Children constitute an important source of social and economic support for women, particularly in a social setting where women lack legitimate alternatives to child bearing. Children are valuable to parents since they provide certain satisfaction-social, economic, and psychological-to them. The phrase 'value of children' usually refers to positive functions, i.e., satisfactions derived from having children, but dysfunctions, i.e., costs, are also essential ingredients of the above concept. It is difficult to obtain satisfaction without incurring some cost. Conceptually, therefore, value of children implies a net balance of the positive and negative functions of having them.

Preference for one sex over the other for whatever reasons may lead to higher fertility both at individual and societal levels. Couples with a strong preference for one sex, or for at least one child of each sex composition they want by the time their preferred number of children is reached.

Preference of one sex over another is determined by differential participation in productive activities by males and females, among other factors. The type of economy and cultural practices prevalent also conditions male-female participation.

No country has achieved an improvement in the quality of living without experienced a significant decline in its fertility. Nor has any sizable country in recent years experienced low birth rates over a sustained period in the absence of significant economic development.

Among the various socio-cultural and environmental factors influencing fertility, religion has been considered very important. Religion prescribes a code of life, refers to a system of beliefs, attitudes and practices, which individuals share in groups, and through this orientation towards life and death, is supposed to affect one's fertility behaviour. There has been
resistance to human interference with fertility from all pro-natalist religions, yet it was less persistent where central authority was lacking.

The fertility level of a society is expected to be influenced by its dominant family structures. It is usually hypothesized that nuclear family and household structures promote lower fertility than extended or joint household structures. In the developing countries, the great majority of people still live in extended families in that they may either live with or in close proximity to relatives or share either land or budgetary arrangements or at least mutual obligations and guarantees against disaster. The prevalence of the extended family as a dominant family type in the rural areas of developing countries is to be explained by its functional role in meeting the needs of family members in this region.

In extended families, marriage is universal and occurs early because it is not necessary for a married couple in such a family to support themselves and their children immediately after marriage. Moreover, there are other social, moral and religious considerations, which motivate parents in extended families to negotiate an early marriage for their children.

Low age at marriage is one prominent feature of the high fertility value in extended families. The status of women and their role in community and family decision-making, including the timing and number of births and choice of contraception, have an important bearing on improving the standard of living, the success of family planning and a long-term reduction in the fertility level of a country. In a society whose women depend on their children for social and economic security and lack legitimate alternatives to childbearing fertility is higher.

There is no doubt that education is one of the strong correlates of fertility. But it is extremely difficult to attribute the changes in fertility behaviour to one single factor like education, there being a whole complex of factors intricately meshed together that affect the motivation of couples in limiting the size of their families. Moreover, education and fertility are intricately associated with
many related and unrelated social, economic, psychological processes and circumstances so that their true nature has hitherto ceased and circumstances so that their true nature has hitherto remained obscure.

Present work is divided in six chapters.

First chapter deals with definition of reproductive health, variables, proximate determinants, strategies for the improvement of Reproductive health, and role of NGOs in improving the health of the women. It also presents the objectives, methodology, and limitations of the present study. It explains the rationale for carrying out the present study. Second chapter highlights historical background, geography and socio-economic conditions of Dibai Town. The third chapter presents the literature review. Relevant findings and excerpts of the literature reviewed are classified and presented with the aim of identifying the research gap. The analysis of the surveyed data, interpretation, and discussion are presented in chapter fourth and fifth. The fourth chapter deals with the impact of society and culture on reproductive health. Chapter five deals with the problems of reproductive health and use of various method of fertility control in Dibai town. The six chapter draws results and conclusions of the study.

The thesis ends with the bibliography followed by the appendices.