CHAPTER – II
REVIEW OF LITERATURE

This chapter reviews some of the studies with attitude towards the family planning and birth control in India. Many studies have concentrated on the status of family planning and birth control. The present review limits itself to status “Life stress, locus of control and attitude towards family planning and birth control” which is relevant to the study.

A review of literature was added to this study by referring to different journal, thesis, PsycInfo, Psycalert and sodhganga and studies conducted by different individuals to show relevance to the study.

Since 1990, researchers around the world have used DHS data to investigate unmet need for family planning. This review focuses on studies that assess factors influencing the use of family planning methods.

Population growth will not be an ongoing phenomenon. Worldwide, nearly 100 million married women would prefer to avoid pregnancy but are not using any method of family planning, which means that they have an unmet need for family planning (Robey, et al., 1996).

Viable family planning programs could be devised through reliable and accurate estimates of the magnitude of unmet need for family planning. In most cases, women in the unmet need category are targets of family planning programs since there is a discrepancy between their fertility goals and contraceptive practice (WestoffandBankole, 1998). According to data generated from 27 DHS surveys between 1990 and 1994, unmet need for family planning ranges from 11 percent in Turkey to 37 percent in Rwanda (Casterline et al., 1997). In the same period, it was found that unmet need is most prevalent in sub-Saharan Africa. On average, the fertility level in sub-Saharan Africa could be reduced by about one birth per woman if it were possible to meet the unmet need for family planning (Robey et al., 1996).
Goldscheider (1971), Goldscheider and Uhlengerg (1968) believes that at the beginning of the transition, use of contraception is very low across all religious groups irrespective of their values and orientation toward family planning and childbearing. At the end of the transition, the differences in family planning and fertility eventually converge, with family planning acceptance high and fertility low across religious groups. During the transition, a religious group that opposes family planning and has a pronatalist ideology tends to lag behind in family planning acceptance and fertility behavior. A religious group that feels marginalized, socially or politically insecure, or lacks upward mobility may also lag behind other religious groups that are not so threatened. In addition, a religious group may lag behind in family planning acceptance and fertility transition if the family planning program has been insensitive to its needs.

In India, there is clear evidence of such a lag in the southern state of Kerala, where contraceptive use has increased and fertility has declined considerably in recent decades in all three major religious groups (Hindu, Muslim, and Christian), but significant religious differentials remain (Alagarajan and Kulkarni 1998; Gandotra et al. 1998; Ramesh et al. 1996) Abeykoon (1987) observes a similar tendency in Sri Lanka, where, despite overall convergence in fertility level and contraceptive prevalence, significant religious differentials in fertility and family planning remained even after controlling for socioeconomic factors.

Life stress and family planning and birth control:

Stokes and Kite (2011), suggest that the term’s stress can be viewed as “…an agent, circumstance, situation or variable that disturbs the normal functioning of the individual … stress, is also seen as an effect that disturbed state itself. This bifurcation of meaning is arguably the most fundamental source of the confusion surrounding the stress concept. Tepas and price (2001) suggested that stress is commonly connected with, adaptation, anxiety, arousal, burnout, coping, exertion, exhaustion, exposure, fatigue, hardiness, mental load, repetitiveness, strain, stressor and tension. McGrath (1976) that seems to be broad enough to incorporate most of the current assumptions about what stress is and is not, yet focused enough to be meaningful. McGrath conceptualized stress as the interaction between three elements; perceived demand, perceived ability to cope, and perception of the importance of being able to cope with the demand. Unlike many previous definition of the stress, this formulation distinctly
incorporates the transactional process believed to be central to current cognitive appraisal theories. No longer is stress seen merely as a mismatch between demand and ability; on the contrary one’s perception of these two elements, and more importantly the desire or motivation one experiments to meet the demand, is central to the construct. Despite decades of research in to stress there is still no agreed upon definition of what stress is (Rees & Redfern 2000) Despite this, stress is often defined as “the response of the body to threats or demands” (Schiraldi & Kerr, 2002). The word stress was introduced during the 1930s by Scientist Hans Selye. Selye was the first to take serious note of the human physiological system that was brought into play when a person responded to a challenge (McEwen, 2002). Selye’s research (1978) led to the conclusion that the human body possesses a mechanism which assists in coping with demands placed upon it. Selye named this mechanism the general adaptation syndrome. Eventually selye replaced this term with the word stress. The early work of selye focused on the body’s physiological responses but more recent work, such as that of Lindemann (1944) and Caplan (1964), Halmes & Rahe (1967) and Cohen (1988) (Bjorck 1999 cited in Benner &Hill 1999) focuses upon the psychological component of when a person is stressed, the autonomic (involuntary) nervous system is brought into play. The automatic nervous system controls involving muscles such as heart, stomach and skin. This system has two divisions. These are the sympathetic and parasympathetic systems. It is the sympathetic division that comes into play when stressed. It is this system that prepares the body for “fight or flight”. The heart rate increases, pupils become dilated, the digestive system stops, respiration increases, adrenaline is pumped into the body by the adrenal glands and peripheral blood vessels constrict (Meier, Minirth, wichern and Ratcliff, 1996). The parasympathetic system works in the opposite way and maintains balance (McEwen, 2002).

Sumana Basu, Anoop Kumar Kapoor and Salil Kumar Basu (2010), studied two tribal population groups namely ‘Santal’ and ‘Lodhas’ of district Midnapur of West Bengal to determine their knowledge, life stress and attitude and family planning practices. The sample consisted of 300 Santal couples and 300 Lodha couples. Data was analyzed using the SPSS programmer. The findings indicate that,Santal male have more life stress than the Lodha and ,female sterilization was the most commonly accepted method among both the tribal groups. Lack of awareness, poverty, incentives for undergoing sterilization and convenience were some contributory factors for accepting sterilization.
Sangita Srivastava and Taresh Bhatia (2010), studied the ‘Modernity attitudes of Hindus and Muslims in their social life’. A study aimed at a comparative analysis of Hindus and Muslim in life stress and modernity attitudes towards country, family planning and life and humanity. The sample consisted of 120 male and female Hindu and Muslims of high life stress than the others and low SES between the ages ranges of 18-25 yrs. APRC-comprehensive attitude scale was utilized. The findings of the study revealed that the Hindus have more positive attitudes towards country and life but Muslims have comparatively less. On the other hand the Muslims have more positive attitudes towards family planning as compared to Hindus.

S. Kulkari (2009), reported a state-wide variation on family planning behavior in India. He stated women belonging to western states and hill areas are freer to make decisions about family planning behavior, but in eastern regions women are dominated and least empowered even in very personal issues like their own health care (contraceptive use etc).western women have more life stress than the women.

N. Audinaraya and Ms. R. Rajasree (2009), examined the life stress and cultural determinants of age at marriage. The study was conducted in Kavundanpalayam area of Coimbatore a city in Tamil Nadu. Sample was collected from 173 couples. Husband and wives were interviewed separately. For the purpose of analysis, age at marriage of both the spouses was considered as dependent variable. On the other hand, their cultural characteristics namely religion, caste, distance between husbands and wife’s residence before marriage, type of family and persons involved in their decision making for the marriages of the study clearly establish the significant influence of the various cultural characteristics on the age of marriage of both males and females and this influence was more pronounce in case of females then males.

