Numerous impressive research studies on family planning have been conducted in different parts of the world. Many of these studies have been discussed and reviewed in chapter II, section 2.7. The present review is an effort to give an overall sketch of the findings of some of the research works carried out both in India and outside. For this study, utmost efforts have been made to search out various studies carried out within India and outside in chronological order.

3.1 Research Studies in Abroad

Some of the family planning studies carried outside India in last four decades are considered here in chronological order for a review.

The hot debate on the relative contribution of family planning programme versus that of socio-economic development originated during 1970s. These debates impelled Lapham and Mauldin (1972) to develop a measure to compare the effect of family planning programme effort with the effects of other societal characteristic on the rate of contraceptive acceptance, fertility levels and rate of fertility decline in developing countries. Based on this measure, they conducted a survey in 82 developing countries from 1982-1992 to measure the effectiveness of family planning programme. They found that family planning programmes have a significant and independent effect over and above the effect of socio-economic factors. Certain good family planning efforts like exemption from custom duties, abolition of regulation and other barriers on contraceptives, use of mass media in spreading message of family planning, etc. played a pivotal role in fertility decline.

Heer and Wu (1975) studied the separate effects of child loss, perception of child survival and community level upon fertility and family
planning in Taiwan with comparison data from Morocco. The findings of the study established a positive relationship between son preference and the number of children born. They have observed that subsequent fertility after three surviving son is significantly smaller than after three surviving daughters. They have also found that high fertility among couples with one surviving son and two daughters compared to couples with two surviving sons and one surviving daughter.

Murthy and DeVos (1983) carried out a study on “Ethnic Differences in Contraceptive Use in Sri Lanka”. The data were collected from national sample of women of childbearing age gathered by Sri Lanka World Fertility Survey in 1975. The study was performed to assess four possible reasons for differential contraceptive use. These reasons are (i) differences in socio-economic position (ii) cultural differences (iii) minority status and (iv) different access to family planning services. The study revealed that the differences in the pattern of contraceptive use between Tamil and Moor community are due to the differences in the socio-economic and cultural factors. The study also suggests that a major cause for ethnic differences in contraceptive use in Sri Lanka in 1975 was due to differential access to family planning services.

A research project on “Ethnicity and Fertility in Thailand” was undertaken by Prasithratsint as a part of five ASEAN countries project on ethnicity and fertility in 1985. The project was aimed to explore the extent to which the ethnicity and ethnic factors like ethnic attitudes, ethnic identification, cultural practices etc influenced the reproductive behavior of the ethnic groups. The data for the project were collected from 858 Thais, 837 Chinese, 838 Muslim and 587 Thai Muslim couples. Analysis of the project revealed that Thais (92%) are better informed on birth control than Chinese (88%), Thai Muslim (87%) and the southern Muslim (65%). The contraceptive use is lowest among the Thai Muslim (rural: 22%; urban: 27%)
and highest among the Thais (rural:56%; urban:57%). The findings of the project also revealed significant differences among the ethnic groups in respect of fertility. The southern Thai Muslim and the Thai Muslim have the higher fertility rate than the Thai and the Chinese.

Abeykoon’s (1987) research work on “Ethnic Models of Fertility Behavior in Sri Lanka” evaluates the fertility behavior of four ethnic groups of Sri Lanka. The four ethnic groups selected for the study were Sinhalese, Tamils, Moors and the Indian Tamils. The data for the study were collected from the 1982 Sri Lanka contraceptive prevalence survey. The study suggest that age at marriage acts as a major determinant of children ever born and had the most negative impact on fertility on all the four ethnic groups, but the effect is more marked among the Sri Lanka Tamils. The study also pointed out that 11 per cent of variance in contraceptive use was contributed by education (positive effect), children ever born (positive effect) and husband occupation (negative effect), while 24 per cent of variance in effectiveness of the contraceptives use was explained by additional children wanted (negative effect) and contraceptive knowledge (positive effect).

Tan and Soeradji also did the same study in Indonesia in 1985 under ASEAN project on Ethnicity and Fertility. In this project, five ethnic groups were selected for the study. These groups were-the Javanese, the Sudanese, the Minangkabau, the Batak and the Chinese. The result of the project shows a clear-cut variation in the family planning behavior among the different ethnic groups. The knowledge about family planning also shows variation. Among rural male Minangkabau, the knowledge of family planning is as high as 100 percent, whereas, it was only 73.4 per cent among female Javanese. The most striking variation about the knowledge of family planning was noticed among the rural and urban Bataks. Among the rural Bataks, only 45.3 per cent of female and 40.4 percent of male have heard about family planning,
while in urban areas, the figures are 91.4 per cent and 92.2 per cent. In the study, variation between rural and urban was also noticed among the respondents who were currently using family planning.

