SUMMARY AND CONCLUSION
The population in India, as per 1991 census is 84.39 crores*. On analysing it has been revealed that the rate of growth of population was less till 1921. This was because India experienced a number of famines and epidemics. The famines of Mysore (1877), Madras (1878) and Bombay (1876-1877) took a heavy toll of human life. The decade of 1901-1911 was more or less normal but subsequently it has been gradually increased. The quantum of population has increased in between 1921-1981. It is seen that the population of India has accelerated rapidly since 1921. The position can be explained by the theory of "demographic transition". According to this theory it can be explained that the rate of growth of population is directly proportionate to the economic development of a country. There has been a downward trend in the population growth of India between 1911-1921. Hence the year 1921 has been termed as "the year of great divide". Afterwards there has been a change in the population pattern and it is increasing rapidly. On observing the rate of growth of population of the world it is seen that near future India would surpass China as the most populous country of the world. As per 1981 census it has been presumed that the

*Sources Census, 1991(P)
The population of India may overcome that of China. So it is obvious that the earlier assumption, that the population would be around 950 million by the end of the century and stabilise at the level of 1,200 million by 2050 A.D. are unlikely to prove correct. Population explosion has become a serious problem in this country because we are poor and the means of production for economic development are not available to every person, so at the present moment it is a big problem.

It is therefore vital that we should control the population and look upon population control as a major programme. Population is a vital factor in national development. It's uncontrolled growth however adds to the complexity of the overall well being of the family as well as the nation. Population policy is rapidly becoming an accepted part of the development programme. Two decades ago, India was the only country where the Government had developed a population policy that promoted family planning.

The present study is concerned with the 'socio-economic and cultural determinants of fertility and fertility control'. From the discussion in the previous chapters I would like to summarise the findings of these chapters. An attempt has been made to make each chapter exhaustive and yet compact. No pains have been left to
present an up to date data, graphs etc. as far as possible.

In the first chapter, investigator discussed about population growth in the world as well as in India.

In the second chapter, methodology, tools and techniques of data collection have been discussed. For the intensive study and investigation, I used questionnaires or schedules and interview had undertaken. The interview schedule is used in a situation in which the investigator asks face to face oral questions, leading question to the subject in the study. The data were collected during the period from 12th March, 1987 to 11th March, 1989. The investigator personally interviewed all the cases, on an average 2-3 respondents were interviewed daily. The sample of 850 women were drawn randomly and was divided into two main groups (accepted and non-accepted). I have registered 50 non-acceptors from the neighbourhood of this acceptors. I have adopted random sampling method for the collection of data and both the primary and secondary data have been collected. For studying any problem it is difficult to study the whole population or universe. It is therefore convenient to pick up a sampling out of the total population of that area. Needless to say that below 200 samples from each group generalisation would be impractical. So I have selected minimum number of 200 women for each group. The data were evaluated in the light of their types of family structure, age of marriage, marital status, sex of living
children, educational status of both husband and wife, economic status, knowledge and attitude towards the family planning programmes and fertility control methods, reasons for accepting fertility control methods and also considering the place of residence of each group (accepted and non-accepted).

The present study purported to find out how the educational, cultural and socio-economic factors brought about socio-psychological changes in the attitude of the women towards the fertility and fertility control. This study was carried out with a view to evaluate the socio-cultural factors determining the acceptance and non-acceptance of the fertility programmes and fertility control methods among the sample of women.

In the fourth chapter, the investigator has tabulated the findings of the demographic characteristics of accepted group. Detailed analysis of socio-economic and cultural profile of accepted women were carried out. Analysing the demographic characteristics of acceptors, it was observed that respondents belong to joint family in both the groups were relatively higher. Average age at marriage in both the groups were between 18 to 22 years (36% and 27%). But most of the users of both permanent and temporary methods users were the age group of 21 to 30 years.
Nearly 55.5% and 64% of both the groups came from the families with per capita income of ₹101/- to ₹200/- per month.

