CHAPTER – IX

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INTRODUCTION

The family planning programme in India has made phenomenal progress in fertility control. However it had no uniform impact throughout the country. Even though the fertility decline in India as a whole has been low, the decline in the Union Territory of Pondicherry has been remarkably high. The rapid decline in the fertility rate in this Union Territory has been attributed to the educational progress and the development in the public health and family planning delivery system. The development of the education of women, which is the most important factor, accounts for the rapid decline in the fertility rate.

Several studies on fertility and family planning in the country have reported that education in general and education of women in particular is an important determinant of the adoption of contraception. Most of these studies have not systematically focused on the link between women’s education, family planning and fertility behaviour. Moreover the impact of various determinants of family planning in four different regions in the Union Territory of Pondicherry, which are different in terms of socio-economic development has not been examined so far. Many earlier studies have viewed education as a causal variable. The interdependence between education, age at marriage, employment status and other determinants have not been taken into account while examining the influence on family planning adoption and fertility control. So far no attempt has been made on the above lines in the Union Territory of Pondicherry. The modest attempt is made in the present study to fill the
existing gap in the literature in the field of education and fertility behaviour. Hence
the study of the impact of education of women on family planning and fertility
behaviour in the four regions of the Union Territory of Pondicherry, namely,
Pondicherry, Karaikal, Mahe and Yanam have different geographical locations,
lingual and cultural variations and socio-economic backgrounds.

The main objectives of the studies are:

1. To identify the relation between education, family planning and fertility.
2. To assess the impact of women's education on family planning and fertility.
3. To study the impact of education on Age at marriage, age at adoption of family
   planning, time lag between marriage and adoption and adoption of family planning.
4. To examine the influence of education on the attitude of women towards family
   planning, size of the family, sex preference and the availability and reach of the
   family planning services.

The following hypothesis have been formulated and tested:

1. Education exerts a positive influence on adoption of family planning.
2. Education of women causes lowers fertility rate.
3. Education of husband has a positive influence on family planning and fertility.
4. Inter-regional disparities prevail among Pondicherry, Karaikal, Mahe and Yanam
   regions in terms of the impact of education on family planning and fertility behaviour
5. Significant difference between educated and illiterate women in terms of their
   attitude and perception towards the size of the family, sex preference and family
   planning services exist.
6. There is a positive influence of education of women in the four regions of the Union Territory of Pondicherry on age at marriage, age at adoption, time lag between marriage and adoption and the method adopted by family planning

DATA ANALYSIS

The sample data generated on various socio-economic and cultural determinants of family planning and fertility behaviour are analysed by appropriate statistical tools like Simple Correlation, Partial Correlation, Rank Correlation, Multiple Regression Analysis and Ordinary Least-Square methods. Path Analysis is done in order to assess the direct as well as the indirect impact of education on family planning and to understand the process through which education influence family planning and fertility behaviour. Since most of the socio-economic variables are interdependent, the direction of causality cannot be easily determined. Therefore to account for the joint effect of the socio-economic variables on family planning and fertility, Principal Component analysis is also undertaken for the four regions of the Union Territory of Pondicherry.

SOCIO-ECONOMIC CHARACTERISTICS OF THE SAMPLE RESPONDENTS

The socio-economic characteristics of the sample respondents are very much important to understand the respondent's response towards the adoption of family planning, which is explained in Chapter – IV. They are examined with respect to various variable like religion, place of residence, type of family, family size, age of the respondents, number of living children, age at marriage, husband's education, respondent's education, employment status of the spouses, family income, time lag
between marriage and adoption of family planning and method of family planning adoption.

Religion influences the attitude, thinking and perception of the people towards the family size, the number of living children and their sex combination. In the entire samples 62.80 per cent are Hindus, 20.00 per cent Christians and 16.70 per cent Muslims. It is observed that Hindus in general prefer for a smaller number of children compared to Muslims and Christians. In the adoption of family planning, Christian are ahead of other communities (Table – 4.1).

The place of residence has an important influence over fertility and contraceptive behaviour. Residents in urban area promote inter-personal communications and provide better health and medical services to the people. In the entire sample 45.83 per cent are from the rural and 54.17 per cent are from urban area (Table – 4.2.).

The type of family, its size and composition influence the contraceptive behaviour of the respondents. Out of the 600 total respondents, 75.80 per cent belong to the nuclear families (Table – 4.3.). In Pondicherry, Karaikal and Mahe regions, relatively developed regions, and the proportion of families with less than five members is much larger compared to Yanam region.

