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THE ROAD TO CONTRACEPTION: MODERNIZATION

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Modernization refers to a process of transformation of traditional societies through new forms of technological, structural and organizational changes that affect the social as well as the demographic behaviour of men and women. In other words, modernization is a term that describes the course of a societal process and is used currently for the understanding of social affairs. It is this interface between various reflections of modernization and reproductive health behaviour that is attempted in the lines below.

Background and Context

Many researchers in the past recognized the importance of modernization as a factor influencing the adoption of contraception, but interestingly they relegate it as a background variable along with urbanization and industrialization. They were uncertain whether its contribution is one of causation or correlation. To them, modernization was important not only due to its assumed intrinsic value and significance, but also because of its influence on the quantity and quality of women's work. Moreover, the more exposure women have to urban centers, the more likely they are to have modern thoughts. This seems more realistic to accept. Nevertheless, urbanization continues to lack conceptual attention and the nature of its contribution to modern thought remains unquestioned and unexamined.

Antrobus[1] and Mahadevan[2] explicitly place their efforts in the context of the impact of modernization on individuals and have therefore been interested in attitudes, values, opinions and beliefs in relation to the population, thereby concentrating on the social and psychological approaches to the study of family planning. They found that modernization is concerned with the formulation of family size goals and consequent adoption of contraception. Following this, paradigm-setting studies by Mahajan[3] and Murthi et al.,[4] conceived of modernity as a pattern of psychological characteristic related to societal modernization. The principal assumption is that of a causal relationship between modernity and family planning. If contraceptive behaviour is to be explained, argued Kabeer[5], studies must include those of individual personality traits that form a part of modernization. To do this, cultural and religious values, political-structural effects, perception of community and resources and personality traits, as they interrelate and cohere, are central to the programme. Modernization, of course, receives a priority in the

conceptual scheme as it permeates dimensions of individual, society, culture, development and technology.[6] Not only that, these studies are convinced by the pervasive impact of modernity as a coherent syndrome of personality traits. Accepting the patterns of weak correlation and inconsistencies, they nevertheless concluded that experiences with social and political institutions do in fact have considerable impact evidently producing their effect through influence on the modernity of attitudes and values. Mahadevan and Sumangala[7] concluded that value orientations intervene between position in the social structure and contraceptive behaviour, while status is more closely related to actual fertility decisions. But many studies indicated that transition from high to low level fertility is mainly because of extensive use of contraception, resulting from urbanization and modernization.[8] They also concluded that modernization successfully establishes its importance in explaining the differentials in the contraceptive behaviour. An example comes from Kidwai's[9] study of women in the Indian society. He sought to determine the role of values and attitudes related to fertility, and presumed that a cluster of attitudes both exists and coheres, which may be appropriately termed modern. His analysis showed that both value orientation and socioeconomic status can be related to fertility goals and contraceptive behaviour, although not all the findings are statistically significant and the difference between modern and intermediate women are quite slight.

Modernization is directly related to socioeconomic status; in fact, there is a direct reciprocal relationship with contraceptive behaviour. Researchers seem generally aware of this, and as a result tend to use status or class rather interchangeably with educational attainments, exposure to the outside world, and improved access to the urban centers, often oversimplifying and confusing the issues as much as advancing their resolution. Indeed, this confusion between modernization and contraception, and socioeconomic status, and the common lack of specification is certainly a principal failure in much of literature. Modernization and urbanization contribute increasingly to status or class, although its full equivalence is more often assumed than demonstrated. In addition, role of modernization in reproducing the social structure from generation to generation has direct influence over contraceptive behaviour. Nevertheless, an attempt is made at estimating the effects of modernization on contraceptive behaviour in this paper.

The Study

As the demographic transition is underway in most of the states in India, the case of Tamil Nadu has been of interest to researchers and policy makers as it is often considered an anomaly of the demographic transition theory in the recent past. In demographic terms, Tamil Nadu has reached the last stage of transition, though there has been debate as to the exactness of the fall in fertility as evidence of social change. Facilitation and propagation of a society's development entails

the prevalence of strongly interconnected favorable factors like education, occupation, income etc., that initiate a sufficiently strengthened socioeconomic growth. It has often been granted that persistent socioeconomic growth is likely to get underway only after suitable patterns have been established with respect to status of women and their participation in the community developmental activities and the like. However, many of the concomitants of socioeconomic characteristics contribute to a microscopic view of socioeconomic development. Also, the socioeconomic backwardness, associated with various economic and cultural circumstances, deter the pre-requisites to the growth of a society. These individually or cumulatively govern the reproductive behaviour of the couples, consequently impelling them to decide the options among the alternatives available to them regarding their decision to limit their family size.

Tamil Nadu, one of the major states of India was considered as the study area. Multi-stage random technique was used in the present study for selecting the households between August 2000 and February 2001. At the first stage, the ranking of the Districts according to the association between the level of development and performance of family planning was carried out. Based on the performance of various developmental programmes, two contrasting regions were formed - one with low performance in the developmental programme (labelled as the Less Developed Region) and other with high (labelled as the More Developed Region). In a similar way, two contrasting Districts, Blocks, Primary Health Centers (PHCs) in the selected Districts and the Villages in each of the selected PHCs were also selected in the second, third, fourth and fifth stages respectively. A complete list of all the households in the selected villages was prepared and the list was further pruned on the criteria of selecting households in which eligible couples (wife age was 15-44 years) with a minimum of one living child exist. An equal proportion of 600 each from the Less and More Developed regions were chosen from the list of the total households. This way a total sample of 1200 households was chosen at random from the selected villages of both the regions. An interview schedule designed specifically for the study was used in collecting necessary information from the selected respondents. Generally, couples (both husband and wife) were interviewed together.

Making Changes: Adopting Technology

The effects of technology on society are so pervasive and widespread that it has led some researchers (Dasgupta, 1983; Mahajan,1986; Sharma and Dak, 1989) to believe that it is one of the single most important source of social change. Technological advances in the farm sector also brought widespread changes in economy. The agricultural technology that led to significant consequences is considered to be of three types: biological, chemical and mechanical. Biological innovations in agriculture such as improved seed varieties tend to increase

production; chemical innovations such as fertilizers, insecticides and pesticides promote production and reduce production loss; mechanical innovations help in faster seed-bed preparation for multiple cropping, timely irrigation and quick threshing (Dasgupta, 1983). The green revolution, now over two-decades old, has proved a turning point in the modernization of agriculture. But, variations and differences in the adoption of modern agricultural technology seen in the regions is mainly due to the prevailing diversification of economy.