Majority of the acceptors were came from the educationally better segment of the population. According to educational qualification of both the husband and wife it was observed that 46.5% wife and 44.5% husband from both the groups were educated upto High School level.

Religion thus, seem to hindered the acceptance of either temporary or permanent methods. In this study majority of the respondents were Hindus in both the tables (92% and 90%). About the living children, the majority of the respondents in permanent methods users have 5 and above living children. Again in temporary method users 26% of women having 4 living children. And 21% have 5 and above children. This has indicated that couples accepted fertility control methods after completing the family size. The respondents under study were both from rural and urban areas. From the analysis of the data it was observed that in both the groups majority of them (90% urban and 65% urban) were from urban and semi urban areas. Actually they were from rural areas and subsequently settled in urban areas. They came here mainly in search of job and permanently settled down in urban and semi urban areas.
From the results of this prospective study there is a clear indication why permanent (sterilisation) and temporary methods were used. From the tables it was observed that majority of the respondents in both the groups 96.5% and 98% used the fertility control devices for socio-economic reasons. Simply they liked to accept either temporary and permanent method due to poverty and that the last child was too small, that was also after having 4 to 5 number of children. It was observed that use of contraception became necessary only when no more children were wanted. Because the couples became aware that they cannot afford any more children for health and economic reasons. From the results of this study it was observed that women prefer single shot long acting fertility control devices.

I studied about knowledge and attitude of the users towards family planning programmes and various fertility control methods. Knowledge, attitude and practice studies aimed at measuring the attitude of couples towards family size, attitude to the use of various fertility control methods, preference of son etc. The couples under study were asked different questions where they get information about different aspect of family planning. But it was found that most of the respondents heard of family planning programmes and fertility control devices from their husband. Almost all the respondents heard about almost all
the methods of birth control and their effects and side effects. But the level of knowledge, how to use the methods was not upto the mark of satisfaction even in the case of popular methods. However among the couples not desiring any more children the use of contraceptives increased with the influence of modernization and publicity through mass media. Among all, education of wife seems to be an important factor in narrowing the gap between the desire of additional children and practice of birth control devices. They were not aware of different contraceptive devices except termination. Even in my study it was also found that most of the respondents were having no idea about the proper concept of population explosion in individual family and the Nation.

Further, the investigator had attempted to throw light on the characteristics and demographic profile of the respondents of non accepted group. Analysing the demographic characteristic of the group it was come to light that majority of the respondents 52% and 53% of both the groups belong to the age group of 22 to 23 years. Educational qualification of both husband and wife were primary level of wife and high school level of husband. Most of the respondents were house wives and husband's occupation was Government service. Regarding the living
children 55% and 52% of both the groups were four, 31% and 33% had 5, 15% and 14% had six and above living children. 26% of the respondents of non-accepted group did not have the previous record of abortion. Only 20.2% had previous record of abortion more than two times and 6% of them had done seven M.T.P. which shows that they were not using any contraceptive devices and were coming for repeated termination of pregnancies.

Short summary of this group giving a birds eye view of the indications of not accepting the contraceptives devices. During discussion several women told us that due to side effects of birth control devices they felt exhausted to accept it. Some remarked that due to the fear of side effects lack of after service and left for God they avoided it.

Majority of non users had been reporting their desire of more children, especially son as reasons for not accepting birth control methods.

Religion seems to be hinder the acceptance of sterilisation. In my study 19% of the couples reported that they were unaware of any birth control methods because of which they did not practice. Again misconceptions played a vital role of not accepting any contraceptive
devices. So it had been found that the religion alone was not a factor. In my study 23.5% women said that they felt shy to express in front of the male doctors. They wanted privacy. Thus among all these reasons listed above, lack of adequate behaviour, shyness, fear for side effects, lack of after services and lack of privacy were the main reasons. Yet many women did not give specific reasons for not using but only said that they did not want to or did not like to use contraceptives, but it may be just cheating themselves. Besides this, in their opinion the present methods available for controlling fertility were not suitable to a great extent. They said that the only methods which could be comfortably be adopted were the pill and condom. But each woman having two children should be coerced to adopt oral pill.