Malhotra and Thapa (1990) carried out an extensive studies on the “Determinants of Contraceptive Method Choice in Sri Lanka: An Update of a 1987 Survey”. The study investigates the various demographic factors that are responsible for influencing in selection of contraceptive choice over socio-economic factors. The research work was based on the data collected in the Demographic Health Survey of Sri Lanka during 1987. Analysis of the data identified demographic and socio-economic factors, total lack of differentials among users of temporary modern and traditional methods and relative dependence of method choice on family life goals rather than socio-cultural differentials as important determinants of contraceptive choice.

Mahmood and Ringhem (1993) presented a paper entitled “Factors Affecting Contraceptive Use in Pakistan” to investigates the role of socio-cultural factors on the contraceptive use among the married women of reproductive age group. The data of Pakistan Demographic Health Survey of 1990-91 was used in this research work. The paper identifies five major factors that affect fertility regulation in the socio-cultural context. These factors are communication between husband and wife, religious beliefs, female autonomy, son preferences and the family planning services and the supply variables. The results of the study indicate that these five factors is significant in affecting the use of contraception in both rural and urban areas.

Gele (1994) in his study on “Socio-cultural Constraints to Family Planning in Swaziland” has analyzed the various factors that act as an obstacle in implementing family planning program and tried to explain the wide gap between the knowledge and practical implication of family planning. Some of the paramount barriers of family planning identified by the
study are (i) High infant and child mortality rate always give birth to the fear to the parents that their children may not survive to adulthood, leading to large family size. (ii) The status of women in Swaziland is always tied with motherhood. (iii) The decision about the family size is rest on the collective decision of the extended family and not on the married couples. (iv) Disapproval of the use of contraceptive by husband is one of the significant barriers in family planning.

Agyei and Migadde (1995) in their attempt to study the “Demographic and Socio-cultural Factors influencing Contraceptive use in Uganda” summarizes that the knowledge about contraceptive is widespread, even among women with no primary education. The attitudes of the respondents are mostly favorable towards family planning. However, there is disparity between the level of contraceptive use and the knowledge and attitude of the respondents. The study also concludes that post primary education, ethnicity, residence, the presence of spouse in the household and discussion about family planning with family members are some of the important determinants of family planning.

Muhammad conducted a study on the “Ethnic Fertility Differentials in Pakistan” in 1996. The study was designed to enquire about the trends and pattern of fertility among different ethnic groups in Pakistan. The study also tried to explore the major causes for the differential fertility behavior. The study highlighted that the Balochi speaking woman had the most children followed by Sindhi and the Pushto speaking women. On the other hand, the Punjabis and the Urdu speaking women had the lowest fertility levels. The study attributes the high fertility levels among some ethnic groups to low level of education, lower age at marriage, higher demand for children and greater value placed on the number of children.

Adengo et al., (1997) investigates why woman of Sahelian community of rural Ghana are reluctant to adopt family planning despite family planning
services are made freely available to them. The striking finding of the study was that the married woman who wanted to adopt family planning does not get social sanction. In Sahelian community, woman and children are treated as the property of the society and their personnel decision about family planning does not stand. Another important result of the study is the prevalence of high mortality rate in the community. This factor adversely affects the contraceptive prevalence rate, because fear of not having children at the end of reproductive life always operates in the minds of the couples.

Bongaarts (1998) research paper on “Fertility and Reproductive Preferences in Post-Transitional Societies” has critically analyzed the causes of discrepancies between reproductive preferences and observed fertility. Three distinct factors; unwanted fertility, child replacement and gender preferences were identified as the most important factors in enhancing fertility relative to the desired family size during the early years of transition. On the other hand, three other factors were identified which influence in reducing fertility relative to desired family size. These factors are rising age at childbearing, involuntarily infertility and competing preferences.

Bulatao (1998) in his paper on “The Value of Family Planning Programs in Developing Countries” has made an attempt to communicate the results and findings of demographic research to policy makers. In this paper, Bulatao has applied a number of approaches to study the family planning programmes to attract the attention of policy makers in USA and abroad. The main objective of this report is to synthesis the relevant research, their outcome and the necessity of funding family planning programme. The report was published by RAND, a non-profit organization that helps to improve policy and decision making through research and analysis.

