CHAPTER – II

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The impact of high growth rate of population has necessitated the study of the factors influencing contraceptive behaviour. There is large number of studies undertaken both in India as well as in other Countries. These studies have identified a variety of socio-economic, demographic cultural, health and other input variables, which are responsible for the adoption of family planning. Therefore studies relating to the factors influencing family planning will be more meaningful only when these factors are simultaneously considered with the impact on fertility. It is pertinent that most of the studies on various aspects of family planning and fertility have proved that these variables are closely inter-linked with literacy rate. Therefore it is obvious to attempt to review the existing literature on education and other important socio-economic, demographic and cultural factors influencing fertility.

EDUCATION, FERTILITY AND CONTRACEPTIVE BEHAVIOUR

The United Nations\(^1\) conducted record number of studies regarding the impact of education and fertility behaviour of people in various Countries. One of the most important study about knowledge, attitude and practice (KAP) of couples of twelve Countries of Asia, Africa and Latin America observed that education specifically wife's education was an important determinant of the practice of contraception in most of the Developing Countries.

The finding of these KAP studies reveals that in Developed Countries, high socio-economic development and the level of family planning practised by couples with
relatively little education is much closer to the degree of use apparent among highly educated couples, more specifically in the case of women. Another United Nations study of population and family planning in Iran, 1960,\textsuperscript{2} conducted that educational backwardness was the single most potential barrier to the prevalence and popularisation of family planning programmes in the rural areas.

The Knowledge, Attitude and Practice (KAP) study conducted by Swee Hock and G.S.Saw\textsuperscript{3} in Malaya during 1968 observed that educational attainment of wives reveals positive correlation with the extend of birth control knowledge. Not more than 29per cent of the wives who had no formal education know how to use at least one birth control method. But among the wives, who had 1 to 5 years of education, the proportion reached 54per cent and for those with at least 6 years of schooling, the proportion went upto 71per cent. Some other Knowledge, Attitude and Practice studies carried on by Kivlin\textsuperscript{4}, Naidu\textsuperscript{5}, Kulahari\textsuperscript{6}, Das\textsuperscript{7}, Balakrishnan\textsuperscript{8}, Milet\textsuperscript{9}, Bharadwaj\textsuperscript{10}, Subramaniyam\textsuperscript{11} and Bhatia\textsuperscript{12} have also emphasised the role of Education in the adoption of different methods of family planning.

A recent study carried out by Feng Wang\textsuperscript{13} in Hebei Province, China, found that there is a greater likelihood of using more effective contraceptive methods in the case of well educated women as compared to illiterates, less educated women. The effect of education on current contraceptive use is positive and significant, i.e. Among the rural women aged 25 to 34, the difference in the probability of adopting contraception between an illiterate women and a women with a primary school education is only
1.5 per cent and the difference between this and 12 years of education is only 1.35 per cent and for women aged 35 to 44, the difference is 6 and 5.23 per cent respectively.

The study undertaken by Faruquee\textsuperscript{14} in Bangladesh showed that couple’s educational level has a significant positive effect on the number of contraceptive types known, used and intention to use, with no variation on husband’s education. Further based on the same study of World Fertility Survey for 28 countries, Sathar and Chidembaran\textsuperscript{15} revealed that the higher the number of years the greater the prevalence of contraceptive use.

M.Z. Khan\textsuperscript{16} has reported in the paper entitled “Development of a scale to measure attitude of the less educated towards population issues” that the development of a summated rating scale designed to measure the attitude of the less educated towards population issues proves the positive attitude between literacy and accepting family planning. In another study John F. May\textsuperscript{17} observed the status and prospects of family planning in Rwanda has judged that the major constraint to modern contraception was among others, the higher rates of illiteracy prevailing in the Country.

An ICMR project, “evolution of existing patterns of Health care systems in Wardha District” by S. Nayak\textsuperscript{18} during 1983 to 1985, also revealed the observations of the close relationship between literacy and adoption of family planning. The house to house survey employing trained social workers from 19 villages through random sampling in three development blocks in Wardha has observed that significantly higher number of couples have accepted family planning suggesting that with the right type of
information, a high degree of motivation besides improvement in literacy level boosted the number family planning adopters.