R. B. Bhagad Purujit Praharaj (2005), studied how socioeconomic variables influence on life stress and fertility levels between Hindus and Muslims and examines the explanations from a political and economic prospective. He stated that there is a higher unmet need for family planning among Muslims and they avail less services from government sources even in rural areas. Muslims are more poor and illiterate and the practice of family planning is low among Muslims, he also mentions that they use more stressful, spacing and traditional methods compared to Hindus. On the other hand in both the religion female sterilization continues to be dominant method of family planning.
N. Ravichandran and S. Rajashree (2005), studied the women’s status, life stress and contraceptive behavior. This paper aimed at providing empirical evidence to find out whether fertility intentions and contraceptive use varies with respect to women’s autonomy. The study used multi-stage random technique and was conducted in Tamil Nadu between August and Feb 2001. It learnt that the use of contraception is not a sudden decision, though in many cases it is caused by socio-economic pressures, Women have more stress. However, religion continues to play an important role in shaping not only the internal practices and legitimacy of the claims made by the voluntary organizations but also their relationship between society and the individual. Inter-spouse consultation seems to set the bottom line on household autonomy and freedom and subsequent adoption of contraceptive measures.

M. S. Kulkarni (2005), the study women’s exposure to mass media and use of family planning methods was undertaken to quantify the role exposure to these mass communication channels in the use of family planning methods by married women. The data for the present study was collected by conducting a survey on a pre-designed and pre-tested questionnaire by interviewing married non pregnant women aged 15-45 years in north Goa district, Goa. The sample size for the present study was 250 married women. The data was analyzed using chi-square test and odds ratio (O.R.). The multivariate analysis reveals that exposure to television planning massages significantly increased the use of family planning methods.

Ali M. Ushijima H. (2005), investigated perception of men women stress on role of religious leaders in reproductive health issues in rural Pakistan. The perception of adult males regarding the influence of the religious factor in their use of modern contraceptive methods, and their views on the role of religious leaders in community education, were explored through a cross section survey conducted in twelve rural district of Pakistan. A sample of 180 married adult males participated in the study through consecutive sampling. The majority of men interviewed considered that religion was against fertility control and 29% cited religion as a reason for their non-use of modern contraceptive because they have related fertility. Respondents also suggested that the involvement of the religious leaders in reproductive health programmers is essential for the programmer’s effectiveness in rural areas.
Bratati, Banerjee (2004), conducted a study to assess the influence of several socio-cultural factors on life stress, acceptance of permanent contraceptive methods. A house-to-house survey was conducted in an urban community in highly district of West Bengal, using a pre-tested, semi structured schedule. Systematic random sampling technique was undertaken and 200 women between 35-49 years and economic determinants were studied and analyzed using significant statistical tests. The result found that religion did seem to have an influence on the acceptance on permanent methods and the acceptance rate was highest among women having 3-5 children and quite low among women with more number of living children. Effect of education of both husband and wife was also observed and the acceptance of permanent methods was observed to be directly proportional to per capita monthly family income of acceptors in the study. Family structure (i.e. joint or nuclear family) does not found to have effect on acceptance of permanent methods of contraception.

Dr. Harvinder Kaur (APR 2003), presented a paper on Impact of income and education on life stress and fertility. She analyses the fertility behavior of 405 ever-married in the age group, 15-45 years in terms of two socio-economic variables that is income and education. The study restricted to women because child bearing is the unique privilege, function and almost entire responsibility of the women. This study concluded that the level of literacy is more effective in controlling the family size than the level of income. Education is helpful, to a large extent in rising the age at marriage, improving the status of women by enabling them to have a potent say in determining the size of their family and in overcoming parental preference for son by changing the parent’s outlook. These factors, in turn, are noted to be significant in bringing down the fertility rate.

Sushma Pandey and Ramya Singh (2001), investigated the relationship between knowledge, life stress attitude and behavior towards family planning. These variables were assessed by using standardized measures. Groups differed significantly on family planning knowledge, attitude and behavior. Urban Hindu women of forward caste expressed better knowledge, more favorable attitude and greater leaning towards family planning adoption as compared to their counterparts. Result revealed a close association between knowledge, attitude and behavior towards family planning. But life stress and attitude in negative correlation
between religion, magnitudes of relations were not identical in rural and urban respondents of different castes and communities.

R. B. N. Sinha (2001), examined the personality factors as predictors of attitude towards family planning. A sample of 300 college students participated in a study that aimed to correlate nine personality factors with four aspects of attitude towards family planning. Results indicated that the four aspects were inter-correlated yielding one general factor of attitude towards family planning. Among the significant personality factors, friendliness was found to be positively correlated whereas heterosexuality was inversely related to attitude towards family planning. It was found friendly persons are probably more conscious of their obligations to family, Children and others.

Sushma Pandey and Ramya Singh (Jan 2000), studied stress, family planning attitude behavior in high and low future oriented women. The present study aimed at investigating the influence of future orientation of family planning attitude and behavior, applying 2 (Cast: Hindu and Muslim) x 2 (High and low future orientation) factional design. A sample of 60 women married and having children, aged 20-25 years participated in the study. Story writing test (Aggrawal Tiwari, 1998) was administered to determine the high and low future orientation in subjects. Family Planning attitude scale (Thrustone, 1931: Pandey & Shrivastava, 1995) was used, semi/structured Interview schedule (Mahadwan, 184) was applied to ascertain Family planning adoption behavior. Results report interesting facts that there is significant difference on attitude score between high and low future oriented subjects but subjects of both communities did not differ significantly on attitude towards family planning. A compatible relation between attitude and behavior was found in Hindu subjects but this link was not apparent in Muslim Community.

Ingle GK; kumar a; singh s ; autati n (1999), Indian journal of preventive and social medicine), Study an “Reasons for non –acceptance of contraceptive methods among Jhuggi-Jhompri clusters of Delhi”. A survey was conducted in two Jhuggi-Jhompri clusters of Delhi adjoining Maulana Azad Medical College to determine the family planning status using as pre-designed Performa. The findings indicate that two-thirds of the respondents were aware about one or more contraceptives methods and about half of them did not use any methods due to “ignorance” and “fear”. No significant difference was observed in respect to religion and
income. “Increasing incentives” and “improving awareness” were the two important ways suggested to enhance family planning acceptance.

Rao AP; Somayajulu UV (1999, DEMOGRAPHY INDIA), Study on “factors responsible for family planning acceptance with single child in Karnataka; INDIA”. This research attempted to identify the factors that motivate couples in Karnataka, INDIA to accept sterilization with one living child and to understand their perceptions about family planning limitation after making such a decision. The intention to avoid socio economic deprivation was the major reason for accepting family planning (sterilization) with one living child. The parents invariantly decided to accept the one child norm to ensure a better standard of living for the child. Self motivation, coupled with efforts made by family planning association workers, contributed to the acceptance of family planning by couples with a single child regardless of the sex of the child.

B.M. Ramesh (1998), concluded in his study of differentials of fertility and family planning behavior that psychological characteristics, such as, the satisfaction of basic needs, developmental value orientation and open attitude system operates as mechanisms through which characteristics like place of residence, education, income and socio-economic status have their effect on fertility and family planning practice.


However there was marked state and regional differences. It was concluded that the desire for male children exerted a substantial depressing effect on family planning acceptance in northern states in India.

B.K. Pattanaikl and Juldeep Kaur (1996), studied the impact of education, communication, stress and motivation on family welfare programmer in rural areas. The results concluded that education, communication and motivation have a positive impact on acceptance of modern family planning methods and immunization of pregnant women and children. It was found that women education has a greater impact on adoption of immunization while
communication has a greater impact on adoption of family planning methods. Inter personnel communication is considered to be the key to adoption of family planning in rural areas.

Sahik; Sarin, A. R. (1996), examined the son factor in family planning acceptance on 4085 antenatal women, 2176 sterilization acceptors and 1000 families were interviewed. 79.43% of antenatal women wanted a male child irrespective of the sex of the previous children, 14.8% were indifferent and 5.76% desperately wanted a child of either sex. The study found the desire to bear sons to be the one common factor responsible for large families, decreased female to male ratio, the increased number of sex determined abortions and failure to accept sterilization. Study suggested women’s social states needs to be improved as well as level of education to reduce the preference for sons.

