The Changing Frontiers of Reproductive Behaviours

N. Ravichandran
S. Rajashree

The Shared Objective: The terms 'growth', 'development' and 'change' are used synonymously. Although such a usage is entirely acceptable, separating their meaning has merit. However, these terms aim at providing analogous opportunities and enrichment of the total quality of life to all. Yet, it emphasizes that qualitative and structural changes in society must go hand in hand with rapid economic growth, and existing disparities between and within the regional sectoral and social fragments should be substantially reduced. That is, 'development; and 'social change' do not take place within a specific societal context and in respond to specific condition. It affects all aspects of the society and all aspects of society contribute or detract from development.

An understanding about these concepts has undergone many changes over a period of time due to socio-economic growth and/or technological transformation. It makes social, economic and political relations harmonious, facilitates inclusiveness and societal cohesion, and provides a solid and adaptable foundation for achieving long-term progress. It implies reorganization, modification and innovation of the existing institutional structure. That is, development is understood as a core system.

The core system of 'development' or 'change' consists of economic, social, cultural, political and sustainable development on the one hand, and on the other, development cannot be achieved in the absence of any one of these combinations. In other words, development is generally shared objectives (of the society). At the same time, without any clear perspectives, society cannot achieve the goal and purpose of development and/or make a progress on the right path in the long run.

That is, 'development' connotes fundamental changes in society, in ways of life, in political and institutional patterns and in the grasping of new sets of values. The process of development is not restricted to economic change but is essentially a transformation of the human agent and the social environment within which economic activity unfolds itself. Social-cultural and political development contributes to economic development and is, in turn, determinant by it. However, the pace of development depends in part on cultural development and the psychological setting within which an economy functions. A major determinant is the community's will to progress and its readiness to develop. Not only that, the adaptability of a society, its attitudes and beliefs about innovation and change, and the attitudes. However, it could be argued becoming so poor that they are inhibited from developing as human. That is, development is a process of utilizing of accepted ends. Not only that, the population characteristics, distribution and growth also forms an integral part of such pragmatic development. The rapid growth of population, which has been retarding the pace of development, may be divulged as a misfortune. However, gains achieved through 'development' are generally inadequate to encounter the prerequisites of the growing population. Nevertheless, change and growth have not taken population regulation into account. As a result, skewed development at the neglect of balanced development of rural areas continues unabated. The need to maintain a population growth would yield immediate benefits. That is, regulating the fertility by adoption of contraception is an essential prerequisite for various kinds of development. That is, development inspires human beings to be more promoting aspirations, small family norms and positive attitudes towards contraception. It also leads to increase in development remarkably accords with the genus of the society and is significantly endurable because it is compatible with the basic nature of the society. In other word, development is ultimately 'people-oriented'.

Regional Development: People Oriented!

Keeping these views, the present study argued that the vitality of 'society/region' depends upon diverse regional cultures; and that regional development is

not an end in itself, not a literary affection, not an aesthetic credo, but a condition of reality. The characteristic of a region resulting from the area's physical, historic and cultural features would inevitably vary from one region to another. It would have diverse subject matter: the physical landscape, local customs, speech an points of view, and would employ a variety of techniques growing out of the folk and local modes of expression, with the dissimilar, rhythms, imaginary and symbolism. This diversity emerged into the different regional development in terms of its social fabric, but asserted that development and its different dimensions: social, cultural, political and economic has differential level of association with reproductive behaviour, particularly contraceptive behaviour.

Social Inquiry

The existing literature on development and family planning performance revealed that there exist wide variations in the levels of development among different regions and they have differential influence on the contraceptive behaviour of the people. Except few studies, majority of these studies focused on the variations in the levels of development mostly on the basis of secondary sources of data and that too by considering State as the unit of analysis. As a State is a large area, there is a necessity for formulating policies and programmes in a decentralized manner for the effective promotion of reproductive health services at the local level. However, regional studies are needed for understanding the level of development of a community and its association with contraceptive behaviour. In view of this, it is very important to understand the level of development of a region and its determinants of reproductive health services and family welfare programme achievement. Such a study is very valuable as it throws light on the development of a region on a holistic basis and thus helps us to understand the influence of development on family welfare programme. The present study was undertaken to fill these gaps in research.

The major objective of the study was to understand the levels of development of two distinct regions and to know the nature and extent of relationship between level of development and reproductive health services and family welfare programme performance in each region.

The Research Setting

The present study was carried out by conducting a sample survey in two contrasting agrarian regions of the State of Tamil Nadu, India. As the demographic

transition is underway in most of States in India, the case of Tamil Nadu has been of great interest. In demographic terms, Tamil Nadu has reached a last stage of transition, though there has been debate as to the exactness of the fall in fertility as evidence of demographic change. Given a willingness and possibility decline place. But in the case of Tamil Nadu, this explanation has not been prominent for the reason that broadly the level of socio-economic development is not high enough to justify the kind of fertility decline and perception in the adoption of contraception that the state has been experiencing. Not only that, the social and economic development has not been uniform across the state.

Nevertheless, explanation put forward so far are based on statistical association of the selected factors derived from macro-level surveys and secondary data, and do not explain how fertility decline or increased contraceptive behaviour comes about. It is important to ask why some societies have large families and other have small families. Is it because it is worthwhile to adopt contraception; if so how and why? Answers to such questions would help us to understand the nature of reproductive behavioural changes, why it occurs and the condition under which the use of contraception emerge.