The East-West Population Institution, Honolulu study\textsuperscript{10} shows that the effect of increasing schooling is some times limited to a minority with rather higher levels of education and the relationship between working and fertility is weak and hard to interpret in many Countries. However, basic awareness to adopt only from knowledge whether schooling or higher education.

The All India study undertaken by Operation Research Group, Baroda\textsuperscript{30}, proved that the relation between educational level of the spouses and their inclination towards family planning practices are positively correlated. Further they concluded that the effect of education on family planning practice was significant at 1 per cent level. The relationship between education and adoption of family planning was established in rural and urban areas of Haryana and Tamil Nadu by Mukarjee\textsuperscript{31}, in two industrial units of Faridabad by Kaur\textsuperscript{22} and in Kanpur City by Khan\textsuperscript{23} also concluded the same relationships.

David and Bhas\textsuperscript{34} found that though variables like age, religion and caste were related to family planning, compared to these variables, the correlation between education and family planning acceptance was highly significant. Another study conducted by Agarwala\textsuperscript{25} in Delhi found that education has a significant correlation with family planning practice. The literacy rate among women acceptors was 88.90 per cent and among men 99.00 per cent. The practice of contraception was significant when correlated with education of wife, husband and family income.
Shastri found that though the level of income has a positive effect on knowledge of family planning, it was the educational level, which influenced the adoption and use of family planning methods.

Jain and Sharma in their paper on some explanatory factors for differential use of family planning methods between States in India, pointed out that wife's education is the only factor, which stands out and significantly increases the use of specific methods as well as all methods together.

The Calcutta fertility surveys of 1970 and 1974 found female education as a factor, which could influence couples to control fertility through practice of family planning methods. The practice of using conventional contraceptives increased with the rise in the educational level of wives. The acceptance rate was found higher when the level of education increased beyond primary stage of education. Regarding the adoption of family planning methods, Nambiar's study in Madras city found that abstinence and sterilisation are the two methods used by those who are illiterates or literate without educational qualification. There is also an indication among those well up in education to adopt family planning practice other than sterilisation.

The Operational Research Group which collected data about family planning practices found that the percentage distribution of condom users and users of terminal methods (Sterilisation) differ substantially. Among the users of terminal methods 66 per cent were illiterates, 16.00 per cent had primary education and 17.00 per cent had secondary education, while just 1.00 per cent had college education. On the contrary, the condom users were comprised of 40.00 per cent illiterates, 19.00 per cent with
primary education and 35.00 per cent with secondary education and the rest 6.00 per cent with college education or more. Prof. Paul Harrison\textsuperscript{32} in his report, "Population Growth is biggest threat to wildlife habitat", which was co-funded by United Nations Population Fund, World Conservation Union and World fund for Nature in 1992, pointed out that smaller better spaced families offer multiple benefits ranging from improved mother and child health and education to reduced environmental impact. Further he pointed out that education is the vital factor which contributes to reduce the environmental impact through smaller size of families along with better-spaced families.

Prof. Palmer\textsuperscript{33} in his paper ‘Education and reproductive success in India’ examines the relationship between reproductive success and education among two Indian ethnic units. While he examined the Handwerker’s\textsuperscript{34} paper, "The Modern Demographic Transition: An analysis of substance choices and Reproductive contraceptives, pointed out that material well being is determined only by improved level of education which enables appropriate employment opportunity structures.

Dr. Somanath Roy\textsuperscript{35}, Director, National Institute of Health and Family Welfare, New Delhi, in his paper titled “Use of contraceptives in Family Planning”, opined that family welfare planning has to become a way of life. For promoting family planning two major approaches are to be made:

a) to create a favourable atmosphere that would be conducive to adoption of small family norms and would ensure ready acceptance and continued use of effective contraceptives.
b) to make available to prospective users a variety of suitable methods of contraception. For promoting contraceptive practice and to create a favourable atmosphere, people have to be educated.

