

SOCIAL CHANGE IN TAMIL NADU LACKS CREDIT IN PROMOTION OF CONTRACEPTION

As the demographic transition is underway in most of the states in India, the case of Tamil Nadu has been 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 favourable factors like education, occupation, income etc., that initiate a sufficiently strengthened socio-economic growth. It has often been granted that persistent socio-economic growth is likely to get underway only after suitable patterns have been established with respect to housing, education ages, occupation, living patterns and the like. However, many of the concomitants of socio-economic characteristics contribute to a microscopic view of socio-economic development. Also, the socio-economic 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. Nevertheless the article examines the promotion of contraception and its level of social change and, its associated behaviour.

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. At 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 Centres (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 between August 2000 and February 2001. 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.

Schooling of Women: Women's Issue

Schooling is usually regarded as a synonym for education, and the two terms clearly share a large degree of overlap. Kenneth Richmond says, "schooling is a tangible process, embodied in institutions: it has its 'outward and visible signs', whereas education corresponds rather to an 'inward, invisible grace'. In other words, schooling is one among a number of social agencies concerned with the process of education. That is, education has connotations of expanding people's mental horizons and 'leading them out' of ignorance. Literacy may indeed open up people's social world through newspapers, books, reading and communications (Jeffery and Basu, 1996: 19). However, John Rohde puts it this way, "schooling has connotations of discipline, of training to a particular way of seeing the world" and it has semantic significance. Any educational process, whether formal, non-formal or informal education must prepare people to function as productive members of society. For education to be effective, education must be life-long, community-based and oriented to the real-life experiences of the students. Fundamentally, any educational system must transmit an empowering value system and a vocational component to the next generation.

In the present study, it is hypothesized that more the years of schooling girls have, the higher is their exposure to various issues related to family planning and ability to control. Their reproductive behaviour and adopt contraception. In the study regions, over a half (51.4%) of the women respondents have not attended schooling and they are illiterate. More than one-eighth (15.5%) of women have completed only 3-5 years of schooling. Though a slightly more than one-eighth (13.2%) of women in the MDR have at least ten years of schooling, they constitute only eight per cent in the LDR. Despite the low level of literacy, differences in the number of years of schooling suggest that there has been progress in each level of schooling within and across regions. For example, while only seven percent of women in the age

group 40-44 has attended 3-5 years schooling in the LDR, the corresponding figure almost doubles (14.8%) for those in the MDR. However, the pattern changes for the age group 20-24 i.e., 25.6 per cent of women have completed at least high school and above in the MDR as compared to only nine per cent in the LDR did so. This is because under the influence of modernization, traditional values such as religious practices, value oriented cultural norms and societal attitudes towards women are changing. That is, the schooling of girls in this context assumes growing concerns. The changes in the MDR society are noticeable in their modes of living, social behaviour and a general increase in the spirit of acquisitiveness of the people. In this region, the peasants' mental outlook and physical environment have been transformed from traditional norms and bounds. These changes form a way of life, a means of providing oneself with subsistence to improve the quality of life. The pace of change is at a reasonably expected level in the MDR as compared to the LDR.

The differences are also observed to be wide among the religious groups in the research areas - due to its differentials in norms, practices, and so forth. The religion-wise analysis reveals that the percentage of women who are illiterate is twice as high among the Muslim women (57.9%); the corresponding percentages for Hindus and Christians are 51.4 and 44.8 respectively. Overall, high illiteracy and less number of years of schooling is high in the LDR. The reasons might be non-enrolment, their absence from schools or their failure rates when they attend. Besides, economic constraints such as lack of financial support for fees, books and uniforms as well as the family's need for girls' domestic and farm labor at home. Also, it is noted from the respondents that long distances between home and school and non-availability of institutions affect the schooling of the girls. Besides economic considerations, other societal factors limit female participation and success in schooling. These include parental attitudes against the probable influence of modern thoughts through schooling, which according to them will have a negative impact on the life of the girls. It is observed in the research areas that decisions about girls' schooling are usually part of their parents' strategies and gradually become socio-cultural practices of the local community. In general, girls' own decision on schooling is minimal due to tradition-bound learning and cultural factors. On the other hand, there are differences in schooling rates among religious groups. An almost equal proportion of women (Hindus: 13.2%, Muslims: 14%, Christians: 13.2%) have completed 6-8 years of schooling in the study regions. Those women, who have completed ten years of schooling, are less common among the different religious groups in the LDR than those of the MDR. This implies a

high dropout rate among the females during schooling years. That is, women are not expected to continue with high schooling after receiving certain level of education, as they have to be trained for future roles in the family. This eventually means preparing the girls for marriage on attaining puberty. Also, a staunch belief among the parents that a rightful place for girls is the household resulted in dropouts from schooling.

Schooling and Women: Perspectives of Contraception

There is a strong *prima facie* for believing that increase in schooling is responsible for the decline in fertility and adoption of contraception. Among the non-adopters, nearly a half has not attended school, irrespective of their regional and religious backgrounds. The dominant reasons could be economic, almost always spelt out in terms of girls being a source of help in the family. However, the percentage of women who have completed middle school is nearly twice in the MDR (17.2%) when compared to the LDR (9.5%). This reflects that majority of the non-adopters is in the younger age group and irrespective of their differentials in socio-economic class could complete high school. Only a few (12.8%) attribute the non-use of family planning measures to the existing stringent social customs and imposing cultural practices. It is observed from the field that respondents perceive schooling as pointless and even harmful for women and that it would make women unmarriageable. The respondents in both the regions (LDR: 8.3%; MDR: 12.4%) who are educated upto the middle level schooling placed more emphasis on the greater opportunities in non-household activities and the change that has been marked for girls. That is, the acceptance of high schooling is a part of one's own individual attributes, not his or her family's status, or even moral reputation. The changes in the process are noticed among the non-adopters belonging to different religious groups. Over a one-eight (14%) of the non-adopters among the Christians have completed the high schooling; the corresponding percentages of the Hindus and Muslims non-adopters are 8.8 and 10.6 per cent respectively. Significantly, very few people expressed that female schooling is contrary to morality.