R. B. N. Sinha and N. N. Mishra (1994), studied some personality factors underlying attitude towards family planning. They examined the personality factors, extroversion and neuroticism in respect of attitudes towards family planning. They found that high extroverts were more positive in their attitudes towards family planning. However neuroticism was unrelated to attitude towards family planning.

S.J. Jejeebhoy and S Kulkarni (1989), observed in their study that although the difference between fertility preferences of husband and wives were small, wives as compared to there husbands tends to desire greater number of children as well as sons and these differences tended to increase with age. Moreover, women’s family size desires were primarily shaped by their concern for support from sons in old age, while men desired sons, mainly for cultural and religious reasons.

J.C. Coldwell and P. Coldwell (1985), studied that education seems to play an important role in development of stress, attitude by rendering people more receptive to new ideas and practices. The study suggested that education brings within a new culture, westernization or modernization. In particular better educated women will be more willing to engage in innovative behavior than less educated women. Husbands are more likely to listen to educated wives.

D. Grandberg and B. W. Grandbeg (1985), studied the differences on fertility related attitude and social psychological aspects of reproduction. He indicated that males and females
do differ in their attitude towards family planning, but the differences are not always consistent. On one hand females have to bear the burden of having unwanted child and therefore should be more positive to family planning. On the other hand, they are often more influenced by their husbands, than their husbands by them.

Michel. A. (1976), in his study ‘Interaction and family Planning’ examined whether the socio-economic variables were more closely related life stress and with the success of couples practice of family planning then the variables of positive interaction, viz. agreement, communication and equality in decision making. He found the latter to be more closely related with the success of family planning. He also concluded that higher the equality or the wife’s dominance in decision-making, the more frequently had the couples avoided excessive fertility.

**Locus of control**

Psychologists and other professionals looking into the impact of psychological variables on people’s health and illness status have been investigating the role played by locus of control and perceived personal control. The construct of health locus of control (HLC) has interested the health researchers from the very beginning. They have been investigating the relationship of a sense of control particularly HLC and self- efficacy, with different aspects of health whether physical or psychological.

One of the earliest endeavors in this regard was made by Poortinga, Dunstan, and Fone (2008), found that Health Locus of Control scales were associated with three factors, namely individual socio- economic status, the socio- economic status of one’s neighborhood, and how one rates the self. The researchers concluded that a part of the pathway between health, individual and the neighborhood socioeconomic status is formed by the individual’s health locus of control. In another interesting study, locus of control along with birth order and residence was studied as a predictor of general well-being. This study reported by Kalia, and Sahu (2007), revealed that locus of control and birth order are predictors of well-being, whereas residence is not. Significant influence of locus of control was seen on general well-being of a sample containing 391 post graduate students in India. Subjects with high scores on internality were observed to be superior on general well being, whereas the case was the opposite with those scoring high on externality. Birth control and locus of control were found to have an
interactive effect on general well being also. The authors have reported the use of locus of control scale (LCS) developed by Hasnain, and Joshi (1992). One of the most recent studies investigating the relationship between health locus of control and health behavior, general health status, and subjective perception of health has been reported

**Suresh and Latha (2007),** their study focused upon the psychosocial determinants of health including social support along with health locus of control. The research had an ex-post facto design. The sample comprised 648 respondents belonging to a variety of socioeconomic and educational levels. The average age of the respondents was 25.53 years. The researchers hypothesized that people with higher IHLC scores will have a better subjective perception of health, general health status, and health behaviors.

On the other hand high PHLC and CHLC scores would mean a poorer subjective perception of health, general health status, and health behaviors. The results of the study revealed that three factors turned out to be significant predictors of health status including, social support, chance health locus of control, and health behavior. In case of health behavior predictors, four variables were found to have predictive value. These variables consisted of social support, internality, total health status, and chance factors of HLC. Social support was found to be an influential variable. However, two cognitive factors were observed to be significant predictors of health status and health behaviors; IHLC for health behavior, and CHLC for health status. This study employed multidimensional health locus of control scale developed by K. A. Wallston, B. S. Wallston, and De Vellis (1978).

**Leong, Molassiotis and Marsh (2004),** adherence to medical regimen in heart patients was looked into. The researchers found seven factors related to such adherence.

Of these seven factors, three pertained to the locus of control of the person concerned. These predictors include encouragement from family of the patient for a healthy food intake, the powerful others health locus of control in case of loss in weight, past medical history, internal locus of control and anxiety in relation to physical activity, a person’s gender, and finally internal locus of control with regard to adherence to social interaction advice. A number of researchers have indicated a relationship between locus of control and drinking behavior. Some researchers have focused on alcohol consumption, and some on abstinence. Similar
studies have also been conducted with the construct of self-efficacy as the core variable under investigation. Those studies have been mentioned in the section on review of research literature pertaining to self-efficacy.

**Jih, Sirgo, and Thomure (1995),** the study was conducted on high school and college students. The researchers investigated alcohol consumption, locus of control and self-esteem of the sample. The findings showed that the students who scored high on external locus of control had a tendency to drink more alcohol than others. They tended to consume more alcohol in a variety of situations that could be pleasant as well as unpleasant. Researchers have explored health locus of control from divergent angles and have also tried to identify variables having a possible impact on this belief. In this regard a variety of health related situations have been examined. In most cases this examination ended up with empirical support for the significant impact of HLC on health related behaviors and tendencies.

**Koski-Jannes (1994),** drinking-related locus of control was studied as a predictor of drinking. The sample comprised alcoholics who were attending treatment programs for abstinence. The results revealed that high scores on internality predicted abstinence from drinking. Relationship between high externality and alcohol consumption has also been yielded by research evidence. Clements, York, and Rohrer’s study (1995) explored the interaction of parental alcoholism and alcoholism as a predictor of drinking-related locus of control. The analysis yielded a direct relationship between scores on externality and the degree of alcoholism.

A similar investigation was carried out by **Stanton (1987)** who tried to explore determinants of compliance to medical advice in case of hypertensive patients. Stantons’s study revealed that those patients, who had beliefs that they had some personal control over their blood pressure as well as their health, were more likely to comply with prescribed medical regimen

**Brownlee-Duffeck et al. (1987),** have reported on the role of health beliefs in adherence to medically prescribed regimen and metabolic control of adolescents and adults with diabetes. The research showed that health beliefs do affect adherence, but the case is not the same with adolescents as with adults. Perceived health benefits were important for adults.
The belief that compliance is beneficial to their health predicted adherence, in case of adults. However this belief was not effective in case of the adolescents. Their compliance rate could be predicted by three factors namely, financial costs, perceived severity of the disease, and their belief that if they did not adhere to the prescribed regimen they will be susceptible to diabetic complications. Long term benefits of adherence were important for adults, but the adolescents were moved more by immediate discomfort.

Taylor, Lichtman, and Wood (1984), explored the relationship between attributions, control beliefs, and women’s adjustment to contraption. Relationship between adjustment to the disease and the sampled women’s use of different types of control was studied. Three of these types of control included cognitive, behavioral, and informational control. Cognitive control involved thinking differently about life and having an easy attitude towards it. Behavioral control included behavioral changes such as new exercise habits. Informational control involved expanding information pertaining to cancer. It was found that cognitive as well as behavioral control was related to adjustment. The strongest association was found between cognitive control and adjustment, followed by behavioral control. However no relationship was found between adjustment and informational control. Some other studies have also indicated the positive role of internality beliefs in case of adherence to medical advice. In an early study in this area involving epileptic subjects, their health related behaviors including adherence to the recommended regimen as well as predictors of such behaviors were investigated. The adherence behaviors under examination included intake of medicine, refraining from drinking alcohol, and not driving.

Seeman and Seeman (1983), found that a low sense of internal control could be significantly associated with less self initiated preventive care, poor self-rated health, and greater dependence on physicians. Researchers have investigated the impact of various forms of personal control on health / illness behaviors. Research has shown that a feeling of personal control not only affects adoption of healthy behaviors and preventive measures, it also has impact on how people adjust to their illness. Personal control has also been found to affect the psychological well being of sufferers of serious illnesses. Two studies conducted at two different points in time, with two different types of patients, have yielded similar findings in
In this regard, these studies revealed that the locus of control of serious disease sufferers had a relationship with the depression that they experienced.