In the survey, the respondents were asked about their views on using agricultural implements in the agricultural sectors. The study categorizes the respondents into two: landholders and landless. Over a quarter (25.7%) of the landholders in the MDR stated that they use modern agricultural technology to increase the yield from the land as compared to only about 12 per cent of their counterparts in the LDR. That is, with the introduction of the modern technology, there is a corresponding spurt in activities connected with secondary and tertiary sectors of the economy, especially in the MDR. Further, the constraint in the spread of the green revolution is the concentration of developmental efforts among farmers in the MDR where considerable infrastructure facilities like credit institutions already exist. On the other hand, slightly more than one-twelfth (13.2%) of landless respondents in the MDR as against only seven per cent in the LDR are of the view that introduction of modern agricultural technology improves the production and substantially increases the yield. On the contrary, more than two-fifths (42.6%) of landholders in the LDR as against over a quarter (26.1%) of their counterparts in the MDR viewed that the traditional methods are much better than modern one. They further added that using modern agricultural technology has led to a widespread scramble for grabbing unearned gains. According to a few respondents in both, the regions (8.5%: LDR; 7.5%: MDR), moral values, the .sense of social responsibility like reducing unemployment and underemployment and social practices are at a discount owing to the use of modern technology.

The religion-wise analyses also clearly indicate that over two-fifths of landholders among Hindus (41.7%), Muslims (42.8%) and Christians (43%) in the LDR as against nearly one-third of Christians (32.6%) and over one-fifth of Hindus (24.2%) and Muslims (21.5%) in the MDR preferred mainly tradition bound techniques as it is based on centuries of old practices. They viewed that the nature of inputs, emphasis on purchased inputs and indivisibility of certain inputs like tractors and tubewells also made the new technology biased. The insufficient institutional credit as compared to the total costs of inputs, inaccessibility to the credit, complex bureaucratic formalities, rigid lending procedure and similar factors made it impossible for them to accept modern agricultural implements, particularly in the LDR. On the other hand, almost an equal proportion of landless Hindus (6.2%), Muslims (8.3%) and Christians (9.4%) in the study areas preferred traditional methods. This is mainly because the existing socioeconomic constraints

remain functional under the religion-class politics that play all sorts of dubious means. So, considering the constraints of a given socio-political framework, there is a need for normative socioeconomic approach to support modern technology.

Technology and Contraception

Modernization is the process by which individuals change from a traditional way of life to a more complex, technologically advanced, and rapidly changing style of life. In this study, it is noted that modernization at the individual level corresponds to development at the societal level; so development is a kind of aggregated modernization. Development is a type of social change in which new ideas are introduced into a social system in order to produce higher per capita incomes and levels of living through modern production methods and improved social organization (Rogers and Svenning, 1969). In the present study, the adoption of modern agricultural technology is studied as one of the indicators of a changing life style; whether the new idea in agriculture would promote use of family planning measures. That is, the adoption of both modern techniques and contraceptive measures has similarities because both are the resultant of modern technology aimed to improve the quality of life. That is, the adoption of modem agricultural techniques increases the agricultural produce while the adoption of family planning measures decreases the size of a family and ensures better standard of living.

In the study as a whole, over one-fifth of the non-adopters in the study regions use modern technology for agricultural purpose. The region-wise analysis shows that the proportion of land owning non-adopters in the MDR, who use new technology in the agricultural field is as high as 27.6 per cent as compared to only 11.2 per cent among their counterparts in the LDR. In contrast, a majority (43.5%) of landholders among the non-adopters in the LDR as compared to 25.3 per cent of those in the MDR prefers traditional methods due to their nature of dependency on farms for their livelihood. This forced them to perform all the operations of farming and hence preferred to do such tasks by increasing more hands. However, an equal proportion of land owning non-adopters in the study have stated that they use both traditional and modern technology for the agricultural operations and they are of the view that prevailing work practices have also undergone significant changes as a consequence of adoption of new technology. A few landless non-adopters in the study regions (8.2%: MDR; 8.5%: LDR) prefer traditional techniques for agricultural purpose. It may be that adoption of new technology increasingly pauperizes them and they prefer to join the rank of the labor. On the contrary; about eleven per cent of the landless non-adopters in the study supported the view that the introduction of new agricultural technology demonstrates the capacity to solve food problems amidst mounting population pressure and out stripped the population with the emergence of a new thinking among both farmers and laborers in the form of a decision to control their family size due to increase in the

unemployment and disparities. However, almost an equal proportion of the land owning and landless non-adopters of all the study religious groups in the LDR do not support the modern technology due to their religious practices. They quoted that introduction of new technology exerts a formidable influence on the employment situation in the farm sector. According to them, the multiple cropping and intensive agriculture makes it necessary to mechanize certain operations, which in turn displace both human and animal power to certain degree.

Among the adopters, on the other hand, of far greater importance are the changes that occurred in the traditional class relations and agrarian structure, the changes that led them to adopt contraceptive measures. In fact, these changes are the result of undue emphasis placed on the technological solution to the population problem by adopting family planning measures. The region-wise data show that the new technology is tilted in favor of areas and groups endowed with better quality lands, assured irrigation facilities, more developed infrastructure and better resources. This is stated by slightly more than two-fifths (41.5%) of the land owning adopters in the LDR who use traditional method as compared to over a quarter (26.9%) of their counterparts in the MDR. On the other hand, almost an equal proportion of landless adopters in the study, who preferred the traditional method are of the view that an increase in the number of children would not solve the need for labor in the agricultural field. They further added, "today's children are unwilling to work in the agricultural field because uncertainty exists in the agricultural activities. So we ourselves tell them not to get involved in the agricultural work and we force them to get into non-agricultural activities where they can earn constant income unlike the agricultural field." This may be one of the reasons why they have adopted family planning measures. But, one-fifth of the adopters expressed that in due course, the gains of new technology would percolate down to the poor regions and group. Conversely, over a quarter (27.2%) of the land owned adopters among Hindus and Muslims (30.7%) and less than a quarter (22.8%) of Muslims in the MDR as compared to an equal proportion of their counterparts in the LDR stated that they prefer traditional methods. They are of the opinion that adopting modern agricultural technology would lead to unemployment problems and erase the traditional practices. Considering these factors and problems of growing unemployment in the use of modem technology, they decide to limit their family size by adopting family planning measures. In contrast, slightly more than one-eighth (13%) of landless adopters among all the study religious groups in the LDR as against almost an equal proportion of Hindus and Muslims and 16.2 per cent of Christians in the MDR preferred modern agricultural techniques. Though they viewed that modern techniques would improve production and increase the yield, they have a traditional way of thinking which reflects the French population Myth and European population experience of the *problem of having more number of children with less wealth'. These ideas led them to think about the negative consequences of partitioning their

wealth into more portions and hence a considerable amount of them adopted. In addition to this, it is observed from the field that majority of the respondents quoted, "when we are born we did not bring anything and while going away from this earth also we are not going to take back anything from the land. As long as you live in this earth do your 'karma' and die and whatever knowledge you have share it with your children but do not increase the number of children by giving birth to many more. That will certainly harm your family".