Modus Operandi of the Investigation

Multi-stage random sampling techniques were used in the present study for selecting households. At first stage, the ranking of the Districts based on the association between the level of development and performance of family planning was carried out. Each District was assigned a rank according to its performance in each of the developmental programmes and its place in one of three categories evolved by the State's performance as its base. The first category referred to the Districts whose performance was close to State's performance and were denoted as the 'More Developed Region' (MDR). The second cluster of Districts were those whose performance in various developmental and family planning programmes were significantly at a lower level as compared to the State's performance and labeled as the 'Less Developed Region' (LDR). The last category, which consisted of the 'highly' developed Districts were those whose performance was significantly at a higher level as compared to the State's performance. The ranks of each District with respect to various developmental programmes were added and termed as 'development'. The ranks were also assigned to the Districts, according to their performance in the 'development'. The ranks were also assigned to the Districts, according to their performance in the family planning programme and ranked accordingly as low, moderate and highly developed Districts. In a similar

way, this analysis of 'index' was carried out for selecting two contrasting Districts, Primary Health Centres (PHCs) in the selected Districts and the Villages in each of the selected PHCs were also selected in second and third stages in the similar way.

A complete list of all households in the selected villages was prepared and the list was further pruned, based on the criteria of selecting a household in which eligible couples (wife's age was 15-45 years) with a minimum of one living child exist. An equal proportion of 600 each from the LDR and the MDR were chosen from the list of total households. This way a total sample of 1200 households was chosen from the selected villages of both the regions. Generally, couples (both husband and wife) were interviewed together. The respondents were from different religions was worked out and accordingly, it was decided to allocate the samples in the study. Further, these allocated samples were further divided into an equal proportion as adopters and non-adopters on the basis of their contraceptive behaviour.

The Structure

The tempo of economic activity in the LDR, as observed through labour force participation of women and men, is observed to be inadequate to provide productive improvement in the standards of living of the people. The utilization of human resources has not so far secured because the pattern and extent of the socio-cultural practices in the LDR economy could not be readjusted. This may be labour force growth, disparate occupational distribution of population, predominance of small farms, resource depletion and its poor productivity due to lower command of the volume of economic goods, poor infrastructure facilities, poor social services and lack of proper information system, on the one hand. On the other, the factors that obstruct economic development and decelerate its pace (in the agrarian economy) are the same and the process of development is uneven in time as well as space in the LDR. In other words, the slow pace of agrarian economy sets an economy as a whole and constitutes a major condition for achieving economic and social stability and improving the levels of living of the people. Whereas in the MDR, agriculture itself was being brought into to organize relationship with the modernized sector through a more extensive use of new inputs and the spread of rural electrification. But, the responsiveness of farmers to the new technology is limited, particularly in the LDR.

In the case of the MDR, the average farmer has taken to improve farm practices

as readily as the non-traditional form of inputs. Despite the disparity and variation, the 'will' to progress is more evident among all the sections of the community in the MDR than the LDR. This clearly indicates that ignorance and illiteracy do not necessarily mean "obstacles" for progress. Supporting this progress is the availability of better credit facilities like agriculture, housing etc., and other infrastructure like schooling, hospital, health centres. There are new technological possibilities that are lacking in the LDR. These effects operate through the positive two-way link between religion and female labour force participation. 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. Though the wide disparity in the economic development between the LDR and the MDR is seen through the occupation of women and among all the study religious, the composition effect of these independent variables on contraceptive behaviour remains inconclusive.

Social Change Lacks the Promotion of Contraception

It is observed that there is a negative association between schooling of women and men and contraceptive behaviour and its suggests that perhaps the noted long-time positive relation between these variables may be declining in strength. However, it is understood that increased schooling among women in the study regions affect family planning adoption status differently. That is, the 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 and 10 years of schooling in the MDR. The effects of minimum years of schooling may provide a measure of legitimate access to public place or towns. This is seen through its interaction level with contraceptive behaviour which are ranked 9 and 10 in the MDR and the LDR respectively. In general, it is divulged that the direct influence of religion crates the tendency for the beginning of family formation and awaits the end of education of women and men. The differences are seen among the religious groups in the study regions. Given the considerable variations in the parameters examined here, the relationship between schooling and adoption of contraceptive measure is not static. With the exception of women and men with less than high school levels education, all the Christians, Muslims and Hindus have adopted family welfare measures. Nevertheless, the composition effects stem from the fact that in relation to economic and non-economic explanations of contraceptive behaviour, schooling of men and women does not play an explanatory role in the adoption of family planning measure. That is, schooling may be a suppressor rather than an intervening variables though it indicates that the contextual effect of high

schooling may be as important as the individual effect. The level of infrastructure availability as seen through the adoption of modern technology, which is a combination of an individual's knowledge, attitudes and beliefs, and behaviour constitutes a favourable mental set toward change and is found to be quite low in the LDR. The predominant pattern of use of traditional techniques in the LDR is driven by the concept of fate. Not only that, the smallness of the holdings and the outmoded tenurial relations hold the key to this problem. Farming operation are found to be more efficient and the modernization process in agriculture is speedier in the areas where holdings are consolidated. This is seen particularly in the MDR. Whereas the LDR, a serious hindrance to consolidation arises out of the wide differences in the availability of irrigation facilities. In addition, political pressures are obstructing efforts in the direction of consolidation. On the contrary, the pressure of both human and livestock population is mounting interminably in the LDR (see Figure-1). This has further led to underemployment and unemployment. Concurrently, the desired changes in the reproductive behaviour by using contraception are assumed to result from the promotion of family planning innovations, which in turn have been caused by the diffusive activities of family planning programme. However, it is noted that the interaction level between the adoption of modern agricultural technology and family planning is higher among the MDR population than the LDR. Moreover, the predominant pattern of use of traditional techniques and associated beliefs seem to play an important role for the individuals of favourably consider the adoption of contraception as likely means of improving one's life. This is found to be significant among only the Christians in both the regions as compare to Hindus and Muslims.

