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CULTURAL INTER-PRETENTIONS ON CONTRACEPTION

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Renewed interest in the consideration of determinants of reproductive goals of couples increasingly outlines an important aspect, namely culture, to explain the phenomenon. A few researchers (Srinivas, 1962; Sharma,1989; Bhatia,1990; Khan,1991; Guend,1994; Basu,1996) have attempted to follow the interpretation that social structure underlying reproductive behaviour is seen as a coherent system, with functionally interlocking parts making-up as a whole. It is maintained by powerful and successful beliefs and value system. Notestein (1968) noted that couples understood little about why reproduction occurs and how it can be prevented. Cesar (1978) indicated the irrationality of pre-modern society for causing not only low adoption of contraception but also maldistribution of settlement. He argued that change is only gradual and a response to the strongest stimulation where the population increasingly freed from older taboos is also willing to solve its problems rather than accepting them. In 1989, Swee-Hock wrote of the contrast between traditional societies and the growing rationalism of modern life describing that in the former, women had mainly a non-rational approach-religious, superstitious and incurious about sex and reproduction. He talked about a shift in attitudes from the traditional norms to modern attitudes. However, Westoff and Rodriguez (1993) believed that large-scale adoption of family planning cannot be expected until the living conditions of the majority of the population improve enough so that they no longer consider large families necessary for economic reasons. Recently, Basu (1996) reiterated that couples directed by tradition resist rational intervention and choices in their behavioural patterns and take upon a rational means of birth control to challenge the tenacious hold of a strongly woven culture to which choice and change are the enemies.

In contrast, fertility behaviour is considered an appropriate measure of the individual reaction to economic circumstances. Operation Research Group (ORG, 1991) argued that family planning may be adopted by those hard-pressed by economic disadvantages and justified by social norms and values because in the long run, culture and values are not classified as independent identities. One aspect of religious differentials in contraceptive behaviour is that they are rooted in differentials in ideal family size and fertility. The relationship between reproductive behaviour and fertility goals on the one hand, and socio-economic status on the other, is far from being downward sloping linear curve (Olusanya.1989; Srivatsva and Saksena,1989;

Gupta,1993). In this regard, Sharma (1985a & b) illustrated that explanation of urban contraceptive behaviour would require a theory of rotating coordinates systems: religiosity and perceptions of religion on family planning; the degree of residential segregation between and within the religious groups and socioeconomic conditions. However, the first significant learning that the author highlighted was that it is not the religion but perceptions of religion, which is related to behaviour. Few researchers analyzed behaviour in terms of religious constructs obtained from Quran (Anonymous, 1987; Sawhney et al,1990) i.e., from the great tradition of Islam. Wherever religion is important, it is fundamentally the perceptions of religion, which influence behaviour of individuals regarding contraception.

Further, researchers observed that religious non-actualist, religious rationalizing, rationalized religiosity and religious orthodoxy controls modern outlook of the couples. A few studies (Khan, 1978; Jacobson,1994) stated that the religious affiliation of the couple connotes a system of values which can affect the family by imposing restrictions on the practice of birth control, forcing the practice of only less effective methods or by indoctrinating its members with a moral and social philosophy of marriage and family, which emphasize the virtues of reproduction. But, scholars (Sachedina, 1990; Chauhan, 1990; Misra, 1993; Clelland and Jejeebhoy, 1996) observed that religion has a significant bearing on the contraceptive behaviour of couples and it is an important factor that determines not only marriageable age but also child spacing. A few studies show that the Muslims have organized opposition to any fertility regulating methods as among the Hindus, but the fertility rate of Muslims is generally higher as compared to the Hindus and the Christians (Sharabassy, 1974; Bhat and Raju, 1994; Zacariah at al., 1994). But, the approval for family planning is far lower and statistically different among Muslims than Hindus (Srivasthava and Saksena, 1989).

Studies by Khan (1978), Bhatia (1990), Khan (1991) and Guend (1994) on the influence of religion on contraceptive behaviour showed the highest rate of family planning acceptance among the Hindus, followed by Christians and Muslims, and, the reasons for lower acceptance divulged condemnation of contraception by their religious/community leaders. In fact, religious restrictions are sometimes stated emphatically by the Muslims as the reason for the lower levels of contraceptive use as compared to others (Sachedina, 1990; Jacobson, 1994; Engineer, 1994). Mussalam (1983) and Basu (1996), while discussing the religious similarities in India stated that the demand for contraception exists in spite of significant differences in the cultural practices and religious norms. They, however, viewed that the changes in the basic values of religion and reorientation of religious and cultural values are the new requirement of social change. This implies that the process of adoption of family planning among the different religions needs to be studied in relation to societal changes. However, unanimity with regard to these factors remains elusive. Notwithstanding, the cultural explanations, economic pressures have given way to

changes in the perceptions of the society to limit family size. It is these cultural perceptions and its determinants of contraceptive behaviour that form the crux of this paper. Moreover, this paper tries to combine these strands of research interest to explain that cultural factors influence contraceptive behaviour.

The Study

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. In the first stage, the districts were ranked according to the association between the level of development and performance of family planning. Based on the performance of various developmental programmes, two contrasting regions were formed - one with a low level of performance (labelled as the Less Developed Region) and other with a high level of performance (labelled as the More Developed Region) in the developmental programme. 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.

An Interpretation of Religious Beliefs

Religion is part of culture which is continuously reinterpreted: through a revivalist reaction, through genuine reformist's sects, and through a reinterpretation of the scriptures to fit new ideas and variations in practices (Gore, 1968: 52). The new ideas or values come in the form of liberalism, which emphasizes the values of individualism, rationalism and social justice. Religion is increasingly recognized as fairly neutral in terms of economic growth. It is, however, recognized that the social and cultural aspects are barriers to economic development and the rationale given for this is the structure of religions. If religion promotes self-regarding asceticism and world negation, it also releases impulses that promote other -regarding asceticism and a worldview that emphasizes creative altruism (Hick, 1991). While the rationality of culture and religion is unassailable, it has proved that world negation is such a strong attribute as to stultify human concern for economic well being and other social obligations.

Until recently the debate about religion and its idiosyncrasies has almost invariably been seen in terms of one or other specific conceptions of the transcendent, embedded in a distinctive system of religious symbols and myths and authoritatively expressed in its related scriptures. Belief in the transcendent has generally been defended from the standpoint of a particular tradition and accordingly been identified as existing in the family and as well as in the community aimed at societal welfare. However, it is now customary to treat the view of religion through the eyes of faith or beliefs. Such an endeavor is likely, as a matter of biographical fact, to be launched from within a particular religious tradition. But it cannot restrict itself to that tradition. This is examined in the survey, "Do you believe in religion?" For it is evident that in eighty-five per cent of the cases, the religion that an individual professes and to which he or she adheres depends upon religion of his/her parents. However, it is believed that there are conversions from one faith to another, but in the case of the world's greatest religions, these are peripheral to the massive transmission of each from one generation to the next within its population.

Religions are still deeply influenced by their religio-cultural components and it remains true that much of the life of humanity flows through the channels of thought and imagination formed by the ancient traditions, which in rough order of antiquity are Hinduism, Christianity and Islam etc. That is, there is not just one but a plurality of such historical channels. Prominent among the facts for which an interpretation of religion must account for is promotion of family welfare programmes and adoption of the same. Change is, in fact, going on all the time by means of interpretation, exegesis and insofar as each of the religions comes in the society. A further important aspect that reveals with unmistakable clarity is the human element in religion, which encourages the adoption of family planning that contribute to the formation of its own core conceptions. These are believed to be an integral part of cultural forces that rest upon a complex of geographical, economic and political forces. And, it is this human contribution to religious awareness that accounts for the fascinating variations of religious thought, experience and practice around the society in all their rational and irrational, morally admirable and reprehensible features (Hick, 1991; 8).

