REVIEW OF LITERATURE
This chapter presents the review of selected research literatures relevant either directly or indirectly to the present study. An attempt has been made to throw light on the review of few literatures related to my study on the topic of 'Socio-economic and cultural determinants of fertility and fertility control'. India is the first country in the world to have a population policy and a family planning programme nationalised since then medical scientists introduced various methods and measures through several institution and organisation to control birth rate. Simultaneously various social scientist carried out several urban and rural based studies to analyse the social, biological, demographic, socio-economic and cultural pattern to the Indian population and their attitude towards the family planning programmes, fertility and fertility control devices. Fertility is just not a natural result of the human instinctive sex drive. Bogue affirms:

"No aspect of human behaviour is more regulated by cultural prescriptions, more subject to idealization and more conditioned by the process of socialisation and more subject to inhibition of animal drives by human personality than is sexual behaviour and especially child bearing. . . . . A more consistently social science perspective on fertility would be regard a population's birth rate anywhere and everywhere primarily as a social artifact and to presume for purpose of research that the forces that determined the level of birth rate are primarily social and economic" (Op cit 657).
Ronald Freedman in the sociology of Human fertility.

A trend report and bibliography current sociology x/xi 1961-62 has stated various variables that affect fertility. They are

(a) Intermediate variables (b) Social norms about family size
(c) Social norms about each of the intermediate variable
(d) Aspects of the social organisation which supports the norms for family size by providing social rewards and punishments which depends on the number of children in the family unit (e) Other aspect of social organisation which effect fertility by their influence on the norms or actual values for intermediate variables
(f) The mortality level which determines how large a surplus of birth is required to produce the normative number of children
(g) net migration level which determines the number and ages of persons available to the families and to the society as a whole and thus affects fertility
(h) Factors in the environment which effect the intermediate variables. The means of fertility control which stand between the social organisation and social norms on the one hand and fertility on the other hand that is the intermediate variables.

The intermediate variables postulated by the Freedman has been spelled out by Davis and Blake. According to them the process of reproduction involves three steps sufficiently obvious to be generally recognised in human culture.(1) Intercourse (2) conception and (3) gestation and parturition. In analysing cultural influence on fertility, one may well start
with the factors directly connected to these three steps. Such factors would be those through which and only through which cultural conditions can affect fertility. For this reason by way of convenience they can be called intermediate variables though the Freedman's classification of independent variables seems too vague to work in comparison with the highly articulated intermediate variables of Davis and Blake but it shows the importance of environment, mortality rates, social and economic structure and norms about the family size and the intermediate variables in determining the fertility level in a given society. According to Davis and Blake, dissolution and formation of marriage is known as demographic variables other variables, intercourse, conception, gestation and purturbation called sociobiological variables (Kingsley Davis and Judith Blake, social structure and fertility, 1956). Rabin Williams defines norms as 'standard by reference to which behaviour is judged and approved or disapproved. A norm in the sense is not a statistical average of actual behaviour but rather a cultural (shared) definition of desirable behaviour (Robin M Williams, Jr. 'the concept of norm' in David L. Sills E ed) International Encyclopaedia of the social sciences (New York) Macmillan, 1968 xi 1204.

