METHODOLOGY
Research is an endless quest for knowledge or un-ending search for truth. It is often expressed as scientific thinking. Research adds to the existing knowledge in an orderly way. It has been proved to be an essential and powerful tool in leading man towards progress. Without systemic research and its application there would have been very little progress.

As the dictionaries say it is a careful search of enquiry endeavour to discover new ideas by scientific study a course of critical investigation. It is such a vast and multi-dimensional concept that ordinary definitions cannot project its meaning completely.

In the opinion of:

P.M. Cook - Research is an honest, exhaustive, intelligent searching for facts and their meanings or implications with reference to a given problem. It is the process of arriving at dependable solutions to problems through the planned and systematic collection, analysis and interpretation of data. The best research is that which is reliable verifiable and exhaustive so that it provides information in which we have confidence.

J.W. Best - Research is considered to be the more formal, systematic, intensive process of carrying on the scientific method of analysis. It involves a more systematic structure of investigation usually resulting in some sort of formal record of procedures and a report of results or conclusions.
C.C. Crawford - Research is a systematic and refined technique of thinking, employing specialised tools, instruments and procedures in order to obtain a more adequate solution of a problem than would be possible under ordinary means. It starts with a problem, collects data or facts, analyses them critically and reaches decisions based on the actual evidence.

Travers - Educational research is that activity which is directed towards development of a science of behaviour in educational institutions. The ultimate aim of such a science is to provide knowledge that will permit the educator to achieve his goals by the most effective methods.

J. Francis Rummel - Research is an endeavour to discover, develop and verify knowledge. It is an intellectual process that has developed over hundreds of years, ever changing in purpose and form and always searching for truth.

Clifford Woody - Research is a careful inquiry or examination in seeking facts or principles, a diligent investigation to ascertain something.

R.M. Hutchins - Research in the sense of the development, elaboration and refinement of principles together with the collection and use of empirical materials to aid in these processes, is one of the highest activities of a university and one in which all its professors should be engaged.

Rusk - Research is a point of view, an attitude of inquiry or a frame of mind. It asks questions which have hitherto not been asked and it seeks to answer them by
following a fairly definite procedure. It is not a mere theorising, but rather an attempt to elicit facts and to face them once they have been assembled.

Research is likewise not an attempt to bolster up preconceived opinions, and it, implies a readiness to accept the conclusions to which an inquiry leads, no matter how unwelcome they may prove.

When successful, research adds to the scientific knowledge of the subject.

George G. Mouly - The systematic and scholarly application of the scientific method, interpreted in its broadest sense, to the solution of educational problems; conversely, any systematic study designed to promote the development of education as a science can be considered educational research.

W.S. Monroe - Research may be defined as a method of studying problems whose solutions are to be desired partly or wholly from facts. The facts dealt with in research may be statements of opinions, historical facts, those contained in records and reports, the results of tests, answers to questionnaires, experimental data of any sort, and so forth. The final purpose of educational research is to ascertain principles and develop procedures for use in the field of education; therefore, it should conclude by formulating principles or procedures. The mere collection and tabulation of facts is not enough, though it may be preliminary to it or even a part thereof.
Research is of three types:

(a) Basic or fundamental research which is also called as pure Research. Basic research does not concerned with day to day phenomena and problems. It is rather concerned with the solution of the fundamental problems and major or vital issues. It gives it result in the form of broad generalisation or principles and theories.

(b) Applied Research: It is also known as field research. It is primarily that type of research work the result of which find direct application in the field. It is preferably devoted to the problems of the field workers or other affected individuals. It is interested in theories, principles or laws which work.

(c) Action Research: Action research is similar to applied research in many way. The only difference can be that applied research can be carried out on a larges samples resulting in the more universally applicable findings. As against the action research will primarily be conducted on the immediately available small sample in order to solve the immediate problem for the same group.

