CHAPTER - II

REVIEW OF LITERATURE
People need to be encouraged to adopt positive behaviour, and to play a much greater part in caring for their families, community and nation. Any programme to check the rapid growth of population would not be successful or bear fruit, unless the people become cognizant of the factors for their population situation and they themselves recognize that it warrants more rational behaviour on their part. The present study examines the knowledge, attitude and practice of family planning methods and reproductive health among adult women learners.

In any scientific investigation, the review of literature helps the researcher to know about the various studies and researches done in that particular area in the past. The clear picture on the researches already completed and the gaps that are existing or the uncovered aspects of the area will help in getting a better insight into the problem to be investigated by the researcher. The review of literature will make the researcher's efforts more profitable, effective and time saving. Keeping the above rationale in mind the researcher has reviewed the studies relating to the present topic under study and the studies are presented under two heads namely studies related to family planning methods and studies related to reproductive health.

2.1. STUDIES RELATED TO FAMILY PLANNING METHODS

Ballweg, John A. (1987) examined various definitions of Unwanted Pregnancies and Unwanted Fertility and their applications. A scale that examines the extent to which a child is subjected to under-investment as a measure of unwantedness is applied to interview data from married women (N = 986) of child-bearing age in the Philippines. The hypothesis of an association between under-investment and unwantedness is not supported. It
is concluded that unwantedness requires conceptual standardization and a behavioural definition for sociological use.

Bongaarts, John (1987) conducted a study to know the effect of family planning on infant mortality rates. In his study he compared the proportions of high-risk pregnancies in groups of developing countries at different stages of the family planning transition by using UN Statistics and estimates from various studies. The results indicate that countries with relatively high levels of contraceptive use have fewer teenage births and fewer births of orders over six, when compared with countries in which family planning is minimal.

Kabir, M. & Uddin, M. Masleh (1987) have conducted a study on the effects of marriage, contraception, and Postpartum Lactational infecundability on fertility in Bangladesh. They assessed by applying J.Bongaarts formula ("The Fertility inhibiting effects of the Intermediate fertility variables;, Studies in Family Planning, 1982, 8,179) to various data from surveys for the period 1975-1985. Results indicated that marriage was universal and age at marriage was low. Breast-Feeding was prolonged and had a pronounced effect on Fertility. The Fertility-reducing effect of contraception increased over the period through the increased use of modern methods. The total fertility rate declined by 24% during this period.

Nichter, Mark and Nichter Mimi (1987) conducted a study on "cultural perceptions of fertility in regions of Southern India and South Western Sri Lanka based on the Anthropological field data collected in 1974 and 1984. They stressed the importance of culturally appropriate family planning education in Sri Lanka in light of the collected data demonstrating the under utilization of modern family planning methods.

Zuravin, Susam J. (1987)'s study on unplanned pregnancies, family planning problems and child maltreatment reveals that the ever increasing
numbers of unplanned conceptions increase the probability of both abuse and neglect and that the unplanned conceptions are either due to the failure to use, or for the ineffective use of birth control. The discussion focuses on implications for child protective services on care workers and family planning counselors.

Ingoldsby, Bron B. & Stanton, Max E. (1988), In J.W. Eaton's & A.J. Meyer's classic study (Man's Capacity to reproduce: The Demography of a unique population, Glencoe, Ill: Free Press, 1954), established that the Hutterian brethren probably had the highest fertility rate in the world, with Hutterites averaging 10+ children per family. However, as Eaton & Meyer thought would happen, subsequent research found that the Hutterite family was actually getting smaller. While part of this appears to be due to late marriages, some have suspected the use of birth control measures as well. The study demonstrated based on medical records from a clinic in Alberta that treats Hutterite women (N = 48 married patients), that in spite of an official opposition to birth control practices, a significant proportion of Hutterite women are artificially controlling their fertility.

Shaw and Annapurna (1988) studied the differences in Fertility within groups that are homogeneous. The income and education variables were explored, using 1979 micro level interview data from 180 slum households in Calcutta, India. The effects of modernization, economic and cultural variables like caste and family types, child spacing and number of children are measured. Results indicate that when differences in income and education are small, fertility differences can be partially explained by cultural and demographic variables. However, the way that cultural variables work and their effects like the longer interval between births among members of lower castes is not clear.
A re-conceptualization of the minority group status hypothesis is used in an attempt by Halli.S.S (1989) to explain the differential fertility. Two explanations are derived from the literature. Lower fertility of a minority group is caused by structural factors and higher fertility by sub cultural factors. Focus is on measurement and theoretical issues, including the notions of "ascribed" and "perceived" by the minority group status. Official data on Chinese and Japanese immigrant groups in Canada strongly support this re-conceptualization.

Entulisle, Barbara casteline, John B. and Sayed, Hussein Abdel Aziz (1989) studied contraceptive behaviour in rural Egypt, which varies systematically with the features of the village setting. In addition to this the village effects appear to vary according to the characteristics of the individual respondents: for example women responded differently depending on the stage in their reproductive career and their motivation to regulate their fertility.

Faour and Muhammad (1989)'s statistical data from several sources are presented to investigate the Arabian government's perception of their countries fertility situation, its desire to intervene in order to change the rate of population growth, and the measures it has taken to influence the level of fertility. Special attention is given to family planning programs and access to methods of fertility regulation. A combination of a stronger program effort and improved socio-economic conditions accounted for much of the variation in contraceptive prevalence rates, while the socio economic setting and political factors were only of primary importance in determining Arab fertility policies.

