurished baby for nutrition.

Family size and various fertility indices of women are lower in comparison to the All India and State like West Bengal, Uttar Pradesh, Rajasthan, Jammu and Kashmir and Haryana. On the other hand culturally, socio-economically and educationally Assam is not above the states already mentioned and India. The factors influencing such a low fertility rate is not yet known, which will need further exploration.