Poverty Curtails the Number

In the case of the MDR, the industrial growth does not appear to be able to support adequately development in the region. This may be because of a slower rate of industrial growth in terms of demand constraints and low consumption. It may be that increase in income is spent largely on food; only very little on industrial goods. Redistribution of income induces demand for good and discourage that of industrial goods. On the other hand, increased utilization of modern technology in the agricultural sector and improvements in agricultural marketing limit the MDR industrial pattern. That is, prices of agricultural products are higher and hence agricultural income are also higher. The supply of labour from agriculture to industry rises in terms of industrial produces and the terms of trade move against industry. In other words, the backwardness of the organizational and technological structure of the economy squeezes the profits of industry and forces it to economize,

Figure – I

Determinants of Contraceptive Behaviour: A Framework for the LDR

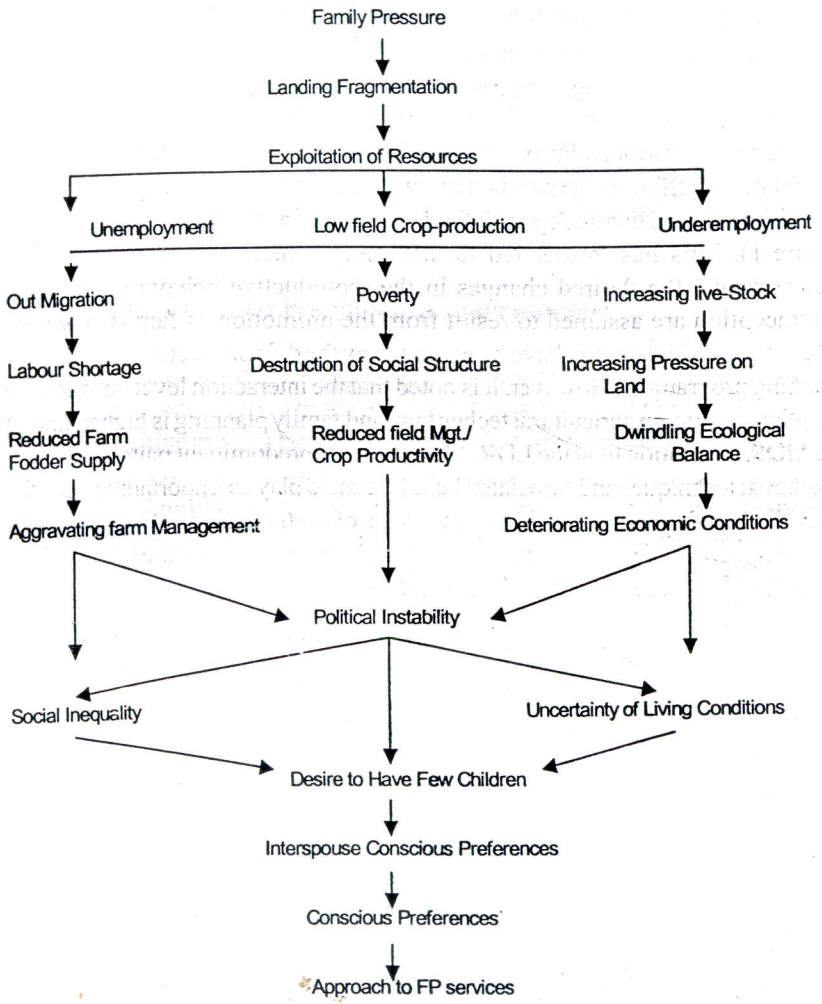
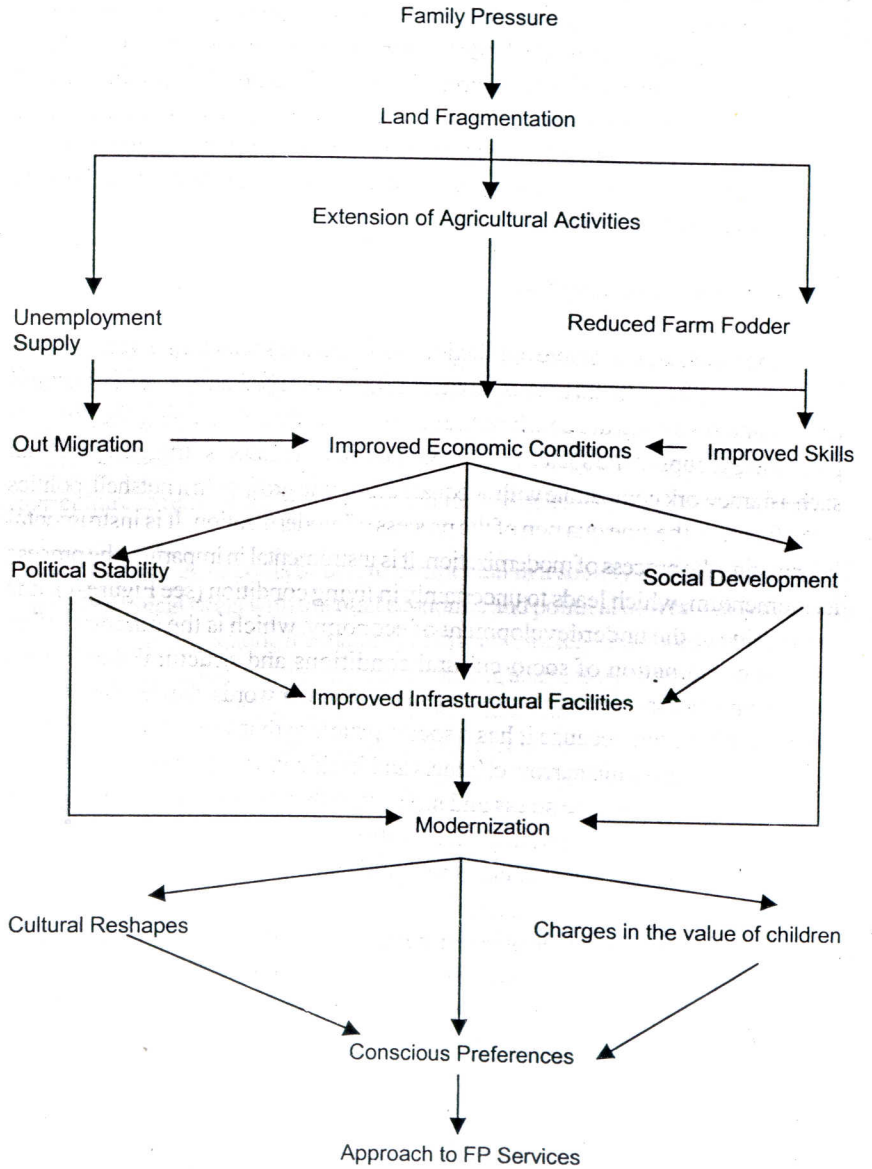