Population explosion all over the world, especially in the last few decades has drawn the special attention of the demographers, sociologists, social workers, economists etc. to frame a scheme to control the alarming rate of population growth and save mankind from the clutches of socio-economic crisis like poverty, starvation and deaths.
The same problem has become acute in India. World population at the time of Christ is estimated to have been only 250 million and by 1600 it has been doubled again to 1 billion. By 1975 the world population reached 4 billions. If the current rate of population growth continues 8 billion mark will be reached before the year 2010 A.D. The problem of over population is very acute in India and some other Asiatic countries. Due to population explosion all efforts for economic development have not achieved up to expected results and success. In order to tackle the explosive problems of population growth, Government of India has been taken up the family planning programme at national level since 1952 and in fact India is the first country in the world to take up the programme at national level. But indeed it is a matter of concern that though our country was the first in the world to launch a family planning programme on a national scale in 1952 but the change in the population growth is very very minimum. There are approximately 161 million couples in the reproductive age group in our country of whom only about 30% are utilizing some the methods of fertility control. The reasons of such an outcome definitely be of many folcs as the fertility itself involves all the branches of the sciences both living and non-living. As such the investigator has selected to study the socio-economic and cultural aspect of the users, non users and neighbourhood control
Selection of the field:

The subject matter of my Ph.D. thesis is 'Socio-economic and cultural determinants of fertility and fertility control'.

The selection of field for research is very important in social research for the generation of a fruitful result. The investigator selected the field for study to suit her queries and considering the availability of several other facilities. The study has been carried out in the Department of Obstetrics and Gynaecology, Gauhati Medical College Hospital, Guwahati, Assam. This is a large teaching hospital, where the patients also used to come from rural and slums areas and belonging to low and lower middle socio-economic strata. It has been observed that Assam, one of the 25 states of India, having a typical significance of population growth rates. The census report of Assam shows a glaring example of population explosion. Guwahati city also reveals awareness increase in population growth. Moreover, the people of Guwahati reveals a heterogeneity of different culture, education and economic status. Hence the investigator decided to study such an area to get accurate information of different levels of people. Its importance has greatly increased after the establishment of the temporary capital of Assam at Dispur in the outskirts of the city and as a result its growth and spital explosion have been tremendous during the last few years.
The city has exerted great influence on the area around it. Socio-economic and culturally it is a typical example of Assam.

GAUHATI MEDICAL COLLEGE:

The Gauhati Medical College was established on 10th October, 1960 by the Government of Assam as a twin. Silchar Medical College as the other part. From 15th August, 1968 Silchar Medical College started functioning at its own site and thus the twin got separated. Initially Guwahati Medical College started functioning with 100 students in the M.B.B.S. course in the premises of Assam Ayurvedic College at Jalikbari and simultaneously in the Gauhati Civil Hospital at Panbazar. The college was shifted to its permanent site at the top of the Narakasal Hill in August, 1968. The Gauhati Medical College hospital was shifted to its permanent site at the foot steps of Narakashal Hill in May, 1984. In the academic year 1984-85 the capacity of the student raised from 100 to 130. In the year 1969, post graduate courses was started with the due permission from the Medical Council of India.

The department of Obstetrics and Gynaecology is well equipped with sophisticated equipments for the treatment of various disease of the women and rendering up-to-date services for the fertility control. This department had treated 662622 women in outpatient department and 79009 women in the indoor
during the year 1987-89. There is a clinical Research in Human Fertility and Fertility Control in the name of *Regional Centre for Clinical Research in Human Reproduction for the north Eastern Region, in collaboration with the Indian Council of Medical Research (ICMR) and World Health Organisation (WHO)*. The centre is carrying out indepth Research in fertility and fertility control and taking the responsibility of training both the medical and paramedical personnels of the North Eastern Region. Women of various cross section with separate culture and socio-economic back ground from the distant remote places even from the neighbouring states are being drained to this department for treatment of various diseases, as well as for delivery, and fertility control. There is also a post partum unit attached to this Department. During the said period 21,325 deliveries, 8,000 M.T.P.s, 3600 Tubal sterilisations were done. Various IUCD were inserted to 3200 women. Oral pill were given to 1500 women. Norplant were inserted to 200 women. I have selected this department for collection of data and as a "nucleus" of my study. A sample of 850 women were enrolled randomly. The sample was chosen in such a way that they cover the entire cross section of the society of Assam and were divided into three main groups. Accepted, non-accepted and neighbourhood control group. 400 women were chosen from the users of the fertility control methods, 400 from the non users and 50 women were chosen as neighbourhood control group. 400 acceptors again subdivided
into two groups, 200 women were using temporary fertility control methods while the other 200 women had undergone Tubectomy operation. Out of 400 non-acceptors 200 women were chosen from the delivery group and 200 women from the M.T.P. group. Delivery group means women coming for repeated deliveries, they did not like to control the child birth rather they wanted more children. While the other 200 women did not wanted any more children at the same time were not using any birth control devices but coming for termination to get rid from the unwanted conceptions.