Khan in their paper analysed that less educated population shows less attention to population issues. The studies conducted in Kerala relating to the fertility behaviour of the spouses are having a close bearing to the scenario of the Union Territory of Pondicherry. Therefore it is pertinent to go through some of the studies conducted in Kerala, which are obviously an eye opener to the rest of the country in this regard.

One of the early studies conducted by Mehrotra regarding the effect of education on fertility revealed the existence of fertility differentials by education, the differentials being more marked in respect of women’s education. Analysing on the relationship between educational level and fertility and the mean number of children ever born was found to be significant. Nearly 3.00 per cent of the total variations in fertility could be associated with the differences in educational levels. The analysis of variance between a) Illiterates and literate, b) Illiterates, matric and above, and c) Literate, matric and above showed significant relationships for group b and c. The 15.00 per cent and 8.00 per cent variations in groups b and c respectively could be attributed to the educational levels.

Moni Nag in his comparative study about the fertility differences between Kerala and West Bengal observed that the decline in fertility in Kerala is associated with greater equity in education and educational facilities. The increased female education results in raising the age of marriage of women and increasing the use of
contraceptives, leading to reduced fertility. The study conducted by Zacharia established a positive relationship between education of female and adoption of family planning and negative relationship with fertility. He revealed that the degree of effort to avoid undesired pregnancies was much greater among more educated.

The study conducted by Mahadevan on fertility trends in Kerala found that the fertility rate is negatively associated with women’s education. That is, for illiterates the mean fertility for women was 3.7 and for men 3.6 as compared to mean fertility of 3.1 for men and 3.2 for women who were educated upto middle school. In the case of that educated upto secondary level, the mean fertility was even lower at 3.1 and 2.9 for men and women respectively. The study conducted by Nair has convincingly shown that it is the high female literacy in Kerala that has been responsible for the declining birth and death rates in the state. Krishnan, Zacharia, Jayasree have also conducted similar studies and Ayyappan examined the impact of education on fertility behaviour of the couples in Kerala state and found it negative.

R.C. Rajamani in his paper, “The threat of a Crowded World,” pointed out that population control is intimately related to the eradication of illiteracy, Status of women, maternal and child health, nutrition, security in old age and illness and provision of employment opportunities to all. Kerala with high level of literacy, now estimated as 100 per cent, has registered the lowest rate of population growth as per the 1991 census results and subsequent estimates. This is a clear proof of interrelation between population and literacy and such other indicators of development.
Lola Nayar\textsuperscript{15} pointed out that the momentum gained in respect of literacy and fertility control cannot be stopped hereafter because people in Kerala realised the essentials of ingredients with reasons obvious. Franke\textsuperscript{18} observed that Kerala state in South-western India has achieved some of the world’s best rates of life expectancy, literacy and infant mortality, besides a deep fall in the fertility rate, despite one of the lowest per capita income. Especially notable is the nearly equal distribution of development benefits to urban, rural, male, female, high caste and low caste.

Martha Ainsworth\textsuperscript{19} has stated in his study that in all Countries, women who have completed primary school have fewer children than women with no education and every where the number of children declines regularly as the education of mothers increase above the primary school level.

Jean Dreze and Amartya sen\textsuperscript{20} in their study has indicated that family planning cannot succeed without parallel changes in the social structure-in the living conditions of the masses, their educational status and the facilities for health care.

Masuma Mamdani\textsuperscript{21} observed that basic literacy of women and the enhanced power it may had to within families are important determinants of reproductive behaviour. Women’s changing status appears to be significant contributor to the 50.00 per cent decline in Thailand’s Total Fertility Rate (TFR) between 1960 and 1985. Further he pointed out that it is widely acknowledged that education promotes change in the traditional role and status of women. Female education is inversely associated with both fertility and child mortality and continued education causes many women to marry later in life.
Mridul K. Chowdhry observed that in a poor traditional society with low status for women schooling alone would bring down the family size. But if preference for small family size increases promoted by education including such modern values than it would be in right track.