Among the adopters, over a half (54.2%) of them do not have any schooling experience, and differences between the MDR and the LDR's study population that have attended only 3-5 years of schooling is minimal (26.2%). This clearly is an evidence that the fertility enhancing effects of schooling of women is not strong in societies like Tamil Nadu, where the third phase of demographic transition is taking place (i.e., birth and death rates are low). As the process continues, the fertility reducing effects gradually

overtake the schooling rates, irrespective of development of a society. The percentages of women adopters, who have completed ten years schooling is twice as high in the MDR (13.9%) as in the LDR (7.5%). Further the study reveals that even increase in the women's schooling does not tend to break down the existing social practices and cultural barriers. As a result of the diminished costs associated with fertility regulation, the motivation to adopt a method lowers the demand for children. Those with better schooling i.e., ten years of schooling and more are likely to adopt contraception. The evidence is clearly shown in the MDR. A congruent equation is very often drawn between illiteracy and ignorance. To eradicate illiteracy and ignorance, more elementary schools have been established in the MDR villages since independence and establishment of schools over the last three decades owes much to the ideology of the independence movement, which assumed that schooling is essential for women. In addition to, Panchayat Councils have played a vital role in the spread of schooling. These external attitudes and strategies towards educating the female children have increased women's access to schooling as well as education. But, this is largely missing in the LDR even today. However, there are large variations among the religious groups with respect to the level of women's schooling. The percentage of women who have minimum ten years schooling is highest (16.4%) among the adopters belonging to Christianity, followed by eight per cent each among the Hindus and Muslims. This highlights that Churches not only provide schools but also compel compulsory school attendance for female children. Other Christians, who have not undergone formal schooling, answered that they are characterized as unrefined and suited only for agriculture due to their economic backwardness. They are regarded as immobile and as requiring help from others in any unfamiliar environment. They are considered to be clumsy, careless and unsystematic. Moreover, in the study population, those who expressed concerns regarding schooling are largely the Muslim adopters, who have doubted the morality and value of schooling for women. In general, the differences in responses between the religious groups is due to somewhat higher proportion of the women expressing concerns that schooling is expensive for girls and free mixing of sexes is not permitted by the society. Thus, in general, the variations accounted by religious groups for the increase in the years of women's schooling might have persuaded them indirectly to regulate their fertility by adopting contraceptives.

Risk and Insurance: The Challenge of Women's Schooling

The statistical relationship between women's schooling and contraceptive

use is not strong even after controlling religion and regional factors in the present study. For example, the logit analysis shows that (Table-1) women who have had more schooling are more likely to adopt family planning measures. Women's schooling seems to correlate with their adoption status measures. Even after controlling the effects of these confounding factors, there are variations between regions and religions with regard to the minimum years of schooling required before the statistical effect on contraceptive use is noticeable. It is found that primary and middle level schooling is inadequate with the mystical effect not appearing until women have experienced minimum 12 years of schooling in the LDR ($P < 0.05$) and 10 years of the schooling in the MDR ($P < 0.05$). The effects of minimum years of schooling may provide a measure of legitimate access to some public places because secondary schools are often located in market place or towns. This provides license for school-going girls to move around the places freely in a manner that would be frowned upon in the case of girls not attending schooling. Thus, schooling can provide information about the available welfare facilities and improve the standard of living as well.

On the other hand, a question arises, 'why do the respondents of the LDR require more years of schooling to show their inclination towards the acceptance of family planning?'. The researcher is not skeptical about the schooling or education, which is also a crucial variable in quantity and quality to improve the overall condition of life. Middle schooling - even if five or eight years of schooling are completed - may not leave sufficient 'knowledge or information' about welfare measures so much so that the learning in childhood lasts into adulthood. It may have effect on literacy and functional knowledge, and support the local needs. That is, the single-teacher, one roomed primary or middle level schooling may provide fruitful learning experience in terms of socialization, but it has no particular effect on welfare contexts in both the study regions. A common argument has been that a few years of schooling has an impact on reducing fertility by adopting contraceptive measures and, literacy may be brought about through adult non-formal education. Assuming that young fertile women are either already schooled or that they are not the prime target of adult literacy programmes or campaigns then raises a question on how schooling might have influenced the adoption of family welfare measures. Not only that, for those with less than 10 years of schooling, syllabus or curriculum does not cover any issues that reflect welfare measures. So, schooling and education need to be developed in context to remove ignorance and provide the ability to see things rationally and relevant to the aspirations of those it aims to serve. Further, a few years of schooling lead to an increase in fertility solely as a result of changes in the natural fertility.

On the other hand, the study regions have witnessed that over a half (51.4%) of the women without schooling (or having less than 2 years of schooling) adopted family planning measures. The fact that even without basic literacy considerable improvement in the health and demographic situation suggests the urgent need of women to fully control the reproductive behaviour and intention to terminate childbearing through use of contraception. Although the differences between regions are small, there is a slight tendency for the proportions intending to terminate their fertility to be a little larger among those of the MDR women ($P < 0.01$). This reflects that the extent and effectiveness of contraceptive use vary directly by years of schooling. On the other hand, the cultural identity of the people of these regions has long been shaped by the society. This says, the bush school is still an important educational milestone for girls, particularly in the LDR, and may serve as an initiation and access to any of the welfare benefits and training the society can offer. Though some women went on to secondary schooling and above in their lives, a vast majority of the young women entered into marriage while doing their primary and middle level schooling. It is particularly true in the LDR. It is divulged that the direct influence of religion creates the tendency for the beginning of family formulation and awaits the end of education. The differences are seen among the religious groups in the research areas. Given the considerable variations in the parameters examined here, the relationship between schooling and adoption of contraceptive measures is not static.

Thus, the differences in contraceptive use between those who did not attend and those who did 10 or more years of schooling, is attributable not to a difference in intention, but rather to a greater disposition among those with more years of schooling to adopt family welfare measures, provided they do not want to have more number of children. Between those who do and those who do less than high schooling, on the other hand, there is a large difference in the significant proportion using contraception. This is caused not only by substantial differences in intention-specific use but also by a substantially less disposition among those with less number of years of schooling who are represented as intending to terminate the childbearing and adopt contraceptive measures.

Schooling of Men

Education is deeply embedded in the social institution and may be considered to be the level of social transformation. It is intrinsically intertwined

with the development process and constitutes the instrumentality of the modernization of tradition (Morris, 1990). But, unnatural mixtures of moribund tradition and spurious modernity are thus concocted in the Indian society with inherited beliefs that the boys should be educated and given importance. This is reflected in the study area data, i.e., majority (63.6%) of the men has attended at least primary level schooling in the study regions. But the region-wise data show vast differences in primary schooling and high schooling. This reveals that the socio-economic base of education in the regions is extremely narrow. Its gates are closed to the vast majority of population. Such segments of population, wherein economic and social deprivation are combined with each other found it almost impossible to enter the educational institutions, especially in the LDR. Not only that, it is observed that many young men referred to schooling as a mismatch between education and employment and the negative correlation between the growing unemployment and higher education made it disgusting for them to take schooling. Education is often understood to be inappropriate for generating future income and therefore largely irrelevant to their lives. So, there is a need to reduce regional disparities in the spread of education so as to make its beneficial to all population of the study regions.

Secondly, it is important to widen the socio-economic base of educational system through programmes of protective discrimination as well as proper incentives, so as to reduce and ultimately eliminate the differentials between the lower and elite classes, between the regions as well as between men and women. The inequities in the sphere of schooling are no less sharp for the religions. As against the share of about 64 per cent in the total study population, the share of Christians in the schooling is high (64.5%) as compared to that of Hindus (62.1%) and Muslims (58.5%). The relative deprivation of schooling for men is particularly significant because it underlines all other attributes of deprivation. It strikes at the very roots of the parasitic system of social inequities intertwining the Indian society.