Age of the respondent is another important variable influencing contraceptive behaviour. In Pondicherry, Karaikal and Mahe regions, there are larger numbers of respondents in the higher age groups compared to Yanam region. It is also found that the relevant age for family planning adoption and fertility control is between 20 - 39 years (Table – 4.5.)
The number of living children is another important variable influencing family planning adoption. About 82.40 per cent of respondents in Pondicherry region, 80.00 per cent in Mahe and Yanam each and 68.00 per cent in Karaikal region are having less than 3 children. Therefore, except in Karaikal region, there is no much difference in the number of living children among the four regions (Table – 4.6.).

Age at marriage of the respondent has a significant influence over the reproductive profile of the respondents. In Pondicherry, Karaikal and Mahe regions, 12.00 per cent, 10.00 per cent and 21.00 per cent respondents respectively got married between 25-29 years, whereas only 5.00 per cent respondents are reported under this age group. This difference is more pronounced in the age group of less than 20 years (Table – 4.7.) In the Yanam region 46.00 per cent of the respondents have got married at less than 20 years, which is comparatively lower in the other regions.

Education of the respondent is a vital determinant of fertility and contraceptive behaviour. Education promotes knowledge, attitude and practice of family planning. Out of the total samples, only 3.20 per cent reported as illiterates while 21.00 per cent, 60.00 per cent and 15.80 per cent reported as primary, high school and college and above level of education respectively. In Yanam region respondents with high school education and college and above level reported only 60.00 per cent and 14.00 per cent respectively. At the same time the number of respondents reported are more in Pondicherry, Karaikal and Mahe regions (Table – 4.8.). Thus there is marked difference in the level of education of the respondents with high school and college and above level of education between the Yanam region and other regions.
The level of the education of the respondent’s husbands is also different across the four regions of the Union Territory. In the educational level of the respondent’s husbands, 0.50 per cent of the respondent’s husbands are illiterates, 4.20 per cent are primary level, 53.20 per cent are high school level and 42.10 per cent are college and above level. In the Pondicherry and Mahe region no illiterates reported, whereas 2.00 per cent reported in Yanam region. The level of education of the respondent’s husbands with college and above level is comparatively lowest in the Yanam region.

Employment of the respondent influences the contraceptive behaviour that the increase in the level and nature of employment directly influence the adoption of family planning. The unemployed (housewives) respondents are more in Yanam and Karaikal region compared to Pondicherry and Mahe region (84.50 per cent unemployed).

Employment of respondents has a powerful influence on the adoption of family planning. In the four regions, except Yanam, more respondents are employed in service sectors and non-agricultural occupations and less in agriculture (Table – 4.11). There is a significant difference in the employment of the respondents in the Yanam region compared to the other region of the Territory.

In terms of family income, there are no much differences among the respondents of the four regions. In Pondicherry, Karaikal and Mahe regions the respondents with less than Rs. 300/- as monthly income is around 38.00 per cent whereas it is 39.00 per cent at Yanam region. In the higher income group, the Yanam region has a lower percentage compared to other regions.
The study however has not directly included variables such as value of children, infant mortality and availability of family planning infrastructure. Availability of infrastructures is considered in the very selection of sample PHCs. There are other important variables influencing family planning such as intra-spouse communication, inter-personal communication, man, media, etc have not been considered in the study. The influence of these variables is at least partly reflected in other socio-economic variables. Thus the sample respondents represent very nearly the existing socio-economic cultural characteristics of the population, with marked variation in the Yanam region, in the four regions of the Union Territory of Pondicherry.

EDUCATION OF WOMEN AND CONTRACEPTIVE BEHAVIOUR

The level of education of the women is a key determinant of the adoption of the family planning. There is a large proportion of high school educated women who have adopted family planning in all the four regions of the Union Territory of Pondicherry. This indicates that education up to high school level is an essential prerequisite for successful contraceptive practice. Only a small proportion in educational group got married before 20 years in all the four regions because education alone is not the only determinant. However majority of the adopter have married in the age group of 20-24 years which is due to the influence of the level of education. Besides a positive association between the level of education and the age at adoption of family planning noticed in all the four regions, it is more revealing in the Pondicherry and Mahe regions. A strong relationship also exists between the level of education and time lag between age at marriage and adoption of family planning.
The preference for permanent method of adoption of family planning and level of education inversely related in all the four regions, while the acceptance of temporary methods of family planning (IUD, Safe period and Prophylactics) increases as the level of education of women increases. Self-realization (Self-information) is the chief source of information about family planning as the level of education improves to high school level. Economic considerations as a reason behind the adoption of family planning declines with level of education, while satisfaction with the existing number of children as a reason for adoption of family planning increases with the level of education. The satisfaction with the method women adopted also show a positive trend with the level of education, which indicates that a minimum level of education is essential to ensure the preference and satisfaction with the method adopted.