Kaufman, Joal, Zhirong, Zhang, Xinjian, Uiao and Yang, Zhang (1989) conducted a study on family planning policies and practices in the People's Republic of China. Data was collected from, a) 318 married women
of reproductive age from 4 rural areas, b) from local officials, c) from medical and family planning personnel. The socio-economic characteristics of the 4 areas are well defined, and variations in family planning program intensity are also described, along with the resultant changes in fertility. It is concluded that enforcement is weak and growing weaker. This contradicts the reports of widespread use of coercive measures.

H. Buchan et al., (1990) say women relying on the Pill, the Diaphragm or Female sterilization had a reduced risk of PID (Pelvic Inflammatory Disease) compared with women who used no method, although only in the case of the Pill was the reduction (by 50 percent) statistically significant. They concluded that their study offers strong evidence “that hospital referral for Pelvic inflammatory disease is about twice as high in users of the older non medicated IUDs than in users of the modern medicated IUDs”.

I.C. chi et al., (1990) say women with a normal Uterus were significantly more likely to have had their IUD removed because of bleeding or pain. The researchers speculate that when experienced obstetrician-gynecologists insert an IUD, they can effectively deal with difficult uterine positions “by using measures such as sounding to detect direction and curvature of the uterine lumen and using the tenaculum to straighten the uterus”.

Freedman, Ronald (1990) analysed the relatively new phenomena of National Policies and family planning programmes by comparing less developed countries with rapid social development (Korea, Taiwan, Singapore & Mexico), less developed countries with moderate development [Korea, Taiwan, Singapore & Mexico] and LDCs with little social development and weak infrastructure. These 3 groups of countries with common elements are considered for this analysis. Early rapid fertility
declines in the later group of countries are likely or unlikely possible interventions are suggested. The role played by external support from developed countries, the UN, the World Bank is outlined, and it is argued that rapid social change is strongly effect the possibility that a family planning programme will lead to significantly declined.

Hunt, Kate and Annandale, Ellen (1990) did a study on women who had opted for permanent methods of contraception (female sterilization or partner’s vasectomy) patterns. In this study the inclusion of social health and reproductive indicators did little to improve the prediction. It is argued that heightened expectations for contraceptive efficacy in the face of increasing concerns about long term health consequences have directly contributed to the increased use of permanent methods.

Knodel, John and Chayovam, Napa pom (1990) conducted a study on the contraceptive use among Thai women. Earlier contraceptives were use to delay the first pregnancy, and now there is an increasing contraceptive use to space births. Sterilization is the contraceptive choice which usually occurs immediately postpartum; other contraceptives are usually begun soon after the return to menses. In general, most Thai women are well protected against unplanned pregnancy. These trends suggest that Thailand’s fertility transition is maturing.

Lethbridge, Dona J. (1990), Samples (Ss) were discovered to use one contraceptive method consistently and had fewer unplanned pregnancies than the overall population; the barrier method was reported by used most often. It is suggested that this sector of the population is more knowledgeable about contraceptives and reproduction than are others.

Mani and Srinivasa B. (1990) conducted a study in two different regions in India to examine the potential and actual roles of two groups of grass root workers [opinion leaders and Traditional birth attendants] in the
delivery of family planning services in the rural areas. Findings revealed that
the traditional birth attendants can be trained and utilized to a limited extent
in promoting family planning efforts. The role of opinion leaders in such
efforts was found to be at best at minimal.

Shifman, Pinhas (1990), studied about the legal and policy issues
relevant to misrepresenting the use of contraceptives and is discussed in the
context of a comparative study between US and Israeli Law. They suggested
that the dangers that occur with an unwanted pregnancy are different for
men and women, leading to an asymmetry in the ramifications of such
misrepresentation.

The study of Oheneba-Sakyi, Yaw (1990) on contraceptive use
revealed that women who use effective contraceptives are generally impacted
by socio development and modernizing influences. It is argued that the
improvement of socio economic relations and political participation would
enhance opportunities for women to attain social and domestic
independence.

Ferreira, Monica (1990) have conducted exploratory field research
which focused on the issues surrounding sterilization and was conducted in
various medical settings and hospital wards via focus group discussions and
interviews with two samples of sterilized women (N = 46 x 151). The
respondent's primary reasons for sterilization were cited to be “own health”
and “enough children”. It is noted that the research methodology utilized in
the above study has produced a more complete picture of these women's
orientations than a more traditional analysis would have.

Westoff, Charles F. (1990)'s, study assesses whether women’s stated
desire to terminate pregnancies can accurately predict National Fertility
Rates. Data from 134 studies that were conducted in 84 countries over the
past 10-15 years reveal a strong correspondence between National Fertility
Rates and the percentage of women within each country who report that they want no more children. This was true even for the data that was drawn only from developing countries. Further research confirms this trend in countries where 2+ sources of data are available at 5-year intervals. They concluded that this kind of data should be considered a useful tool for forecasting short-term National Fertility Rates.

Hochstrasser, Donald L. and Gairola, Gerry A. (1991), examined Reproductive behaviour and the contraceptive use in a historically high fertility population in Southern Appalachia. They conducted an interview with 407 women of child bearing age and the ethnographic data was used to assess available services and knowledge about and attitudes toward fertility regulation. Results show that although the community remains economically poor and relatively isolated, it has undergone a dramatic decline in fertility, and demonstrates a high level of support for fertility regulation, both at the community and at the individual level. This tends to support the theoretical position that fertility decline in contemporary populations may be due as much as to the availability and accessibility of modern contraceptive delivery systems as it is to the level of socio-economic development.