The religion-wise data show that the introduction of modern agricultural technology is said to be responsible for quickening the process of economic polarization and promoting social tensions and antagonism between different agrarian classes and it is perceived differently by the adopters among all the religious groups in the study. It is high among the adopters in the MDR – Hindus (32.3%), Muslims (35.1%) and Christians (42.7%) as compared to their counterparts in the LDR - Hindus (18.8%), Muslims (18.4%) and Christians (19.8%). They elaborated that individual characteristics as well as the characteristics of innovation like family planning, influences the adoption process. The innovations that are easily and quickly adopted tend to be those with relative advantage over previously established ones and a source of clear gain to the adopter. Second, individuals need to possess awareness, interest and motivation to try it, and have the skills to appraise its utility and finally a conviction to adopt the innovation.

Settling Welfare: Technology and Cultural Change

The logistical signifies the acceptance of a complex, technologically advanced, and rapidly changing style of life. The adoption of modern technology as a combination of an individual's knowledge, attitudes and beliefs, and behaviour constitutes a favorable mental set toward change. The perceived change is higher among the landholders in the MDR than their LDR counterparts. That is, the MDR respondents recognize that their environment is changing, and that it is important for them to seek an understanding of these changes, rather than rely on traditional means of coping with problems. The logit results further reveal that there exist differential levels in the relationship between adoption of modern agricultural techniques and contraceptive use among the two regions under focus. Only in the MDR, whose socio-economic status is higher than the LDR, the association between adoption of modern agricultural techniques and contraceptive use is found to be significant ($P<0.05$). However, the adoption of both the modern and traditional technique by the landless mostly depends on socio-cultural settings of a society. This is significant at 0.10 level in both the study regions. The predominant pattern of use of traditional techniques in the LDR is driven by the concept of fate. Such belief is necessary for the individual to favorably consider the adoption of welfare measures as a likely means for improvement of one's life situation. This is shown high significant among only Christians in the LDR ($P<0.01$) compared to their

counterparts in the MDR (P<0.05). It may be that the ambience for adopting modern techniques emerged from innovations in the field coupled with receptivity to new ideas and diffusion of Family Welfare Programme. These led to desirable changes in reproductive behaviour by using contraception. This approach bears a similarity to the beyond-family welfare policies that encourage acceptance of the small family norm, and leads to adoption of contraception. That is, family planning is adopted due to changes in the total environment rather than due to a government family planning campaign alone, as noticed in the LDR.

On the other side, the landless adopters, irrespective of their region and religious groups, who preferred both the methods have shown significance with contraceptive behaviour (P< 0.10). In fact, a family planning programme seems to be most successful wherever relatively modernized individuals are found, even in the LDR. However, the association between adoption of modern agricultural techniques and adoption of contraceptive behaviour is stronger in the MDR (P<0.05) than in the LDR (P<0.10). Thus, the adoption of modern agricultural techniques acts as a strong force for modernization and use of family welfare measures. It encourages the individual to adopt many new ways of life. But, this antecedent modernizing factor cannot alone change the society in the long run. Hence, the analysis indicate that an individual's perception on controlling one's life, rather than by destiny, is a core element in the adoption of modern techniques in agriculture as well as the adoption of family planning.

New Horizons: The Politics of Difference

The adoption of a liberal-democratic framework is not something new to Indian society and survives with many challenges since its adoption in the constitution. Along with the progress that society has made in various fields, cracks of a varied nature have also appeared in the system. Further, the system is increasingly subservient to those who control land and capital, and who have power and strength. The irony is that this political process and social system, which are deep and fundamental in the society, have failed to be taken adequately into account. The policies of Indian political parties are based on one or other of the ideological frameworks. This section attempts to study the views of the people towards the political process and its influences on their contraceptive behavior based on the shifts in the parameters of the existing socio-political paradigms.

The inclination of the respondents in the study areas towards politics is reflected in their responses to the question "Does the political process contribute to development?" Two-fifths (40.9%) of the respondents on the whole stated negatively that they have lost faith in the functioning of the political process. This is reflected in almost an equal proportion of the respondents in the study (38.8%: LDR; 42.7%: MDR). They further added that the political system failed to bring out changes and the changes that were brought into the society in the past were never the same in its

totality, because the changes in the process and its conditions, both subjectively and objectively, are so very different. Among them, one-eighth (12.6%) of the respondents added that they are disgusted with present politics and are full of contempt about the whole political process as the political leaders visited only at the time of elections and made empty promises on a number of things. In contrast, nearly two-thirds (59.2%) of the respondents are of the view that the political process is a positive movement. Among them, over one-eighth (13.6%) of the respondents perceived that the existing system empowered women as against nearly a quarter (24%) of them who stated that the political process promoted the health and family planning services in their villages. Furthermore, over a quarter (28.2%) of the respondents are not interested in participating in the elections because they have lost faith in the political parities and its nature of development.

Religion-wise analysis also shows that the politicians and political parties brought alternative strategies in the political system. Among the study of religious groups, almost an equal proportion of Hindus, Muslims and Christians expressed negatively that they have lost faith on the political system, as they believe that it professes false ideologies. Over one-third (34.4%) of the Hindus and two-fifths (38.5%) of Muslims and Christians viewed positively that the political process is 'authoritative' for empowering women and improving health care services in their villages, in particular and, region in general. Thus, the 'political modernization', among the study religious groups, is taken as a process whereby a society becomes increasingly aware of itself, its identity and aspirations, and seeks to concretize its awareness into practice by seeking equivalence with other societies. This does not exclude the ideas and processes of societies, but highlights the fact that all such ideas and processes must meaningfully relate to the needs, resources and aspirations of the society. On the other hand, an equal proportion of Hindus, Muslims and Christians agree that the political process has helped partially in implementing the developmental programmes in their regions. However, they question today's political system that fails to fulfil their needs, resources and aspirations, irrespective of level of development.

It is observed that there are wide differences among the religious groups (33.1%: Hindus, 28.4%: Muslims and 32.5%: Christians) in the LDR, who put forward that political process is an 'implementing organization' as compared to their counterparts (15.2%: Hindus, 13%: Muslims and 7.4%: Christians) in the MDR. They expressed faith in the political system, which would succeed in transforming the society, in terms of political, economic and technological changes, to improve the standard of living of the people. Overall, this reveals the tendency of those in the MDR to wait for the changes through political strategies that are important for social change to occur. In the case of the LDR, the existing social structure, and political instability might have directed them to have less faith in the political ideologies.

The Function of Polity in Use of Contraception

In general, economic retrenchment in the regions is accompanied by a resurgence of political conservative ideologies regarding women, their reproductive behavior and health, and their rights. Also, conservative values about reproductive health behavior and gender roles restrict the social roles of girls and women, perpetuate their subordination, and control their reproductive behavior in ways that paradoxically make women even more vulnerable to unwanted sex and to unwanted children. The political conservatism, along with stringent economic conditions, block sex and reproductive education programmes, contraceptive information and services for young people, and female education and employment. These conditions also prevent the adoption of a comprehensive approach to women's health that is genuinely responsive to their needs, enables them to manage their own health effectively and ensures their ability to exercise their basic rights.