Generally the counseling, guidance and the services for permanent and temporary methods of family planning rendered are more effective, acceptable and satisfactory to the adopters the hospitals and primary health centre. The adopters who are satisfied with the follow-up services is comparatively lower in Yanam region which again indicate that the satisfaction of follow-up services depend on the level of education. The incentives given by the Government for the adoption of family planning are of different nature suitable to all the category of employed and unemployed women and hence the effectiveness of the incentives is not dependent on the level of education alone. Therefore there is a strong overall relationship between education and contraceptive behaviour of the respondents in all the four regions of the Union Territory of Pondicherry.
DETERMINANTS OF FAMILY PLANNING AND FERTILITY BEHAVIOUR

The impact of education of the respondent and their husbands on family planning and fertility behaviour is empirically analysed in Chapter – VI. The simple correlation analysis revealed that family planning adoption status is highly correlated with the level of education and the employment of the respondent as well as that of the their husbands in all the four regions. Fertility is negatively correlated with education of the respondent and education of the husband in all the four regions. Similarly the study revealed a fairly high degree of correlation between education and other demographic variables such as age at marriage, number of children and time lag between marriage and adoption of family planning. The magnitude of correlation is higher in Yanam region as compared to Pondicherry, Karaikal and Mahe regions.

Since simple correlation don’t measure the correlation between any two variables keeping other relevant variables constant, the technique of partial correlation was employed to assess the relationship between education and other family planning variables. The study revealed that education of both the respondent and their husband are positively correlated with family planning adoption in all the four regions of the Union Territory. But the education of the husband is highly correlated with the family planning status in the Pondicherry, Karaikal and Mahe regions. In Yanam region, education of the respondent is highly correlated with family planning status than in other three regions. Education of the respondent and number of children are negatively correlated in all the four regions. Similarly education of the husband and the number of children are negatively correlated in all the four regions. Education and temporary family planning methods are positively correlated which implies that as the
level of education moves up respondents prefer temporary methods of contraception to permanent methods. Similarly education of the respondent and time lag between marriage and adoption of family planning are negatively correlated in all the four regions, though the correlation in Yanam is lower.

The Rank correlation between education and family planning (and the related variables) reinforce the results of simple and partial correlation. Education of the respondent and the family planning status are negatively correlated in Pondicherry, Karaikal and Mahe regions. Education of the respondents and the number children, family size, and time lag between marriage and adoption of family planning are negatively correlated in all the four regions, indicating that as level of education moves up the number of living children and time lag comes down. Similarly education and age at marriage are positively related in all the four regions, implying that education promoted age at marriage. The positive rank correlation between education of the respondent, family income and education of their husband are all along the positive trend (Tables – 6.10, 6.11). Education of the husband and the number of living children, family size, time lag and the age at adoption of family planning are negatively rank correlated in all the four regions, though some of the coefficients are statistically insignificant.

The Correlation, simple, partial and rank based donot measure the degree of dependence or explanation of one variable by the other In order to measure the degree of dependence by education and other variables in explaining variations in family planning, number of children, age at marriage, family planning method adopted, time lag and age at adoption. Six regression models are formulated and
estimated on the basis of O.L.S. method. The regression analysis revealed the following results.

Education of the respondents and the education of their husbands have a positive impact on the adoption status in all the four regions. In Pondicherry, Karaikal and Mahe regions, age at marriage and time lag between marriage and adoption have a negative influence on family planning adoption status. Employment of the husband and the number of children also have a positive impact on the family planning adoption. Respondents having larger number of children compel them to adopt family planning. In Yanam region, education of the respondent is not a significant variable in explaining the variation in family planning. This may be due to the fact that the level of education in Yanam region is lower and the husband plays a greater role in family planning decision making, reflecting the typical characteristic of a relatively less developed socio-economic environment.

The impact of education and other variables on fertility behaviour reveals that education of the husband has a negative influence on the number of children. Education of the respondent is not significant and therefore it has been deleted from the equation. While the religion and age of the respondent have a positive influence on number of children, age at marriage is negatively related. The equation has relatively low productive power as indicated by the degree of $R^2$.