Figure- 2

Determinants of Contraceptive Behaviour: A Framework for the MDR



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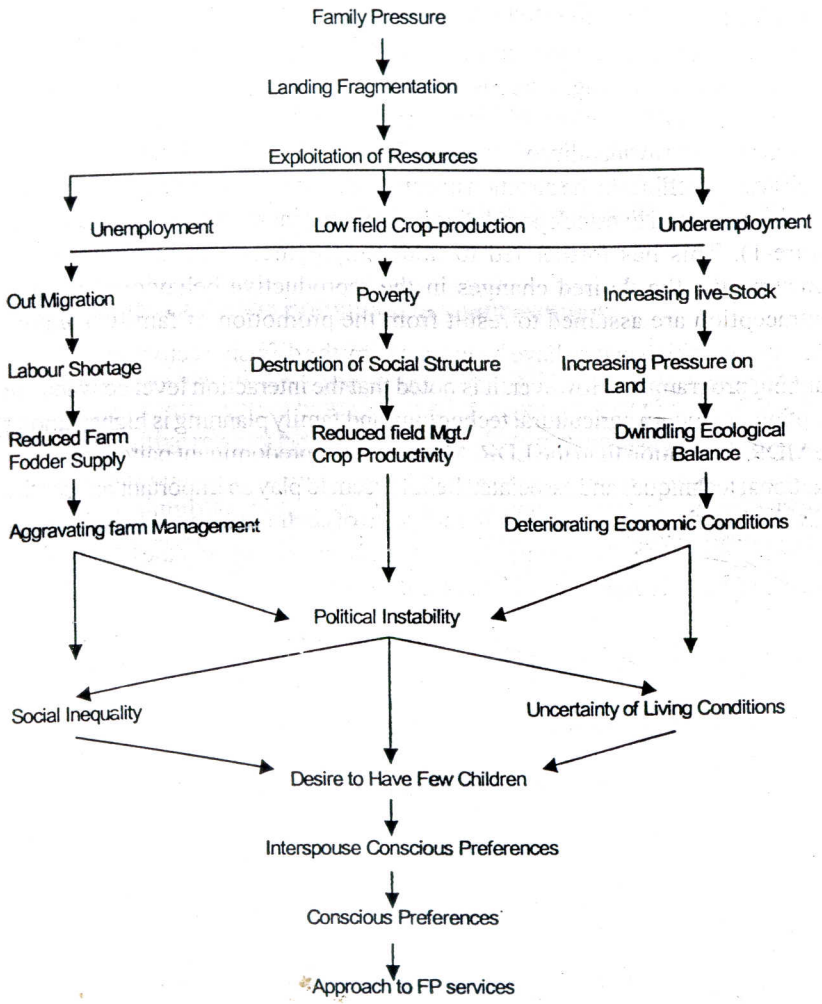
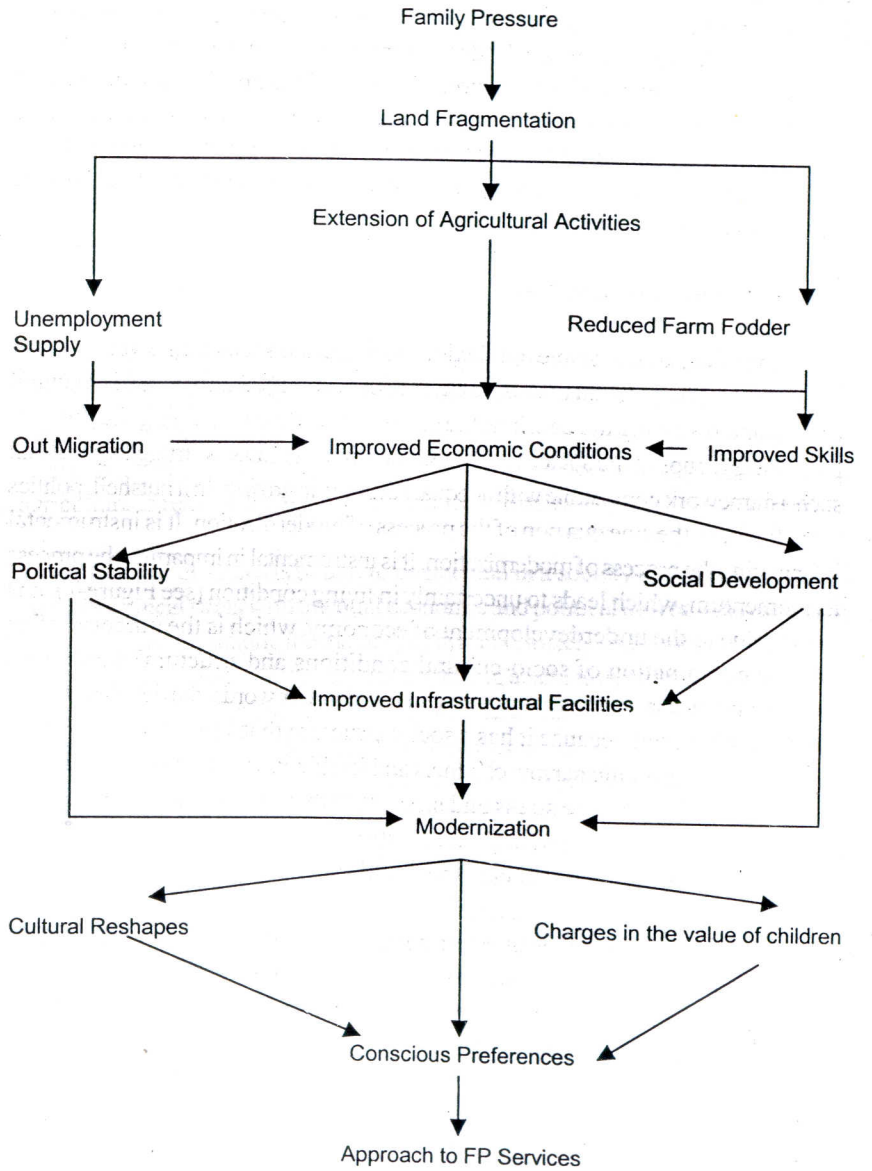


Figure- 2

Determinants of Contraceptive Behaviour: A Framework for the MDR



whereever possible, on the use of labour. However, the interrelation of paid employment and contraceptive of the study religious groups in both the regions. This marks the perspective that financial reasons rather than intrinsic employment have been predominate among the factors affecting both the study population. Due to economic conditions, there arises a situation of choice between employment and childbearing that eventually leads to adoption of contraception. Rather than a consideration of the net of other factors, the study finds only modest interaction level between the LDR and the MDR population. In other words, the economic task of the family no longer allows to produce a large number of children, and in turn monitors the reproductive ability of the couples to suit the requirements of the contemporary wage market.

The Politics of Contraception

In the LDR, lack of stable but flexible political and social framework reveled through views on political process is capable of accommodating a rapid structural change and resolving the conflicts that generate while encouraging the growth-promoting groups in the society. Due to lack of this, the LDR is struggling to attain such a framework compatible with adequate economic growth. In a nutshell, politics is the fulcrum, the sine qua non of the process of modernization. It is instrumental in imparting the process of modernization. It is instrumental in imparting the process its momentum, which leads to uncertainly in living condition (see Figure-1). It is mainly due to the underdevelopment of economy, which is the outcome of an adverse combination of socio-cultural conditions and structural parameters culminating in social and economic stagnation. In other words, the development of a region is blocked because it has a social structure that keeps the response to economic forces within narrow channels and itself withstands transformation by those factors. That is, the stress and stains that this diverse democratic polity places on the regions should to be underestimated. This is reflected among the Hindus and Christians and is found to be significant as compared to the Muslims in the study, who showed varied significance levels. This depicts the couples' sensitivity to the impact of growing population on their quality of life, particularly in the LDR. Confronted by measures intended to weaken the influence of religion upon the masses, they expressed a tendency towards the use family planning measures.

