CENSUS OF INDIA 1961

VOLUME IX

MADRAS

PART XI—F

PUBLIC PLANNING AND HOUSING IN MADRAS CITY

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of the Madras Administrative Service
Superintendent, Census Operations, Madras

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FAMILY PLANNING ATTITUDE IN MADRAS CITY

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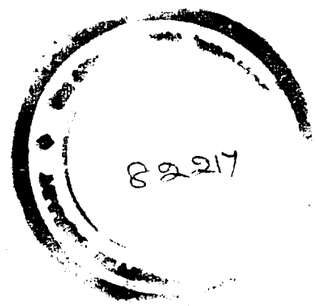
Superintendent of Census Operations, Madras

1966



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PREFACE

Among the special studies undertaken by the Census Department, Madras, one is on attitude towards family planning in Madras City.

It is based on a sample survey of ever married women in the reproductive age group conducted during 1963-64. The field survey was done by trained lady investigators. The aim of the survey is to assess the impact of family planning on the people, especially married women. *Inter alia* we have also examined the extent to which family planning is practised in the City and the effect it has on the population growth.

It is hoped that the results of the study will be useful to research workers and planners. It may also facilitate further studies in the field.

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CHAPTER I

INTRODUCTION

Challenge of 1951 Census

In his able report on the Census of India 1951, Sri R. A. Gopalaswami, Registrar General, India has highlighted one basic problem of this country, *viz.*, the need to limit the family. According to him, "we should realise that it is improvident on our part to permit ourselves to increase in numbers indefinitely without taking thought of how our children and our children's children are to live; and we should resolve to put an end to this increase as soon as possible". He opines that births will get limited to approximate parity with deaths, if what has been described as 'improvident maternity' is avoided by all or most married couples. ('Improvident maternity' consists of all births occurring to mothers who have already had three or more children, when at least one of them is alive). Sri Gopalaswamy has defined in the following terms the objective, specifically in relation to improvident maternity. "The task before the nation is first of all to bring about such a change in the climate of public opinion that every married couple will accept it as their duty (to themselves, to their family and to that larger family—the nation) that they should avoid improvident maternity. The occurrence of improvident maternity should evoke social disapproval, as any other form of anti-social self-indulgence. This is necessary; but not enough. There should be standing arrangements for ensuring that advice is given to every married couple on the various ways open to them for discharging their duty and to make available the necessary facilities. In order to regulate the scale and tempo of planned measures designed to achieve this purpose, the following target should be fixed: The incidence of improvident maternity should be reduced from its present level of over 40 per cent to under 5 per cent within 15 years". In Appendix I, I have given some extracts from the report of Sri Gopalaswamy where he has suggested ways and means to achieve the target of reduction of improvident maternity. What he has done is to stimulate thinking on the part of scholars and demographers on the problem of family limitation.

Family Planning has become a popular subject for discussion. It has become the topic of conversation among the common people. The subject has come to the market place, as it were, and is no longer the prerogative of the academician or the theorist. The Government of India and the Planning Commission have adopted family planning as a national programme.

Madras has been the first State to accept family planning as its official programme. It has done much to implement it throughout the State. The scope of this volume is to study the impact of family planning programme in Madras City, assess its success, highlight its pitfalls and suggest methods for making it more effective. What has been done in the capital of a State like Madras can be a guideline for others in the implementation of family planning programmes.

Growth of the birth control movement

The idea of family planning has its origin towards the end of the 18th century. As early as 1798, T. R. Malthus published his "Essay on the principle of population as it affects the future improvement of society" wherein he advocated a check upon over-population through late marriage and continence alone. Some guidance to the method of contraception was given by Robert Dale Owen in the American publication "Moral Physiology". In 1832, the knowledge of the medical profession was first brought to the subject with the publication in the United States of "The fruits of Philosophy" by Charles Knowlten of Boston who was later fined and jailed. A generation later in England, Annie Besant was tried and acquitted on a charge of immorality for re-publication of the Knowlton tract in association with Charles Bradlaugh (1877). Besides giving wide publicity, this prosecution resulted in the establishment of a Malthusian league in England, and a clinic was established by this league in 1921 for helping poor mothers in south London. The league popularised the information on contraception through its journal. Neo-Malthusian leagues were established in the 1880s in Netherlands, Belgium, France and Germany while in 1878 the first birth control clinic in the world was opened in Amsterdam by Aletta Jacobs. The first permanent birth control clinic in the U.S.A. was established by Margaret Sanger in 1923 in New York. In 1939 emerged the Birth Control Federation of America which later changed its name as Planned Parenthood Federation of America. The international federation organised in Stockholm in 1935 embraces the national organisations of several countries including India.

Birth control in other parts of the world

According to a rough estimate, there are more than 10 crores of "Planned Families" in the world to-day representing between one-sixth and one-fifth of the entire human race. The number and proportion are increasing from year to year. Family limitation methods gained wide popularity in the western world during the last 150 years. It was in the latter part of the 19th century that the practice of family planning became widespread in the United Kingdom, even though birth control movement began there during the early decades of the nineteenth century. In England to-day the total number of children born every year, among 1,000 people is only 15. Out of this number, 6 are first-born children, 5 are second-born children, 2 are third-born children, and only two children are fourth-born or of a higher birth order. It is claimed by Dr. Mary Pollock in her book "Family Planning to-day" (1963) that Britain at present has the most nearly adequate family planning service in the world run by the Family Planning Association which is a voluntary organisation. During 1961, there were 366 clinics at which 284,163 patients were treated. The report of the Royal Commission states, "Family Planning advice is part of a national policy for the promotion of family welfare. Its aim is positive and not negative; it is designed primarily to secure that the children come when the parents want them".

In the United States, the practice of family planning has been popularised by voluntary organisations which have provided clinical services. The first American Birth Control Conference took place in 1931. In 1942, the Planned Parenthood Federation of America came into being with headquarters at New York. By 1960, the United States had over 546 clinics. Legal restrictions against contraception were practically removed in the United States by 1950 and in 1957, only two of the 48 States—Connecticut and Massachusetts—continued to enforce laws forbidding a physician to offer contraceptive information. A nation-wide poll of United States' physicians by Alan F. Guttamachar published in 1947 showed that 97.8 per cent favoured birth control. A sample study of 2,713 young married women (18–39 years) conducted in 1955 reveals that 70 per cent use different methods to prevent conception. Families with two or three children have become most common in western societies in recent decades.

Asia, which has nearly 60 per cent of the world's population is the most thickly populated continent. Those countries in the East which are striving to develop, have taken the cue from the West and started adopting birth control. Family planning was widely adopted in Japan voluntarily in the post-war period. Induced abortions were practically legalised in that country in 1948 and this method was effective in that the birth rate declined rapidly from 33 in 1949 to 17 in 1957, *i.e.*, by 16 points. The drop due to family planning is only 5 points, the remaining 11 being accounted by surgical abortion. In spite of the fact that Japan has made great strides in family planning propaganda and makes available contraceptive appliances and advice at the door of the people, yet, for every five Japanese mothers who chose to avail themselves of these facilities, 12 did not.

The natural increase rate in Japan fell from 20 in 1947 to 9 in 1957. The Government is the most powerful birth control organisation in Japan. In spite of its wide propaganda for the use of contraception, abortions had increased from 101,601 in 1949 to 1,122,316 in 1957. Births decreased from 2,696,638 in 1949 to 1,563,399 in 1957. The contribution of family planning and abortion in reducing the population is a matter of controversy in Japan. Dr. Kubo of the Institute of Public Health ascribes 58.5 per cent to abortion and 41.5 per cent to contraception. Since 1955, the abortion figures have shown a decline. Japan holds a good example of propagating vigorously family limitation after the war and achieving tremendous success quickly, *i.e.*, in a period of 10 to 15 years. Abortion continues to be a major problem in Japan. The most widely used contraceptive there is the condom and nearly 50 to 60 per cent of all people using contraceptives are using condom. According to a survey in 1950, married couples who practised contraception occupied only 19.5 per cent and the figure was 29.1 per cent after including those who ever practised it. In the 1963 Survey, it was found that the above percentages were 44.0 per cent and 63.0 per cent. Further, the average number of children ever born per ever-married Japanese woman decreased from 3.73 persons in the 1950 Census to 3.22 persons in the 1960 Census.

Beginnings of birth control movement in India

In India the seriousness of the rapid growth of population in the absence of a corresponding improvement in the economy was felt in the early decades of the 20th century. In 1916, Sir Pyare Kishen Wattel published his book "The Population Problem in India," advocating family limitation. At

that time, he compared his effort to "the intrusions on the peace of mind of an occupied and self satisfied public by faddists who put up their umbrellas and insist that it is raining when every good man of the world knows that the sun is shining". In 1925, Prof. R. D. Karve opened the first birth control clinic in Bombay. The neo-Malthusian league was formed in Madras in 1928. On the 11th June 1930, the Mysore Government issued orders to open the first Government Birth Control Clinic in the world. In 1932, the Senate of the Madras University accepted the proposal to give instructions on contraceptives and in the following year the Madras Government agreed to open birth control clinics in the Presidency. In 1932, the All India Women's Conference at its Lucknow session recommended that "Men and Women should be instructed in the methods of birth control in recognised clinics". The National Planning Committee, under the chairmanship of Shri Jawaharlal Nehru set up by the Indian National Congress in 1935 strongly supported family planning. At the invitation of the All India Women's Conference, Mrs. Margaret Sanger visited India during 1935–36 and stimulated interest in the country in family planning.

On the 1st December 1935, the Society for the study and promotion of Family Hygiene was formed with Srimathi Cowasji Jehangir as its first President. Dr. A. P. Pillai, a vigorous advocate of family planning, conducted training courses in 1936. In 1939 the "Birth control World-wide" in Uttar Pradesh and Matra Seva Sangh of Ujjain in Madhya Pradesh opened birth control clinics. In 1940, Shri P. N. Sapru successfully moved a resolution in the Council of States for the establishment of birth control clinics. By 1940, the society for the study and promotion of family hygiene had become the Family Planning Society incorporating the Bhagini Samaj Birth control clinics in Bombay. The Second World War interrupted organised activities in the field of family planning.

The Health Survey and Development Committee under the Chairmanship of Sir Joseph Bhore appointed in 1943 by the Government of India, recommended provision of birth control service mainly for health reasons. In 1949, the Family Planning Association of India was formed in Bombay under the Presidentship of Srimathi Dhanvanthi Rama Rau.

Progress under Five Year Plans

The views expressed by the Planning Commission of the Government of India, in the report on the First Five Year Plan crystallised public opinion with regard to family planning. The Planning Commission has stated: "the recent increase in the population of India and the pressure exercised on the limited resources of the country have brought to the forefront the urgency of the problem of family planning and population control. It is, therefore, apparent that population control can be achieved only by the reduction of the birth rate to the extent necessary to stabilise the population at a level consistent with the requirements of national economy. This can be secured only by the realisation of the need for family limitation on a wide scale by the people. The main appeal for family planning is based on considerations of the health and welfare of the family. Family limitation or spacing of the children is necessary and desirable in order to secure better health for the mother and better care and upbringing of children. Measures directed to this end should therefore form part of the public health programme". It recommended in December 1952 that a programme for family limitation and population control should (*a*) obtain an accurate picture of the factors contributing to the rapid population increase in India; (*b*) discover suitable techniques of family planning and devise methods by which knowledge of these techniques can be widely disseminated; and (*c*) make advice on family planning an integral part of the service of Government hospitals and public health agencies.

The Planning Commission reviewed the progress of the family planning programme during the First Five Year Plan period and observed that the programme had progressed enough to call for further development on systematic lines. In pursuance of this, several measures were formulated. A Central Family Planning Board was formed in 1956. The Second Plan provided for the opening of 500 clinics in urban and 2,000 clinics in rural areas. According to the tentative programme drawn up for the Third Plan, the number of family planning clinics is likely to increase to 8,200 in 1966 of which 6,100 will be in rural areas.

Family Planning Programme in Madras State

In the All India Census Report for 1931, Mr. Hutton has said that "Madras is ahead of other Provinces in the matter of birth control. A tendency was observed by the Census Superintendent for the men at any rate to marry later and contraceptive methods were advocated by influential persons and

widely advertised in the Press". The people of the State were therefore to a certain extent acquainted with the concept of birth control even before the vigorous family planning programmes were launched.

Family planning programme was initiated in Madras State as a health measure as early as 1945. Advice on family planning and suitable means of birth control were made available to married women, if in the opinion of the medical officers such advice and facilities were required. The policy of offering advice on medical grounds continued for several years. The programme was first implemented in Madras City in the year 1952 with three part-time clinics, and one more clinic was added during 1954. During 1955, six full-time Family Planning Clinics were opened by the Corporation with the assistance of Government of India. During 1957, the Madras Government implemented the Family Planning Pilot Scheme in Pudupakkam and extended it to the entire city in 1958. Under this intensive scheme, 43 Mothers Information Centres and 32 Fathers Information Centres were functioning at the end of the Second Plan period. Organised Governmental efforts for the propagation of the practice of family planning started only in 1956 when the Government set up the first State Family Planning Board. This Board was the official agency for advising Government on how to organise and direct a programme of propagation of the practice of family planning by the people of the State. The functions of the Board and the progress made in the field of family planning are delineated in Appendix II. The first task of the Board was to make available correct and complete information on family planning.

Population growth and fertility trends in Madras State

The population of the present Madras State has increased by 75 per cent during the six decades 1901—1961 as against 84 per cent for all India. The decade-wise rate of increase is as follows :—

1901–11	... ...	8.57 per cent
1911–21	... ...	3.47 ,,
1921–31	... ...	8.52 ,,
1931–41	... ...	11.91 ,,
1941–51	... ...	14.66 ,,
1951–61	... ...	11.85 ,,

The population of the State is expected to increase from 336.9 lakhs in 1961 to 370.7 lakhs in 1971 and 419.6 lakhs in 1981. The percentage of increase during the decades 1961–71 and 1971–81 may be of the order of 10 per cent and 13 per cent respectively.

The level of fertility in a community depends upon three factors namely the age at which females marry, the period for which marriage remains fertile and the number of children born. The last factor depends in turn upon three other factors namely, the attitude towards the bearing of children or the desired size of the family, knowledge of the methods of family planning and the practice of family planning. The effect of family planning on fertility depends in turn upon three other factors, namely the method of family planning practised, the stage of married life at which family planning is resorted to and the average duration of practice of contraception in the total period of married life. The effect of family planning on fertility is considered very important.

The study of fertility and differential fertility in our country has limited scope because of lack of adequate data for such study and inaccuracies in the available data which may perhaps lead to erroneous conclusions. Due to inadequacy and inaccuracy, little reliance can be placed on the registration data, and hence one has to turn to census data and get the child-woman ratio—the ratio of children to women in the reproductive ages—as an indirect and somewhat rough measure of fertility.

The crude birth rate, which is the simplest measure of fertility, is obtained by dividing the number of births recorded in an area during a year by its population, and multiplying by 1,000. A corrected birth rate is one which is increased to allow for the fact that all births are not recorded. The decennial crude and corrected birth rates are presented below :

TABLE 1–1

Registered and estimated birth rates for Madras State

Decade	*Registered Birth rate*	*Corrected Birth rate*	*Percentage of under registration*
1921–31	30.4	42.8	29.0
1931–41	33.4	41.1	18.7
1941–51	30.0	35.8	16.2
1951–61	27.3	34.9	21.8

The age specific birth rates of an area are obtained by dividing the number of births to mothers of each age by the number of women of this age and multiplying by 1,000. Table 1-2 gives the age specific fertility rates in 1961 in selected towns for 1,000 women and 1,000 married women separately.

TABLE 1–2

Fertility rates and proportion married in selected towns, 1961

Age Group	*Fertility rate per 1,000 women*	*Fertility rate for 1,000 married women*	*Proportion marrried*
15—19	135.9	303.3	44.8
20—24	260.0	325.6	79.9
25—29	263.2	285.0	92.3
30—34	187.1	207.3	90.2
35—39	114.5	135.0	84.8
40—44	26.1	36.5	71.6
45+	0.5	1.3	37.8
All ages	88.2	207.8	42.4

The rate is higher for married women than for all women. The increase in the proportion of married women from age group 15–19 to 20–24 is steep as could be seen from the third column of the table. In the age group 25–29, the highest proportion of married women is recorded.

Fertility survey

To study the fertility pattern of women and the differentials in fertility according to various characteristics, a Fertility Survey was conducted in 1961 by the Census Organisation. Approximately one per cent of the rural blocks and two per cent of the urban blocks were surveyed and the results are available separately for rural and urban areas. The above survey gave a birth rate of 29.2 for rural areas and 29.8 for urban areas. The nuptial fertility rates, *viz.*, number of births to 1,000 married women in the age group 13–47 worked out to 150.9 for rural areas and 156.6 for urban areas. The age-specific fertility rates are presented below.

TABLE 1–3

Fertility rate per 1,000 married women, Fertility Survey, 1961

Age group	*Rural*	*Urban*
13—17	96	110
18—22	191	217
23—27	219	210
28—32	176	176
33—37	121	115
38—42	61	60
43—47	22	15
48+	3	2
All ages	132	141

Data on family size are available from the Fertility Survey. The figures available from the survey should be regarded only as a lower limit to the actual family size in view of the possible under enumeration of births in the enquiry. In the following table is given the average number of children born to women of incomplete fertility.

TABLE 1–4

Average number of children born to women of incomplete fertility

Duration of marriage in years	*Age at marriage*					
	Below 18		*18–22*		*23 and above*	
	Rural	*Urban*	*Rural*	*Urban*	*Rural*	*Urban*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1— 4	0.64	0.71	0.63	0.65	0.48	0.63
5— 9	1.84	1.93	1.72	1.69	1.51	1.44
10—14	2.90	3.11	2.59	2.64	2.15	2.28
15—29	3.84	4.11	3.40	3.42	2.90	2.86
30+	3.99	4.02	3.39	3.33	3.17	3.14

We find from the above table that the average size of a family increases with duration and decreases with age at marriage. The data relate to women some of whom are still in their reproductive span. A higher proportion of them, for instance in duration 1–4, may give rise to a smaller family size than those in duration 5–9. Likewise, those women in age at marriage 23 and above years should in fact have fewer children than those who married before 18, since the latter should have experienced a longer duration of married life.

The following table shows the decline in the number of children ever born to women at ages 43 and above in Madras (rural and urban areas) as revealed by the Fertility Survey conducted in 1961.

TABLE 1–5

Average number of children born to women of completed fertility

Age at marriage	*Rural*	*Urban*
Below 18	4.0	4.0
18–22	3.4	3.3
23 and above	3.0	2.9

The number of children born in families consisting of women of completed fertility from the earliest group of women to the most recent group shows a small decline. The following data of the present Family Planning Survey also tell a similar story.

TABLE 1–6

Average number of children born to women of completed fertility (43 years and above)

Married	*Average No. of children*
During 1933–1948	4.48
Before 1933	5.47

Somewhat similar data in other countries reveal more or less the same picture. A special study of fertility in England and Wales carried out in connection with the 1911 Census showed the number of children ever born to wives of completed fertility (age over 45 at Census) who were married at different dates. Although the data cannot be directly compared with the data for Madras State, there cannot be any doubt that the trend in the size of the completed family *i.e.*, family with women of completed fertility in England and Wales was downward from the decade preceding 1880 upto 1946.

It will not be possible to present comparable data for other countries; but there is little doubt that a similar decline in the average number of children born per family has taken place in practically all countries of European culture, although the time when this decline started and its extent and rapidity have varied considerably from country to country.

From the Fertility Survey 1961, it is seen that the births of order 4 and above have contributed to 1.34 children in rural and 1.40 children in urban areas. These when compared to the average family size of rural and urban areas (3.73 and 3.76 respectively) amount to 36 per cent and 37 per cent respectively. Data for earlier years are not available and hence it is not possible to find out if there has been any reduction in improvident maternity during 1951–61. However, even the existing level of 36 per cent is of serious concern to us and one should expect that when our family planning schemes bear fruit, this will be considerably reduced.

The registration data, in spite of their limitations, can be used for certain purposes, keeping in view their deficiencies. The reported average birth rates for five year groups are presented since 1921 for total, rural and urban areas in Table 1–7.

TABLE 1–7

Birth rates in Madras State (1921–1960)

Period	*Total*	*Rural*	*Urban*
1921–25	28.7	28.1	32.2
1926—30	32.4	32.2	33.3
1931—35	33.2	33.0	34.3
1936—40	34.4	33.9	36.3
1941—45	31.0	30.9	31.2
1946—50	29.9	28.5	34.7
1951—55	27.1	24.8	34.6
1956—60	27.5	24.4	36.6

The conclusions that emerge from the table are the same as the one Mr. Kingsley Davis has drawn from similar figures for India. His conclusions are: "First, Indian fertility is high; the rate with even very defective registration has only since 1941 dropped below 30 and has generally remained above 33 per thousand. Second, the range of variation is not so great or so rapid as that exhibited by urban industrial nations. Third and most important, there is a slight suggestion of a long run downward trend, although it rests so heavily on the beginning and ending periods, that caution should be exercised in giving it emphasis".

Object of the present survey

The chief object of the survey is to find out the attitude of married women in the reproductive age group towards family planning. Accordingly, enquiry was made so as to elicit information on the following aspects:— The impact of family planning scheme on the reproductive behaviour of married women, the extent to which family planning is adopted and the consequent effect on population growth and the extent to which different media of publicity have helped in popularising the scheme. The survey was confined to married women in the reproductive age group (*i.e.*, below 45 years) living in the selected sample households.

Sampling scheme

A two stage sampling was adopted for the survey, namely, selection of 10 per cent of Enumerator Blocks in the city and 10 per cent of households in the selected Blocks. Ten per cent of the Blocks were selected on the basis of systematic sampling with a random start and every 10th Block was selected from the Primary Census Abstract which served as the sampling frame. In the second stage, 10 per cent of the households were selected, by taking alternate household schedules from the sampled household schedules (20 per cent) already selected for the preparation of Household Economic Tables. Before starting the field survey, the selected households were listed out in the form of a statement giving the name of the head of the household, the total number of persons residing in the household, total number of married persons of both sexes in the household and the occupation of the head of the household. If another family has moved into a house, a schedule was used for members of that family. If a house had fallen vacant, the fact was recorded as such and no substitute household was taken up in order to eliminate the investigator's bias.

In the following statement the details regarding the number of households selected, contacted, etc. are given.

No. of households selected	*No. of households contacted*	*No. of households without married females*	*No. of households vacant*	*No. of married women enquired*
3,315	3,180	421	201	2,828

In all, 2,828 married women aged 45 and below were contacted. In effect, about one per cent of the households of the city has been covered, spread over different parts of the city. In a metropolis like Madras City, a study of one per cent sample can be expected to reveal a moderately accurate picture of the situation.

The questionnaire used for the survey was finalised after pre-testing. The questionnaire and the instructions issued to the investigators are given in Appendix III. Along with the questionnaire, the instructions given to the investigators are also summarised as this will go a long way in explaining the various items in the questionnaire.

Field survey

The field survey was conducted by six women investigators who were given intense training before being sent for the enquiry. Two of the investigators who were formerly in the Madras School of Social Work had already some experience in social surveys. In the present survey the replies expected from the informants were purely of a personal nature; the investigators were therefore instructed to be patient and tactful in dealing with the informants. They were also asked to dispel any possible misapprehensions in the minds of the informant, by assuring her that the information is collected solely for statistical purposes. In some cases the investigators had to approach the same informant more than once to elicit the details. On the whole, the response to the survey was quite good.

CHAPTER II

KNOWLEDGE OF FAMILY PLANNING

Motivation

In the report entitled "The Mysore Population Study" published by the United Nations, the imperative necessity for motivating the public to the practice of family planning and spreading the knowledge of family planning techniques have been stressed succinctly and effectively in these words: "Motivation, it has been said, is the key factor that determines the fertility of a people within the limit of their capacity to produce. Given a strong desire to limit the number of their children, the people will find the means of doing so, and without such a desire even the widest dissemination of knowledge of methods will have little effect upon the size of families. Nevertheless, the knowledge of effective methods and their acceptability do have an important bearing upon the reproductive performance of couples". During the First, Second and Third Five Year Plan periods, considerable fillip has been given to the family planning movement in the country and a number of schemes have been implemented to educate the people on family planning methods. In order to assess the extent of knowledge of married women in the reproductive age group, the following questions were put to the informants in the present survey:

(*i*) Are you aware that pregnancy could be deliberately controlled by any means?

(*ii*) If yes, can you tell the methods you know?

(*iii*) What is the source of your knowledge of the contraceptive methods?

In this Chapter, a detailed analysis of the answers given to the above questions is made.

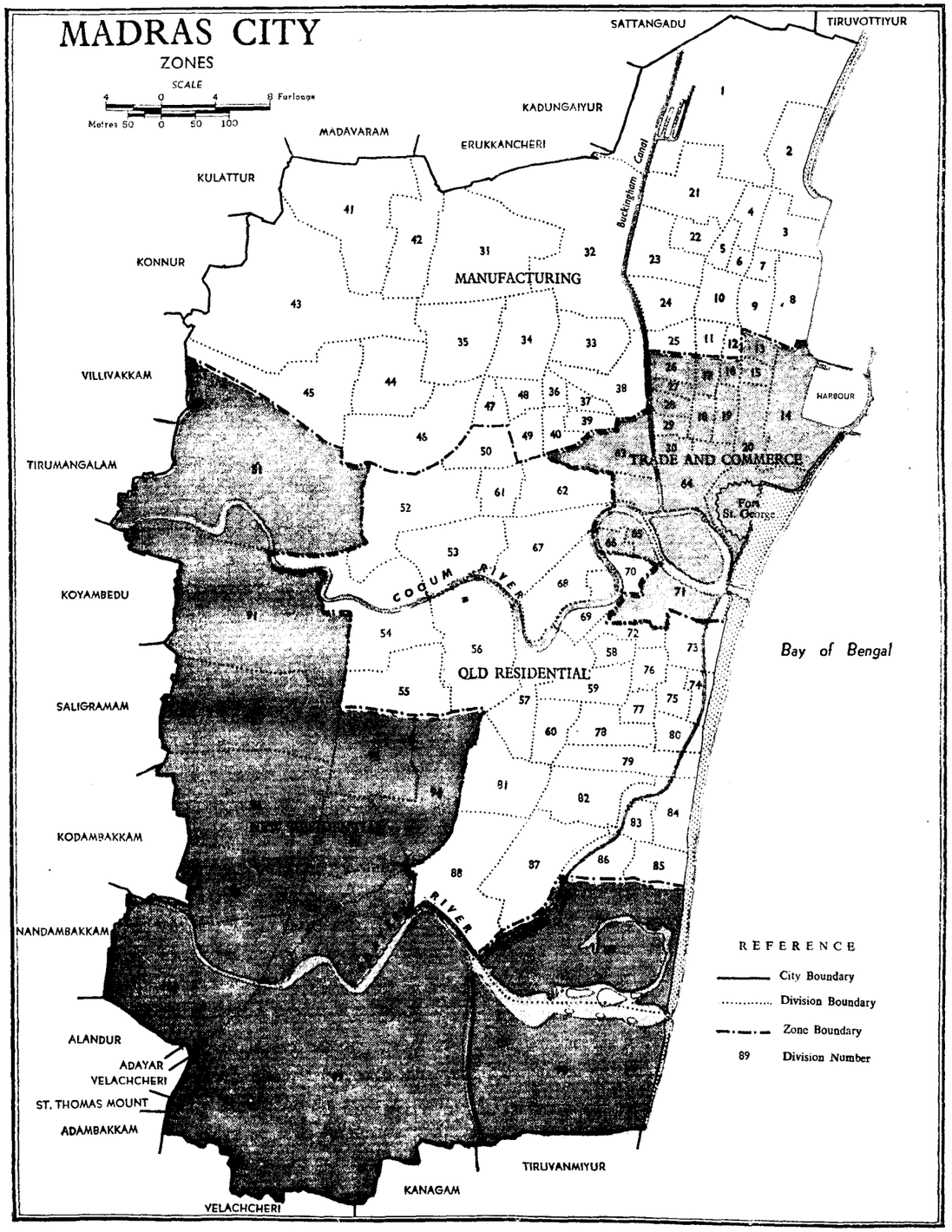
Division of the city into zones

The extent of knowledge about family planning depends to a certain extent on environment. For the purpose of the study of impact of environment on knowledge about family planning, the city has been divided into four zones—industrial, commercial, old residential and new residential. The division of the city into four zones is based on the characteristics of the areas comprising them. These zones with Corporation Divisions coming under each are shown in the map.

A brief account of the zones is given below: The industrial zone is bounded on the east by the sea and on the north by Tiruvottiyur Municipal Town which has developed urban characteristics similar to the city proper. The boundary between the city and Tiruvottiyur cannot be identified easily. It is a prominent industrial area of the city. It has the Burmah Shell, Esso and Caltex oil companies with their installations. The important industrial establishments are Buckingham and Carnatic Mills, Integral Coach Factory and Railway Workshop. The Thermal Power Station and Basin Bridge, Royapuram and Tondiarpet Railway Stations are located in this area.

The commercial zone is also bounded on the east by sea. A major part of it is Black Town now called George Town which along with the Fort forms the oldest part in city's composition. Its highly favourable location close to the harbour and railway terminus encouraged the more and more intense use of the area for commercial purposes and steady expansion thereby forcing the residents to move further and further outwards. Large business and commercial houses are located in this zone. The China Bazaar, the most congested thoroughfare, the Kothawal Chavadi, the key market from which commodities flow to other markets in the city, the Harbour, the Central Railway Station, the Moore Market, the Government Hospital and the High Court are located in the zone. It is overcrowded with practically no open space and no change in the internal structure of the zone can be contemplated.

In the old residential zone are included Purasawalkam, Vepery, Kilpauk, Chetput, Nungambakkam, Triplicane and Mylapore. Triplicane is a crowded residential locality and owes its fame to the ancient Sri Parthasarathi Temple. Mylapore and Santhome are also places of antiquity. The former is noted for its ancient temple of Kapaleeswarar and the latter for Santhome Cathedral. The important landmarks in this zone are Egmore Railway Station, Fort, Secretariat buildings, the Chepauk Public Offices, the Island Ground, the University Buildings and the famous Marina Beach.



The new residential zone is a crescent shaped girdle which sprawls from the Elliot's beach in the south-east to the eastern boundary of Villivakkam, a Class I panchayat in the north-west. This is in continuation of the old residential area—zone III—in the west and the south. The important suburbs in the zone are Shenoynagar, Aminjikarai, Kodambakkam, T. Nagar, Alandur, Raja Annamalaipuram, Adyar, Saidapet and Guindy. Kodambakkam is famous for film industry as well as for the Vadapalani temple dedicated to Lord Muruga. T. Nagar is a residential suburb where houses have been built on modern lines with open spaces all round. In Guindy, the recently built Government Industrial Estate, the Madras Race Club and the spacious Raj Bhavan Campus with Gandhi Memorial Mandapam are found. Adyar is developing rapidly into a fashionable high class suburb, and it is here the Theosophical Society is located. The Office of the Collector of Chingleput, the Teachers' College, the Y.M.C.A. College of Physical Education and the Madras Boat Club are located in Saidapet.