Respondent's education has a positive influence on age at marriage in all the four regions of the Territory, indicating that education advances the age at marriage. It is further revealed that larger the size of the family, lower would be the age at marriage and higher the employment status of the respondent, higher would be the age.
at marriage. Moreover as the family income improves the age at marriage also improves.

In Pondicherry, Karaikal and Mahe regions, family planning method is significantly influenced by the age at adoption. An increase in age at marriage and education of the husband brings down the time lag between marriage and adoption. Age at adoption is significantly influenced by age at marriage, time lag, number of children, method adopted and the employment of the respondent.

In Yanam region also increase in the age at marriage reduces time lag. Respondents with larger number of children tend to have a larger gap between marriage and adoption. The type of method adopted has a positive influence on the time lag. The movement from temporary to permanent methods and the raise in the employment status promotes the time lag between marriage and adoption of family planning.

**DETERMINANTS OF FAMILY PLANNING AND FERTILITY BEHAVIOUR: CAUSALITY AND INTER-DEPENDNENCE**

The regression analysis in Chapter – VI suffers from two major shortcomings. Firstly it assumes that the independent variables are not highly cosulated among themselves. Secondly the coefficients of the regression equations measures only direct impact of each variables on the dependent variable. In fact the independent variables are inter-correlated and the inter-correlation distorts the results. Therefore the regression results cannot be considered as fool proof. Further the regression analysis of socio-economic variables suffers from simultaneity which in turn affects the BLUE quality of the estimates. In order to overcome the above limitations Path Analysis and Principal Component analysis were undertaken.
On the basis of the earlier studies and the analysis carried out in chapter-V, VI and VII a series of seven paths have been identified and empirically estimated for each region of the Union Territory of Pondicherry separately. Education of the respondent and of the husband is considered as the principal determinants of family planning through direct as well as indirect process. The direct influence of education on family planning status runs through age at marriage, time lag between marriage and adoption, employment status, family income, religion, place of residence, type of family and the number of living children.

Path analysis brings out the following results:

The direct influence of respondent’s education on family planning in all the four regions are positive and significant, while the direct effect is higher in Yanam region. The indirect effect in all the four regions is negative and it is higher in Pondicherry, Karaikal and Mahe regions. Thus the total effect is positive in all the region s, but significant only in Yanam region. This implies that women’s education plays an important role in a backward region like Yanam.

Husband’s education has a larger total positive impact on family planning adoption in Pondicherry, Karaikal and Mahe regions as compared to Yanam region where the coefficient is very low and insignificant. Therefore it suggest that husband’s education is important than wife’s education in explaining family planning behaviour in Pondicherry, Karaikal and Mahe regions.

The respondent’s education has a negative impact on fertility behaviour in all the four regions and this is significantly higher in Yanam region. Thus it reiterates the earlier conclusion that in a backward region like Yanam, women’s education assumes
crucial importance in reducing the number of children. Husband’s education is significant and having negative impact on fertility in Pondicherry, Karaikal and Mahe regions and it is due to larger proportion of educated husbands in these regions. In Yanam region, as educational status of the husbands is relatively low the impact is very insignificant.

Age at marriage has a negative influence on family planning adoption in all the regions. The negative coefficients suggest that as the age at marriage advances the need for family planning decline.

Employment status of the respondents has a positive impact on family planning adoption status in all the regions, indicating that an improvement in employment status promotes family planning adoption.

In Pondicherry, Karaikal and Mahe regions, husband’s employment has a very significant impact on family planning adoption, whereas in a backward socio-economic setup, as in Yanam region, employment status of the husband (largely depend on agriculture and allied activities) has only marginal impact on adoption of family planning.

Family income has a negative and insignificant influence in Pondicherry, Karaikal and Mahe regions, while it has an insignificant positive influence in Yanam region. As such more generalization could be made about the influence of family income on the adoption of family planning.

Principal component analysis was undertaken to overcome the problems of simultaneity and multi-collinearity and the results are presented in chapter – VII. An attempt was made to generate composite variables by combining the 17 socio-
economic variables in each region separately. The composite variables are actually orthogonal factors obtained through a varimax rotation which are in turn used in the determination of family planning behaviour, fertility behaviour etc. (as similar socio-economic characteristics found in Pondicherry, Karaikal and Mahe regions) for these three regions. The first seven composite factors with Eigen values greater than one were selected. These variables together explained 73.00 per cent of the cumulative variance. On the basis of factor loading, each principal component has been assumed to represent a particular socio-economic characteristic of the sample respondents. These seven principal components have been used to explain variations in dependent variables such as family planning adoption status, number of children etc.