Schooling of Men and Contraceptive Behaviour

Education of men persistently emerges as the most powerful predictor of their demographic and contraceptive behaviour. It is reasonable to infer that one major reason for the modest difference in contraceptive behaviour between men of varying levels of schooling status lies in the design and intensity of family welfare services. The capability of schooling as an instrument of social change as well as the efficacy of its linkages with family welfare has been considerably less effective in the study regions.

On the other side, education as an instrument of social development is not available to 35 per cent of spouses of women non-adopters in the research areas. Furthermore, the differences in the level of schooling are higher in the MDR than that of the LDR. This means that the peasants could not hope to bring about improvements in their living conditions, that is primarily decided by one's heredity and not by one's efforts and achievements, particularly in the LDR. In other words, LDR being a highly non-egalitarian, class and caste-ridden society, the inhabitants of each class or caste identify themselves with their own but not with those in other categories, and hence the very process of identification actually projects inequalities. This is one of the most formidable obstacles to the social and economic progress of the LDR villages. Universalization of primary schooling may be considered to be a crucial point in regional development. It is, therefore, a cause for serious concern that we have still miles to go if we wish to keep the promises made in the dawn of freedom. The task is too complex and gigantic to be handled by the government alone. It calls for a people's movement in the regions based on the effective operational strategy, especially in the LDR. However, the changes in the process are also noticed among the non-adopters belonging to different religious groups. The percentage of respondents' spouses, particularly young non-adopters, who have at least high school education is highest among those belonging to Christianity - 14.9 per cent, and followed by 10.5 and nine per cent among the Hindus and Muslims respectively. This further widely varies within and between the regions. The data from the MDR suggest that the influence of neighboring state Kerala has placed pressure for expansion of education and demand for high schooling. The setting up of higher education schools/ colleges or the recognition of the old ones became a convenient bargaining counter for this population. Whereas in the LDR, the growth of a new outlook in life and social progress is slower because of age-old hold of feudal and semi-feudal attitudes and behaviours. The great techniques and vehemence of social issues and problems in the villages come seriously in the way of the progress of planning in the LDR by keeping the attention of the administrators distracted from it. That is, the existing complex economic, social and culture-saturated concepts have played a crucial role for its lower level of schooling. They stated that unless they complete their desired family size or the desired combination of sexes, they do not adopt any family planning measure. This would be a major hindrance to the success of family planning programme, unless these men are educated about the importance of family welfare measures.

Nearly two-fifths (37.8%) of the men who practiced family planning have not gone to school. This reflects on the existing practice of accepting contraceptive measures for controlling the family size. The region-wise analysis shows that almost an equal proportion of the adopters (LDR: 39.1%; MDR: 36.5%) who have no schooling experience, adopted contraceptive measures in the study regions. This evinces that people in both the regions possess towering consciousness about contraception, and consent towards contraception exists objectively even without schooling. While over one-fifth (21.3%) of the adopters stated that their spouses completed high school, it is 25.8 per cent in the MDR and 16.8 percent in the LDR. However, differential responses are noted among the religious groups on contraceptive behaviour. Over two-fifths (42.2%) of the Muslim adopters have not attended schooling; the corresponding percentages of the Hindu and Christian spouses are 37.6 and 33.6 per cent respectively. A substantial number of respondents pointed out the importance of labor due to the social and economic deprivation and inability of the poor households to take advantage of modern schooling. This is, particularly true in the LDR, because the differences in the economic status, irrespective of their religious groups, has lesser impact on the degree of association between schooling and family planning.

Sustaining the Momentum: Schooling of Men and Contraception

Statistical explanations of use of contraception is strong, though it is the connection between level of schooling and improved family welfare services, with some exceptions, which are the deciding factors. The MDR has a remarkably high level of schooling (76.3%) compared to 50.3 per cent in the LDR (DSO, 1997-98). Yet, the adoption of family planning measures has steeply increased in the LDR than in the MDR. That is, a minimum of eight years of schooling for men is required to influence them to adopt contraception in the LDR ($P < 0.08$) compared to the MDR where the same level of schooling is significance at 0.10 level (Table-1). The LDR results clearly elucidate high fertility, despite rapid improvements in adult schooling. It is clear that there is no infringing rule that educated societies, like the MDR, have high level use of contraception and low levels of fertility. In the MDR, perceptions about population problems and other possible explanations such as modernization, urbanization might have influenced them to use contraception. Other differences between extreme high and low level of schooling are also apparent for both women and men ($P < 0.05$).

On the other hand, over a third of the adopters in the study as a whole, who had no schooling reflect the importance given to labor due to their social

and economic deprivation and hence these poor households have not been able to take advantage of growing modern schooling. The logit analysis stems from the fact that in relation to economic and non-economic explanations of contraceptive behaviour, schooling does not play an explanatory role in the adoption of family planning measures. To these non-schooled men, the factors affecting the onset and pace of childbirth, demand for children, motives underlying this demand and fertility regulation of the society and obstacles to both economic and non-economic factors might have enabled them to adopt contraception. This has played an explanatory role in the adoption of contraceptive measures in the LDR ($P < 0.05$) whereas in the MDR ($P < 0.10$). The strong opposition of religious and cultural factors to most forms of birth controls may be a decisive factor among the Hindus in both the study regions, which shows a 0.05 significant level at even ten or more years of schooling. But, for the Christians in the MDR, the significance is revealed at 0.01 level. It may be that the Church motivates the couples to decide on family planning. Among the Muslims, there is no clear tie between schooling and contraception, except for the category of 10 or more years of schooling.

Thus, from the above analysis it is understood that increased schooling among women and men in the study regions affect family planning adoption differentially. But, the traditional positive relation between these variables is present among those whose family size is almost completed. With the exception of the women with lower than ten years of schooling, Muslims and Hindus adopted family welfare measures. However, the striking finding that there is a negative correlation between schooling and contraceptive behaviour suggest that perhaps the long noted positive association between these two variables may be declining in strength. That is, schooling and education may be a suppressor rather than an intervening variable. Hence, the results of logit analysis indicate that the contextual effect of high level of schooling may be as important as the individual effect. On the other hand, the absence of schooling, at the individual level, does not necessarily imply a high level of fertility or non-adoption of contraception.

Societal Complexity: Female Labour Force

Developmental goals are dynamic. They change with the changing person and are affected by the environment. The context in which a person lives helps to shape the goals and facilitates or constrains their achievement. In a choice framework, the context determines the extent to which a person is free to establish priorities and to allocate time and energy accordingly. In

other words, it defines the options among which a person may choose. Biological, normative, economic, physical and situational factors affect the ability to achieve the goals or satisfy the needs. The context is composed of multiple levels changing interdependently across time, two levels of context distinguished. The micro-context consists of the living and work environment and the people with whom personal relationships are maintained. The macro-context is the social, cultural and economic system, which determine the person's standard of living. However, the interdependence between work and reproductive behaviour is explained by the attitude towards childbearing and adoption of contraception.