I have selected all total 50 non accepted women from the surroundings of the 400 acceptors. They were living within 4 K.M. from the respondents of contraceptive users. These 50 women were not interested in accepting any contraceptive devices. But they were residing around the acceptors. As because of living near the contraceptive users, they must have adequate knowledge of family planning devices and also effect and side effect of the devices. I have collected five non acceptors against one acceptor. In this chapter I tried to find out whether the cause of
non accepting any birth control devices by non accepters were similar or not to that of the neighbourhood control group. To study the demographic profile of the respondents I have selected respondents from the same age, parity, qualification, occupation of the respondents of non users.

It was observed that like non accepted group the respondents of neighbourhood control group did not accept any contraceptive devices due to the apprehension of side effects (38%), unawareness (16%) and left for God (8%) lack of faith(12%). It has been observed that they know fertility control methods to be both possible and desirable but they were not using this knowledge because they were not serious in thinking of this very important matter.

From the above study and observation it can be concluded that family planning is a composite programme involving contraceptive technology, people's reactions to these and impact of contraceptions on fertility. The result indicated that people from higher strata and educated people particularly residing in urban and semi urban areas have a more favourable attitude towards fertility control. The users of birth control methods held more positive attitude in comparison to non users. Similarly Hindus seems to have a more positive attitude as compared to Muslims. In most cases, couples education specially wife's education had a significant effect on fertility in both rural and urban areas. It is observed that people with lower education,
lower economic status have more fertility than the people from higher economic status. In discussion it was observed that people were not accepting contraceptive devices due to apprehension of side effect and apathy to adopt new things. Most of the people have misconceptions that fertility control methods are harmful to health and use of contraceptive devices causes 'loss of sexual pleasure'.

At the end it is important to conclude that socio-cultural barriers in India have greatly obstructed the promotion of various family welfare programmes with fertility control.

Thus, couples those belong to the upper strata of socio-economic and cultural level, mainly used contraceptives. The lower level of socio-economic group has the highest fertility and makes the least use of contraception and abortion. Women of lower income group are generally apprehensive of the risk associated with contraceptions and abortion and so they accept the risk of child birth.

A positive and combined effort from all corners including medical personnel, social scientists, A.N.Ms, Dais, Village Health Guide, Political leaders and voluntary organisations would greatly help to make the fertility control programmes a success.

Adding to the conclusion, I may put herein some of my observations from my personal, contact and free talks with all sections of people, male and female, poor
and rich, Hindu and Muslims and the Christians, as stated earlier and also from my personal field visit.

It is revealed to me that there is a general will of all sections of my respondents in favour of some sort of fertility control measures. What inhibit them to come forward, factors like (i) After effect as they allege from the use of contraceptives (ii) objections to be exposed before the male health functionaries (iii) objections from husband or family members, (iv) apprehension for failure of contraceptives (v) left for God (vi) wanted more children mainly male child (vii) lack of after services (viii) health institutions are too far from them (ix) frequent non-availability of fertility control devices, (x) unacquaintence with the various birth control devices and (xi) lack of population education.

Again it is revealed to me that because of the various side effects they felt so weak and exhausted that they did not feel like participating in sexual act apart from doing the house hold jobs. Due to the excessive bleeding and spotting they were not allowed to cook or serve food and in other religious functions. Thus the physiological problems and physical discomforts were some of the major causes of the unsuccessful venture of the fertility control programmes.