Knowledge about family limitation

The extent of awareness of family planning in each of the four zones in the City is presented in Table 2-1.

TABLE 2-1

Awareness of family planning

Zone	*Nature of zone*	*Percentage of women aware of family planning*
I	Industrial	68.25
II	Commercial	62.96
III	Old Residential	64.87
IV	New Residential	67.78
	All Zones	**66.41**

Among the married women interviewed, approximately two out of every three women know something about birth control and family planning. The extent of knowledge is the highest in the industrial zone with 68.3 per cent and this is followed by the new residential zone with 67.8 per cent. While the former zone is a dense area, the latter is an area with literate residents of progressive outlook. The lowest percentage of awareness has been recorded in the commercial and trading zone. The zone with old residential areas also has a poorer percentage of awareness than the city as a whole and this may perhaps be due to the conservative and tradition-loving nature of the people inhabiting this zone.

Awareness of family planning by caste

It will be interesting to analyse the percentage of awareness among the married women belonging to different religious communities. The number of married females interviewed is higher in number among Brahmins, Vellalas, Vanniars and Gounders, Scheduled Castes, non-Brahmin castes of Andhra origin, Hindustani-speaking Muslims and Nattukkottai Chettiars than among the remaining communities. The percentages of women with knowledge of family planning in respect of those castes in which at least 50 married women have been interviewed are presented in Table 2-2.

TABLE 2-2

Knowledge of family planning by castes

Caste	*Percentage of women knowing family planning*
Brahmins	68.47
Vellalas	70.40
Vanniars and Gounders ...	67.02
Nadars and Shanars	68.49
Nattukkotai Chettiars and other Tamilian Chettiars ...	74.55
Asaris	73.44
Idayars, Konars and other Shepherd Castes	59.02
Scheduled Castes	63.09
Non-Brahmin Castes of Andhra origin	62.80
Non-Brahmin Castes of Kerala origin	86.79
Non-Brahmin Castes of North Indian origin	50.00
Hindustani-speaking Muslims ...	48.31
Catholic Christians	90.24
Protestants	84.85
All Castes ...	**66.41**

It may be seen from the above table that in all the communities except Idayars, the Scheduled Castes, Non-Brahmin castes of Andhra origin, Non-Brahmin castes of North Indian origin and Muslims, the percentage of women knowing family planning is more than the corresponding percentage for the City as a whole, *viz.*, 66.41.

Awareness classified by educational levels

Education is an important factor affecting the extent of knowledge of family planning methods. Table 2-3 gives data on the awareness of family planning among women by education of husband and wife, individually.

TABLE 2-3

Family planning knowledge by educational standards

Level of Education	*Percentage of awareness according to*	
	Education of husband	*Education of wife*
Illiterate	59.62	60.95
Literate	60.85	64.92
Below Matriculation	66.67	73.72
Matriculation and above	74.83	80.41
Graduate	81.35	86.67
All categories	**66.41**	**66.41**

The gradual increase in the percentage of awareness from the level of 'illiterates' to that of 'graduates' brings out clearly that higher the educational standard, higher is the awareness of family planning. Education above matriculation has a strong influence, as it is from this level the percentage of awareness exceeds the percentage for all levels. Another interesting phenomenon worthy of attention is that more than the education of the husband, the wife's level of education is important in the matter of awareness of family planning. The significant correlation between the levels of education and knowledge of family planning revealed by the present survey was also observed in the surveys conducted in Mysore, Maharashtra and Delhi in 1951-52, 1956-57 and 1960 respectively. The report on the Base Line Survey of the Pilot Health Project, Gandhigram states that the survey in the project area on attitude towards health and family planning has revealed that " the proportion of persons without any fixed attitude (Don't know group) is found to decrease with the increase in educational qualifications ". It may be stated in this connection that the Project area is rural.

Knowledge based on economic status

Table 2-4 presents the extent of awareness about family planning according to economic status.

TABLE 2-4

Knowledge of contraception based on economic status

Economic status	*No. of women inter-viewed*	*No. with knowledge of family planning*	*Percen-tage of aware-ness*
Executives and others drawing over Rs. 1000 p.m.	31	29	93.55
Upper middle class people with income range Rs. 400 to 1000 p.m.	117	88	75.21
Lower middle class people with income range Rs. 100 to 400 p.m.	659	482	73.14
Clerks, Teachers, etc. with income less than Rs. 100 p.m.	244	156	63.93
Salaried unskilled labourers with income less than Rs. 100 p.m.	304	183	60.20
Individual manual workers	533	347	65.10
Skilled workers	583	385	66.04
Petty traders	168	106	63.10
No occupation	81	54	66.67
Unspecified	108	48	44.44

The percentage of awareness among women is very high in households with income above Rs. 1000. In the case of upper and lower middle classes too, the percentages are above the average for all classes. The percentage of awareness goes down gradually among the lower income classes. Among manual workers, skilled workers and petty traders without regular income, the awareness percentage ranges from 63 to 66.

Awareness of family planning by work status, family composition and duration of marriage

Nearly three-fourths of the working married women have some idea of family planning as against two-thirds among non-working married women. The above appears obvious since working women are likely to come across more publicity material on family planning. Only 138 out of the 2,828 married women interviewed were working and the remaining were non-working housewives.

The family composition also influences the women in evincing interest in planning the family. People with larger number of children are apt to think in terms of restricting the number of members of the family.

Awareness of Family Planning by Zones, Madras City.

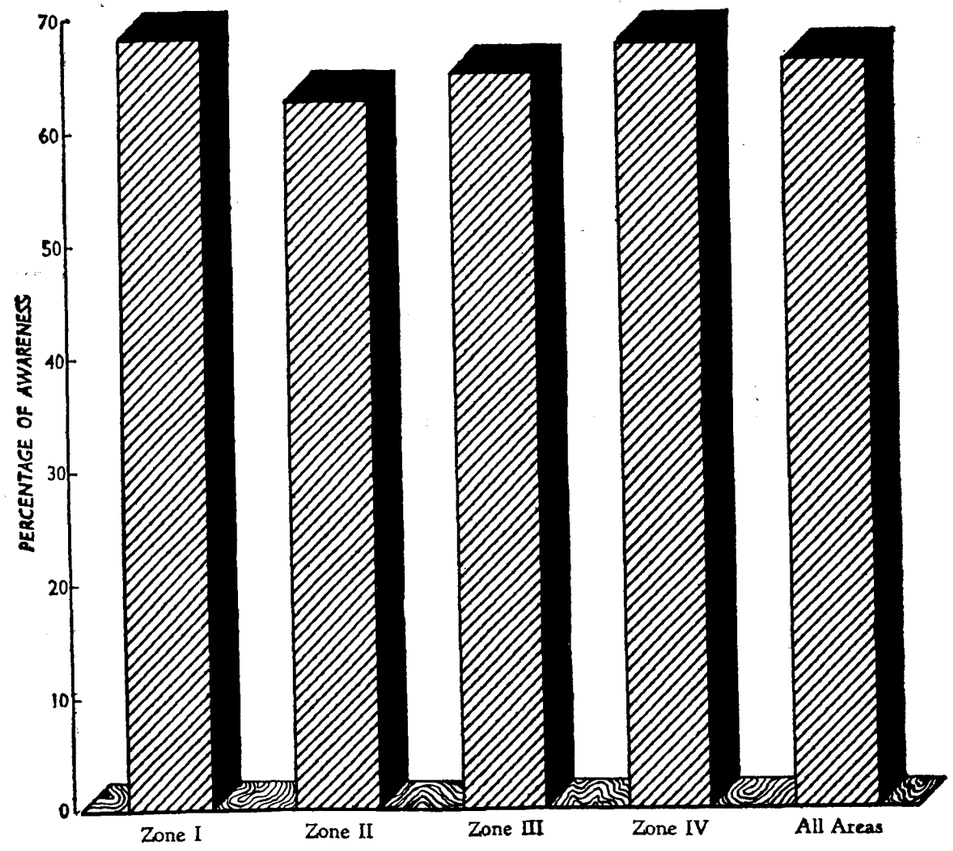


TABLE 2–5

Knowledge of family planning by existing number of children

Family Composition	*No. of women interviewed*	*No. aware of family planning*	*Percentage*
No children	411	183	44.53
Three children and below	1,463	964	65.89
More than 3 children	954	731	76.62

This increasing awareness of family planning methods among married women, after the expiry of a few years after marriage as well as after the birth of a few children is corroborated by the data on awareness by duration of marriage which is given below :

TABLE 2–6

Awareness of family planning by duration of marriage

Duration of marriage (In years)	*Percentage of awareness among married women*
Below 1	32.35
1 to 4	52.19
5 to 9	69.08
10 to 14	74.36
15 to 29	72.58
30 and over	48.58

The awareness increases with the increase in the marriage duration upto 14 years and after that it goes down. Among the persons who are aware, women with a marriage duration of 15 to 29 years form roughly 40 per cent—the highest—and they are followed by women in the duration 10 to 14 years and 5 to 9 years.

The type of tenancy and system of family life also seem to influence motivation and the resultant awareness. It is seen from our data that 70.5 per cent of married women living in flats have an idea of family limitation while only 62 per cent of those living in huts know it. The percentage, in the case of women living in portions of a house is slightly better (66.6 per cent). As regards family system, married women living in simple families are better posted with family planning information than their counterparts living under joint family system. While among the former class, roughly two-thirds have expressed awareness, in the latter only 61.6 per cent have done so. In the intermediate families, over 70 per cent of the married women are aware of birth control.

Awareness of family planning by present age of wife

Table 2-7 gives the percentage of awareness based on the age of married women at the time of investigation.

TABLE 2–7

Awareness of family planning by age of wife

Age group of women (in years)	*Percentage of awareness*
13–17	23.81
18–22	51.58
23–27	72.03
28–32	75.66
33–37	77.05
38–42	65.87
43–47	56.21
Above 48	48.86

It will be seen from the above table that between the ages 23 and 42, the percentage of awareness is considerable, being more than 65 per cent. The percentage is the highest in the age group 33-37. The percentage of awareness is smallest in the younger age group 13–17. In respect of women in the age groups 43-47 and above 48, the percentages of awareness are only 56.21 and 48.86 respectively. Family planning scheme being a new one might not have interested these women who are no longer young.

Source of knowledge

Knowledge as regards family planning is acquired from different sources, from gossip to scientific literature and medical consultation. In our survey, the sources have been classified under eight categories and they are : (*i*) Books and literature (*ii*) Family planning clinics (*iii*) Family Doctor or Hospital Doctor (*iv*) Friends and relatives (*v*) Husband (*vi*) Exhibitions (*vii*) Films and Radios and (*viii*) Others. One might have acquired knowledge about family planning from more than one source. For calculation purposes such a person has been considered under all the sources reported by her. Our data reveal that the items 'friends and relatives' is the most important source of information to women for heir knowledge about family planning.

TABLE 2–8

Source of knowledge about Family Planning

	Nature of Zone	Percentage of women under different sources to total women aware of family planning in each zone							
		Books and literature	*Family Planning Clinics*	*Family Doctor or Hospital Doctor*	*Friends and relatives*	*Husbands*	*Exhibitions*	*Films and Radios*	*Others*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
I	Industrial	5.75	6.43	52.39	71.00	9.17	1.64	0.68	1.09
II	Commercial	4.52	1.36	46.61	74.21	11.31	...	...	1.36
III	Old Residential	7.81	12.46	36.71	68.44	10.30	1.00	0.17	1.16
IV	New Residential	12.04	1.85	35.19	63.58	16 36	...	...	1.85
	All areas	**7.35**	**6.98**	**43.72**	**69.28**	**11.02**	**0.96**	**0.32**	**1.28**

Friends and relatives, family doctor or hospital doctor and husband are the three main sources of knowledge in order of importance. The extent of knowledge under each category, however, varies in each zone. The influence of family planning clinics in zone III and that of books and literature in zone IV, both of which are residential areas are noteworthy. Exhibitions, films and radios have not been effective in drawing the attention of housewives towards family planning.

Source of knowledge by caste

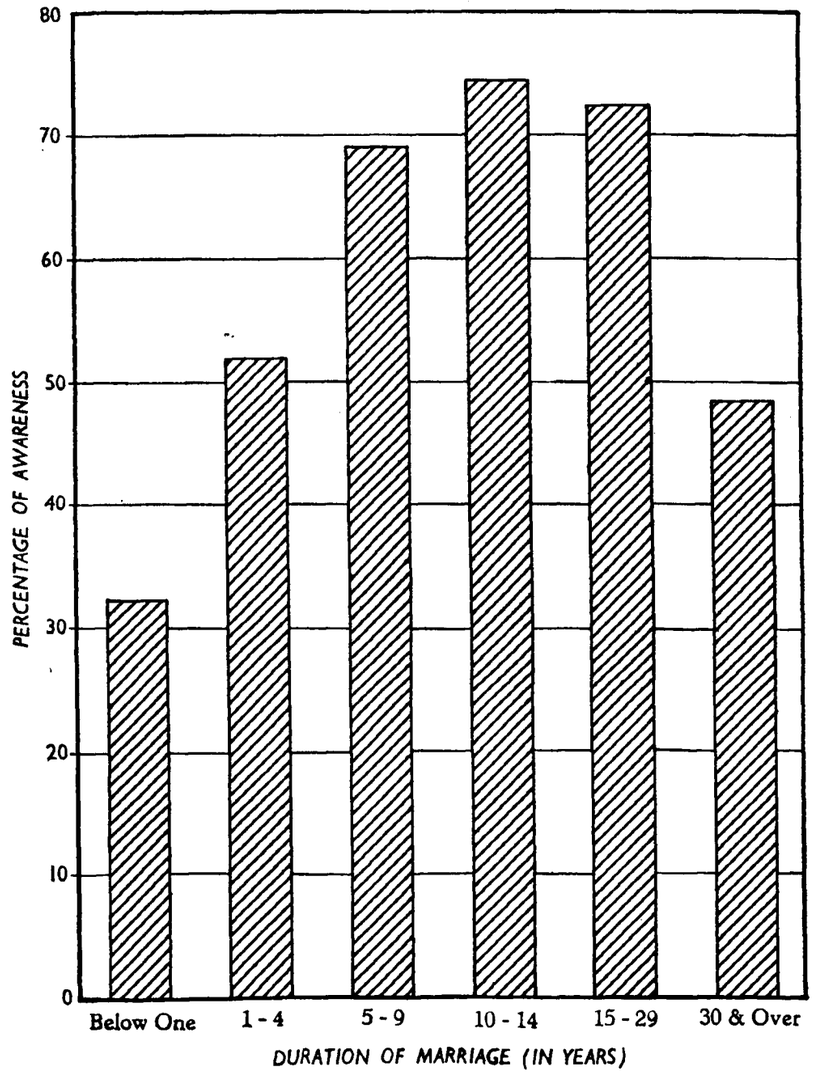
An analysis of the percentages of women coming under different sources of knowledge to total women aware of family planning under each caste may perhaps be revealing. Eliminating the castes where less than 50 persons have been interviewed in our survey and also the sources of knowledge, "exhibitions" "films and radios" and "others" which are not of much significance, the percentages are presented in Table 2–9.

TABLE 2–9

Source of knowledge by caste

Sl. No.	*Caste*	Percentage to total women aware of family planning in each caste				
		Books and literature	*Family planning clinics*	*Family/Hospital Doctors*	*Friends and Relatives*	*Husbands*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.	Brahmins ...	23.72	9.77	33.49	62.33	23.72
2.	Vellalas ...	8.94	5.96	44.37	70.86	14.24
3.	Vanniars and Gounders ...	1.95	6.64	50.78	67.58	6.64
4.	Nadars and Shanars ...	4.00	12.00	54.00	72.00	4.00
5.	Nattukkottai Chettiars and other Tamilian Chettiars ...	1.22	4.88	41.46	85.37	6.10
6.	Asaris ...	...	2.13	38.30	70.21	4.26
7.	Idayars, Konars and other Shepherd Castes ...	...	2.78	33.33	72.22	8.33
8.	Scheduled Castes ...	1.31	10.48	51.97	61.57	4.37
9.	Non-Bramin Castes of Andhra origin ...	5.66	6.79	46.79	70.57	9.43
10.	Non-Brahmin Castes of Kerala Origin ...	15.22	8.70	28.26	71.74	19.57
11.	Non-Brahmin Castes of North Indian Origin ...	12.12	3.03	39.39	78.79	21.21
12.	Hindustani-speaking Muslims ...	4.65	2.33	37.21	79.07	8.14
13.	Catholic Christians ...	8.11	5.41	31.08	71.62	6.76
14.	Protestants ...	17.86	7.14	39.29	48.21	14.29

Knowledge of Family Planning by Duration of Marriage.



It is apparent from the above table that most of the persons have stated their source of knowledge as "friends and relatives". The percentage under this source is the highest among Nattukkottai Chettiars and other Tamilian Chettiars and lowest among Protestants. The large percentages in the sources, "husbands" and "books and literature" among Brahmins is an interesting point worthy of notice. The influence of family planning clinics and doctors is high among Nadars and Shanars.

Source of knowledge by educational levels

It would be useful to analyse the source of knowledge by education. Table 2–10 gives the percentages in each source to total women aware of family planning under both education of husband and wife.

TABLE 2–10

Source of family planning knowledge by educational levels

Source	*Educational Levels of Husbands*				
	Illiterate	*Literate*	*Below Matriculation*	*Matriculation and above*	*Graduates*
(1)	(2)	(3)	(4)	(5)	(6)
Books and literature	0.29	0.66	2.71	15.80	32.48
Family Planning clinics	8.21	5.25	8.33	6.55	6.37
Family/Hospital Doctors	47.51	50.77	46.25	38.37	22.29
Friends and Relatives	73.31	65.86	72.71	68.40	62.42
Husbands	2.64	5.91	9.38	16.25	34.39

Source	*Educational Levels of wives*				
	Illiterate	*Literate*	*Below Matriculation*	*Matriculation and above*	*Graduate*
	(7)	(8)	(9)	(10)	(11)
Books and literature	0.38	2.61	11.16	38.46	61.54
Family Planning clinics	7.13	5.45	7.77	8.33	...
Family/Hospital Doctors	49.43	43.60	40.64	26.92	23.08
Friends and relatives	69.17	70.85	69.92	65.38	46.15
Husbands	4.97	9.24	14.74	31.41	46.15

As may be seen from the above table, the percentage of women acquiring knowledge from "Husbands" and "Books and literature" increases with the educational standards of husband or wife. Anyhow, the educational level of the wife, more than that of the husband, is an important factor in the acquisition of knowledge from "Books and literature". Percentages of women getting knowledge from Family Planning clinics are low.

Source of knowledge by economic status

It will be of interest to know about the sources of knowledge of women in each economic status. The data are presented in Table 2–11. In the category 'friends and relatives' which has recorded the largest percentage among the different economic classes, the percentage is the highest with 81.5 in respect of those without any occupation and lowest with 58.6 among executives. Those who had derived knowledge from doctors form a good proportion (above 50 per cent) among white collar workers (clerks, teachers, etc), salaried unskilled labourers and individual manual labourers. Among the executives, 24.1 per cent of the knowledgeable women have returned their source as books and literature, and about 13.8 per cent as doctors and 27.6 per cent as 'husband'. If we consider the middle class people, we find the influence of books and literature, family/hospital doctors and husband remarkable. The range of influence of family planning clinics is seen from the varying percentages, with the maximum of 9.8 per cent against salaried unskilled labourers and the minimum of 6.6 per cent among individual manual workers.

TABLE 2–11

Source of knowledge by economic status

Economic status	*Percentages of women under different sources to total women aware of family planning*							
	Books and Literature	*Family Planning clinics*	*Family/ Hospital Doctor*	*Friends and relatives*	*Husband*	*Exhibitions*	*Films and Radios*	*Others*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Executives and others drawing over Rs. 1,000 p.m. ...	24.14	...	13.79	58.62	27.59	3.45	...	...
Upper middle class people with income range Rs. 400 to 1,000 p.m.	30.68	6.82	32.95	61.36	30.68	3.41	...	3.41
Lower middle class people with income range Rs. 100 to 400 p.m.	16.39	6.85	37.97	70.75	17.84	1.24	0.41	2.49
Clerks, Teachers, etc. with income less than Rs. 100 p.m. ...	3.21	7.69	51.92	75.00	12.18	...	0.64	...
Salaried unskilled labourers with income less than Rs. 100 p.m. ...	...	9.84	51.91	65.03	4.92	0.55	...	0.55
Individual manual workers ...	0.29	6.63	52.45	68.88	4.61	0.58	...	0.58
Skilled workers ...	2.34	7.79	44.94	66.23	7.53	1.30	0.52	1.30
Petty traders ...	1.89	7.55	48.11	73.58	4.72	...	0.94	....
No occupation ...	3.70	...	27.78	81.48	...	...	...	...
Others not specified ...	12.50	2.08	16.67	77.08	16.67	...	...	2.08

Source of knowledge by work status of wife and duration of marriage

Data have been gathered on the source of knowledge by work status of wife. We find higher percentages among working women in all the sources except that of "Family/Hospital Doctors". The sources which have been returned by a significantly larger number of women among the working class are "books and literature" and "husband". The percentages are a bit higher among working women in respect of "exhibitions", "films and radios" and "others".

Classified according to duration of marriage, we find that among women in the duration groups 1–4 years and 30 years and above, about 80 per cent have returned their source as friends and relatives. The influence under the same category among women under duration groups, 5–9 years, 10–14 years and 15–29 years works out to 73.6 per cent, 61.4 per cent and 66.1 per cent respectively. The second most common source is "Family/Hospital doctors". Among those married for an year or less, the percentage of women stating their source as books and literature is 18.2. It is very difficult to draw any precise conclusion form the above. However, there is a clear indication that the main sources of knowledge have been friends, relatives and doctors. When we analyse the source of knowledge by present age of wife, we do not find any sharp deviation from the general average. The main sources, in order of importance are: (*i*) friends and relatives (*ii*) family/ hospital doctors and (*iii*) husband. If we consider the case of women in the age group 23 to 37 years, it is noticed that nearly 66 per cent of the knowledgeable women owe their knowledge to friends and relatives, a little over one-half to doctors and approximately a tenth to husbands.

Source of knowledge by types of tenancy and family

An idea on the source of family planning knowledge by types of tenancy and family as also family composition can be had from Table 2-12.

TABLE 2–12

Source of knowledge by type of tenancy and family composition

Details	*Percentage of women in each source to women aware of family planning under each category*							
	Books and literature	*Family Planning clinics*	*Family/ Hospital Doctor*	*Friends and relatives*	*Husbands*	*Exhibitions*	*Films and radios*	*Others*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
I *Type of tenancy*								
1. Huts ...	1.25	13.00	51.00	64.75	5.00	0.25	0.50	...
2. Flats ...	18.92	8.33	35.14	67.34	18.24	2.48	0.68	2.48
3. Portions ...	4.74	4.06	44.58	71.86	10.25	0.58	0.10	1.26
II *Type of family*								
1. Simple family ...	6.20	6.94	47.19	66.61	11.16	1.16	0.17	1.16
2. Joint family ...	9.74	6.82	30.84	78.57	11.04	0.97	1.30	2.27
3. Intermediate family ...	9.17	7.22	43.06	70.28	10.56	0.28	...	0.83
III *Family composition*								
1. Without children ...	9.29	2.73	10.93	86.89	6.56	2.19	0.55	...
2. Three children and below ...	8.09	7.47	41.49	73.13	12.24	1.04	0.52	1.24
3. More than three children ...	5.88	7.39	54.86	59.78	10.53	0.55	...	1.64

It is seen that there is greater desire among hut-dwellers to approach Family Planning clinics. Among people living in flats, the percentages are quite impressive under "books and literature" and "husband", and this is to be expected.

The other sources have not attracted the attention of people to any substantial degree. The influence of each source has not been very distinct in respect of types of family.

While the percentage coming under the source "doctors" is only 10.9 against families without any children, it has shot up to 41.5 per cent in the case of families with three and less children and it has gone up still further to 54.9 per cent in the case of those with more than three children. This may perhaps be due to the fact that families having children have consulted doctors on the question of family limitation. This tendency is in evidence to a greater degree in the case of families having more than three children. As against this, the percentages under 'friends and relatives' have gone down with the increase in the number of children. With the increase in the number of children in the family there is lesser influence of books and literature. The percentages under other categories have fluctuated and are normally below 10 per cent.

From the figures of our survey, it is clear that efforts to educate the people through exhibitions, films, radios, etc., have not been quite effective in achieving the ends. The influence of clinics and books and literature varies under each category. As we have surveyed married women alone, an item 'husband' has been included as a source. We do not however, know how many of the husbands (who have educated their wives) have derived their knowledge from books, clinics, friends, relatives, doctors, exhibitions, films or radios. Same is the case with regard to the source 'friends and relatives'. It is not known how many of these friends and relatives obtained their knowledge from the different media of publicity. However, it is clear that it is mainly out of talk, gossip or occasional chit-chats that many have acquired information. It is evident that many married people, even though interested in family limitation, feel hesitant and shy to approach doctors, clinics and the like.

In the absence of any comparable data for the previous years, we are unable to assess the importance of any particular source of information on birth control. As Dr. V.K.R.V. Rao has opined, " It is obvious that the studies constitute only a beginning and that much more remains to be done before we can have anything like a clear or authoritative picture of the many facets that comprise the attitude towards family planning on the part of Indian families..... without such a knowledge it is not possible to formulate an effective policy directed towards reorientation of individual motivations in favour of family planning and without such a policy, mere multiplication of family planning clinics or widening the distribution of contraceptive facilities or materials are not likely to achieve the objective we have in view, namely, a sizeable reduction in the birth rate within a reasonably short period." *

Knowledge of specific methods

Information has been gathered in our survey on the number of persons having specific knowledge on family planning. The data have been tabulated under ten different methods and a category 'others including no specified methods'. In all, out of the 1,878 women who were aware of family planning, many had knowledge of some method or other. A good number of the respondents had knowledge of two or more methods. In such cases, they have been classified in our tables under all the methods reported. A brief account of the different methods is given in Appendix.

The zone-wise percentages of knowledge of specific methods are presented in Table 2-13.

TABLE 2–13

Knowledge of specified methods of family limitation

Zone	Nature of zone	No. with knowledge	Percentage of women to total women aware of family planning in each zone: Safe period or rhythm	Withdrawal	Condom or F.L.	Douche	Diaphragm or cervical cap	Tampon or sponge	Foam Tablets	Husband/wife Sterilisation	Abstinence	Oral tablets	Others including no specified methods
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
I	Industrial ...	731	4.24	1.23	6.29	0.68	3.15	...	2.87	90.70	5.47	11.90	7.66
II	Commercial ...	221	1.36	...	7.69	...	...	...	8.14	94.57	3.17	10.86	5.88
III	Old Residential	602	7.97	3.99	9.97	1.83	3.16	...	11.13	90.86	4.15	8.47	8.31
IV	New Residential	324	5.56	1.54	7.72	1.23	3.40	0.62	9.26	96.30	13.89	2.16	2.16
	All Areas	**1,878**	**5.32**	**2.02**	**7.88**	**1.06**	**2.82**	**0.11**	**7.24**	**92.17**	**6.23**	**9.00**	**6.71**

From the above table, we find that husband/wife sterilisation is the most widely known method in all the areas and it ranges from 90.7 per cent in industrial zone to 96.3 per cent in the zone of new residential areas. Such a high percentage of awareness of husband/wife sterilisation has been noticed in urban areas in many recent surveys conducted in the country. In the Mysore Population Survey conducted in 1951–52, it was found that the best known method in both urban and rural areas was sterilisation of women. The percentage of women aware of sterilisation to total women interviwed works out to 61.21. In order of importance, we find that the other popularly known methods are oral tablets, condom or F.L., foam tablets, abstinence and safe period or rhythm. It may be noted that the percentages relating to modern contraceptive techniques are higher in the two zones of old and new residential areas than the other two zones. The percentage of persons knowing about abstinence is very high in Zone IV (13.9 per cent) and this is more than twice the figure for all areas. Knowledge of oral tablets is high in the industrial and commercial zones while that of foam tablets is high in Zone III.

* Attitude towards Family Planning in India—S.N. Agarwala (1962), Introduction-p. viii

Knowledge of specific methods by caste

The percentage of women with knowledge of specific methods to women aware of family planning in each caste is given in Table 2–14.

TABLE 2–14

Percentage of awareness of specific methods by castes

Sl. No.	Caste	Percentage of women to all women aware of family planning in each caste: Safe period or rhythm	Withdrawal	Condom or F.L.	Douche	Diaphragm or cervical cap	Tampon or sponge	Foam tablets	Husband/ wife sterilisation	Abstinence	Oral tablets	Others including no specified methods
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1.	Brahmins ...	12.09	6.98	20.47	2.33	6.51	0.47	13.49	92.56	9.30	6.98	1.86
2.	Vellalas ...	3.97	0.66	6.95	0.33	0.99	...	6.95	90.40	7.28	6.95	9.27
3.	Vanniars and Gounders	2.73	0.78	2.73	0.39	1.95	...	6.25	93.36	6.25	7.42	7.81
4.	Nadars and Shanars ...	...	...	...	...	...	...	8.00	92.00	6.00	14.00	6.00
5.	Nattukkottai Chettiars and other Tamilian Chettiars	4.88	...	6.10	...	1.22	...	7.32	95.12	3.66	13.41	4.88
6.	Asaris ...	...	...	...	...	2.13	2.13	6.38	91.49	2.13	14.89	6.38
7.	Idayars, Konars and other Shepherd Castes ...	5.56	2.78	8.33	...	2.78	...	8.33	91.67	5.56	5.56	2.78
8.	Scheduled Castes	4.37	0.87	3.49	0.87	1.31	...	8.73	92.58	3.06	11.35	8.30
9.	Non-Brahmin Castes of Andhra Origin ...	3.02	1.13	6.04	1.13	3.02	...	5.28	93.96	5.66	7.55	4.15
10.	Non-Brahmin Castes of Kerala Origin ...	8.70	2.17	17.39	2.17	4.35	...	10.87	100.00	13.04	17.39	2.17
11.	Non-Brahmin Castes of North Indian Origin ...	6.06	3.03	15.15	...	3.03	...	6.06	93.94	6.06	...	9.09
12.	Hindustani-speaking Muslims	4.65	2.33	4.65	1.16	2.33	...	5.81	84.88	8.14	6.98	11.63
13.	Catholic Christians ...	9.46	4.05	13.51	4.05	5.41	...	1.35	91.89	4 05	10.81	6.76
14.	Protestants ...	16.07	7.14	23.21	5.36	8.93	...	3.57	91.07	7.14	23.21	10.71

It may be seen from the above table that the percentage of awareness of sterilisation exceeds 80 in each caste. Leaving sterilisation, we find that the percentages of knowledge of methods are high among Brahmins and Protestants. Safe period or the rhythm method (the practice or knowledge of which requires a fair amount of understanding) is known to 12.1 per cent of the knowledgeable Brahmin women and 16.1 per cent of Protestants. Roughly 7 per cent among Brahmins and Protestants are aware of withdrawal or the coitus interruptus method. Nearly a fifth of the women who reported awareness of family planning in these two castes know about Condom or French Leather (or French Letter). The methods douche and cervical cap do not appear to command much popularity. However, a small fraction among Catholic Christians, Protestants and Brahmins are aware of them. Tampon or Sponge is practically unknown and only two women reported awareness of this method. Awareness of foam tablets is high among Brahmins and Non-Brahmin castes of Kerala origin while it is least popular among Catholic christians and Protestants. Abstinence is quite popular among the Non-Brahmin castes of Kerala origin, followed by Brahmins, Vellalas and Protestants. With 23.2 per cent, knowledge of oral tablets is the highest among Protestants. Among Nadars and Shanars, Nattukkottai Chettiars, Asaris and Non-Brahmin castes of Kerala origin too, the awareness exceeds one among eight persons. In the category 'Others and unspecified methods', the percentage is high among Hindustani-speaking Muslims, followed by Protestants and it is the lowest among Brahmins. Knowledge of vasectomy or salpingectomy is the

most widespread and commonly known method of preventing conception. We may say that almost all the persons who possess knowledge of family limitation are aware of these operations. Even though there is no large change in the knowledge of specific methods among different castes in general, yet noticeable differences do exist among a few castes in the knowledge of modern contraceptive techniques.