Bennett (1983: 2) relates labour force participation of women to their basic orientation, which is "some kind of personality trait or attitudinal dimension". She explains: "family-oriented women regard paid work as something transitory and marriage and children as indispensable, while work-oriented women regard employment as a life goal and marriage and children as possibilities". That is, it outlines women's social production and reproduction function. The possibility of increasing social approval is constrained by their ability to combine having children, making a home, and as well contribute to the paid economic activities. So to a considerable degree, the balance women wish to strike between their dual roles, largely in accordance with the social norms may define the number of children a woman desires to have.

It is observed that working outside the home is a basic change in the social production function and would therefore influence women's reproductive behaviour and encourage them to use the family welfare measures. On the other hand, the couples may feel that income generated by the spouses alone may not be sufficient to lead a quality life. Thus, in all likelihood, women would want to enter gainful employment to improve the family's standard of living. Further, it is observed in the study areas that the work participation of women, in general, revolve around their environment like land and other resources, which either are agriculture-based or related to agriculture such as animal husbandry.

A half of the women in both the regions work as agricultural labourers in their own land or on neighbouring land. This reflects that in a peasant household, agricultural activity and other manual work are considered to be most important because it fetches a direct monetary reward for the household. The activities associated with agriculture such as the management and care of livestock are considered to be secondary

importance (23.9%: LDR; 20.4%: MDR) since they fetch only some additional capital to the household but are not the chief providers of livelihood. There are activities like looking after animal husbandry, supervision of their own land, running milk dairy and so forth where the labour of women is not paid (76%: LDR, 57%: MDR) for it is performed for her own family and is said to have use value rather than exchange value. It is quite often seen in societies like the LDR that men are assigned those types of work like cultivating, maintaining, spreading pesticide on the crops, fertilizing the field, visiting agriculture and its related work etc., which have a direct exchange value and therefore the work of men is considered more prestigious; women are assigned work that has more use value and is considered less prestigious in the social hierarchy. This is highly visible in the LDR than the MDR. It may be that culture determines gender appropriate characteristics in the allocation of work tasks. On the other hand, non-agricultural activities like business, service etc., is less in the LDR (22.6%) as compared to the MDR (33.9%) due to their dependency on the land. In addition to these activities, every household requires the performance of a minimum amount of housework for carrying on its day to day activities. The household constitutes the basic unit of production, where agricultural production depends almost entirely on the use of family female labor. In the gender-based segmentation of labor force, some activities are generally restricted to men and others to women. Agricultural activity is often termed as a man's job and, women and children of the household are often responsible for cattle-care or the care of flock of sheep or hens, whose produce is quite often marketed to meet the subsistence needs of the family. Tending of livestock, largely meant for domestic use and engagement in housework are not economic activities and are therefore non-productive work, contrary to the western concept of work developed after the industrialization of those societies. Such activities can best be described as family obligations and activities that define the role of women within the family.

Therefore, female labour force participation depends upon the nature of the economic phenomenon and the occupational segregation associated with it. It is through the process of occupational segregation that a society gives primacy to women's role as homemakers and thereby assigns it only a use value. These values and attitudes are found to exist in the study areas, where self-cultivation of land is a major source of sustenance, irrespective of their religious groups, particularly in the LDR. Women under these value systems are not required to engage in cultivation. Their major responsibility (15.2%: LDR' 8.7%: MDR) is to take care of the household and the children. The percentages of women who do domestic work are twice

as high among Muslims (19%) as compared to Hindus (8.7%) and Christians (8%). Nineteen percent of Muslim women agreed that 'purdah' is a major constraint on women's employment because it limits their access to interaction, skills and employment opportunities. Although it is accounted that purdah affects all women, the traditional outlook that women should not work outside the house are still pre-dominant in the research areas. Its impact is seen in the LDR.

Aspects of Female Labour Force and Contraception

The one indicator of women's status, which does seem to have a value, is labour force participation. At regional level, female participation in labour is found to be linked with reproductive and contraceptive behaviour. The mechanisms are not simple, but include the greater confidence of women with increased exposure to the outside world and awareness about family welfare measures.

In the study as a whole, it is noted that a half of the total non-adopters are engaged in the agricultural activities, followed by nearly a quarter (23%) of them taking care of animal husbandry. In the LDR, more than a half (54.8%) of the non-adopters are agricultural labourers who have not adopted family planning measures as against over two-fifths (45%) of their counterparts in the MDR. The religion-wise analysis depicts that among the non-adopters working in the agricultural and its allied activities, 57.2 per cent are Hindus as compared to 51.6 per cent of the Christians and 40 per cent of the Muslims. That is, women's increased participation in the labour force, particularly agricultural activities requires a typical outcome of structural changes in the labour market accompanying economic development like increasing the level of income and improvement in the level of living conditions, which is thought to influence both women's work and their ability to adopt contraception. The family welfare programme should take strong decisive measures to reach the women, irrespective of the regions and their religious backgrounds, and promote the acceptance of family planning measures. Not only that, for the effective reduction of population growth, the proponents of 'beyond family planning approach' emphasize the complementarity of the roles of women and economic dependence.

On the other hand, a half (49.6%) of the women adopters in the study regions identify themselves more as cultivators and not merely as housewives. The region-wise analysis shows that more than a half (52.2%) of the adopters in the LDR work in the agricultural sectors compared to their

counterparts in the MDR where it is 47 percent. This reveals that the influence of women's work participation on adoption of contraception is not uniform and seems to depend on the socio-economic conditions. It is found that women join the labour force in order to reduce the economic burden of the family. In such a situation, women's participation in labour force lead them to take deliberate measures to control their fertility by adopting contraception in order to improve their economic status of the individual and the standard of living of the family. Due to this, majority of the women working in the agricultural activities, who identified themselves as cultivators, has also adopted family planning methods. This is higher among the LDR respondents as compared to their counterparts in the MDR. The religion-wise analysis shows that the percentage of those working in the agricultural sector is the highest among the Hindu adopters (57.1%), followed by Christians (46%) and Muslims (45.6%). Further, female labour force participation varies religion-wise within and across the regions. For instance, in the LDR, Hindu adopters working in the agricultural sectors is as high as 61.5 per cent as compared to Christians (50.4), while the Muslim adopters working in the agricultural activities is as low as 44.8 per cent for the same region. But, in the case of the MDR, Christian adopters working in the agricultural activities are low as compared to the other two study religious groups in the region. This may pre-dominantly be due to the religious sanctions and cultural expectations of the society that prohibits the full participation of women in the labour market. Thus, the regional variations among the religious groups under study focus that differences in the occupational structure have no positive influence on contraceptive acceptance. At the same time, these data on religions reflect that pre-dominantly in the agricultural community, women working both at home and in agriculture are more likely to adopt family planning than non-working women do.