Addai (1999) on “Ethnicity and Contraceptive Use in Sub-Saharan Africa: The Case of Ghana” has examined differentials in contraceptive use in six cultural groups. These groups are Ga-Adangbe, Twi, Fante, Ewe, Guan
and Mole-Dangbani of Ghana. The data for the research was collected from 1993 Ghana Demographic Health Survey and the sample was consisting of 4562 ever married woman of reproductive age. The result shows that the contraceptive prevalence rate varies with ethnicity. The highest use of contraceptive was found among Ewe (26%) compared to 11 per cent among Guan and 10 per cent among the Mole-Dangbani. The study has also found that more than 50 per cent of the respondents belonging to Twi, Fante, Ewe and Ga-Adangbe have desire for 3-4 children that directly affects the family planning behavior.

Khan and Khanum (2000) in their paper “Influence of Son Preference on Contraceptive Use in Bangladesh” pointed out that the desire for male children result into large family size. The study was based on the 1996-97 Bangladesh Demographic Health Survey, consisting of 6996 currently married women aged 12-49 years, who had only one child and not currently pregnant. The study found that though all currently married women knew about at least one method of contraception, only 57 percent were currently using the contraceptives. Analysis of this finding reveals that the use of contraceptive was significantly associated with the number of surviving children. The use of contraceptive increases with the increase in the number of children, more particularly, with increase in the number of sons.

Diaz et al., (2003) did a comparative research work on “Acceptability of Emergency Contraception in Brazil, Chile and Mexico”. The study was designed to assess the acceptability of emergency contraceptive in Latin America and to obtain information to help design appropriate introductory strategies. The paper reviews and synthesizes the different factors that could either facilitate or hinder the introduction of emergency contraception in these countries. Some of the barriers pointed out by the study are(i) In Chile and Mexico, strong opposition from Catholic Church and political rights adversely influence the introduction of emergency contraception. This was of lesser
concern in Brazil. In Brazil, barriers to emergency contraception would be more related to individual perspective than to social or political factors. (ii) Gender factors affecting woman free decision regarding sexual and reproductive life act as a barrier to emergency contraception. (iii) Legal provision in Chile was perceived as great obstacle for emergency contraception. (iv) Poor health services seem to be one of the major hindrances in adopting emergency contraception.

Stephenson and Hennik (2004) in their research paper “Barriers to Family planning Services among the Urban Poor in Pakistan” highlighted the various determinants that influence the family planning services among the poor woman of Pakistan, both positively and negatively. The research work was carried out through household survey among 5338 woman of reproductive age group belonging to slum areas of six cities of Pakistan. The outcome of the study shows that there is a significant association between the use of family planning and the socio-economic factors of the respondents. The study found that the urban poor are not homogeneous group and there exist socio-demographic variation within the urban poor in relation to the family planning use. The study indicated that the woman of urban poor identified socio-cultural factors as a greatest barrier to family planning services.

Levy (2006) in his paper “Reaching the Goals of Cairo: Male Involvement in Family Planning” discuses the outcomes and challenges particularly associated with involving men in family planning, considering certain demographic, cultural and sociological factors. The paper mentioned that the involvement of male in family planning has positively affected the use of contraceptive and largely it helps in declining the fertility in many developing countries.

Kazi’s (2006) PhD works on “A Study of Knowledge, Attitude and Practice of Family Planning among the Women of Rural Karachi” found that majority of currently married women of reproductive age have some
knowledge about family planning, but percentage of user is not as much high. The study observed that the prominent causes for non-acceptance of family planning measures are desire for male child, fear of side effects, misconception of religion and disapproval of husband and mother in laws for practice of family planning.

Robinson and Ross (2007) in their book “The Global Family Planning Revolution: Three Decades of Population Policies and Programmes” evaluates the family planning policies of the world and tries to provide overall view to the population control programmes throughout the world. The book focuses into the history and origin of family planning programme along with evolution as well as implementation of the policies. The book in details deals with the various family planning policies of Middle East, North Africa, Europe, Central Asia, Latin America, Caribbean countries, East Asia, South Asia and the Sub-Saharan countries.

Boryero et al., (2008) have emphasized the role of ethnicity and race on family planning in their paper “The Impact of Race and Ethnicity on Receipt of Family Planning Services in the United State”. This paper sought to examine the independent effect of race and ethnicity on the use of family planning services and on the likelihood of receiving counseling for sterilization and other birth control methods. The result of the study shows that though there is no any racial or ethnic differences in the overall use of family planning services, yet variation are noticed in the specific types of service received. The study observed that the Hispanic and the Black woman were more likely to receive counseling for birth control than the White woman.

The role of proximate determinants in fertility differentials was discussed by Amin and Teerawichitchainam (2009) in their paper “Ethnic Fertility Differentials in Vietnam and their Proximate Determinant”. This
paper explores proximate determinants of fertility across ethnic groups in Vietnam, based on poverty indicators, location and degree of assimilation of ethnic groups. This study concludes that all ethnic groups in Vietnam have higher fertility rate at all age at marriage relative to the majority of Kinh and the Chinese. Regarding age at marriage considerable variation was noticed among different ethnic groups. The age at marriage of Kinh, Chinese and other minority groups in the south is higher compared to the other minority groups.