As for the fertility in one society namely, India Ronald Freedman states -
"For the high fertility in pre industrial societies there is a consensus among sociological writers a very general explanation, from the society point of view high fertility is the functional adjustment to the high mortality existing in such
society from the point of view of the reproducing couple
high fertility motivated by the central importance of their
levels of familial and kinship ties. Implicitly or explicitly
this view carries with the assumption that motivation for
larger number of children increased when children enhanced
the ability of the familial unit to attain socially valued goals
and when such goals are attained through kinship and familial
ties, rather than through other social relationships (Op cit 48).
Freedman also stated that in agricultural society, for the
procurement of socially valued goal through kinship and familial
ties in the context of high infant mortality, children acquire
high social value and therefore, motive if the reproducing
couple to have as many children as will ensure an adequate
procurement of the desired goal on the other hand changing
of social and economic condition especially the shift from agri-
culturism to industrialism can give rise to contrary forces.
Two contrary forces impinge on fertility one enhancing it and
the other curbing it. In a comparative study on human reproduction
Clellan Ford and others have shown that the normative pressures
against childlessness and small families are very great and
probably universal in pre-industrial societies (Clellan
Stearns Ford 'A comparative study of Human reproduction a yale
university publication in Anthropology No. 32 New Haven cam yale
university press (1945) Davis and Blake pointed out that since
having some children is very important a society with high
mortality is likely to have built in to its structure a very
strong pressure for having children, early marriage before
one or both of the parents die, and also to have some extra children as a safeguard against infant mortality. On the other hand there are other social factors such as poor standard of health that reduce fecundity and increase foetal mortality and thus keep fertility below maximum level (Cp cit 215) Coale and Tye show that in China late marriage and very reproductive rate in to the later part of the child bearing period make for a high fertility population. Among other under-developed peoples the pattern may be one of early marriage and high reproduction rates in the early child bearing years. While both types may lead to similar average family size the former pattern will result in a slower rate of population growth, because the length of gestation is greater. (A.J. Coale and G.Y. Tye, The significance of age patterns of Fertility in High Fertility population, 1961, 631-646). Coale and Tye have stated that variables in kinship structure, related variation in the form of economic organisation, fertility relevant variation in such major institution as religious technological factor are most important in the socio-cultural different. F. Lonimer in his "The Relation of kinship system to Fertility" in culture and Human Fertility published in population and culture paris UNESCO, 1954, 58-90, has stated that joint family system combining several nuclear units but with period of fission and reconstitution make for some what lower fertility. The lowest fertility is found in system based on a nuclear neolocal family unit.
R.A. Easterlin in a comparative study in Implication of the Demographic History of Developed countries for present day Undeveloped Nation "April, 1960 suggested that neolocal nuclear family system may have led to relatively low fertility levels in pre-industrial Europe and especially in connection with various economic arrangements leading to late marriage or non-marriage. V.R. Dorjahn in "Fertility, polygamy and their interrelation in Temne society 1950 has stated how variation in kinship structure operate through other social central variables to affect fertility.

It is generally agreed that in the history of the west the mass adoption of family limitation practice followed major changes in the social and economic structure. However this experience might not be repeated in the developing countries as may other circumstances are different there. In Japan it shows that it is very likely that large scale and economic change will eventually force fertility level down.

M.E. Khan and C.V.S. Prasad, Family planning practice of India, Second All India Family Planning Survey, O & C, Baroda, 1983 have stated that 82% target couple belongs to socially and economically backward class of the society having less access to any of the mass media. 89% of the currently married persons and their family members have never visited by any health or family planning worker.

Mishra et al (1982) observed that the extension efforts and provision of Family Planning advices or supply of contraceptives at door step were very poor.
Mamdani argued the rationality of large family for the rich as well. With many sons they can farm the land better increase the size of the holding and enrich themselves further, it is in the view, good economic logic for the rich and the poor the landed and the landless, village, artisan and carpenters- almost every body to procreate large number of children.

While religious belief do have a definite bearing on fertility and children are seen to have religious significance, but there is no knowing how far they actually influence fertility behaviour. As Cassen et al in 1978 points out that it is virtually impossible to assess the role played by religious belief.

K. Mahadevan, Rele and Kanitkar et al in 1979 have confirmed the existence of differential fertility among the Hindus, the Harijans, the tribal and the Muslim. Mahadevan et al in 1985 has observed that fertility difference between the east Hindus; and the Harijans are significantly lower in comparison to the Muslim. Same trend is also observed in case of desired mean number of children. However for all groups number of sons range from 1.5 to 1.8. He also observed a direct relation of child loss and higher fertility rate.

Pramod Kumar and Lata Gairol et al in 1985 in their study stated that the personality characteristic and role compatibilities of the husband and wife are important determinants of decision making. In another study they have shown that early adopters had a strong attitude towards family
planning and also the strength of their motivation was much higher than the late adopters. Health, economic, social, family welfare material and national motives were found in both the groups.

In a study by Alikhan (1977) son preference is reported to be an important determinants. The negative inducement of number of living sons on wanting additional children was above three times, than those to the number of living daughter.

Davidson (1976) conducted a study regarding the relation of psychological, social and economic variables to fertility related decisions. It was hypothesized that an individual intention to engage in a fertility related behaviour would be highly correlated with (a) her belief about the consequence of pertaining and/or (b) her belief about what relevant other think she should do and her motivation to comply with those others.