Some Muslim women were asked on the responses of their spouses towards their participation in the labor force. The majority of the women in the LDR consistently replied that the objections voiced related to the loss of honour and prestige, particularly within the community and family. As they stated,

".... My husband is very narrow-minded and rigid in his beliefs. He objected to my working because the household would be neglected. But, the fact is that he is concerned about his 'izzat'. He wanted to know why I wanted to go out of the home and I've been forbidden to work. I work mostly without his knowledge and only for my most pressing home needs".

A Hindu woman in the LDR, aged 34 years stated,

"My husband and I are earning very less. Sometimes we are not able to feed our two children and we go hungry. At the same time, we are not getting good yield from our land since the last few years. That is also an additional burden. In the beginning, we thought of having three children and later decided not to have any more. I got myself sterilized after discussing with my husband".

A Christian woman, aged 21, who adopted a temporary method in the MDR expressed,

".....for today's life style we should have only one child for emotional purposes, but one should not rely or become dependent on them. My husband and I work in the agricultural field and earn sufficient from the land. But, we plan to have one child and give good education to that child as well as save enough for our old age as it is best not to depend financially on our offspring".

Thus, these case studies reveal that just as the male income, income earned by women is also important for the maintenance and smooth running of the household. Despite this, female labor participation is often relegated to a secondary position irrespective of their religions. This further tends to give a lower status of women.

Impediments to Contraceptive Use in Female-Work Environment

In the study regions as a whole, majority of the women work in agricultural and allied activities have adopted family planning while fifteen per cent work in the formal sectors did so. Detailed consideration (see Table-1) suggests the possibility that at least a part of the association is real, in the case of non-formal sectors like agricultural laborers, domestic work, taking care or animal husbandry and so forth, which show significance at 0.05 level in both the regions. The significance explains that it is not just the fact of more money coming into the household that counts' what seems to matter is who brings the extra money. And, a large proportion of it seems to be spent on welfare, particularly on child welfare like education, if the women are working. On the other hand, her utility, resourcefulness in domestic life, affectionate care of children and work in both agricultural and non-agricultural activities prove to be a great asset to her and determine her status to a considerable extent. For instance, women working in the agricultural activities ($P < 0.05$) are more likely to be supplemented by awareness and knowledge imparted by family welfare programme, particularly health and family planning. This makes it

more conducive for use by women and with greater opportunities for the economic emancipation of women. Of these, the latter option seems to have strong potential as seen in the logit analysis; it is significant at 0.05 level for both agricultural activities and non-agricultural activities. There is no reason to believe that exposure to and willingness to accept health related innovations are similarly high for women working in non-agricultural activities (See Table-1). These effects operate through the positive two-way link between religion and female labour force participation in the study. Of course, there seems to be a kind of differential according to religion as well, which is probably related to household structures as well as to differences in the occupational mix of working women in the different villages. This is found to be high in the LDR and the use of contraception is presumably more compatible with agricultural occupation.

Men at Work

Labour force participation rate is generally higher for women in agricultural and allied activities than men, but within each occupation there is substantial variation in participation for men and women. That is, fifty-nine per cent of the men work in the agricultural and related field as compared to nearly three-fourths (73%) of women did so in the study areas. This reflects that the concept of labour force market separates market for both women and men from all other uses of time and work within the household. It is observed that most people in households, rather than as single individuals, decide about who is and who is not in the labor force, as well as the related decision about what kind of work they would like to do between market and non-market activities. The decisions reflect also the opportunities for market work available to men including their potential market wage in the company and business. An increase in the formal sectors like service and business, unaccompanied by other changes in the opportunities, would reduce total labor supply of men in agricultural and allied sectors. This is highly visible in the MDR compared to the LDR. That is, majority (61.8%) of the LDR men are engaged in the agricultural and allied activities as compared to over a half (56.1%) of their MDR counterparts. Underlying the expectation that a rise in non-agricultural income tends to reduce participation of men in the agricultural field, makes it possible for them to engage in more of the preferred activity. But, this is not to say that there is disutility attached to women not in the labor force (those who are full time housekeepers of their own families). Taking care of the house is hard work in order to maintain the family's customary living standard. This forces women to engage in the informal activity. The religion-wise analysis also shows that nearly two-thirds (63%),

of the Muslims are working in the agricultural field and related activities as compared to an equal proportion (58.3%) of the Hindus and Christians in the study regions. In contrast, Christians working in the non-agricultural activities like company work, business and services are higher (LDR: 37.4; MDR: 46.1) than the other religions in the study. All the religious groups in the LDR engaged in the agricultural and its allied activities are higher than their counterparts in the MDR, in general.

Men's Work and Contraception

The occupational status of men and use of contraception have a considerable bearing on bettering the livelihood as well as achieving small family size. Among the non-adopters, more than a half (57.4%) of them work in the agriculture as a whole. The region-wise analysis shows nearly two-thirds (60.1%) of the non-adopters in the LDR working in the agricultural sector as compared to over a half (54.7%) of their counterparts in the MDR. On the other hand, nearly a quarter (23.3%) of the non-adopters in the MDR are working in the formal sectors such as business and services as compared to only 16.3 per cent of their counterparts in the LDR did so. The reasons for such diversion in the LDR could be largely attributed to the drought proneness of the area. In the MDR, business activities like petty shopping, touring agents and other local industry is observed owing to their increased education and training in various vocations. The religion-wise analysis shows that about a quarter (24%) of the non-adopters among Christians are engaged in non-agricultural activities, which is higher than other two religious groups - Hindus and Muslims constitute 19.5 and 15.9 percent respectively in business and service in the study. It may be due to their occupational mobility and support from the Church. This reveals that diversion from agricultural field to secure a decent living may have forced them to change their occupation even as company coolies. But this has not influenced their contraceptive behavior.

Among the adopters as a whole, majority (63.5%) of the men in the LDR work in the agricultural sector as against over a half (57.6%) of them in the MDR. This gives clues that the birth of an additional child increases the amount of household work to be performed by the women who would otherwise have supplemented their spouses' earnings. Due to this, men in the household governed entirely by economic force, drive away the concepts of appropriate social expectations by adopting family planning. The data from the LDR largely reveal that employment opportunities for men have become so scarce that unemployed men cannot hope to find steady work. Unemployment in agriculture even during the busy season is observed

because of the large-scale immigration of labourers from adjoining villages. Under such circumstances, the uncertainties of permanent income prevent them from having more number of children and hence adopt contraception. The religion-wise analysis shows that there are no wide differences in occupation of men between Hindus and Christians as compared to Muslims within and across the regions.