A baseline study on “Documenting Knowledge, Attitudes and Behavior of Burmese Refugees and the Status of Family Planning Services in UNHCR’s Operation in Kualampur, Malaysia” was conducted by Sarah Frank in 2011. The study was designed to gather family planning knowledge, attitude and behavior among women of reproductive age group. The result of the study shows that all the adult respondents had heard of family planning, but they have no in-depth knowledge about the methods. There is a strong desire among the refugees for giving space and limiting birth due to difficult condition of life. The most common desired number of children across all groups was three to four children. However, due to lack of proper information on family planning and poor accessibility to the service, there actual family size always exceeds the desired one. Regarding family planning decision, the role of husband is major among the Mon and the Myanmar Muslims, whereas, the Chin and the Rohingya refugees revealed that they take mutual discussion between husband and wife on family planning. Religion acts as a major barrier in adopting family planning among the Rohingya refugees, however no such findings was noticed among Muslim and Christian refugees.

Dehlendorf et al., (2011) carried out a study on “Race Ethnicity and Differences in Contraception Among Low-Income Women: Methods Received by Family PACT Clients in California, 2001-2007”. The purpose of the study
is to determine the proportion of women receiving each type of contraceptive method in 2001-2007. The data for the study were collected from California family PACT programme, which provides free family planning services to low income residents. Analysis of the findings shows that White women, Black and Latinas were unlikely to receive oral contraceptive and the contraceptive ring but more likely to receive injectable contraceptives and the patch. Black women were less likely than white women to receive the IUD, but are more likely to receive barrier methods and emergency contraceptive pills. The study concludes that though contraceptives were supplied freely, yet substantial variation among different ethnic groups was noticed in low-income population.

3.2 Research Studies in India

Not much research works on family planning were carried out in India in pre-independent period. Most of the research works were concentrated on population growth instead of family planning. The first volume of *Imperial Gazetteer* published in 1881 under the guidance of W.W Hunter contains brief discussion on matters such as early marriage, birth rate, differential mortality by sex, religion, rural-urban residences, infant mortality, etc. of India. In 1914, Kamath published a book called “*The Census of India: An Analysis and Criticism*”. This book was based on the census data of 1881- 1911 and discusses many issues of population growth including infant marriage, infanticide, death of women, etc. Wattal (1916) has indicated about the dire consequences of unabated population growth of India in his book “*The Population Problem in India*”. In this book, he suggested the Government of India to adopt the family planning programme to control the unabated population growth. He revealed that 13 per cent of boys and 22 percent of girls of Bihar and Orissa get married between the ages of 5 to 10 year. The burgeoning population problem of India on one hand and the urge to control
the population growth has gradually generated interest to pursue research in the field of family planning. The findings and suggestions of various studies and committees on population growth and family planning carried out both by government agencies as well as by individuals motivated the Government of India to adopt family planning as National population policy in 1952.

As India was the first country in the world to launch family planning, there was no any precedence or experiences of others to follow in implementing or promoting family planning programme. Therefore, heavy reliance was placed on family planning research to guide the programme in right direction. As a result, in post independent period, large number of studies on family planning related to sociological and psychological variables was reported from different parts of the country. It is difficult to enumerate all these studies, but a few are mention here:

During 1951-52, Dandekar conducted a study on “Attitudes towards Family Planning and Limitation” in the district of Poona in Maharashtra. The study has found widespread ignorance among both male and female married couple about the contraceptives. She was of opinion that higher mortality of female compared to male is due to social rather than biological factors. The low status of women with low levels of education and employability and excessive child bearing are some of the major reasons responsible for higher mortality rate among the females.

Chandrasekhar et al., (1951) made an inquiry into the reproductive pattern of Bengali women in Calcutta. The study was aimed to examine the fertility and attitudes of selected groups of female population of Calcutta city toward family planning. The findings of the study revealed that 35 per cent of women had desired family size of three or less than three; 52 per cent are in favour of four or less and 63 per cent opted for more than five or less. The study also found that only 20 per cent of women belonging to lower middle
class and 50 percent of upper middle class had knowledge of family planning and contraceptives. Among 138 women who wanted to control the family size, 62 per cent lacked sufficient knowledge and 27 per cent said that their husbands are not cooperative.