In a study of psychological factors in family planning carried out by Chaung et al (1972) and observed that the correlation of the four psychological variables were found to be lower in magnitude for better educated women than for the less educated.

Mc-Clelland and Winter (1969) carried out an experiment and stated that it appears to be possible to manipulate subjective efficacy and self-confidence through appropriate educational programmes.

Fishbein (1967) has critically evaluated descripency between the attitude and behaviour. He concluded that attitudes
are measured mostly from conjunctive dimension and not from the behavioural dimension.

Lalithambal (1977) in her study on the factors responsible for the gap between awareness and adoption in contraceptive practice brought out the following findings: 32 per cent of the potential adopters and 51 per cent of the never adopters stated that nobody has contacted them for motivating for family planning. The main reason given by the 50 per cent of the mean and 25 per cent women for their delayed practice was the lack of information. While permanent methods are widely known, the awareness among women in respect of IUCD, IUD, and other methods was low.

Khan's study (1977) also highlights the reasons for rejecting some of the family planning methods. There is a clear indication that there are differences with regard to preference for tubectomy over vasectomy and vasectomy over tubectomy. He has also shown that some people preferred sterilization over non-terminal methods and others preferred non-terminal methods to sterilization. In a situation like this we are simply assuming in our programme that couples who have had the desired number of children will automatically go in for sterilization. Unless we use the cafeteria approach and provide education and services with equal emphasis on all methods, we are not likely to reduce the gap between desired fertility and actual fertility.
Mahadevan (1972) in his study of the Vellalah Gounders found that this community not only wanted fewer children than the scheduled castes and other Hindus, but they preferred induced abortion as a method for regulating fertility. He found this as a socially approved method and facilities for obtaining induced abortion were widely available for the community. Currently the author is conducting a study of this community along with the scheduled castes and Muslims. The result so far clearly indicate that the Vellalah Gounders wanted very small family of one or two children only and they preferred induced abortion. In contrast to this the fisherman community which is being studied by the author shows a strong preference for large number of children most of them wanting to have five or more. They are also totally against any family planning method, the adoption rate is very low. In this latter case there seems to be some support to the micro-economic theory of fertility which is being further explored.

Westoff and Ryder (1977) in their study noticed a general tendency on the part of the respondents to keep open the option of additional children until there was a definite decision to terminate. Their study also indicate the need to have a dynamic model in order to examine the relationship between the desire and the actual fertility.

Freedman et al (1975) examined the question whether family size desires to predict fertility. Using Taiwan data
and two measures of preference, they were able to show that
the two measures of preference are highly co-related and also
both help in prediction of future fertility. The preference
contraceptive use and abortion.

Udry (1983) in a study has discussed, after each
birth a couple make a decision to have another birth, post-
poned another birth, or stopped reproduction based on a
constantly changing pay-of structure which is sensitive to
change in their social and economical circumstances. This
study support the sequential decision making model which is
appears to be more realistic than the one step decision
making model.

Yet another dimension to the fertility question is
political. Policies in the quest for power, and number are
of obvious importance, to the game. Within the family itself
the power of married women is tried up with the number of
her children, especially of son. With every additional child
the women gains an increment in power and status and is able
to free from control by mother-in-law. The women finally
comes to her own when her grown up son marry and she herself
becomes a mother-in-law. In contrast , the women who bears
no children occupies a subjugated position in power and
structure of the household.

Srinivas and Ramaswamy observed 'It can be readily
seen that the villager understand the significance of number
for his political wellbeing and as a matter of fact for his
economic gains flow from political power. However, there is nothing to indicate that political advantage is not as simply measurable as the wage that an additional number would bring in, but is nevertheless distinct and perceivable ... which only the household is concerned. With the economic gain occurring from large numbers, leaders of castes and factions have a direct stake in the political gain. It is an important question whether they would not use their influence to widen their political base.