I have enrolled 50 women who were not using any contraceptions but living around the contraceptive users. I have studied this group of women to find out whether the reasons for not using any birth control devices by non-acceptor women were similar with these of the neighbouring control group or not. The fact that these 50 women have got adequate knowledge about the various methods of birth control devices and also their effects and side effects. As because they are living around the contraceptive users naturally they should have been motivated by the acceptors. So I have studied the economic, social, cultural, educational and psychological aspects of this group of women with their attitudes towards the fertility and fertility control devices.

It has already been stated that I have selected the department of obstetrics and gynaecology, Gauhati Medical
College, Guwahati as a nucleus of my study keeping in view the coverage of the state as a whole. In this study 800 women were chosen in the active group, coming from eight districts of the state of Assam, Kamrup, Nowgong, Karbi-along, Kacher, Sonitpur, Mangaldoi, Nalbari, Barpeta involving Guwahati city and 160 remote villages, 20 villages from each districts.

I with the extensive assistance from Regional Centre for Clinical Research in Human Reproduction evaluated the educational, economic and socio-cultural background of these villages and their attitude and knowledge, towards the fertility, fertility control devices and various National Family Welfare programmes.

Setting and Geographical Location:

The field that the investigator has selected for the study of the topic is 'socio-economic and cultural determinant of fertility and fertility control' in greater Guwahati, of Kamrup district and 160 remote villages from 8 districts of Assam. The Guwahati city is the nerve centre of business, administration and educational activities. Guwahati, formerly known as Pragjyotishpur is at present the main city of Assam and is one of the most important political, cultural and commercial centres in the North Eastern Region of India. Guwahati is the District Headquarter of Kamrup, situated on the south bank of the mighty river Brahmaputra. The area of the city is 27.5 sq K.M. and is
bounded on the north by the Bharalui river and the Narakashal hill and on the west by the Fatasil and the Kamakhya hill. The total population of the city according to 1971 census is 1,46026 out of which 76,824 are males and 69,202 females. The Guwahati city is surrounded by many small hills. The municipal area of the city consists mostly of the plain land except, the Kharghuli, Kamakhya and a part of Navagraha on the North East.

Climate:

The climate of Guwahati does not differ much from that of the rest of Assam valley. Its principal characteristics are moderately cold and foggy winter cool spring and fairly temperature but very humid summer. The average annual rainfall during 60 years is 163.72 millimeter. The mean maximum and mean minimum temperature is 32.40 centigrade and 10.6 centigrade respectively. ¹

Residential pattern:

Residential pattern of the Guwahati are predominantly of Indian Nationality except of few British and American Missionaries. Assamese from the largest linguistic group. Residents of this City are mainly composed of two religious groups namely the Hindus and Muslims.

The residential pattern of Guwahati is much similar to that of other big towns in Assam. 'Assam Type' houses are predominantly found in almost all the residential areas of Guwahati. The most common residential pattern of Guwahati is of linear type. Almost all the houses are situated facing the main thoroughfare. In the commercial areas, namely Fancy Bazar, Lakhtokia and Panbazar multistoried building has come up in great numbers in the recent years.