Sahay K.B. in his latest study analysed that Kerala’s population growth rate during the decades 1941-51, 1951-61 and 1961-71 have been 2.08 per cent, 2.22 per cent and 2.37 per cent a year respectively. But during 1971-81 the state population growth rate registered a decline for the first time and came down to 1.78 per cent a year which further fell to 1.32 per cent during 1981-91. Therefore 1971-81 was indeed a turning point in Kerala’s demographic history. The happenings in 1971-81, such as the peaking of the country’s population growth rate, transmit experience of birth control measures, the sharp decline in Kerala’s population growth rate and together gave birth to the famous “Kerala Hypothesis”.

From the proceeding literature, it is evident that the acceptance and adoption of family planning measures to reduce the fertility rate is closely correlated with the literacy level of the individuals. Apart from the literacy level, obviously the acceptance of family planning depends on various socio-economic factors such as age at marriage, religion, economic status and occupational status.

AGE AT MARRIAGE, FERTILITY AND CONTRACEPTIVE BEHAVIOUR

Age at marriage of spouse is another vital factor, which determines the fertility behaviour because age at marriage of female is the starting point in the reproductive
process. Leasure\textsuperscript{54} observed that Malthus was the first Economist to recognise age at marriage as an important factor for population growth and suggested late marriage as a ‘preventive check’ for the growth of population. Further, this subject has been widely covered in demographic literature indicating negative association with fertility, in most of the United Nations studies\textsuperscript{55}. By using the stable population models, Coale and Tye\textsuperscript{56} have demonstrated that postponement of marriage can contribute substantially to the reduction in the birth rates and the population growth. India is one of the Developing Countries having the lowest mean age at marriage, with a slow increase in the present century. The female age at marriage has increased by only 4 points over a period of 80 years i.e. from 13.1 years in 1901 to 17.63 in 1981\textsuperscript{57}.

Blake\textsuperscript{58} has pointed out that if contraception is not widely and expertly practised, marriage postponement may contribute substantially to lower the birth rates. The study of Sadasivaiah\textsuperscript{59} found the increase in the mean age at marriage by three years during the period 1891-1901 and 1951-1961 in India. This resulted in a 3.00 $\text{ \textendash }$ 4.00 per cent decline in birth rate and the study observed that there exists a positive relationship between age at marriage and adoption of contraception.

William Morrison\textsuperscript{60} in his study in a village in Maharastra State found that age at marriage was directly related to favourable attitude to family planning and a positive curvilinear relationship was noticed between rise in age at marriage and positive attitude to family planning. This type of variation was found only on males but not in females. Somanath Roy\textsuperscript{61} analysed in his paper that it is now well recognised that having pregnancies too early or too late in mother’s life or too many in number or at too
close intervals is harmful to the mother and child. Unplanned and uncontrolled childbirth brings other hardships to the family.

Kurup⁶² observed that both factors, effect of family planning and change in the age of marriage might be important in reducing the birth rate in Kerala, where the age at marriage is highest among all the Indian States, show fertility rates which are much lower than all the Indian rates. The average number of children born to women in Kerala is 3.3⁶³ whereas the corresponding figure for India is around 5. Therefore this evidence, age at marriage, particularly female age at marriage constitute one of the principle demographic factor which could explain the low and differential fertility in different regions of Kerala.

Benjamin⁶⁴ while studying in s tribal area in Made Prudish, observed that sterilisation coverage was observed to be mostly amongst older women aged 30 years or more who already had three or more living children of which two at least were male. It is stressed that a strategy based on excessive emphasis on sterilisation can orily have a very limited impact on the birth rate and efforts should be increased to popularise spacing methods, especially in the highly fertile younger age group.