K. Srinivasan et al. (1985) in his study "Modernization of fertility change" observed that in early stage of modernization increase in fertility rates of population can due to the following factors: (i) Reduction in the duration of breast feeding by the mother to the children which is turn leads early resumption of menstruation and possibilities for next conception, (ii) Increase in coital frequency because of nucleation of families and break away from the traditional or cultural taboos or intercourse for specific reasons, (iii) increase fecundity of couples because of improved nutritional status of health couples (iv) Reduction in period of widowhood or separation of the spouses within the reproductive span because of reduction in mortality level, increase prevalence of widow remarriage (v) decrease in involuntary sterility owing to availability of increase medical facilities (vi) earlier onset of menarche later onset of menopause reduced risk in spontaneous abortion because of improved
nutrition, health condition, prevention and treatment of communicable diseases for women which impair the reproductive system. Holsinger and Kasarda et al. in 1976 considered education to be of prime importance in the studies of modernity and fertility. Education may influence fertility directly, by altering attitudes and behavioural patterns of individuals, and indirectly by affecting such factors as age at marriage, acceptance of family planning and infant and childhood mortality. Those attitudes and behaviour as a result of education have been considered to be 'modern as opposed to more traditional orientation'.

Bestis (1982) opinion is most inspiring for the present study. He said that case study is a way of organising social data for the purpose of viewing a social reality. It examines a social unit as a whole. The case study also probes deeply and analyses interaction between the factors that explain the present states or influence change of growth.

In India a large volume of research literature is available on the use of I.U.D. and oral pill. Here the investigator overview the few literature related the fertility and fertility control. These types of studies helped the investigator in development of the tool and planning of the analysis. First of all the investigator refers to the volume of 'socio-cultural determinant of fertility' published by Indian Council of Medical Research, New Delhi, 1983.
This volume contains the technical papers presented in the workshop held at Jammu from 5th to 7th December, 1983. The themes covered in the workshop were (i) how modernization social change affects fertility (ii) inter relationship between infant mortality and fertility, value of children and norms about family planning etc.

The first articles of the volume is modernization and fertility change by Sri K. Srinivasan. The author reported that the fertility level of a population is the outcome of a complex set of factors—biological, social cultural that are operating on the population and these factor are interrelated with each other in regard to their effects on fertility. Due to the influence of modernization small family norm (1 or 2 child) could become a universal goal in all countries before the termination of this century.

Mr. Narayan Das in his articles 'Socio cultural determinants of fertility' the cases of India has stated that fertility in the younger age group has shown a tendency to increase both in rural and urban areas during the last decade. According to him female education and individual modernity seemed to be important predictors of fertility. Similarly couples with a score of modernity has relatively lower fertility than lower categories. Srinivasan et al 1977-78 reported that modernization tends to shortened the births intervals and result in a part in fertility.
WHO/ICMR workshop on service and psychosocial research in family planning this big volume could drawn investigators indepth attention to study on the topic of 'socio economic and cultural determinants of fertility and fertility control'. This volume presents the proceedings of a joint workshop between the Indian Council of Medical Research and the World Health Organisation held at Trivandrum in December, 1982. The Indian council of Medical Research has set up a task force on health services and psycho social research in Maternal and Child Health and Family Planning in order identify the gap in our knowledge and undertake the studying on those gap. The papers cover a wide range of topic from the fertility profile of the word to the priority needs of psycho social and health service studies in family planning, reliability of knowledge attitude and perception studies.

Socio economic studies of the determinants of fertility in the developing countries have been done at the Macro and Micro levels. Repetto (1979) Mauldin et al (1978) and Kirk (1971) attempted to determine threshold values of socio economic indications that presage fertility decline. Mauldin et al (1981) tried to assess the important of family planning programme effort in recent fertility declines.

Footnotes : ICMR : Indian Council of Medical Research

WHO : World Health Organisation.
M.N. Srinivas et al (1977) and E.A. Ramaswamy have studied in great detail the cultural and economic factors influencing fertility decisions. According to them "Marriage in India situation is a arrangement between families and not individuals and the purpose of marriage at least in the early year is not companionship but procreation. Her own status in her newly married bride in her conjugal home is the bearer of children'. This is so far as the psycho-social and economic aspect of fertility and contraceptive behaviour are concerned. Refe J.R. 1963 April also carried out a similar study embodied as Fertility differentials in India- Evidence from a rural background. This study was carried out with a view to analyse the socio-economic differentials in fertility.

A fertility survey by using a schedule was conducted in rural areas of Uttar Pradesh to ascertain in number of children ever born by effective marriage duration. In the findings of his study it has revealed that social class had the greatest influence on fertility. Upper class Hindu had lowest fertility and Muslims the highest.