Knowledge of specific methods by educational levels

It will be useful to know about the variations in the percentages of awareness of specified methods according to the levels of education and literacy. A synoptic view of this correlation can be had from Table 2–15, where the percentages of knowledge of different methods are given separately by education of husband and education of wife.

TABLE 2–15

Knowledge of specific methods by educational levels

Educational level	*Percentage of women to all women aware of family planning under each category*										
	Safe-period or rhythm	*Withdrawal*	*Condom or F.L.*	*Douche*	*Diaphragm or cervical cap*	*Tampon or sponge*	*Foam tablets*	*Husband/ wife sterilisation*	*Abstinence*	*Oral tablets*	*Others including no specified methods*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12
Husband											
Illiterate ...	1.47	...	0.59	...	0.59	...	3.23	94.13	4.99	9.38	6.74
Literate ...	1.53	...	2.19	...	1.09	...	6.13	92.78	5.69	8.53	6.56
Below Matriculation ...	1.88	0.83	4.38	0.63	1.04	0.21	7.29	93.54	5.83	7.92	7.29
Matriculation and above ...	9.71	2.93	15.12	2.48	5.64	0.23	8.80	90.52	7.90	11.29	7.22
Graduates ...	22.93	13.38	30.57	3.82	10.19	...	14.65	86.62	7.01	6.37	3.82
Wife											
Illiterate ...	1.78	...	1.40	...	0.76	...	4.97	91.59	5.99	9.17	7.90
Literate ...	1.90	0.71	4.98	0.24	2.37	0.24	7.58	94.79	7.11	7.58	5.69
Below Matriculation ...	7.97	2.39	11.16	1.59	2.79	0.20	6.37	92.43	5.98	9.16	6.77
Matriculation and above ...	20.51	11.54	32.05	5.13	12.82	...	16.03	87.18	6.41	11.54	3.21
Graduates ...	46.15	38.46	76.92	23.08	23.08	...	61.54	92.31	...	7.69	7.69

We find that the percentages of awareness increases with the educational levels. Considering the educational levels of husbands, we find that both among illiterates and literates without any educational levels, there is no significant difference in the percentages. As is to be expected the percentages are very high among women with graduate husbands. It is surprising that 13.4 per cent of knowledgeable women (whose husbands are graduates) are not aware of either vasectomy or salpingectomy. The percentage in respect of 'others including no specified methods' is the lowest among graduates. If we take into account the education of wives themselves, knowledge among them of the several methods is quite high. Among those who are educated above Matriculation, the percentages of knowledge are high as regards modern methods. Among graduate married women, the percentages are still higher. Quite a sharp contrast in the percentages is noticed in the levels 'Below Matriculation' and 'Matriculation and above'.

Knowledge of specific methods by economic status

Occupation and income have a direct relation to the knowledge of family planning. Higher income groups have returned larger percentages of knowledge than the lower income groups. The data analysed are presented in Table 2–16.

TABLE 2–16

Percentages of awareness of specified methods by occupational status of household

Economic Status	*Percentage of women to all women who know about family planning in each category*										
	Safe period or rhythm	*Withdrawal*	*Condom or F.L.*	*Douche*	*Diaphragm or cervical cap*	*Tampon or Sponge*	*Foam tablets*	*Husband/wife sterilisation*	*Abstinence*	*Oral tablets*	*Others including no specified methods*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Executives and others drawing over Rs. 1000 p.m. ...	27.59	24.14	44.83	6.90	17.24	...	6.90	79.31	3.45	10.34	6.90
Upper middle class people with income range Rs. 400 to 1000 p.m.	23.86	14.77	31.82	5.68	9.09	...	15.91	87.50	12.50	5.68	3.41
Lower middle class people with income range Rs. 100 to 400 p.m.	9.34	2.70	14.73	2.07	5.19	0.21	9.96	91.49	7.47	9.13	6.64
Clerks, Teachers, etc. with income less than Rs. 100 p.m.	4.49	1.28	7.69	0.64	2.56	...	7.05	93.59	6.41	9.62	6.41
Salaried unskilled labourers with income less than Rs. 100 p.m.	1.09	0.55	1.64	0.55	0.55	...	5.46	93.44	3.28	7.65	6.56
Individual manual workers	2.31		1.15	...	0.86	...	4.90	93.95	5.19	9.80	6.34
Skilled workers	1.30	...	1.82	...	1.04	...	6.75	92.47	7.01	9.35	7.79
Petty Traders	1.89	...	2.83	0.94	0.94	0.94	2.83	92.45	2.83	10.38	6.60
No occupation	...	1.85	3.70	...	...	...	5.56	92.59	7.41	9.26	1.85
Others not specified ...	4.17	2.08	10.42	...	4.17	...	4.17	89.58	2.08	4.17	14.58

The percentages of awareness of modern contraceptives are high among executives with an income of over Rs. 1,000 per mensem. The percentage of awareness is 27.6 per cent for safe period or rhythm method, 24.1 per cent for withdrawal, 44.8 per cent for Condom or French Leather, 6.9 per cent for Douche, 17.2 per cent for Diaphragm or Cervical Cap and 10.3 per cent for oral tablets. The percentage of unawareness of sterilisation which is 20.7 is quite high in this class and this is rather surprising. It may be seen that as we go down from the higher income groups, the percentages of awareness of the modern methods decreases. The highest percentage of knowledge for sterilisation has been recorded among individual manual workers. Of the 347 knowledgeable persons of this class, 326 or 93.9 per cent have knowledge of either vasectomy or salpingectomy. The awareness of the methods is significantly above normal among upper middle class people than the lower middle class people. Abstinence and foam tablets are quite popular among the upper middle class while they are least popular among small traders. The method tampon or sponge is not quite popular and only a small proportion of persons among the lower middle class and petty traders are aware of this method. It appears from the table that in the lower income brackets, the popular methods besides sterilisation are abstinence, foam tablets and oral tablets.

Knowledge of specific methods by marriage duration and work status of wife

Duration of marriage has certainly a bearing on the knowledge of family planning methods. As years pass by and as people get more children, naturally they seek information on family limitation. The percentages of awareness of the different methods according to duration of marriage are presented in Table 2–17.

TABLE 2–17

Percentage of awareness of specified methods by duration of marriage

Duration of marriage	Percentage of women to all women knowing family planning in each category										
	Safe period or rhythm	*Withdrawal*	*Condom or F.L.*	*Douche*	*Diaphragm or cervical cap*	*Tampon or sponge*	*Foam tablets*	*Husband/ wife sterilisation*	*Abstinence*	*Oral tablets*	*Others including no specified methods*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Less than one year	4.55	...	4.55	...	...	...	9.09	86.36	...	4.55	18.18
1—4 years	10.06	5.59	11.17	2.23	3.91	...	9.50	91.62	3.35	8.38	6.70
5—9 ,,	7.33	2.09	10.99	1.83	3.66	...	8.12	93.19	2.88	10.73	6.28
10—14 ,,	4.40	1.47	8.07	0.73	1.96	0.24	8.56	93.40	2.44	8.31	7.09
15—29 ,,	4.41	1.74	5.74	0.80	3.20	0.13	6.28	91.99	10.81	9.35	5.61
Above 30 years	1.46	0.73	6.57	...	...	...	2.92	88.32	6.57	5.84	10.95

It is observed from the table that the four duration groups coming within 1–29 years have good percentages of awareness. Knowledge of sterilisation is the highest among wives of the duration 10–14 years. It is significant to note that people coming under the duration group 1–4 years have the greatest knowledge of several methods like rhythm, withdrawal, condom or F.L., douche, diaphragm and foam tablets. In the group 15–29 years, about 10.8 per cent are aware of abstinence. The oral tablets are widely known first among those married for 5–9 years (10.7 per cent) and next among those in 15–29 group (9.4 per cent). The percentages of awareness are the lowest among those women who are married for more than 30 years. The good percentage of awareness among people married for less than 4 years reveals the eagerness of these people to postpone the birth of the first child which trend is noticed in western countries.

It is useful to analyse the awareness of specified methods by the work status of wife. Among knowledgeable working women, 18.45 per cent know of safe period or rhythm, 8.74 per cent of withdrawal, 21.36 per cent of Condom or F.L., 6.80 per cent of Douche, 8.74 per cent of diaphragm or cervical cap, 12.62 per cent of foam tablets, 7.77 per cent of abstinence and 10.68 per cent of oral tablets. Sterilisation which commands 89.3 per cent awareness among working women is known to 92.34 per cent among housewives. The other important methods popular among non-working housewives are Condom or French Leather, oral tablets, foam tablets and abstinence.

Knowledge of specific methods by present age of wives

The percentages of awareness worked out according to the present age of wives are given in Table 2–18.

TABLE 2–18

Percentage of awareness of specified methods by present age of wife

Present age of wife	Percentage of women to total women knowing family planning in each category										
	Safe period or rhythm	*Withdrawal*	*Condom or F.L.*	*Douche*	*Diaphragm or cervical cap*	*Tampon or sponge*	*Foam tablets*	*Husband/ wife sterilisation*	*Abstinence*	*Oral tablets*	*Others including no specified methods*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
18—22 years	4.82	1.32	6.14	0.44	2.63	...	7.89	90.79	1.75	10.09	9.21
23—27 ,,	6.98	2.33	8.84	0.93	3.49	...	9.53	91.40	1.86	7.44	7.21
28—32 ,,	5.36	1.65	7.84	1.24	2.27	...	7.63	94.43	4.54	10.93	5.36
33—37 ,,	5.31	2.36	7.96	1.18	3.54	0.29	7.08	90.27	12.09	10.91	6.49
38—42 ,,	5.18	3.63	7.77	1.55	3.63	...	4.15	91.71	13.99	7.25	4.66
43—47 ,,	4.65	2.33	12.79	2.33	1.16	...	5.81	93.02	11.63	5.81	3.49
Above 48 years	0.93	...	3.74	...	0.93	0.93	2.80	93.46	3.74	4.67	12.15

The percentage of awareness of sterilisation is the highest with 94.4 per cent among women of 28–32 age group while it is the lowest among those in the age group 33–37. The percentages of awareness of the different methods are very low in respect of those above 48 years, except for sterilisation and abstinence. Knowledge of safe period or rhythm is quite high among wives of the age group 23–27, that of withdrawal is high among those in the group 38–42. Among the knowledgeable women of the age group 43–47, 12.8 per cent are aware of Condom or F.L., and only 2.3 per cent are aware of Douche. Diaphragm or Cervical cap is more popular among women in the age group 38–42 while foam tablets is quite popular among women of the age group 23–27. Abstinence is best known (14 per cent) among women of the age group 38–42. Nearly a tenth of women who know about family planning in the age groups 28–32 and 33–37 have knowledge of contraceptives. There is an indication from this that as age advances, the knowledge of contraceptives also increases gradually.

Knowledge of specific methods by types of tenancy and family.

Awareness of specific methods classified by types of tenancy and family and composition of family are given in Table 2–19.

TABLE 2–19

Percentage of awareness of specified methods by types of tenancy and family and composition of family

Details	Percentage of women aware of each method to total women knowing family planning in each category										
	Safe period or rhythm	*Withdrawal*	*Condom or F.L.*	*Douche*	*Diaphragm or cervical cap*	*Tampon or sponge*	*Foam tablets*	*Husband/ wife sterilisation*	*Abstinence*	*Oral tablets*	*Others including no specified methods*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Type of tenancy											
Huts	3.00	0.25	1.00	...	1.50	...	8.00	92.50	5.75	10.50	7.50
Flats	12.39	6.31	16.67	2.93	6.53	...	13.06	90.09	7.43	8.78	8.78
Portions	3.19	0.87	6.77	0.68	1.74	0.19	4.45	92.94	5.90	8.51	5.51
Type of family											
Simple	4.96	1.57	7.93	0.91	2.56	0.17	7.19	92.56	7.11	10.00	5.87
Joint family	5.52	2.92	6.49	0.65	2.60	...	5.19	91.56	4.22	5.19	8.44
Intermediate family ...	6.39	2.78	8.89	1.94	3.89	...	9.17	91.39	5.00	8.89	8.06
Family composition											
Without children	4.37	3.83	5.46	1.09	2.73	...	3.83	92.35	1.09	3.28	6.56
Three children and below ...	6.22	2.59	9.44	1.45	3.53	0.10	8.09	93.67	5.08	8.30	6.74
More than three chilren ...	4.38	0.82	6.43	0.55	1.92	0.14	6.98	90.15	9.03	11.35	6.70

Considering type of tenancy, we find that in general, there is better knowledge among people living in flats than among others. In the case of sterilisation however, the knowledge is a little less among flat-dwellers than those living in huts and portions. For oral contraceptives, a better percentage of awareness is noticed among hut-dwellers than among others. With type of family as the criterion we find that apart from sterilisation a slightly higher percentage of awareness is noticed among members of the intermediate families.

As regards family composition, we find that the percentages are little higher in the group "three children and below". Oral tablets and abstinence are well known among members in families of more than three children. The percentages of awareness in families without children are lower.

Summary

It is seen from the data presented in this chapter that awareness of family planning does not differ significantly from zone to zone. Nearly two out of three women interviewed had knowledge of family planning. Subtle differences in the awareness of family planning are noticed when we analyse the data by educational standards, occupational status, duration of marriage and family composition and present age of wife. Over two thirds of the persons who have reported knowledge have returned their source as "friends and relatives". The sources "exhibitions" and "films and radios" have practically made no headway in popularising family planning. The number of people who derived knowledge from doctors—both family and private—is quite considerable. Only a few among the educated classes have derived their knowledge from books and literature. Sterilisation operation of either male or female is the most widely known method. Only about 8 per cent of the persons aware of family planning do not have knowledge of vasectomy or salpingectomy operation. Knowledge of modern methods of contraception is high among a few classes socially and economically advanced, among the educated and among the middle and upper classes. Of every 100 married women of the reproductive age, about 66 are aware of family planning. Of these 66 women, 46 derived their knowledge from their friends and relatives and 29 from doctors. Again, 61 of the 66 knowledgeable persons know about vasectomy and/or salpingectomy operation.

CHAPTER III

ATTITUDE TOWARDS FAMILY LIMITATION

The desire for children on the part of parents or would be parents is one of the important factors influencing the fertility of a population. Though the reproductive performance of the parents is independent of their desire to have children, there exists a correlation between the two in any community or nation. Any change in desires for children is bound to affect the actual level of fertility. It is therefore important to find out the attitude of people towards family limitation.

To elicit information on the attitudes towards family planning, questions 4 and 5 have been included in Section II of the questionnaire. The questions are put only to those who report awareness of family planning. In the case of those who object, the exact nature of objections is ascertained. Some object to family planning for more than one reason. In the case of two or more objections reported by a respondent, the answer is classified under each category in our tables. Persons having no objection to family planning are those who do not object to the limitation of family by artificial methods on grounds religious, sentimental or otherwise.

Attitude towards family planning in zones

As has already been observed, 66 out of every 100 women are reported to be aware of family planning and out of these 66 women, 56 have no objection to family limitation. The zone-wise details are given in the following table.

TABLE 3–1

Attitude towards family limitation in zones

Zone	*Persons*	*Persons with family planning knowledge*	*Persons who object to family planning among the knowledgeable*
I. Industrial	100	68	17
II. Commercial	100	63	5
III. Old Residential	100	65	9
IV. New Residential	100	68	2
All zones	100	66	10

Out of every 100 interviewed, as many as 17 object to family limitation in the industrial zone, while only 2 object in the zone of new residential areas. Zone IV, *i.e.* the new residential area is occupied predominantly by the educated middle class population and this may be the main reason for such a low percentage of objectors.

Attitudes classified by castes

In Table 3–2, the attitude of women classified by a few castes is given.

TABLE 3–2

Attitude towards family planning by caste

Caste	*Persons*	*No. of persons with family planning knowledge*	*No. of persons who object to family planning*
Brahmins ...	100	68	6
Vellalas ...	100	70	7
Vanniars and Gounders	100	67	9
Nadars and Shanars ...	100	68	5
Nattukkottai Chettiars and other Tamilian Chettiars ...	100	75	8
Asaris ...	100	73	6
Idayars, Konars and other Shepherd castes ...	100	59	7
Scheduled Castes ...	100	63	13
Non-Brahmin Castes of Andhra origin ...	100	63	7
Non-Brahmin Castes of Kerala origin ...	100	87	4
Non-Brahmin Castes of North Indian origin ...	100	50	...
Hindustani-speaking Muslims ...	100	48	7
Catholic Christians ...	100	90	72
Protestants ...	100	85	21

The above table reveals that the proportion of those who object to family planning is the largest among catholic christians. If we take into account the knowledgeable persons alone, we find that approximately 80 per cent of those aware of family planning among Catholic Christians object to the adoption of the same. In respect of other castes, we do not find such a large percentage of objectors. The percentage in those cases ranges from 4 to 21 only. The existence of such a large percentage among the Catholics is mainly due to the objection of the Church to artificial family limitation. Among Protestants, 21 out of every 100 object to family planning. The third highest number of objectors is among Scheduled Castes—13 out of every 100 interviewed are against family planning. Among the non-Brahmin castes of Kerala origin, the number of objectors is the lowest, being only 4.

Educational levels and family planning attitudes

The following table gives the percentage of objectors to family planning among knowledgeable women classified by educational levels of wives and husbands.

TABLE 3–3

Objections to family planning classified by educational levels

Educational levels	*Percentage of objectors to knowledgeable women based on*	
	Educational levels of husband	*Educational levels of wife*
Illiterate	24.05	18.09
Literate	14.22	11.61
Below Matriculation	15.63	15.94
Matriculation	12.87	13.46

It may be seen that the percentage of objectors is high among the illiterates. That the educational level has a bearing on attitude towards family planning is borne out by the above table.

Occupational status and family planning

Table 3–4 gives the percentage of women with no objection to Family Planning among knowledgeable women in households classified according to occupational status.

TABLE 3–4

Percentage of women with no objection to family planning among the knowledgeable women by occupational status

1.	Executives having income over Rs. 1,000 p.m. ...	89.66
2.	Upper middle class people with income Rs. 400—1,000 p.m. ...	95.45
3.	Lower middle class people with income Rs. 100—400 p.m. ...	87.14
4.	White collar workers having income less than Rs. 100 p.m. ...	84.62
5.	Salaried unskilled labourers having income less than Rs. 100 p.m. ...	79.78
6.	Industrial manual workers ...	79.54
7.	Skilled workers ...	84.16
8.	Petty traders ...	83.02
9.	No occupation ...	79.63
10.	Others not specified ...	91.67

There is no appreciable deviation in the percentages of persons with no objection to family planning among the different occupational classes. But the percentages are a little higher among the higher income groups than among others.

Family limitation and duration of marriage

All the 22 women who report awareness of family planning (among those married for less than one year) have no objection to the adoption of family planning. In the 10–14 years group, 81.4 per cent of the knowledgeable have no objection. The percentages for the other groups are 1–4 years: 89.9 per cent, 5–9 years: 83.5 per cent, 15–29 years: 83.2 per cent, 30 years and over: 91.2 per cent. In the group 1–4 years, for every 100 women interviewed 52 women have knowledge of family planning and of this, 5 women have some objection or other towards the adoption of the same. The figures for the married women in the duration group 10–14 years are particularly interesting. It is among people of this group that the maximum awareness of 74.4 per cent is noticed. Fourteen out of every 100 interviewed women in this group object to family planning.

As regards work status of wife, we find that of the 138 working married women interviewed, 103 have knowledge of family planning and 84 have no objection to the adoption of the same. The percentage of those having no objection to those aware of family planning in this category works out to 81.6. Among non-working married women (housewives), 84.5 per cent of the knowledgeable have no objection and the percentage with no objection to those interviewed in this group works out to 55.72 per cent. In spite of greater awareness among working women of family planning, the percentage of objection among them is higher than among the non-working women. Among non-working women, the percentage of women unaware of family planning is 34.01 per cent, as against only 25.36 per cent among the working married women.

Attitude towards family planning by present age of wife

Table 3–5 gives the proportion of women having no objection by present age.

TABLE 3–5

Percentage of women having no objection by present age

Present age (in years)	*Percentage having no objection*	
	To those aware of family planning	*To those interviewed*
13—17	100.00	23.81
18—22	85.53	44.12
23—27	83.72	60.30
28—32	82.06	62.09
33—37	86.14	66.36
38—42	83.94	55.29
43—47	82.56	46.41
48 and above	88.79	43.38

It may be observed from the table that the percentages among the knowledgeable women vary from 80 to 90 per cent except among those in the age group 13–17 years. In this group, only 10 of the 42 interviewed women have knowledge of family planning and all of them have no objection to the adoption of family planning. If we consider those with no objection to family planning among the total interviewed women in each age group, we find the highest percentage of 66.4 among 33–37 age group and the lowest of 43.4 per cent among those in the age group 48 and above. Among those interviewed in the three age groups 23–27, 28–32 and 33–37, percentages of persons having no objection is over 60 per cent. The percentages have declined gradually from the age group 38—42.

Attitude classified by types of family and tenancy and family composition

In Tables 3–6 and 3–7, the percentages of persons having no objection to the adoption of family planning classified by different types of families and tenancies as also by the family composition are given.

TABLE 3–6

Percentage of persons having no objection classified by types of family and tenancy

Types of family and tenancy	*Percentage of married women*	
	Aware of family planning	*Interviewed*
Huts		
Simple Family	75.91	50.77
Joint Family	86.11	43.06
Intermediate Family	77.05	39.17
Total huts	77.00	47.75
Flats		
Simple Family	84.13	59.52
Joint Family	97.22	64.22
Intermediate Family	83.70	65.25
Total Flats	88.29	62.22
Portions		
Simple Family	85.26	55.75
Joint Family	87.50	53.33
Intermediate Family	84.54	63.87
Total Portions	85.40	56.86

TABLE 3–7

Percentage of persons having no objection classified by family composition

Family Composition	*Percentage to married women*	
	Aware of family planning	*Interviewed*
1. Without children ...	91.80	40.88
2. With three or less children sub-divided into ...	85.58	56.39
(*a*) Without a son ...	90.09	55.71
(*b*) Without a daughter	87.50	54.10
(*c*) With at least one son and one daughter	82.43	58.20
3. With more than three children sub-divided into ...	80.71	61.84
(*a*) Without a son ...	81.25	72.22
(*b*) Without a daughter	95.45	70.00
(*c*) With at least one son and one daughter	80.21	61.15

It is observed from Table 3-6 that among married women belonging to the joint families living in flats who are aware of family planning, the largest percentage of persons (97.22 per cent) is favourably disposed towards the adoption of family planning. The lowest percentage is found among simple families living in huts. It is among those living in flats that larger number of women have no objection to the adoption of family limitation. Taking the type of tenancy as a whole, we find that the objections are the largest among hut dwellers and lowest among those living in flats. Considering the types of families as a whole, we find that the percentages of objection among the knowledgeable are in simple families 17.3, in joint families 8.1, and in intermediate families 16.94. Thus, we find that a majority among the knowledgeable women of the joint families favour the adoption of contraception.

Table 3-7 gives an idea of the attitude of married women, according as they are without children or with three or less children or more than three children. Only one in every ten women possessing knowledge of family planning and having no child has objection to its adoption. In this category, it should be known, that hardly 45 per cent are aware of family planning. It is in the last category, namely those with more than three children that the objection to family planning is less considering all interviewed women. It is interesting to note that in this last category, among those aware of contraception, 95.45 per cent have no objection in case of families without a daughter and 81.25 per cent in those without a son. This may perhaps mean that there is a desire on the part of those women who have no male issue to beget more children rather than adopt contraceptive techniques.

Of the 411 respondents without children, only 168 or 40.9 per cent have no objection to limit their family. Among those with three or less children, the objectors among the total respondents form 9.5 per cent and this percentage is only 14.78 among those with more than three children.

We shall now proceed to analyse the specific objections stated by those who object to the adoption of family planning.

Nature of objection towards family planning

The nature of objection to family planning is classified under the following nine categories in our survey :—

(i) It is against religion
(ii) It is against nature
(iii) It is costly
(iv) Relations will object
(v) Husband does not like it
(vi) It will affect health
(vii) It will affect monthly period
(viii) Privacy is lacking
(ix) Any other

In order to elicit the exact nature of objection, the question is put only to those who have knowledge of contraception and who object to the adoption of the same. Among those aware, 295 women or 15.7 per cent have objection to family limitation and they have given 318 objections, a small number having returned more than one objection. The percentage of people who object to family planning to the total aware of contraception is given for each zone below :—

Zone—I	(Industrial) ...	25.2 per cent
Zone—II	(Commercial) ...	8.6 per cent
Zone—III	(Old Residential)	13.8 per cent
Zone—IV	(New Residential)	2.8 per cent

It is seen from the above that the objections are disproportionately higher in the industrial areas (Zone I) than in the remaining parts of the city. Of the total of 295 objectors, 62.4 per cent are in Zone I, 6.4 per cent in Zone II, 28.1 per cent in Zone III and 3.1 per cent in Zone IV. Nearly one among every 10 women interviewed have some objection to contraception.

In the city as a whole, we find 45.1 per cent of the objectors contending that family planning is against their religion. The percentage of objectors giving this reason for their objection to family planning varies in the four zones. In the first zone, 39.1 per cent of those who object give religion as the reason for objection. In the Second, Third and Fourth Zones, the percentages work out to 15.8, 63.9 and 55.6 respectively. In the commercial areas (Zone II), three out of 19 objectors had recorded their reason for objection as " religion ". In the last zone, (new residential areas) 5 out of 9 objectors have done so on religious grounds.

The next important objection to family planning as evidenced by the figures is that it will affect health. Under this category come 29.5 per cent of the total objectors. While in the industrial areas, there are 61 persons raising objection on grounds of health, in Zones II and III only 10 and 16 persons object on this ground. About one-fifth of those who object have given some vague reasons classified under " any other ". In all, 12 women object to birth control on the ground that it is against nature and 12 more women for the reason that relations will object. Four persons concede that they object to the adoption of family planning because their husbands do not like it. Two persons do not favour family planning because it is costly, while two more do not like it since they believe that it will affect the monthly period. Due to lack of privacy, two women do not favour family limitation.

Specific objections to family planning by caste

It is Christians who object to family planning on religious grounds in large numbers. Out of a total of 73 objectors among Christians, 71 have stated religion as the reason. Among Catholic Christians, (of whom many have responded to a call from their religious leaders to boycott family planning) out of the 82 interviewed, 57 (69.5 per cent) object to contraception on religious grounds. Among the 66 Protestant Christians contacted, 42 have no objection to the adoption of family planning and 14 object to it as against religion. Among Brahmins, 8 of the 19 objectors view family planning as opposed to religion. Eight persons under each of the following castes object to family planning on religious grounds: Vanniars, Gounders, Scheduled Castes and Urdu speaking Muslims.

Five persons among Vellalas and three among Scheduled Castes view the adoption of family planning as opposed to nature. Four persons among Scheduled Castes and three among the non-Brahmin castes of Andhra origin do not favour contraception since their relations object to it. Next to religion, the important objection to family planning is on grounds of health. The castes where this objection is significant are given below :—

Castes	*No. of objectors*	*No. objecting on grounds of health*
Vellalas	32	12
Vanniars and Gounders	35	9
Scheduled Castes ...	49	16
Non-Brahmin castes of Andhra origin	29	15

Among Brahmins, one person is against family planning because of lack of privacy. One among the Urdu-speaking Muslims also has given the same objection. Twenty-one of the 49 objectors among Scheduled Castes have given miscellaneous objections classified under the category " Any other ".

Nature of objections classified by educational levels

The percentage of objections among persons of different educational levels, under the categories " against religion ", " will affect health " and " any other " are given in Table 3–8.

TABLE 3–8

Specific objections to family planning by educational levels

Educational level	*Percentage to total objectors*		
	It is against religion	*It will affect health*	*Any other*
(1)	(2)	(3)	(4)
(a) *Of Husband:*—			
(i) Illiterate ...	30.49	36.59	30.49
(ii) Literate ...	33.85	32.31	26.15
(iii) Below Matriculation ...	57.33	25.33	17.33
(iv) Matriculation and above	64.91	22.81	7.02
(v) Graduate ...	37.50	25.00	31.25
(b) *Of Wife:* :—			
(i) Illiterate ...	30.28	31.69	30.99
(ii) Literate ...	53.06	32.65	18.37
(iii) Below Matriculation ...	57.50	25.00	8.75
(iv) Matriculation and above	80.95	23.81	14.29
(v) Graduate ...	33.33	33.33	33.33

It is very difficult to draw any precise conclusion from the above data. It is however seen that objections on religious grounds are high among literates and those possessing higher education. A few interesting points are observed among those raising other objections to birth control. Most of the people who object to family planning on the ground that it is against nature do not possess educational qualification beyond Matriculation. It is the less qualified persons (either husbands or wives) who have

advanced arguments such as 'relations object to family planning', 'husband does not like it', etc. Two of the lesser educated women (with husbands studied above Matriculation) contend that adoption of family planning will affect the monthly period. According to medical men, however, contraception does not affect in any way the monthly period.

Specific objections to family planning by occupational status

An analysis of specific objections by occupational status shows that people who object to family planning on religious grounds are large in number among the lower middle class people, skilled labourers, salaried unskilled labourers and industrial manual workers. The percentage of objectors on religious grounds as well as for the reason that it is unhealthy, to the total objectors is given in Table 3-9 for five occupational groups.