In the study as a whole, a half (50.3%) of the non-adopters in the MDR as against over a quarter (26.8%) of their counterparts in the LDR are of the view that the existing political system promoted the health and family welfare services and empowered women in the society. These positive outcomes are supported by nearly one-third (31.3%) of the non-adopters in the LDR as compared to eleven percent of their MDR counterparts, who perceived the political process as an implementing agency of developmental programmes and an 'authoritarian' to bring about 'core development' in the society. However, the non-adopters among the various religious groups (29.2% of Hindus, 25.4% of Muslims and 28.9% of the Christians) stated that the political system failed to deliver the social welfare goods. Their bitter experiences and partiality in receiving health services kept them away from receiving family planning services from the government sector. This ultimately led to a higher proportion in the non-adopting status category in the LDR (24.7%) as compared to their counterparts in the MDR (18.1%). About fifteen per cent of the Hindus as against 9.7 per cent of Muslims and. 8.6 per cent of Christians in the MDR revealed that they still hope the political process would bring justice and equality in the developmental goals. Moreover, in the age group 35-44, the cross-section analysis reveals that over one-fifth (21.4%) of the non-adopters from both the regions stated that the occurrence of the Emergency period in the country thrust control on the population growth on some of their neighbours who were aged 35 and above at that time. These women largely belonged to the low socio-economic conditions and were forced to undergo sterilization under political pressures. Following the sterilization, they faced a lot of health problems. That is, the women presently in the age group of 35-44 often heard from these older persons about the negative impact of family planning methods and thereby discouraged these women from adopting any method. That is, the 'excesses' committed during the Emergency period', which still continues in society may be one of the reasons for the younger age groups to be dissuaded from using contraception of any kind. In addition, lacking the confidence and ability to influence the electorates, politicians often cede responsibility to the bureaucracy for administration of the programme. This

devolution of responsibilities creates problems of its own; the programme tends to be rigid, of poor quality and ineffective.

In the study, over two-fifths (41.2%) of the adopters viewed the political process negatively. Among them, over a quarter (28.5%) of the adopters have lost faith in the political process due to the political parties' ideology and nature of development and one-eighth (12.7%) of the respondents added that they repelled by the present politics and, scorned the whole political process. However, over a third (35.6%) of the adopters in the MDR as against only eleven per cent of their LDR counterparts perceived that the current political process and its relation to development factors improved health and family planning services in their villages. They added that the existing political system made them aware of 'population problems like unemployment and underemployment, food and water scarcity etc., as well as avoided looking closely at the distribution problem. Even those who object to certain family planning methods for religious reasons sometimes find it easier to influence people with the fear of risks than with the fear of God. It is also found that religion influences people's attitudes towards family planning, and the choice of family planning methods acceptable to them. It is important that health workers respect people's religious beliefs. In general, it is observed from the field that given the political system and the socio-economic disparities, couples are not interested in bearing more than two children, irrespective of their religious beliefs. They viewed it better to avoid having a large family size and falling in to the track of poverty and hunger profiles. However, an almost equal proportion of the adopters among the study religious groups (Hindus: 23,5%; Muslims: 22.2%: Christians: 20.3%) stated that participating in the political process would not yield any fruitful outcomes due to the political instability, continuing socioeconomic constraints and growing religious disparities. These consequences encouraged them to adopt family planning measures to control their family size. On the contrary, over a third (33.8%) of the Hindus, the Muslims (38.9%) and the Christians (37.8%) held the view that the political system improved the status of women and the health and family planning services in their villages. They further stated that improvement in the political process has led to the availability of family planning measures.

On the other hand, over a quarter (27.5%) of the total non-adopters stated that they have no faith in the present day political process and, over one-eighth (12.7%) of them added that, they were disgusted with politics and expressed contempt with the whole political process. Overall, two-fifths (41.2%) of the respondents are of the view that the political process is a negative outcome of development. This is because the political parties and their leaders emphatically state that birth control is a weapon used by the powerful to control and regulate the poor. They insist that large families are a response to poverty, not the cause of it.

One of the non-adopters, aged 44, in the LDR said,

> "...if our family size were cut down, upper class people would kill us and treat us with inhumanity. So unless we have our population we cannot come up. For

instance, in our village, 20 years back we were totally backward and landless. We worked like a donkey in the backward community's land, but they have not treated us equally because we are untouchables".
and, "now we have sufficient number to fight for the equal rights", he adds.

A respondent in the MDR expressed

"... politics strongly influences attitudes toward family planning. Health workers and community people can disucss these matters. But the health workers will need skill in leading such discussions and in raising delicate questions without causing great offence. Holding practice discussions during training may help prepare them".

He added

"it also may help to invite political leaders to take part in the discussion". But he emphatically states, "if possible, this should be a person who respects and defends the political rights of the poor and who works toward social change".

One of the non-adopters, aged 36, with schooling upto 10th standard, who had three children stated reasons for her non adoption of contraception and explains that during the period when she was forced into sterilization,

" there were no good family planning clinics. Not only that, the clinic people would do it nicely for the rich people, but in the case of poor, the health workers did not bother about it". No politician dares to speak out on the issue for us...."

That is, the political process, which is under the control of the dominant class, is not a result of structural development but it is that of heterogeneity and a need to achieve power, even within a superficially homogeneous cultural group, by different means and for different reasons. It clearly reflects that every homogenous group only discourages its own people from adopting the family planning measures in order to perpetuate their own community.

Political Ideologies of Coring

The logistic analysis reveals that the politics of population points out that the size and growth of population are essential determinants of power and economic strength. Despite its poor performance, non-governance and political skepticism is replaced by the politics of family planning. The fear of over population surfaces from time to time and, severely disturbs the even tenor of faith in politics as a defense against aggression. On the other hand, one issue dominates regions' economic, political and social policy landscape: poverty. Because of the nature of the political system, political leadership can not ignore the pressure of poor. The presence of this vast mass determines the region's politics, as also to a large extent, public policy in the fields of development strategy, the system of political

representation, and the family planning programme. Over a quarter of the respondents stated that they have lost faith due to the complex political system, which fails to accelerate social development. This ultimately questions their day to day survival and forces them to adopt family planning, which shows significance at 0.05 level, irrespective of the development of the region. One-eighth of the respondents expressed disgust with the political system due to its creation of discrepancies ($P<0.10$), which pose serious problems for the region's polity, in general, and for family welfare programmes, in particular. The stress and strains that this diverse democratic polity places on region should not be underestimated. This is reflected by its significance at 0.05 level for the Hindus and the Christians in the study regions, whereas the Muslim groups, who are definitive about the reduction of family size, show varied significance in the study (see Table-1). This reflects their sensitivity to the impact of a growing population on the quality of life of the people. Confronted by measures intended to weaken the influence of religion upon the masses, they expressed a tendency to use the fertility regulation programme.