Singh and Wyon (1955) carried out a study and published a book entitled “An Epidemiological Study of the Population Problems in North India”. The main objective of the study was to find out demographic, biological and cultural factors that might affect the acceptability and efficacy of contraceptive programme in rural communities. Some of the key findings of the study are: early marriage of girl’s (13-14 year) was followed by a shorter period of high fertility than the marriage that takes place in later age; 23 per cent of women aged 18-22 years accepted contraception as against 38 per cent of women aged 38-42 year; The average length of abstinence was 5.5 months after first pregnancy and 3.5 months after third delivery; among husbands, 40 percent of the farmers, 24 per cent of the labourers and 47 per cent of others accepted contraception; 66 per cent of the lactating mother accepted contraceptives. The study has also found that the acceptance rate of contraceptives is related to the occupation, more particularly among male than the female.

Sinha (1955) conducted a study on “Differential Fertility and Family Limitation in an Urban Community in Uttar Pradesh”. The objective of the study was to find out the divergences, if any, in the fertility behavior of the different social and economic groups. The study shows that 31 percent of Muslim women have ten or more than ten children as compared to 13 percent women of high caste Hindus. The proportion of Christian women having fewer numbers of children (3 or less than 3) was 28 percent, whereas it was only 5 percent in Muslim women.

Kamat and Kamat (1959) published a paper on “Diet and Fecundity” in the proceedings of the Sixth International Conference on Planned
Parenthood. The objective of the research work was to study the pattern and variability of the menstrual cycle in a group of women finding a correlation between diet and fecundity and determining the period of temporary sterility in the post partum period. The study concludes that inadequate diet in the protein had decreased fecundity by nearly 30 percent among the sample women. They also reported that the average spacing between first and second pregnancies was 26 months in low-income group and 20 months in high-income group.

Poti and Dutta (1960) undertook a pilot study on “Social Mobility and Differential Fertility” under the Directorate General of Health Services, Government of India. The study was done in 600 household selected from twenty-four villages of eight districts of West Bengal. The purpose of the research work was to investigate the association between social mobility and fertility and mortality pattern between rural and urban groups; assessing demographic effects of mobility and studying the group differential fertility with respect to certain socio-economic characteristics. The major findings of the study was that the average number of children born and surviving was highest among those in services, profession, trades, etc. belonging to rural origin. The average number of dead children was highest (358 per 1000) among agricultural occupation.

The United Nation in collaboration with Government of India carried out the “Mysore Population Study” in 1961. The study was undertaken to determine trends in age at marriage over the previous years and opinions regarding the most suitable age at marriage, and to find out the socio-economic differences associated with fertility rate. The study was done in Bangalore city and rural zone and 15000 were interviewed. The findings of the study show that the average age at marriage of girls across the whole section of the society is gradually increasing in last 50 years. Education seems
to be one of the major factors associated with increase in the age at marriage. Religion, caste and such other factors of social stratification acts as a powerful determinants of age at marriage. The work also revealed a close association between working status of married women and fertility behavior.

A research study conducted by Agarwala in 1963 on “Social and Cultural Factors affecting Fertility in India” revealed that states in the south, north-west and the east had a higher marriage age than the rest of the states. The study has found that number of children borne by women in agricultural communities increased with size of land holdings. Prolonged lactation seems to be one of the reasons for low fertility in India. Regarding age at marriage, Christian women had the highest age at marriage (17 years) and the Hindu women had the lowest (12 years).

Gupta in 1965 undertook a study on “Cultural Factors in Birth Rate Reduction” among the rural communities of Etawah district of Uttar Pradesh. Gupta has found that women of high castes and agriculturist preferred larger families (4 to 7 Children) for security in old age and laborers preferred small families (less than 4) because of economic burden. Son preference in both the sexes, irrespective of caste and religion is highly prevalent in these areas. The study concludes that new modes of living, relaxation of purdah system, breakdown of joint family system, and permanent migration to cities with wives were some of the factors responsible for rise in the consummation of marriage and the increasing response to the appeals of family planning.

Anand in 1966 conducted a study on “An Analysis of Differential Fertility” among the women of Chandigarh. The objective of the study was to investigate the role of socio-economic status in the fertility of the women. The findings of the study revealed an inverse correlation between economic prosperity and fertility. A positive correlation was observed between education of women and the average number of children born to them. No
significant differential was noticed between the fertility pattern and different socio-economic strata.

A study on “Socio-economic Differentials in Fertility and Family Planning in Mehrahl Block” was carried out by Nangia in 1969. The purpose of the research work was to study the socio-economic factors in relation to demographic and fertility differentials in a sample of women. The study was also designed to focus on the ideal number of children desired by the couple. The result of the study shows that there was a positive association between age of the mother and the number of the children born to them. It was found that 83 percent of women below 24 years had two or less than two children as compared to 48 percent of women over 30 years who had five or more than five children. Nearly all women had the knowledge about family planning, however not all of them practice it. Economic and health reason seems to be the crucial factors in adopting family planning methods.