Bhattacharya⁶⁵ in his study of Laproscopic acceptors in a rural area of Allahabad, observed that only 7per cent of the women had opted for sterilisation within 5-9 years of marriage. The majority 53.40 per cent had been married from 10-14 years followed by those who had led a marital life of 15-19 years before sterilisation besides the factor of early marriage.
Masuma Mamdani in his review observed that an increase in proportion of contraceptive users with age has been observed in a number of studies in India and Nigeria. The prevalence of contraceptive use has been found to be the highest among the women in their mid thirties when most would have probably achieved their desired family size. This suggest that women contract to limit and not to space birth. In Burkina Faso and amongst the Tamil women in a New Delhi slum in India, however, current use of contraceptives was highest in the younger age groups 20-29 and 15-19 years old respectively. The duration of marriage is correlated with age at marriage.

Abusaleh Sharif in his paper reports a methodology for analysis and presents the determinants of the fertility behaviour and the child health in Uganda. A two-stage method, which evaluates the effects of covariates on child’s heights-for-age and Weight-for-age after controlling for the selectivity bias caused by child mortality, is demonstrated to be necessary. This analysis documents the significant effect of mother’s education on the long term (height-for-age) of children less than five years of age. Parental education have positive but not significant association with the short-term (weight - for - height) measure of health, specifically in fertility behaviour of the couples. It has also been found that the benefits of mother’s education are greater.

**OCCUPATION, FERTILITY AND CONTRACEPTIVE BEHAVIOUR**

Occupation of a person is one of the good indicators to measure the socio-economic status. Normally higher occupational status indicates higher educational status with higher income. These aspects turn leads to lower fertility and higher rate of adoption family planning. Studies in different parts of the world found that occupation
of a person is an important factor for adopting family planning. The rate of adoption is more among the working as against the non-working, non-agricultural workers and the white collared higher professionals as compared to lower professional workers.

In almost all the twenty Developing Countries were the 1980 world fertility survey was conducted, statistically significant and often substantial relationships were found between current fertility and women's work, even after controlling several other socio-economic factors.

Jacob Paul in his study in Hoogly district of West Bengal found that among those who were engaged in skilled and technical works, the percentage of acceptance of family planning was 7.00. Whereas among the unskilled and manual workers it was 28 and those who are in trade or business, the acceptance rate was only 5 per cent. But among the cultivators this percentage was much higher 43 per cent.

The All India Study by Operation Research Group in Baroda showed that the practice of family planning was lowest among the skilled or unskilled manual workers, whereas it was highest among the professionals. It is approved factor that women employed outside the household had the lowest fertility, family employed or self employed women had an intermediate level and women who had never worked had the highest level of fertility.

Further the World fertility survey data of Bangladesh, Korea and Mexico reveals that there exists a strain positive association between social class (occupation) and contraceptive use. For instance, the rate of contraceptive use was lowest for the wives of the farmers, whereas the corresponding rates were much higher for the wives.
of non-farm workers. Gbolahan Oni and James McCarthy found that occupation of an individual is an important factor for adopting family planning and the rate of adoption is more among the working as against the non-working, among non-agricultural workers and among the white collared higher professionals as compared to lower professional workers.

Palmer argued that education does not automatically lead to a reduction in fertility. It is only when the appropriate employment opportunity structure exists and when access to those opportunity structures is facilitated independent of personal and kinship relationship by educationally acquired skills and knowledge that an inverse association between education and fertility will materialise.

Singh and Gupta observed the pattern that occupation of both men and women is a decisive factor in the decision making of the pregnancy. Kanitkar and Murthy in their study concluded that there is a definite relationship between occupation adoption of contraception. The nature of occupation is the crucial variable that determines the nature of selection of contraceptives. Thereby the magnitude of controlling pregnancy obviously depends with the occupational structure of men and women.

Bhattacharya in his study of Laproscopic acceptors came to conclusion that the occupational status is a very important factor which spontaneously tempting the women to accept Laproscopic sterilisation. While studying the contraceptive usage of spouse, Sathar and Chidembaran pointed out that the use of contraception is the highest among the wives of men engaged in professional and clerical occupations. At the other end of the spectrum, women whose husbands report no work or less likely to use
contraceptives than those who are engaged in work, but there are many exceptions to this Viz. Malaysia, Thailand, Haiti, Syria, Bangladesh, Sudan, Pakistan and Nepal.