TABLE 3-9

Objection to family planning by selected occupational classes

Selected occupational groups	*Percentage of objectors to total objectors*	
	For the reason that it is against religion	*For the reason that it will affect health*
Lower middle class people with income Rs. 100—400 p.m.	62.90	22.58
White collared workers having income less than Rs. 100 p.m.	33.33	41.67
Salaried unskilled labourers having income less than Rs.100 p.m.	48.65	21.62
Individual manual workers ...	22.54	42.25
Skilled workers ...	49.18	16.39

We observe from the above that the largest percentage of objectors for religious reasons is found among lower middle income class people earning between Rs. 100 and Rs. 400 per mensem. Individual manual workers have the least objection from the religious point of view; but on the other hand, a good many of them (42.3 per cent) object to family planning as against good health. The least percentage of objectors on health grounds is found among skilled workers. All the four objectors among those with unspecified occupation have recorded objection to family planning on religious grounds. The two persons who have objected on monetary grounds fall under the groups "white collared workers" and "salaried unskilled workers" who earn hardly Rs. 100 per mensem. Those who have recorded objections on grounds such as "against nature", "husband does not like it" or "relations will object", are found mostly in the lower earning classes. Among individual manual workers, skilled workers and lower middle class workers, 20, 18 and 11 persons respectively have given objections classified under "any other".

Specific objections classified by work status, duration of marriage and present age of wife.

Of the 19 married working women who have recorded objection to contraceptive practices, 14 have done so on religious grounds, 2 on health grounds, one on monetary grounds, one for the reason that relations object and one for unspecified reason. Among non-working housewives, we find that 43.12 per cent of the objectors consider family planning as an irreligious act, and 30.8 per cent view it as an unhealthy process of limiting numbers. Roughly, a fourth of the objectors among housewives have given miscellaneous reasons for their objections. The women who have objected for the following reasons are all housewives: natural grounds (12), husbands do not like it (4), it will affect monthly period (2) and privacy is lacking (2).

In Table 3-10, we have given the percentages of objectors according to the duration of marriage.

TABLE 3-10

Family planning objectors by duration of marriage

Duration of marriage (In years)	*Percentage of objectors to total objectors for the reason*		
	Against religion	*Will affect health*	*Any other*
1— 4	55.56	27.78	11.11
5— 9	52.38	33.33	15.87
10—14	34.21	30.26	26.32
15—29	42.06	27.78	24.60
30+	91.67	25.00	8.33

We find from the above table that opposition on religious grounds is the highest among those married for over 30 years and lowest for those married for 10-14 years. In the following table, the percentages of women who object to family planning on religious and health grounds are given according to their present age.

TABLE 3-11

Objections to family planning by present age

Age group	*Percentage to total number who object for it is*	
	Against religion	*Against good health*
18—22	39.39	33.33
23—27	40.00	28.57
28—32	39.08	32.18
33—37	44.68	25.53
38—42	54.84	29.03
43—47	60.00	33.33
48 and above	91.67	16.67

The table shows that the percentage of objectors due to religious causes increases gradually, excepting in the age group 28-32. It is apparent from the above that as age advances objection to family limitation on religious grounds increases. The largest number of persons who object on the ground that it will affect health fall in the age group 28-32. In the age groups 23-27, 28-32, and 33-37, large number of persons have given miscellaneous reasons classified under "any other". The largest number of persons who say that their relations will object fall in the age group 28-32. All the four women who contend that their husbands do not approve of family limitation are below 32 years. Persons in the age group 28-32 have given the largest number of objections coming under "miscellaneous".

Specific objections to family planning by types of family and tenancy and family composition

Among those living in huts, we find that roughly two out of every five objectors have attributed religion as the basic reason for their objection, and one among every three object on grounds of health. Among those living in flats, 31 out of 52 objectors have objected on account of religious reasons and among those living in portions, 66 out of 151 have done so. Two persons belonging to simple families and living in portions have felt that adoption of family planning is undesirable in view of lack of privacy. Two persons living in simple families—one living in flat and the other in portion—have contended that monthly periods will be affected by the adoption of family planning. Religious objection to family planning is higher among members of joint families than those living in simple and intermediate families. Twenty-one of the 25 objectors (84 per cent) who are living in joint families are against family planning for religious reasons. In simple and intermediate families however, the percentages of people objecting on religious grounds to total objectors are found to be 39.2 and 49.2 respectively. Nearly three-fourths of the women who have objected on health grounds belong to simple families. Again, it is among members of the simple families that we find the highest percentage of all persons (78.1 per cent) raising miscellaneous objections. One woman living in a hut and another living in a portion find the adoption of family planning costly. Of the 12 persons who object to contraception as against nature, 8 belong to simple families.

Table 3-12 gives the percentages of objectors on specific reasons to the total objectors classified by family composition.

TABLE 3-12

Family planning objectors classified by family composition

Family composition	*Percentage of objectors to total for the reason that it is*		
	Against religion	*Against good health*	*Any other*
Without children ...	73.33	20.00	20.00
With three or less children ...	48.20	31.65	13.67
With more than three children ...	39.01	28.37	29.79

A good percentage among those without any children raise religious objections. Roughly, a third among the objectors with more than three children are against family planning on grounds of health. The two persons who observe that lack of privacy is the main cause for their objection possess more than three children; and two of them also consider that it will affect monthly period.

Summary

We find from the above analysis of the attitudes of the people that there is no strong opposition to the adoption of contraceptive techniques among those who know about them. Fifty-six of the sixty-six knowledgeable women among every 100 respondents have no objection to the adoption of family limitation practices. Based as the educational level of the husband, we find that the percentage of objection among the knowledgeable decreases as the level of education increases. No significant difference is noticed in regard to the percentage of women having no objection among those interviewed in the four zones. Objectors to family planning are the highest among Christians. Eighty per cent of those aware among Catholic Christians have strong objections to the adoption of birth control practices. Over three-fifths of the total objections have come from those living in the First Zone (industrial areas). Seventy-one out of the seventy-three Christians who object to family planning have done so on grounds of religion. The important objections raised by the respondents to the adoption of contraceptive practices are on account of religious and health reasons. The number of objectors on religious grounds increases gradually with the age.

CHAPTER IV

PRACTICE OF FAMILY PLANNING METHODS

Studies of fertility in some of the countries in the West have shown that the trend of declining birth rates is considerably influenced by the modern development of contraceptive techniques and their adoption. It is, therefore of interest to analyse the extent to which the different family planning methods are practised by women.

The number of women who adopt family planning methods is small being only 295 or about ten per cent of the total women interviewed. Table 4–1 gives the percentages of those who are practising each specified method to (*i*) the total women interviewed (*ii*) the number of women practising some method and (*iii*) the number of women who have disclosed awareness of that specified method :—

TABLE 4–1

Practice of specific F.P. methods

Family planning methods	*Percentage to*		
	Total No. of women interviewed	*Total No. of women practising some method*	*Total No. of women knowing this method*
Safe period	1.45	13.90	41.00
Withdrawal	0.46	4.41	34.21
Condom or F.L.	1.77	16.95	33.78
Foam Tablets	0.78	7.46	16.18
Husband/wife sterilisation	2.72	26.10	4.45
Abstinence	3.54	33.90	85.47

As may be seen from the above table, abstinence is the most popular method adopted for family limitation. Sterilisation, condom or F.L. and Safe period come next in the order of their popularity. Withdrawal and foam tablets are not so much in use as the other methods. It is thus apparent that such of those who are eager to limit their families go in for those methods which will not require privacy and preparation or effort on the part of the partners but at the same time surely avoid conception. Further, foam tablets, condom and the like involve frequent purchases of appliances and consequent recurring expenditure.

Practice of F.P. methods iu different zones

It is observed that as many as 84.3 per cent of women having knowledge about family planning methods do not practise any. This point has to be reckoned with in any Family Planning programme. The percentages of persons not practising family limitation methods among those knowing these methods in the four zones are as follows :—

(*I*)	Industrial zone	...	86.59
(*II*)	Commercial zone	...	82.81
(*III*)	Old Residential zone	...	85.22
(*IV*)	New Residential zone	...	78.40

Among the four zones, the lowest percentage of persons not practising family planning methods is observed in the new residential zone. This zone contains predominently the educated middle class people ; it is therefore possible that women of this area are more enlightened than their counterparts in the remaining areas of the city. The industrial zone contains the largest percentage of non-users *viz.*, 86.59. It will be relevant to quote in this connection from " Suggested Guidelines for establishing Family Planning Programme in Industries " (June 65) published by the Institute of Rural Health and Family Planning, Gandhigram : " The total cost of a family planning programme will not exceed a few rupees per employee per year. In addition to the broad gains of reducing the rapid rate of population growth, several by-products can be expected. Workers with smaller families will have less worry, less economic burden, require less medical and social services and they can enjoy a higher standard of living. Over a period of time, these improvements should lead to higher worker efficiency on the job, enhanced supervisor-worker relations, reduced absenteeism and ultimately higher production at lower cost ". To achieve such a desideratum, a phased programme is an imperative necessity.

Another significant point to be taken note of is that a considerable number of women who are aware of family planning methods and who do not

object to the adoption of the same are not practising any method. For every 100 women not objecting to Family Planning, 81 women are not practising any method at all. There is ample scope for motivating these women to the practice of family planning.

Practice of F.P. methods by caste

The number of persons using the different family limitation methods varies from caste to caste. Table 4–2 gives the percentages of women practising family limitation to those interviewed in a few castes.

TABLE 4–2

Practice of family planning methods by caste

Caste	*Percentage of women practising F.P. methods*	
	To women interviewed	*To women having knowledge of F.P.*
Brahmins	20.06	29.30
Vellalas	10.96	15.56
Vanniars and Gounders ...	6.28	9.38
Nadars and Shanars ...	10.96	16.00
Nattukkottai Chettiars and other Tamilian Chettiars	7.27	9.76
Asaries	7.81	10.64
Idayars, Konars and other Shepherd Castes ...	4.92	8.33
Scheduled Castes ...	5.51	8.73
Non-Brahmin Castes of Andhra Origin ...	9.95	15.85
Non-Brahmin Castes of Kerala Origin ...	24.53	28.26
Non-Brahmin Castes of North Indian Origin ...	13.64	27.27
Hindustani speaking Muslims	5.62	11.63
Catholic Christians ...	13.41	14.86
Protestants ...	27.27	32.14

From the above table, it may be observed that there is a higher percentage of women practising family planning methods among the Protestants, non-Brahmin Castes of Kerala origin and Brahmins. While in the case of the first two castes, only 66 and 53 persons were interviewed in all, in the case of Brahmins, 314 women were surveyed. Among Brahmins, roughly one out of every five interviewed practise some method. It is among the Protestants that the highest percentage of usage is noticed. Persons using the methods are very few among the Scheduled Castes, Hindustani speaking Muslims and Vanniars and Gounders. It is significant to note that among Scheduled Castes, the largest difference between knowledge and practice is seen.

As regards usage of specific family limitation methods, we find that among Brahmins, almost all methods are under practice. The popular methods among them, however, are abstinence, sterilisation, condom or French Leather and Safe period or rhythm. One woman reporting usage of Douche and another reporting usage of Sponge belong to the Brahmin community. Besides, withdrawal is widely prevalent among Brahmins and 9 out of 13 women practising this method belong to this community.

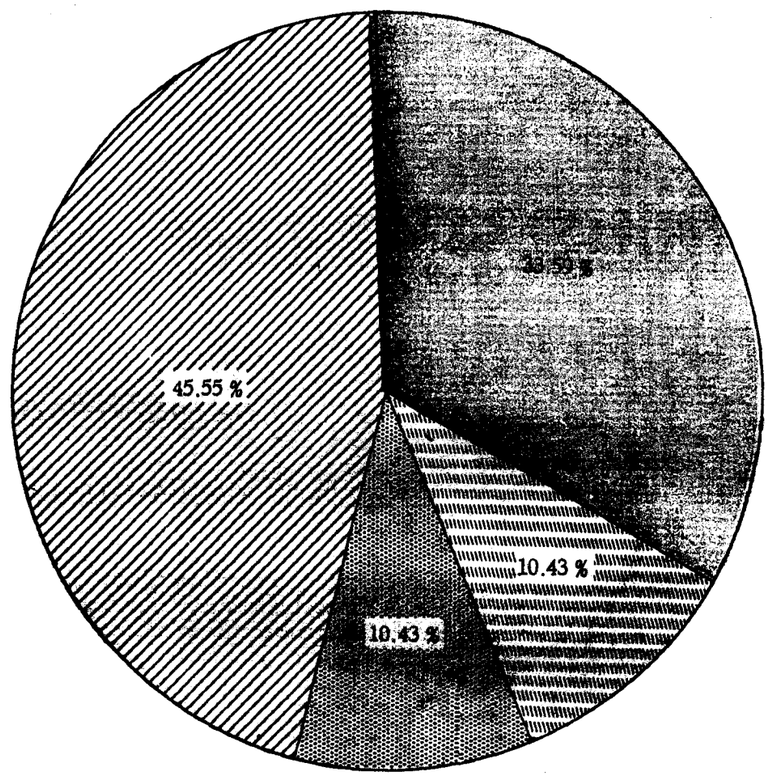
A good proportion among the Vellalas are practising abstinence. Nearly 38.3 per cent of those practising the different methods in this caste adopt abstinence. Sterilisation is the next best method under use in this caste.

Among Scheduled Castes, abstinence is practised by 7 persons out of the 363 interviewed. The important methods under use among the non-Brahmin castes of Andhra origin is sterilisation, abstinence and condom. Next to Brahmins, the largest number of persons using condom or French Leather is found in this caste. Safe period method appears to be more popular among Protestant Christians. Out of the 18 persons practising contraception among them, 8 pursue the safe period method.

It is useful to note that among a few castes, the practice of contraception is highly insignificant. A list of such castes with figures of those with knowledge and use of the methods is given in Table 4–3.

It may be seen from Table 4–3 that in many castes which are considered socially backward, the number of persons practising family planning is insignificant. Among Christians and Muslims too, we do not find any significant difference in the usage of contraceptives. Among all the castes specified in Table 4–3, we find that hardly 7 per cent

Knowledge and Practice of F. P. Methods.



LEGEND

Aware of Family Planning

Not aware of Family Planning

Object to Family Planning

Practise Family Planning

Aware of Family Planning but not practising

of the women interviewed are pursuing some contraceptive device or other. Further, we find also quite a large difference between those having knowledge and those using them. One reason which can be attributed for the lack of interest in family limitation is the belief among a good many that what is ordained must happen and that it is not in the human hands to control the birth of children.

TABLE 4–3

Castes with low family planning practices

Castes	*Persons interviewed*	*Persons having knowledge of F.P.*	*Persons not practising any method*	*Persons practising F.P. methods*
(1)	(2)	(3)	(4)	(5)
Nadars and Shanars ...	73	50	42	8
Mukkulathores and allied castes	18	10	9	1
Fishermen communities.	45	31	28	3
Idayars, Konars and other shepherd castes.	61	36	33	3
Barbers, dhobies, Pandarams and other most backward castes ...	29	23	20	3
Scheduled Castes ...	363	229	209	20
Tamil speaking Muslims.	44	20	17	3
Hindustani speaking Muslims ...	178	86	76	10
Catholic Christians ...	82	74	63	11
Malayalam speaking Muslims ...	9	5	3	2
Sikhs and Jains ...	7	3	3	...

Educational level and practice of family planning methods

There is a widespread belief that education is closely associated with the adoption of contraceptives. The Mysore Population Study also reports that "there is a clear indication of an increase in the practice of family limitation methods with increasing educational status, both of the husband and the wife."

TABLE 4–4

Family planning practices by educational levels

Level of education	*No. of women interviewed*	*No. practising F.P.*	*Percentage*
(1)	(2)	(3)	(4)
Based on husbands' education			
Illiterate ...	572	17	2.97
Literate	751	61	8.12
Below Matriculation	720	53	7.36
Matriculation and above ...	592	112	18.92
Graduates ...	193	52	26.94
Based on wives' education			
Illiterate ...	1,288	68	5.28
Literate	650	70	10.77
Below Matriculation	681	94	13.80
Matriculation and above	194	60	30.93
Graduates ...	15	3	20.00

It may be seen from the above table that based on the educational level of the husband, we find an increasing percentage of persons using the contraceptives. The percentage is the lowest among illiterates with just 2.97 and it is 26.94 among the graduates. In particular, among women with graduate husbands, roughly one out of every three women who are aware of family planning pursues some method or the other. There is a slight fall in the percentage of women among those with husbands' educational level "below Matriculation" from those with literate husbands. But, in the next category, namely, married women with husbands studied upto Matriculation and above, there is a sudden boost in the percentage of users which is inexplicable. Among women with graduate husbands, one out of four use contraceptives. When we consider the educational attainments of the interviewed women themselves, we find a higher percentage of the respondents practising family planning. It is surprising that the percentages of users are high even among the less educated married women. There is a sudden spurt in the use of contraceptives among women who have studied Matriculation and above. Among graduate women, only 3 out of the 15 interviewed are adopting family planning.

In general, the adoption of any family planning method is possible only if both the partners agree. Further, we may presume that under conditions existing in our country, normally the educational qualification of wife is somewhat less than that of the husband. There may be very few wives who are better qualified than their husbands. Considering the educational attainments of wives and husbands, women seem to favour family planning in larger numbers than men.

As regards the use of specific methods, we find that the adoption of important methods is resorted to by those possessing higher educational attainments. With the educational level of the husband as basis, we find that 35 out of the 41 women who adopt safe period method have husbands educated above Matriculation. Abstinence and sterilisation are the two methods commonly used by those who are illiterate or literate without educational qualifications. Fourteen out of the 17 women adopting family planning and having illiterate husbands practise abstinence. Among illiterate women, 54% of those who practise family planning adopt abstinence and 29 per cent adopt sterilisation. There is also a slight indication from the data that there is an inclination among those well up in education to adopt practices other than sterilisation operations. Taking into account husbands qualified above the Matriculation level, we find that only 23.2 per cent of those who follow family planning have had sterilisation, and the remaining adopt the other techniques. Of the 52 women who are practising family planning and whose husbands are graduates, 13 are following the safe period method, 12 the condom, 10 abstinence and 10 sterilisation. Among the women whose qualifications are above Matriculation, we find that nearly 10 per cent of the interviewed adopt safe period and 10 per cent the condom method. Only a little over 4 per cent adopt abstinence and sterilisation. The withdrawal method is practised by those who are either literate or possess higher qualifications among wives or where husbands are qualified above Matriculation.

The percentages of women using the important family planning methods among the interviewed classified according to the educational attainments of husband and wife are given in Table 4–5.

TABLE 4–5

Practice of specific family planning methods by educational levels

Educational level	*Percentage of women practising to total interviewed*					
	Sterilisation	*Abstinence*	*Condom or F.L.*	*Safe period or Rhythm*	*Foam tablets*	*Withdrawal*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Of husband—						
Illiterate	0.35	2.45	...	...	...	...
Literate	2.40	3.06	0.80	0.27	1.46	...
Below Matriculation ...	2.64	2.92	1.67	0.56	0.69	0.14
Matriculation and above ...	4.73	5.41	3.38	3.72	1.01	0.84
Graduates	5.18	5.18	6.22	6.74	...	3.63
2. Of wife (respondent)—						
Illiterate	1.55	2.87	0.23	0.16	...	...
Literate	3.08	4.15	1.23	0.31	1.08	0.31
Below Matriculation ...	4.11	3.96	2.64	2.35	1.32	0.73
Matriculation and above ...	4.12	4.64	10.31	9.79	0.52	2.58
Graduates	6.67	...	6.67	13.33	...	6.67

The data above clearly show that along with an increasing percentage of usage of contraceptives among the educated, there is also an increase in the adoption of methods other than sterilisation and abstinence. Among women with educational qualifications above Matriculation, we find that roughly one among every ten use condom or safe period method.

That practice of family planning methods is closely associated with the educational levels of men and women has been revealed by several surveys conducted earlier too. In the Mysore survey for example, the percentage of persons adopting family planning among those who had attended University was as high as 47 and abstinence was practised by 20 per cent of them. In our survey, we notice that abstinence and sterilisation are the two important methods under use upto Matriculation level and the practice of other methods increases from this level. Apparently, lesser educated people do not want to run any risk whatsoever by adopting intermediate methods which cannot be totally relied upon for their effectiveness. On the contrary, total avoidance of intercourse or a surgical operation is a sure and perfect method for preventing conception. The adoption of other methods requires a proper knowledge and grasp of the method. Further, it is said in respect of such methods that "couples with better educated wives are more likely to be successful in planning their pregnancies and less likely to have accidental or other unplanned pregnancies".

Income and practice of family planning methods

Table 4–6 shows the percentages of persons using contraceptives to those interviewed and to those who possess knowledge among the different income groups.

TABLE 4–6

Percentage of women practising family planning methods by occupational status of household

Occupational status of household	*Percentage of persons adopting family planning*	
	To women interviewed	*To women knowing family planning*
Executives having income over Rs. 1,000 p.m.	32.26	34.48
Upper middle class people with income Rs. 400—1,000 p.m.	29.91	39.77
Lower middle class people with income Rs. 100—400 p.m. ...	17.00	23.24
White collared workers having income less than Rs. 100 p.m.	10.25	16.03
Salaried unskilled labourers having income less than Rs. 100 p.m.	5.92	9.84
Individual manual workers ...	4.32	6.63
Skilled workers	8.92	13.51
Petty Traders	3.57	5.66
No occupation	12.35	18.52
Others not specified ...	3.70	8.33

Table 4–6 shows clearly that the adoption of family planning is higher among the upper economic strata of society. We find a gradual decline in the percentage of women practising family planning from the upper income groups to the lower income groups. The lowest percentage of use is noticed among petty traders. About one–third among the women interviewed belonging to richer class (with income of over Rs. 1,000 p.m.) adopt family planning. Among the middle class people, hardly one-fifth use them. Among people belonging to lower income groups, we find that among skilled workers and those without any occupation, the practice of family planning methods is somewhat high. Taking into consideration those possessing knowledge of family planning, we find that among the upper middle class people 2 out of 5 women use contraceptives. Among the middle class—both upper and lower—we find that roughly one–fourth of the persons aware of family planning adopt it. Among the individual manual workers, salaried unskilled labourers, petty traders and others, the percentage of users among the knowledgeable is less than 10 per cent. Thus, we see that there is lesser gap between knowledge and use among the higher income groups than among others.

Among the rich and middle class people, we find a large percentage of persons using safe period and condom methods, and among poorer sections, sterilisation and abstinence are widely prevalent. Coitus interruptus method is used almost wholly by rich and middle class people. Condom and safe period methods are very popular among the middle class people. Table 4–7 shows the percentage of persons using the four important methods among the different economic classes.

The data reveal that the use of specific family planning methods has a bearing on the income and occupational status. The rich and the middle class people are certainly using family planning methods in larger numbers than others. Table 4–7 shows that while no large change in the adoption of the four different methods is indicated among the rich and the upper middle class people, we find that among lower middle class people, the percentages of persons using condom and rhythm are less than those for sterilisation and abstinence. This difference is all the more marked among white collared workers. An important point to note is that among salaried

unskilled workers, use of contraceptives is very poor and none practises condom or safe period methods. The usage of contraceptives is found to be the lowest among petty traders. Use of foam tablets is much in vogue among lower middle class people and among skilled workers.

TABLE 4–7

Usage of specific F.P. methods and occupational status of household

Occupational status	*Percentage of persons among the interviewed using*			
	Sterilisation	*Abstinence*	*Condom or F.L.*	*Safe period*
(1)	(2)	(3)	(4)	(5)
A. Executives having income over Rs. 1,000 p.m. ...	9.68	3.23	9.68	9.68
B. Upper middle class people with income Rs. 400—1,000 p.m.	6.84	7.69	7.69	7.69
C. Lower middle class people with income Rs. 100—400 p.m.	4.10	4.25	3.64	2.88
D. White collared workers having income less than Rs. 100 p.m.	3.69	4.10	0.41	1.23
E. Salaried unskilled labourers having income of less than Rs. 100 p.m.	2.63	1.64	...	...
F. Individual Manual workers	...	3.00	0.56	0.19
G. Skilled workers	2.74	4.12	0.69	0.51
H. Petty Traders	1.79	1.19	1.19	0.60
I. No occupation	1.23	4.94	2.47	...
J. Others not specified	1.85	0.93	1.85	1.85

Adoption of family planning methods and duration of marriage

Table 4–8 gives the percentages of women adopting family planning according to duration of marriage.

TABLE 4–8

Practice of family planning methods by duration of marriage

Duration of marriage in years	*No. of women interviewed*	*Percentage of persons adopting F.P.*	
		Among the women interviewed	*Among those aware of F.P.*
(1)	(2)	(3)	(4)
0	68	...	...
1— 4	343	2.62	5.03
5— 9	553	9.40	13.61
10—14	550	10.73	14.43
15—29	1,032	15.50	21.36
30+	282	5.32	10.95

The above data bring out clearly the trend in the practice of family planning techniques, among women in the different marriage duration groups. A point of interest here is that among women married for less than a year, none has reported adoption of any method. In the western countries and in Europe, a trend to postpone the birth of a child among the newly wedded persons by constant practice of a method other than surgical operation is noticed. It is said that the newly married couple are faced with the problem of "a baby or a car" and usually the car wins! But our data has not revealed any such trend. Of the 68 persons interviewed in this category, 22 possess knowledge of family planning and none among them practises any method. Among women in the other groups, the percentage of persons practising contraception increases upto the group 30 years and above. In the duration group 30 years and above, the usage shows a declining trend. This is but natural since among those married for over 30 years, many would have reached the menopause stage and hence there will be no need to adopt any birth-control method. The highest percentage of practice is noticed among women married for over 15 years but less than 30 years. A little over 15 per cent of the interviewed women in this group have taken to contraceptive practices while one among every five knowledgeable women belonging to this category adopt family planning. The gap between knowledge and practice is also the minimum in this category. The largest difference between knowledge and practice is exhibited by women of the duration group 1–4 years. While the quantum of adoption among all persons and among those aware of family planning in particular, may be considered low, the trend in the usage of methods seems rather understandable under the prevailing circumstances. Taking into account the existing large scale illiteracy, the wide prevalence of superstitions, the observance of variegated taboos, one may legitimately expect greater awareness, motivation and inclination to stick to some form of birth control practice among women of advanced age (*i.e.*, after 10 or 15 years of marriage).

Table 4–9 below shows the usage of particular methods among women by their duration of marriage.

TABLE 4–9

Women using specified methods by duration of marriage

Duration of marriage (in years)	*Percentage of women among the interviewed using*					
	Safe Period	*Withdrawal*	*Condom or F.L.*	*Foam Tablets*	*Sterilisation*	*Abstinence*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1— 4	0.87	0.29	0.29	0.29	...	1.17
5— 9	2.35	0.36	2.89	0.90	1.27	1.63
10—14	0.91	0.73	2.73	1.45	3.09	1.64
15—29	1.84	0.48	1.36	0.68	4.75	6.88
30 & above	0.35	0.35	1.42	0.35	1.42	2.48

It may be seen from the above that abstinence and sterilisation have recorded the highest percentages of usage among women married for over 15 years but less than 30 years. Rhythm method is more popular among women in the duration group 5–9 years and 15–29 years. Among women in the duration groups 10–14 and 15–29, sterilisation is resorted to by a good proportion. It appears that the need for permanently preventing births is realised only after begetting a few children and hence operations are preferred to other methods after 10 years of marriage. This is the one plausible reason that may be attributed for this increased percentage of sterilisation operations in the two duration groups, 10–14 and 15–29.

The percentage of women observing abstinence increases gradually with the increase in marriage duration and reaches the maximum of 6.9 per cent in the 15–29 duration group. The use of condom or French Leather is higher among women in the duration groups 5–9 and 10–14. Foam tablets are used largely by women married for 10–14 years. The seven women who practise diaphragm or cervical cap fall under the group 10–29 years.

Work status of women and family planning

Among the 138 working women interviewed in our survey, 24 practise family planning. This works out to 17.4 per cent as against only 10.1 per cent among the non-working women. Among working women, safe period and abstinence are the two popular methods, which are each practised by one out of 20 interviewed women. In order of importance, the other methods in use among them are foam tablets, condom and sterilisation. Only three persons have taken to sterilisation. An important aspect to be taken note of in this connection is that even among the working women the percentage of women using family planning methods to the women aware of family planning is as low 23.3. This percentage among housewives (non-working women) works out to 15.3 only. Among housewives, we find that 3.5 per cent of the respondents practise abstinence while 2.8 per cent have taken to operation. Among the other methods, condom is used by 1.7 per cent, safe period by 1.3 per cent and foam tablets by 0.6 per cent. Thirteen women who have reported as adopting coitus interruptus method are all non-working. In the same way, all the persons who have reported the use of oral tablets (8), diaphragm or cervical cap (7), douche (1), tampon or sponge (1) and other methods (3) are housewives.

It is clear from our data that higher percentage of women among the working class people have taken to family planning seriously. Surgical operation does not seem to find much favour among the working women. Abstinence and safe period methods are more common among the working women and abstinence and sterilisation are popular among the non-working women.

Resort to family planning methods and present age of wife

The percentage of persons using family planning methods classified by present age of respondents is given in Table 4–10.

TABLE 4–10

Practice of family planning by present age of women

Present age (years)	*Percentage of women practising family planing among*	
	Women interviewed	*Women aware of family planning*
12 and below ...	...	...
13—17 ...	...	...
18—22 ...	2.94	5.70
23—27 ...	8.21	11.40
28—32 ...	11.70	15.46
33—37 ...	22.05	28.61
38—42 ...	12.97	19.69
43—47 ...	8.50	15.12
48+ ...	4.57	9.35

There is an increasing usage of contraceptive techniques with the advancement in age. We see from the above statement a gradual increase in the percentage of users in the age groups beginning from 18–22. The peak is reached in the age group 33–37 in which about a fourth of the women use birth control methods. From the age group 38–42, the percentage of users goes down and it is not even five per cent among those aged over 48 years. Column No. 3 of the table shows the percentage of usage among those aware of family planning. Even here we find more or less a similar trend as that of usage among the interviewed. The widest gap between knowledge and practice is noticed among women of the age group 18-22. The percentage of users in the age group 33-37 is far higher than those in other age groups thus indicating the greater urge among women of this age group to practise birth control. All the 42 respondents belonging to the age group 13-17 are not practising any method. As regards the usage of specific method it is seen that the number of women following operations and abstinence methods increases in the age groups 23-27 to 33-37. The percentages of women using particular methods in the different age groups are given in table 4–11.