On the other hand, the electoral groups perceive fertility control as reducing the political status and leverage of the majority community. Moreover, the religion and religious propaganda do have considerable impact on the adoption of family planning and they impinge on its acceptability. It becomes an acute problem, particularly when the political and economic interests of these groups diverge. In a situation like the LDR, there is an increasing demand for affirmative action to improve access to education, employment and other sectoral development. For all these, political influence is of critical importance. Political support makes implementation of the fertility regulation programme much faster. The political process is frequently resisted by the people it is designed to reach, a situation that makes people feel insecure and forces them to adopt family planning measures. These disparities in the political system are indicative of the problem as well as the direction of the solution; they are sources of evidence when the LDR have to implement family planning. Not only that, the aspirations of various religious groups have a major bearing on their attitudes toward fertility control programmes. Given the balance between politics of family planning and reproductive behaviour, political compulsions and electoral politics favor active support of the family welfare programme.

Thus, it is understood from the above analysis that political transition has an impact on demographic transition from high level birth and death rates to low level birth and death rates by adopting small family norms. Each religious group eventually looks upon economic and social development and accelerates the developmental politics till family planning programme makes its progress.

Rethinking: Community and Collectivism

There are manifold community developments in the working of democratic polity, which involves faith in the capacity of the structure to cope with the

Table -1
Logistic Regression Coefficients of the Effect of Selected Variables on Contraceptive Use according to the Regions and Religions

Adoption of Agricultural Implements	LDR				MDR			
	Hindus	Muslims	Christians	Total	Hindus	Muslims	Christians	Total
By Land Holders								
Modern Methods	0.063	0.095	0.176	0.137=	0.1 35=	0.1 04=	0.038=	0.075=
Both Methods	0.171	0.009	0.031	0.063"	0.011	-0.072	0.224	0.048"
Traditional Methods	0.076=	0.144=	0.071=	0.036"	0.034..	0.1 03=	0.1 26=	-0.01 8=
By Landless								
Modern Methods	-0.257	0.569	0.118	0.214~	0.321	0.124	0.012	0.211=
Both Methods	0.178"	0.128"	0.171*	0.624"	0.154"	0.694=	0.416"	0.147"
Traditional Methods	0.007	0.091	0.001	0.364	0.455	0.471	0.143	0.166
Views on Political Process								
Negative Views Lost faith in Politics	-0.210"	0.112	-0.299"	-0.300=	0.25=	0.1 37#	0.027=	-0.073"
Disgust with Politics	-0.093	0.120	0.108	0.019	0.086	0.177	0.106	0.118"
Positive Views Empowering Women	0.042	0.076	0.134	0.097=	0.123	0.054	0.156	0.045=
Partial Implement agency	0.206	0.027	0.081	0.046	0.112	0.003	0.115	0.134
Imp Health Service	0.053	0.048	0.050	0.136	0.067	0.098	-0.063	0.110"
Frequency of Visits to Urban Center								
None	-0.355	-0.586	-0.545	-0.306	-0.389	-0.202	-0.246	-0.271
One	0.337	0.623	0.467	-0.428	0.310	0.436	0.333	-0.237
Two	0.323#	0.504	-0.314=	0.474	0.289*	0.379*	0.367=	0.362*
Three and above	0.287#	0.557	0.362=	0.347"	0.209°	0.193"	0.216=	0.178=
Purpose of Visits to Urban Center								
Econo-nic	0.240	0.058	0.120	0.144	0.063	0.469	0.028	0.249
Medical	0.1 76=	0.237=	0.010"	0.012"	-0.108"	0.246"	0.158"	0.202
Social	0.254~	0.183~	-0.013~	-0.1 24=	0.354 *	0.328#	-0.045*	0.332"
Entertainment	0.064*	0.104*	-0.143"	0.139"	0.118#	0.108*	1.002*	0.060=

= Significant at 0.05 level ~ Significant at 0.10 level # Significant at 0.08 level
.". Significant at 0.01 level

gigantic socio-economic problems facing the household and society and, a confidence in people's participation in the community meetings. But, there are also efforts to use the representative institutions in accordance with the known norms and practices as laid down through the fundamental rights of the people and a concern for the establishment of equality in terms of the parameters of the directive principles of state policy. The ideals of liberty, equality and justice - social, economic and political - enshrined in the preamble of the constitution are few of the parameters of community development that can be enlarged in a variety of ways. For example, through universal adult franchise, strengthening of people's participation through the democratization of the administrative machinery, the introduction of the Panchayat Raj system and so on. In the survey, the dimension on participation in community meetings is assessed by asking the respondents; when there is an event or a problem in the village, do you express your views or decision regarding the issue in the community meetings?

The enlarged frontiers of participation in the community development is reflected in the participation by two-thirds (67.4%) in the last election of Panchayat (DSO, 1998-99). But, over a half (53.3%) of the respondents participated out of self-interest with the aim of de-escalating socio-economic equality in their villages. This is reflected in. the wider social sphere efforts to reduce patterns of inequality in wealth and power, introduction of land reforms in the LDR (57.5%) and checks in monopoly practices in the MDR (49.1%). That is, participation in the community activities should lead the society towards an egalitarian social order, say the respondents. These statements are supported extensively by the various religious groups in the study regions. The present socioeconomic status and political development in the villages are, in fact, not only tending to increase economic disparities and inequalities, but also creating ominous links between those who control economic power and those who control political power. Over one-third of Muslims (34.8%) and an equal proportion among the Hindus (42.2%) and Christians (40.5%) expressed this, irrespective of their regions. The result is that possession of wealth and power by whatever means is increasingly becoming more important and the poor, on the whole are becoming irrelevant to the functioning of the political system, except during the meetings when attempts are made to buy them for a small price. These thoughts are echoed by over one-eighth (14.9%) of the respondents who participated in the community meetings, largely influenced by partymen and incentives offered. Thus, the present system as one leading to cut-throat competition among the rich for more power, caste orientation and wealth, and consequently neglecting the poor and barring them from raising fundamental issues that threaten their villages is explained by almost an equal proportion among the adopters (29.4%:) and the non-adopters (31.7%). This resulted in keeping themselves out of the political discussion at local meetings.

On the other hand, almost an equal proportion of the adopters (44.7%) and non-adopters (39.5%) in the study regions expressed the view that the political leaders who essentially wield large economic and political power are the ones who in reality benefit by the various welfare schemes and it has not really reached the common man in their community. The lob-sided utilization of the welfare schemes seems to be the main reason which keeps these people away from knowledge and adoption of contraception. But, irrespective of the causes, hopes and confidence in the constitutional system, people are expecting more from both the local and state government, and they have begun to be equally skeptical about its ability to satisfy their demands as well. However, there are no wide differences observed among the non-adopters of the study religious groups.

Imbalances in power and resources between the regions as well as political conservatism have parallels in societal circumstances and in the imbalances of power between men and women in virtually ever society. However, political conservatism recognizes that social norms and values, beliefs, and institutions transmit powerful – although often confusing and contradictory – messages about the reproductive behaviour. Through the process of socialization within the family and society, individuals absorb these messages and learn what is acceptable for women and men. Beliefs subordinate women in their reproductive behaviour and produce a culture of silence regarding reproductive behaviour. Moreover, these values generally foster discrimination against women in access to education, employment and political power. Because women are often excluded from decision-making in the community sphere, policies and programs are identified through a lens of gender inequality and patriarchy. According to women respondents, politicians and bureaucrats rarely give priority to women's needs as women define them. It is noted from the field that few women categorically expressed statements like, "who interprets everything? It is the men, and they see what is advantageous to them", says a LDR resident. "But, women always put children and men first on their agendas", tells a MDR woman.