Most of the studies conducted in Kerala also observed the relationships between occupational status and family planning. The studies of Zacharia\textsuperscript{78}, Mahadevan\textsuperscript{79}, Jayasree\textsuperscript{80}, Balakrishnan\textsuperscript{81} and Bhat\textsuperscript{82} observed the positive association of occupational status with family planning status in Kerala.

Masuma Mamdani\textsuperscript{83} observed that Poverty poses more immediate concerns to some urban residents than the need to prevent pregnancy. In Mandid, an urban Moroccan slum, the economic situation of the husbands appears to have a powerful influence on the wife's attitude towards fertility and pregnancy. Women whose husbands were either unemployed or holding unsuitable jobs seemed less motivated to attempt birth spacing; the very poor women seemed uninterested in trying to control their fertility. Further the study concluded the with women working in larger scale industrial enterprises and in stable jobs within the urban economy appear to have lower marital fertility than women working in the informal sectors.

**RELIGION, FERTILITY AND CONTRACEPTIVE BEHAVIOUR**

Religion is one of the important factors that determine the contraceptive and fertility behaviour of couples. Religion can influence reproduction in two ways viz. through stimulation of behaviour, which augments reproduction, and through restraint of behaviour which inhibits reproduction.

Substantial numbers of studies conducted have been empirically documented in a large number of countries such as Yankey\textsuperscript{84} for London, Rizk\textsuperscript{85} for Germany, Mazur\textsuperscript{86}
for USSR and Kirk\textsuperscript{87} for U.S.A. The religious differences in fertility behaviour were first identified through Kisser’s Indianapolis Study\textsuperscript{88}.

In India, religion is a frequently mentioned factor in the investigation into the differences in fertility and contraceptive behaviour, since it is a deep-rooted cultural phenomenon. The existence of differential fertility and contraceptive behaviour between Hindus, Christians and Muslims noticed quite often in many studies. The studies of Stoeckel and Chowdhary\textsuperscript{89} and United Nations studies\textsuperscript{90} have revealed that the religion is associated with fertility and Muslims on an average have more children than Hindus.

Regarding the practice of family planning in India, Som and Sengupta\textsuperscript{91} Sarupriya\textsuperscript{92}, Mukherjee\textsuperscript{93}, Siddh\textsuperscript{94}, Rele and Kanikar\textsuperscript{95}, Kanikar and Murthi\textsuperscript{96}, Danda\textsuperscript{97}, Bhate\textsuperscript{98} and Audinarayanan\textsuperscript{99} have conclusively proved that Christians in general were more favourable and used one or more methods of family planning, followed by Hindus and Muslims. The study conducted by Government of India\textsuperscript{100} in sixteen states reported that the percentage of family planning were higher among the Christians (80 per cent) followed by Hindus (62 per cent) and Muslims (60 per cent). The study conducted by Kurup and George\textsuperscript{101} in Kerala revealed that the average number of children born to Hindus and Muslims wives who had completed their fertility were 7.0 and 6.4 respectively. Zaharia\textsuperscript{102} found that the average fertility of Muslim women was 4.1 while that of Hindus was only 2.9. The completed fertility of these two groups differs by 2.5 children per women. In a study, Balakrishnan\textsuperscript{103} also found higher fertility among Muslims (3.4) compared to Christians (3.07) and Hindus (2.78). Jayasree\textsuperscript{104} concluded
that religion is an important factor influencing family planning and the fertility rate is higher for Muslims followed by Christians and Hindus.

Masuma Mamdani and others observed that the population in urban areas of Developing Countries to grow rapidly in Poor urban areas may have high growth rates through number of mechanism including continued migration, a youthful age-structure; high age-specific fertility rates and inter religious marriages. David O. Alabeye and Akinrinola Bankole in their recent study concluded that the results shows that exposure to media message on contraception exerts strong impact on current practices of and intention to use contraception. Women who had hard or seen advert on contraceptive brands and women who favour broadcast media messages are significantly more likely to adopt birth control beyond religious bearers.