In the study of Bongaarts, John (1991), the Knowledge, Attitude & Practice (KAP) gaps are flawed, especially in studies suggesting that it is of no policy significance. A new method for estimating the unmet need for contraception is proposed and applied to data from 15 developing countries obtained from various demographic and health surveys conducted in the late 1980's. The findings revealed that (17%) of married women had not met the need for contraception, and that the corresponding numbers of couples or unmarried individuals in the Third World (excluding China) was estimated to exceed 100 million.
Cleland, John and Mauldin, W. Parker (1991) studied “The promotion of family planning by financial payments: The cause of Bangladesh”. They found that money was a motivating factor in many cases, but the dominant motive in very few and the only conjunction was with a desire to limit the family size. There is a strong link between poverty and sterilization and the recommendations made regarding elimination of the referrer’s fee and more promotion for the usage of reversible methods of contraception among young couples with small families.

Smyth, Ines (1991) argued that the initial promotion of mother’s and children’s health existed only for strategic purposes. Current practice has put an end to women’s priorities and instead adheres to the international trends, (i.e.) the “target system”, a method that attempts to ensure that quantified goals are met and which prioritizes contraceptive choices in terms of cost and efficiency. The program does not allow women to freely select contraceptive methods and services thereby controlling their reproductive choices.

Soskolne, Varda, Aral, Sevgio, Magder, Lawrence S., Reed, Deborah S. & Bowen, G. Stephen (1991) opine that in Israel, levels of condom use with both regular and casual partners were higher among women under the age of 20 Years nonwhites, those with multiple partners and those who reported a previous sexually transmitted disease infection. However, women who had sex partners who used intravenous drugs were less likely to use condoms with regular or casual partners when compared to women without drug-using partners.

The study of Choe, Minjakim and Tsuya, Norika O. (1991) conducted a study in the People, Republic of China on the use of contraceptive device, revealed that the preferred contraceptive device among women who already had one child was reversible contraception (mainly the IUD), while more than (50%) of the women with more than 2 children were already sterilized.
Multivariate marriage duration revealed that ethnicity and gender of the child significantly differentiated between those who used contraception because of the Government policy, those not conceiving voluntarily and those who did not practice contraception. For women with more than 2 children, the two variables differentiated between those who practiced contraception and those who did not.

Winikoff, Beverly and Mensch, Barbara (1991) conducted a study on "Rethinking Postpartum Family planning, Studies in Family Planning". An alternative approach to service delivery was suggested with a recommendation that services be designed to increase their acceptability to postpartum women.

Rice, Marilyn (1991-1992), discussed the major factors influencing fertility practices-ethical, religious, and moral consideration. Barriers to the use of contraception are also addressed, e.g. the lack of access to information and supply; the lower status of women, which results in unregulated fertility, poor quality of health services, low education levels, and dependency on men; and lack of education and educational services for adolescent women, who have a very high birthrate. Recommendations are made for intervention strategies that will improve their reproductive health.

According to the study of Grady, William R., Klepinger, Daniel H. & Billy, John O.G. (1992), characteristics associated with effectiveness were rapid population growth, high unemployment rates, elevated levels of religious affiliation, high socio-economic status and access to family planning services. The community liberality was negatively associated with the contraception effectiveness. The relative costs of an unintended pregnancy probably play a role in the findings. The availability of abortion (for 1979-1982) was unrelated to the chosen level of protection. Community
characteristics varied independently and were not dependent on individual traits.

Salvo, Joseph. J, Powers, Mary G. and Cooney Rosemary Santana (1992)'s study in Puerto Rican (PR) straight says that women in New York use reversible methods to a greater extent than the women in PR, but to a lesser extent than do all women. Although main-land-born PR women use reversible methods more than do island-born women in New York, they tend not to adopt these methods to the same extent as do all US women during the early reproductive years, when education and employment are critical to socio economic attainment.

Cotton, Niki, Stanback, John, Maidouka, Halima, Taylor-Thomas, Joseph T. & Turk, Tom (1992), propose that there were identified side effects, such as travel by either partner, spousal disapproval and desired pregnancy as principal reasons for stopping use, although in some cases clients may have simply offered what they felt as an acceptable reason. Discontinuation was higher among clients who felt they did not receive adequate counseling when compared to those who felt they had.

Edwards, John N., Fuller, Theodore D., Sermsri, Santhat & Vorakit Phokatorn, Sairudee (1992)'s correlational analysis determined that objective crowding had a significant negative relationship with desire for more children; no such relationship was found for subjective crowding. Multivariate analysis showed no relationship between desire for more children and objective crowding. Neither subjective nor objective crowding had a significant relationship with fetal or child mortality.

In Rahman, Mizanur, Akbar, Jalaluddin, Phillips, James F. and Becker, Stan (1992)'s study Hazards regression analyses reveal strong, highly significant effects of gender preference on contraceptive use. The preference is not monotonically son-biased, but is moderated towards balanced
composition; most parents desire to have several sons and at least one daughter. These findings suggest a gender preference, particularly a preference for sons and represents a significant barrier to fertility regulation in rural Bangladesh.

Rigal, Jocelyne (1993), conducted interviews and participant observations among 23 Irish Traveller women and these are used to examine the emergence of fertility control among this traditional population by focusing on its wider cultural and interpersonal implications. This emergence is located in the context of another development, the rise of an ideal family size. Traveller women's uptake of contraceptives and their attitudes toward contraception are analyzed and their perceptions of their husband's resistance to fertility control is documented. Findings highlight the role of the gender in cultural change among travellers.