New Sights: Visits to Urban Center(s)

The advancement of civilization broadened the dimensions of the impact of visits to urban centres from primary activity to secondary and tertiary. The impact began to have influence on other walks of life as well. Now-a-days visits have begun influencing the economic, social and political activities at the place of destination. Although the place of destination becomes the main center of economic, social and political transformation due to the increase in frequencies, other areas like the place of origin and intervening areas are also affected. In general, frequent visits not only change the way of life of the concerned persons, but also become the subject of change. However, more frequent visits exert their influence distinctly, especially on welfare programmes. In the present study, it is analyzed by asking

the respondents: have you ever visited any nearby urban Centre? If so, specify the frequency of visits to such urban centres in the last three months.

Among the total respondents, nearly a third (29.5%) of them have visited the nearby urban centre(s) more than three times in the last three months. They stated that increased visits helped them establish social links and imbibe modern views, which might have resulted in adoption of contraceptive measures, utilization of effective land use and improved environmental conditions of their regions. In contrast, more than one-eighth (15.3%) of the respondents who never visit the urban center(s) stated that the urban scene is the casualty of a callous and reckless disregard of natural resources and unceasing presence of crime. In addition, over a quarter (27.5%) of the couples who had visited once quoted a devastating indictment of a society ostensibly pledged to human dignity and physical quality, that discouraged them to visit the second time. For trite and disturbing reasons, they prefer to be in the village. This may jeopardize the couples from interacting with the welfare programmes. In other words,

> "....a human city is a livable one. Livability reflects a state of mind. The environment, particularly the urban environment, is increasingly man-made, and therefore definitely mirrors the collective state of mind of the people. It also reflects the ambitions of a society just as it reflects the failures of social values...' (Otto, 1969).

However, religion-wise data show that majority of the Hindus (59.3%) and Muslims (50.1%) and Christians (62.4%) who had visited urban center(s) more than twice explained that religion is giving way in its ideology and its orthodox views from controlling the couples from visiting urban centers. In contrast, over one-fifth (21.2%) of Muslims as against only one-eighth (12.3%) each of Hindus and Christians stated that their respective religions does not permit them to visit the urban center(s) due to its outburst of modem attitudes. Variations are seen within the religious groups between and across the regions. This reflects that even readily available family planning measures need to be compatible with the existing values and past experiences. That is, new ideas are more readily adopted if there is no restriction from the religious practices.

Visits to Urban Center and Contraception

It is generally asserted that although the cultural and emotive ties of the couples lie in their villages, they maintain close and continuous links with nearby urban centers by visiting them quite frequently. These close and continuous links are significant as they may motivate the visitor's effort to develop urban ties and a desirable level of social participation, particularly adopting family planning.

Among the non-adopters, as a whole, nearly one-fifth (17.4%) of them have not visited a nearby urban center in the last three months. This is less in the MDR

Table -1
Logistic Regression Coefficients of the Effect of Selected Variables on Contraceptive Use according to the Regions and Religions

Adoption of Agricultural Implements	LDR				MDR			
	Hindus	Muslims	Christians	Total	Hindus	Muslims	Christians	Total
By Land Holders								
Modern Methods	0.063	0.095	0.176	0.137=	0.1 35=	0.1 04=	0.038=	0.075=
Both Methods	0.171	0.009	0.031	0.063"	0.011	-0.072	0.224	0.048"
Traditional Methods	0.076=	0.144=	0.071=	0.036"	0.034..	0.1 03=	0.1 26=	-0.01 8=
By Landless								
Modern Methods	-0.257	0.569	0.118	0.214~	0.321	0.124	0.012	0.211=
Both Methods	0.178"	0.128"	0.171*	0.624"	0.154"	0.694=	0.416"	0.147"
Traditional Methods	0.007	0.091	0.001	0.364	0.455	0.471	0.143	0.166
Views on Political Process								
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(12.5%), but in the LDR it is as high as 22.3 per cent. This shows that people do not have a link with urban centers and have become immune to the pull from their own land. On the other hand, nearly two-fifths (39.1%) of the non-adopters in the LDR who visited more than twice in the last three months stated that the life in the urban center is difficult, problematic and couched in uncertainties. Further, economic factors contribute to their compliance about their destiny in the villages. The fact that they are drawn to the urban areas primarily because of the hoped-for economic advantages does not mean that their motivations in subsequent behavior to use welfare measures are necessarily economic in nature. Similar views are expressed by 32.5 per cent of the non-adopters in the MDR who visited urban centers) more than three times. Thus, it is true that a modern urban society and its values offer maximal economic rewards to those evincing highest mobility. But, the religion-wise analysis show that the Muslims, in general, compared to Christians and Hindus are less likely to have visited nearby urban centers owing to their religious practices, and customs and beliefs that women should not come out. This indicates that the numerous social milieus are unevenly distributed among the various social strata of the population. The role of informal and unwritten religious norms and social customs may have been responsible for the creation of a stereotype among the respondents in terms of non-acceptance of family welfare measures.

In the study as whole, over a third (33.9%) of the adopters who visited nearby urban center(s) more than three times in the last three months stated that the respondents' continuous link with urban centers) resulted in the adoption of modern family welfare measures. This shows that an increase in the visits to the nearby urban center(s) has a significant bearing on the social participation such as family planning programme. For such purposes reveal the true nature of the emotive ties in improving the quality of life and their subsistence level in their native regions (MDR: 33.4%; 34.4: LDR). Sharp differences are revealed except for the fact that the contacts generated by economic factors are found more in the LDR (17.4%) as compared to their counterparts in the MDR (8.9%). The summated analysis of the frequency of contacts suggests that the typical rural nature for the country-bred whose lifeline is centered on the economic factors, due its hunger and poverty, oscillates between family welfare measures and regional developmental factors. However, there is a wide variation among the various religious groups' data under the study (38.8%: Hindus; 33.5%: Muslims; 41.4%: Christians) who visited the nearby urban center(s) more than three times in the last three months. They stated that they acquire adequate information about the existing social welfare programmes. It is high among the MDR and LDR adopters. In other words, the urban networks and their functional vigor seem to be a counteracting force against fissiparous tendencies by discouraging and challenging the traditional customs and encouraging the use of welfare measures.

From the above analysis, it may be concluded that an increase in the frequency of visits to urban center(s) encourages the couples to adopt family planning measures and it is predominately high in the MDR. Hence, the frequency of visits to urban centers is one of the causal factors for accepting the small family norm through adoption of modern family welfare measures.

Settling Welfare: Is a Cultural Change?