**Lau and Ware (1981),** the authors found a connection between self-control over health and health attitude towards family planning and birth control. They found that people who believe in self-control over their own health are those who generally rejected the role of chance factors in their health outcomes: meaning thereby that such people consider themselves, rather than unknown or chance factors to determine their health. The researchers also found that such people value the efficacy of doctors though they also feel that doctors may not be available to them all the time.

**Devins, Binik, Hallomby, Barre, and Guttman (1981),** that investigated helplessness and depression in family planning and birth control. The other study has been reported by Marks, Richardson, Graham, and Levine (1986) whereby the role of health locus of control beliefs and expectations of treatment efficacy in adjustment to cancer was examined. Findings of both investigations suggest that Muslims high on internal or powerful others health locus of control suffered less depression; the situation was the opposite in case of others high on chance health locus of control.

**S. Wallston (1980),** revealed that internals with high health value had a greater likelihood of reporting adherence. The study used an index of self-reported behaviors pertaining to the health of the different religion. It was seen that in case the subjects, who were high on internality, had failed to adhere to the regimen, they were more likely than others to report having failed in taking the medicines, having driven a vehicle, or having had alcohol. The best three predictors of the behavioral index yielded by the study were PHLC, IHLC multiplied by health value, and IHLC alone. The analysis also showed that internals with high health value were more likely to report adherence. Research evidence has indicated a significant relationship between compliance and personal control beliefs. A considerable proportion of such research has been conducted with diabetic patients because compliance to medical advice is most crucial to such persons.

**Dishman, Ickes, & Morgan (1980),** found that persons who stayed with physical activity program had more IHLC scores than those who dropped out of the program. In another one of
the earlier studies, reported by Brown, Perman, and Dobbs (1981), the relationship between HLC and life satisfaction along with the will to live was studied. The sample comprised geriatric patients who had been implanted pacemakers recently. The study revealed that there was a significant correlation between HLC internality and life satisfaction as well as the will to live.

Fischberg (1979) found women who value their health highly, and who were also high on IHLC were slightly more people likely to practice family planning than those low on internal locus of control.

Strickland (1978), reported that individuals with an internal sense of locus of control tend to take more precautionary health measures than individuals with an external sense of locus of control, when a disease or disorder occurs. Studies have also revealed that people with an internal locus of control and high value for health indicated a willingness to read more hypertension-related information than high health value health locus of control externals (Wallston, Maides & Wallston, 1976).

Langer and Rodin (1976), they investigated the impact of personal control on health. Physical and mental attitude towards family planning and birth control and improvements in two groups of residents of a nursing home were studied. The aged subjects in both groups were almost the same in terms of their age, prior socioeconomic status, sex, and physical and psychological health. The first group was encouraged to take charge of their routine life. However some of the group members did not make decisions for themselves. Their decisions were made by others hence they had little or no responsibility of their daily life. The decisions that were made for them, and personal control that they could exercise, did not involve any serious matters. Instead these were about issues such as leisure activities, rearrangement of furniture, the time of home visits, or whom to visit at home etc. Besides this, the subjects could opt to accept or reject a small plant offered to them. In case of accepting the plant they had to look after it if they liked. If they did not wish so, they could decline. The second group that was considered as a comparison group, received different treatment. All of its members were given a plant along with information stressing upon the responsibility of the nursing staff. This treatment meant that they themselves were not deciding about their lives; decisions were made for them instead of having been allowed a choice to accept or reject responsibility. The results
showed that 93 percent of the responsibility-induced group showed an overall improvement, mentally as well as physically. They were generally more happy, alert and active. The second group, in comparison, was found to be more debilitated in 71 percent of the cases. These changes were noted after three weeks of treatment. This study is often quoted as a classic study revealing the impact of control and personal responsibility on one’s health. The same groups were followed up for 18 months. The findings of the follow up revealed that the improvements were maintained by the responsibility-induced group. Their mortality rates were not only lower than the comparison group but also from their own expected rate (Rodin & Langer, 1977). The findings of this study indicate that a feeling or a perception of control can have long term impact on a person’s health and life.

**Seeman & Evans (1962)**, They found that Muslims have an internal locus of control (ILOC) knew more about their illness and took a more active role in coping with family planning and birth control Hindus have showed high score in family planning, than those with an external locus of control.

In another study on diabetic patients, situational and behavioral correlates of adherence to medical advice were examined (Helby, Gafarian & McCann, 1989). The study showed that people who believed in personal responsibility for own health had a higher probability of adhering to the physicians’ advice. The patients who assumed responsibility of caring for their own health were more likely to adhere to the medical regimen as compared to those who did not assume personal responsibility.

**Attitude towards family planning and birth control:**

**Population Research Institute (2010)**, examines the development of family planning in Finland from the 1960s to the 1990s by comparing the results from several nationwide studies. Ideals concerning family size & the spacing of children are examined before focusing on the conditions necessary for families to realize these ideals, which include an examination of what families know about birth control & what contraceptive methods are available to them.
How family size ideals were realized is assessed- did the final number of children correspond to the family size set as a goal? Because there are deficiencies in the comparability of the studies made at different points in time, the results presented here should be examined with reservations, & seen mainly as demonstrating trends at the group level. In the 1960s & the 1970s, Finns were already considering a relatively small family as ideal, & essentially there has been no change in this ideal. The scarcity of information about sexual matters & the use of unreliable birth control methods in the 1970s hindered the realization of family size ideals. With the spread of reliable contraceptive methods & the increase in knowledge about sexual matters starting in the 1970s, the final number of children in a family started to correspond to the ideal by the end of the decade. At the end of the 1980s, the final number of children was already smaller than the ideal.

Sunil S. (2010), in his study evaluated the Ammanpettai family welfare program, which combined monetary & motivational approaches to improve contraceptive use in three treatment areas, 1989-1991. Questionnaire data obtained in 1994 from a random sample of 933 non-sterilized women indicate that implementation of incentive programs in a socio-economically homogeneous population does increase the likelihood of contraceptive use, Results suggest that motivational programs are more likely than cash incentives to improve long-term use of temporary family planning methods. Such programs should provide peer-based family planning, education, & training in community work to contact persons who make door-to-door visits to promote family planning programs.

R. B. Bhagad Purujit Praharaj (2005), studied how socioeconomic variables influence fertility levels between Hindus and Muslims and examines the explanations from a political and economic prospective. He stated that there is a higher unmet need for family planning among Muslims and they avail less services from government sources even in rural areas. Muslims are more poor and illiterate and the practice of family planning is low among Muslims, he also mentions that they use more spacing and traditional methods compared to Hindus. On the other hand in both the religion female sterilization continues to be dominant method of family planning.

M. S. Kulkarni (2005), the study women’s exposure to mass media and use of family planning methods was undertaken to quantity the role exposure to these mass communication
channels in the use of family planning methods by married women. The data for the present study was collected by conducting a survey on a pre-designed and pre-tested questionnaire by interviewing married non pregnant women aged 15-45 years in north Goa district, Goa. The sample size for the present study was 250 married women. The data was analyzed using chi-square test and odds ratio (O.R.). The multivariate analysis reveals that exposure to television women’s exposure to mass media and use of family planning and newspaper about family planning massages significantly increased the use of family planning methods.