Social Condition: Men's Work and Contraception

Concentration of employment of men in the different segments has received considerable attention and the extent to which employment differences have negative effects on contraception vary considerably across religious groups and do not exceed 0.3 among Muslims. At the same time, the logistic results reveal that substantial differences in the LDR are not apprehended by the occupational status of men. Apparently, the conviction in the plausibility of dual roles - family care and opportunities for legitimate alternative activities - is evident from the reduction in family size. But, the fear of losing the women's wages constitute the crux for the reduction in family size by directly discouraging the motivation to engage in reproduction. But, the data of the MDR emphasize the significance and likely productivity for the agricultural laborers at 0.01 level and of other formal sectors, it is significant at 0.05 level (Table-1). It may be that better employment prospects and enhanced status in the changing society may not be a sufficient condition for using contraception. However, the association between the work status of men and contraceptive behaviour among the study religious groups is complex and it remains inconclusive for Muslims. But participation in the modernized sector like business shows that not much greater role compatibility with family welfare programme. It has shown positive relationship with contraception for Christians in both the regions ($P < 0.05$) compared to other study religious groups. It shows that under social conditions, in general, where the strain of family role is maximum, one could expect a strong relationship between occupational status and adoption of family planning measures.

Economy and Women

Paid employment is a major variable, which affect the reproductive and contraceptive behaviors. Many studies referring to occupational status and type of work brought to light that those women who work outside the home would be more motivated to regulate the fertility, and it accounts for the positive correlation between contraceptive use and unwanted pregnancy, and abortion

experience (Tietze and Henshaw, 1986). These studies anticipated: first, a higher proportion of women working outside the home would have some contraceptive experience; and second, that the proportion of economically active women would be higher in their contraceptive use than other who are not active in the labor force participation. Although some interesting correlation has been found, the data does not support these hypotheses nor do they reveal significant correlation between occupational status or type of work (paid employment, formal sector like govt. Services and business, informal sector like agricultural laborers/ company coolies) and the reproductive or contraceptive behavior.

In the study as a whole, only 16.5 per cent of women have never worked, 18.2 per cent are not working and nearly two-thirds (65.3%) of women were working at the time of interview. About a fifty per cent of the women respondents work in the informal sector as agricultural laborers and company workers as against only six per cent of sample working in the formal sector. The percentage of presently employed women in the agricultural sector is high among the LDR women (53.5%) compared to their counterparts in the MDR (46%). The religion-wise analysis shows that there are not much of variations in the study regions. Since there are not much of variations observed in the paid employment among women in the study regions, the table is not presented in the text.

Economy as Contraception?

An economic explanation of the differences in contraceptive behaviour between the LDR and the MDR would presumably identify the differences in material and social conditions associated with the paid employment, and show how, given these differences, an economic calculus may be designed to encourage the adoption of family planning measures.

Over a half (54.8%) of the non-adopters in the LDR working in the informal sector on paid employment basis reveal a lack of contraceptive information, inefficient practices and disclose a fatalistic outlook on the ultimate inevitability of pregnancy and childbirth as compared to over two-fifths (45%) of their counterparts in the MDR. It is observed to be higher among the Hindu non-adopters (63.8%: LDR; 51.5%: MDR) than other religious groups (Muslims: 44.9%: LDR; 35.7% MDR and Christians: 55.7%: LDR; 47.5%: MDR). Unlike women working in formal sectors who regarded fertility control as both feasible and desirable, these women often expressed the feeling that pregnancy is ultimately unavoidable, even if contraception can help prevent it at a given

time. This reflects that unless a woman completes her desired family size, she cannot adopt contraception. This clearly reveals that the differences in the income structure have no positive influence on contraceptive acceptance. It may be that the existing economic status disappears to motivate the couples to use family planning measures, irrespective of their religious background.

In contrast, about a half of the women adopters in the sample work in paid employment in the study regions. But, the region-wise analysis depicts that there is no significant difference between the LDR and MDR in the case of paid employment. This shows that if a woman has a paid job, irrespective of the formal or informal sector, she practices contraception more and stops unwanted pregnancies than a woman who does not work for wages. This points out that the influence of paid employment on contraceptive behaviour is highlighted by the potential role of monetary incentives. The women with paid employment are more likely to accept birth control measures, irrespective of the level of income. The religion-wise analysis shows that majority (57.1%) of the adopters among the Hindus have paid job than other study religious groups' adopters such as Muslims (45.7%) and Christians (46%). However, it is noted that the religious groups, who have paid employment, irrespective of the formal and informal sector, is higher in the MDR than their LDR counterparts, but it varies among the religious groups within and between the regions. The respondents' reasons for adopting family planning measures are largely related to the fear of losing their jobs. They related that continuous child bearing would definitely make them lose their wages. Almost all the people who work in the formal sector reveal the same.

A Hindu woman (32) working as a coolie in a company in the LDR questioned the researchers,

"...Which company or government will give continuous leave for childbearing? The company, where I am working is on purely temporary basis. People started telling me immediately after the second birth not to take further leave". She added, "If I take leave further, I will not be kept in the company. They have indirectly told me that I will be thrown out if I take leave the next time for child-bearing. I do not want that to happen since we suffer to get our meals and I do not want to create any major financial problems in the family. That's the reason I want to end it by adopting family planning."

A Muslim woman (35) working as an agricultural laborer with a landlord in the MDR said,

".... when I joined for work, the same day I was told not to take more leave and should not ask for maternity leave or for other reasons very often, though the job is not permanent and I am not getting any benefits except the daily wages. Since we have only one child, my husband and I decided not to have any more children and I am using IUD for the last five years without any fear or problems".

Perspectives on Economic Change

Ann Oakley, a British Sociologist summarizes "not only is the division of the labor by sex not universal, but there is no reason why it should be. Human cultures are diverse and endlessly variable. They owe their creation to human inventiveness rather than invincible biological forces". That is, we are under a "subtle revolution" in the traditional relationship of women to work and family (Touraine, 1985). One indicator of this change is the massive increase in women's economic activity, especially among married women with children (UNESCO, 1994). However, the rising participation is not only a response to excess demands for labor which pulled women into the labor market. There are also factors that push women into the labor market, such as the break up of joint family system, poverty etc. Despite the important role women play in the informal sectors, little success has been registered with respect to qualitative criteria such as equal pay and equal share of employment opportunity between men and women. Moreover, for working women, an average week includes not only the hours of paid work but a considerable number of hours doing housework as well. However, the labor market conditions for women still differ significantly from those of men especially in terms of hours of paid work, hours of household work, level of earnings and the rate of unemployment. The most striking difference between men and women on the labor market is the work they do.

Men and women are found in different spheres of economic activity and occupations, and within the occupation, they are employed at different levels and with different work tasks, regardless of their nativity and religious groups. It is apparent that men (77.2%: LDR; 58.2%: MDR) and women (88.5%: LDR; 75.1%: MDR) are found in diverse areas of work within the informal sector. But, the most important areas of participation for the women include harvesting, seeding, animal husbandry management, cultivation and collection of vegetables whereas men, on the other hand, concentrate on pesticide spreading, clerical work, selling the products and field preparation. Similarly, in the case of MDR, planting, weeding and other field care activities fall on the women although the cultural practice of making only the women

do the planting to ensure a fruitful harvest is slowly disappearing; it is unlike the LDR. It could be more a consequence of reduced number of men in the agricultural sector due to the increase in the share of men at work by women and, diversion of men into the area of improved technology due to their physical structure. Besides, even in wet-rice producing areas, people also cultivate root crops. Again the bulk of the work falls on the women, who regularly has to walk long distances to fetch the daily supply of root crops and vegetables for the family's. At the same time, women are involved in other activities like poultry raising.