Cohen, Deborah A. (1993)'s study reveals that, Although the difficulties of contraception for many working class women should not be underestimated, the fact that they came in great numbers to birth control clinics should demonstrate to the historians that they really wanted to change their own lives and were not mere pawns of the Eugenic movement.

Meredith, William H. (1993) reviewed the current family planning policies in the People's Republic of China. They noted the progress and problems in reaching state goals and utilised findings from a content analysis of current English-language publications. According to them the problems of implementing family planning policy include: the recent influx of peasants into the cities, the attitudes of rural residents and the issues of minority groups. Information is also provided regarding the contraceptives and educational interventions used to implement the family planning policy in China.
Sobo, Elisa J. (1993) focused on the concept of flow, which appears in ethno physiological ideas and kinship beliefs and has ramifications for contraceptive practice. The experience of flow both on the somatic level and in social interaction lends structure to local models concerning general health, reproductive health and procreation and social reproduction. Cross-Culturally, the flow related experiences that women have of and through their bodies and forms the basis for much traditional health knowledge.

Maiah, M.Mizanur Rahman (1993) examined the socio-economic and demographic factors that determine infant/child mortality of married women at different parity levels. Multivariate analysis shows that age is a significant positive determinant, and the wife's education is a significant negative determinant of infant/child mortality for low-parity (3 or less births) women. For medium parity (4-5 births) women, maternal age, religion, husband's education, and the use of contraception are all inversely related to infant/child deaths. For high parity (6+ births) women, age also emerged as the most significant positive determinant, though urban residence, husband's education, and efficient contraception are also very important.

Aghajanian, Akbar (1994) suggested that the level of contraceptive use is increasing and spreading across rural as well as urban areas. The gap between knowledge of contraceptives and use of contraceptives has declined and the rate of contraceptive use among currently married women has increased significantly. While socio economic differentials in contraceptive use continue to prevail, there is ample evidence that contraceptive use is spreading among all groups and classes.

Huntington, Dale and Aplogan, Aristide (1994) have suggested, that the improvements in the constellation of health care services in Africa can be achieved by coordinating better measures of service integration through improved referrals across different categories of health programs.
introduction of the referral message was accompanied by an 18% increase in awareness of available family planning services and a 54% increase in the average monthly number of new family planning clients. These positive results indicate that the use of referral system can have a significant and dramatic impact on family planning services in relatively very short time.

Aghajanian, Akbar (1995) have conducted a study on "Prenatal Care and adoption of family planning". In Morocco and Tunisia, women who have received prenatal care during their previous delivery have a higher probability of using contraceptives than other women. However, the effect of prenatal care on contraceptive use is not the same across the two countries. A specific implication of the findings, is the use of prenatal care as a potential policy variable to improve the existing family planning programs in the Middle East and North Africa.

Kahlon, Neena Rosey (1997) recommended to link traditional birth attendants, community and health functionaries, viz. auxiliary nurse midwives (ANM), so that they can be utilized to educate rural communities about health and family planning methods. Their negative attitude towards various contraceptives has arisen from the methods different and their side effects, like Backache and Bleeding. Training has to be provided to them to remove their fears and doubts regarding various family planning methods and thereby reinforcing their position which may ultimately facilitate their involvement in family welfare programs.

Amoateng, Acheampong Yaw (1994)'s work "Social Structure, Contraceptive Availability, & Black fertility Decline in M Mabatho/Mafiking in the North-West Region" discusses about the socio economic and cultural variables as income, education, Labour force participation, religion, age, contraceptive availability and cumulative fertility of black women. A general fertility decline is found in this Urban Black community, along with a negative
association between socio economic conditions and cumulative fertility as measured by children ever born.

Olaleye, David O. & Bankole, Akintinola (1994) evaluated the impact of media on the use of contraceptives. The study revealed that media messages have a strong positive impact on current practice of and intention to use a contraception. The problem of reverse Causation is also explored. Policy implications of these results and how mass media could be used further to promote family planning in Ghana are also discussed.

Chiezah, M.A. and Adamchak, D.J.’s (1995) study uses the Jamaican contraceptive prevalence survey to update and extend estimates for unmet need and total demand for family planning of Jamaican women in the reproductive age group of 15-49. They were suggested an unmet need for family planning of 22.7% compared to 16% previously estimated.

In their study Cochrane, Susan H. & Guilkey, David K. (1995), say clinics were associated with reduced fertility for rural women, but access to hospitals was associated with increased fertility. Compared to their statistical counterparts, older women and women with more educated husbands were more motivated to reduce fertility. Exposure to family planning messages increased the use of all but traditional contraceptive methods. Availability was significantly related to the contraceptive use.

According to Hawkes, Gail (1995), the study of family planning professionals, reveals a persistent and striking regulatory content to their practice, which is directed in particular towards young women whose lifestyles are deemed irresponsible and who are therefore, considered illegitimate family planners.

Wang, Duolao & Diamond, Ian (1995)’s study revealed that, the General fertility rate of currently married women aged between 15-49 for a
12 month period is attributed to contraceptive failure, mainly due to the high failure rate associated with the use of intrauterine devices. A number of demographic characteristics are associated with contraceptive use and with contraceptive failure and its outcome. Relevant socio economic differentials are also identified.