N. Ravichandran and S. Rajashree (2005), studied the women’s status and contraceptive behavior. This paper aimed at providing empirical evidence to find out whether fertility intentions and contraceptive use varies with respect to women’s autonomy. The study used multi-stage random technique and was conducted in Tamil Nadu between August and Feb2001. It learnt that the use of contraception is not a sudden decision, though in many cases it is caused by socio-economic pressures. However, religion continues to play an important role in shaping not only the internal practices and legitimacy of the claims made by the voluntary organizations but also their relationship between society and the individual. Inter-spouse consultation seems to set the bottom line on household autonomy and freedom and subsequent adoption of contraceptive measures.

Sangita Srivastava and Taresh Bhatia (2004), studied the ‘Modernity attitudes of Hindus and Muslims in their social life’. A study aimed at a comparative analysis of Hindu and Muslim in modernity attitudes towards country, family planning and life and humanity. The sample consisted of 120 male and female Hindu and Muslims of high and low SES between the ages ranges of 18-25 yrs. APRC-comprehensive attitude scale was utilized. The findings of the study revealed that the Hindus have more positive attitudes towards country and life but Muslims have comparatively less. On the other hand the Muslims have more positive attitudes towards family planning as compared to Hindus.

Sushma Pandey and Ramya Singh (2001), investigated the relationship between knowledge, attitude and behavior towards family planning. These variables were assessed by using standardized measures. Groups differed significantly on family planning knowledge, attitude and behavior. Urban Hindu women of forward caste expressed better knowledge, more favorable attitude and greater leaning towards family planning adoption as compared to their
counterparts. Result revealed a close association between knowledge, attitude and behavior towards family planning. But magnitudes of relations were not identical in rural and urban respondents of different castes and communities.

**S. Kulkari (2000),** reported a state-wide variation on family planning behavior in India. He stated women belonging to western states and hill areas are freer to make decisions about family planning behavior, but in eastern regions women are dominated and least empowered even in very personal issues like their own health care (contraceptive use etc). N. Audinaraya and Ms. R. Rajasree (1995), examined the cultural determinants of age at marriage. The study was conducted in Kavundanpalayam area of Coimbatore a city in Tamil Nadu. Sample was collected from 173 couples. Husband and wives were interviewed separately. For the purpose of analysis, age at marriage of both the spouses was considered as dependent variable. On the other hand, their cultural characteristics namely religion, caste, distance between husbands and wife’s residence before marriage, type of family and persons involved in their decision making for the marriages of the study clearly establish the significant influence of the various cultural characteristics on the age of marriage of both males and females and this influence was more pronounce in case of females then males.

**Dr. Harvinder Kaur (APR 2000),** presented a paper on Impact of income and education on fertility. She analyses the fertility behavior of 405 ever-married in the age group, 15-45 years in terms of two socio-economic variables that is income and education. The study restricted to women because child bearing is the unique privilege, function and almost entire responsibility of the women. This study concluded that the level of literacy is more effective in controlling the family size than the level of income. Education is helpful, to a large extent in rising the age at marriage, improving the status of women by enabling them to have a potent say in determining the size of their family and in overcoming parental preference for son by changing the parent’s outlook. These factors, in turn, are noted to be significant in bringing down the fertility rate.

**R. B. N. Sinha (2001),** examined the personality factors as predictors of attitude towards family planning. A sample of 300 college students participated in a study that aimed to correlate nine personality factors with four aspects of attitude towards family planning. Results indicated that the four aspects were inter-correlated yielding one general factor of attitude
towards family planning. Among the significant personality factors, friendliness was found to be positively correlated whereas heterosexuality was inversely related to attitude towards family planning. It was found friendly persons are probably more conscious of their obligations to family, Children and others. R. B. N. Sinha and N. N. Mishra (1994), studied some personality factors underlying attitude towards family planning. They examined the personality factors, extroversion and neuroticism in respect of attitudes towards family planning. They found that high extroverts were more positive in their attitudes towards family planning. However neuroticism was unrelated to attitude towards family planning.

Ali M. Ushijima H. (2005), investigated perception of men on role of religious leaders in reproductive health issues in rural Pakistan. The perception of adult males regarding the influence of the religious factor in their use of modern contraceptive methods, and their views on the role of religious leaders in community education, were explored through a cross section survey conducted in twelve rural district of Pakistan. A sample of 180 married adult males participated in the study through consecutive sampling. The majority of men interviewed considered that religion was against fertility control and 29% cited religion as a reason for their non-use of modern contraceptive. Respondents also suggested that the involvement of the religious leaders in reproductive health programmers is essential for the programmer’s effectiveness in rural areas.

David Hotchkiss (2005), Illustrates the use of panel data & a fixed-effects estimator to investigate the impact of family planning program inputs on contraceptive utilization in Morocco, 1992-1995. By controlling the potential bias resulting from common unobserved determinants of program resource allocation decisions & program out comes, the methodology helps overcome an important constraint to the use of no experimental study designs in undertaking meaningful impact assessments. Interview data from a panel of 5,118 women were supplemented with program data from Service Availability Modules undertaken in conjunction with each survey round. Results indicate that changes in the family planning supple environment, in particular, increased presence of nurses trained in family planning & the level of infrastructure at public clinics, played a significant role in the increased use of modern contraceptives.
Nasha Comsats (2004), Reports results of 2004 qualitative fieldwork conducted in three villages in rural Punjab to explore restrictions on female mobility & other social barriers to accessing health & family planning services in relation to women’s status, concepts of honor, & the practice of sex segregation. Focus groups of 8-10 respondents each were held with married men & women, & unmarried girls, supplemented by 13 key informant interviews & 31 personal interviews (N=17 married & 4 unmarried women, & 10 married men). Findings revel that unmarried girls were most restricted in all types of mobility, even within their own villages. Attitudes toward health & family planning services were positive among both men & women, & women’s access to these services within their own villages was least restricted. However, the unmarried girls experienced restrictions on accessing health care even within their own villages Accessing services outside the village was more restricted for all women, as they rarely left their villages alone. Mobility for education or jobs outside the village was more severely controlled because it poses more of a threat to the honor code Results suggest that services must begin to improve outreach to unmarried girls & door-to-door service provision should work toward helping women to overcome existing social barriers.

Bratati, Banerjee (2004), conducted a study to assess the influence of several socio-cultural factors on the acceptance of permanent contraceptive methods. A house-to-house survey was conducted in an urban community in highly district of West Bengal, using a pre-tested, semi structured schedule. Systematic random sampling technique was undertaken and 200 women between 35-49 years and economic determinants were studied and analyzed using significant statistical tests. The result found that religion did seem to have an influence on the acceptance on permanent methods and the acceptance rate was highest among women having 3-5 children and quite low among women with more number of living children. Effect of education of both husband and wife was also observed and the acceptance of permanent methods was observed to be directly proportional to per capita monthly family income of acceptors in the study. Family structure (i.e. joint or nuclear family) does not found to have effect on acceptance of permanent methods of contraception.

Edumonton (2001), found that implementation of social welfare programs, including family planning programs, is strongly conditioned by the needs, desires, & agendas of those
who carry them out. In this study, the strategies of CBD agents in western Kenya are examined in order to understand how they use their job as a means to achieve their own personal goals.

Lawrence (2001), in his study revealed that Guatemalan population boom, especially among Mays, reveals several interrelated factors at play: (1) a lifestyle based on manual labor & cooperation of kin, (2) inadequate indigenous contraceptive techniques, (3) poverty & marginality from public services, (4) ethnic distrust, (5) religion, (6) gender inequality, & ultimately, (7) inadequate international & state assistance for family planning. Despite the myriad challenges to family planning in Guatemala, a holistic family planning program can enhance the physical & cultural accessibility to contraceptives.