In both the study areas, as semi-feudal structures are existent, gender and class oppression of women are both evident. Landless women or those who work for the landlords to augment their meager production are paid lower wages, as compared to the male workers. At the same time, tenants of both sexes are heavily burdened by existing tenancy conditions where part of the produce must go to the landlords regardless of whether the tenant is able to pay the previous debts or make ends meet. Small cultivators usually sell part of their rice and seed stock supply in order to purchase other goods. A few months before the next harvest itself, they face starvation. Women in the household take on menial jobs like working for the landlords and doing odd jobs in exchange for food and sometimes used clothes. Gender oppression also is very much evident in cash cropping areas in the study, where both men and women are given similar tasks but women are paid low wages. Presently men are paid Rs.75 a day, while women are given Rs.45 a day in the MDR and in the case of LDR, a male worker is paid Rs.60 a day and female worker Rs.40.

The division of labor among the family members results in differences between men and women in their supply of labor to the market and in the investments they make on education and training. Women, it is noticed in the field, plan their future on the premise that they would become a productive member of household. On the basis of the existing division of labor, they expect that the main part of the household work will be their responsibility. Since women know that they would probably have to be absent from the labor force during some periods and during the remaining periods they would be able to use only part of their time for market work or would have to demand flexible hours of work, their educational investment would be differently oriented compared to that of men. Women would choose an education and occupation that make it possible to combine work and household activities. Women's education would be shorter than me do, since it does not pay to spend many years on an education if the possibility to use it is uncertain. This reveals that women would thus enter into the labor force earlier than

men do and especially, into those occupations that could be combined with home responsibilities, but may be not those that give a high pay-off. This is highly visible in the LDR.

The excerpts from the study regions clearly state that if discrimination exists, it places women in a vicious circle. It prevents them from investing in on-the-job training and results in lower returns from their education; it is true in the LDR. Investing in training is risky for a woman since she does not know whether she will be the subject of discrimination or not. Staying in women occupations seems safer. If discrimination is reduced, it will take a long time for this information to spread among women, since few will find it worthwhile to take the risk to find out. Discrimination would make it relatively less costly for women to drop out of the labor market or to accept the main responsibilities at home. Thus, the society does not encourage the elimination of traditional forms of discrimination against economic activities of women, irrespective of the development of regions. In the absence of adequate opportunities for full, productive and freely chosen employment as well as of supportive institutions, many women prefer to avoid the competitive pressures and reinforce the current discriminatory attitudes towards economic activities by women. Although majority of the women has restrictive attitudes towards women's employment, the increasing economic pressure is gradually bringing about a change in the thinking of the women.

Many of the respondents are convinced that the division of labor in the home is a response to discrimination in the labor market, which reduces women's earnings relative to men's. However, one can point to compelling economic and biological factors that would have led to gender differences in the division of labor.

An Organizer of a NGO in the MDR stated,

".....in the past, at one time high rates of child mortality and the function children performed of providing economic security to their parents in old age required a large number of births, although the bearing and nursing of infants was time consuming. But, today, women have become very cautious in their decisions of their work and family size".

These considerations, however, have become less relevant over time. The actual bearing of children when small families are desired - no longer require any considerable time out of the market; modern contraceptives enable women to plan the number and timing of births. The gains to be made from the traditional division of labor in the home have diminished over

time with rise in the market wage, the decline in family size and continuing availability of low cost substitutes for labor in the home in the MDR. It is still perhaps an open question whether the desired quality of care can be fully provided to the child. In many instance, in the case of LDR, women have the support of the older kinship who continuously give care to children in the absence of parents. Many women continue to be responsible for a disproportionate share of household maintenance and childcare even after their employment. For this reason, women may also evaluate certain occupational choices. For example, informal work settings. A shorter workday may place a premium on work located closer to home. In addition, the burden of household responsibilities may deter women from taking jobs requiring a considerable commitment of responsibility. This may force the women into relatively undemanding and lower paying occupations even though their labor force participation appears to be almost as high as that of men. Discrimination against women could lead to lower pay for women and higher pay for men even if men and women have identical productivity. Almost all the respondents in both the study regions reported,

".....in our society, the wage system continues to be structured according to the assumption that a woman's wage is only supplementary. Women are thus seen as economic attachment to men, not as free laborers who participate equally. It is also easier to push women than men out of the labor force, whether because of automation, unemployment or responsibilities of reproduction".

Women would work at even less than half their salary, if there were unemployed. This underpaid work, invisible domestic labor and conjugal duties leave women vulnerable to be doubly exploited. However, the condition of working class women is ideal for the creation of a powerful political force. Unfortunately, their realization of exploitation increased instead of being sharpened. The shunting from re productive to production and back to reproduction acts as safety valve to smoothen conflicts. Also, the changing role of the family also determines the reproductive potential of the women.

The Poverty Curtain: Rejoice of Contraceptives

Analyzing the interrelation between paid employment and contraceptive behaviour presents a weak association and its impact on contraceptive behaviour is slow. The survey data on paid employment is based on the wife's probable net earnings. While the interplay between childbearing and other female roles has been important in the area of fertility, the significance of this role competition seem to increase with improving contraceptive

Table -1

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

	LDR				MDR			
	Hindus	Muslims	Christians	Total	Hindus	Muslims	Christians	Total
No Schooling	0.423=	0.358=	-0.06=	0.246=	0.564=	0.415=	0.504=	0.329=
3-5 years	0.308	0.41	0.113	0.194	0.309	0.134	0.26	0.339
6-8 years	0.262	0.708	0.356	0.366	0.428	0.544	0.692	0.428
9-10 years	0.138#	0.077~	0.194#	0.118=	0.067=	-0.007+	0.157=	0.666+
11 & above years	0.730=	0.623=	0.468+	0.401+	0.870+	0.744+	0.219+	0.967+
Level of Schooling of Men								
No Schooling	0.518=	0.471=	0.355=	0.264=	0.578=	0.268=	0.178=	0.033~
3-5 years	0.316	0.504	0.036	0.427	0.088	0.111	0.006	0.408
6-8 years	0.077	0.042	0.59	0.097	0.047	0.16	0.257	0.178~
9-10 years	0.156=	0.068#	-0.089=	-0.101=	-0.5	0.253=	0.222=	0.481+
11 & above years	-0.233=	-0.577=	-0.110=	-0.587=	0.028+	0.041=	0.197+	0.118+
Labour Force Participation of Women								
Agri. Labourer	0.865=	0.554=	0.578=	0.440=	0.977=	0.595=	0.657=	0.945=
Husbandry	0.563	0.623	0.205	0.519~	0.451	0.205	0.466	0.884#
Domestic Work	0.941	0.253	0.779	0.911	0.355	0.81	0.565	0.461
Formal Sector	0.582=	0.450~	0.177=	0.364=	0.153=	0.730#	0.355+	0.294+
Men at Work								
Agri. Labourer	0.375=	0.341~	0.659	0.549=	0.295=	0.028#	0.115=	0.497+
Company Work	0.234	0.096	-0.007#	0.194	0.209	0.571	0.173	0.127
Business	0.387	0.474#	0.152=	0.278=	0.133	0.311~	0.439=	0.088
Formal Sector	0.142+	0.265#	-0.177=	0.290=	0.262+	0.703~	0.248+	0.057=