**Land areas use:**

Planning Department during 1957-58 shows that there is approximately 2810 acres of land within the existing Municipal boundaries. Out of this, the total developed area constitute only 160 acres or 56.87 per cent of total area and rest is underdeveloped. This part, about 806 acres, or 28.9 per cent of the total areas considered as unusable land which includes the hills, swarpy, water logged areas and water bodies. There are about 439 acres of land or 4.9 per cent of the total developed area under active commercial use.

**Population Characteristics:**

Spectacular in recent times with the incoming of various groups of people from the states like west Bengal, Bihar, Orissa, Punjab etc. It is evident from the fact that the total population in Kamrup District was only 2,71,944 in 1840 but it increased to 28,54,183 in 1979. During the last 10 years from 1964 to 1974 there has been an increase of
23.076% population in Guwahati. The percentage decennial growth of population is shown in the chart.

Table-1: Population trend in Assam (in thousand).

<table>
<thead>
<tr>
<th>Year</th>
<th>Person</th>
<th>Male</th>
<th>Female</th>
<th>Plain Districts</th>
<th>Hill Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1901</td>
<td>32,90</td>
<td>17,15</td>
<td>15,75</td>
<td>32,49</td>
<td>41</td>
</tr>
<tr>
<td>1911</td>
<td>38,49</td>
<td>20,10</td>
<td>18,39</td>
<td>38,22</td>
<td>27</td>
</tr>
<tr>
<td>1921</td>
<td>49,37</td>
<td>24,45</td>
<td>21,92</td>
<td>46,08</td>
<td>29</td>
</tr>
<tr>
<td>1931</td>
<td>55,61</td>
<td>29,67</td>
<td>25,94</td>
<td>55,24</td>
<td>33</td>
</tr>
<tr>
<td>1941</td>
<td>66,94</td>
<td>33,69</td>
<td>31,25</td>
<td>65,61</td>
<td>1,33</td>
</tr>
<tr>
<td>1951</td>
<td>80,29</td>
<td>42,99</td>
<td>37,30</td>
<td>78,64</td>
<td>1,65</td>
</tr>
<tr>
<td>1961</td>
<td>1,08,37</td>
<td>57,98</td>
<td>50,39</td>
<td>1,05,58</td>
<td>2,79</td>
</tr>
<tr>
<td>1971</td>
<td>1,46,25</td>
<td>77,14</td>
<td>69,11</td>
<td>1,41,70</td>
<td>4,55</td>
</tr>
<tr>
<td>1981*</td>
<td>1,98,96</td>
<td>1,04,67</td>
<td>94,29</td>
<td>1,92,77</td>
<td>6,19</td>
</tr>
<tr>
<td>1991</td>
<td>2,22,94</td>
<td>1,15,79</td>
<td>1,07,14</td>
<td>2,16,39</td>
<td>6,55</td>
</tr>
</tbody>
</table>

Table - 2: Density of population in Guwahati.

<table>
<thead>
<tr>
<th>District</th>
<th>Area in Sq.K.M.</th>
<th>Population</th>
<th>Density of Population per Sq.K.M.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guwahati</td>
<td>27.51</td>
<td>1,46,026</td>
<td>5,310</td>
</tr>
</tbody>
</table>

Source: Census of India, 1971 (P)

General Population Table - Assam.

*Estimated population.
It can be seen that the decade of 1951-61 has shown the highest growth. The density of population of the Guwahati is calculated at 8,693 person per Sq.K.M. in 1971 against 7,072 persons in 1951 and 5,613 persons in 1951 census. The scheduled caste population is mainly comprised of Kaibartra, Bania, Hira, Basphor etc. and shared 4.54 per cent of the total population in Guwahati. They are concentrated in Izanbazar, Kharghuli, Paltanbazar, Fancy Bazar and Beltola area. The scheduled tribe which represent only 1.17 per cent of the total population, are the Bodo Kachari and are found in Ulubari Bharalumukh and Lachit Nagar area.