Two Demographic and Health Surveys were conducted in 1995 and 1999, both the studies analysed and compared trends in abortion and contraception, Women's attitudes toward abortion, and their perceptions of problems associated with abortion and contraception in Kazakhstan. The study enumerated how abortion-related views reflect the longstanding ethno cultural differences between the indigenous Kazakhs and Kazakhstan's residents of European roots, as the latter continue to have significantly higher levels of abortion. The analysis points to some generational differences in views concerning abortion and contraception. Finally the study demonstrated parallels in attitudes towards abortion and also towards contraception, thereby questioning the straight forward assumptions about the replacement of abortion with contraception.

According to C. Morrison et al., (1996), In Kenya, two of the 10 removals of IUD were for medical reasons, six were at the husband's request and two were for planned pregnancy. In Mali, seven of the nine removals were for medical reasons and two were at the husband's request. Three infections occurred among the Kenyan IUD acceptors and were treated without removal (an infection rate of 1%). In Mali; two cases of suspected PID were diagnosed and were treated after removal of the IUD (a rate of 2%). There were no uterine perforations in Kenya or Mali. No pregnancies occurred among study participants in either country.

Oddens, B.J. (1997), study says Multifactorial analyses revealed that social influence, attitude and self-efficacy with respect to medical methods
principally determined current contraceptive use. Age, Country, and fertility awareness also played roles while communication with the partner was less relevant. Contraceptive choice depended greatly on like or dislike of methods in general, rather than the merits/drawbacks of individual methods.

The study of Oddens, B.J. & Lehert (1997) reveals that women, postponing pregnancy were likely to use oral contraceptives while women wanting no more children were likely to use intrauterine devices or sterilization. Differences between countries suggested that the choice of contraceptive method was influenced more by health care policy, having occasional vs. steady partners, education level and church attendance than by characteristics of the methods themselves.

The United Nations Development Programme/United Nations Population Fund/World Health Organization/World Bank, Special programme of Research, Development and Research Training in Human Reproductive, Long-Term reversible contraception state that Twelve years of experience with the TCU380A and TCU220C (1997), IUDs are safe and effective for at least 12 years of use and the investigators conclude that the TCU380A “is significantly more effective and is an acceptable alternative to female Sterilization or depot hormonal methods for very long-term pregnancy prevention”.

Guilbert, Edith & Roter, Debra (1997), assessed women’s satisfaction with abortion procedures through a questionnaire data from 98 women underwent abortions in a family planning clinic in Quebec City. Results showed high overall satisfaction, especially in those accompanied by a supportive companion and in those self-prepared through information and experience. It was found that both the women’s physical and emotional statuses immediately after the abortion were lower than they were before the pregnancy, but none had rated their condition as poor, which clearly suggests
that induced abortion is a relatively benign procedure. Factors that improved satisfaction included physician and nurse support, quickness of procedure and patient awareness during the procedure.

Malhi, Prabhjot & Jerath, Jagat Mohan (1997), found strong preference for sons in Northern states. They estimated that, if the preference for a son could be completely eliminated, contraceptive acceptance and sterilization would increase by approximately (4%) and (5%) respectively for the country as a whole. However, there were marked state and regional differences. It was concluded that desire for male children has exerted a substantial depressing effect on family planning acceptance, particularly in the North.

Arnold, Fred, Choe, Minjakim & Roy T.K. (1998) say, India evidences a pervasive preference for sons and one of the highest levels of child mortality for girls in the world: The child mortality for girls exceeds child mortality for boys by (43%). Data from the 1992/93 National Family Health Survey (N=89,777 married women ages 13-49 in 88,562 Households) are used to examine the effect of son preference on parity progression and ultimately on child mortality. The demographic effects of family composition are estimated with hazard models. The analysis indicates that the preference for a son fundamentally affects demographic behavior in India. Family composition affects fertility behavior in every state examined, and son preference is the predominant influence in all but one of these states. The effects of family composition on excess child mortality for girls are more complex, but girls with older sisters are often subject to the higher risk of mortality.

Larsen, Ulla, Chung, Woojin & Das Gupta, Monica (1998), conducted a study on Fertility in South Korea. Total fertility declined from 6.0 in 1960 to 1.6 in 1990, in spite of a strong preference for male offspring. Here, the
notion that the preference for a son hinders fertility decline is addressed, examining the effects of patriarchal relations and modernization on fertility, using data from the 1991 Korea National Fertility and Family Health Survey (N=7,462 ever-married women ages 15 - 49). Findings reveal that women who have a son are less likely to have another child, and if at all they plan to have another child, take longer to conceive the subsequent child. This pattern prevailed for women of parity one, two & three and became more pronounced with higher parity. A multivariate analysis showed that preference for male offspring, Patriarchy and modernization are all strong predictors of second, third and fourth conceptions.

A multivariate analysis was conducted by Standback, J and Grimes D (1998), which indicated that those who reported intermenstrual bleeding at their one month follow-up visit were 2.9 times as likely as other women to have their IUD removed within a year because of bleeding or pain, and those who reported excessive menstrual flow were 3.5 times as likely to do so. It is suggested that IUD users who report the problems i.e. bleeding or pelvic pain at their follow-up visit are at increased risk for early discontinuation and “may benefit from counseling and, in some cases, treatment with non-steroidal anti-inflammatory drugs”.