In the logit analysis, however, it is noticed that relatively consistent (more than three) visits to urban centers is interrelated with adoption of family planning in the study ($P<0.05$). Evidence from the logit analysis reveals that significant number of couples do not depend on the urban centers for their existence. This is observed from the absence of visits in the last three months. On the other hand, cultural patterns and religion may have a greater control over the frequencies although the commonly accepted idea of the rural-urban dichotomy enjoys too little consensus as far as it concerns those who oppose these visits. This shows negative beta coefficient (one or two) in both the study regions (Table-1). However, it is not logical to hold that the frequency of visits (more than three and above) has not led to adoption of contraception in the case of Muslims, despite its positive beta coefficient. The impact may be due to the assignment of reasons on religious grounds and, it is particularly true in the LDR. In the case of Christians, it is too frequently assumed that the correlation between frequency of visits to urban center(s) and contraceptive behaviour represents a causal connection between the two, which is significant at 0.05 level. The established relationship between frequency of visits to urban centers and contraceptive behaviour is evident for the Hindus in the MDR ($P<0.05$) and a sparsely settled relationship is shown for the same group in the LDR ($P<0.08$).

Thus, frequency of visits, which provide multiple opportunities to the couples, is obvious in its relation to adoption pattern in the study. On the other hand, the importance rests in the recognition that family planning innovations are inevitable adjuncts of urbanization and must be taken into consideration in understanding it. Thus, comprehending the urban center as sufficiently detached from society and culture to warrant as a separate object, have unintentionally inflated the rural-urban concepts with extraneous cultural elements. Hence, to argue that the increased importance of the visits to urban center(s) is the influence of both physical and social environment upon societal and individual behaviour would remain important facts to use of family welfare measures.

Just Framing: Purpose of Visits

Man's environment interrelationship is a dynamic feature (Gold, 1980). Man lives in its environment, which is a total milieu in terms of its physical, biotic and cultural attributes. Man is an active actor in this milieu who according to his

capabilities, desires and activities makes an attempt to adapt himself to the environmental conditions prevailing in a particular region. In this way, urban exposure is an important factor for the adoption of small family norms, being largely influenced by the newness of the environment and its lifestyles and thoughts. It is expected that those who usually visit urban center(s) are likely to be exposed to various issues that occur in the society, which directly or indirectly helps them to adopt such issues in their life situations. As a matter of fact, couples act upon their environment through their perceptions and cognition – the internal mental process by which individuals sense, perceive, interpret and make decisions about their environment" (Gold, 1980). That is, it is presumed that visits to urban center(s) could incline the couples to develop 'modern views' and also encourage accepting modern birth control methods and small family norms. This process has produced a unified paradigm of their environment relationships. In this regard, the family welfare programme, which is one of the modern programmes for the welfare of the people, is expected to be influenced by the nature and extent of urban exposure to the couples.

It is observed in the study that the gradual inclusion, in general, of visits by people of remote and poorer regions to the urban center(s) suggests that their visits are for selective purposes. The decision to visit urban center(s) are mostly by the better educated, and those who are in non-agricultural occupations. In the LDR, visits to urban centers are predominantly by the male. However, the distance the visitant must travel and the nature of his/her educational and occupational skills may be the factors influencing the nature of visits; although a majority in both the LDR and the MDR visit urban center(s). It may be noted that the villages in the LDR are mostly devoid of basic facilities, provision of stores, health centers etc., and thereby the villagers even for their basic necessities have to depend on the nearby urban center(s). In contrast, the selected villages in the MDR have basic facilities like provision of stores, clinics, schools etc., in the same village. Due to this, people in the MDR depend on the provisions available in the same regions and therefore, their visits to nearby urban centers are mostly for those that are not available in their region. Here, the present study categorizes the factors of visits to urban centers as economic, social, medical and entertainment factors.

In the study regions, one-third (33.9%) visit urban center(s) mainly because economic reasons, that is for better prospects in their occupation. The LDR respondents - as high as 40.3 per cent - revealed that visiting urban centers for occupational purposes is their main consideration, but in the MDR they constitute only 27.6 per cent. It may be that the landlessness or inadequacy of land or low yield from the lands makes it difficult for the respondents to maintain their families and hence search for non-agricultural occupations outside their villages. Also, the attitude of the people might have changed and they generally advise their family members to earn money by migrating to urban centers. That is, the desire for

improving their economic status also compels the LDR study population to move out to urban centers. But, in the case of the MDR (27.6), a difference of 12.7 per cent compared to the LDR (40.3%) may be due to the flourishing conditions of the village cottage industries, which is providing job opportunities to the MDR respondents. Not only that, this reduction may have been rendered by the starting of small-scale industries in their region, which encourages the MDR villagers to have adequate employment opportunities in the non-agricultural sectors in nearby urban centers. The development of transport and communication influences the MDR population remarkably unlike the LDR where the transport facilities are very few. This facility also decides the volume and direction of the visits, thus reducing the physical distance to the urban centers. On the other hand, over a third (34.6%) of the respondents in the study regions (33.7%: LDR; 35.5%: MDR) stated that they visit urban center(s) for medical purposes. It is presumed that those who visit hospitals or clinics would get an exposure to family planning measures and advice from the doctors, which may influence their adoption of contraception. Thus, visits to the hospital for different health purposes are one of the major factors that can make individuals accept modern family planning methods. This is noted from the respondents' views in both the study regions. It is noticed that younger generations do not like the old social customs owing to their attraction towards the new modern life of the urban centers. They prefer visiting new places or watching movies or getting information from radio and other audiovisual aids as sources of entertainment. They try to get out of the clutches of their traditional customs and adopt new ones and this is reflected in the responses of 16.5 per cent of the respondents in the study regions. The religion-wise analysis shows that the visits to urban centers for entertainment is noticeably high among the study religious groups in the MDR as compared to their counterparts in the LDR, where only one-tenth of Muslims as against more than one-eighth of Hindus and Christians did visit the same. However, there is not much significant difference found in other factors among the study religious groups within and across the regions.

Although most of the factors are considered to be economic, the role of social factors cannot be considered less significant. Social customs, traditions, etc., also induce people to visit their relatives in other places. In the LDR, social conditions remain more tradition-oriented, while the MDR villages present mixed social conditions of tradition and modernity. This is because in the MDR, generally people belong to different cultural backgrounds and different religious groups in the same village.

Windows of Opportunity: Purpose of Visits and Social Welfare

Further to the frequency of visits to urban centers, the purpose of visits that couples make fulfil their needs. Visits to urban centre(s) fulfil their basic necessities like provision stores, health center visits, entertainment and socialization. In this

regard, the family planning programme, which is one of the modern programmes for the welfare of the people, is expected to be influenced by the nature and extent of urban exposures of the couples. It is presumed that the purpose of visits to urban centers could influence people to develop modern views and also encourage them in accepting modern birth control methods. Because these visits are likely to provide them with the knowledge of various developmental programmes and interaction with their relatives and concerned officials, it might influence them to accept small family norms.