The study of the attitude of the Indian parents about their family size norms and value of children indicates
that parents do not beget children merely for economic reasons. There is a predominant 'son bias' among the couples in India. The parents feel need of at least one surviving son for the family to fulfill its economic, social and religious roles. In an agricultural country like India, children can provide extra hands to work on the farm. Again importance of son for ensuring the interest of the parents in after life comes out strongly in Hindu religion. According to Hindu mythology it is believed that if a person does not have a son to fit his prayer and offer 'pinda' he will not attain salvation. The survival of a male child is an important determinant of future fertility.

I would therefore like to suggest that more research works should be undertaken to make the contraceptives free from side effects and some better methods in this respect should be found out. Objections regarding exposing themselves before male doctors may be considered as very usual and in that aspect steps may be taken to appoint lady doctors with exclusive knowledge and training in the field of fertility and fertility control. Private lady medical professionals may be influenced to take up the job on a definite and fair financial assistance. The mass media to be activated to educate the couples, population education to be introduced at school level by compulsion.
The society is moving fast towards modernisation. The objections raised today by the husbands and family members, may not last long. Public media are there; it has entered even the interior villages. There are many voluntary organisations like Mahila Samittees in the urban and rural areas. These organisations may be influenced to take up the job of training the people regarding necessity of family planning programme and birth control. Area of operation may be spotted first and then adequate programme may be taken up for implementation.

In Assam the average family size is less than that of the other state. On the other hand socio-economically it is not above the other state of India. Either the women of this area is less fertile or some other factor is controlling the fertility rate which are yet to see. At other stage also many women believe that the children are the gift of God, our families are son bias. Success of conjugal life depends on the birth of child, and number of children. Quite a good number of women get married before 18 years of age, even after the implementation of child marriage Restrain Act 1978. Almost all the families are joint in nature.

Health institution are being established on every away. None of them followed the Bhor Commission's Recommendation, which has dominating the percentage of acceptance of fertility control methods.
Wife's qualifications have got nothing to do with the 'decision making'. Husband decision was the final in acceptance of fertility control methods. Again husband are completely dominated by his parents. Performance of mass media is quite questionable as they covered a small segment of the population.

Psycho-somatic disorders are quite frequent among the couples and among the females who are not mentally prepare to accept some fertility control method. Quite a large number of couples are adopting fertility control method as they are either physically or economically unable to conceive for the time being or permanently.

Quite a good number of women desiring more children to look after their property, and as a security in old age, Even many women saying that considering the present situation mainly the premature death from various anti-social elements they must have more children. 'Son bias' are quite common. Some women are not bias for son only when they could not give birth son.

Apprehension for side effects and failure are quite natural as because even the most newer methods can also fail and not totally free from side effects and after effects. Lack of after services facilities are well established. Many couples prefer M.T.P. although it is not risk free, but it is for a short time. Lady medical officers are quite necessary and definitely it can bring some
promising change in the fertility and fertility control.
Decline of fertility rates by raising the age at marriage
is not yet confirmed and will require further both technical and social research. It may be inferred that for the
couples with desire no more children knowledge specially on
the side effects, services during procedure, and after ser-
vices and motive to act with are the two necessary condi-
tions for the effective use of the fertility control methods.

Sociology the master of science is still in the
mother's womb with retarded growth.

The rate of acceptance is indirectly proportionate
to the distance of the residence from the Health institutions.
Thus, differential influence of leadership educational,
attainment, conformation or otherwise, to cultural belief,
roles of women and children aspiration to catch up the rela-
tively developed community, child labour and value of child-
ren occupational mobility that were noticed among the various
cultural groups differentially contribute to their fertility
differences. The cultural group with poor educational back
ground and demand for child labour and desire for extending
kinship ties together maintain their fertility.

No doubt surviving son, couple's education and place
of residence are some important fertility control deciding
factors. But to me couples and people's at large.....
feeling the need .... to control birth....for the interest
of the society and the country is much more important and
effective than any things else.... which can be possible
only through the 'social movement'.