Therefore from the preceding literature it is clear that religion is an important variable which accounts for the variations in contraceptive and fertility behaviour. Hence in the present study in the four regions of the Union Territory of Pondicherry, religion is considered as an important variable influencing fertility and family planning practices of the spouses.

ECONOMIC STATUS, FERTILITY AND CONTRACEPTIVE BEHAVIOUR

Economic status of individual is an important aspect, which in turn significantly influence the contraceptive behaviour. Economic status generally implies acquiring higher occupation, which needs higher education and training, ultimately it, delays marriage and thereby lowering fertility rates. Further higher education and training enables the spouses to acquire higher mental maturity and leads to the amount of
realisation of adoption of family planning and child spacing. There are numerous studies conducted both in India and abroad have shown that there exists a positive association between the economic status of individual and the use of contraceptives.

The study conducted by Mahadevan\textsuperscript{108} in Tamil Nadu, Rele and Kanitkar\textsuperscript{109} at all India level, also established a very strong relationship between the economic status of a family and their adoption of contraceptives. The Kerala study by Kurup\textsuperscript{110} found that the low income and occupational groups who had adopted the method of sterilisation for family limitation are comparatively more then the higher income and occupational groups and their proportion is increasing over the years. Ratcliffe\textsuperscript{111} pointed out that one of the reasons for the more rapid decline in fertility in Kerala was associated with increasing equality in income and assets and this is cited as the best example of the role played by distributional factors in the reduction of fertility.

The studies conducted by Sarupriya\textsuperscript{112} and Walvekar\textsuperscript{113} have established the close association between economic status and contraceptive behaviour of the couples. Carvajal and Gaithman\textsuperscript{114} have concluded that not only does the use of contraception tend to increase with the level of income but also adoption of more sophisticated contraceptive techniques is more likely to occur among higher income couples. Srivatsava\textsuperscript{115} found that the influence of per capita income on contraceptive acceptance highlighted by the potential role of monetary incentives in the strategy of programme implementation where people with lower income are more likely to accept birth control method. In India, the United Nations study\textsuperscript{116} found that the economic status is positively related to the practice of family planning. Further, a well-established close
relationship between family income and the adoption of family planning was found in 
one of the studies conducted by Operation Research Group\textsuperscript{117}. In All India Survey i.e. 
over 50 per cent of the couples with family income of over Rs. 1000/- per month had 
ever practised family planning as against 13 per cent in the lowest income group of Rs. 
100/- per month or below. Some of the studies in Kerala by Zacharia\textsuperscript{118}, Mahadevan\textsuperscript{119}, 
Balakrishnan\textsuperscript{120} and Jayasree\textsuperscript{121} emphasised the role of income on adoption of family 
planning and their reduction in fertility.

Ramachandran\textsuperscript{122} in his study relating the education and community 
participation in family welfare programmes in Mahe Region of the Union Territory of 
Pondicherry concluded that it is obvious that there may be other factors, which will 
exert more significant influences on the adoption of family planning techniques. Two 
such factors may probably be the income of the households and the family structure. 
Visveswara Rao\textsuperscript{123} found that the economic status, which decides the nutritional status 
positively, related with the adoption of family planning. Sommanath Roy\textsuperscript{124} observed 
that the use of sophisticated contraceptive devices depends purely on the individual's 
income. Bhattacharya\textsuperscript{125} found that Laproscopic acceptors in rural area of Allahabad 
were so positive when their occupational structure and per capita income are at higher 
level. John C.Caldwell\textsuperscript{126} examines the case of Sub. Saharan Africa where mortality 
have been falling consistently, although often driven more by educational and other 
social changes than by incomes or enhanced medical care and altered only by war and 
civil disorder.