The quality of importance pervades the field of religious phenomena. Not everything that has more than transient importance to us is religious, but all authentic as opposed to merely nominal religiousness seems to involve a sense of profound importance. For religious objects, practices and beliefs have a deep importance for those to whom they matter as religious; and they are important not merely in the immediate sense in which it may seem important but in a more permanent and ultimate sense. (Tillich, 1957; 1-4). In the study, the respondents were asked, "do you think that one must believe in a particular religion?" The responses centered upon religion as a guide (82.5%); religion keeps one away from sin (79.1%) and practicing religion takes us along the right path and does good (78%) or both (80.8%). In the study

regions, religion is considered to be important by nearly one-fifth (21.6%) of the respondents in the More Developed Regions (MDR), who answered that religion is a naturalistic one and, described 'religion' as a purely human activity or state of mind. Such views are expressed by only one-eighth (11.9%) of respondents in the Less Developed Regions (LDR). However, the discussions on 'religion for survival' opens up the possibility that religion is of this rather different kind (36.9%: MDR; 30.7%: LDR). About one-third (33.8%) of the respondents said that religion has no sense; it is not essential to believe in religion for survival. Others, nearly one-fourth (22.8%) said following religious norms and practices makes them "honest and good'; some individuals (7.1%) expressed loss of faith in religion. But, on the other hand, the three different religious groups varied in their views on the importance and role of religion in their lives. Christians (76.9 %: MDR; 83.6%: LDR) and the cult of Muslims (78.4 %: MDR; 80.5%: LDR) stated about involving the worship of a personal deity; and Christianity in turn overlaps with them in quite a different respect that it offers a comprehensive interpretation of life. This understanding of religious faith is enabled through stringent injunctions of religious institutions such as the Church or the Mosque, sharing some of the common characteristics whilst Hinduism lacking in such an enforced mode of realizing the transcendent divine reality. According to Hick (1991), religiosity exhibit in their different ways a soteriological structure which identifies the misery, unreality, triviality and perversity of ordinary human life, affirms an ultimate unity of reality and value in which or in relation to which a limitlessly better quality of life existence is possible, and shows the way to realize that radically better possibility. This may be by self-committing faith in Christ as one's lord and savior; or by the total submission to Allah, or by faithful obedience to God by Hindus. Such responses presuppose the reality of the intentional object of religious thought and experiences as narrow and inferior.

Thus, the world's greatest faiths, each of which has its roots in the ancient age, affirm naturalistic modes of experiences and expectations concerning the course of experiences of the reality. Hence, the function of religion in each case is to provide contexts for liberation, which consists in various forms of the transformation of human existence from self-centeredness to reality-centeredness.

Religious Beliefs and Contraceptive Behaviour

The extensive domain of the characteristics of religion takes such widely different forms as in the adoption of family planning measures and is interpreted in so many different ways that it cannot be adequately defined but only described. Customarily, the term 'family planning' refers to matters connected with offspring but, the question in pertinence has accumulated with the course of time (Shrabassy,1974, 11:2; Shaikh, 1991:88-89) various residual attitudes of mind, which people usually associate with religion, and also with the idea of fatalistic dependence upon God.

In the study as a whole, nearly one-fifth (16.5%) of the respondents who have not adopted family planning did so fundamentally on religious grounds. The concept of birth and child, for more than two-fifths (42.1%) of the non-adopters, is "the gift of God'. In addition, almost an equal proportion of Hindus (30.1%: LDR; 33.1%: MDR) and Christians (14.6%: LDR; 15.5%: MDR) as compared to Muslims (27.1%: LDR; 13.4%: MDR) belonging to the non-adoption group, thought that the use of family planning measures is against the nature's order and perceived it as immoral. This reveals that messages propagated by the family planning programme have not disseminated the importance of family planning, which exerts strong and manifold influence on contraceptive behaviour. The respondents viewed children as the gifts of God and have immutable belief in divine beneficence. It is thus understood that superstitious beliefs based on religious sentiments are predominant among the non-adopters who consider contraception 'a sin against God'. This indicates that religion has significant bearing on the contraceptive behaviour of couples. Not only that, the reasons centered upon religion and its belief in contraceptive behaviour, determine the religious affiliation of the couple and connote a system of values, which affect the family by imposing restriction on the practice of birth control or by indoctrinating its members with a moral or social philosophy of marriage and family that emphasizes the virtues of reproduction.

In contrast, the use of family planning measures being highest among the Christians is a widespread feature among the MDR; its use being relatively lower among the Hindus and Muslims. In fact, family planning is substantial harmony for Muslims, who are aware and appreciative of their marital and parental responsibilities. They do not regard marital life merely as something of pleasure and amusement, but become more concerned about their children's future, and are keen about begetting and bringing up healthy children (60.2%: MDR; 70.4%: LDR). It is surprising to note that even in the LDR, the aspiration to bring up children and a concern for their health is found to be high. This indicates that cultural adaptability to new innovations like birth control can quickly induce changes in their attitudes towards economic betterment and pursuit of higher aspiration in life. Thus, family planning does not contravene (Shaikh, I and Shaikh, K., 1974-II: 15) the teachings of religious verses which deal with the way the family is to be raised (Atay, 1974-II,157) and rules related to the institution of the family and the management of its affairs. Over a third (38.6%) of the adopters stated that family planning is an attempt to provide the family a nucleus with social, economic and health requirements to enable it to develop properly and to rise in the social esteem; it is to be accepted and carried out on an individual basis, not by religiosity or by religious obligations. That is, there is no organized opposition to any fertility regulation, but the adoption is higher among the Christians (40.2%) as compared to the Hindus (32.3%) and the Muslims (27.5%). This gives a clue that existing religious differences narrow when account is taken of the levels of development of the regions. Notwithstanding, the

study of religious groups points out that the changes in the basic value of religion and reorientation of religious values and their cultural practices are the new requirement of changes.

In fact, family welfare as a necessity for the "harmony of the sphere", is stated by a Quran reader in the MDR. His wife had got herself sterilized after having two daughters following his advice to her to do so. According to him, "there is no restriction or misguidance from the Quran about the use of contraception". He points out that earlier 'azi' was used to safeguard a wife's beauty as well as her health because having a child or many children could cause injury to her. The practice of 'azi' points to the acceptability of adopting certain natural mechanism to prevent pregnancy. However, Muslim jurists today consider it "uncertain and unsafe," and recommend the use of modern safe contraceptives.

A Muslim woman, in the LDR, aged 23, who had an early marriage at the age of 18, is of the view that

> "....to top it all, there is a hidden dimension in Islam and this is accountability before God, meaning if you escaped accountability here on earth, you will render that accountability before God when you die".

This goes to say that the more responsibility a person has, the more he/she will be accountable to God.

The researcher's discussion with the Christian priests in both the regions revealed that the Christian faith values community life to a great extent. It claims that God's acts of making known the 'Self and Will' are always translated into the formation of communities that put the life what they discern to be God's purposes. The goal of Christian living is an ideal community called "new heaven and new earth". In other words, Christianity claims that God's call to make self-known starts within a community, and God's promise to bring about new life in its fullness also takes place in a community where everyone finds fulfillment. The themes that emerged from discussions with the priests have been summed up as follows:

The Church does not use the term family planning. It prefers to use the term 'responsible parenthood' because it focuses on the responsibility of the couples themselves. And, the Church leaves it to the parents to take the responsibility and obligation to control the size of the family by any means. But, the Church condemns abortion irrespective of the location. The Church's stance is that the number of children should be decided along moral lines, according to the nature's law and the government should not dictate it. People, including couples, who are involved in religious movements and organization like Marriage Encounter, Couples for Christ and other groups concerned with family life, are aware about family planning. They vary in what they say, especially in the area of family planning. The belief that to have more children than one can afford to support is more sinful than the use of artificial contraceptive methods.

From this, it can be stated that the issue or the point being considered is their survival in socio-economic situation. If the most effective way of planning the family in order to survive were through artificial means of birth control or by substitutes, people would use these means. Moreover, there is a resounding call for understanding and awareness of what it is to be a man and woman today. Thus, with regard to family planning, the Church is able to convey the advantages of controlling the couple's reproductive behaviour.

When the researcher interviewed a Local Panchayat President (38) in Kannyakumari, who has two children and adopted IUD, she reported:

> "even when family planning services are offered, sexual conservatism and strong taboos prevent women from talking about sex in public. This makes it difficult for the women to inform strangers, such as the health worker, even supposing that women are provided information to be able to understand the choices being offered to them. In the context of religiosity, it is viewed as immoral adding to the confusion and shame that make it difficult for women to acquire and act upon clear and helpful information".