The regression results for Pondicherry, Karaikal and Mahe regions summarized based on principal components reveal the following:

Principal component-1 representing the respondent’s educational status is positively related to family planning. Principal component – 2 representing number of children has a negative relationship with family planning. Index of family background captured by principal component – 3 has a positive impact, component – 4 represent age factor has a negative impact, while economic status component – 5 has a positive impact on family planning. Residential status and employment status, component – 6 and 7, of the respondents have a negative influence on family planning adoption status. The coefficient of employment status is not consistence with the earlier results. In the earlier result employment status and family planning adoption status were positively related. The negative relationship could be due to the employed women tending to go in for temporary methods of family planning.
Fertility is negatively influenced by component – 1 respondent’s education, Component – 4 age factor and component – 5 economic status. A movement from rural to urban area as captured by component – 6 also has a negative impact on fertility. Employment of the respondent, component – 7, has a positive impact indicating that non-consistence with the earlier results. Component – 7 is loaded with type of the family and employment status, the variable partly represent the type of the family. Therefore component – 7 is taken to represent the type of family, which substantiate for the positive impact

Composite variables representing respondent’s education (P₁), family background (P₃), age of the respondent (P₄), economic status (P₅), residential status (P₆) and employment status of the respondent (P₇) have a negative impact on age at adoption suggesting that a raise in educational level, family status, age at marriage and employment of the respondent reduces the age at adoption.

The time lag between marriage and adoption is negatively influenced by respondent’s education (P₁), family background (P₃), age at adoption (P₄) and residential status (P₆) as the educational level of the respondent, family status and age at adoption improves the time lag between marriage and adoption declines.

The family planning method adopted is significantly explained by composite variables representing education, family background, employment status, residential status and employment of the respondent. Age at marriage on the other hand is significantly explained by composite variables representing the education, fertility and family background. As education of the respondent, fertility (number of children) and family background improves, age at marriage raises.
The same procedure was repeated to the Yanam region also. The 17 socio-economic variables were combined to generate principal components on the basis of the Eigen values and cumulative per cent of variants explained by the principal component. The first seven components were chosen for the analysis. On the basis of the factor loading, component – 1 is considered as the variable the education of the respondent and her husband, component – 2 fertility behaviour, component – 3 family background, component – 4 age at adoption, component – 5 employment status, component – 6 residential status and component – 7 employment of the husband. The regression analysis based on the principal components for Yanam region revealed the following results.

The composite variable, education of the respondent, promotes family planning. Age of the respondent indicated by the principal component – 4 has a negative impact on family planning indicating that higher the age of the respondent lower is the need for adoption of family planning. Residential status has a negative impact on adoption that a movement from urban to rural area reduces the adoption status. Fertility behaviour, component – 2, and employment of husband (P7) promotes adoption status.

Fertility variations are explained by principal component representing education, family background, age at adoption, employment status and residential status.

Age at adoption is explained by components representing education, age at adoption and residential status which are all in the negative direction. On the other hand number of living children and employment status advances the age at adoption.
The time lag between marriage and adoption is explained inversely by composite variables representing education and residential status and fertility and age related components influence age at marriage directly. This implies that if the fertility behaviour is stronger the time lag increases and if the age of the respondent is higher, the time lag widens.

Age at marriage is significantly explained by components representing education and employment of the respondents in the same direction. This indicates that these factors advance the age at marriage. Fertility behaviour, family background and the residential statues also reduce the age at marriage. Employment of the husband and age at marriage are inversely related in Yanam region.

EDUCATION AND FAMILY PLANNING SERVICES

The success of the family planning programme depends on the services made available and the effective utilisation. The general opinion of majority of the respondents is that the family planning centres available in different regions in the Union Territory of Pondicherry is inadequate. However the opinion of illiterates and lower educated respondents vary between adequate and excess.

Similarly the availability of contraceptives in these centres is opinioned as adequate or excess. This also shows a positive trend with the level of education. Thus the highly educated respondents with high school or college level are satisfied with the availability of contraceptives, while the illiterate and lower level educated respondents feel that it is inadequate or could not express their opinion.

Even though half of the sample respondents feel that the availability of the family planning schemes/services is adequate, the equal number feel that it is
inadequate. The adoption of family planning methods and the success of the various schemes depend on the timely and devoted services rendered by the family planning staff. They have to motivate the respondents, offer care during pregnancy and delivery, postnatal care and childcare. In this aspect the respondents are of the opinion that the house visits of the family planning personal, availability of the family planning motivators and the doctors are adequate. It is the unanimous opinion of the respondents with all level of education.