Sadasiviah and Rao in 1970 conducted a research project entitled “Study of Antenatal Cases: A Demographic Approach”. The study aims to explore the demographic characteristics of women attending antenatal clinics and studying the association, if any, between the number of living children and frequency of visits to the antenatal clinics. The study has revealed that no relation was found to exist between number of children and frequency of visit to the clinic.

The Demographic Research Centre of Trivandrum, Kerala undertook a project on “Knowledge and Practice of Family Planning in Rural Kerala-1969” in 1971. The main purpose of the project was to assess the knowledge, attitude and practice of family planning and to study its relationship with various socio-economic factors like age, religion, education, occupation etc. The survey was done among 6689 married couples of 94 villages of Kerala. The key findings of the research work shows that 67 per cent of Hindus, 76
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per cent of Christians and 65 per cent of Muslims were aware of family planning methods. The study established that there is a significant association between education and family planning. Eighty four percent of matriculates were aware of family planning as against 50 per cent of illiterates. Sterilization is the most common contraceptives (71%) across all the religious groups.

Gandotra and Das presented a paper on “Fertility Differentials among Contraceptors and Non-Contraceptors in India” in the General conference, organized by IUSSP, Belgium in 1973. The research was based on a sample consisted of 25366 currently married couples of age group 15-44 year. The sample was collected from different parts of India. The study has found that only 14 per cent of the sample use contraceptives. Among the ever use of contraceptives, 33 per cent used terminal method, 22 per cent conventional contraceptives, 6 per cent loops, 33per cent oral pills and 36 per cent non-appliance method. The study also shows that the differential fertility between terminal and non-terminal methods was 19.4 per cent.

Srivastava (1989) in his book “The Family Planning and Population Problem in India” explained that the concept of family planning is comparatively more familiar to the urban people than to the rural areas. In his work, he revealed that though majority of the respondents feel family planning as advantageous, not all of them practice it. The reasons for this disparity are illiteracy, lack of motivation and dissatisfactory methods of family planning.

Kaur(1991) presented a paper on “Knowledge Regarding Family Planning Methods among Rural Women of Faridkot District of Punjab” in the Indian Journal of Behaviour in 1991. The study was carried on 60 married women of reproductive age living in the Kaoni and Assa Buttar villages of Faridkot district of Punjab. The objective of the study was to determine the level of the knowledge about family planning. The result of the research work
shows that 40 per cent of the women used family planning methods for giving proper space between the children’s, 33 per cent to limit family size and 26.7 per cent to cease the childbirths. The major methods ever used were tubectomy (46.6%), followed by condom (26.6%), the loop IUD (13.6%), oral contraceptives (13.3%) and the copper T (13.3%). The study also found that the paramount reasons for stopping family planning were for desire for children (20%), physical discomfort (13.3%) and method failure.

The Ministry of Health and Family Welfare conducted three National Family Health Surveys (NFHS) from 1992 to 2006 throughout the country. The first NFHS-1 was carried out in 1992-93, followed by NFHS-2 in 1988-99 and NFHS-3 in 2005-06. The International Institute of Population Science (IIPS), Mumbai supervised the surveys along with ORC, Macro (USA) and some other organizations. The two most important specific goals of each round of NFHS are to provide essential data on health and family welfare needed by Ministry of Health and Family Welfare (MOHFW) for policy and program purposes and to provide information on emerging health and family welfare services. These three NFHS’s collected and analyzed national and state data on fertility trend, infant and child mortality, practice of family planning, reproductive health, quality of health services etc.

Another important household survey carried by Government of India was District Level Household Surveys (DLHS). It is one of the largest ever demographic surveys carried out in India. The first DLHS-1 was carried out in 1998-99, followed by DLHS-2 in 2002-04 and DLHS-3 in 2007-08. These surveys were conducted to provide estimates on maternal and child health, family planning and other reproductive health services.

In 1995, Chattopadhayay Dutta published a book entitled “Loops and Roots-The Conflict between Official and Traditional Family Planning in
“India”. This book made a critical analysis of various official family planning programmes along with a discussion about traditional methods of family planning. The book discusses the various factors responsible for the acceptance and rejection of official family planning program, origin and history of both official and traditional family planning in India, etc. The book identified the different non-medical and behavioral family planning method into- abstinence, polyandry, and prolonged duration of lactation, coitus interruptus, infanticide, and castration and selective neglect of girl child. Besides these, the book also focuses the different birth control measures described by Indian system of medicine.