In the case of the MDR, owing to its development, the drive towards modernization is concentrated immensely. The better credit and economic support have led to the rural technological change in agriculture which in turn has led to

improved means of production and productivity and a greater stability in the output. This has enhanced them economically and subsequently result in socio-political development in the MDR (See Figure-2). Nevertheless, the expected returns from further investment in productivity augmenting technology by the farmers is to be set off against the expected rent from leasing out of land plus interest accruing on money lent. After a point, the former may turn less attractive. This has brought a remarkable change in the economic structure of the society in the MDR, which in turn has marked the political development of the society. The interaction of political development with family planning ranked 18 in the MDR i.e., the composite effects of political development is low in the region as compared to the LDR, where it ranked 13. That is, the compounded problems along with the lack of 'political will' to solve the basic problems faced primarily in the LDR poses an obstacle to the development of the region. The declared objective of the Government "to promote a rapid rise in the standard of living of the people" has not been so far achieved in the LDR. Moreover, a large scale rendering of an inequitable rural society is largely due to the lack of attempt to transform the property and production relations effectively, although phenomenal efforts have been made towards the improvement of agriculture. This calls for an institutional change in the field of agriculture to remove the layer of fiscal intermediaries.

Access to resources is bound to be unequal in a society that is fractionalized into hierarchical strata with unequal economic and political power. This engenders apathy and distrust among the majority of the rural society and impedes the intensity of their participation. On the one hand, owning a land is a prestigious issue and it gives power accordingly. As the hunger for land has become more intense, the rural masses on the other hand, have became more restless, and the government finds itself less able to cope with the situation. New coalitions are being formed to challenge the political and economic power of the traditional, landholding elite. Couples with the rigidities of class, it has created barriers to spontaneous or organized revolt despite the burdensome and often cruel conditions of life of the majority. This explains the seemingly deceptive stability of the region. Strife and confirmation tear the social scene, particularly in the LDR. Due to these factors, average villagers in the LDR have developed a refined taste and favoured contraceptives to curtail the family size for all kinds of non-economic reasons. In this process, there has either been a cessation of or protected sexual relations by the couples on the birth of children so as to avoid the social and psychological tension arising from competing social and economic obligations. In the words, 'in

a qualified sense with respect to family welfare', the 'winds of change' have been blowing and have affected the village dwellers in most ways to think about better standard of living, better education to children, better housing, entertainment and so forth, even in the LDR. At all levels and in all spheres of action, negative views on political process has spread its influence. Due to this, increasingly fertility is being held in check by contraception; this adoption arises due to competition with opportunities to participate in the developmental activities. Caldwell (1976) says:

".....The list of non-economic reasons is quite formidable and is incontrovertible evidence that economic rationality alone is unlikely to determine both the reproductive and contraceptive behaviour. Similarly, after the economic divide, economic rationality dictates zero fertility. This does not happen, and fertility often falls slowly and even irregularly, again for social and psychological reasons - the extent to which alternative roles are available to women, the degree to which child-centredness renders children relatively expensive, the climate of opinion and so on."

Cultural Interprenetions of Contraception

Individuals are generally subjected to forces beyond their own control. For instance, religion due to circumstances may influence the couples to use family welfare measures; it is placed before modernization of agricultural sectors in the MDR. Certainly the rank of the decomposition perceives that religion is less able to persuade family welfare measure in the LDR with 10.3% of interaction level. It reveals that religion itself may not be a major constraint and it is highly likely that religion may try to revive people from poverty, unemployment etc., so that a resurgence of gains in health or welfare is experienced earlier, particularly in the LDR. 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 practiced is twice as much. The results indicate that the well documented Hindu-Muslim fertility differential, 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. But, it is plausible to argue that religious liberalism characterize the MDR more than the LDR. That is, religion does not have explanatory power for compositional effects, while it is a major explanatory power for rate effects. This suggests that religion

Figure- 3

Determinations of Reproductive Health Services and Family Welfare Programme: A Bottom-up Approach to Development