Communication system:

The communication system of the area with other parts of Guwahati and outside it, is almost satisfactory. The main road has gone through it which facilitates the communication with Rickshaws, city buses, with other parts of Guwahati and the neighbouring areas. The main office of the Indian Airlines is situated in the centre of the city which can facilitate the communication with other parts of the country by the air route. There is also facility for railways, roads in the entire area are still to be improved.

Language:

Language is the medium through which we know each other. As in this area, the people belongs to different states, the languages are also varied from one group to another. Assamese is the commonly speaking language, but the
higher literate persons use English also. The business community from whatever state they come, can understand well and can speak Assamese. Hindi is also used among the business communities.

**Sampling:**

It is very difficult to study all the communities throughout the state. Sampling is the process of selecting a sample from the whole population to represent it technically. For this purpose the population is divided into a number of parts called 'sampling units'. When a small group is taken as representative of the whole, the study is called sampling study. Sampling studies are growing in popularity day by day. It might be accepted that even simple exploratory studies using adequate sampling techniques would provide useful and reliable findings. For studying any problem, it is difficult to study the whole population or universe. Studying the entire universe, is not viable in many ways. It is, therefore, convenient to pick up a sample, out of the universe proposed to be covered by the study. The sampling method was used in social science research as early as in 1757 by Mr. A.L. Bowly. According to him -

- When the population is very large, it can be satisfactory covered through sampling.
- It saves a lot of time, energy and money.
- When the data are unlimited, the use of this method is really useful.
The prime purpose of research is to discover principles that have universal application. In the present study the investigator adopts the stratified random sampling. The concept of randomness has been the important basic concept to the scientific observation and research. It is based upon the assumption that individual events cannot be predicted with accuracy and so aggregates are taken for scientific sample study.

**Stratified random sampling:**

It is the most popular, and basic method of sampling study. It is to be considered as the most trustworthy method of obtaining representativeness of the whole population. Random sampling is a combination of both random sampling and purposive selection. Under this system the universe is first divided into a number of strata or groups. Then from each group certain number of items are taken on random basis. Thus in selection of strata we use purposive selection method.

Purposive sampling can be considered a form of stratified sampling. In that, the selection of the cases is governed by some criterion acting as a secondary control. In the purposive sampling different variables should be in the same proportion as they are found in the universe e.g. proportion of the rich and the poor etc. The usual stratification factors are sex, age, education, socio-economic status, occupation etc. In the present study at first, the investigator
come to know the population trend of Assam and Guwahati, total attendance of outdoor and indoor patients of the Department of Obstetrics and Gynaecology, Gauhati Medical College Hospital for the enrolment of the subject for this study, their residences, occupation, level of education, economic wise distribution and their socio-cultural background.

Our disposal:

For this purpose a knowledge of all the methods and their limitations is essential. To collect the accurate data, I employed both primary and secondary methods of data collection.

**Primary data:** Primary data is collected by face to face interview with the respondents by the help of interview schedule.

**Secondary data:** Secondary data are those which are collected from the office records book and talk with the management. For collection of both primary and secondary data the investigator has applied the following processes -

- Interview schedule,
- Interview guide,
- Participant observation.

**Interview schedule:**

According to Mr. Pauline Young 'Interview may be regarded as a systematic method by which a person enters
more or less imaginatively into life of a comparative stranger. But schedule is the name usually applied to a set of questions which are asked and filled in by an interviewer in a face to face situation. The two forms obviously have been common, particularly, in both the cases the wording of the questions are same for all the respondents. Necessary care was taken at the time of preparing the interview schedule to prepare it as comprehensively as far as possible so that all the informations that are necessary for the study, could be obtained.

**Interview Guide:**

An interview guide is a list of points or topics which interviewer must cover during the interview. In this consideration flexibility may be allowed as to the manner, order and language in which the interviewer asks the questions (through the help of interview guide, investigator has called the people for interview). The investigator, therefore, has taken help of this interview guide to collect the necessary datas.