Kannae, Lawrence & Pendleton, Brian F. (1998), argue that the low utilization of family planning methods in Ghana, as in much of Africa, is explained by the reference to traditional socio cultural values held by males. Data was collected from 484 educated males working in the Ghanaian Government. Among the findings, lack of couple communication, segregated conjugal role relationships and male-dominated decision making were all significant predictors of non use of family planning methods. Male’s possession of knowledge of family planning in itself, is unlikely to initiate the use of family planning methods.
Addai, Isaac (1999), using a sub sample of 4,562 currently married women from the 1993 Ghana Demographic and Health survey, differentials in the contraceptive use are examined by religious affiliation: Catholic, Protestant, Other Christian, Muslim, No Religion, and Traditional Logistic regression is employed to explore whether reported religious variations in contraceptive use can be explained by religion Per Se (Particularized theology Hypothesis) or by other characteristics that distinguish the religious groups (characteristics hypothesis). Generally the findings are congruent with the characteristics hypothesis: the contraceptive use differentials by religious groups are accounted for by the differences in socioeconomic and demographic characteristics of these women. However, for the urban and other Christian women, even after the necessary controls, religion continued to emerge as a significant determinant for contraceptive use. Policy implications of these results are discussed.

The study of Lindell, Marianne & Engberg, Ingegerd Bergbom, (1999), collected data in Sweden from 134 women, aged between 23-39, who had a stable partner relationship and the study reveals that the Contraceptive Pill was used by 94 and the condom by 40. Results show that most respondents (Rs) planned the choice & the use of contraceptive method with their partner. However, more Rs whose partner used the condom discussed about the use of the contraceptive method than the partners of the Rs who used the Pill. Independent of the contraceptive method the Rs stated that non agreement with the partner about the method resulted in no intercourse. More Rs who used the Pill reported that they sometimes forgot to use it when compared to women who used the condom. This later group also stated to a higher degree that unplanned pregnancy would result in positive attitudes on the part of their partner & others.

Mishra VK et al., (1999), analysed the “Reasons for Discontinuing and not intending to use contraception in Mumbai, India”. Almost (60) of
women who were not using a method at the time of the survey said they did not intend to do so in the future. Although more than half of these women (52%) cited a desire for children, (15%) specified method related problems such as lack of knowledge, dislike of existing methods, fear of sterilization and worry about side effects and (9%) cited opposition to family planning itself. Very small percentage of women who had discontinued a method or did not intend to use contraceptives mentioned either cost or difficulty in obtaining them. The investigators conclude that as the family program emphasis shifts from sterilization to reversible methods, "The quality of family planning services in India needs improvement".

Agha. S, (2000), indicated that (17%) were using a modern method the Pill, the injectable, the IUD or the condom. The higher-income women were (70%) more likely than the low-income women to use a modern rather than a traditional method. The investigator notes that income was significantly related to use of two of the 3 methods predominantly obtained through the private sector (the condom, the injectable and the Pill), but was not to reliant on the IUD, which is supplied mainly by the public sector. The study therefore concludes that “to ensure that poor people in Pakistan can afford to use modern methods, it will be important to keep the costs of contraceptives low”.

Agha S, Karlyn A and Meekers D (2001), conducted a study on “The promotion of condom use in non-regular sexual partnerships in Urban Mozambique” and found that the condom use increased from (20%) among respondents exposed to no or one source of condom information to (35%) among those exposed to 3 or more sources. Respondents who knew where to obtain condoms, were more likely than those who did not to have used a condom with their last non regular partner. While the marketing campaign contributed to increased levels of condom use in Mozambique, the investigators caution that “the levels of condom use in non-regular sex
remain considerably lower than what is necessary to arrest the HIV epidemic in Mozambique”.

Ellerton C et al., (2001) conducted a study on contraception. Accordingly to their study, women who had received an advance supply of emergency contraception were not significantly more likely to have had unprotected intercourse than women who did not receive supplies (8% vs. 6% respectively). Almost all (98%) of the women who had pills on hand said that they had not been tempted to have unprotected intercourse. All of the women who had received only information said that they wished they had received supplies. The researchers conclude that there is no “evidence that easy access to emergency contraception caused condom users to abandon their primary method” of contraception.

Hubacher D et al., (2001), concluded from their study that earlier studies implicating the IUD may actually have reflected an unmeasured effect of exposure to disease. In their view, “the use of copper IUDs is much safer than was previously thought…… contemporary copper IUDs may be among the least expensive reversible contraceptives available”.

Study conducted by D. Balaiah, S.L. Chauhan, C.P. Puri (2003) on “Awareness and perceptions of emergency contraception among adolescents and youth in and around Mumbai, indicates that the awareness of emergency contraception is low and the overall attitude towards it is positive. Young people expressed their willingness to know more about contraception. The appropriate strategies for dissemination of information suggested by sample were the supply of reading material in the form of broachers, pamphlets and posters and establishment of family planning clinics and women centres. The study underscores the pressing need to increase the awareness and knowledge of emergency contraception through effective intervention programmes.
According to a wall chart produced by the United Nations Population Division, the level of contraceptive use (in 2003 & 2004) among married women aged between 15-49 is lowest in Africa (27%) and highest in Latin America and the Caribbean (71%). Overall, the most commonly used methods are female sterilization (21%), the IUD (14%) and the Pill (7%). Women in developed countries most commonly rely on the Pill (16%) and condoms (13%), where as those in the developing countries most commonly rely on sterilization (23%) and the IUD (15%). Traditional methods are used more widely in developed countries than in developing ones (13% vs. 6%). However, despite an increase in the level of contraceptive use during the past decade in developing regions the unmet need for family planning remains high: For example, in Sub-Saharan Africa, roughly one-quarter of married women aged 15-49 want to end or delay childbearing, but are not using a method.