The non-adopters in the LDR remain so orthodox and rigid in their traditional social customs and norms that they dislike any sort of deviance from it. This is reflected in the LDR data compared to the MDR. However, the religion-wise analysis shows that nearly one-fifth (17.6%) of the Muslim non-adopters are controlled and guided by religious principles as compared to the 14 and 16.2 per cent of the Hindu and Christian non-adopters respectively. It is because people are compelled socially and morally to follow the traditional religious customs and manners that they have not exposed themselves to new practices. But, an almost equal proportion (16%) of the non-adopters belonging to the various religious groups in the study reveal that even if facilities like family planning are available, they are reluctant to accept and hesitate to use their methods because they fear admonition and disapproval from elders, relatives and fellow villagers. They added that they also feel very inhibited to this of enjoy recreational facilities like the cinema theater, parks etc., within their villages; this particularly noticed among the LDR respondents. However, when they visit urban centers, they become relatively free from social inhibitions and enjoy the facilities. But such visits are rare. This may be one of the reasons why non-adopters do not accept the modern welfare measures.

The data reflects the change in the perceptions of the respondents on various aspects. Previously, people used to arrange marriage of their sons and daughters within villages so that they can move easily. But, development of transport and social interaction do not confine them to their regions now, but instead move out of their villages and visit various places. As a result, they visit their relatives in different places where such meetings would expose them to the modern ideas by interacting with their relatives. This is seen less among the adopters in the LDR (27.3%) than the MDR (34.8%). However, almost an equal proportion of the adopters among the various religious groups in the study pointed out that due to their visits to recreational places, they have become more conscious about a comfortable and luxurious life. This consequently led them to control their reproductive behavior by adopting family planning measures.

A respondent aged 24 having two children in the LDR stated,

> "I did not know any method even after having two children, because these children were born at home. But I visited the hospital to get treatment for my second child and it was at that time that the nurse told me to give a gap between the second and third one. When I visited the second time, I decided to go in for a permanent method of contraception".

Another Muslim respondent in the LDR stated,

> "I delivered my first baby at the Government Hospital in Kanniyakumari. I saw the poster illustrating 'few family planning measures' and gave a thought about having a small family. I discussed with my husband about the IUD and now I am practicing it".

One of the respondents from the MDR stated,

> "While I visited my relatives I came to know about the sterilization method which is a permanent solution for controlling the family size and one can enjoy intercourse without any fear. On her advice, I took a decision to adopt sterilization. Now I am totally free from fear and tension".

Frequency and purpose of visits to urban centers, in reality the transition from a purely rural community to an urban one, is not abrupt but gradual, from an open farm through a small settlement of agriculturists to a slight admixture of a few non-farming pursuits. Each visit to the urban center may be associated with many differential characteristics in other than agricultural phenomenon. There is no absolute boundary line, which would show a clear-cut cleavage between the less developed and more developed societies. Increase or decrease in the number and purpose of visits to urban centers correspondingly show qualitative differences in their positive or negative correlation with the adoption of contraceptive measures.

Creating the Welfare: Towards a Constructive Measure

Prescriptively, the influence of urbanization has shifted attention and activity away from ritual observances and sacred learning to the fields of popular culture and the arts (Singer, 1958: 379). This shift carries with it a shift in values from those predominantly connected with religious merit to those of mass entertainment and fulfills the purposes. The rate of change from old forms of life and work to new ones, ruthless as far as traditional values are concerneds gives rise to many complex and baffling social problems. As a way of life, the small family norm is becoming universal. The acceptance tends to be a steep in the MDR than it is in the LDR. For instance, visits to urban centers for medical purposes is found to be significant in the MDR ($P<0.01$), followed by the visits to urban center mainly for entertainment ($P<0.05$) and socialization purposes ($P<0.10$). The visits to urban center are complicated by the fact that there is no sufficient industry to relieve labor market pressure and are shown to be insignificant. On the other side, the strong current of unemployment among the LDR population impels them to find jobs outside the villages. Visits to urban centers for economic advantage means the use of labor to raise the real incomes. But, the monotony and their involvement

in their economic activities often resists their motivation in practicing the family welfare measures (Table-1). Thus, it becomes evident that economic benefits accrued by visits to urban centers have not encouraged couples to adopt family planning techniques. Nevertheless, medical visits ($P<0.05$), social visits ($P<0.05$) and entertainment ($P<0.10$) has a positive correlation with family planning adoption in the LDR. The process of adoption of family welfare measures earned a kind of freedom while doing so, as these visits to urban centers, makes him/her sacrifice his/her own ideas and become somewhat urbanized and the process adopt contraceptive measures. In other words, the return from the urban centers would favor some critical thinking and hence, indirectly, build a new welfare phenomenon in the family.

The purpose of visits varies widely and the beta coefficients vary among the religious groups in the study regions (see Table-1). It suggests that the extent to which a religious group may visit urban centers on the basis of the type of requirements have a natural influence on contraceptive behaviour. The study found that visits to gain medical benefits is significant at 0.05 level among the study of religious groups within and across the regions. But visits for other purposes of urban influence do not have vivid effects. While the influence declines for the religious groups in the LDR: for social ($P<0,10$) and entertainment ($P<0.08$); it closely maintains in the MDR: for social and entertainment ($P<0.05$). That is, the process of diluting the old social system or religious practices rendered the lines between requirements and needs more distinct. Hence, the visits to urban centers for positive reasons such as health would initiate the adoption of family planning methods and recognize this form of differentiation as a force affecting social behaviour and a social opportunity for manifesting contraceptive behaviour.

Conclusion

The transit from traditional to modern views is evident in both the study regions, driven by a drastic change in the mental perceptions of the society. The resultant of the transition is the adoption of contraception. The profound changes in the human mind - changes in the trade, finance and technology - is a core dictum in the prescriptions of management pundits and is a catch phrase for politicians of every stripe. It also involves the integration of the reproductive measures of the economy through trade, technology, new labor skills and knowledge or exposure. The modernization processes have in turn led to the emergence of a new politics that require the construction of new kinds of social and political institutions which will create a real space for the articulation and mobilization of intended use of reproductive health measures. This new politics is an affirmation of the state as an instrument of genuine women's empowerment.

The concept of modernization as a solution to social and ecological problems is increasingly identified and mobilizes the local and indigenous development

potentials hitherto hidden. For instance, the frequency and purpose of visits provide innumerable opportunities for the couples intentionally to acquire understanding on family welfare measures and consequently practice them. But visits for economic purposes do not result in the adoption of family planning and hence it is evident that use of welfare measures is not necessarily economic in nature. That is, modernization is based on the principle that capital should be facilitated to make maximum profits. Modernization tends to mediate all relationships and to impose upon culturally developed values a new point of reference, namely reproduction. The result is a development of a society and cultural health. Hence, modernization has become a crucial arena of social life today. It is therefore an arena of serious contest. Culture has become technology under the influence of transnational capital. The technology and politics modified themselves to generate an uncritical acceptance of the present system and the enthusiastic adoption of welfare measures. Modernization in this age, therefore, becomes a weapon in the hands of women to promote welfarism.

NOTES

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