TABLE 4–11

Practice of specified family planning methods by age

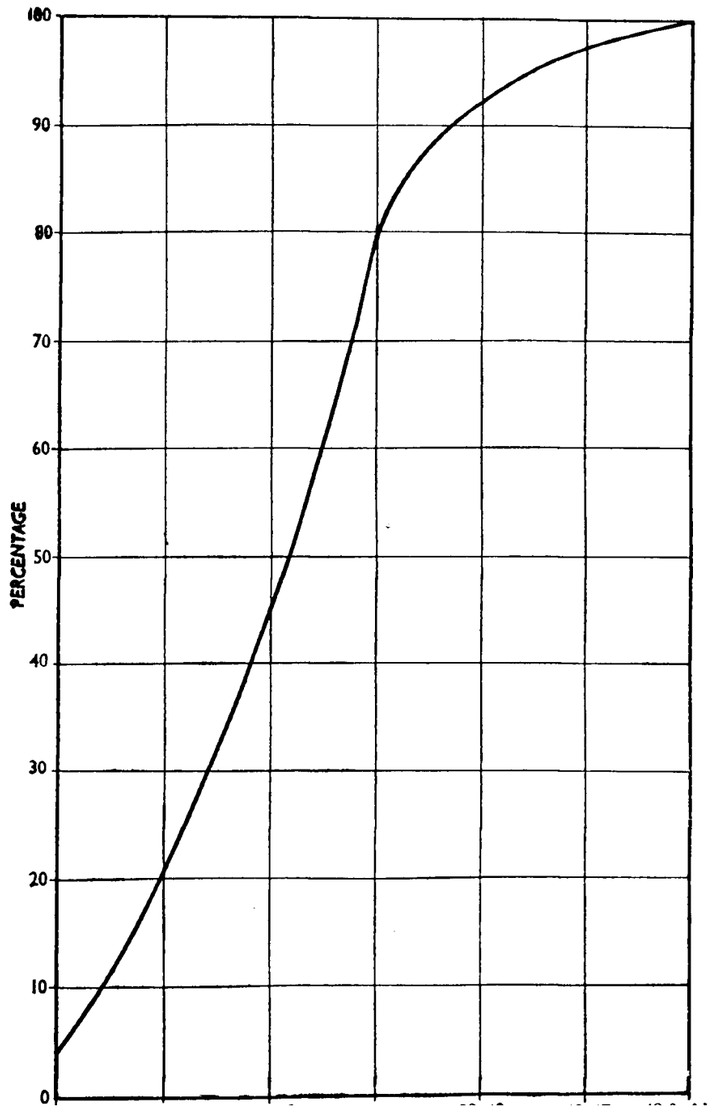
Age group (in years)	*Percentage of women among the interviewed using*			
	Safe period	*Condom or F.L.*	*Sterilisation*	*Abstinence*
18—22	0.45	0.90	0.45	0.90
23—27	1.68	2.01	2.01	1.34
28—32	1.56	2.18	2.81	2.96
33—37	2.50	2.50	7.50	7.73
38—42	1.71	1.37	2.05	8.19
43—47	1.31	1.96	1.96	4.58
48 and above	0.46	0.91	1.37	1.83

Safe period method is used by a good number of women between the ages 23 and 42 (over 75 per cent). There is nothing significant so far as the use of condom method is concerned except perhaps the fact that more women in the age groups 23–27 to 33–37 use it than those belonging to other age groups and that about three-fourths of those using condom fall under these age groups. Sterilisation is practised by a high proportion of women belonging to the age group 33–37 while the highest proportion practising abstinence falls among women of the age group 38–42. Among respondents of over 43 years and less than 48 years, abstinence is the single method largely practised than the rest. The largest number of women practising coitus interruptus method falls under the age group 28–32. Four of the seven women who use diaphragm or cervical cap belong to the age group 33–37. Of the 22 women who are using foam tablets, 10 are in the age group 28–32 and another 5 in the age group 23–27. Of the 77 women who have reported adoption of sterilisation, 51 are between the ages 28 to 37. A point worthy of note in this connection is that 12 women in the age group 23–27 and two women among 18–22 years have adopted sterilisation. Oral contraceptives are used widely among women aged 28–37 years.

Resort to family planning methods by types of family and tenancy and family composition

The adoption of family planning depends on (i) the availability of enough space (and rooms in a house) which will enable the couple to have privacy, the nature of the family, the number of children that a couple possesses, etc. Knowledge of family planning and methods is not by itself enough. There should be sufficient motivation and the couple should

Percentage Cumulative Distribution of Women Using F. P. Methods by Age Group



have sufficient privacy to adopt any method. There may be several couples who are fully aware of the existence of various methods of family planning but fail to adopt them for want of privacy or some other family restrictions. Also one may come across families which are economically well up and hence not caring to bother about the increasing numbers in the family.

Our data have revealed that only 5.43 per cent of women living in huts are adopting family limitation methods. This percentage works out to 17.30 among women living in flats and 9.72 among those living in portions. It may be seen from this that hut-dwellers are not so advanced in the adoption of family planning. It may be due to lack privacy and good accommodation. But other things have also to be taken into account. The knowledge of family planning is very poor among hut-dwellers. Illiteracy is rather high among them. As already stressed, a broad agreement on the usage of a method is also required among the husband and the wife. If we consider only those women who are aware of birth-control, then the percentages of women using the family planning methods are 8.75 among women living in huts, 24.55 among those living in flats and 14.60 among women living in portions. Even here we find a wide gap between knowledge and practice among hut dwellers. Among women living in flats, roughly one-fourth of those aware of family planning have taken to it.

We find a variation in the adoption of family limitation methods in the different types of family. Table 4–12 which gives an idea of the same, contains the percentages of women practising family planning among those interviewed and among those aware of family planning.

TABLE 4–12

Adoption of family planning by types of family

Types of family	*Percentage of women adopting family planning to*	
	No. interviewed	*No. aware of F.P.*
Simple Family	11.23	16.86
Joint Family	7.00	11.36
Intermediate Family	10.94	15.56

Adoption of family limitation methods is the maximum among simple families and it is closely followed by intermediate families. Among women living in the joint families, the adoption of family planning methods is the lowest.

Among the married women living in huts, over 50 per cent of those practising family planning are following abstinence, and about 25 per cent have adopted operation. Safe period and condom methods are used by a large number of women living in flats and portions.

TABLE 4–13

Resort to specific F.P. methods by types of tenancy and family

Types of tenancy and family	*Percentage of women using the method to the number of women interviewed*					
	Safe period	*Withdrawal*	*Condom or F.L.*	*Foam tablets*	*Sterilisation*	*Abstinence*
(*1*) *Huts*—						
Simple Family ...	0.66	...	0.22	0.66	1.32	3.09
Joint Family ...	...	...	...	...	...	4.17
Intermediate Family ...	...	0.83	0.83	0.83	1.67	0.83
Total huts ...	0.47	0.16	0.31	0.62	1.24	2.79
(*2*) *Flats*—						
Simple Family ...	5.10	1.02	3.06	1.36	6.12	4.42
Joint Family ...	0.92	2.29	0.92	1.38	4.59	3.67
Intermediate Family ...	2.54	1.69	5.93	...	2.54	6.78
Total flats ...	3.17	1.59	2.86	1.11	4.92	4.60
(*3*) *Portions*—						
Simple Family ...	1.12	0.09	1.96	0.94	2.62	4.12
Joint Family ...	0.95	...	1.90	...	1.43	0.95
Intermediate Family ...	1.46	0.36	1.82	0.36	2.55	2.55
Total portions ...	1.16	0.13	1.93	0.71	2.45	3.41

It may be seen from the above table that sterilisation and abstinence are the two methods that are being practised by a good number of women living in huts. Another significant point is that among joint families living in huts, only abstinence is being pursued by 4.2 per cent of the women and none has recorded the usage of any other method. Among those living in flats, the usage varies from 1.1 per cent of foam tablets to 4.9 of surgical operation. The practice of the different methods is the highest among women living in flats. This may be due to the several advantages that they have over others. Normally, those living in flats are educated and may hence be expected to possess a good knowledge of the methods. Privacy is possible in flats. Such people are also able to understand the gravity of the population explosion and the need for the restriction of the numbers. People living in flats may also be expected to belong to the rich class or upper middle class families who can afford to spend money on family limitation. Of the 2,828 respondents 22.8 per cent resided in huts while 22.3 per cent and 54.9 per cent resided in flats and portions respectively. Of those who are practising family planning methods 11.86 per cent reside in huts while 36.95 per cent and 51.19 per cent are living in flats and portions respectively.

The following table will give an idea on the usage of family limitation methods by family composition.

TABLE 4–14

Women resorting to F.P. methods by family composition

Family composition	*Percentage of women using F.P. methods*		
	To the number interviewed	*To the number aware of F.P.*	*To the number aware and who have no objection to F.P.*
Without children	...	...	...
With three or less children	8.95	13.59	15.88
sub-divided into—			
(*a*) Without a son	5.29	8.56	9.50
(*b*) Without a daughter	7.49	12.12	13.85
(*c*) With at least one son and one daughter ...	11.82	16.74	20.30
With more than three children	17.19	22.44	27.80
sub-divided into—			
(*a*) Without a son	11.11	12.50	15.38
(*b*) Without a daughter	13.33	18.18	19.05
(*c*) With at least one son and one daughter ...	17.57	23.04	28.73

The statement clearly reveals that the percentage of usage is higher among women having more than three children. It is significant to note that though out of the 411 child-less women respondents, 183 had knowledge of family planning and 168 had no objection, none is practising any method. The need for the actual practice of family planning as is evident from our data is felt only after the birth of one or two children. The percentages of usage are higher among those women who have at least one son and one daughter. It is among women with more than three children and who have at least one son and one daughter that the usage of contraceptives is the highest. It is known that even among those possessing three or more children, some feel that they should have one or two more sons/daughters and the existence of such an attitude is evident from the above data. There is also lesser variance between knowledge and practice among women with more than three children. Another aspect worthy of notice is that among women having more than three children 27.8 per cent of those having no objection to family planning are practising it. This percentage among women with three or less children works out to 15.88 only.

It is however difficult to account why such a large proportion among the persons who possess knowledge of birth control and who do not object to the adoption of it are actually not practising it. We have unfortunately not elicited from such women the reasons for their avoidance of family planning.

An analysis of the practice of specific family planning methods according to the family composition may now be made.

TABLE 4–15

Practice of specific methods of family planning by family composition

Family composition	*Percentage of women practising F.P. methods among the interviewed*					
	Safe period	*Withdrawal*	*Condom or F.L.*	*Foam tablets*	*Sterilisation Operation*	*Abstinence*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
With three or less children ...	1.64	0.68	1.85	0.62	1.16	2.80
With more than three children ...	1.78	0.31	2.41	1.36	6.29	6.18

The percentages are somewhat higher among women with more than three children. Surgical operations and abstinence are the popular methods among them and they are followed in order of importance by condom, safe period and foam tablets. It is seen that preference among women with three or less children is for abstinence, condom and safe period. Such a high percentage under abstinence among the first category of women may perhaps be considered strange. Abstinence is practised by 41 of the 49 women who are aware of it in this class. In the case of women with more than three children, 59 out of 66 persons who are aware of abstinence practise it.

Summary

A little over 10 per cent of the interviewed women are practising family limitation methods. It is in the new residential areas that the percentage of women using contraceptives is the highest. A little over 81 per cent of those aware of family limitation methods and have no objection to adopt them are not adopting the methods. Thus, out of every 100 respondents, there are 46 women who are not pursuing any family planning method even though they possess sufficient knowledge and are not opposed to the idea of practising family planning. Abstinence is the single method widely practised and a majority of those who are aware are practising it. Sterilisation operation is the next important method under use and the difference between knowledge and practice is the widest in this method. Condom or French Leather and the safe period method are practised by a fairly good proportion and a few practise withdrawal and foam tablets. The least practised methods are douche, diaphragm or cervical cap, tampon or sponge and the oral tablets. The percentage of use of specific family planning methods is high among those who are well educated and economically well placed in life. Among the interviewed, those having no children, those who are married for less than a year and those who are aged less than 17 years are not adopting any family planning method. Methods like safe period and condom are adopted by women who are well educated and whose families are either rich or middle class. The percentage of women practising family planning is the highest among those who are married for 15–29 years and it is among women of this duration group, sterilisation and abstinence command the widest acceptance. Abstinence and safe period methods are more used by working women and among housewives (non-working), sterilisation and abstinence are largely practised. Roughly one-fourth of the women aged 33–37 practise family planning and 7.5 per cent of those interviewed in this age group are adopting the operation method. The largest percentage of women practising abstinence (8.2) is in the age group 38–42. Nearly two-thirds of those using sterilisation and half of those practising abstinence are between 28 and 37 years. Those living in flats, in simple families and those having more than three children are using the methods at a higher proportion than others. Again, the usage is the highest among women having more than three children having at least one son and one daughter.

CHAPTER V

DEMOGRAPHIC ASPECTS

An analysis of some of the demographic aspects like live births, still births, abortions, mortality and optimum average number of children per woman, is made in this chapter, based on the data collected during this survey. A study of these factors will go a long way in the formulation and implementation of future schemes relating to family planning.

Average number of children per woman

The number of children born to the 2,828 women interviewed is 9,571. The average number of children per woman is therefore 3.4. According to vital rates given in "Life Tables, 1951–60" issued by the Registrar General, India, the average number of children per woman is 4.57 for the State as a whole. The figure for the City is therefore less than that for the State by 1.17. Among the Hindus, Muslims and Christians, the average number of children per woman works out to 3.4, 3.3 and 3.6 respectively. The figures are 3.0, 3.4, 3.3 and 3.7 in the commercial, industrial, old residential and new residential zones respectively. It will be of interest to note that there are 4.4 children per woman among those who are practising family planning and 3.3 among those not practising family planning.

One of the main objectives of family planning is to secure better health for mother and improved living levels for children. It is observed that out of 9,571 children born to 2,828 women, 7,865 were living at the time of the survey. Thus 2.8 children live as against 3.4 born per woman. The numbers of children born and living per woman are given below for each religion :—

TABLE 5–1

Children born and living per woman by religion

Religion	*Average No. of children*		*Proportion living to those born*
	Born per woman	*Living per woman*	
(1)	(2)	(3)	(4)
Hindu ...	3.4	2.8	81.4
Muslim ...	3.3	2.8	85.3
Christian ...	3.6	3.2	88.9
Others ...	2.3	1.8	78.6
All ...	3.4	2.8	82.2

As may be seen from the above table, the proportion of surviving children to the number born per woman is the highest among Christians and the lowest among the Hindus and "Others". Among the Hindus, the proportion of death varies from caste to caste. For instance, the proportion of death is 26.6 among Mukkulathores and other allied castes and 13.1 among Brahmins.

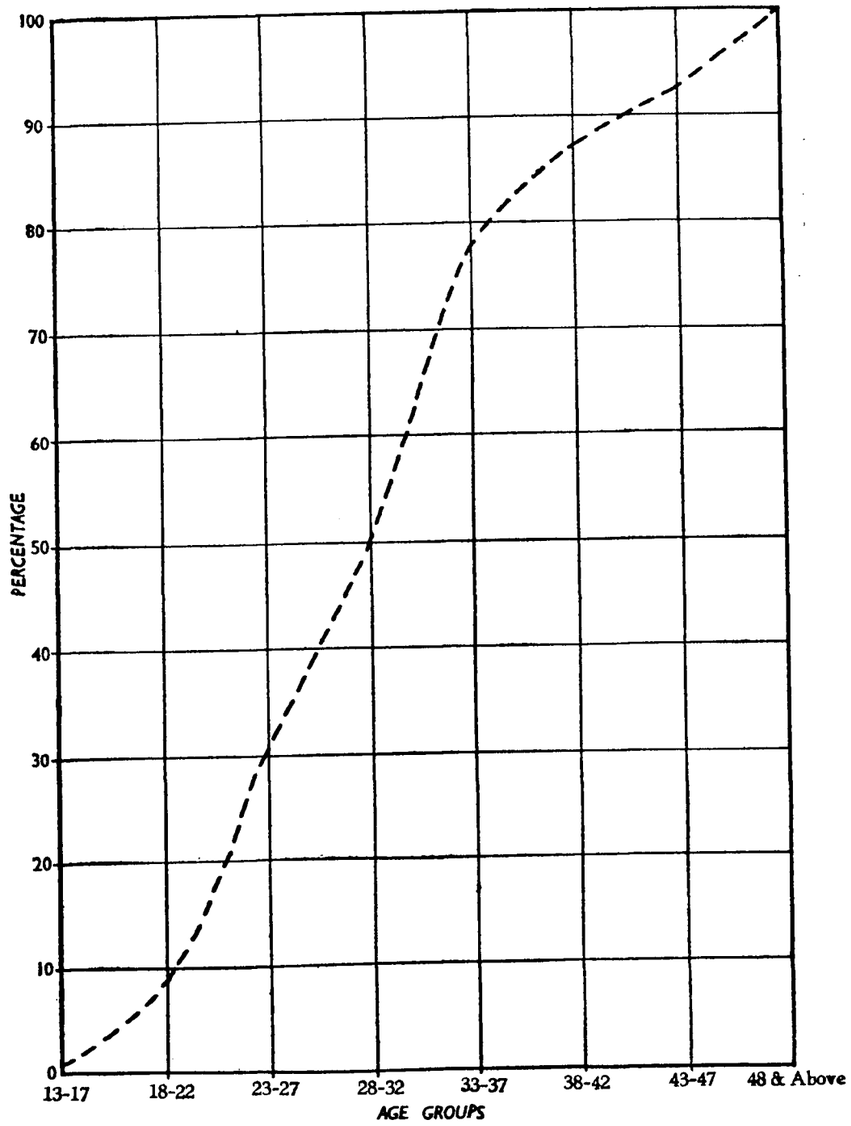
Table 5–2 shows the average number of children per woman, according to occupational status.

TABLE 5–2

Occupational differentials in fertility

Occupation	*Average No. of children born per woman*	*Index*
(*a*) Executives, businessmen, doctors, lawyers and others having an income of Rs. 1,000 and above p.m.	3.4	100.0
(*b*) Upper Middle class people having income in the range Rs. 400—1,000 p.m.	3.6	105.9
(*c*) Lower Middle class having income in the range of Rs. 100—400 p.m. ...	3.2	94.1
(*d*) White collar workers getting income less than Rs. 100 p.m. (Clerks, Accountants, etc.) ...	3.3	97.1
(*e*) Salaried unskilled labourers getting income less than Rs. 100 p.m. ...	3.3	97.1
(*f*) Individual manual workers depending on work of an intermittant nature (rickshaw pullers, coolies, etc.)	3.3	97.1
(*g*) Skilled workers in factories, drivers, mechanics, etc.	3.3	97.1
(*h*) Petty traders, hawkers, vendors, etc. ...	3.3	97.1
(*i*) No occupation ...	4.4	129.4
(*j*) Others not specified above	4.7	138.2
All classes	3.4	100.0

Percentage Cumulative Distribution of Terminations by Age Group of Mothers



It is observed that in the categories of unspecified occupation and no occupation, the highest average number of children born per woman exists. The upper middle class people have high fertility rates whereas the lower middle class people have low fertility rates.

Table 5-3 shows the average number of children born and living per woman according to educational attainment of the husband.

TABLE 5-3

Children born and living per woman by educational attainment of husband

Education of husband	*Average No. of children*	
	Born per woman	*Living per woman*
(1)	(2)	(3)
Illiterates	3.4	2.5
Literates	3.7	2.9
Educational level below Matriculation	3.3	2.8
Matriculation and above ...	3.3	2.9
Graduates	2.8	2.6
Total	3.4	2.8

It is seen from the above table that the proportion of survival increases with the increase in the education of husband. With more and more people getting educated, there will be a downward trend in fertility in the future.

Abortions and Still births

Abortion means miscarriage of birth which occurs before the end of the seventh or eighth month of pregnancy. Intentional or induced abortions are of two kinds, namely, abortion engineered for health reasons and abortion brought about to prevent the birth of an unwanted child. In our country, abortions of the latter type are illegal and only abortion of former type is recognised.

Table 5-4 will give an idea on the extent of abortions and still births among women belonging to different age groups.

TABLE 5-4

Abortions and still births by age of mother

Age group of mothers	*No. of women*	*No. of terminations of birth*	*Percentage of terminations*
(1)	(2)	(3)	(4)
12 and below	1	...	...
13—17	42	5	11.9
18—22	442	33	7.5
23—27	597	91	15.2
28—32	641	79	12.3
33—37	440	116	26.4
38—42	293	38	13.0
43—47	153	24	15.7
Above 48	219	30	13.7
All Ages	2,828	416	14.7

The incidence of abortions and still births as seen from the above table is high among women aged 33–37 and low among those aged 18–22. It is observed that among the Hindus, the percentage of terminations is 15.8, among the Muslims 7.8 and among the Christians 8.4.

Taking into account the previous 12 months alone, the number of abortions is considerably high among women of the age groups 23–27 and 28–32. The number of live births is the highest among women of the age group 23–27. In respect of number of live births, women in the age group 18–22 come next to those in the age group 23–27.

According to authoritative estimates, nearly nine per cent of pregnancies in England and Wales are terminated by spontaneous abortion and a further four per cent are terminated by induced abortions. Our survey results reveal that for every 100 live and still births, 13 abortions take place and it is not known how many of them are induced ones. Suggestions have been made by many that abortion can be legalised in India to check the population growth. Opinion seems to be divided on this issue, since there are a number of persons including eminent doctors who are not in favour of legalised abortion. In fact, a leading surgeon has said in a recent seminar that performing an abortion to control population is against medical ethics and that he would not hesitate to lay down the high office he holds in the Government if he is compelled to perform abortions.

Sterility

Sterility is a factor to be reckoned with in the matter of population growth. Traditionally, however, childlessness is regarded as one of the greatest misfortunes that can befall a woman and a barren woman may be even ostracised. Sterility is complete in the case of a few women which means that they cannot bear any children. It may also be partial—some couples become sterile after one birth, two births and so on. There are also sub-fecund women whose reproductive capacity is substantially impaired due to some physical causes. Considering women who are above 43 years of age, 6.8 per cent had not borne any children, according to our survey.

Maternal Mortality

The high incidence of maternal mortality, especially in the fertile age groups effectively prevents the growth rate, though it is a sad commentary on the state of affairs with regard to people's health and sanitation. In the age group 15-29, the death rate for women is higher than that for men. This may be due to the diseases or accidents concerning pregnancy and child birth as the greater part of the child bearing period is covered by this age group. It has also been found that a high maternal mortality results in increasing the death rate among children in the first few weeks of life. Widespread use of family planning methods may perhaps improve the survival ratio of women and children.

Differences in Mortality

As mortality is, to a certain extent, conditioned by factors like economic status, environment, etc. apart from age and sex, the mortality differentials due to some of the causes may be analysed.

Table 5-5 gives the percentage of survivors according to father's educational level.

TABLE 5-5

Survival rates of children by educational level of father

Educational level of father	*Percentage of survivors*
Illiterates	74.3
Literates	79.4
Education below Matriculation.	84.1
Matriculation and above ...	88.8
Graduates	92.1
All Classes	82.2

That educational level has a bearing on the survival ratio of children is borne out by the above table. With the increase in the educational level of the father, there is an increase in the percentage of children surviving to total born. Similarly, the economic status of the parents also counts in the matter of minimising child mortality. The rate of survival ranges from 76 per cent among manual workers and petty traders to 93.6 per cent among the upper middle class people.

Table 5-6 gives the percentage of survivors among children born to women of different marriage durations.

TABLE 5-6

Percentage of surviving children

Duration of marriage (in years)	*Percentage of children surviving*
1— 4	90.6
5— 9	88.9
10—14	84.8
15—29	80.6
30 and above	76.4
All durations	82.2

It is observed from the above table that the percentage of surviving children gradually decreases from 90.6 per cent in the duration group 1-4 years to 76.4 per cent in the group 30 and above. One of the reasons for this may be the improvement made in the recent past in health conditions and hospital facilities.

The survival rate is observed to be 86.9 per cent among Brahmins and 73.4 per cent among Mukkulathores, the figures for other communities falling in between these two. Analysing the levels of mortality by types of tenancy, it is found that the survival ratio is the highest, *viz.*, 87.9 per cent among those living in independent flats and the lowest *viz.*, 73.7 per cent among those living in huts. All these go to show that in families which enjoy better living conditions, the child mortality is at the minimum.

An important fact revealed by our survey is that there is some correlation between practice of family planning methods and percentage of child survival. The percentage of children who die is 13.0 in the case of women practising contraception and 18.6 in respect of those who are not practising it.

Average Family Size

The traditional attitude of an Indian is to have a large family. This has been well illustrated by the following lines translated from Kannada, quoted in "The Mysore Population Study".

"I do not mind poverty
So let me have many children
And let the Lord's kindness bear me
And I know He will take care of my children".

As far as the desirability of very large families is concerned, the outlook of our people is no longer in accordance with this traditional attitude.

Based on the reply of interviewed married women to the question "What do you think should be the optimum number of children a married couple should have", the average optimum number of children to a couple works out to 3.2. The question regarding the ideal family size refers to the number of surviving children rather than the number of births. In a society where the percentage of children surviving to children born is 82.2, it is not surprising that group opinion might favour a large number of births in order that the number of children considered ideal may survive.

Analysing zone-war, it is observed that the average number of children desired is 3.31 in the zone of new residential areas, 3.11 in the industrial zone, 3.30 in the commercial zone and 3.23 in the zone of old residential areas. Thus the desired average is above 3 in all the zones. As against this suggested optimum, we find that 2,828 respondents have given birth to 9,571 children and this works out to 3.4 children per woman. Considering the living children alone, the average number works out to 2.8.

Indifference towards family size

From such of those women who could not say anything about the optimum family size the reasons for their inability were elicited. Among the 2,828 women interviewed 16.4 per cent are not able to say anything as to what an optimum family size should be and 5.4 per cent are not willing to commit themselves to any fixed number as, according to them the family size is determined by as many children as God gives. The percentages of women who "cannot say" anything about optimum size and those who replied "as many as God gives" are given in the following table zone-wise:—

TABLE 5-7

Percentage of women unable to give the optimum size

Zone		*Percentage of women who*	
		Cannot say what an optimum family size is	*Hold that family size is determined by God's will*
(1)		(2)	(3)
Industrial	...	8.22	1.87
Commercial	...	15.67	4.56
Old residential	...	22.31	12.50
New residential	...	23.64	...
All zones	...	16.37	5.37

It is interesting to note that there is none in the new residential zone who holds that family size is determined by the number of children God gives.

Table 5-8 gives the percentage distribution of women according to number of children suggested by them for a family.

TABLE 5-8

Percentage distribution of women by suggested number of children

No. of children suggested	*Percentage of women suggesting*
0	...
1	0.78
2	18.81
3	27.72
4	27.12
5	2.91
6	0.67
7	0.11
8	0.14
Cannot say	16.37
As many as God gives	5.37
	100.00

It may be seen from the above table that about 74 per cent of the interviewed women have suggested families with four children or less. Only 3.8 per cent of the interviewed have suggested family sizes of 5 to 8 children. Among the four zones, the percentage of women suggesting families with less than four children is the highest *viz.*, 87.4 in the industrial zone and the lowest, 61.64 in the old residential zone. In the industrial and new residential zones, majority of women suggest three children as the optimum

number whereas in the commercial and old residential zones, those suggesting four children as the best size form the largest number.

TABLE 5-9

Optimum suggested family size by caste

Caste	*Optimum No. of children suggested*
Vanniars and Gounders	3.10
Asaris	3.19
Idayars, Konars and other shepherd Castes	3.05
Scheduled Castes	3.10
Non-Brahmin Castes of Kerala origin ...	2.98
Catholic Christians	2.93
Protestant Christians	3.09
Brahmins	3.25
Vellalas	3.31
Nadars, Shanars and Gramanies ...	3.21
Nattukottai Chettiars and other Tamilian Chettiars	3.23
Non-Brahmin Castes of Andhra origin ...	3.25
Non-Brahmin Castes of North Indian origin	3.27
Urdu speaking Muslims	3.46

As may be seen from Table 5-9, the optimum number of children that a family should have varies from caste to caste. In this table only those castes in which at least 50 women have been interviewed are included.

It is observed that the optimum size ranges from 2.93 in the case of Catholic Christians to 3.46 in respect of Urdu speaking Muslims.

Existing and suggested family size

It is seen that the average family size suggested increases with the increase in the existing family size. An average family size of 2.70 has been suggested by women without any children, the size of 3.06 has been suggested by those with three or less children and the size of 3.67 has been suggested by those with more than three children. Table 5-10 shows the percentage of women desiring different sizes of families by family composition.

TABLE 5-10

Percentage of women suggesting different family sizes by family composition

Family composition	*Percentage of women suggesting number of children*					
	Two	*Three*	*Four*	*Five*	*Cannot say*	*As many as God gives*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Without children	38.44	26.03	15.09	0.49	15.09	4.14
Three children or less ...	20.37	32.54	24.81	1.09	14.15	5.74
More than three children ...	7.97	21.07	35.85	6.71	20.34	5.35

Family size by types of family and houses

Analysing according to types of families, we find that among simple families three children have been suggested by the largest number of women. A four-child family size is preferred by joint and intermediate families. The highest proportion of women leaving the choice of the family size to God is found among joint families. The average number of children suggested by women living in huts is the lowest, *viz.*, 3.10, while among those living in flats it is 3.33.

Family size suggested by working and non-working women

Working women are those who are engaged in gainful employment or productive activity other than the household chores. The average number of children suggested is 3.13 among working women as against 3.20 among non-working women. Further, the proportion of those suggesting two and three children is higher among working women than among housewives. Also, those who come under the categories "cannot say" or "as many as God gives" are larger in proportion among housewives than among working women.

Suggested family size by duration of marriage and present age of wife

The average number of children suggested increases gradually with the increase in marriage duration. The size suggested is 2.93 among women who were in the state of matrimony for less than a year. The figure is 3.55 among those married for 30 years or more. Nearly 30 per cent of women

married for less than a year are not able to give any precise number as the ideal number of children that a family should have. Over a tenth of the respondents who are married for over 30 years feel that the size of family can be determined by God alone. Among women who are in the state of matrimony for over 30 years, roughly one-fourth have suggested a four-child family and another one-fourth are unable to say anything regarding family size.

Taking into account the present age of respondents, we find that those suggesting an optimum size of three children formed the largest proportion upto the age group 23-27 years. Beyond this age group, four-child families have been suggested by the majority of people except in the age group 43-47. The average suggested size is 2.97 among women aged 13-17 which is the lowest. The average suggested size is the highest *viz.*, 3.43 among women of the age group 43-47 and 48 and above. Over a third of the women interviewed in the age group "48 and above" have not given any specified number. It is among the women of this age group that the largest proportion stating "as many as God gives" or "cannot say" is noticed. The data thus confirm that the optimum suggested size of family increases with the increase in age and duration of marriage.

Average number of children per family vis-a-vis educational level and occupational status

No uniform trend is noticed while correlating the suggested average number of children in a family with the educational levels of husband and wife. While among literates and illiterates large number of women have suggested four children as the optimum, among those who are educated, a large proportion of women have suggested three children.

Considering the occupational status of the household, it is observed that in the case of executives and petty traders the lowest average family size has been recorded. Omitting the unspecified class we find the highest suggested size (3.38) among the upper middle class with the lower middle class coming next (3.26). Among women belonging to households with income of over Rs. 1,000 p.m., 29.03 per cent have suggested three children and about 26 per cent have suggested two children as the ideal size. In this class, a little over 5 per cent of the women are not able to say anything about the size and none said "as many as God gives". While in the upper middle class, we find higher proportion of women suggesting three children, among the lower middle class women, many have suggested a four-child family. No significant trend is noticeable in the suggested size among women belonging to other occupational groups.