The findings of the study “Abbasi-Shavazi M J et al.(2004), on Islamic unintended pregnancies in the Islamic republic of Iran” levels and correlates that (35%) of the sample classified their pregnancy either mistimed or unwanted. 2/3 of women with unintended pregnancies had been using a method at the time the current pregnancy occurred of whom (48%) were relying on the Pill, (11%) on the Condom, (13%) were on the withdrawal and (12%) on another method. The researchers recommended design of “strategies to reduce the rate of unintended pregnancies, especially by increasing the quality of contraceptive services and information.

2.2. STUDIES RELATED TO REPRODUCTIVE HEALTH

Nsiah-Jefferson, Laurie (1989), conducted a study on “Reproductive Laws, Women of color, and Low Income Women”. Many factors contributing to their adequate health care are detailed, including: imposed use of dangerous birth control devices; Sterilization abuse; inaccessibility for abortion; forced hysterectomy; and exposure to reproductive hazards at the
workplace. The problems are: availability of prenatal care and accurate information about sex, conception, & contraception; access to safe, affordable abortion; & protection from environmental and occupational hazards, as well as from sterilization abuse and pharmaceutical experimentation.

Addelson, Kathryn Pyne (1990), described the social problems of sexual reproduction in the US, and the struggle over the authority to define reproduction, morality and human nature as a contest for ownership that has been accompanied by the growth of professional expertise in science, education, medicine, social work and Family Planning. It is argued that US society is struggling to make moral and practical sense of Charles Darwin's evolutionary science and of the process of modernization that grants Professionals a stake in the ownership of public problems.

Gimenez, Martha E. (1991), conducted a study on “A Marxist-Feminist Analysis of the effects of Reproductive Technologies”. New Reproductive Technologies (NRTs), e.g. Artificial Insemination, Surrogacy, and Invitro Fertilization, are examined from a Marxist-Feminist perspective that locates their sources in the development of the forces of production, e.g. in structural changes irreducible to their Micro-foundations. These structural changes are generating new identities and forms of consciousness, and are captured in Feminist debates, which clash with traditional ideas about motherhood.

Dennis, Robert (1992), identified medical problems generally associated with frequent Menstrual Cycles among US women, including Ovarian- cancer, carcinoma of the endometrium, endometriosis, and dysmenorrhea. Methods to suppress the cycle in an effort to prevent or decrease the frequency of the undesirable physiological and pathological conditions associated with the menstrual cycle are discussed.
Heise, Loril (1993), studied the link between sexual violence and reproductive health. Contending that sexual victimization, especially in childhood, is a major factor in teenage pregnancy, sexually transmitted diseases and prostitution. Other issues touched on include the effect of battery on pregnancy, the health consequences of female circumcision, and female sterilization.

Obermeyer, Carla Makhlouf (1994), reviewed the Indicators of reproductive health in the Middle East and the way these relate to constraints on reproductive choice is assessed. The impact of Islam on reproductive choice is largely a function of the political context in which gender issues are defined. Tunisia and Iran are used to illustrate the way that Islam is invoked to legitimate conflicting positions concerning women and their reproductive options.

Zafar, M.I., Ford, N. & Ankomah A., (1995), examined Reproductive behaviour and the extent to which social, cultural and attitudinal variables influence the fertility decision-making process. Family income, husband's occupation, and religion offered no explanation of reproductive behaviour. It is concluded that cultural setting and tradition exert an important influence on reproductive behaviour and are independent of economic development.

According to Fawzi WW et al., (1998), the relative risk of delivery before 34 weeks of gestation were significantly lower for women who took multivitamins (0.61) than for those who did not, as was the risk of delivering an infant that was small for gestational age (0.57). Vitamin A had no effect on any of these outcomes. Noting that vitamin deficiency is common among HIV- infected adults and children, the investigators conclude that "Multivitamin supplementation provides a low-cost approach for substantially decreasing adverse pregnancy outcomes among HIV- infected women in developing countries".
The findings of world health organization guidelines indicate that four doses of Tetanus Toxide (T.T) provide ten years of protection demonstrate that "Significant and extended protection against the risk of neonatal tetanus can be achieved through the administration of more limited schedule of the vaccine (Koening MA et al., 1998).

Otor, Samuel C.J. and Pandey, Arvind (1998), extends discussion of the age-at-menarche, differential fecundity hypothesis, which interprets the difference on the onset of female pubertal maturation as indicative of biological differences in fecundity between early and late menorrheal women. World Fertility Survey data of Sudan is used to address the entire reproductive life of the women in terms of their transition from one parity to the next, as well as the speed with which birth intervals are closed, as a way to infer biological fecundity. Little evidence is found that early menorrheal women are more fecund than their late puberty counter parts.

Murphy, Elizabeth (1999), conducted a study on breast feeding. The insistence that Breast-Feeding confers unique and significant benefits on children underpins both the health policy in which women decide how to feed their babies and in turn, how they display and defend their decisions. Here, a framework drawn from the Sociology of deviance is applied to interview data from 36 first-time mothers, in the Nottingham area of England, of their Infant feeding intentions. The analysis shows how such choices are irreducibly moral and notes that the ways in which women can be judged, or indeed judge themselves, to be deviant are legion. In whatever way the mothers decide to feed their babies, infant feeding is a highly accountable matter. Whether they intend to breast or formula feed, women face considerable interactional challenges as they seek to establish that they are not only good mothers but also good partners and good women.
Choe MK et al., (1999), revealed that between ages one and five, children with a diseased older sibling were (31%) more likely to die when compared to other children. The investigators conclude that because so many children in India are born in less than 24 months after a previous birth, “the provision of temporary contraceptive methods to help ensure that births are spaced at least 24 months apart would greatly improve the survival chances of children”.