Sushma Pandey and Ramya Singh (Jan 2000), studied family planning attitude behavior in high and low future oriented women. The present study aimed at investigating the influence of future orientation of family planning attitude and behavior, applying 2 (Cast: Hindu and Muslim) x2 (High and low future orientation) factional design. A sample of 60 women married and having children, aged 20-25 years participated in the study. Story writing test (Aggrawal Tiwari, 1998) was administered to determine the high and low future orientation in subjects. Family Planning attitude scale (Thrustone, 1931: Pandey & Shrivastava, 1995) was used, semi/structured Interview schedule (Mahadwan, 184) was applied to ascertain Family planning adoption behavior. Results report interesting facts that there is significant difference on attitude score between high and low future oriented subjects but subjects of both communities did not differ significantly on attitude towards family planning. A compatible relation between attitude and behavior was found in Hindu subjects but this link was not apparent in Muslim Community.

Rao AP; Somayajulu UV (1999, DEMOGRAPHY INDIA), Study on “factors responsible for family planning acceptance with single child in Karnataka; INDIA”. This research attempted to identify the factors that motivate couples in Karnataka, INDIA to accept sterilization with one living child and to understand their perceptions about family planning limitation after making such a decision. The intention to avoid socio economic deprivation was the major reason for accepting family planning (sterilization) with one living child. The parents invariably decided to accept the one child norm to ensure a better standard of living for the child. Self motivation, coupled with efforts made by family planning association workers,
contributed to the acceptance of family planning by couples with a single child regardless of the sex of the child.

**Sue Ziebland (1999),** examines the views of general practitioners (GPs) toward prescribing emergency contraception (EC) & explores reasons for the gap between the views of women using UK family planning services, GPs, & professionals at the public policy level. Data are drawn from interviews with 53 women seeking emergency contraception at two family planning clinics & semi structured telephone interviews with a random sample of 76 GPs from three English health authorities. EC was rarely described, by users or GPs, as an acceptable contraceptive option. GPs viewed consultations for EC as an important opportunity to discuss a woman’s future contraceptive needs repeated use of EC was not encouraged. The medical literature suggests that EC is underused because of a lack of awareness. Commentators have recommended educating health professionals & women about EC & increasing availability through deregulation. Findings show that British GPs are not enthusiastic about the deregulation of EC, but the reasons are complex & related to concerns about planned contraception & sexual behavior. It is suggested that it may be because EC is used after sex that it seems to occupy an uncomfortable place in the contraceptive repertoire.

**Cyril Lindberg (1999),** presents questionnaire data on risky sexual behavior & condom use among a sample of 100 adult women, ages 18-45, who attended a family planning clinic in urban NJ. Although the women practiced contraception, they engaged in sexual behaviors that put them at risk for sexually transmitted human immunodeficiency virus (HIV), including unprotected oral, anal, & vaginal intercourse, & sex with risky partners. Alcohol & drug use were also common. Almost 50% reported a history of sexually transmitted infections. Health assessment for women using contraception should include assessment of risk factors for sexually transmitted HIV infection. All women should be counseled regarding methods of reducing their risk for HIV.

**Mistrikova (1998),** presents the findings of a 1997 sociological survey that focused on university students opinions about marriage, partnership, parenthood, desirable number of children, & life goals. Findings are discussed in the context of theoretical debate about the second demographic revolution (van de Kaa, 1996, Matulnik, J., & Pastor, K., 1997) & the decreasing birthrate in Slovakia as its empirical indication. Here it is suggested that the
decreasing birthrate is not a recent problem in Slovakia. Socio-demographic studies done before WWII addressed the birthrate decrease. Despite the falling trend of the birthrate in the 1990s, research findings suggest that most young people do not manifest anti-procreation attitudes, plan to marry in future, & plan to have two children. At the same time young people would like to maintain life space for self-realization & their personal interests. The revealed combination of life goals is close to the family planning strategies that are typical of younger generations in Western countries.

**Ghana Institute of Management & Public Administration (1998),** argues that the low utilization of family planning methods in Ghana, as in much of Africa, is explained by reference to traditional socio-cultural values held by males. A LISREL model is tested using self-administered questionnaire data collected from 484 educated males working in the Ghanaian government. Among the findings are that lack of couple communication, segregated conjugal role relationships, & male-dominated decision making are all significant predictors of nonuse of family planning methods. Males possession of knowledge of family planning in itself, is unlikely to initiate use of family planning methods. Additional socio-demographic & modernization findings are reported.

**Gulshan (1998),** indicates that male-dominated decision-making regarding family size & planning may not be the norm in Bangladesh. Rather, there is high agreement between couples. Findings suggest that men know about family planning methods, & many take an active role in implementation. Male attitudes are generally positive about having a small family. Women rarely mention their husband’s disapproval as a reason for contraceptive discontinuation. Unfortunately, neither men nor women seem to be sufficiently informed about the relative safety of menstrual regulation & often opt for traditional abortions. Also, men’s knowledge of obstetric emergencies is minimal.

**E. Blackwell (1997),** in a study analysis the survey data on married non-pregnant women, ages 15-49, from all 19 districts of Bangladesh (N=15,916 in 1983 & 12,050 in 1991) confirms that socioeconomic development, improved status for women, & availability of family planning services contribute to increased use of contraception. Contraceptive use increased over time, with 8.3% of women using traditional methods & 37.9% using modern methods in 1991, up from 5% & 21.5%, respectively, in 1983. Use increased with education
level & employment at both times. Rural-urban use differences decreased over time, pointing to the success of expanded family planning. Changes in the population composition (eg, fewer women who had a child die) also favored increased contraceptive use. Regional variations may be attributable to district-level differences in administrating family planning programs.

**B.K. Pattanaikl and Juldeep Kaur (1996),** studied the impact of education, communication and motivation on family welfare programmer in rural areas. The results concluded that education, communication and motivation have a positive impact on acceptance of modern family planning methods and immunization of pregnant women and children. It was found that women education has a greater impact on adoption of immunization while communication has a greater impact on adoption of family planning methods. Inter personnel communication is considered to be the key to adoption of family planning in rural areas.

**Sahik; Sarin, A. R. (1996),** examined the son factor in family planning acceptance on 4085 antenatal women, 2176 sterilization acceptors and 1000 families were interviewed. 79.43% of antenatal women wanted a male child irrespective of the sex of the previous children, 14.8% were indifferent and 5.76% desperately wanted a child of either sex. The study found the desire to bear sons to be the one common factor responsible for large families, decreased female to male ratio, the increased number of sex determined abortions and failure to accept sterilization. Study suggested women’s social states needs to be improved as well as level of education to reduce the preference for sons. Malhi P; Jarath J (1997), author presented paper. Is son preference constraining contraceptive use in India? The paper uses NFHS (1992-93) data for the study. Analysis of data reveals particularly strong preference for son in northern states. However there was marked state and regional differences. It was concluded that the desire for male children exerted a substantial depressing effect on family planning acceptance in northern states in India.

**J.C. Coldwell and P. Coldwell (1985),** studied that education seems to play an important role in development of attitude by rendering people more receptive to new ideas and practices. The study suggested that education brings within a new culture, westernization or modernization. In particular better educated women will be more willing to engage in innovative behavior than less educated women. Husbands are more likely to listen to educated wives. B.M. Ramesh (1998), concluded in his study of differentials of fertility and family
planning behavior that psychological characteristics, such as, the satisfaction of basic needs, developmental value orientation and open attitude system operates as mechanisms through which characteristics like place of residence, education, income and socio-economic status have their effect on fertility and family planning practice.

D. Grandberg and B. W. Grandbeg (1985), studied the differences on fertility related attitude and social psychological aspects of reproduction. He indicated that males and females do differ in their attitude towards family planning, but the differences are not always consistent. On one hand females have to bear the burden of having unwanted child and therefore should be more positive to family planning. On the other hand, they are often more influenced by their husbands, than their husbands by them. S.J. Jejeebhoy and S Kulkarni (1989), observed in their study that although the difference between fertility preferences of husband and wives were small, wives as compared to their husbands tends to desire greater number of children as well as sons and these differences tended to increase with age. Moreover, women’s family size desires were primarily shaped by their concern for support from sons in old age, while men desired sons, mainly for cultural and religious reasons.