Summary

Abortions and still births are higher among women of the age group 33-37. The percentage of pregnancy wastage is high among Hindus than among Christians and Muslims. The infant mortality rate of children below one year works out to 92. The still birth rate works out to 12 and for every 100 live and still births 13 abortions have been reported. A few castes like Brahmins, Nadars, Shanars and weaving communities have a higher rate of survival of children. The survival ratio of children bears a close relation with the educational attainment. The rates of survival have a bearing on the income and occupational status too. This rate which is 93.6 per cent among upper middle class people is only 75.5 per cent among petty traders. A steady decline in the mortality rates of children over a period of 30 years has been noticed and this is evident from an analysis of the percentage of survivors based on the duration of marriage of women. The highest survival ratio is observed in the case of women living in independent flats. About one-fourth of the children born among hut-dwellers die. Joint families have the least mortality ratio. Among women over 43 years of age, 6.8 per cent had not borne any children. Least sterility is noticed among women belonging to new residential areas.

The average optimum number of children for a family suggested by the respondents is 3.2. The average suggested is the maximum (3.31) in the zone of new residential areas. While one-sixth of the respondents are unable to say anything definite as to what an optimum family should be, 5.4 per cent of them have stated that they will have as many children as God gives. The response to the question on optimum has been the highest in the industrial zone and the lowest in the zone of old residential areas. More is the number of existing children, more is the optimum number of children suggested. Among simple families, there is a high preference for three-child families while among intermediate and joint families four-child families are preferred. Also, the optimum suggested size of family increases with the increase in age and duration of marriage.

CHAPTER VI

CONCLUSION

The first fact which we have elicited in this survey is the high percentage of people who know the birth control methods and who do not object to them but do not practise them in actual life. Considering the amount of propaganda done in favour of family planning in Madras City and the support given by both State and Union Governments and official patronage extended to family planning schemes, it is certainly disappointing that the practice of family planning methods has not gathered momentum in an important city like Madras. As indicated earlier, the desire to limit family has been exhibited by an average Madrasi as early as 1931. The Government of Madras has adopted family planning as its official programme and during the last decade, much has been done to popularise family planning in Madras State. Why has it then failed to create sufficient impact on the people? Following are the break-up figures of those who do not practice family planning even though they know about birth control methods and have no objection to practice them.

Category	*No. interviewed*	*No. having no objection*	*No. not practising family planning though having no objection*	*Percentage of col. 4 to col.3*
(1)	(2)	(3)	(4)	(5)
Women with more than 3 children ...	954	590	426	72.2
Women with 3 or less number of children	1,463	825	694	84.1
Women without children	411	168	168	100.0
Total ...	**2,828**	**1,583**	**1,288**	**81.4**

They have been classified on the basis of the number of children they have, the number three being the optimum adopted for the purpose of our discussion. Normally one would expect that women with more than three children would take to family planning practices readily. But a startling fact is 72.2 per cent of those having no objection do not practise family planning. Among the total women interviewed, women having more than three children constitute 33.7 per cent. It is this category of women who have to be persuaded to adopt family planning. As may be seen from Column 5 of the above table, the percentage of women not practising family planning among those having no objection is 72.2 per cent for women with more than 3 children, 84.1 per cent for women with 3 or less number of children and 100 per cent for women without children. There is some increase in the number of women adopting family planning as the number of children increases, but this is not sufficiently marked as to hope that there will be proper reaction to the family planning in the City. Two out of every three women possses knowledge of family planning and 56 per cent have no objection to family limitation. As such, considerable progress has been made in propaganda among the people.

Of those who possess knowledge, two-thirds have derived information from friends and relatives. Media like film, radio, exhibition and books have not made much headway. Knowledge of methods of contraception is high among socially and economically advanced and educated classes. Literacy seems to be an important factor in determining the attitude of women towards family planning. The objection to family planning is found to decrease with the increase in the level of education. Religious scruples and health reasons are the two main grounds on which limitation of family has been objected to. Those who object on religious grounds increase in number with the increase in age. It means modern women have taken more kindly to family planning in spite of the religion they practise.

Sterilisation

The most popularly known method is sterilisation. Eight women out of every 100 who knew about family planning did not know about sterilisation. In fact, it may not be an exaggeration to say that the term 'family planning' as understood by the common people is synonymous with sterilisation. This is the direct result of the sterilisation bias exhibited in the family planning methods adopted in the State. The work relating to family planning has been done by the medical profession. As such, the preventive side has been relegated to the background when compared with the surgical side. Further, people seem to think that family planning is associated with sterilisation and hospital and perhaps that is the only method available for limiting the family. As such, a reorientation in our approach to family planning in practice is needed and this bias and general popular impression should be changed. The medical profession has an important role to play in limiting the family and population in any country. But its role should not be over-emphasised. It should be left to the educationists, the Health Department, radio and educational institutions to propagate ideas of family planning. What is needed is the existence of facilities for those who wish to practise them.

Inter alia, it may be observed that the other methods which are known to limit family are not practised much in Madras City. These methods are useful in regulating the number of children each family can have which will be decided to a great extent by the economic background of the family. Sterilisation no doubt is a definite method of controlling population, but it is an extreme step. It has to be taken only when medical, eugenic or socio-economic reasons compel them. The situation of the family should be considered carefully before either of the couple is to be sterilised and there must be satisfaction that they possess the desired number of children and they are sure that they do not require any more children in future. Again, the surviving children should be in sound health and should survive. Unless such conditions are satisfied, it is not in the larger interests of family happiness or of the country to undergo sterilisation. It is much more scientific and psychological to adopt other family planning methods.

It is, in this connection, relevant to recall the percentage of coverage achieved in Madras City in sterilisation. It is well-known that women determine the reproduction in any society. The number of women sterilised in the City is 57 out of a total of 2,828 interviewed. In the case of 20 women, husbands have undergone vasectomy. These 57 women may be classified as follows:

No. of children living	*No. of women sterilised*
None	Nil
Three or less	17
More than three	40

It is observed that 70 per cent of women who have been sterilised have undergone sterilisation because they have more than three children. Thirty per cent have undergone sterilisation in order to limit the number of family. This cannot be said to be in the larger interest of family life or of the society. It, therefore, follows that a more selective approach is necessary in advising persons to have sterilisation. The following table showing the number of sterilisation operations in Madras City may be of interest.

Year	*Vasectomy operations performed*	*Salpingectomy operations performed*
1956	5	430
1957	76	584
1958	325	879
1959	436	855
1960	2,148	1,191
1961	11,202	1,021
1962	25,574	1,025
1963	9,751	1,167
1964	6,832	1,361

The increase in salpingectomy cases during 1956-64 is not as marked as vasectomy operations. Perhaps the incentive given by the Government for surgical operations has resulted in a large increase in vasectomy, but it cannot produce the desired result in limiting the family. In this connection, it will be relevant to quote from "A study of 1,000 vasectomy cases in Madras City" by the Health Educator, Family Planning. The report concludes "the monthly income of fathers who have undergone this operation is very low. The reward of Rs. 30/- fixed by Government to a father who has undergone sterilisation operation to meet his loss of pay or conveyance charge attracts a lot of unemployed, under employed and other rural section of the population." The number of salpingectomy cases conducted per year in Madras City hospitals does not exceed 1,400. It has not recorded any appreciable increase and as such even

sterilisation scheme has its limitations, in that, it cannot succeed to the extent contemplated in limiting the population.

In the course of our survey, we have studied the reactions to sterilisation. It is the view of eminent physicians and surgeons that sterilisation cannot affect the individual. But according to the reaction recorded by the women interviewed by our Research Assistants, it would appear that a feeling of anxiety is widespread among larger sections of people. This feeling is purely psychological. Illness and incapacity to do as much work as they did are often attributed to the fact that sterilisation has been undergone by either of the parties. Lack of affection on the part of the husband to the wife is also attributed to sterilisation. It is an unfortunate coincidence ; but the fact remains that a proper psychological atmosphere has not been created among the women in the City before launching an ambitious programme of sterilisation on a big scale. These apprehensions are more felt by the less educated class, but it stands to reason that family planning methods are needed more among the less literate section of our population than among the educated. It is in their sphere that family must be limited not only in the larger interest of society, but also in the limited interest of the family itself, in that a higher standard can be had by the existing children or at least they can be looked after properly.

Family Planning Methods in use

According to our survey, abstinence and sterilisation are the two methods widely practised. They are dependable. Perhaps with the advent of a technique like I.U.C.D., it will be possible to adopt contraception without taking recourse to these measures. But this new method is still in its experimental stage and its adoption has not become widespread. Actually this method has been received with as much encouragement from the Government of Madras as sterilisation. Our data show that people will be willing to adopt a method which is simple, cheap and safe. But the difficulty will be to evolve a suitable method for that purpose. It is not our purpose to discuss the relative merits of different methods of birth control, but we may indicate the reaction of the women of the City to different methods. The methods like safe period, diaphragm or cervical cap need a clear grasp of the method and have not proved popular in the City nor can they be adopted with success by less educated persons and illiterates. Complicated methods which involve periodical purchase of equipment, daily cleaning, etc., for example, condom, douche, foam tablets, oral tablets, etc., cannot also become popular. Some of these methods cannot be adopted by persons for want of privacy and because of cost.

The withdrawal method does not ensure safe prevention of conception. According to some experts, it causes psychological setback in many cases. The abstinence method does not appear to be quite practicable. The statement made by informants that they practise abstinence should be viewed with some reserve.

The new method, I.U.C.D. (Intra-uterine contraceptive device) is claimed to be a simple and acceptable method and will cause a real technological breakthrough for the family planning programme. The device is expected to give the fullest freedom to regulate the size of family, time the conception and space children without causing any physical or emotional harm to the parents. Perhaps it may satisfy the demand, but in the absence of any data on the subject, we do not wish to make any further comments. The Central Government has even launched a campaign for popularising this device and a unit in the Kanpur Industrial Estate has gone into production of loops. The policy of the Madras Government towards loop has been cautious. The implementation of I.U.C.D. Programme will be continued for a period of six months in three Government hospitals at Madras, Madurai and Thanjavur as a pilot scheme. The extension of the programme will be considered later on the basis of the report on the follow-up action.

Objection on religious grounds

Based on a study of 25 surveys on the attitude to family planning, Sri S. R. Agarwala has concluded that there is no organised religious or social opposition to family planning. Our survey indicates that 45.1 per cent of those who object to family planning do so on grounds of religion. This percentage is higher in the case of residential areas. Objection on account of religion has been recorded by 133 persons out of 295 persons. As such, it is the most vital objection. Out of the total number of women, only 4.7 per cent have objection on religious grounds. In spite of the indignation expressed by individual religious heads and conservative persons, Hindus do not have any organised opposition to birth control; among Muslims none has recorded any objection based on religious grounds, but among Christians, notably Roman Catholics, objection to family planning seems to be widespread. According to the data collected by us, out of every 100 women interviewed among Catholic Christians, 90 expressed awareness of family planning and 72 have strong objection to it on religious grounds. It means approximately 80 per cent of people who know of family planning object to any birth control. Among Hindustani speaking Muslims, out of every 100, 7 object to birth control. But in this community, only 48 per cent of the women expressed awareness of family planning. The high percentage of objection among the Catholic Christians is because of the opposition of church to artificial family limitation. Among Catholic Christians, 70 per cent object on religious grounds, but among Protestants, the percentage falls to 21.2. Among Catholic Christians and Hindustani speaking Muslims, the percentages of women practising family planning are 13.41 per cent and 5.62 per cent respectively. They are considerably lower than that of Hindus. Among Muslims, users of family planning method are few. The feeling that family planning is against nature and should be condemned is dominant among Catholic Christians. The attitude of the church is not as inflexible now as it used to be. According to the authors of " Family Planning, Sterility and Population Growth ", " the attitude towards the general idea of regulating conception which is most consistent with the teachings of the Catholic church probably is qualified approval ". The church does not seem to totally condemn family limitation though it is against coitus interruptus and artificial birth control involving the use of a chemical or mechanical agent. Family limitation by periodic or continued continence is permissible. Among Protestants, the use of contraception is encouraged and no explicit and uniform policy has been laid down regarding the family size and use of contraception. With the increasing awareness of the need to control population and the desire to limit family, religious objection may cease to be as effective as it is today, in due course.

Family Planning in slums

A study of the vital statistics in slum areas made during the Slum Survey in Madras City conducted by the Census Department has recorded a higher birth rate—43 per cent higher than the non-slum areas. Correspondingly 50 per cent excess is recorded in death rate. The infant mortality rate is also higher in slums by 70 per cent. The conditions in slum are far from satisfactory and the magnitude of the problem can be visualised when we realise that more than one-fifth of the City's population lives in slum areas. The proportion of young children in the slum population is higher than the general population—15.1 per cent against 13.2 per cent. Considering the conditions in which children live, the higher proportion in the 0–14 age group in slums can be explained only in terms of high fertility. The proportion of married women in slum areas is 48 against 44 in the general population. The proportion of married among females of 14 years of age and below is also higher in slum areas. This will also lead to the high fertility in slum areas. It is, therefore, clear that the slum population is growing at a faster rate than the general population. The net result of such increase in population will be congestion and overcrowding followed by low standard of living and unhealthly life. The slums also will continue to grow. As such, the need for family planning is more in slums. It is always a problem to educate the slum dweller on family planning with his low percentage of literacy. On a sample selection of the schedules, it has been found that 22 per cent of the respondents reside in slums. According to the survey on Slums in Madras City, a little more than one-fifth of the population live in slums. As such, the schedules relating to slums are fairly representative. About 90 per cent of the women interviewed in slums possess knowledge of one or more methods of family planning. Three-fourths of the women have knowledge of sterilisation. Among the respondents who are aware of family planning, two-thirds do not object to the use of contraception. Again, 90 per cent of persons who know do not follow any family planning method. The objections reported are fear of ill-health, religion, fear of objection from relations or husband. But the major factor is the fear of ill-health. Of the several sources of knowledge that were reported, the major sources are friends and relatives, family or hospital doctors. It is evident that even though many may be aware of family planning, there are only a few who practise contraception and may like to undergo sterilisation. In spite of the high awareness of family planning, the number of persons who practise is limited. There is thus scope for intensifying the programme in slum areas. It should, however, be realised in this connection that the problem of density and overcrowding in slums is only a projection of the major problem of overpopulation. To create any response among slum dwellers to family planning, there should be a general increase in the standard of slum dwellers and their literacy.

Implementation of family planning programme

The Government of Madras are committed to a regular programme of family planning. This programme is today implemented through the medical profession. It has naturally created a surgical bias to our approach and in turn created a feeling among the people that the only sure method of family planning is sterilisation. In their desire to increase the tempo of family planning, the Government of Madras have given incentives like cash payment and have appointed agents to propagate the ideal of family planning, especially sterilisation on the basis of cash awards. All these measures have been to some extent misused and are not helpful to the movement in the long run. A study of the statistics revealed by the survey in Madras City shows that unfavourable reactions have been created among the women of the City against sterilisation, the most popular being the fear of ill-health. Normally, any illness or weakness or inability to work arising after undergoing an operation is attributed to this. It may be possible medically to establish that no harm can result as a result of sterilisation, but this cannot be psychologically brought home to the general public unless through a series of educational programmes we create a proper climate among the people. This aspect has to be borne in mind. It is creditable that definite targets have been set for the rural areas in sterilisation and every effort has been made to accomplish these targets. But a critical analysis of the figures will show that bulk of the sterilisation has been done on men which does not necessarily lead to definite limitation of family. Again, an element of compulsion exists in the programme with the result that a psychological reaction has set in among the people. Therefore, a rethinking on the subject is required. The medical profession has to remain behind and provide such facilities as are necessary to help willing people to undergo operations and to get it done without difficulty. The bulk of family planning programme must be education and propaganda, especially among the less educated classes. It is necessary to explain not only the need to limit the family, but also to space the children properly. Any method which is likely to achieve this has to be encouraged without any particular bias for any method. Then only, an overall atmosphere can be created among the people, so that they will take to it naturally without any hesitation. The desire for family limitation can arise out of economic pressure which is felt by all sections of the people. Another disturbing factor revealed by the survey is that the impact of family planning has been found more among the educated and intellectual classes. This will mean that the number of persons born will get limited and if heredity is one of the determining factors in a man's life, it will mean loss of leadership for the country in due course. In India, a high birth rate has been counteracted by a high death rate. Death rate has begun to be controlled with considerable success. It will mean that a larger number of children will be left, but these children will normally belong to the less educated and less intellectual class. Such a development will be unfortunate for any integrated planning.

The purpose of this survey has been to highlight those aspects of family planning based on a study of the women in Madras City. Ultimately, the appeal of family planning has to reach the women. Something has been done in this direction, but more remains to be done. Our survey has revealed that women hesitate to go to the doctors or openly seek any information on family planning. Generally, whatever information has been gathered is passed from mouth to mouth and people are willing to listen to such information only if it is done in privacy. Therefore, the propaganda in favour of family planning has to be reoriented, so that no publicity is given and what is being done should be a silent work.

There cannot be any dispute that we need family limitation. We have decided on a programme of achieving a substantial reduction in our birth rate. But what is wanted is a selective approach and the message should reach the sectors which need most, and psychologically it is desirable to educate the women properly, so that they seek the assistance of family planning experts and family planning is not forced on them. In the larger interests of human relationship and family life, it is highly undesirable to import any element of compulsion in intensifying family planning programme and even the grant of a cash award has a large element of compulsion in it. Nor is it desirable for any target to be set for different areas of the State, so that in their desire to achieve the target, the basic principles governing such a movement are likely to be ignored.

APPENDIX I

Extract from "Census of India, 1951" Volume I, Part I-A (India), pages 219 to 224

58. Let us suppose that the target for reduction of improvident maternity is accepted; and consider how to set about the task of attaining it.

To begin with, we should be careful not to rush into the streets with trumpets and drums in order to preach the new faith and count the converts. There will be need for something of that kind—but in due time. The first phase of the programme of measures must be devoted to thorough preparation. Out of the total of 15 years which are available to us for the attainment of the target, the first phase would need at least three years from the word "Go". It may take as long as five years. The preparation should consist of two sets of measures, of which one may be described as the creation of organisation and the other as the standardisation of technique. Both are equally important; they should proceed, side by side.

59. What sort of organisation shall we need? It is clear that it must command the services of a sufficient number of workers, distributed over the whole country, in such a way that they will have friendly personal access to all mothers in the country, and effective opportunity to assist and advise them. No such organisation exists at present. Nor can one be created, whose function is limited solely to the dissemination of birth control appliances and advice.

This function must, therefore, be performed as a subsidiary activity of an organisation whose main function would embrace the whole field of maternity and child welfare.

It is first of all necessary, therefore, that an adequate number of maternity and child welfare centres should be set up and they should be so sited as to establish practically complete coverage over all villages and towns. The centres should be developed as agencies which render practical help to mothers before, during, and after child-birth. Before they begin to advise the avoidance of improvident maternity they should win friendship and trust by rendering service which seem to save life and promote health and strength among mothers and children. Does this mean then, that we are harking back to the view (dismissed a short while ago as a fallacy) that it is impossible to make any progress in limiting births until we have completed our development programme in other respects. No. It is unnecessary to wait for the completion of the agricultural, industrial, or other economic development programmes. It is not even necessary to wait for the development of a full-fledged National Health Service. But it is necessary to isolate that part of our health programme which relates to the provision of maternity and child welfare services; give it top priority (along with, say, irrigation and ahead of all other development) and undertake accelerated development of these services to the point at which the needed organisation is created.

60. How long will this take? Will it not be held up like many other health and education schemes by lack of trained personnel. Obviously, the services of trained personnel will be needed—qualified midwives will be essential. But the problem would be a manageable one if care is taken to locate, and fully utilise, the services of all the 'dais' who are to be found in all parts of the country—practising midwifery in its traditional form. It is possible, even probable, that these humble women hold the key to the solution of the population problem. They should be given simple training and instruction, advised and assisted by duly qualified midwives and helped to perform their useful services better than they do at present. Those who render satisfactory service should be encouraged by payment of a modest bonus, to supplement their professional earnings. They should then be required, in return, to function in the villages as the agents of the maternity and child welfare centres. If this is done and the number of duly qualified midwives is increased rapidly and substantially, the staff requirements should be met. It is true that higher supervisory staff might be scarce for a long time, but the shortage can be largely made good by making the fullest use of the services of public-spirited social workers. This is, in any case, necessary in order to develop the usefulness of the services as quickly as possible. All social workers who are willing to help should be effectively organised (at the local level, the state level and the national level) and firmly linked with appropriate governmental agencies at all three levels. Given the necessary determination and drive, as well as the funds, the personnel needed for the work can be got together—at any rate over the greater part of the country—within five years.

61. This will complete one part and, no doubt, the more difficult part of the preparation which is necessary before a nation-wide campaign for reduction of improvident maternity can be launched. The second part is the one already visualised by the Planning Commission and provided for in the current Five Year Plan. A Central Research and Information Unit should be set up, in order to carry out the various items of work described by the Planning Commission. In one sense, the activities of the Unit will have to be continued for an indefinite period—for there is scope for a great deal of research. But certain tasks should be laid down and required to be completed within a specified time:

(*i*) The Central Research and Information Unit should be required to recommend a few acceptable, efficient, harmless and economic methods which are suitable for being sponsored by Government. It is perfectly obvious that no one contraceptive appliance is likely to fulfil all the criteria equally well. Therefore, harmlessness alone should be the decisive test; and cheapness the second most important consideration. One at least, among the recommended methods, should be based entirely on very cheap materials readily available in all parts of the country, even if the appliance is not entirely efficient or acceptable to all people.

(*ii*) This does not mean that methods of avoidance of undesired births other than those involving the use of contraceptive appliances are to be ignored. On the contrary, they have an important part to play in achieving the national purpose, and it should be the duty of the Central Research and Information Unit to formulate correct ideas and guidance on the subject:

(*a*) The so called 'rhythm method' has received considerable publicity recently. There is much difference of opinion about a somewhat complicated version of this method, which is under investigation. There is also a simpler version, according to which people are merely advised to abstain from conjugal relations during the middle-third of every menstrual cycle. It is not asserted that those who follow this simple rule of what may be called 'conjugal temperance' can be certain that conception will be avoided thereby. It is freely conceded that the 'safe period' is a misnomer and might not always be safe. But it is claimed that the observance of this simple rule is calculated (in many cases though not all) to reduce the chances of conception very substantially. If a large proportion of people living in a locality observe the rule, it would be reflected in a material diminution of the birth rate of that locality. Such a method will obviously be of no use to persons to whom certainty of avoidance of pregnancy is essential on grounds of health. It is also useless to persons who have had three or more children already (in the context of national policy envisaging the abolition of improvident maternity). But, if the claim is verified to be correct, it may be very useful for married couples to practise 'conjugal temperance' during the first decade or so of married life before they have had three children. It should be the duty of the Central Research and Information Unit to formulate clear guidance on this matter.

(*b*) Another non-appliance method of contraception which requires consideration is 'coitus interruptus'. There is, at present, practical unanimity (of a somewhat disconcerting nature) about this subject among social workers engaged in the popularisation of birth control. They dismiss it with a brief reference to neurasthenia. Doubts about the wisdom of this attitude arise when one studies the report on an "investigation carried out by the Council of the Royal College of Obstetricians and Gynaecologists into family limitation and its influence on human fertility during the past five years"..... The statistics collected during this investigation prove that "among a group of couples married in 1935–39, all of whom had practised some form of birth control between marriage and 1946, as many as 44 per cent had never employed any kind of appliance contraceptives". Forty-four per cent is a very large proportion; and they do not seem to have done so badly. The finding is that "pregnancy rates during the practice of 'non-appliance'* birth control were found to be about one-fifth higher than under appliance methods". Other figures show that the proportion of people who successfully limit their families in this way used to be still higher in the past. The Commission finds that this is not due to ignorance of the existence of more effective methods or a mere prejudice against their use. "It must not be assumed", the Commission reports, "that in the present state of birth control technique there may not be a considerable number of people who positively prefer non-appliance methods". Now, it is impossible to believe that people would practise this method in such large numbers over a long time if it was invariably calculated to make them nervous wrecks. There are, no doubt, circumstances in which harmful results would follow. But equally clearly there must be circumstances in which they would not; otherwise the facts found by the Commission could not exist. There is, at present, a complete absence of serious information on the subject. It is necessary that correct information should be collected on this point. It is possible—to put it no higher—that a large proportion of people who are unable or unwilling to use appliance methods of contraception for one reason or other, might yet succeed in avoiding improvident maternity by the practice of 'conjugal temperance' until three children are born and 'coitus interruptus' thereafter. If this possibility can be confirmed by the Central Research and Information Unit, after careful study, the resulting social gain would be enormous.

(*c*) Apart from methods developed in foreign countries, it is possible that there are also some indigenous methods of a traditional nature, which are reasonably effective. There are references in old census reports to the belief that the tea garden coolies of Assam have long practised some effective method of contraception. This may or may not be the case now; but an effort should be made to locate indigenous methods which may be locally well-known but not generally talked about.

(*d*) There is a good deal of ignorance over the whole subject of conjugal relations. This is due, as the Royal Commission observes, "to the furtive air that clings to the subject. Despite the efforts of organisations and individuals, through books and pamphlets and other educational means, to impact contraceptive knowledge in a healthy context, many persons still acquire the information only through dealers in pornography and from furtive talks". It should be the duty of the Central Research and Information Unit to cleanse the atmosphere and let in fresh air.

(*iii*) Apart from appliance methods and non-appliance methods of contraception, there is the method of sterilisation—especially of the male. The technique is believed to be making good progress in recent years. The claim is made that the minor operation involved is safe, effective and free from any disabling effect both from the point of view of general health and the continuance of normal conjugal relations. If this is true and is brought home to the people, sterilisation of the male may become an important part of the methods by which improvident maternity is avoided. It is understood that the rapid expansion of facilities needed for meeting a rapidly growing demand will not present any formidable difficulty. Provision of authoritative guidance on this subject will be very valuable.†

* It is made clear in the report that 'non-appliance methods' are to all intents and purposes synonym for coitus interruptus in the United Kingdom.

† Paragraph 61 deals with voluntary resort to sterilisation by people who wish to avoid improvident maternity. It has nothing to do with the proposal that people suffering from certain types of diseases should be compulsarily sterilised—a very different matter.

62. While these preparations regarding organisation and standardisation of methods are proceeding, those agencies which are already working in this field (mainly in cities) should be actively encouraged and assisted to develop their activities. Experience and information which become available thereby should be fully utilised by the Central Research aud Information Unit. When the preparations are completed and the responsible authorities are satisfied that they are ready, the second phase should commence. A nation-wide campaign should be launched for the elimination of improvident maternity from the life of the people. The campaign should be explained to the people in villages, as well as towns as a national movement designed to achieve a social reform indispensable for assuring the safety of the nation and promoting the welfare of its mothers and children. It will be essential for the success of this campaign that it should be launched and directed by a national organisation of women social workers, which should have actively helped earlier in the development of maternity and child welfare services. The educative campaign should receive political backing at the highest level. The elected representatives of the people who are members of Village Panchayats, Municipal Councils and District Boards should personally take active interest in the progress of the campaign in their areas.

Once the mind of the people has been won, the rest will be easy. The recommended practices will spread, and the advice and facilities provided by the maternity and child welfare centres will be readily utilised. Progress achieved from year to year can be precisely measured by the statistics of registration of births and deaths—which will become complete and accurate as a result of the working of these services. The Central Government and Parliament, the State Government and the State Legislature, Municipal Councils, District Boards and Panchayats—all of them could review once every year at what rate the incidence of improvident maternity was actually following among the people committed to their charge. On the basis of such review they can take special steps to stimulate effort in areas which were lagging behind. If we set about the work in this way, we shall be able to secure—in about 15 years—that India has the lowest incidence of improvident maternity among all the countries of the world. Why should we imagine that something which is demonstrably good for mothers and children—and which the western people have adopted without any help or encouragement from the State—would be rejected by our people, even when they are helped and encouraged by the State?

APPENDIX II

Family Planning Movement in Madras State

As early as 1945, family planning programme was initiated in Madras State as a health measure. In 1952, three family planning clinics were opened in three Child Welfare Centres in Madras City and one more clinic was added to it during the year 1954. And thus, the Madras Corporation is the second public institution in the country to open family planning clinics even before the Government embarked upon a nation-wide scheme. During 1955, six more family planning clinics were opened in the City with assistance from Government of India. The Intensive Family Planning Scheme was implemented in Pudupakkam in 1957 as a Pilot Scheme and this was extended throughout the City in 1958. Under this intensive scheme, 43 Mothers' Information Centres and 32 Fathers' Information Centres were functioning in the City at the end of the Second Plan.

The State Government set up the State Family Planning Board in 1956 to build up active public opinion in favour of family planning and promote family planning advice and service. The board was expected to prepare and publish a family planning manual (containing full information about the extent to which different methods of family planning are actually prevalent and the advice of the board regarding the practice of those methods) and design and execute pilot projects. The board was also expected to formulate conclusions regarding.

(*a*) the nature of the local organisation and methods of work necessary for the successful propagation of the practice of family planning in future years; and

(*b*) the degree of effectiveness of the advice as measured by actual and substantial reduction of the birth rate and the incidence of improvident maternity among married couples who practise family planning in accordance with such advice. The Board was also vested with the responsibility of performing such other functions which may be useful and necessary for the propagation of the practice of family planning in Madras State. The primary task of the Board was to make available to the public correct and complete information on family planning. A family planning manual prepared by the Board was brought out by the Madras Government in 1956, a first book on the subject ever published by any Government. The Manual recommended "natural" methods in addition to the "appliance" methods. (The appliance methods alone are advised in the family planning clinics of the western countries).

During the initial stages, stress was laid only on advising the non-appliance methods, especially the rhythm method to parents. However, it was found that this method was not acceptable to many parents and even the few who started practising it found it difficult to keep on to the method. Also there were a number of failures in this method as it needed the co-operation of both wife and husband. As an alternative, simple, safe and reliable method, the Madras Government began to propagate in 1958 sterilisation, particularly vasectomy to fathers of three living children and more. Facilities were provided by Government in all Government hospitals in the State for fathers and mothers seeking surgical methods of family planning. Also, all available methods were advised to mothers and they were asked to choose the method which they liked. It was then found that among the poorer class and middle income group, foam tablets were popular among mothers and sheaths among fathers. Vasectomy operation was preferred by many not only because of the simplicity of the operation but also because it does not involve stay in the hospital and the man was able to walk about after the operation.

The "Intensive Scheme for the popularisation of surgical methods" was launched by the State Government towards the end of the year 1959. To begin with, the Intensive Scheme was implemented only in 21 Government hospitals in mofussil and later on it was extended to 100 Government hospitals and 117 Primary Health Centres. Since then, the programme gained momentum. A total of four full-time vasectomy units and three salpingectomy units in Government hospitals in Madras City in addition to 14 private approved surgeries and 120 Government hospitals in the mofussil came to undertake vasectomy

and salpingectomy operations by the end of the year 1961. The Intensive Scheme was extended to more areas as shown below:

Date	*Area of extension of the Intensive Scheme*
January, 1960 ...	Three part-time surgical units in Government hospitals in Madras City
May, 1960 ...	Twenty-one Government hospitals in the rural areas of the State
August, 1960 ...	Four full-time vasectomy units in Madras City
September, 1960 ...	Twenty-three Government hospitals in the rural areas of the State
February, 1961 ...	Seventy-five Government hospitals in the rural areas of the State. Fourteen private surgeons were appointed by the Government to perform vasectomy operations in Madras City in their nursing homes.
February, 1962 ...	One hundred and twenty-three Primary Health Centres

The following statement shows the number of persons who have undergone sterilisation operations in Madras State Government hospitals.