In contrast a Hindu man (42), a graduate and a non-adopter of family planning in the LDR said,

> "yes, it is true that you have the law, you have the principles to apply but you don't apply them strictly without considering the situation and whatever things that are really important to the situation. These are things that confuse people, especially those people who grow up in conservative families. They would rather not to talk about something that is considered sinful"

Overall, it is observed that adoption of family planning by preventing the natural law may be a sin - both objectively and subjectively - according to the religion, but the degree varies and the level of the approach changes from one religion to another, within and across the regions. Based on the view of these respondents, it may be inferred that the Church is extremely selective in its energy and vigor on issues while Islam puts forth conditions, though Hinduism lies in patriarchy, whose deep-seated contempt for women is still there in spite of all the progress. According to Hinduism, Islam and Christianity, practice of family planning measures is only objectively sinful or immoral and subjectively it is not. The main conflicting area of the ways and means of controlling the women's reproductive behaviour, with the various teachings of the Temple, Church and Mosque convened by its leaders, would have much impact on married couples. There is also an urgent need for justice and fairness in all walks of life and in Temple, Church and Mosque and the Government. There has to be a resounding call for understanding and creating awareness about family planning measures and its means. That is, a regeneration of 'moral values' in our life is the dire need of the hour coupled with self-respect as the mainspring of

human progress. New ideals in social characteristics, new opportunities in economic activities and new methods of action in political participation can modify and alter the nature of religious perspectives to promote further adoption of family planning. And, it is always some new and higher thinking towards some practical ideal that strives to control one's reproduction. This may help achieve an order of reproduction in which the common good over rules and its preparedness would call for a new renaissance to capture the spirit of the deep ideals. This in turn would motivate the Planned Parenthood movement to rekindle the great idealism that has nurtured the spirit down the ages, particularly in the LDR.

Religion: A Focal Point of Contraception

In the study regions, it is observed through the logistic analysis that evangelical Christianity emphasizes the spiritual equality of human beings and morality. It gives rise to serious social criticism and an earnest quest for adoption of family planning ($P<0.05$). The system, based on an assumption of social inequality and expressing itself through the many ritual practices of Hinduism, and the distinctly inferior/ subordinate treatment may lessen the reach of the welfare measures, particularly in the LDR ($P<0.08$). However, the extensive welfare programmes have an impact on the Muslims ($P<0.10$) (see Table-1). It began merely as a plea for education of young girls. Even in this group, the idea of schooling for women among the Muslims has not gained any support. In general, a number of other circumstances have led to the partial breaking down of opposition to the welfare measures. But, of importance is the pressure exerted in this direction by the progressive groups, namely Christians and Hindus, who have tended to postpone marriage and also adopted contraceptive measures.

However, there are no quantitative differences in the adoption of family planning measures and the extent of liberalism, according to religion. The proportion of Christians currently practicing family planning is almost three times as great as Muslims, while the proportion that has been practiced is twice as much. These results indicate that the well documented Hindu-Muslim fertility differentials, i.e., higher fertility among Muslims continue to be maintained. The results also interject another factor that must be considered in the differentials, namely Hindu contraceptive practices ($P<0.05$). But, it is possible to argue that religious liberalism characterize the MDR than the LDR population. The major channels for the spread of individualistic ideas might be the system of education, popular fiction and serious literature, both the print and non-print media and, direct contact between persons - lay individuals and socio-political and religious leaders - who are exposed to these ideas through one or more of these channels. This automatically checks on their religious beliefs and practices and encourages them to adopt welfare measures such as contraceptive measures.

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

Selected Variables	LDR				MDR			
	Hindus	Muslims	Christians	Total	Hindus	Muslims	Christians	Total
Preference for Boy								
Economic Utility	0.296~	0.217~	0.199~	0.107~	0.110~	0.132~	0.169~	0.069~
Old age security	0.200~	0.162~	0.174~	-0.041~	-0.008~	0.014#	0.118~	-0.092~
Religious belief	0.217	0.258	0.178	0.137#	0.154	0.046	0.124	0.123#
Carrying norms	0.194	0.151	0.119	0.036	0.267	0.083	0.031	0.001
Preference for Girl								
Economic utility	0.089~	0.099~	0.185#	0.025^	0.155~	0.123^	0.136^	0.089^
Religious belief	0.063	0.067	0.108	-0.016#	0.048	0.140	0.220	0.128#
Expansion of mothers	0.123	0.084	0.011	0.142	0.199	0.076	0.035	0.025
Household work Help	0.133	0.165	0.001	0.133	0.008	0.058	0.264	0.072
Desired Family Size according to Age								
<24	0.145~	0.267~	0.140~	0.140#	0.105~	0.185#	0.155#	0.048#
25-29	0.159~	0.259#	0.159~	0.159~	0.102~	0.108~	0.128~	-0.247~
30-34	0.131	0.168	0.070	00.700	0.057	0.011	0.199	0.150
35-39	0.122#	0.186~	0.272~	0.081	0.229~	0.065~	0.114#	0.078
40-44	0.191~	0.213#	0.109~	0.295~	0.238~	0.142#	0.107~	0.011~
Wanted a child	0.007	0.025	0.059	0.049	-0.297	-0.078	-0.068	0.002
Wanted no more child	-0.017~	-0.116~	-0.142~	-0.003^	-0.092~	-0.35~	-0.003~	-0.021^
Ideal Family Size according to Age								
<20	0.140#	0.214~	0.413#	0.356^	0.059~	0.259~	0.289^	0.255^
20-24	0.081	0.212~	0.410~	0.245^	0.117~	0.075~	0.248~	0.154^
25-29	0.193~	0.105~	0.385~	0.231	0.086~	0.196~	0.280~	0.268
30-34	0.132	0.165	0.147	0.421	0.105	0.051	0.097	0.150
35-39	0.070	0.261	0.458	0.267	0.069	0.121	0.198	0.096
40-44	0.166	0.303	0.231	0.109	0.086	0.024	0.091	0.131

= Significant at 0.05 level
^ Significant at 0.01 level
~ Significant at 0.10 level
LDR = Less Developed Regions
# Significant at 0.08 level
MDR = More Developed Regions

Religious affiliation shows a significant relationship with the practice of family planning. However, it is highly significant for Christians in the MDR ($P<0.01$) than their counter parts in the LDR ($P<0.05$). The fact is that the Church attempts not only to maintain the restriction on family size, but also leaves the decision to use birth control measures up to the individual couples. In the case of Muslims, the use of medicines to prevent birth temporarily is not prohibited. This jurisprudence is recommended because it eases things for couples and helps them avoid mishaps. It is recommended particularly, when continuous pregnancy, without a spacing interval, enfeebles the mother. But, using any method to stop pregnancy completely is

prohibited. Family planning means temporary spacing of births and extending the period between births to enable the mother to suckle her baby fully and purely. Because of religious beliefs, certain amount of reluctance is seen among the LDR Muslims ($P<0.10$) than their MDR counterparts ($P<0.08$). According to Hindus, additional children threaten the economic necessities of life as well as endanger the comforts considered ordinary for the family environment. The family is not expected to be plunged into debt by another birth, nor should existing children be lowered in level of living below the levels of the parents themselves. The scriptural re-interpretations lead Hindus to adopt family planning measures which shows significance in the MDR ($P<0.05$) as compared to the LDR ($P<0.08$). It is noticed that among the LDR religious groups, the traditional matrix of sacred religious and cultural practices cease to exist. It means that the process of liberalism and individualism is probably not speeding up in the LDR villages.

Prescriptively, it is found that, irrespective of the study regions and status of adoption, the structures of religion within which people live are simply accepted as the divinely appointed human situation; and religion accordingly functions, inter alia, as a powerful valuator of the existing social order and living conditions. The people's faith in God directs them to consider the welfare of individual and community as a whole. Thus, religious motivation actuates individuals to engage in social and economic activities in the developmental sectors and adopt family planning measures as well. On the other hand, religion is doubtless a major variable, but by itself is not a sufficient condition either for the promotion or for the retardation of socio-economic development. It is to be considered along with other variables.

Sex Preference(s)

Preference for one sex over another is determined by differential participation in productive activities by males and females. The type of economy and cultural practices prevalent also condition male-female participation. At the same time, the preference for sons over daughters is not a universal phenomenon. In the survey, one of the questions asked of the respondents was, "what are your reasons for preferring a son or daughter?"

It is noted that about a half (47.3%) of the respondents considered a son an asset, while over a third (35.9%) expressed such an expectation from daughters. From this, it may be inferred that in traditional subsistence societies, particularly in patriarchal societies, sons are considered functional for maximizing economic utilities. For example, sons contribute to the family's resources by working on the family farm; daughters usually get married and are less likely to provide economic support. Over a half (53.2%) of the respondents expressed remorse for not having a son. It is high in the LDR (34.3%) as compared to 22.1 per cent of the MDR counterparts. The reasons for such preferences are: (1) no one to continue the family name, (2) no one to look after parents in times of distress and in their old age, and (3) financial loss resulting from hired labour.