Michel. A. (1976), in his study ‘Interaction and family Planning’ examined whether the socio-economic variables were more closely related with the success of couples practice of family planning then the variables of positive interaction, viz. agreement, communication and equality in decision making. He found the latter to be more closely related with the success of family planning. He also concluded that higher the equality or the wife’s dominance in decision-making, the more frequently had the couples avoided excessive fertility. INGLE GK; KUMAR A; SINGH S ; AUTATI N (1999, INDIAN JOURNAL OF PREVENTIVE AND SOCIAL MEDICINE), Study an “Reasons for non –acceptance of contraceptive methods among Jhuggi-Jhompri clusters of Delhi”. A survey was conducted in two Jhuggi-Jhompri clusters of Delhi adjoining Maulana Azad Medical College to determine the family planning status using as pre-designed Performa. The findings indicate that two- thirds of the respondents were aware about one or more contraceptives methods and about half of them did not use any methods due to “ignorance” and “fear”. No significant difference was observed in respect to religion and income. “Increasing incentives” and “improving awareness” were the two important ways suggested to enhance family planning acceptance.
Aghajani (1998), analyze the relationship between the pattern of prenatal care (PNC) & integration into the family planning system. PNC is theorized to be an important factor in diffusion of family planning services. A structural equation model that includes experience in using PNC services is posited in the context of a model that explains family planning demand. Ridings from this pilot study support the hypothesis that PNC use facilitates the diffusion process of family planning. Both in Morocco & Tunisia, women who have received PNC for the last births have a higher probability of using contraceptive use is not the same across the 2 countries. A specific implication of the findings is the use of PNC as a potential policy variable to improve the existing family planning programs in the Middle East & North Africa.

J.M Bradshow (1998), conducted interview with 68 parents in 56 rural & urban homeless families in central Ky revealed that although children were wanted, & extremely important to the family’s well-being, in the majority of families, parents had lost parental rights to one or more of their children, or voluntarily relinquished guardianship to someone else. While most Americans support abortion at least in some cases, approximately 90% of the Ss opposed abortion under all circumstances. This finding is anomalous, because the Ss did not exhibit the characteristics (eg strong fundamentalist religious beliefs) normally associated with absolute rejection of abortion. In addition Ss knowledge of & use of birth control techniques was fair at best; several Ss reported not intending to have more children, yet they were using no contraceptive measures. Others reported that they could not afford short-term methods, eg, pills or condoms requiring regular cash outlay & discipline, & were therefore forced to resort to long-term or irreversible methods, eg Norplant or tubal ligation, paid for by health providers. Complicating the situation is the fact that most Ss were at moderate to high risk or contracting sexually transmitted diseases, but did not associate using condoms with prevention. The implications for public health policy are discussed.

Curare (1997), traces the development of family planning practices in Tanzania, 1955-1990s. Secondary data indicate three stages of development: 1959-1973, initial formation; 1974-1984, implementation of an integrated family planning program & maternal child care system; & 1983-1993, development of the National Family planning Plan for Operation program. Despite this long history, only 11% of women in Tanzania currently use modern contraceptives. It is suggested that the failure of these programs is due to their neglect of
cultural factors & traditional family planning methods. Researchers are urged to document these traditional methods to discern which are effective & incorporate those identified as useful into family planning programs. Family planning initiatives are central to the improvement of life in developing countries, but these initiatives cannot succeed if they are not grounded in the traditional practices of local cultures.

**J. Bruce (1997),** informs an analysis of the quality of family planning services in Douala, Cameroon, & its effects on contraceptive behavior. Using J. Bruce’s (1990) definition of quality, it is concluded that the examined services are of very high quality in the areas of method choice, information provided, technical competence, client-counselor interaction, follow-up/continuity & constellation of services. The results, together with a doubling of the use of modern contraception in the 5 years since public family planning services were introduced in Douala, supports the hypothesis that quality of services does influence behavior. Clients indicated receptiveness & strong knowledge of the most common contraceptive methods. Misinformed rumors that contraceptive methods cause permanent infertility & cancer continue to be a barrier to increased family planning.

**M. Pflum (1997),** examines the shift in focus of internationally sponsored family planning programs in Egypt from females to inclusion of male partners. A 1991 survey showed that contraceptive use was much higher in rural lower Egypt than in rural upper Egypt, but survey findings about differences between residents of Cairo & chose of rural upper Egypt were contrary to expectations about the traditional male role in family planning. Operating through a model of modernization, international agencies have assumed that both individuals in a marriage can make individual decisions, free from social pressures, & donors champion modernization of the family in promoting contraception. Their TV advertising directed at males is described. However, such a modernist construction in family planning efforts in Egypt has limits, because state authority is undermined by deep social inequities.

**Cellison (1997),** develops & tests a theoretical model linking aspects of conservative Protestant theology with attitudes toward family planning, drawing on 1995/96 national mail questionnaire data from 537 students at 10 Protestant seminaries. As expected, seminarians from conservative denominations are less supportive of family planning than their mainline counterparts, although respondents in both groups express broadly favorable views of family
planning this denominational pattern in accounted for by the disproportionate tendency of fundamentalist & evangelical students to view the Bible as the inerrant “Word of God.” In turn, the strong relationship between inerrancy & family planning attitudes seems to reflect the inclination of inerrantists: to (1) interpret a key fertility-related passage, Genesis 1:28a, as a command &/or a blessing from God directed at individuals & couples & (2) harbor more conservative attitudes regarding human sexuality. Alternative explanations for denominational variations in family planning attitudes are also explored. Implications regarding future research on conservative protestant attitudinal distinctiveness & on religion-health issue links are discussed.

**Gigi Santow (1997),** describes trends & differentials in contraceptive practices among Israeli Jew, drawing on 1074/75 & 1987/88 survey, interview, & other data from 4,725 urban married women. Results show a heavy reliance on the IUD, little use of sterilization, & declining but significant, use of withdrawal. The factors associated with the practice of withdrawal are explored, showing evidence that supports Gigi Santow’s (1993) hypotheses that the degree of sex-role differentiation within marriage & the belief that men hold the authority in reproductive decision making are both positively related to the practice of withdrawal. He found that fear of oral contraceptives dislike of sterilization, & reliance on the IUD only at greater parities imply a continuing role for withdrawal, especially among those Israeli couples in which wives are less educated & have more traditional sex roles.

**Ann Arbor (1997),** revealed that the intensive family program did not decrease preferences directly, but did create a latent desire for fewer children, resulting in a demand for contraception. This finding was supported by a later multivariate analysis Another multivariate analysis of 48 developing countries found that, although programs did not have a significant effect on desired fertility, the level of development did Several intracountry multivariate studies found smaller program effects, & one multimethod study in India reported that the family planning program helped couples understand that fewer children were appropriate during a period of economic transition. It is contended that those studies on the effect of mass media family planning messages are flawed by possible selection bias. Several promising unpublished studies are also described.
M Maquire (1996), explains the Emerging gender inequalities in the implementation of India’s family planning program were examined via interviews conducted with 644 women from 14 villages in Mandya district, Karnataka, Dec 1991-Apr1992. Findings reveal a pronounced gender bias in favor of men: of the 460 couples that had accepted family planning methods, 439 women had undergone tubectomies/tubal ligation, 6 men had undergone vasectomies, 11 women used intrauterine devices, 2 men used condoms, & 2 women took birth control pills. The data also indicate that the sex composition of living children is more influential than any socioeconomic factor in determining the family planning method adopted. Results also show that India’s family planning program has helped ease the burden of childbearing, child care, & childrearing among working women to a greater extent than among nonworking women.