Number of sterilisation operations performed in Madras State

Year	*Vasectomy operation*			*Salpingectomy operation*			*Grand total*
	Madras City	*Mofussil*	*Total*	*Madras City*	*Mofussil*	*Total*	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1956	5	20	25	430	240	670	695
1957	76	155	231	584	989	1,573	1,804
1958	325	661	986	879	985	1,864	2,850
1959	436	894	1,330	855	1,158	2,013	3,343
1960	2,148	3,036	5,184	1,191	1,481	2,672	7,856
1961	11,202	11,218	22,420	1,021	1,894	2,915	25,335
1962	25,574	20,890	46,464	1,025	2,014	3,039	49,503
1963	9,751	14,253	24,004	1,167	2,067	3,234	27,238
1964	6,832	21,170	28,002	1,361	2,542	3,903	31,905

Thus, till the end of the year 1964, 150,529 sterilisation operations have been conducted in the State. This figure is exclusive of the operations performed by private medical practitioners/institutions.

As at present, the State has 27 urban and 90 rural family planning clinics. Besides, in Madras City, there are 44 Mothers' Information Centres run by the Corporation of Madras for imparting advice on family planning to mothers. There were 32 Fathers' Information Centres also in the City and they have been closed recently. The details of the existing clinics are given below:

	Urban	*Rural*
No. of Government family planning clinics	15	85
Local Bodies including Madras Corporation	9	...
Voluntary organisation ...	3	5
Total ...	**27**	**90**

The staff of the Primary Health Centres have been trained in family planning and they provide family planning services in all the centres. The taluk and other hospitals which do not have regular family planning clinics also distribute contraceptives and provide surgical facilities for family planning. The number of approved surgeries for sterilisation operations is 305 of which 291 are Government medical institutions, eight private medical institutions and six railway hospitals. Of these 305 institutions, 178 are recognised for conducting both vasectomy and salpingectomy operations whi vasectomy alone. In addition most of the Maternity and C the State give advice on family contraceptives. There are 1,2 buting centres in the State Panchayat Unions as also t educate the fathers and mo distribute contraceptives to

sending eligible willing fathers and mothers for vasectomy and salpingectomy respectively to nearby Government hospitals and centres. In spite of all arrangements, it is felt that adequate facilities for surgical operations are not available in the mofussil areas. It has been laid down by Government that five out of every 1,000 persons should get sterilised every year. On this basis, 400 sterilisations should be performed in every Community Development Block or Panchayat Union with a population of about 80,000. Within a few years, the Government expect at least a few persons in every village to have undergone this operation which will act as an incentive for others to follow. Under the Madras Panchayats Act, 1958, it is the duty of each Panchayat Union Council within the limits of its funds to make reasonable provision for the establishment and maintenance of Child Welfare Centres and for the offering of assistance and advice to mothers regarding family planning. In Madras City, at the Birth and Death Registration Offices, part-time tutors advise fathers on matters relating to family planning. The social worker or the staff nurse attached to each clinic contacts mothers in their houses and gives them advice regarding family planning. Mothers attending Child Welfare Centres are also advised on family planning. Contraceptive appliances, the sheaths, foam tablets and jellies are being supplied free to those whose income is below Rs. 300 and at half the cost to those whose income ranges between Rs. 300 and Rs. 500 in urban areas. All contraceptives are distributed free of cost to parents in rural areas. Contraceptives are stocked adequately in all Government hospitals, Primary Health Centres, Maternity and Child Welfare Centres and other subcentres. The Panchayat Unions also are given a stock of contraceptives for distribution to parents through their Maternity Assistants, Grama Sevaks and Health Inspectors.

It had been estimated that 60 lakhs of births out of 150 lakhs every year had been contributed by the births of fourth and fifth orders. The Government appointed District Family Planning Officers for a districts in the State. They are liaison officers betwee the Medical Department and the Panchayats an Panchayat Union Councils. They contact th Panchayats and Community Development staff and d the needful for the effective implementation of fami planning programme. Wide publicity is also given t family planning programme through films, seminar camps, pamphlets, exhibitions, etc. At the fami planning institute at Government Hospital for Wome and Children, Madras, free training is imparted t doctors, social workers, health visitors, public healt nurses and staff nurses and also to non-medic personnel who desire to undergo training. At th District Headquarters Hospitals, training is given t Maternity Assistants and Pharmacists.

The details of trained personnel are given below:

Persons trained in family planning methods

Category of Personnel	*Year*				
	Prior to 1958	*1958*	*1959*	*1960*	*196*
(1)	(2)	(3)	(4)	(5)	(6)
Medical Officers	150	11	9	3	5
Nurses ...	43	63	46	34	6
Social workers	6	4	23	11	5
Health Visitors	...	29	129	29	81
Non-Medical personnel ...	29	49	81	29	42
Women Welfare Officers ...	...	...	15	...	...

Medical Officers working in all the 123 Prima Health Centres were trained in the conduct vasectomy operations at the respective District Hea quarters Hospitals in 1961. Similarly, 172 Matern Assistants and 45 Pharmacists have also been train in family planning.

Besides the implementation of the schemes relat

non-surgical methods, foam tablets and sheaths are popular among the poor and middle income groups. Jellies and diaphragms are popular in Madras City and other urban areas where this method is practised by a few mothers. Sterilisation is done only when the parents possess three living children and more.

Apart from providing surgical facilities for sterilisation operations, the Madras Government has also introduced a scheme of educating and advising parents on family planning methods. The details on the number of parents who had availed of such services in the State are given below :

Persons educated and advised on family planning

Year	Madras City		Mofussil		Total		Grand Total
	Fathers	Mothers	Fathers	Mothers	Fathers	Mothers	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Educated—							
1959	26,409	383,480	18,006	249,176	44,415	632,656	677,071
1960	33,076	182,342	22,539	299,652	55,615	481,994	537,609
1961	154,313	256,156	26,504	141,341	180,817	397,467	578,284
Advised—							
1958	11,079	65,131	4,297	11,410	15,376	76,541	91,917
1959	23,199	83,414	7,148	151,213	30,347	234,627	264,974
1960	27,686	87,551	10,219	172,348	37,905	259,899	297,804
1961	64,776	84,864	15,795	95,207	80,571	180,071	260,642

Fairly satisfactory results have been achieved in the field of sterilisation upto the end of the year 1962, when the canvassing system was in force in Madras City. During the year 1962 alone, 46,464 fathers underwent vasectomy operation in the State. There has been a steep fall in this number in 1963 when only 24,004 fathers had this operation. It is said that the setback in the movement was chiefly the consequence of the abolition of the canvassing system in Madras City and the abolition of the District Family Planning Officers in the mofussil.

By an order issued in September 1960, the Government entrusted work connected with family planning in Panchayats and Panchayat Unions to Panchayat (Social Education) Committee. Besides propagating family planning, one woman and one male member of the Committee are expected to give necessary advice to every village mother/father who may approach them. Health Inspectors and Health Visitors attached to Primary Health Centres are expected to educate and motivate people on family limitation.

The Madras Government has recently launched a crash programme according to which (*i*) canvassing system in Madras City will be reintroduced and also extended to the 12 districts ; (*ii*) the District Family Planning Officers will be appointed with necessary attendant staff to help the Collectors in the implementation of the programme ; and (*iii*) more staff will be made available in the various hospitals and Primary Health Centres. According to this programme a target of 400 sterilisation operations every year in every Panchayat Union (Community Development Block) has been contemplated. The family planning work is to be intensified in rural areas.

The above account shows that there has been considerable progress in the field of family planning in this State and this has been recognised by the two

family planning awards given to this State during 1961–62 and 1962–63 for best family planning campaign. During the Second Five Year Plan, the programme carried an outlay of Rs. 11.94 lakhs with the aim of opening 14 urban centres and 84 rural centres and establishing a training school. During 1956–61, 104 clinics were opened. The Third Five Year Plan contemplates the establishment of 100 urban and 150 rural clinics in the State. The Third Plan outlay on family planning is Rs. 161 lakhs of which the State Plan exhibits Rs. 64 lakhs and the balance of Rs. 97 lakhs is being met by the Government of India. More film shows, exhibitions, group meetings, talks and orientation training camps will be arranged for educating fathers and mothers separately in family planning. Family Planning weeks are also observed every year during which every effort is taken to focus the attention of fathers and mothers on the importance and necessity of family planning. The Government also reviews the various suggestions that are offered to limit the growth of population and examines new devices that come into vogue. It has been decided by the Government to experiment the latest Intra-Uterine contraceptive device as a pilot scheme for six months in the three Government Hospitals in the State, *viz.*, the Women and Children Hospitals in Madras, Madurai and Thanjavur. A follow-up study will also be made to find out whether the programme had any ill-effects. The expansion in the introduction of this device depends on the results of the follow-up study.

APPENDIX III

Questionnaire used for the Family Planning Survey in Madras City, 1963–64

Type of Family

Type of Tenancy

SECTION I

Family Schedule

House and Household No.:

Location Code:

	Husband	*Wife*
I. 1. Occupation :		
2. (*a*) Religion :		
(*b*) Caste :		
3. Income :		
4. Present age :		
5. Age at Marriage :		
6. First, Second or Third marriage :		
7. Educational level :		
8. Duration of Residence in the City (in years) :		
9. Mother Tongue :		

II. Pregnancy history of the wife :

	Order of Pregnancy (1)	*Male or Female* (2)	*Present age, if living* (3)	*Age at deaths of those now dead* (4)	*Number of years passed since death* (5)	*Total of Columns (4) and (5)* (6)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

(*a*) Total Children born	Males	Females	Total
(*b*) Total Children living	Males	Females	Total
(*c*) Number of times pregnancies terminated (this includes still births and abortions) :			
(*d*) Total number of pregnancies :			
(*e*) Whether she is pregnant at the time of the survey :			

SECTION II

Opinion Schedule

(To be answered by the married women included for the enquiry)

1. Are you aware that pregnancy could be deliberately controlled by any means?
   Yes No

2. If Yes, can you tell the methods you know?
   (1) (4)
   (2) (5)
   (3) (6)

3. What is the source of your knowledge of the contraceptive methods?
   (*a*) Books and literature (*d*) Friends and Relations
   (*b*) Family Planning Clinics (*e*) Husband
   (*c*) Family Doctor or Hospital Doctor (*f*) Others

4. (*a*) Have you any religious or sentimental objection to limitation of family by artificial methods?
   Yes No
   (*b*) If Yes (for 4–*a*) note the exact reason given
   .....
   .....
   .....

5. (*a*) If No (for 4–*a*) have you any other objection?
   Yes No
   (*b*) If Yes (for 5–*a*) give the exact nature of objection
   .....
   .....

6. Have you and your husband ever discussed the number of children you would consider desirable to have?
   Yes No

7. What do you think should be the optimum number of children a married couple should have?
   Code

8. Do you want more children?
   Yes No Indifferent

9. (*a*) Have you tried any methods you know?

(*b*) What are the methods you have tried or you are using now?

	Duration in years		*Duration in years*
(1) Safe period or Rhythm		(5) Diaphragm or cervical cap	
(2) Withdrawal		(6) Tampon or Sponge	
(3) Condom or F. L.		(7) Foam Tablets	
(4) Douche		(8) Any other (specify)	

	Yes		No	
	Husband		*Wife*	
	Yes	No	Yes	No
(*c*) Are you practising abstinence?				
(*d*) Have you or your husband got sterilized?				

10. What is your reaction to each method known to you:

Method	*Agreeable to both*	*Agreeable to husband but not to wife*	*Agreeable to wife but not to husband*	*Not agreeable to both*
(1)				
(2)				
(3)				
(4)				

11. Which method do you think is the best?

12. (*a*) If you have three children, will you permit your husband to undergo vasectomy?	Yes	No
(*b*) Or will you agree to undergo salpingectomy?	Yes	No
(*c*) Will your husband agree to it?	Yes	No
(*d*) Already sterilized and so the question does not arise.		

Remarks—

Instructions to Investigators

Questionnaire approach: A questionnaire consisting of two sections viz. the Family Schedule and Opinion Schedule has been designed. The Family Schedule is intended to elicit information on the socio-economic and family details of married women and their pregnancy history. In section II, known as the Opinion Schedule, information regarding their knowledge of family size and the adoption of family planning methods is to be ascertained.

Before filling in the questionnaire you must impress upon the members of the selected households that the particulars are required only for statistical purposes and for making an analysis of the socio-economic conditions and family patterns of the people. The questionnaire has to be canvassed in respect of every married woman who has not reached the age of 45 at the time of the survey and had come to live with her husband before the date of the survey. A separate questionnaire should be used for each married woman satisfying these conditions and no married woman satisfying these conditions should be left out in each selected household. In other words, there may be more than one married woman in some households whereas there may be none in some.

In case of vacant households, please provide a separate questionnaire marked 'V' and in the case of households consisting of only bachelors, spinsters or widows, the questionnaire may be marked 'NMF' to indicate 'no married females'.

Type of Family: In the right hand corner of the Family Schedule, space has been provided for entry regarding the type of family and the type of tenancy. The distinguishing feature of the different types of families is indicated below to facilitate their identification.

TYPES OF FAMILIES

1. *Simple Family*:
   - (1) Husband and wife
   - (2) Husband and wife with their never married children
   - (3) Husband with two or more wives (with or without unmarried children)
   - (4) Husband and wife and unrelated servant (servants)
   - (5) Husband or wife living alone, or with unmarried children (not divorced)

2. *Intermediate Family*:
   - (1) Husband and wife with one of their parents
   - (2) Husband and wife with unmarried brother (or brother-in-law)
   - (3) Husband and wife with unmarried sister (or sister-in-law)
   - (4) Husband and wife with one of their parents and unmarried brother
   - (5) Husband and wife with one of their parents and unmarried sister
   - (6) Husband and wife with one of their parents, unmarried brother and unmarried sister
   - (7) Husband and wife with unmarried brother and sister
   - (8) Husband and wife with one of their paternal or maternal uncles (or aunts) widowed/never married or separated
   - (9) Husband and wife with one of the parents and brother or sister (widowed or separated)
   - (10) Husband and wife with unmarried sons or daughters of either brother or sister (Nephew/Niece)
   - (11) Husband and wife with unmarried or widowed cousin or cousins (son or daughter of aunt and uncle)
   - (12) Husband and wife with grandfather or grandmother (widowed or separated)
   - (13) Husband and wife with grandson or granddaughter (never married, widowed or separated)

3. *Joint Family*:
   - (1) Married couple with married sons
   - (2) Married couple with married daughters
   - (3) Married couple with married brothers (or brothers-in-law)
   - (4) Married couple with married sisters (or sisters-in-law).
   - (5) Married couple with married uncle or aunt
   - (6) Married couple with married nephew or niece
   - (7) Married couple with married cousins
   - (8) Married couple with married grandsons (or granddaughters)

4. The question of "unrelated servants" will not in any way influence the type of family.

Type of Tenancy: Indicate whether the household is located in a hut (H), independent flat (F) or a portion of a house (P). Huts are characterised by their mud walls and/or thatched roofs. Independent flats will have a separate entrance and separate bath and lavatories, whereas portions of a house will involve sharing of these amenities with other co-tenants.

Family Schedule Part–I: In Part–I of the Family Schedule, information is elicited on religion, occupation, caste, income, age at marriage and the educational level of both husband and wife. These particulars may be obtained either from the woman or from any other member of the household who is willing to give the information. Before actually putting the questions given in the questionnaire it is better to talk with the married woman about general subjects like their native place, number of members in their family, whether they are residing in Madras for a long time, etc. This will not only enable the establishment of a liaison with the family, but will also provide useful clues with regard to the answers to the questions in the questionnaire.

Occupation: The exact nature of the occupation of both husband and wife should be entered. Many women are likely to be looking after their families, and not doing any remunerative occupation. Such a person may be entered as 'housewife'. If a person is reported as a 'fitter' 'cooly' or 'trader', the exact place of work and the description of work may be noted. This will facilitate precise coding of occupations at a later stage. If a person is 'not working', specify if he is a student, rent-receiver or unemployed.

Religion and Caste: Religion is rather easy to ascertain, but a bit of careful questioning is needed to elicit correct particulars regarding caste. There is a tendency to report 'titles' as caste. For instance, 'Mudaliar' or 'Naidu' is merely a title. You must ascertain if the person belongs to Ahamudiar, Vellala or some other caste in the case of one reporting as Mudaliar. Likewise, a Naidu can be a Balija Naidu or some other Naidu.

Income: Here, only the average monthly income should be enquired. There is a chance that the respondent will give a deliberately false figure of income. This has to be tackled by a reassurance of the purpose of the enquiry. If a person has more than one source of income, the income from each source must be added up and the average income per month must be worked out. In the case of daily workers, the number of working days in a month must be noted and multiplied by their average daily income to arrive at the average monthly income.

Present Age: The number of completed years of age, *i.e.*, the age on the last birthday should be recorded. The common tendency is to furnish the age next birth day and this should be avoided. Many persons will find it difficult to furnish their correct age. You should stimulate their memory by asking about the historical incidents or religious events which have happened in the City or State and their age when such events occurred.

Age at Marriage: In case there is difficulty in knowing the age at marriage, this may be ascertained by asking about the number of years since marriage, and deducting the duration of married life from the present age. In case the husband or wife is married more than once, their age at the present marriage should be entered. No elaborate enquiry need be made about how they were married. Persons brought together as man and wife should be regarded as 'married'.

Educational Level: A person is considered to be literate if he is able to read and write. The test for literacy is satisfied if the person can read and write a simple letter. If necessary, you may test the ability by asking to read a few lines from a book. Persons who are literates might have passed some examinations. In such cases the highest examination passed has to be entered against this question. The following answers should be recorded against this question under the following circumstances.

'O' for one who can neither read nor write.

'L' for one who can just read and write, and the highest examination passed in the case of persons who have passed some written examination or examinations *e.g.* V Form, S.S.L.C., B.A. etc.

Duration of Residence in the City (in years):— Please note that we are interested in the duration of stay in the City and not in the selected house. This information has to be elicited in the case of both husband as well as wife and suitably checked by a few questions such as:

Did you come to the City only after your marriage?

How many years since marriage did you come to City?

If a person is born in Madras, you may write 'Since Birth'.

Mother tongue: Mother tongue is the language spoken by the person since early childhood. Record the answer given, even if the language is only a dialect of any of the main languages spoken in the State.

Part II—Pregnancy history of the wife: The live births, still births and abortions should be entered in the order in which they have occurred. For still births and abortions, sex need not be entered in Col. (2). The distinction between still birth and abortion is that 28 weeks of gestation is the qualification for still birth. In the case of abortion, note the duration of pregnancy, when the abortion occurred, as well as the period that elapsed since abortion. For children, who are dead at the time of the survey, columns (4) to (6) should be filled. An abstract of the pregnancy history is to be given at the end of the family schedule by counting the number of male and female children born alive and entering them in (*a*) and those who are living in (*b*). The number of still births and abortions may be counted and entered in (*c*) and the total number of pregnancies in (*d*). The fact whether she is pregnant at the time of the survey may be entered against (*e*).

Opinion Schedule: Read the Family Planning Manual supplied to you and have a clear idea about the methods of family planning mentioned there. It is likely that your respondents may not be able to tell their technical names, but may be able to give a description of the method they know or use. In case the respondent has any difficulty in telling any method, you should aid their memory only indirectly. If necessary, you may ask them to show you the family planning materials or literature they follow.

Knowledge of Family Planning: Question 1 should be worded in a manner that will elicit their knowledge. If necessary the question may be repeated twice or thrice with slightly different wording to enable them to understand the question properly and 'Yes' or 'No', whichever is appropriate should be marked.

Questions 2 and 3 should be put only if 'Yes' is the answer to question 1 and whatever method they mention should be noted. The source of information regarding family planning should be noted against question 3. In case a new source is reported such as Exhibition, Radio or Films, please note it in 'others'. If it is through a Health Visitor, enter in (*b*) *viz.* "Family Planning Clinic" and not 'Health Visitor'.

Attitude to Family Planning: Questions 4 and 5 should not be put to those who do not know about family planning. If the respondent is indifferent to the question or is unable to answer, this may be noted as such. If the answer to question 4 (*a*) is 'Yes', elicit the exact nature of objection and record it in 4 (*b*). The questions 5 (*a*) and (*b*) have been included to ensure that the objections are not left out. If the objecton is like:

Family Planning will affect health;

Family Planning is costly;

Family Planning intereferes with conjugal life; enter such answers in 5 (*b*). If the answers are like,

Family Planning is sin;

Family Planning is dirty or vulgar;

Family Planning is against family tradition;

note the answers in 4 (*b*).

Family Size: Questions 6 and 7 are quite straightforward and will involve little difficulty. Question 7 should elicit the ideal number of children that they can think of. In case there is indifference about the ideal number, note as such.

In question 8, you may draw attention to the actual number they have (vide Section-I) and ask if they want more children. If they have no children ask if they want children. The answer to this question may or may not have any relation with the opinion not reported by them in the earlier question.

Practice of Family Planning: Information on practice of family planning is elicited in questions 9 (*a*) and (*b*). If a method is practised and discontinued, circle off the number corresponding to the method and in the case of methods currently adopted tick the relevant number. Note the exact duration of practice in years. If tablets are mentioned, enquire whether it is orally administered or whether it is foam tablet. Before you proceed to the next question, check up if this method is reported in answer to question 2 in this Section.

In question 9 (*c*), ascertain if the couple are practising abstinence. Temporary absence of conjugal relation should not be taken as abstinence. If abstinence is practised deliberately for family limitation (and not out of quarrels between husband and wife) they may be included in 9 (*c*) with the duration of such practise. In such a case you must enter 'Yes' in 9 (*a*) and also check up if abstinence is included in answer to question 2. In 9 (*d*) tick the relevant answer whether sterilised or not.

Reaction about the methods practised: Question 10 should be put only with regard to the methods practised. In practice, two questions should be asked: (1) whether the respondent likes the method or not; (2) whether her husband likes the method or not. The appropriate code should be ticked on the basis of the answers to these questions. Ask about sterilisation also in the case of sterilised persons.

In question 11, ask which is the best method. If only one method is known and it is practised, check up if she considers it the best method. If she is indifferent, note it as such.

Question 12 will apply to all persons whether they have 3 children or not. If they already have three children, this will mean whether they will agree to undergo sterilisation since they have 3 children. In case they don't have 3 children, the question should elicit whether they will undergo sterilisation after having 3 children. In case the answer is that they would like to undergo sterilisation after getting four children, note it in the margin, after ticking against 'No' for this question.

Remarks: Your remarks should include (1) the Respondent's reaction and (2) your own observation regarding the woman's attitudes, motivations and problems regarding family planning. Wherever possible, give a brief synopsis of whatever the respondent tells you. Any special situation that may be noticed in certian families may also be mentioned here.

APPENDIX IV

A Note on the Methods of Preventing Conception

Several methods are in vogue to prevent conception occurring after intercourse and they have been suggested on the basis of preventing the living male sperm from coming into contact with the ripe female ovum. The extent of safety and certainty of the different methods like natural, unnatural, chemical, mechanical, medicinal, operational, etc. varies. Several methods have been referred to in our report and a short note on each of them is given here for the convenience of readers.

1. *Safe period or Rhythm method*: The principle underlying this method is that conception can be avoided by restricting intercourse to the times in the wife's menstrual cycle when she is not likely to be fertile. In the female, the egg is expelled from the ovary roughly fourteen days prior to the occurrence of the menstrual period in a normal twenty-eight day cycle. As it is felt that the sperm cell is capable of fertilising the ovum for two full days, intercourse should not take place for two days before the ovum is expected to be shed, or living sperms may be present in the tube and waiting for the egg to arrive there. Coitus should also be avoided at the time of ovulation and for forty-eight hours afterwards when the ovum travels down the tube and is still capable of being fertilised. To be on the safer side, two more days on either side can be taken as unsafe and in all, intercourse should be avoided for eight days in a menstrual cycle of 28 days—four days before and after the expected date of ovulation (which is normally the fourteenth day from the beginning of the period). The safe period hence will be from the end of the menstrual flow until the tenth day and again from the eighteenth day until the period begins again. This is true for a normal menstrual cycle of 28 days and safe time is shorter or longer according as the regularity of the menstrual cycle.

2. *Withdrawal or coitus interruptus method*: The method also known as the "Husband Careful" method relies on the withdrawal of the male organ just before reaching orgasm. As the withdrawal is resorted to before the occurrence of ejaculation, the seminal fluid is deposited outside the genital canal. This method appears to be the oldest one and has been practised ever since the relationship between sexual intercourse and subsequent pregnancy was realised. The method is not considered sure and safe and there is the risk of failure to withdraw at the proper time.

3. *Condom or French Leather or French Letter*: This method is also known as Male Sheath, French Cap., etc. It is a hollow rubber tube open at one end and closed at the other. It is a cover for the male organ designed for use by the husband before conjugal union. The sheath may be with a plain or teat end and it collects the seminal fluid within itself. About half an inch is to be left free at the closed end of the sheath to provide room for the discharged semen. After the intercourse, the sheath should also be withdrawn carefully along with the withdrawal of the male organ. It is washed after removal for subsequent use.

4. *Douche*: Douching refers to the process of washing out the vagina immediately after intercourse and it is done with water or with any medicated lotion. The semen is washed out of the vagina by this process and if a spermicidal substance is used in the solution, it also kills the sperms. The chemical solution is introduced into vagina either by a douche-can or by means of a whirling-spray.

5. *Diaphragm or cervical cap*: Diaphragm is also called the Dutch cap and resembles half of a ball. It is made of soft rubber with a flat or coiled steel spring welded into the rubber round its edge. The cap is made in different sizes and is normally 2.5 to 3 inches in diameter. The cap is worn upwards covering the cervix and lying across the vaginal canal and this prevents the live sperm from coming into contact with the female ovum. The cervical cap is smaller than diaphragm and covers only the cervix. The cap is worn dome downwards resting over cervix. The correct position of the caps must be ensured before intercourse. The cervical cap is considered a little difficult to insert than the diaphragm. There are also other female caps like the Vault cap (which resembles the shape of a shallow bowl and is made from thick rubber) and Vimule cap (which has a deeper bowl than that of Vault cap). The caps are to be taken out carefully not immediately after coitus but after the lapse of a few hours. They are washed after removal and carefully preserved for subsequent use.

6. *Tampon or sponge*: The sponge (sea-foam or rubber) is inserted in the vagina and placed in front of cervix and this sucks the ejaculated seminal fluid during intercourse. The sponge is placed in the vagina before the coital act and spermicidal oil/powder is also applied on it. A thin thread with one end attached to the sponge and the other let outside the vagina helps its easy removal after coitus, by pulling the tag. The sponge can be removed soon after intercourse or a few hours later. It is then washed in chemical solution and dried before using again.

7. *Foam Tablets:* The idea underlying this method is to destroy the sperm cells or immobilise or paralyse them. The tablet is to be dipped in water and immediately inserted into the vagina as deep as possible a few minutes before the coital act. The tablet dissolves in the vaginal moisture and produces foam which has a spermicidal effect and kills the live sperm cells.

8. *Sterilisation* (*Vasectomy and Salpingectomy*): This is carried out by means of a surgical operation. The operation is carried out by tying or removing a portion of the tube in which the seeds are carried away from the reproductive glands in both men and women. As a result of the operation in man, the sperms cannot pass into the semen and in woman, the eggs cannot pass into the uterus. The operations check the transportation of sperms and ovum permanently. After the operation, the patient becomes permanently sterile.

9. *Abstinence*: The method is nothing but abstention from indulging in intercourse by the husband and wife. The method requires constant self-control on the part of both husband and wife and is indeed very difficult to practise, if not impossible, particularly for young and newly married couple.

10. *Oral Tablets*: Oral contraceptives were introduced only in 1956. The pill has a combination of different types of harmones and prevents the development of fertile eggs by producing an effect on the pituitary gland. For controlling fertility, 20 tablets are to be taken every month, beginning on the 5th day of the menstrual cycle and the next course should be started on the fifth day of the next cycle.

11. *Other methods*: Besides the above methods, there are several indigenous methods like using oil, soaps, honey, lemon cap etc., and ayurvedic methods; all of them and other unspecified methods are included in this category.

APPENDIX V

*A Study of One Thousand Vasectomy Cases in Madras City**

Something about the Scheme

The unprecedented increase in population threatens the Indian Nation with catastrophe. Every possible effort must be made to increase production of food and necessities of life. Even then, control of population growth is necessary, if we have to avoid economic breakdown and to prevent untold misery due to mass starvation and disease.

Among the various methods advocated and prescribed for birth control, vasectomy operation proved to be the permanent, safest and least harmful one and hence the scheme is getting more response and approval even from the rural masses.

In this context, it is interesting as well as important to know the social history and background of persons who are coming forward for sterilisation. Among the Indian States, Madras State took the initiative in popularising and implementing this surgical method as early as in 1958.

At present, vasectomy operations were done in 277 hospitals including some of the Primary Health Centres and eight hospitals run by voluntary organisations.

A father who is having three living children, and below 50 years of age can undergo this operation. One peculiarity of this scheme in this State is the existence of an intermediary. They are called canvassers whose function is to prepare fathers and bring them to the hospitals for the operation. They were rewarded by a sum of Rs. 10/- per case by Government. This arrangement is only in Madras City. At present, there are 65 canvassers working in this scheme bringing average 5 cases a day by each canvasser. This scheme is recently modified by appointing field workers with a fixed salary of Rs. 150 for bringing 50 fathers a month, instead of Rs. 10 for each case. Each father is paid a sum of Rs. 30 soon after the operation to meet his loss of pay or conveyance charge.

One thousand vasectomy cases operated in 1961 and 1962 in the four City hospitals are collected for this study. The purpose of this study is to know the different social history of these sterilized fathers such as:

1. Age
2. Monthly income
3. Educational status
4. Religious group
5. Number of living children to these fathers and
6. Occupation of them.

TABLE 1

Age Groups

Age	*No. of persons*	*Percentage*
Between 24—29	5	0.5
,, 30—39	699	69.9
,, 40—49	296	29.6

The above table shows that 69.9 per cent of the sterilized fathers belongs to the age group of 30 to 39 and 29.6 per cent of fathers belong to the age group of 40 to 49 and only a 0.5 per cent fathers are in the age group of 24 to 29.

TABLE 2

Monthly Income Group

Monthly income	*No. of persons*	*Percentage*
Unemployed (income Nil)	23	2.3
Below Rs. 50	715	71.5
Rs. 51 to 100	220	22.0
Rs. 101 to 200	33	3.3
Rs. 201 and above	9	0.9

Table 2 shows that 71.5 per cent of sterilized fathers are having only a monthly income of less than Rs. 50 and 22 per cent of them are having an income between 51 to 100 rupees and 3.3 per cent of them are having an income of Rs. 101 to 200 and 0.9 per cent

*This is a brief study conducted by Shri K. B. Nair, Health Educator (Family Planning), Government of India, Madras.

of them are having a monthly income of above 201 rupees. It is also noticed that 2.3 per cent of the sterilized fathers are employed. It reveals that majority of the sterilized fathers belongs to lower income group. Another point is that poor people prefer a permanent remedy due to various reasons, such as lack of time, space, knowledge and finance than to rely on temporary methods. Above all, the reward of Rs. 30 fixed by the Government for a sterilized father also attracts a lot of poor people.