In addition, sons are supposed to carry out funeral and post-funeral rites for their deceased parents. This reveals that the need for sons for economic reasons is reflected high in the absence of social insurance like pension, community supports, and other public insurance measures by the state government. Preference for sons for religious reasons is stated by 29.4 per cent of the LDR respondents as compared to only 20.3 per cent of their counterparts in the MDR. All these socio-economic and religious attributes are responsible for couples expressing an explicit preference for sons over daughters. Prescriptively, over a third (36%) of the respondents, irrespective of their regions, are dependent on daughters for economic reasons. This may result from the flexible pattern of marital residence and economic participation by daughters. In general, married daughters end up living virilocally - most of them find husbands within a short distance of their parental homes. This enables the daughters to help their parents in terms of care, labour and needs. Moreover, these girls contribute substantially to the productive economic activities of the household before they leave their parental homes. This may be responsible for the fact that couples in the LDR and MDR regions do not appear to express a significant preference for sons over daughters, since daughters are also economic assets owing to their participation in productive activities. This is highly reflected among the couples in the MDR (40.6%) as compared to thirty-one per cent of their LDR counterparts. The respondents who stated that their preference for sons is mainly for economic utility is higher among the Muslims (49.5%) and Hindus (47.6%) as compared to the Christians (44.7%). In contrast, almost an equal proportion of Hindus (39.4%) and Christians (39.5%) as compared to twenty-nine per cent of Muslims preferred daughters for economic reasons in the study. It is overemphasized by the MDR couples than their counterparts in the LDR. This indicates that the perceived value of children is positively related to socio-economic utility in the agricultural societies.

Sex Preference(s) and Contraceptive Behaviour

It is often assumed that couples in a society have sex preferences for good and valid socio-economic reasons and not because they are ignorant of how to avoid them or are acting under impetuous passion or from blind adherence to traditional cultural norms. Due to this, preferred sex composition is valued universally for fulfilling several aspirations and obligations of parents, family and society at large. These expectations often disturb the couples' reproductive behaviour. In view of this, the study attempts to know the relative importance of sex preferences with the increased modernization and social change of the particular society.

About a third (32.3%) of couples who have not adopted any family planning measures would keep trying for a son as an economic asset. It is high among the LDR couples (41%) as compared to the MDR (26%). However, the non-adopters in the MDR (41.8%) preferred a girl child due to economic participation and other non-household activities of daughters; it is less expressed by the LDR non-adopters

(32.6%). Hence, among the non-adopters, the preference is towards attaining balanced number of siblings rather than a strong predisposition towards sons. The religion-wise analysis depicts that 22 per cent of the Hindu non-adopters considered the importance of a son for old-age security, followed by 17.5 per cent of them who wanted a son for religious reasons. But, Muslim non-adopters in the LDR show higher preference for sons (26.6%) compared to Hindus (18.7%) and Christians (15.3%) in the same region. Almost an equal proportion of all religious groups in the MDR expressed that they preferred a daughter for household duties. In general, it is low as compared to their LDR counterparts. This may be again a consequence of male dominance in the Hindu religion with a distinct preference for a male child. A preference of this sort partly flows from Hindu beliefs such as "funeral pyre must be lit by a son for the parents to get salvation" and a son is the only link in the intergeneration 'continuity of a family' and partly by the economic compulsion which ensures a much higher probability of employment to a male child as compared to a female child. Similar views are shared by Christian non-adopters; it is high among the LDR (21.2%) as compared to their counterparts in the MDR (8.8%). Muslims, as any other community are motivated by various desires to limit or enlarge their family size in the context of the relative considerations of survival and security factors and with certain material and non-material and cultural factors like old age security, religious norms and emotional bonds. This reflects that a strong preference for son as a progeny is attached to both economic and cultural factors in the LDR compared to the MDR. A consequence of such preference for a male child is to have offspring till they have desired number of male children in the family. Thus, the family size gets inflated. Unless the programme starts educating people about the importance of a girl child, it would be difficult in future to convince couples to adopt family planning measures.

In the study as a whole, nearly a half (47.2%) of the adopters stated that a son is an economic asset, followed by 25.8 per cent who stated that a son is a source of old age security. However, over a half (54.5%) of the adopters in the LDR favored a son as compared to two-fifths (39.9%) of their MDR counterparts. The religion-wise analysis reveals that nearly a half (47%) of the Hindus who have adopted family planning preferred to have a son. This is high among the LDR adopters (53.8%) as compared to their MDR counterparts (40.3%), who stated that according to their religious beliefs, only a son could perform the religious rites on the death of parents. It is believed that the latter is doomed to a particular kind of hell unless these rites are performed. The word for son in Sanskrit is '*putra*', literally one who saves *put*, hell (Nag 1968). The religious and economic significance of having a son among Hindus is reflected in the Vedic blessings for a married woman "May she bear ten sons and make of her husband an eleventh" (Lahiri, 1975). In the case of Muslims, tradition bound conservatives (16.3%), held clearly the belief that progeny is God's gift. Hence to them, the number of children they should beget is the limit set

by God. Among the Muslim adopters, 32.5 per cent thought at least one son is required for old age security as compared to 18.3 per cent of their counterparts in the MDR.

A landless Hindu women (39) having two sons and undergone sterilization in the LDR stated,

> "...In our society a woman can be an asset if she participates in economic activities outside the home. But if she ceases to be economically active, she turns into a liability and the family is obliged to pay dowry for her marriage".

This shows that even in societies, where agriculture is the predominant activity, there is a functional shift in patterns of occupation, where girls are considered as economic advantage and equally valued like sons because of their participation in economic activities outside the home.

A Christian woman, aged 28 and mother of three sons staying in MDR village, said,

> "I was not interested in having any more after my second child. When I was pregnant the third time I wished that it should not be a girl child, due to the existing dowry system which we cannot afford. Since, my husband is working in the sea fishing, the remuneration is so little and we struggle now for two meals per day. At the same time I have no hope that I could educate my three children even to primary level, but I wish that my children's status would go up once they get married through the dowry system"

On the contrary, a 30 year old Hindu woman having two-acres of land and mother of three daughters, narrated her predicament:

> "....all through the nine months of pregnancy, I lay down half-dead and had no strength. But I had to cook for my children and my husband. Luckily, my two elder girls, eldest is 9 years old and second daughter is 7 years old, could help me in the household works like fetching water, collecting sticks for fire and some times they earned money working in the agricultural fields, which really substantiated the household income. I had to attend to the infant. I am convinced that only an end to my regular pregnancies can save me from looming death. What is the assurance that if I have a son he will help us during our crisis? It is better to rely on girls than others".

Although the mother may feel exhausted with recurrent childbearing and prefer to put an end to it, she has to contain her impatience for a few more years in the hope of begetting a son for furthering the progression of the family. Women prefer to stop procreation even before attaining the socially optimum number of surviving children.

A non-adopter (42) owning 12 acres land in the LDR, having two daughters and a son stated,

"My daughters, aged 21 and 18 years, are doing good in our own agricultural field and have more aspiration to save money and wealth. But our only son (aged 24 years) has to look for jobs outside the village. Sometimes I feel that I could have given birth to one more daughter instead of a son".

He added,

"...if my daughters get married in our locality or close by village, definitely they would help in times of crisis and in times of need, but I don't think that I can depend much on my son, particularly at old age".

Thus, the couples' preference for a particular sex is not achieved by the time they attain their desired family size; their motivation to control fertility through effective means of contraception may not be very high. This is likely to result in more children than desired. In this kind of situation, the couples' preference for male children for economic reasons discussed here would be a lesser incentive to reduce fertility no matter what their social cost of rapid population growth are. It implies that in the LDR, the family planning services would have no independent effect on small family size unless simultaneous changes occur in the social and economic conditions along with an understanding of the escalating costs of having a large family size and removing the cultural impositions. This calls for policies, particularly for the LDR, which would draw attention to the role of social security system, small savings institutions, pension schemes and other such schemes to replace the function of children, particularly male children, in providing economic and social security to parents.

Sex Preference(s): A Deviation by Family Planning

The survey data suggest that there is an economic case made for having relatively more children. The quantitative evidence substantiates the sex preference by the logit regression in the study regions. It is found that couples are more likely to regulate their reproductive behaviour by adopting family planning measures if they could have at least one son. For example, the present survey found that majority of the respondents wanted at least one son and varying numbers of daughters (never exceeding the number of sons, in general).