Apart from the making the availability of various infrastructure facilities and family planning personals and centres, the respondents feel that educating the women about the family planning and the advantages in the small family alone can motivate for the adoption. In this line, majority of the respondents accepted the need for the extension education on family planning for all the eligible couples of different age group, educational level and the economical status.

Any information fed at the earlier age has greater impact in the minds of the young eligible couples. In view of this most of the respondents stressed for the introduction of sex and family planning education at the high school and college level, as most of them feel that information regarding the birth control and family planning methods could not be provided by even their parents. The respondents feel that introduction of curriculum in the school and college level education is the best way of creating awareness about family planning. Among the respondents the motivation for the adoption can be best achieved by education them to interaction in all possible places by the motivator during their pregnancy. The suffering and knowledge
experienced by the women in the health centres visited during their pregnancy and delivery may very well be utilised by the motivators to educate them for the adoption.

Thus the level of education plays an important role in making the respondents understand the availability and utilisation of the various family planning services. It also helps in the motivation of the adopters and suggests the various ways by which motivation can be achieved. Hence all the factors regarding the family welfare services show a positive trend with the level of education.

POLICY IMPLICATIONS

The following policy implications emerged from the study:

1. The significant relationship between education and contraceptive behaviour in all the four regions suggest that educational facilities both formal and nonformal should be expanded to cover more women in the reproductive age group. Arivoli Iyyakkam programme for the eradication of illiteracy in this Union Territory has achieved total literacy. So post literacy programmes through mass media and extension education would go a long way in promoting contraceptive behaviour.

2. The direct relationship between education and age at marriage, particularly in a backward area like Yanam region, also emphasises the need for promoting educational facility with appropriate packages of incentives for women. The inverse relationship between education and adoption of family planning also advocates the policy of expanding facilities for women’s education. The successful adoption of temporary methods of family planning requires at least high school education. Therefore it is essential to expand educational facilities at the
post primary stage and take necessary steps to promote more enrolment of women.

3. Even in some of the states in India when the level of education of the women is very high, incentives have a role in promoting the adoption of family planning particularly in backward areas. It implies that appropriate package of incentives with monetary and non-monitory components most is designed and delivered to attract the target groups.

4. More number of primary health centres must be opened at places, which are accessible to majority of the eligible couple. So that the family planning services are fully made use of by them. Special attention to Yanam region should be given in this regard.

5. Hospital infrastructure has a decisive role in the propagation of family planning. Therefore the infrastructure facilities should be improved particularly in the backward areas of Karaikal and Yanam regions.

6. Population education should be made compulsory as a part of the formal education. This will promote awareness about family planning among boys and girls at a fairly younger age. In the population education the knowledge on family planning and health education should be the necessary component.

7. The gross root social welfare units like Anganwadies and Balwadies have a greater influence on family planning adoption by the eligible women. These units should be coordinated along with the primary health centres in achieving the target on the eligible couples.
8. The wrong perception about infant mortality, sex preference and size of the family must be altered at a relatively younger age through formal and non-formal education.

9. There is a need to develop family health education centres in all the organized sector industries both public and private and particularly in women's colleges and Universities employing 50 or more teachers and 1000 or more students. They should impart knowledge about the planned family and teach them to give up the fear psychosis and misgivings about the adoption of family planning.

10. There has still been a marginal involvement of the NGO's in the family planning programmes in the Union Territory. Milk Cooperative Societies as NGO have very deep root with the masses through their wide spread networks of collection and production centres. These organizations have great credibility with the people. It may be fruitful to utilize their services in motivation worker and villagers towards small family norms.

11. There should be no efforts what so ever to impose a particular method of contraception on the targeted group. While the Government machinery has the duty to insist on family limitations, the individuals has the liberty to accomplish it by any legal means he desires. Therefore the approach to vasectomy needs to be persuasive.

12. Panchayat raj and local level democratic structure must be in place. Women's representation in their set-up should be high and this would give the family planning programme momentum.
13 The approach needs to be long term and not just momentary. The eligible couples should be observed over a period of at least five years, to assess their achievements in limiting their families and all necessary assistance and counselling should be given to them.

14. The approach should be selective. This implies ("This is what you need,  

is") that the nature and the need of the people who are approached should be studied and they should be offered the measures they need most.