Meda. N. et al., (1999), found that HIV infected women in Africa were twice as likely as uninfected women to be anaemic, moreover, women of low socioeconomic status were (49%) more likely to be anaemic than those of high socioeconomic status compared with women in the first trimester of pregnancy. Those in the second trimester were 1.7 times likely to be anaemic and those in the third trimester were twice as likely. The investigators conclude that “Prevention and control of anemia must be offered to all pregnant women in Africa, regardless of their HIV sero-status”.

The findings of Borja-Aburto V.H., et al., (1999), revealed that the mean blood lead level among the cases was 12 mcg/dl, compared with 10 mcg/dl among the controls in a conditional logistic regression analysis, the risk of spontaneous abortion rose by (13%) for each one mcg/dl increase in blood lead. Noting that the average level of blood lead among women in the study is common in many parts of the world, the investigators conclude that “lead may be an important contribution to pregnancy loss in populations with similar or higher exposures”.

Conde-Agudelo A and Belizan JM (2000) conducted a study on the length of time between pregnancies. Women with short intervals between children were at greater risk of third-trimester bleeding and premature rupture of the membranes, as well as inflammation of the uterine lining. While research on the length of time between pregnancies has focused on fetal
rather than on maternal outcomes, this study provides evidence of the increased risks the women themselves face from pregnancies that occur too soon or too late after their last.

From the study of C.P.Prakasam (2000) on “Reproductive Morbidity among adolescent women in Andhra Pradesh and Tamilnadu” and the evidences from National Family Health Survey-2 data, it is clear that age at marriage and age at first birth are the two socio biological variables which emerged as the most influencing risk of reproductive morbidity. The investigator recommended the implementation of necessary health programmes along with counseling to adolescent women to reduce gynecological problems as well as Sexually Transmitted Infections (STI).

In the National Family Health Survey subject reports, Anandaiah.R. and Choe.M.K. (2000) stated that for infants aged three months or older, however, exclusive breastfeeding, increased mortality and nonexclusive breastfeeding had no significant effect. The investigators note that “some others may have inadequate breast milk, especially in the high-mortality states, due to their own poor nutrition and health status, early child bearing and high fertility”.

Population Action International (PAI) (2001) reported that the risk of maternal deaths is one in 15 in Africa, one in 105 in Asia and one in 150 in Latin America and the Caribbean, compared with one in 3,750 in Northern America and one in 1,895 in Europe. Developing countries account for (98%) of all deaths from reproductive health causes, (99%) of those related to pregnancy and childbirth, (99%) of those from AIDS, (99%) of those from sexually transmitted infections and (85%) of those from cervical cancer. Citing the “vast disparities in reproductive health world wide and the greater vulnerability of the poor to reproductive risk,” the authors of the report recommend that Governments need to be more committed to improving
reproductive health and should attempt to remove "Physical, financial and cultural barriers to available services" and ensure universal access to maternal health care.

The study of Navaneetam.K and Dharmalingam.A on utilization of maternal health care services in Southern India (2002), examined the patterns and determinants of the use of maternal health care services across different social settings in Andhra Pradesh, Karnataka, Kerala and Tamilnadu. They observed inter-state differences in use which were partly due to variations in the implementation of maternal health care programmes as well as due to differences in availability and accessibility of health services among the four states.

A study conducted by Bhandari.N et al. (2003), revealed that in a randomized controlled trial conducted among 115 mothers and their newborns in Haryana, India between October 1999 and June 2000, found that women who receive periodic counseling on exclusively breastfeeding their children until the age of 6 months had reported less about infant Diarrhea than women who did not receive counseling or breast fed their infants. The investigators conclude that “promotion of exclusive breast feeding until age of 6 months does not lead to growth faltering, and reduces the risk of Diarrhea”.

In a study conducted by James Trussell, Charlotte Ellertson, Helena Von Hertzen, Allison Bigrigg, Anne Webb, Margaret Evans, Sue Ferden, and Clare (2003) to propose a new approach for estimating the effectiveness of Emergency Contraceptive Pills (ECPs), new estimates of conception probabilities are used according to the cycle day of intercourse, where the first day of bleeding in a cycle is designated day one. This approach is used to examine the absolute effectiveness and the cost-effectiveness of ECPs and to determine whether ECPs are more effective the sooner they are initiated,
after unprotected intercourse. To examine the effectiveness of the combined ECP regimen, data from two clinical trials of ECPs were employed, one conducted by the population council and the other by the World Health Organization (WHO). The expected pregnancy rate among typical users was found to be (6.2%) in the population council trial and (7.4%) in the WHO trial according to the estimates based on the conception probabilities by cycle day, relative to the day of ovulation.

From the review of above studies it is clear that there are many studies on the use of contraceptives and also the varied reasons for not intending to use contraception, fertility decision-making process, constraints on reproductive choice, maternal vaccination, multivitamin supplementation and reproductive health and also on sexually transmitted diseases, reproductive choices, sexual violence, reproductive morbidity, maternal deaths and the utilization of maternal health care services. There are only very few studies directly focused on the Knowledge, Attitude and Practice of reproductive health. There exists a gap in the research. Proper knowledge, favourable attitude and practice of family planning and reproductive health among the people leads to overall population stabilisation and the maintenance of good reproductive health. Keeping in view all the above discussed conditions, in the present study the investigator has focused her attention on the knowledge, attitude and practice of reproductive health among adult learners.