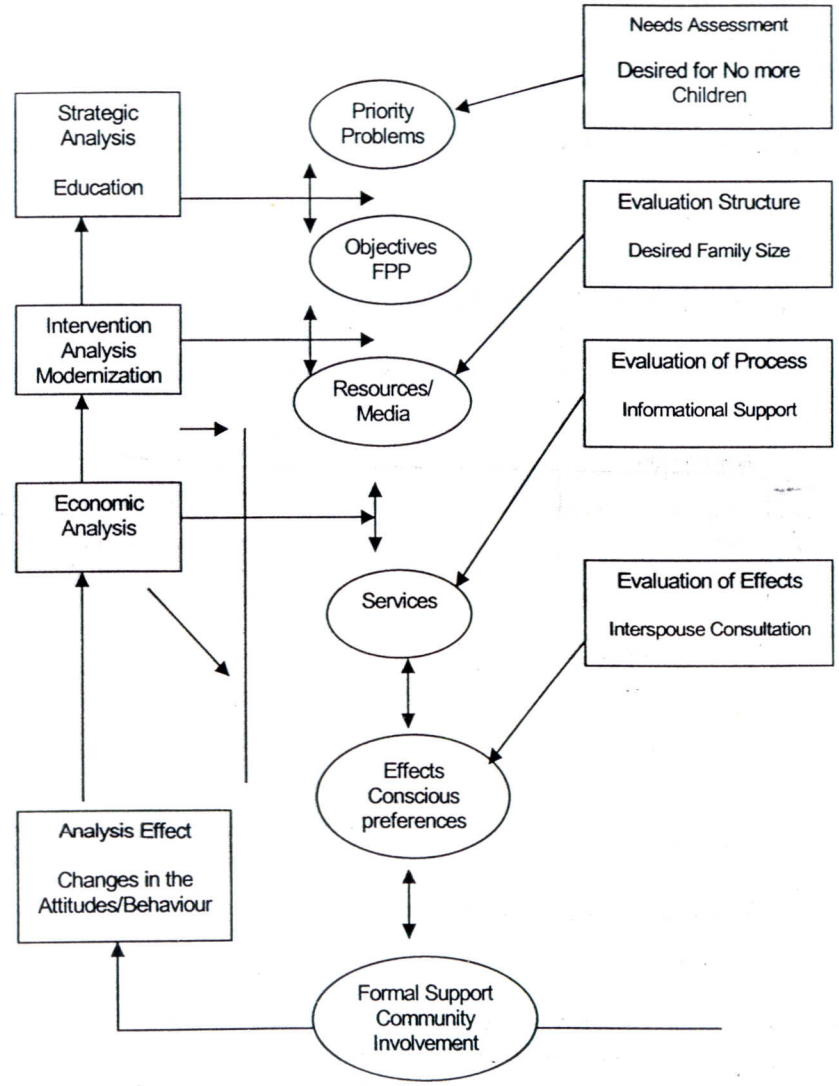
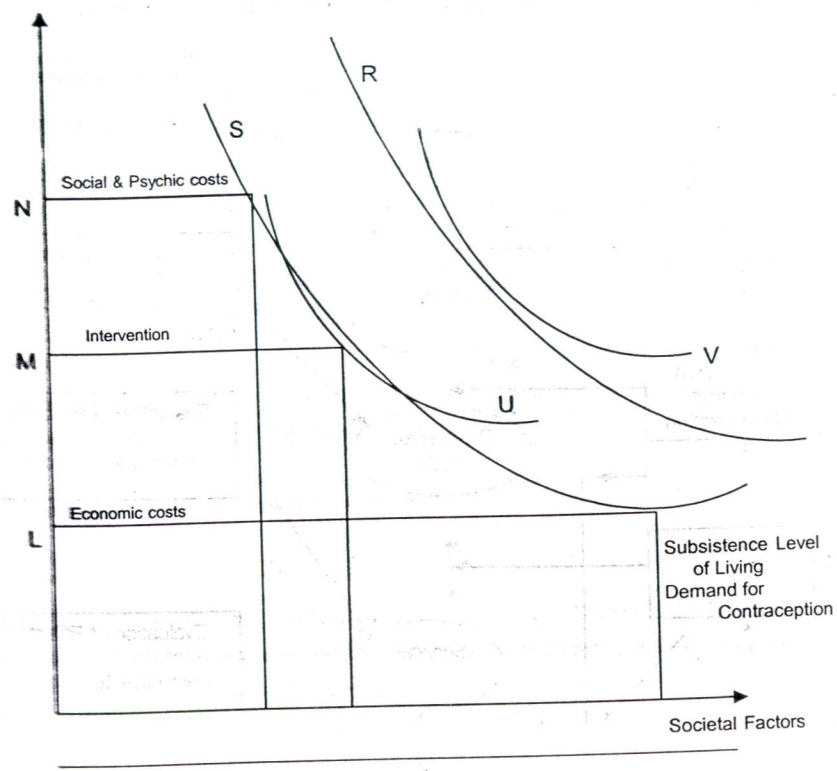


Figure-4 Indifference Curve for Socio-Psychic Costs and Economic Costs of Contraception



also may play an important role for promoting the family welfare measures in the improved circumstances of the socio-cultural system and practices in a society.

Couples and Reproductive Behaviour

The study revealed that, irrespective of the region and religious, sustained and almost unalterable changes in the couples' behaviour have begun and this is seen through sex preferences and desire for children. The changes in their attitudes, arising largely not as a direct product of economic change but propelled from changes in the fundamental perceptions of the couples with regard to perceived

value of children and awareness of the increased potential expenditure in rearing, and uncertainty of living condition influenced the couples to decide their desired family size and use of contraceptives. The family welfare programme has been able to take advantage of this situation and accelerate a further use of contraception (see Figure-3). The intrusion of social perceptions based on rationality that has permitted changes in fertility through family planning programs suggests changes in the deliberate control on reproduction. Desire to have few children has a direct negative influence on contraceptives use. This indicates that couples who do not want additional children are more likely to use contraception to achieve this goal than couples who want to continue bearing children. They are also more likely to use temporary or permanent method and it is high in the MDR as compared to the LDR. Preference for particular sex is shown less among all the study religious groups in the MDR than their counterparts in the LDR. That is, with individual's rational choice being introduced into one's private life, it may consequently result in judicious longer-term investments by the couples on themselves, their families as well as society.

It is learnt that often in the case of use of contraception, the decisions are not sudden, though in many cases it is because of socio-economic pressures. Thus, the conjugal pair ultimately make fertility decisions, though a number of factors influence the decisions. Based on the findings on interspouse consultation and autonomy over household and non-household matter, it may be stated that women play a major role in deciding the family size and use of contraceptive measure. However, it is noted that an important component in the nature of contraceptive behaviour is the ceding of decision-making on birth control. With increased interspouse consultation and autonomy in the household and certain non-household activities (irrespective of socio-cultural background) in the study regions, women are less constrained by the influences of other members of the family and they have a say in matters related to use of contraception. This is one of the factors, which emerged during the investigations with conscious preferences in fertility decision-making.