The relation between contraceptive behaviour and sex preference reveals that it is highly significant ($P<0.01$) when the couples preferred a daughter for economic reasons (see Table-1). This may be due to couples' reduced socio-economic dependence on sons and an increased preference for daughters as a source of economic gain as well as support against economic loss. Further, it reveals that daughters are a source of strong support for economic reasons where the labour market is more segmented by sex. For example, sons may be needed to prevent the loss of income caused by inadequate utilization of land because women are barred from many agricultural activities. Moreover, the potential gains from women's labour is evident

from a situation such as rural-urban migration, which is primarily male selective. At these times, the daughters successfully contribute to the household. Such labour market segmentation increases the economic value of daughters to the household as a whole. In addition, one extreme form of sex segmentation of the labour market is when access to productive employment is barred to women not just in certain specific activities, but in virtually all activities, making women economically dependent on men. This, however, decreases the value of girl child in the agrarian society.

On the one hand, certain cultural differences like religious reasons and status of women, force the couples to have a particular sex preference. On the other hand, religion provides fairly easy solutions to the religious problems that the absence of a son can present. For example, in recent times, religious practices (even the funeral rites for which the scriptures require a son) in the absence of son, are performed by any one of the parents' relatives or the daughter herself. These positive aspects of the daughters' participation discourages couples to have sex preferences and also reduces the importance given to sons. Due to this, both son and daughters are equally preferred and is evident in the study regions with significance at 0.08 level. Thus, the anticipated value of son is diminishing and the general preference for daughters is more widespread, particularly in the study regions.

Age at Marriage

Nuptiality plays a significant role in determining the level of fertility and growth rate in a population. The experience of several countries where population growth rates have recently lowered, demonstrates this effect. An upward shift in nuptiality behaviour plays a crucial role in affecting these changes. In societies, where reproduction is primarily confined within marriage, the change in marriageable age are directly linked to reproductive behaviour. The increase in the marriageable age of a female is therefore recognized as one of the important policy interventions, which might influence the couples to adopt contraception.

The median age at marriage increases steadily from 13.5 years for women in the 40-45 age cohort to 18.6 in the 20-24 age cohort, a rise of 5.1 years. The median age at marriage is higher among women in the MDR (19.7 years) than among those in the LDR (17.3 years), but both the regions show a similar trend across cohorts. That is, MDR women marry about 2.4 years later than their LDR counterparts. In the MDR, schooling and employment outside the agricultural sector might have provided the economic resource to postpone marriage and an economic incentive for parents to encourage their daughters to remain single during the economically productive period of young adulthood. But, in the case of the LDR, this is missing. Thus, the main factors for rise in marriageable age of females in the younger age groups (in the study regions) in the recent past have been economic.

Differences between the marriageable ages among the religious groups are also visible, with Christians (19.7 years) marrying nearly four years later than Hindus

(15.7 years) and Muslims (15.3 years). Marriage is the basis of social life and is a matter of great importance in Hindu scriptures to the extent that marriage should take place as soon as the girl reaches puberty, or else the parents are condemned as committing a grave fault. If parents find a good bridegroom, they may arrange her marriage even before puberty. This is observed in the LDR and child brides are expected to live with their parents until puberty. This may be because of a further impetus given to pre-puberty marriages by attaching social prestige to them. According to them, to have one's daughter betrothed before puberty is considered a sign of one's influence or status. It is, however, not so among Christians. In Christianity, the Church holds the time of marriage and strictly follows the constitution on the minimum age act at marriage prescribed for boys and girls, irrespective of their socio-economic status. Thus, Christianity upholds the importance and sanctity of marriage by instilling and initiating these modern ideas among its followers compared to other religions.

However, there are no wide differences in the marriageable age between Hindus (15.6 years) and Muslims (15.2 years) in the study. Marriage is advocated in Islam as a social institution by the faith, the Holy Book and the prophetic traditions. It is regarded as the base of the social structure. It is a contractual arrangement between a man and woman and nobody is debarred from matrimonial life. The contract of marriage is regarded as equivalent to its fulfillment. In fact, marriage in Islam is obligatory for every man and woman. Hence, it may be said that marriage in Islam firmly rests on faith and piety. The obligations laid down by the institution of marriage for a man are not limited to the guarantee of a subsistence level to his wife and children but also to properly bring them up by providing them with necessary education and training facilities. It is reported that among the Muslims, irrespective of their educational status, marriage is usually entered into at an early age, and especially for girls and they spend most of their reproductive years in marital life. Thus, religious injunctions play a predominant role in the life of Muslims, irrespective of the regional development.

Age at Marriage and Contraceptive Behaviour

The significant role played by changes in nuptiality pattern in curtailing fertility over the period has been stated by several researchers. However, changes in marriage, in terms of higher age at marriage, characterize the nuptiality pattern in the society through causal factors associated with contraceptive behaviour.

In the study as a whole, among the non-adopters, age at marriage of women is 17.1 years. The regions differ considerably in the median age at marriage. Nearly a half (47.1%) of the women in the age group of 15-44 years have been married at or below 15 years in the LDR compared to their counterparts in the MDR (36.2%). However, the region-wise median age at marriage exhibits a consistent gradual rise from the oldest (aged 40-44) to the younger (aged 25-29) cohorts. The increase in

the age at marriage is the highest among the MDR non-adopters, for whom the median increases from 14.5 years for the women aged between 40-49 to 22.1 years, for the age group 20-24, a rise of more than seven years. The difference in the median age at the time of marriage between the youngest (aged 20-24) (17.2 years) and oldest (12.8 years) non-adopter cohorts is more than four years in the LDR. In the MDR, it might be that schooling tends to postpone marriage for women because girls not only stay on at school, but they are also likely to join the labour force before getting married. Whereas in the LDR, under the action of social forces, early marriages became more common and with the passing of time, the practice became a compulsion that a departure from it is a matter of social outrage in their cultural settings. Not only that, if a desire exists for a large family, reducing the marriageable age may not lead to lower fertility as couples may produce more children through short spacing. There are also differences by religion, with Christian non-adopters (20.4 years) marrying nearly three years later than Muslims (17.9 years). An increase in the marriageable age for Christians might have been due to increase in the level of education, particularly among females and their modern views. In the case of Muslim non-adopters, it is comprehended that flexibility in the use of purdah (traditional veil worn by Muslim women) and influences of modern commercial films lead the younger cohort non-adopters to get married two years later than the adopters (15.6 years). But, these couples are unlikely to accept family planning measures because they are still on the way of family building and justify their feelings in the context of religious practices.

There is not much of a difference that is observed among the adopters' age at the time of marriage whose average age is 15.6 years. The study shows that a large proportion got married very early. More than a half (53.4%) of the women have been married at or below 15 years in the LDR whereas it is found to be less (41.1%) in the MDR. Irrespective of regional development and its performance in the developmental sectors, women got married at an early age. This is not to say that contraceptive behaviour did not vary across the regions; however, the difference is minimal. This may be because the fertility control within marriage by stopping child bearing appears to be abrupt rather than gradual; although one might point to a long standing 'unmet need' for contraception that is fulfilled by contraceptive technology. However, the religion-wise median age at marriage exhibits a consistent gradual rise from the oldest to the younger cohorts. The increase in the age at marriage is the highest among the Christian adopters, where the median increases from 14.8 years for the women aged 40-49 to 18.8 years for the age group 20-24, a rise of more than four years. The difference in the median age at the time of marriage among Muslim adopters is more than five years - the youngest (17.2 years) and oldest (12.2 years). It is thus clear that the respondents preferring the present age as an ideal one for marriage among Muslims, are mostly from the illiterates or lower educational levels and from the villages. This shows that among the Muslims, irrespective of their

education or economic status, as soon as the persons attain the maturity age, they are married. That is, encouragement to girls to pursue education, choose vocations or engage in other activities of their interest and choice is restrained and even girls of 17-18 years keep themselves busy in child bearing and fulfill their religious norms. Thus, among Christians, followed by Hindus and then the Muslims, the delay in marriage is not for restricting fertility but evidently for economic reasons. The socio-cultural values, improvement in female literacy and social reform movements contribute to the rise in female age at marriage among the Christians and the Hindus compared to the Muslims in the study regions.

A Hindu woman (24), residing in the MDR, who has two boys and wants a girl, was married while she was doing her college. She stated:

> "...my parents did not send me with the idea of educating me. Since they did not want me to get married within the family, they were looking for a boy elsewhere and, in that time gap they sent me to college. This has been the case with many other girls also".