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Venkatalakshmi Sarulatha\textsuperscript{127}, while framing health index in Chennai for the assessment of Primary Health Centres coverage in family planning has given per capita income of the family as a vital indicator. Masuma Mamdani\textsuperscript{128} observed that the changes in family structure and earning power play a vital role in the matter of adoption of contraceptives. Further he points out that the poverty poses more immediate concerns to the need to prevent pregnancy.

K.B. Sahay\textsuperscript{129} has stated “My own conjecture to explain the Kerala’s demographic change that started during the seventies is as follows: from the late sixties onwards Keralites in large number started getting jobs in West Asia. It is estimated that about 1.4 million people from Kerala are now working in these rich countries. ............... ultimately the boost in income level attributed more in adoption of family planning”.

Nancy Folbre\textsuperscript{130} observed that women generally have lower incomes and less leisure time than men do and seldom have equal opportunities to develop their capabilities. Investment in women’s human capital typically yields a greater rate of return in labour productivity, child health and family welfare than investment in men’s human capital. But apart from these practical benefits lies the possibility that the growing literature on women’s productive and reproductive work will offer important insights into the development process itself.
CONCLUSION

The proceeding observations from the reviews of different studies, it is evident that the family planning plays a vital role in reducing the fertility among couples in the reproductive age group through adoption of various methods of birth control. Most of the studies conducted in various parts of the World shows a significant association between contraception behaviour and fertility behaviour, wide variations in the performance of family planning is noticed among different regions. These variations show close relation with that of demographic factors like percentage of urban population, density of population, sex ratio and literacy rates. Socio-economic and other developmental variables like educational development, communication and recreational development, mechanisation of agriculture, banking development, electrification and agricultural developments and programmes show close association with family planning adoption rate. Input variables like the number of medical and family planning service centres, staff position at primary health centres and other staff positions at the different level have all shown close association with family planning acceptance rate.

The effectiveness of the family planning programme and thereby lowering the birth rate has been widely acknowledged in certain States, such as Kerala, Punjab, Haryana, Tamil Nadu, Maharashtra and Union Territories like Delhi, Chandigarh, Pondicherry, Lakshadweep etc. The effective practice of family planning not only bring down the fertility rate down and also paves ways for the faster developments of these regions with better standard of living of the couples. Further the practice of family
planning can prevent most unwanted pregnancies and it minimise the need for women to subject themselves to the dangerous alternative method of limiting family size through legal abortion.

Therefore the preceding studies on fertility control and adoption of family planning reveals the following observations:

1. Education, age at marriage, religion, economic status and occupational status are cruel determinants of family planning adoption. These factors also determine the fertility behaviour of women. Most of the studies have not systematically examined the link between education, fertility and family planning exclusively.

2. Most of the studies have not attempted the differential impact of the above determinants in four different linguistic and geographical regions in a country, which are markedly having different socio-economic, ethic and cultural development. The inner regional variations in the impact of education and other factors on family planning and fertility behaviour have not been explicitly brought out in the earlier studies.

3. Education influences family planning and fertility behaviour through a variety of ways and processes directly as well as indirectly. The socio-economic process through education influences family planning and fertility behaviour have not received the attention it deserved in the earlier studies. Education has been identified as a significant factor influencing family planning, the role of education especially female education has not been explicitly brought out in any earlier study in the Union Territory of Pondicherry.
4. Most of the earlier studies have not sought to explain the causality and inter-depandants among various determinants of family planning and fertility behaviour.

Besides there is no such studies in the Union Territory of Pondicherry.

Therefore the present study is a first attempt to fill the gap that exist in the studies conducted in the Union Territory of Pondicherry. As pointed out in this chapter, the present study seeks to assess the differential impact of women’s literacy level and other determinants on family planning and fertility behaviour in Pondicherry, Karaikal, Mahe and Yanam regions of the Union Territory of Pondicherry. Further the study seeks to assess the direct and indirect impact of education and the socio-economic process through which education influences family planning and fertility behaviour in the above four regions of the Union Territory of Pondicherry.
REFERENCE


63. Indian University Association for Continuing Education (1990), "Age at marriage", University of Delhi Press, New Delhi. P. 76.


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