=Significant at 0.05 level ~Significant at 0.10 level #Significant at 0.08 level +Significant at 0.01 level

effectiveness; it is significant at 0.10 level. The adoption of contraceptive measures among women in paid employment is one of the major factors for the existing differentials in contraceptive use in the study regions, yet interpretation of this relationship remains clouded. On the one hand, the social and economic rewards as a result of paid employment lead to the adoption of contraception; it is seen in the LDR as significant at 0.10 level. On the other hand, the relationship may arise because women with lower fertility and longer birth intervals have more opportunity for employment. This

is an issue of considerable importance in the context of adoption of family planning measures and increased female labor force participation; it is reflected in the MDR and is significant at 0.08 level. This indicates that the employment differences are simply the result of differing opportunities for employment. It can be expected that employment after marriage (in contrast to premarital employment) is more relevant for adoption of family planning. More precisely, the independence enjoyed by the non-employed women before marriage is largely being replaced by the forces of social, economic and familial factors that begin to influence their life more strongly, when they pursue employment after marriage. Such employment not only provides opportunity for development of skills and interests outside the home but, also lead to adjustments in marital role patterns and exposure to family welfare measures, including a life style partially dependent upon the additional income. On the contrary, these women, who were employed before marriage but unemployed after marriage, may have been influenced by the programme factors for the adoption of contraception.

Over a half (57%) of the Hindus and more than two-fifths (46%) of the Christians who adopted contraception in order to terminate their reproductive behaviour and seek employment reflect results in the expected direction. Its function is quite substantial at 0.5 difference in both the regions. However, the effects are opposite for the Muslims in both the study regions. This marks the perspective that financial reasons rather than intrinsic employment are predominant among the factors affecting the adoption of contraception by Muslim women. Due to economic conditions, there arises a situation of choice between employment and childbearing that eventually leads to the adoption of contraception. Rather than a consideration of the net of the other factors, the study finds only modest evidence between employment and Planned Parenthood measures with a difference of 0.2 among Christians and Hindus in the MDR. It is plausible that such larger effects may occur as women move closer to the decision of whether to terminate childbearing by adopting family welfare measures. Perhaps, women who work longer before childbearing are more likely to be those for whom work is an important role alternative. Net of the outcome show that there is no strong relationship between paid employment and family planning adoption.

Not only that, in peasant households with considerable landholdings, it might be desirable to have as many extra pairs of hands as possible. This is strongly upheld in the LDR; similar may be the case in the MDR, where the quality of workers needs to be maintained at a high level so that their exploitation through underpayment is possible. But the economic task of family would no longer be to produce a large number of children, since quality

rather than quantity would be important in the labor market. This emerges as a pre-dominant view in the MDR. Thus, the family adapts itself accordingly, and, in turn, monitors the reproductive ability of the women to suit the requirements of the contemporary wage market. Therefore, women as only seemingly liberated to become a wage earner, in which she has no authority, is revealed by the sample regardless of their nativity.

Conclusion

The past three or four decades have witnessed a failure of reproductive health programme efforts reaching the couples in the less developed regions. The emphasis has been on economic factors like housing and paid employment are not effective determinants for the promotion of contraception, with little attention being paid to the quality of life and to the meaning and purpose of life. Social change in the form of enhancing materialism, capitalism and individualism with no references to the obligations to others has increased the gap between the have and have-nots. Little reference is made to the traditional and social values in the development process. However, in practice, social values are corroded by apparent contradictory values based on interpretation of family welfare scriptures. Such interpretations are often influenced by socioeconomic struggles, rather than the core texts of social change. So there is a need to recognize the ethical dimensions of social change are essential parts of reality therefore also of development rather selective socioeconomic indicators.

On the other hand, there is strongly held and very powerful opinion among researchers working in development that even if knowledge about world views and social change is available, it ought to be disregarded or given little consideration. Although such biases are sometimes politely and carefully hidden, the message is clear. Perspective of social change are commonly regarded as a lower and less relevant form of knowledge than present development thinking based on economic and sociological assumptions like occupation and education and its associated behaviours. In attempting this we need to distinguish between serious, ethics and genuine values of social change and the not uncommon distortion of these for reasons for social and economic gain. Such distinctions may appear complicated but are commonly made and many, if not most people, are aware of what is what. However, this begs the question: why is it that has not resulted in promotion of family welfare measures that would turn the situation? What makes the majority of those who adopted family welfare measures to talk about 'our most precious decision', and at the same time go on supporting family welfare measures

that turn what ought to be life supporting in the physical and social environment, into life-threatening one's? However, if we mean life as it should be - a fulfilling life - then we need to admit that my concern about the quality of survival and of the life itself that promotes the contraception, are valid. This poses questions of meaning. In essence, social change is a 'critical awareness' rather than the result of any socioeconomic development. This provided additional reasons to be excluded categories which by definition did not matter much in the conventional terms of political and economic power. It should therefore not be astonishing that social change rarely figures in such writings.

With this in mind we need to recognize the importance of social change is the critical awareness we share and exchange in a community. It is the constellation of images of what the world is and ought to be, and what we are and aspire to be - changing and continuously reinterpreted-images which are transferred from generation to generation through the medium of welfare measures. Social change are especially for perceptions codifying and legitimizing behaviour related to the purpose and meaning of life, this is not so. The fact is that perceptions are reality and create reality to accommodate family welfare measures that are related to values.

As a starting point for such efforts we have to reorganize and recognize that welfare measures for practical purposes people live and act, not in a society, an economy a polity, a culture or religion. These can be separated into sectoral entities only in the observer's analysis. In real life they are aspects of an integrated web of images and activities. Thus we all live in a total reality room where there are physical walls of technology, knowledge and structures as well as purposes, meaning and values. It is little difficult to excavate and understand and deeply ingrained patterns of knowledge and the elusive but forceful aspects of social change and that need to be analyzed and, if necessary, changed to achieve a lasting betterment of family health. These differences in the accessibility and in the interoperation of relevant factors increase the risk that we fill in the gaps with our changed social perceptions. The time has come to create a new conceptual framework that includes all the major dimensions of reality, instead of excluding some of the most important ones, to which values, ethics and changes, as has been the common practice in conventional developmentalism.

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