A NGO's director, aged 42, in the LDR said,

> ".... regardless of their marital duration or socio-economic status, late marrying women have higher levels of childlessness and smaller completed families than their early marriage cohorts. Due to this, late married couples speedup their childbearing within the short period. Once they complete the desired family size only they go for adoption".

Thus, it is understood that family size is positively related to the duration of the marriage in the reproductive age span. That is, those who marry at an earlier age can decide their desired family size at their own desired pace than those who marry in the advanced ages try to achieve their desired family size by reducing the space between children.

Marriage: No More a Contraceptive's Institution

The logistic outcome explains that the adoption of family planning measures have initially concentrated on the older women who got married earlier, say below 14 years median age at the time of marriage ($P<0.05$). It is also consistent with the idea that after a certain number of births, family limitation through using contraceptive measures is likely to be taken up by an increasing number of women who are in their early or late thirties. They find that they have achieved the desired number of children and face increasing difficulties in meeting either old standards or the new rising expectations for themselves and their children. The existing pressures of age on older women make them adopt compared to the younger wives who had delayed their marriage by 4.2 years and subsequently adopted on completing the desired family size. The new forms of behaviour arise due to modernization and development.

This indicates that those who delay marriage make up a considerable portion of the loss of early years in the reproductive period by having less pregnancy intervals. This has an obvious implication for the position that raising the marriageable age does not markedly reduce fertility.

However, it should be pointed out that the increase in age at marriage is high for the younger age groups. The extent of increase in the age at marriage occurred in the most fertile age groups, 20-24 and 25-29 years and is significant at 0.08 and 0.10 level respectively in both the regions. This indicates that a transitional phase is beginning, where the more fertile women are beginning to attend school which is a sign of modernization and the changes emerging from cultural ideals about gender and community - the marriage preferences and family structures built upon local ideas about inhabitation, economic exchange (dowry and bride price) and reproduction.

The association between the age at marriage of women and adoption of family welfare measures is differentially observed among the religious groups (in the study regions). The logistic results shows that marital changes and emerging preferences built on local cultural ideals are linked to wider socio-political and economic changes in the broader society, irrespective of its development. Indeed marriage of younger women is delayed because their parents have wished to retain control over their earnings, particularly daughters, as long as sufficiently possible, due to increase in the dowry and bride price. Also, the decisions and ideologies of the elderly are increasingly being deemed to be the tenets of the religion and hence accepted by the younger women in the society.

The argument raised here is that increase in the marriageable age of women reflects the power of elderly women and not women in general. Nevertheless, this woman-centered approach may offer more for women's empowerment than family welfare and may owe its reasons to increase in the level of schooling. This indicates that the bush school is still an important educational milestone for girls in the LDR, and the very fact of initiation of education itself means that they would enjoy access to any of the benefits and training the society can offer. This is significant in the age group below 24 among Christians ($P<0.08$), Muslims ($P<0.08$) and Hindus ($P<0.10$) in the MDR as compared to their LDR counterparts - Christians, Muslims and Hindus who show significance at 0.10 level. The median age at the time of marriage is more than one and a half-years among the Christians, who used contraceptives before other religious groups in the study regions. The adoption of family planning measures is high among the Christians in the MDR than other religious groups including its counterparts in the LDR. Further, the Muslims age at the time of marriage is as low as 16.2 years compared to the Hindus whose median age at the time of marriage is 17 years. This indicates that Muslims' exposure to marriage and childbearing begin at a younger age and are less likely to have used contraception than their older counterparts. It is not known when exposure to the contraceptive

measures begins and it is sufficient to determine the causal connection between age at the time of marriage and use of contraception. Moreover, it is possible that those who use contraception to delay the risk of conception would be older and, thus more likely to use contraception, irrespective of their religious background and development of regions.

Thus, on positive side,

> ".... it could be argued that where schooling was ubiquitous, even the illiterate are affected. If marital norms shift as schooling becomes part of the taken-for-granted world of young women, then it is not entirely unreasonable to suppose that the more general level of social change has a much wider social effect than can be measured by comparing women at one point in time according to the influence of schooling....It is not sufficient to sit back and expect female schooling to resolve a wide range of social problems..." (Basu and Jeffery,1996: 47)

Thus, in a situation of limited control within marriage, the effect of contraception and delayed marriage on reducing the fertility of women in the study regions is less. Hence, age at the time of marriage is not significant in influencing contraceptive behaviour. That is, an increase in marriageable age alone may not have any significant effect on contraception in a society where birth control is widely practiced; and where there is a pattern of high nuptiality but low fertility. This is because births are controlled within marriage, irrespective of the time of contracting the marriage. In these regions, a small family size is the norm and this can be achieved even when marriages are contracted beyond 30. The effect of marriageable age on fertility is only prominent in societies where there is very little use of contraception and premarital pregnancy is non-existent.

Desire for Children

Based on micro-economic and consumer-demand theories of fertility decision-making (Easterlin, 1978; Espenshade, 1978; Bulatao and Lee, 1983; McClelland, 1983), the present study observed that desire for children is usually taken to refer to the number of children couples would choose to have, if there are no subjective or economic problems involved in regulating fertility. Desire is, here seen as a matter of relative preference for children versus other consumption activities, and it includes preferences for the timing, spacing and gender of children in addition to quantity. Also, desire for children is influenced by a large number of societal and individual level factors. For instance, as the woman's reproductive age advances, the desire to have another child decreases.

In this study, the data with respect to desire for children reveals that over a third (38.1%) of respondents stated that they desired to have a child (irrespective of sex) if there are no subjective or economic problems involved in regulating fertility. In

In contrast, more than a quarter of women (29.2%) stated that they do not want more children. However, about two-fifths (38.2%) of women who desire an additional child, particularly a son, and less than one-third (32.6%) of women preferred a girl child. Among the respondents who desire to have another child, a strong preference for having a son is observed in the LDR (44.1%) as compared to the MDR (32.4%). On the contrary, about two-fifths (39%) in the MDR said that they desire to have a girl as against slightly more than a quarter (26.2%) of their counterparts in the LDR. This arises partly because of the relative equality of sexes in the MDR as compared to the LDR. It could be that they desire to have a daughter if there are no subjective or economic problems involved in regulating fertility. However, the differences among the religious groups in their desire for children are due to their differences in cultural norms. This is reflected from the data on religious groups; almost an equal proportion of Hindus (31.6%), Muslims (32%) and Christians (34%) stated that they desire to have a girl child for economic and religious purposes, only if there are no subjective or economic problems involved in regulating fertility. With increased employment of sons outside agriculture and often outside the village, there is a growing belief that daughters may prove more affectionate and caring in old age than sons may. In general, where the local deities are usually female, unmarried daughters are needed for family participation in many religious ceremonies. For example, the desire to have a daughter may be related to the importance of the Hindu religious obligation of *kanyadan*, which provides an opportunity to make merit by giving one's daughter away at the time of marriage. And, there are not many differences in the cultural practices between Hindus and Christians. But, the Muslims have mentioned the 'prophetic traditions' which states, "the most grueling trial is to have plenty of children with no adequate means" (cited in Shaikh; 1991: 52).

Desire for Children and Contraceptive Behaviour

The desire for children is treated as an intervening variable to explain contraceptive behaviour. Couples' attitudes and desires to have an additional child, influenced by individual's personal life experiences, economic reasons and socio-cultural practices have generated considerable interest because of the belief that desire for children may sustain the level of the contraceptive behaviour, which may increase or decrease than would be the case if parent are indifferent to the sex of their children.

Nearly a half (47.8%) of the non-adopters expressed their desire to have an additional child. Over a half (51.9%) of the LDR women desired to have a child as compared to more than two-fifths (43.7%) of their counterparts in the MDR. On the contrary, regardless of the regions, an equal proportion of the non-adopters expressed that they want to cease their childbearing (LDR: 29; MDR: 28.9) due to economic reasons. This clearly says that the cost of rearing children is considered in relation

to the social, economic and cultural motivation for bearing children. It appears that the increase in cost would have brought substantial changes in the desire to have an additional child. In addition to this, the parents are so concerned about the future of the children that they do not reproduce more than the number they can afford to raise properly. However, the proportion of women who want another child among the non-adopters drops to 42 per cent and for women who have two living children drops even more rapidly from 63.3 per cent. Even young married couples, aware of the unwritten reproductive norms, react with surprise if others' fertility performances fall short of the customary expectation. About two-fifths (36.4%) of women have fewer than three living children; the strong expressed desire for spacing among these women cannot be ignored. So, the family planning programme should increase its access to temporary methods for those who wish to space their births. However, Christian and Hindu non-adopters expressed a desire to have a daughter (difference of six percent) compared to almost an equal proportion (31%) of the same religious groups who stated that they wanted a son regardless of their region. It may be that children are valued for their role in perpetuating tradition and their ancestral line, providing economic and social support for parents in their old age and strengthening the marital bond. In contrast, majority (68.1%) of the Muslims non-adopters in the LDR desired to have a son as compared to nearly two-fifths (38.6%) of their counterparts in the MDR who expressed that they wanted to have a girl child. This reflects the Muslims' traditional belief in the 'Hadiths or utterance' of their religion, which embodies perceived values and roles that children perform in their families Among the religious groups, unmet need for family planning is highest among Muslim women, who are least likely to have their total demand satisfied. So, family planning should intervene in these societies to satisfy the needs of those who wish to space their births, particularly in the LDR.