Doubtlessly, economic obligations exist in the study regions. But, these obligations are supported by cultural and moral forces and are susceptible to the weakening of these forces. This seems to have occurred in the LDR, which puts more scores on self-sufficiency of all types and on moderation in the attitudes and behaviours of individuals. Due to this, the couples' attitudes towards family planning

is speeding up to curtail the family and reducing the burden, which already exists. Broadly speaking, the low level of development in the LDR, an underdeveloped economy with all its accompanying traits, led the couples to rethink about their reproductive behaviour. In the case of the MDR, the population working in the modernized economy has both the means and the understanding of the system to keep the social and economic aspects at the top. Through the control of the levers of political powers, couples have sought access to opportunities in terms of more wealth, although some, but not all, fraudulently obtained. Clearly, the use of contraception to limit family growth just seems an obvious thing to do in their socio-economic circumstances. Increasing economic problems, social inequality and political instability lay in their perceptions about family planning. That is, economic problems involved in the cost of bearing and rearing a child, growing awareness of the problems of large family, a foresight of probable problems for themselves as well as their children in the future account for the declining fertility as well as adoption of contraception. The outcomes of the study are presented in the difference curve (see Figure-4).

Figure-4 illustrates that the vertical axis measures the cost of children by parents while the horizontal axis measures the actual demand for contraception. Curve S is the demand curve, which shows the inverse relationship between quantity demanded and cost. Looking only at the economic costs (OL) like money, time, one would conclude that demand should be OK, but allowing for the combined social and psychic costs (ON), the real perceived costs by parents is higher than the economic costs, yielding demand of OI. But the intervention from modernization and social change (OM) which falls between social and psychic costs (ON) and economic costs (OL) have little demand over contraceptive use due to aspirations of having better standards and luxurious life. However, the indifference curve U shows the combination of perceived costs of rearing children and demand for contraception. Societal factors (F) like unemployment, poverty, political instability and uncertainty of the socio-economic conditions indirectly play a role in the demand for contraception. While subsistence level S increases to R, the value of children reduces and demands immediate attention to family planning. The curves shown linear constraint on societal factors. However, low demand for contraception has been typically interpreted as indicating a high demand for children and postponement of adoption of family planning. In fact, the perceived cost may be quite high but the utility of obtaining contraceptive services results in demand for children.

Contraception: An Opportunistic!

Although family planning programme has helped in regulating the number of children desired by couples, a demand for a small family has largely emerged also because of societal changes (see Figure-3); it is hard to separate the effect of family welfare programme alone on contraceptive behaviour in the regions. This is reflected higher in the MDR than the LDR. That is, family planning programme may have exerted a considerable influence through an awareness of the difficulties of a large family and of the feasible options, particularly in the MDR. The availability of reproductive services like ANC visits cannot be ignored in explaining contraceptive behaviour. There is a little doubt that the family planning programme has succeeded in promoting knowledge and awareness. However, the support from the religious groups towards maternal and child health services to achieve social progress economic conditions in the village, fertility would have declined, but with the existence of Family Welfare Programme, the rate of decline has been fast. Visits to a health centres and visits by a health worker are also significant in explaining contraceptive use among the study population in both the regions. Women who visited a health centre are two times more likely to use a contraceptive method than those who did not visit such a facility are. However, the lace of deliver, particularly institutional delivery has an impact on use of contraception. That is, 'birth-based' approach has an outcome on use of contraception and ranks fourth in the results on interaction level in both the regions.

In other words, family welfare programme highlights the negative consequences of the existing inadequacies of the socio-economic and political circumstances and uncertainty of the living conditions by accentuating the importance and benefits of family welfare programme. That is, there is a visible shift from a composition of conflicts and fear towards a constructive end. That is, family planning takes into consensus economic and political ideology (bottom-up approach) as essential to institutional effectiveness (see Figure-3) to control the reproductive behaviour and embed the idea of small family norm. For bringing about development, family planning has a significant part to play in accelerating the speed with which local talent, energy and resources are devoted to modernization and in overthrowing the supremacy of the old order. On the other hand, family welfare programme emanates a political, social and institutional framework that explains the sharp stimulus or impulse to expansion. The process of change comes from the society,

possessing the political and social values centering in estrangement from their cultural environment and the desire to change it radically. Moving from traditional to modern is a collective effort inspired by a pronounced sense of family planning programme to build small norms that every one might justifiably be proud of. Overall, the results of the analyses suggest that family planning programme may substantially improve contraceptive use and through such use, fertility levels; but regional levels of variation in socio-economic development may hinder the full adoption of such measures. This clearly suggests that health and contrectation-related government programmes may have an impact on the use of contraception. The impact appears likely to have resulted from increased levels of socio-economic development because a few indications of such development are evident in the available data. In addition, the substantial adoption of contraceptive measures in both the regions shows that effects as observed through factors like schooling, occupation, exposure to urban centres, position of women in the society, reproductive health services, etc., suggest that primary differences between regions, which appear to be primarily in their levels of socio-economic conditions, are the factors affecting the utilization of reproductive health services in general and contraceptive use, in particular. With regard to the continuing debate about the relative importance of development and contraceptive behaviour in fertility decline, the result here seem to lean toward the importance of 'total family welfare'.

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