S. Krishnan (1996), surveyed Female clients (N=215) from 3 family planning clinics in Dallas in 1994 for their sources of health information & knowledge regarding contraception & sexually transmitted diseases (STDs) Clinics, doctors, pamphlets/brochures, & nurses frequently were used as sources of contraceptive information. TV was used most frequently for STD information by the group with higher reading skills, whereas clinic & pamphlets/brochures were used most frequently by the group with lower reading skills. Some significant correlations among contraceptive & STD knowledge & the number of sources of health information & perceived amount learned were also found. Implications for developing health information & education programs at family planning clinics are discussed.

Population studies Center (1994), examines the influence of media promotion of family planning on contraceptive behavior of married women in Ghana. Results of the 1988 Demographic & Health Survey (N=4,448 female respondents & 943 of their husbands) show that exposure to media messages has a strong positive impact on current practice of, & intention to use, contraception. The problem of reverse causation is also explored. Policy implications of these results & how mass media could be used further to promote family planning in Ghana are discussed.

Center Population Studies (1994), analyzes the data from the 1988 Ghana Demographic & Health Survey on a sample of 661 couples reveals that 77% of cohabiting marital partners held similar attitudes toward family planning & that 73% of these approved of contraceptive use.
However, only 61% of the wives correctly reported their husband’s attitude. Although 76% of the couples agreed on whether they wanted more children, just 44% gave concordant responses on ideal family size. Among respondents who reported knowing a contraceptive method, 35% of wives & 39% of husbands said they had discussed family planning with their spouse during the previous year. Regression analysis shows that urban residence, the wife’s attitude toward family planning, & discussion of family planning between spouses have significant independent effects on current contraceptive use.

**N. Hoque (1994),** examined the effects of socioeconomic development, status of women, & family planning on fertility, & the extent to which these effects vary in terms of contraceptive use between urban & rural currently married women ages 15-49. Results show that the proportions of these women using contraception has reached almost 46%, a considerable increase from 18.6% in 1981. A logit model is used to evaluate the effect of a select group of variables on the probability of using contraceptive methods. Fertility decline is associated with age income, education, employment, & availability of family planning services. The analysis demonstrates clearly that socioeconomic development, women’s status, & family planning significantly impact use of contraceptive methods; the first two variables are most important in urban areas, while the impact of family planning variables is greater in rural areas.

**Dept Sociology U Southe Carolina, (1991),** analysis the 1981 survey date from 100 rural & 100 urban women in Seoul & Chungam Province, South Korea, are drawn on to explore the effects of family planning practice on fertility decision-making power. Results indicate that women who practice family planning or have experienced abortion exercise greater influence on couple’s fertility decision making than do those who do not practice family planning or have had no abortion experience. In addition, there is an interactive effect of abortion experience & contraceptive use on fertility decision making among urban women, a significant finding because regardless of how birth control becomes available in a society, its use enhances women’s decision power concerning fertility.

**Dept Obstetrics & Gynecology, U. Zimbabwe (1991),** made an investigation of attitudes towards & practices related to family planning among male (M) Zimbabweans, based on data from the 1988 Male Fertility Survey (N=711 married Ms, ages 20+) Findings whom that Ms have a major role in practicing family planning methods, & that M knowledge, approval, & use
of family planning techniques is high. It is concluded that Ms should be included in education programs, & that programs should stress family size limitation in order to increase contraceptive prevalence & decrease fertility levels.

Center for Population & Family Health, Columbia University (1989), made an investigation of survey data on family planning knowledge, attitudes, & practices collected from 603 male residents of Burkina Faso reveals that while 75% of the respondents (Rs) knew of some modern method of family planning, only 25% were able to name it without prompting; 19% had used a modern method of contraception, but only 7% reported current use. A majority of Rs reported a largely positive view of family planning & 24% with living children wanted to limit their family to its present size focus group discussion confirmed the survey findings. Rs also thought that women were largely ignorant of family planning, opposed to it, & in need of education. In comparable discussion groups with women (N not provided) women said the same of men methodological problems of the survey are examined, & recommendations for family planning programs in Africa discussed.

Ripon Coll (1988), analyses demographic statistics from three economically successful Bombay (India) communities with high levels of educational attainment shows that the assumptions underlying demographic transition theory, related economic theories of demographic change, & family planning programs need to be reassessed The Parsis, Chitrapur Sara swat Brahmin & the Jains have all successfully adapted to life in India in the last tow centuries. Their strategies of adaptation have been defined by the cultural perceptions & definitions that they brought with them to the city, & marriage structures, & their demographic patterns. While the results support those who argue that modernization is associated with reduced birthrates, they also illustrate a number of ways in which that proposition is an oversimplification. Cultural & religious differences, along with context specific adaptive strategies, make global predictions about the uniform effect of such variables as income education, & other factors often associated with economic development & modernization on nasality & adoption of contraception all but impossible.

Bureau Analysis National Family Planning Coordinating Board, (1989), used Data from the 1980 census & 1986 service statistics program are used to evaluate the net correlation of socioeconomic, region, & program variables with 1987 contraceptive prevalence & method-
specific use rates for Indonesian regencies & municipalities. Analysis indicates that the region variables primarily, though not exclusively reflecting programs design & maturity correlate most strongly with the contraceptive prevalence rates. Fieldworker activities fieldworker supervisor activities, & community based distributors also have a correlation with these rates. Pill use is highest in the areas that are predominantly Islamic & least developed whereas the pattern is reversed for use of the IUD condom, & other modern methods (mainly female sterilization) The findings are assessed in terms of their implication for policy making.

**Programs Division, Population Council (1989),** examined whether a focus on quality of family planning services is consistent with meeting demographic objectives. An analytical framework that links elements of quality with fertility is described A review of existing literature suggests that improvements in quality of family planning services by enhancing the choice of contraceptive methods available in a country would increase the overall practice of contraception & thus would result in fertility reduction.

**Taiwan Provincial Institute of Family Planning 1987** traces the major trends in reproductive behavior in Taiwan from 1961 to 1985, based on statistical data fertility declined by 35% primarily due to declining nuptiality. Major declines in fertility at age 30+ brought rates at older age levels close to zero. The practice of contraception is now almost universal. However, although preferred family size continues to fall, few couples are satisfied with only one child.

**Lubbock (1988),** utilizing interview data from a random probability sample of 708 Mexican-American women in southern Ariz, a social psychological model of fertility related intentions is tested Results indicate that attitudes & normative beliefs of significant others, weighted by motivation to comply with those reference groups, combine to explain a significant proportion of variance in Ss fertility related intentions. Lower income, less educated, Catholic, & lower parity women were more influenced by their normative beliefs.

**Dept Anthropology University of Arizona (1987),** examines the cultural perception of fertility in regions of southern India & southwestern Sri Lanka, based on anthropological field data collected in 1974 & 1984 respectively. The notion that a women is most fertile directly after menses is discussed in the two ethnographic contexts & documented in other geographic
areas In the Sri Lankan context, attention is paid to how health ideology affects family planning behavior. The importance of culturally appropriate family planning education in Sri Lanka is stressed in light of recent data demonstrating the underutilization of modern family planning methods.

**Ann Arbor (1986),** examined the implementation & effectiveness of large scale modern bureaucratic family planning programs, transplanted from industrialized nations to the Third World. An analysis of pooled cross national time series data on 24 Asian countries for 1950-1980 from a research project of the U of Michigan’s Center for Population Planning, indicates that as family planning programs grew & their imputes of staff & funds increased, both contraceptive use rates & birth prevention, even when levels of social & economic development are controlled. There is also, however, much variance among countries in their patterns of both program performance & birth prevention. Four country cases are examined the Philippines, Malaysia, South Korea, & Indonesia to show that the character of political organization has an impact on the performance of these modern bureaucratic birth prevention organizations.

**US Agency for International Development (1982),** in this study the effect of an adult-oriented family planning program on the family size attitudes & fertility-related knowledge of Ru Turkish youth is examined, based on interviews with unmarried Ms & Fs (N+173,214, respectively) living in villages exposed to different levels of family.