Over one-fourth (28.4%) of the adopters stated that they would choose an additional child if there are no subjective or economic problems involved in regulating fertility. This proves that many couples in the regions desire to have a child for good and valid economic and cultural reasons and not because they are ignorant of how to avoid them or are acting under impetus and uncurbed passion or from blind adherence to some traditional cultural norms. It is found that more than two-fifths (42.7%) of the adopters in the LDR desired to have a son than a daughter as compared to their counterparts in the MDR (38.9%) who wished to have a girl child. It may be noted that changes in the pattern of differential economics in family and society marked its influence on the desires and expectations of the women. This perhaps is reflected in the contrasting views of the cultural groups on reproductive control of women. Over a third (39.7%) of Hindu adopters in the LDR desired to have a son as compared to more than a half (54.4%) of the Muslims in the same region. The fact that Hindus and Muslims desire to have sons for religious reasons and cultural practices explain their greater average of expectation from them. But, it does not

account for much difference among the Christians in the study regions who expressed their desire to have a daughter for religious and cultural reasons. This implies the importance of culture in the reproductive network, coupled with religious differences in expectations among the adopters. Perhaps, changes in attitudes towards the desire for children makes them concerned about family size.

No More Desires: A Fiscal-Deficit

An analogous case of the relationship between desire for children and contraceptive behaviour is that the desire for children rises with income, until changes in the attitudes toward tastes and aspirations about quality-quantity compromises the values. But, the proposition which is shown in the logistic analysis would mean that even very poor households may regulate their fertility by using contraception, irrespective of regions ($P<0.01$) if there are subjective or economic problems involved in rearing children (see Table-1). It is because they cannot afford many children that they find it rational to limit due to increase in the cost associated with child-rearing rather than the childbearing. Structural changes in society and economy are generally assumed to influence the cost-benefit ratio of children in such a manner that a small family is considered to be advantageous. The presence of a monetised economy means not only more expenditure and consumption, but also creates a situation where caution about saving and expenditure is much more an aspect of everyday life than was true a few decades ago. More specifically in the context of rearing children, the potential expenditure involved in schooling and other associated educational needs like books, stationery, clothing etc., maintaining their health and meeting their social costs like marriage and dowry as well have driven couples to anticipate problems and evaluate the costs and benefits of having more number of children and thereby regulate their fertility behaviour.

It is observed that the value of children has changed although children of the different cultural groups in the LDR and the MDR still do plenty of work in their households and in the agricultural fields. Changes in the value of children in the study regions is clearly seen from the reduction in the remunerative work by children, a reduction in children's work time due to changes in the nature of household activities, a higher enrollment of both boys and girls in the school and understanding on the part of the parents that children may not be a source of old age support. Further, increased use of fallow land for agriculture and the growing practice of multiple cropping have led to the virtual disappearance of grazing land in the village and with it, the age-old custom of boys grazing the cattle in the fields. As a result, less time is spent on other jobs like the collection of cow dung for fuel and manure, typically done by children. The prospects of a continuous demand for child labor are becoming small or marginal. It appears that a number of forces are operating in the rural families in such a way as to reduce the economic value of children where consequently a very essential support to induce fertility is drastically weakened.

Furthermore, in the study regions, most agricultural wages are now paid in cash, and, in the larger villages, the *jajmani* system has almost vanished. There is ample evidence that employers are getting tempted to switch to cash payments because of inflation and its promise that real wages could be whittled down by controlling the rise of cash payments. These are the factors on both sides that discourage the couples from having more number of children. This is supported by the logistic results, i.e., the positive relationship between desire for limited number of children and contraceptive use is strong and consistent in the study regions ($P< 0.01$ level).

However, the probability of wanting another child is 0.42 in the LDR and 0.34 in the MDR for couples with one son and one daughter; 0.44 for couples in the LDR with one son and two daughters as compared to 0.33 of the MDR counterparts who want to have at least one more boy. And, the probability of wanting a daughter for economic reasons is 0.30 for couples with two sons and one daughter in the LDR, but it is little high - 0.39 among the MDR respondents. It is the daughter who is useful for performing specific chores, especially within the home and also where there is no cultural or any other compulsion to keep her in school. The desire for a daughter is high among the MDR couples as compared to the LDR. Thirty per cent of the couples in the LDR do not have any such sex preferences as compared to 28.7 per cent of their counterparts in the MDR. Thus, the desire for limited number of children has significant effects on the decision to use contraception. The probability of contraceptive use among the women in the MDR who do not desire more children is 1.3 times lesser than among those who want more children. The probability of contraceptive use among women in the LDR, who desire no more children is two times greater than among those who want more children.

This reflects that parents are almost equally dependent on both daughters and sons. This may result in flexibility in the choice of marital residence for daughters and economic and cultural participation. This empowers the daughters to help their parents in terms of care and needs. Moreover, it clearly epitomizes that girls contribute substantially to the productive economic activities before and after marriage. This may be one of the reasons why parents have not expressed a significant preference for sons over daughters in their desires.

Ideal Family Size

While dwelling upon the existing values about the mean desired family size, an attempt is made to focus on the respondent's reproductive desires. In determining the ideal number of children, the respondents were asked about the average number of children that a woman of reproductive age would choose to have, if she could have exactly the number desired.

It is observed that the majority (60.1%) of the women in the study stated either 2 or 3 children as the ideal number of children. A relatively small percent of women, who belong to 15-20 years and 20-25 years age group think that two children are an

ideal number as against women in the age group 40-45, who considered three or four children as an ideal number. For those who gave numeric responses, the average number of children considered ideal is 2.6 in the MDR as compared to 2.8 in the LDR. Various cultural practices and symbolic expressions in the vicinity reinforce the reproductive norms as an important case in point. However, the role of social forces in the ideas about the ideal family size is not a concern of the young couples and rarely referred by them compared to the older couples. This is particularly visible in the LDR. The ideal family size ranges from 1.7 for the 15-20 age group of Christians to 2.8 for Muslims and slightly falls in the case of Hindus to 2.1 for the same age group. In contrast, almost an equal size of ideal family size (3.6) is expressed by all the religious groups in the age group of 40-44, who strongly believed in the advantage of having large family size, regardless of their religion. This is because power imbalances between older and younger generation might have a major impact on women's vulnerability to reproductive behaviour. That is, the old cohorts are aware of the prevailing norms, precepts and practices in the society but are still persisting to follow their old beliefs and values. This is because almost all-seceding couples live within the same kind of atmosphere regardless of their religious practices. But, young married couples are aware of today's expectations and the advantages of a small family and hence, make efforts to accomplish the current expectations of the society.

Ideal Family Size and Contraceptive Behaviour

Earlier there was an economic pressure that forced couples to have a large number of children, which ultimately postponed their adoption of family planning. It was believed that more hands to work meant more income and hence the motivation to limit family size was almost marginal and adoption of contraception was also low. The same kind of economic pressure persists, but certain changes in the perceptions of the society are gradually giving way to limit the family size. The changes in the perception of the couple's desire for ideal family size is primarily due to awareness of the increased potential expenditures in rearing and the changes in the value of children in a society and, thereby regulation of their fertility behaviour. The study tried to find out the couples' ideal family size in the light of changes in the socio-economic scenario with regard to contraceptive behaviour.