Inter-spousal communication is one of the major influencing factors in adopting family planning. Acharya and Sureender (1996) in their work “Interspouse Communication, Contraceptive Use and Family Size: Relationship examined in Bihar and Tamil Nadu” significantly indicates the necessity of good husband-wife communication for the actual practice of contraception to limit or to space births is most essential.

Pathak, et al., (1998) prepared a subject report on NFHS-1, 1992-93 entitled “Alternative Contraceptive Methods and Fertility Decline in India”. The report indicates that no fertility decline can be expected because of lengthening birth intervals. However, increased use of temporary methods by Indian women may reduce the fertility rate. The result of their analysis also suggests that sterilization was not much effective in reducing the fertility rate.

The Asia Pacific Population and Policy (2000) presents a paper on “New Survey Measures Fertility and Family Planning Trends in India” authored by Westley and Rutherford. The paper was based on comparison between the results of First National Family Health Survey (1992-93) and the Second National Family Health Survey (1998-99) to study the fertility trends and preferences and knowledge and use of family planning. In the paper, it was discussed that the fertility has declined considerably from 3.4 in NFHS-1
to 2.9 children. Another striking feature observed in the study was high level of childbearing among young women. Women of age group 15-19 alone account for 19 per cent of total fertility. Regarding the fertility preferences, it has been found that 28 per cent women replied that they want no more children. After having one child, 76 per cent of women want another child as compared to 23 per cent of women with two children. Nearly three-fourths (47%) of all currently married women report that two or three children as the ideal number of children, even those who have more than three children considered two children as ideal family size.

Mishra et al., prepared a NFHS- 1-subject report entitled “Does Community Access Affect the use of Health Services in India?” in 2001. The report mainly focuses on the factors affecting family planning and maternal and child health care services in rural areas of four states with particular attention to the effects of community access to the services. A multivariate analysis of the data shows that community access does not have much influence on utilization of family planning or maternal and child health services, if household and individual level of socio-economic and demographic variables are controlled. The study concludes that the household and individual level socio-economic and demographic factors mostly influence the use of health services and not due to the variation in community access to these services.

Bhat (2002) in his paper “Returning a Favour: Reciprocity between Female Education and Fertility in India” remarks that in the initial stages of demographic transition, it is the education that exerts negative effect on fertility, but as the transition progress, the effect starts to change and it is the fertility level that exerts negative influence on educational attainment of children, especially of girls. In this paper an attempt has been made to established that recent reduction in fertility and the rise in contraceptive levels
in India is not due to rise in the level of education of women, but it is due to the changes in the reproductive behavior of illiterate women.

Das (2002) in her study of “Family Planning Practices of Karbis of Kamrup, Assam” found that 49.32 per cent of Karbis women are acceptors and 50.68 percent are non-acceptors of family planning methods. Among the acceptors, the majority belongs to 25 to 39 year age group, while non-acceptors belong to age group 20 to 34 year age group. The study found that the percentage of acceptors of family planning increases with age. Sterilization (37.84%) is the most favoured family planning devices followed by oral pills (18.93%).

Santhya (2003) discussed the contraceptive use dynamics and the unmet need of contraception in India in his Regional working paper on “Changing Family Planning Scenario in India”. This paper reviews and synthesis evidences from surveys and studies conducted during 1990s. The paper also discusses some of the barriers that hindered the success of family planning in India. The report revealed that 21 per cent of all pregnancies that resulted in live births nationally during 1998-99 are unwanted and unplanned. If all these unwanted pregnancies could be avoided, the total fertility rate would have easily reached the replacement level. According to the findings of the report, the major barriers that act as a hindrance in implementing family planning are limited male involvement, limited informed choice, limited access and availability of services along with poor quality of services.

Dabral and Mallik (2004) conducted a study among the Gujjars of Delhi to assess the knowledge, attitude and practice of family planning. The data were collected from ever-married women of reproductive age from a sample of 558 household. The analysis of the data shows that the knowledge of family planning is almost universal. However, there is a gap between the knowledge and practice of contraception. Three in every four ever-married women have reported to used contraceptive. Regarding the attitude towards
family planning, over 90 percent of the women are in favor of family planning. The primary source of family planning information for the married couple was electronic mass media. The study reveals that nearly three-fifths of the women came to know about family planning methods through electronic mass media. Only one in four replied that they came to know from health professional and one fifth from the relatives and friends.

Mishra (2004) published a paper on “Muslim and Non-Muslim Differentials in Fertility and Family planning in India”. This paper examines differentials and contraceptive use by religion using data from India’s 1992-93 and 1998-99 National Family Health survey. The analysis shows that socio-economic factors are not major factors for higher fertility among Muslims. The study concludes that preference of temporary methods of contraception over permanent methods, preferences for private sectors for family planning services due to privacy needs and greater opposition to family planning among the Muslims are the main reasons for not currently using and not intending to use family planning in the future.