**Participant observation:**

Science begins with observations and must ultimately return to observation for its final validation.  

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Ref. 3: Dr. S.R. Bajpai - *Method in social research, and Survey*. 
Observation though an old method, yet it is one of the important technique of data collection. Observations are of various types, one of them is participant observation. When the observer participates with the activities of the group under study, it is known as participant observation. Thus participant observer makes himself a part of the group under study. So in the present study too, the investigator has applied this technique to know the empirical data and to observe the way of life of the individual.

In this present study many information were collected through participant observation. Observation is applied as a data collecting technique in many general and even in educational situations. The advantage of participant observation depends largely on the situation. The participant observer is likely to adopt more and more his role as a participant member of the group and become more and more blind to the peculiarities which he is supposed to observe. Sociological studies have been conducted in which the investigator even analysed in both the groups inorder to understand them better.

Tabulation:

Before the data collected through observation or interview is processed, it must be put into some definite forms. Raw data is in a most jumble up form and to inference can be drawn it. It is difficult even to realise the

Ref. 4: Goode and Hart- Method in Social Research
Significance of the datas. The statistical processes are used to render this hazard, complex and intangible mass of datas into some significance and tabulation. Tabulation thus depends upon classification. The essential operation in tabulation is counting to determine the number of cases that fall into various categories. The investigator has applied both simple and cross tabulation. Cross tabulation is essential to show the relationship or significance between two variables. In tabulating the datas every effort was made to present the data as systematically as possible.

Analysis of data :

After the data has been collected it must be analysed to draw proper inferences. In the present study also the datas are also analysed on the following order:-

1. Socio-economic and cultural background of the accepted women.
2. Knowledge and attitude of the acceptors towards the fertility and fertility control devices and various national family welfare programmes.
3. Socio-economic and cultural background of the non-accepted women.
4. Socio-cultural,economic,educational background, knowledge and attitude of the neighbourhood control group.
5. Analysis.
6. Summary and conclusion.
7. Recommendation.
Graphs and Diagrams:

Statistical data are not only required for careful analysis but also for an attractive and communicative display. To make a clear and good understanding of data, the investigator has used some graphs and diagrams.

Field Experience:

The investigator has to confront many difficulties in the field during the period of data collection.

- Family Planning is considered a purely private matter, not to be disclosed and discussed with others. So the respondent could not answer without hesitation. But with careful effort the investigator has won their confidence and thus necessary data are collected.

- Most of the respondents are illiterate, consequently the investigator had to interpret the meaning in Assamese. But some of the respondents did not understand Assamese also.

- The respondents like to give proper answer to all the questions. Because the woman folk are afraid to the attitude to their husband. But with great persuasion, ceaseless efforts free mixing with them the investigator could collected necessary data.

- Females did not come forward for I.U.D.* insertion.

Footnotes:

This is an intrauterine device made of inert polyethylene in the shape of double 'S'.

Cu.T. - Copper T. It is the device with copper enforced on a T shaped polyethylene inert materials.
In course of the field studies the investigator had to face some other difficulties which are overcome with great zeal and effort.

Objectives of the study:

In Assam, we have our various national programmes to reduce birth with 3 Medical Colleges, 26 Civil Hospitals, 73 Community Health Centres, 73 Maternity and Child Welfare Centres, 73 Thirty beded Hospitals, 492 Primary Health Centres, 35 M.T.P. Centres, 146 Rural Family Welfare Centres, 30 Urban Centres, 38 Post Partum Centres, 5109 Sub-centres and 366 State Dispensaries. Moreover there are various International, National, Government and Voluntary Organisation in the State. Family Planning was nationalised as early as in 1952 with a view to provide both health and socio-economic benefit by improving maternal and child health by reducing maternal and child mortality and morbidity. The procedure of Medical Termination of Pregnancy (M.T.P.) was legally introduced in June, 1972 to get rid of unwanted birth and to prevent maternal morbidity and mortality of induced septic abortion. Government of India again introduced National Family Welfare Programme in 1975 which include maternity and child health care, immunisation of pregnant women and infant upto 5 years of age, nutritional support to the pregnant mother and children, free supply of contraceptives to the couples and health education to all. Besides permanent methods several newer temporary methods are also
being introduced even to the distant remote villages to prevent pregnancy. Their side effects are minimise with the modernisation of the methods. Constant research are also going on to evaluate and monitor the long afraid side effects. Yet only 25% of the 4.01 millions of the eligible couples are being covered by the mass media, resulting 0.9 millions of pregnancies every year of which 40 thousand women have legally or illegally terminated their pregnancies. Every year 0.86 millions births are there 95 thousand infants are being killed by the six giant killers resulting 2.62% annual growth. Naturally questions arise in mind- what are factors responsible for such a lagging behind. Are some factors inhibiting many couples, who says that they want no more children from accepting fertility control devices ? Are the educational, cultural and socio-economical factors having some important roles on fertility and fertility control or the present population educations system is too downrf to meet the alarming demands of the time ? What age the programmes to be newly implanted in addition for enhancing the old one to prevent population to be explored with 35 million Assam's population in the begining of the next century, 250 million India's population and 10 billions world population in the early next century.

It is the time new to consolidate and codify the finding of various research which are related to the human fertility and fertility control. Thus the desperate conclusion
of various national, regional and community studies can be incorporated into the sociology of human fertility and fertility control.

The present study is planned to throw light on the impact of the educational, cultural and socio-economic factors on fertility and mainly on fertility control. We need fertility to be controlled as it is an integral part of health and well-being of women and as such it enables men to lead a socially and economically productive life. In the last fifty years or so, Assam has witnessed varieties of changes in almost every aspect of her life. One of the major consequences of varied processes of change operating in the country, has been the emancipation of women from their tradition-bound ethics.

The present study proposes to find out successfully how the educational, cultural and socio-economic factors have brought about socio-psychological changes in the attitude of the couples towards fertility and fertility control.

And also:
- To study the overall attitude of the couples towards various national family welfare programmes.
- To analyse the socio-economic and demographic characteristics of the couples using fertility control devices.
- To identify the social and cultural variables which influence fertility and fertility control,
- To determine the direction of their relationship to fertility and fertility control.
- To explain the influence of these variables on fertility and fertility control.
- To find out what inhibits some couples, who say that they want no more children from accepting fertility control methods.
- To find out the role of the various health institution and functionaries influencing the fertility and fertility control.
- To find out the biological, cultural and economic factors that might affect the acceptability and non acceptability of fertility control devices.
- To estimate the rates of non acceptance of fertility control devices.
- To determine the reasons for such non acceptance of the fertility control devices.
- To identify the psycho-social factors influencing the acceptance and non acceptance of these methods in different socio-cultural settings of the state.
- To assess attitudes towards birth control and family limitation.
- To postulate some new formula or suggestion.
- Moreover this type of study has not yet been carried out in the North Eastern Region so far.

Period of data collection:
The data were collected within 2 years from 12th March, 1987 to 11th March, 1989. As an average 3 women were studied daily.
IMPORTANCE OF THE STUDY

Problem of excessive population growth has been increasing very widely. It is necessary to understand the role which demography can play in solving these problems. Census, civil registration and sample surveys are the main sources of data required for population studies. Family Planning is most vital if we want to build a vibrant healthy nation. Fertility is distinguished from fecundity. Fecundity refers to the biological potential for generation and the fertility stands for actual reproductive performance, social and cultural variables refers to society and culture.

"A society is an interacting group of people. It can be analysed in terms of institution role and interpersonal relations. A culture on the other hand is a consensus of meaning in a population; and so aspects of culture are what people value or disvalue, what goal they generally agree upon what they consider normative and what they see as good or bad." The importance of the problem consist in the fact that it is timely, relates to practical problems, is applicable to wide and critical population, fills a research gap, the findings would be a beneficial starting for further extensive research and a valuable contribution in the field of National fertility and fertility control programmes.