Among the non-adopters, there are differences observed by age groups within and across the regions. This reflects that the traditionally expected inhibitions and the value associated with modesty render it difficult for even young couples to neglect the reproductive norms and practices. This clearly indicates that unless couples achieve their ideal family size, they will not use any family planning measures. This is noted particularly in the LDR. For instance, the non-adopters have 3.5 children, irrespective of the regions in the study. But, younger age group (below 30 years) in the MDR preferred to have 1.7 children as compared to their LDR counterparts

who preferred 2.1. Accordingly, the ideal family size still has considerable validity with respect to women's reproductive behaviour and this is the reason that contraception is not scattered in the LDR as compared to their MDR counterparts. The religion-wise analysis also shows that younger age (below 30 years) women preferred to have small family size in the LDR - Hindus (2.1), Muslims (2.8) and Christians (1.7) as compared to their MDR counterparts - Hindus (1.8), Muslims (2.3) and Christians (2.1). It is evident that Muslims compared to other study religious groups preferred to have a minimum of three children, irrespective of the development of region, which may be attributed to their cultural practices.

Among the adopters, the ideal family size falls within the narrow range of 2-3 children, i.e., 2.8. The ideal family size for age group 15-45 ranges between 2.1 and 3. In the LDR, in the age group below 35 years, the ideal family size is 2.7 and then increases steadily to 3.5 for women aged 40-44. The trend is almost the same in MDR. This reflects that majority of the women, regardless of their region, consider a small family as ideal than a very large one. A large proportion of the adopters stated that their ideal number of children is less than the number they already have. For example, among women who have four and above living children, 60 per cent of women stated that their ideal family would consist of less than what they already have. Nearly a half (48.1%) of the adopters in all age groups with more than two children actually have more children than they consider ideal. This indicates the unwanted fertility. The ideal family size for Muslim adopters is one child more than the Christians and about a half a child higher than for the Hindu and Christian adopters. This shows that existing reproductive norms of the Muslims demand them to have a minimum of three children, irrespective of their regions.

A 19 year old Hindu woman, residing in the MDR, married at the age of 12 and having three daughters and two sons, was inquisitive about the number of children the researcher's mother had. She expressed surprise on hearing that the researcher's mother had two sons and a daughter. She said,

"Oh no! Your mother should have one more daughter. Having one daughter is like having one eye in the body. Your parents should have had at least one more daughter"

A 23 year old Muslim adopter of family planning measure in the LDR, expressed,

"I did not want more than two children, having borne three sons and two daughters. If I didn't have sufficient number, it was considered sinful in our village. Due to this, whether you like it or not, you have to bear the minimum number of children that is socially approved".

She added,

"women are meant to bear children and keep them around the home and manage them. If the number is reduced, I have to ultimately answer my in-laws

because our neighbours will ask my in-laws about my reproductive behaviour and status. Their prestige pushes me to bear more"

A Christian woman, in her forties, a mother of two sons and a daughter, works as a tailor in the LDR. She explained about acquiring secret assistance in fertility control at a time when most women were having more than four children. Others followed her example by having three children. She narrated that her husband and she did not want to have more than two children, but she was forced to have one more child. Her husband, a schoolteacher, explained,

"....I had thought of breaking the norms, but you cannot go alone to stay out of the village".

When the researcher interviewed them, she added,

"at that time, I did not know why we had to have minimum three children and some social control was given to us to follow. If the same community forces me now about having a child, I wouldn't be a silent listener as I did immediately after my marriage".

Thus, severe imbalances in the relations between women and men, in all spheres of life are established in day-to-day life, particularly in the LDR. Not only that, the culture of silence surrounding reproductive behaviour further prohibits women from seeking information and controls. That is, the existing socioeconomic forces, which affect the provision of information and services, need to assess the socio-cultural conditions in order to rebuild a new vision of reproductive and gender relations and, make practical recommendation for the mean desired family size.

Culture and Rights are Ideal

Ideal family size is dictated by a variety of notions such as the extent of women's dependence on reproduction for social acceptance and returns from children. As far as ideal family size is concerned, the younger couples in the 20-24 age group prefer two children as compared to older couples in the 35-44 age group who wished to have 3.3 children. Of course, this moderate family size preference is tempered by a strong ($P< 0.01$) and abiding desire for at least one son. Mean ideal family sizes generally decrease from older age groups to current younger age groups, though it varies among the religious groups within and across the regions (see Table-1). For instance, increase in the age of women reveals decrease in their ideal family size. This is much faster among the MDR religious groups than their LDR counterparts. However, Muslim women in the MDR show consistency in their preferences of ideal family size which is 2 to 3, where as in the LDR, it is 3 to 4 children.

Candidly, understanding the causes for contraceptive behaviour with an observation of socio-economic changes raises doubts whether large number of children

imposed any real burden on families. Incomes are so low that it seems unlikely that major social changes have occurred in the regions, particularly with regard to relationships within the family. If fertility is reducing, then the explanation probably lay in the pressure on economic condition. Earlier, there was an economic pressure that forced couples to bear more number of children. The same kind of economic pressure persists but certain changes in the perceptions of the society have gradually given way to limit the family size. The changes in the perceptions of the people's desire for small families have primarily been: (a) awareness of the increased potential expenditures in rearing (b) changes in the perceived value of children, and (c) ceding of decision-making with regard to fertility behaviour.

Overall, there is, in fact, near consensus on three points: first, family economics has changed from a situation where large number of children were not considered a burden. Second, maintaining the status that they have developed on their own or from their parents/grandparents or older generations is probably now seen as an advantage, which they wish to retain. Third, these are the products of a major transformation of society since 1980s. In the past, most decisions facing the younger generation of married couples were made by the older generation usually by citing traditional morality and religious prescription - through their undisputed control of their sons. These were simple reasons during those periods when people believed that high fertility was an advantage, though most regarded the decisive change as the penetration of the magnetized economy and the drive for economic growth. Most regard economic changes as having allowed - rather than forced -social changes that followed modem pattern of development.

Conclusion

Overall, cultural factors play an important role in seeking changes in the perceptions of individuals and society as well as promotion of family planning measures. There are reasons like sex preferences and ideal family size, which may delay the adoption of contraceptive measures whereas age at marriage is not significant with contraceptive behaviour. Desire to have no more children has shown significance in relation to contraceptive behaviour owing to changes in the cultural practices and ethics, which ultimately result in the adoption of family planning.

Thus, a holistic approach to the reproductive health in a society requires full recognition of both cultural and its behavioural aspects. Culture deals with what can be done, what we are and aspire to be while behavioural deals with what should or ought to be done. Culture is descriptive whereas behaviour is normative. Culture is most advanced by observation and logical deduction. Behaviour in contrast, is advanced by reaching a consensus through dialogue, reflection, enquiry or sometimes confrontation. Both culture and behaviour are advanced through the dialectics between theory and practice. Theory are mental constructs of reality. A theory normally does not mean anything without testing and use. In general, cultural phenomenon have

been marginalized or excluded as a domain not approachable or understandable by rationalism. With it comes an erosion of values and deep new alienation of people. Culture deals with values like reproductive health, about the meaning of the things, provides guidance in defining meaning. Culture can be seen as a system where people seek meaning in their lives. In that sense no other system has been as influential as the great cultural movements.

With these perspectives, reproductive health programme need to design approaches - in theory and practice - to explore and work with issues of meaning, beliefs and critical convictions, which are part of everyday people's reality and perceptions. Moreover, reproductive health programme should recognize that ethical and spiritual dimensions are essential parts of reality and therefore also of development.

There is also a strongly held and very powerful opinion among researchers that even if knowledge about culture aspects in regard to family planning is available, it ought to be disregarded or given little consideration. Although such biases are sometimes politely and carefully hidden, the practice (of contraception) is clear. Beliefs, values and a religious or spiritual perspectives are commonly regarded as a low/poor developmental indicators and less relevant form of knowledge than present development thinking based on economic and sociological assumptions. In other words, the differences in the accessibility and availability of reproductive health measures and in the interpretation of relevant factors like developmental factors increase the gap with unreflected assumption thereby misconstruing both our understanding and communication in conventional developmentalism which needs to be changed. Instead, one should look at values and cultural convictions not as beliefs that ought to be abandoned but as important expressions of a dimension of human reality that are real, tangible and quantifiable social aspects. Seen in this light, adoption and non-adoption of contraceptive measures is not simply to regard culture as a source of mistaken beliefs which needs to be abandoned, but to learn to understand the nature of the behaviour. This may be more or less automatically performed in the name of culture. After all, culture is also system managed by human who may strive to gain recognition and power in the name of religion, ethics, spiritual, fundamental. Hence one should recognize these difficulties that would build on behavioural commitments inspired by culture and to broaden the dialogue between the system and development.

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