Basu et al., (2004) made a study on “Knowledge, Attitude and Practice of Family Planning among Tribal” in West Bengal. The study was carried out among two tribal population groups namely Santhal and Lodhas of Midnapore district to determine their knowledge, attitude and family planning practices. The findings of the study revealed that the desire to restrict the family size was higher among Lodhas (91.3%) than the Santhals (68.3%). The study concludes that the poor economic condition and associated financial incentives played an important role in influencing the tribal to adopt family planning. Lack of awareness, poverty incentives for undergoing sterilization and convenience were some contributory factors for accepting sterilization than for opting for spacing methods among the tribal’s under study.
Rao and Babu (2005) conducted a study on the “Knowledge and Use of Contraception among the Racha Koyas of Andhra Pradesh” to understand the family planning behavior of the population group. The study was carried out among 252 currently married women of Racha Koyas tribe of Warrangal district of Andhra Pradesh. The study has found that 81 per cent of the women had the knowledge about contraceptive methods. Female sterilization (75%) was the best-known method followed by male sterilization (67%) among the women. Lack of proper knowledge and information seem to be the major reason for lower proportion of women using spacing method. In this study, the role of education and economic condition does not play significant role in determining the family planning behavior of the group.

Sarma and Rani (2009) made a study on “Contraceptive Use among of Central India: Experiences among DLHS-RCH-II Survey” to examine the level of knowledge and use of contraception among tribal women of central India. The data for the study were collected from the District Level Health Survey (DLHS-RCH-II; 2002-04) round two of Madya Pradesh and Chhattisgarh. The sample of the study consists of 50720 currently married women aged 15-44 year. The study reveals that knowledge of at least one method of contraception was almost known to all tribal women. However, a wide gap is noticed between knowledge and actual use of contraception. Only, 42.1 per cent of women were currently using the contraceptive. Regarding use of temporary method of contraception, 56.6 per cent of women had knowledge about any temporary method as against 80.3 per cent of non-tribal women. Analysis of the data shows that knowledge about permanent method of contraception increases with age, whereas, an inverse relationship was observed between knowledge of modern temporary methods and age of women. Sterilization was the most favored contraception adopted by the women. The most significant finding of the study was that most of the tribal women undergo sterilization in their early twenties. The study concludes that
the higher acceptance of sterilization was due to poor economic condition and the financial motives associated with the sterilization.

Char et al., (2009) presented a paper on “Male perception on female sterilization: A community based study in rural India”. The study was conducted in the central Indian state of Madhya Pradesh to investigate how rural men understand and perceive family planning and their views on female sterilization. The study has found that men are interested in acquiring family planning information, but they lack knowledge about the sources of family planning services, which hampers their ability to make family planning choices. Regarding female sterilization, 34 per cent of men reported that their wives had been sterilized. Seventy four per cent of men replied that do not rely on any permanent method, but they want their wives to be sterilized.

Neema and Sharma (2009) made a study on the “Perspective of Family Planning among Youth of Jabalpur City, Madhya Pradesh, India”. The main aim of the study is to observe the extent of awareness towards family planning measures among the college girls belonging to other backward class category of Jabalpur city. The result of the study revealed that the girls have positive attitude towards family planning, but there is lack of knowledge regarding various issues of contraceptives. This can be concluded from the views that 41.6 per cent of girls thinks that contraceptive cannot be use during breast feeding. Around 17 per cent of girls believed that use of contraceptive can cause adverse effect on the physical beauty of the body. Regarding the knowledge about family planning, 97 percent of girls have heard about contraceptives and 95.8 per cent girls are aware of female contraceptive devices. Among the contraceptive, 36 per cent of girls preferred oral contraceptive as the safest family planning measures. More than 90 per cent girls are in favour of two child norms and 96 per cent of girls mentioned that there should be one male and one female child.
In 2011, Kumar et al., carried out a study to examine the causes of significant decline in fertility rate among the couples living in both rural and urban areas of Uttarkhand, India. Result of the study revealed that 72 per cent of the married women below the age of 30 years used contraceptives as against 28 per cent of married women above the age of 30 years. As a whole, 46.8 per cent of the respondents adopted family planning to limit the size of their family. Some of the major causes for developing favorable attitude towards family planning are less income but high expenditure, good upbringing of the children, maternal and child health, to impart good education, for high living standard, etc. Regression analysis of the data established that membership of women organization, educational and professional desires for the children etc are positively associated with family planning use.