Baljit Singh Action Research in Family Planning Report of the proceedings of the Fifth International Conference on Planned Parenthood, Tokyo, 1955. This study was carried out with a view to determining the attitudes of villages on planned parenthood assessing the acceptance of methods of contraceptives prevalent at that time.
Nearly all (97.5%) were between 15 and 45 years. 95% had been married before they were 18. 65% of the couples said that their economic situation would have been better with fewer children.

95% of the couples were ignorant of family planning. From his study it has come to the conclusion that villagers had consciousness to make planned parenthood inspite of the few respondent who were ignorant of family planning.

Kaul et al (1968) 'A study of some of the socio-cultural factors associated with the Adoption and Non-adoption of Family Planning among rural women in Delhi Territory'. This study was carried out with adoption and non adoption of family planning among a sample of women. Finding out differences in the socio economic and demographic characteristics of adopters and non adopters of family planning and identifying the socio-cultural barriers to the acceptance of family planning methods.

Findings : Though there was no significant differences between the castes among adopters and non adopters, more non adopters were in the higher caste group.

There was no significant difference between adopters and non adopters in age, education, occupation and type and size of family.

36% adopters out of 120 respondent and 70% non adopter respondent that socio-cultural barriers obstructed family planning. This type of study was influencing the mind of the investigator.
The investigator studied the service of Draper Fund Report.

Ethical issues in family planning services of population report, Family planning programme, ICMR Bulletin etc.

Devis et al, 1951 'Social structure and fertility: An analytical framework, economic development and cultural change'.

The study had given a framework for fertility analysis. According to him fertility should be studied in terms of marriage, pattern, sexual, behaviour, biological fertility and contraception. He also stated that social, economic, psychological, cultural, and institutional influences on fertility must operate through this framework. Under his framework it has been observed that in India the dominant pattern is early and universal marriage of girl marital union are stable. Divorces and separations are not common. A section of Hindu society merely high caste Hindus, does not permit widow remarriage. Indian birth rate is high due to its marital distribution which is determined by the pattern of early and universal marriage in India. The Indian marital fertility rates are not high in comparison to European rates without contraceptives (According to Devis).

I studied the Journal of Obstetrics and Gynaecology of India, August, 1986, Vol.XXXV. It appears bi-monthly, publishes original articles and case reports. In this Journal
the investigation was impressed by the article of some changing trends in socio-biological factors of M.T.P. acceptors in Delhi - A Survey. In this article it has been revealed that educated and economically better off women, who are not poorly guided for birth control and hence may pose future problem of habitual M.T.P.

Lastly the investigator was highly impressed by the volume of 'psycho-social factors affecting continuation and discontinuation of Intra Uterine Device and oral pill-urban India'. I.C.M.R. task force study, 1989. This study was carried out with a view to analyse the role of psychological factors responsible for discontinuation as well as continuation.

This review of literature helped the investigator in getting an appreciation of the problem and an insight into the way of conducting investigation. This valuable literature also help in designing the study, development of tools, information about sampling technique, data collection procedures and plan for data analysis.

Ashok Kumar in 1983 carried out a study in 12 districts of Uttar Pradesh and he evaluated the main reasons for not using birth control devices by the couples who did not wanted any more children as it was 'harmful to health' and use of birth control devices caused 'loss of sexual pleasure'. He also classified the couples who want no more children as :
1. Not aware of birth control measures.
2. Aware of birth control measures but in the stage of conflict (a) seek further information about the birth control methods, (b) remain in conjunctive consistency with old value.
3. Having resolved initial conflict wants to resolve their ambivalence.
4. Decided to accept birth control method and took action.
5. Decided to accept birth control method but took no-action.

K. Mahadevan in 1983, by a microlevel study made an effort to identify the major dimension of value of children sex roles economic activity social structural and their influence on fertility behaviour.

Marshall et al in 1971 in a study shows that the preponderance of the horizontal flow of information and advice between peers, with very slow vertical flow, rich to poor, literate to illiterate, high caste to low caste, zamindar to landless labour. Neighbourhood effect therefore work on different scale, delivering different amount of information to the different sector of population. Furthermore, it seems likely that in any given population, different items of information about different innovation or events will move through different network and therefore of varying spatial structure. Rahim et al in 1963 says that some types of informations are received and transmitted more readily by some people than others.