TABLE 3

Existing children

No. of living children	*No. of persons*	*Percentage*
No. having 3 children	670	67.0
„ 4 „	231	23.1
„ 5 and above	99	9.9

Table 3 shows that 67 per cent of the sterilized fathers are having only three children, 23.1 per cent of them are having four children and 9.9 per cent of fathers are having five and above. It is found that generally fathers who are coming for this operation prefer to give a wrong number, which is less than the actual number of living children to them. This phenomenon is common even among highly educated people.

TABLE 4

Educational status

Education	*No. of persons*	*Percentage*
Below Matric	962	96.2
Matric and above	33	3.3
Graduates and above	5	0.5

Out of the 1,000 cases it is found that 96.2 per cent of fathers are not even matric. This group consists of literate and illiterate people—Literate in the sense that they can hardly read and write the regional language. 3.3 per cent of them are matric and above and 0.5 per cent of them are graduates and post-graduates. This shows that there is spontaneous response to this scheme from the low income group and less educated people. They are the needy as well as the victims.

TABLE 5

Occupation

Occupation	*No. of persons*	*Percentage*
Clerical	37	3.7
Teachers	4	0.4
Coolies and daily wage earners	906	90.6
Agriculturists	30	3.0
Unemployed	23	2.3

The above table reveals the occupational position of the sterilized fathers. It is found that 90.6 per cent of the sterilized fathers are daily wage earners and coolies. They are not having any permanent employment and wages are comparatively poor. 3.7 per cent are clerks, employed in Government and non-Governmental offices, 3 per cent of them are agriculturists, 2.3 per cent are unemployed and 0.4 per cent of them are teachers.

TABLE 6

Religious groups

Religion	*No. of persons*	*Percentage*
Hindus	934	93.4
Muslims	46	4.6
Christians	20	2.0

Table 6 shows that 93.4 per cent of the sterilized fathers are Hindus, 4.6 per cent are Muslims and 2 per cent are Christians. Majority of them are Hindus. Muslims and Christians are reluctant to adopt this method. It is mainly due to rigidity in faith and religious sentiments. Lack of effective and intelligent propaganda in areas where these communities reside in large number is one of the causes for this reluctance. Thirdly, the canvassers in the City are a force, in persuading fathers for sterilisation. Majority of these canvassers are Hindus. They find it easy to canvass and convince people of their own community.

Summary

It is noticed that vasectomy operation is comparatively more popular among Hindus than Muslims and Christians. There is no such organized resistance to this scheme from any of these communities.

The monthly income of fathers who have undergone this operation is very low. The reward of Rs. 30 fixed by Government to a father who has undergone sterilisation operation to meet his loss of pay or as conveyance charge attract a lot of unemployed, underemployed and other rural section of the population.

APPENDIX VI

Studies Relating to Family Planning

A review of the various family planning studies conducted in India has been attempted by Dr. S. N. Agarwala.* According to him, roughly 26 family planning attitude surveys have been completed in India till 1962 of which two were carried out in Madras State. The general finding that these studies reveal is summed up by Dr. Agarwala: "The family planning attitude surveys show that while people in the rural areas consider that four children constitute the ideal, in the urban areas three children are taken to constitute the desirable family size. In both the rural and urban areas, an interval of 3–4 years is considered desirable between one child birth and another. Knowledge relating to family planning as also their willingness to learn are significantly correlated with education, age and the number of living children but not caste or religion. There is no organised religious or social opposition to family planning. Among the currently married females of the reproductive age group, knowledge of contraceptives varies between 10–20 per cent in the rural areas and between 20 and 30 per cent in the urban areas. Willingness to learn family planning methods was high among those women who had four or more children and whose age was 35 or more. Roughly 70 per cent of such women were found willing to learn about family planning". While this summarises the results for the whole of India, it will be worthwhile to examine what similar studies in respect of Madras State have revealed on this subject.

Madras City: A survey to find out the attitude of married couples towards family planning in the Pudupakkam area of the City of Madras was undertaken in 1958, one year after an intensive family planning programme in the locality. Ten divisions of the City of Madras, with a total population of 300,000 were covered. The estimated number of married couples was 42,000 and the average income was Rs. 200 or less per month. From a list of such couples, a random sample of those who had at least two living children was selected. Both husbands and wives were interviewed. Results of the study are summarised below:

(*i*) Of the 1,000 married men interviewed, 96 per cent of those with Matriculation and higher education, 81 per cent of literates but less than Matriculate husbands and 43 per cent of illiterate husbands had some knowledge of family planning. Among the wives, the respective percentages were 94, 82 and 27 respectively. There was a direct relationship between knowledge and family income.

(*ii*) 75 per cent of the husbands and 73 per cent of the females favoured family planning. 64 per cent of the husbands of the younger age group and 80 per cent of the higher age group favoured family planning. The percentage among the wives was similar. Couples with better education were more in favour of family planning.

(*iii*) Muslims were less interested in family planning than Hindus and Christians.

(*iv*) 70 per cent of the husbands and 50 per cent of the wives had knowledge of sterilisation. Knowledge increased slightly with age, but the correlation between knowledge of sterilisation and the level of education was quite high.

(*v*) 19 per cent of all couples were in favour of sterilisation of either husband or wife.

(*vi*) Among the husbands and wives who were against sterilisation, more than 40 per cent had fear of after-effects and 25 per cent had religious objections.

(*vii*) Most of the couples took family planning to mean complete stoppage of children and the concept of spacing of children is not understood by many.

Mangadu Village Study: A family planning clinic is functioning in the Mangadu Village in Chingleput district. The population of the village in 1951 was 5,305 and half the population was Harijans and the rest Caste Hindus. Some of the conclusions drawn from the Mangadu Study are presented below:

(*i*) Of the 692 married couples between ages 15–50 and with at least one living child, 72 per cent do not want to have any more child.

*S. N. Agarwala: Attitude towards Family Planning in India, Institute of Economic Growth, Delhi.

(*ii*) Of these couples, 55 per cent of the husbands and 58 per cent of wives were in favour of family planning.

(*iii*) Of the 637 married women between 15–45, 94 per cent favoured the idea of family planning, but the practice of contraception is limited to a few. A follow-up (for a period of 30 months) revealed that 192 of those who favoured family planning had conceived and most of them did not use contraceptives.

Gandhigram Study: A Family Planning Communication Research Centre was started at Gandhigram in Madurai district in August, 1962 and this Centre has carried out a number of research studies in the Project area. A Base Line Survey was also conducted in October 1961, in the project area to assess quantitatively, the present stage of knowledge, attitude and practices in family planning of the people in 5 villages selected for the survey. The resident population of these 5 villages as on 1st July 1962 was 8,134 spread over 1,680 households. A systematic sampling of one in ten households with a random start was adopted in the survey and an adult married male or female member in the household above the age of 18 was interviewed. Males and females were interviewed alternately in the sample households to the extent possible. No substitutes were made for the vacated or absent households or for non-response cases. Altogether, 135 persons were interviewed, of which 75 were males and 60 were females.

The results of this study are summarised below:

(*i*) 88 per cent of the men and 57 per cent of women are aware that population has grown in recent years but 20 per cent of women and 6.7 per cent of men see no change in population.

(*ii*) The average spacing suggested by men is 3.1 years whereas the average for women works out to 3.9 years.

(*iii*) 44 per cent of men and 46.7 per cent of women have some time or other felt the need for family limitation and 60 per cent of men and 41.7 per cent of women have likewise felt the need for spacing.

(*iv*) The extent of knowledge of different methods of family planning will be evident from the following table.

Knowledge of Family Planning methods out of the 75 men and 60 women interviewed

Method	*Men*		*Women*	
	No.	*Per cent*	*No.*	*Per cent*
(1)	(2)	(3)	(4)	(5)
Withdrawal ...	17	22.8	9	15.0
Safe Period ...	15	20.0	10	16.7
Foam Tablet ...	15	20.0	17	28.3
Condom ...	20	26.7	16	26.7
Diaphragm ...	15	20.0	10	16.7
Jelly	6	8.0	12	20.0
Vasectomy ...	52	69.3	34	56.7
Salpingectomy ...	51	68.0	39	65.0
Induced Abortion ...	2	2.7	7	11.7
Other indigenous methods ...	4	5.3	7	11.7

It is interesting to note that while 69.3 per cent and 68 per cent of the interviewees knew about vasectomy and salpingectomy respectively, only 20 per cent knew about the temporary methods of contraception like withdrawal, condom, foam tablets, etc. A similar tendency is noticeable among females also.

(*v*) The percentage of men and women who derived their knowledge of family planning from different sources is given in the table given at the end of this note. It is seen that over 30 per cent of the persons who knew about the permanent methods of sterilisation have gained their knowledge through official health and family planning workers. About 28 per cent of the men who knew about contraception or sterilisation have gained their knowledge through friends and about 22 per cent through newspapers or meetings.

(*vi*) Another study carried out in the Project area has revealed 30.5 induced abortions for every 100 live births that have occurred in the area between 1st January 1960 to 28th February 1963. This is quite a high rate and is indicative of the tendency of the people to adopt abortions as an escape from the pressure of increasing numbers.

Percentage distribution of women reporting different sources of knowledge of family planning, Gandhigram Study

Methods	*By self experience*	*Friends*	*Relatives*	*Official health and F.P. workers*	*From sterilised persons*	*Other source—newspapers, meetings, etc.*	*No answer (can't tell the source)*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Withdrawl	22.2	...	11.1	44.4	...	22.2	...
Safe period	...	20.0	20.0	30.0	...	30.0	...
Foam tablet	...	23.5	5.9	47.1	...	17.6	5.9
Condom	...	25.0	6.3	43.7	...	18.8	6.3
Diaphragm	...	40.0	...	30.0	...	20.0	10.0
Jelly	...	33.3	8.3	33.3	...	16.7	8.3
Vasectomy	...	20.6	5.9	38.2	11.8	17.7	5.9
Salpingectomy	...	18.0	2.6	35.8	20.5	18.0	5.1
Induced abortion	42.9	42.9	...	...	...	...	14.2
Other indigenous methods ...	...	57.2	14.2	...	...	...	28.5

Percentage distribution of men reporting different sources of knowledge of family planning, Gandhigram Study

Methods	*By self experience*	*Friends*	*Relatives*	*Official health and F.P. workers*	*From sterilised persons*	*Other source—newspapers, meetings, etc.*	*No answer (can't tell the source)*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Withdrawal	11.8	35.3	...	23.5	...	23.5	5.9
Safe period	6.7	26.6	6.7	26.6	...	26.6	6.7
Foam tablet	...	20.0	13.4	40.0	...	26.6	...
Condom	...	20.0	10.0	50.0	...	25.0	...
Diaphragm	...	20.0	13.4	46.7	...	33.3	...
Jelly	...	33.3	16.7	33.3	...	16.7	...
Vasectomy	...	28.9	3.8	30.8	13.4	23.0	...
Salpingectomy	...	29.5	3.9	29.5	13.7	23.5	...
Induced abortion	...	100.0	...	...	...	...	...
Other indigenous methods ...	75.0	25.0	...	....	...	...	...

TABLES

The tables presented in the following pages are based on the data collected during the present survey. There are six tables pertaining to family planning and six tables relating to general demographic aspects. The tables are:

(1) Knowledge of family planning methods.

(2) Number of women having objection to family planning.

(3) Number of women stating the source of knowledge.

(4) Number of women resorting to family planning methods.

(5) Number of women expressing willingness for sterilisation.

(6) Number of women suggesting optimum size of family.

(7) Number of children born per woman.

(8) Number of living children per woman.

(9) Abortions and still births by age of mother.

(10) Number of live births, still births, and abortions and deaths during the last 12 months.

(11) Number of women by age of youngest child.

(12) Average children born per woman by age at marriage.

The tables have been cross-tabulated with certain important socio-economic characteristics like caste, education of husband/wife, occupational status of household, duration of marriage, present age of wife, types of tenancy and family composition. The demographic tables give information on the number of children born and living per women, extent of abortion, still births and the average number of children born per woman.

FAMILY PLANNING TABLES

TABLE I

KNOWLEDGE OF FAMILY PLANNING METHODS

Sl. No.	Particulars	Total No. of women surveyed.	Does not know any method	Safe Period or Rhythm	Withdrawal	Condom or F.L.	Douche	Diaphragm or Cervical Cap	Tampon or Sponge	Foam Tablets	Husband or Wife Sterilisation	Abstinence	Oral Tablets	Others including no specified methods
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(i)	**By Castes :**													
1.	Brahmins	314	99	26	15	44	5	14	1	29	199	20	15	4
2.	Vellalas	429	127	12	2	21	1	3	...	21	273	22	21	28
3.	Vanniars and Gounders ...	382	126	7	2	7	1	5	...	16	239	16	19	20
4.	Nadars and Shanars	73	23	...	...	...	...	...	...	4	46	3	7	3
5.	Weaving Communities	3	2	...	...	...	...	...	...	...	1	...	...	...
6.	Nattukottai Chettiars and other Tamilian Chettiars	110	28	4	...	5	...	1	...	6	78	3	11	4
7.	Mukkulathores and allied castes ...	18	8	...	...	...	...	...	...	...	8	...	1	1
8.	Asaris	64	17	...	...	...	...	1	1	3	43	1	7	3
9.	Fishermen Communities ...	45	14	1	...	...	...	1	...	2	31	3	3	...
10.	Idayars, Konars and other Shepherd Castes	61	25	2	1	3	...	1	...	3	33	2	2	1
11.	Barbers, Dhobies, Pandarams and other most Backward Castes ...	29	6	1	...	2	...	1	...	1	21	2	1	2
12.	Scheduled Tribes	...	...	...	...	...	...	...	...	...	...	...	...	...
13.	Scheduled Castes	363	134	10	2	8	2	3	...	20	212	7	26	19
14.	Non-Brahmin Castes of Andhra Origin	422	157	8	3	16	3	8	...	14	249	15	20	11
15.	Non-Brahmin Castes of Karnataka Origin	4	...	2	2	1	...	1	...	...	4	...	...	...
16.	Non-Brahmin Castes of Kerala Origin	53	7	4	1	8	1	2	...	5	46	6	8	1
17.	Non-Brahmin Castes of North Indian Origin	66	33	2	1	5	...	1	...	2	31	2	...	3

TABLE I—(*contd.*)

KNOWLEDGE OF FAMILY PLANNING METHODS—(*contd.*)

Sl. No.	Particulars	Total No. of women surveyed	Does not know any method	Safe Period or Rhythm	Withdrawal	Condom or F.L.	Douche	Diaphragm or Cervical Cap	Tampon or Sponge	Foam Tablets	Husband or Wife Sterilisation	Abstinence	Oral Tablets	Others including no specified methods
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(*i*)	**By Castes: (*concld.*)**													
18.	Tamil speaking Muslims ...	44	24	1	...	...	...	...	...	1	15	1	1	2
19.	Urdu speaking Muslims ...	178	92	4	2	4	1	2	...	5	73	7	6	10
20.	Catholic Christians	82	8	7	3	10	3	4	...	1	68	3	8	5
21.	Protestants	66	10	9	4	13	3	5	...	2	51	4	13	6
22.	Malayalam speaking Muslims ...	9	4	...	...	...	...	...	...	...	3	...	...	2
23.	Sikhs and Jains	7	4	...	...	...	...	...	...	...	3	...	...	...
24.	Others	6	2	...	...	1	...	...	...	1	4	...	...	1
	Total ...	**2,828**	**950**	**100**	**38**	**148**	**20**	**53**	**2**	**136**	**1,731**	**117**	**169**	**126**
(*ii*)	**By education of husband :**													
1.	Illiterate	572	231	5	...	2	...	2	...	11	321	17	32	23
2.	Literate	751	294	7	...	10	...	5	...	28	424	26	39	30
3.	Below Matriculation	720	240	9	4	21	3	5	1	35	449	28	38	35
4.	Matriculation and above	592	149	43	13	67	11	25	1	39	401	35	50	32
5.	Graduates	193	36	36	21	48	6	16	...	23	136	11	10	6
	Total ...	**2,828**	**950**	**100**	**38**	**148**	**20**	**53**	**2**	**136**	**1,731**	**117**	**169**	**126**
(*iii*)	**By education of wife :**													
1.	Illiterate	1,288	503	14	...	11	...	6	...	39	719	47	72	62
2.	Literate	650	228	8	3	21	1	10	1	32	400	30	32	24
3.	Below Matriculation	681	179	40	12	56	8	14	1	32	464	30	46	34
4.	Matriculation and above	194	38	32	18	50	8	20	...	25	136	10	18	5
5.	Graduates	15	2	6	5	10	3	3	...	8	12	...	1	1
	Total ...	**2,828**	**950**	**100**	**38**	**148**	**20**	**53**	**2**	**136**	**1,731**	**117**	**169**	**126**

(*iv*)	**By occupational status of household :**													
1.	Executives having income over Rs. 1,000 per mensem	31	2	8	7	13	2	5	...	2	23	1	3	2
2.	Upper Middle Class people with income Rs. 400—1,000 per mensem.	117	29	21	13	28	5	8	...	14	77	11	5	3
3.	Lower Middle Class people with income Rs. 100—400 per mensem ...	659	177	45	13	71	10	25	1	48	441	36	44	32
4.	White Collar Workers having income less than Rs. 100 per mensem ...	244	88	7	2	12	1	4	...	11	146	10	15	10
5.	Salaried Unskilled Labourers having income less than Rs. 100 per mensem	304	121	2	1	3	1	1	...	10	171	6	14	12
6.	Individual Manual Workers ...	533	186	8	...	4	...	3	...	17	326	18	34	22
7.	Skilled Workers	583	198	5	...	7	...	4	...	26	356	27	36	30
8.	Petty Traders	168	62	2	...	3	1	1	1	3	98	3	11	7
9.	No Occupation	81	27	...	1	2	...	...	...	3	50	4	5	1
10.	Others not specified	108	60	2	1	5	...	2	...	2	43	1	2	7
	Total ...	**2,828**	**950**	**100**	**38**	**148**	**20**	**53**	**2**	**136**	**1,731**	**117**	**169**	**126**

(*v*)	**By duration of marriage :**													
1.	Below one year	68	46	1	...	1	...	...	...	2	19	...	1	4
2.	1— 4 years	343	164	18	10	20	4	7	...	17	164	6	15	12
3.	5— 9 ,, ...	553	171	28	8	42	7	14	...	31	356	11	41	24
4.	10—14 ,, ...	550	141	18	6	33	3	8	1	35	382	10	34	29
5.	15—29 ,, ...	1,032	283	33	13	43	6	24	1	47	689	81	70	42
6.	30+ ,, ...	282	145	2	1	9	...	...	...	4	121	9	8	15
	Total ...	**2,828**	**950**	**100**	**38**	**148**	**20**	**53**	**2**	**136**	**1,731**	**117**	**169**	**126**
(*vi*)	**By work status of wife :**													
1.	Working	138	35	19	9	22	7	9	1	13	92	8	11	10
2.	House-wife	2,690	915	81	29	126	13	44	1	123	1,639	109	158	116
	Total ...	**2,828**	**950**	**100**	**38**	**148**	**20**	**53**	**2**	**136**	**1,731**	**117**	**169**	**126**

TABLE I—(*concld.*)

KNOWLEDGE OF FAMILY PLANNING METHODS—(*concld.*)

Sl. No.	Particulars	Total No. of women surveyed	Does not know any method	Safe Period or Rhythm	Withdrawal	Condom or F.L.	Douche	Diaphragm or Cervical Cap	Tampon or Sponge	Foam Tablets	Husband or Wife Sterilisation	Abstinence	Oral Tablets	Others including no specified methods
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(*vii*)	**By present age of wife :**													
1.	12 years and below	1	1	...	...	...	...	...	...	...	...	...	...	...
2.	13—17 years	42	32	...	...	1	...	...	...	...	10	1	...	1
3.	18—22 ,, ...	442	214	11	3	14	1	6	...	18	207	4	23	21
4.	23—27 ,, ...	597	167	30	10	38	4	15	...	41	393	8	32	31
5.	28—32 ,, ...	641	156	26	8	38	6	11	...	37	458	22	53	26
6.	33—37 ,, ...	440	101	18	8	27	4	12	1	24	306	41	37	22
7.	38—42 ,, ...	293	100	10	7	15	3	7	...	8	177	27	14	9
8.	43—47 ,, ...	153	67	4	2	11	2	1	...	5	80	10	5	3
9.	48+ ,, ...	219	112	1	...	4	...	1	1	3	100	4	5	13
	Total ...	**2,828**	**950**	**100**	**38**	**148**	**20**	**53**	**2**	**136**	**1,731**	**117**	**169**	**126**
(*viii*)	**By type of tenancy and type of family :**													
I.	*Huts*													
1.	Simple Family	453	150	10	...	3	...	5	...	25	279	18	38	21
2.	Joint Family	72	36	...	...	...	...	...	...	...	34	3	3	1
3.	Intermediate Family	120	59	2	1	1	...	1	...	7	57	2	1	8
	Total ...	**645**	**245**	**12**	**1**	**4**	**...**	**6**	**...**	**32**	**370**	**23**	**42**	**30**
II.	*Flats*													
1.	Simple Family	294	86	26	13	41	7	13	...	26	194	17	22	13
2.	Joint Family	218	74	15	9	14	2	8	...	16	125	8	6	19
3.	Intermediate Family	118	26	14	6	19	4	8	...	16	81	8	11	7
	Total ...	**630**	**186**	**55**	**28**	**74**	**13**	**29**	**...**	**58**	**400**	**33**	**39**	**39**
III.	*Portions*													
1.	Simple Family	1,069	370	24	6	52	4	13	2	36	647	51	61	37
2.	Joint Family	210	82	2	...	6	...	...	...	...	123	2	7	6
3.	Intermediate Family	274	67	7	3	12	3	5	...	10	191	8	20	14
	Total ..	**1,553**	**519**	**33**	**9**	**70**	**7**	**18**	**2**	**46**	**961**	**61**	**88**	**57**
(*ix*)	**By family composition :**													
1.	Without children	411	228	8	7	10	2	5	...	7	169	2	6	12
2.	With three or less children sub-divided into—													
	(*a*) Without a son	359	137	13	7	18	2	7	...	15	206	7	23	15
	(*b*) Without a daughter ...	427	163	16	5	18	3	4	...	24	246	13	17	16
	(*c*) With at least one son and one daughter	677	199	31	13	55	9	23	1	39	451	29	40	34
3.	With more than three children sub-divided into—													
	(*a*) Without a son	36	4	...	1	2	...	...	...	1	32	1	3	...
	(*b*) Without a daughter ...	30	8	3	...	3	...	...	...	3	21	1	4	1
	(*c*) With at least one son and one daughter	888	211	29	5	42	4	14	1	47	606	64	76	48
	Total ...	**2,828**	**950**	**100**	**38**	**148**	**20**	**53**	**2**	**136**	**1,731**	**117**	**169**	**126**

TABLE II

NUMBER OF WOMEN HAVING OBJECTION TO FAMILY PLANNING

Sl. No.	Particulars	Total No. of women surveyed	No objection	It is against religion	It is against nature	It is costly	Relations will object	Husband does not like it	It will affect health	It will affect the monthly period	Privacy is lacking	It is filthy	Any other
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
(*i*) By Caste:													
1.	Brahmins	314	196	8	...	...	2	...	6	...	1	...	3
2.	Vellalas	429	270	6	5	...	1	1	12	1	...	...	8
3.	Vanniars and Gounders	382	221	8	2	...	1	2	9	...	...	...	14
4.	Nadars and Shanars	73	46	2	...	...	...	...	2	...	...	...	...
5.	Weaving Communities	3	1	...	...	...	...	...	...	...	...	...	...
6.	Nattukottai Chettiars and other Tamilian Chettiars	110	73	4	...	...	...	...	4	...	...	...	1
7.	Mukkulathores and other allied castes	18	10	...	...	...	...	...	...	...	...	...	...
8.	Asaris	64	43	1	...	...	...	...	1	...	...	...	2
9.	Fishermen Communities	45	25	2	...	...	...	...	4	...	...	...	...
10.	Idayars, Konars and other Shepherd Castes	61	32	...	...	...	1	...	3	...	...	...	2
11.	Barbers, Dhobies, Pandarams and other most Backward Castes ...	29	20	...	...	...	...	...	2	...	...	...	1
12.	Scheduled Tribes	...	...	...	...	...	...	...	...	...	...	...	...
13.	Scheduled Castes	363	180	8	3	1	4	1	16	...	...	...	21
14.	Non-Brahmin Castes of Andhra Origin	422	236	5	1	...	3	...	15	...	...	...	8
15.	Non-Brahmin Castes of Karnataka Origin	4	3	...	...	...	...	...	1	...	...	...	...
16.	Non-Brahmin Castes of Kerala Origin	53	44	...	...	1	...	...	2	...	...	...	1
17.	Non-Brahmin Castes of North Indian Origin	66	33	...	...	...	...	...	...	...	...	...	...
18.	Tamil speaking Muslims	44	15	5	...	...	...	...	...	...	...	...	...
19.	Urdu speaking Muslims	178	73	8	1	...	...	...	4	1	1	...	...
20.	Catholic Christians	82	15	57	...	...	...	...	4	...	...	...	1
21.	Protestants	66	42	14	...	...	...	...	2	...	...	...	...
22.	Malayalam speaking Muslims ...	9	2	1	...	...	...	...	...	...	...	...	2
23.	Sikhs and Jains	7	3	...	...	...	...	...	...	...	...	...	...
24.	Others	6	...	4	...	...	...	...	...	...	...	...	...
	Total ...	**2,828**	**1,583**	**133**	**12**	**2**	**12**	**4**	**87**	**2**	**2**	...	**64**
(*ii*) By education of husband:													
1.	Illiterate	572	259	25	1	...	3	1	30	...	...	...	25
2.	Literate	751	392	22	4	...	1	1	21	...	...	...	17
3.	Below Matriculation	720	405	43	4	1	5	2	19	...	1	...	13
4.	Matriculation and above ...	592	386	37	3	1	3	...	13	1	1	...	4
5.	Graduates	193	141	6	...	...	...	...	4	1	...	...	5
	Total ...	**2,828**	**1,583**	**133**	**12**	**2**	**12**	**4**	**87**	**2**	**2**	...	**64**
(*iii*) By education of wife:													
1.	Illiterate	1,288	643	43	5	...	5	3	45	1	...	...	44
2.	Literate	650	373	26	3	1	2	...	16	...	...	...	9
3.	Below Matriculation	681	422	46	4	...	5	1	20	1	2	...	7
4.	Matriculation and above ...	194	135	17	...	1	...	...	5	...	...	...	3
5.	Graduates	15	10	1	...	...	...	...	1	...	...	...	1
	Total ...	**2,828**	**1,583**	**133**	**12**	**2**	**12**	**4**	**87**	**2**	**2**	...	**64**
(*iv*) By occupational status of household:													
1.	Executives having income over Rs. 1,000 per mensem	31	26	1	...	...	1	...	...	...	...	...	1
2.	Upper Middle Class people with income Rs. 400—1,000 per mensem	117	84	2	...	...	1	...	1	...	...	...	...
3.	Lower Middle Class people with income Rs. 100—400 per mensem ...	659	420	39	...	...	1	...	14	1	1	...	11

TABLE II—*(contd.)*

NUMBER OF WOMEN HAVING OBJECTION TO FAMILY PLANNING—*(contd.)*

Sl. No.	*Particulars*	*Total No. of women surveyed*	*No objection*	*is against religion*	*It is against nature*	*It is costly*	*Relations will object*	*Husband does not like it*	*It will affect health*	*It will affect the monthly period*	*Privacy is lacking*	*It is filthy*	*Any other*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
(*iv*) By occupational status of household—*(concld.)*													
4.	White Collar Workers having income less than Rs. 100 per mensem ...	244	132	8	3	1	1	...	10	...	...	...	2
5.	Salaried Unskilled Labourers having income less than Rs. 100 per mensem	304	146	18	3	1	...	...	8	...	...	...	9
6.	Individual Manual Workers ...	533	276	16	2	...	5	2	30	...	1	...	20
7.	Skilled Workers	583	324	30	3	...	2	2	10	...	...	...	18
8.	Petty Traders	168	88	8	1	...	1	...	8	...	...	...	3
9.	No Occupation	81	43	7	...	...	...	...	5	...	...	...	...
10.	Others not specified	108	44	4	...	...	...	...	1	1	...	...	...
	Total ...	**2,828**	**1,583**	**133**	**12**	**2**	**12**	**4**	**87**	**2**	**2**	...	**64**
(*v*) By duration of marriage :													
1.	Below one year	68	22	...	...	...	...	...	...	...	...	...	...
2.	1— 4 years	343	161	10	1	...	...	...	5	...	...	...	2
3.	5— 9 ,, ...	553	319	33	4	...	1	1	21	...	...	...	10
4.	10—14 ,, ...	550	333	26	4	1	3	1	23	1	...	...	20
5.	15—29 ,, ...	1,032	623	53	3	1	8	2	35	...	2	...	31
6.	30 + ,, ...	282	125	11	...	...	...	...	3	1	...	...	1
	Total ...	**2,828**	**1,583**	**133**	**12**	**2**	**12**	**4**	**87**	**2**	**2**	...	**64**

(*vi*) By work status of wife :													
1.	Working	138	84	14	...	1	1	...	2	...	...	...	1
2.	House-wife	2,690	1,499	119	12	1	11	4	85	2	2	...	63
	Total ...	**2,828**	**1,583**	**133**	**12**	**2**	**12**	**4**	**87**	**2**	**2**	...	**64**
(*vii*) By present age of wife :													
1.	12 years and below	1	...	...	...	...	...	...	...	...	...	...	...
2.	13—17 years	42	10	...	...	...	...	...	...	...	...	...	...
3.	18—22 ,, ...	442	195	13	3	...	1	1	11	...	...	...	5
4.	23—27 ,, ...	597	360	28	3	...	1	1	20	1	1	...	15
5.	28—32 ,, ...	641	398	34	3	2	5	2	28	...	...	...	22
6.	33—37 ,, ...	440	292	21	2	...	1	...	12	...	...	...	16
7.	38—42 ,, ...	293	162	17	1	...	3	...	9	...	1	...	4
8.	43—47 ,, ...	153	71	9	...	...	1	...	5	...	...	...	1
9.	48 + ,, ...	219	95	11	...	...	...	...	2	1	...	...	1
	Total ...	**2,828**	**1,583**	**133**	**12**	**2**	**12**	**4**	**87**	**2**	**2**	...	**64**
(*viii*) By type of tenancy and type of family :													
I. Huts													
1.	Simple Family	453	230	24	1	1	4	1	24	...	...	...	24
2.	Joint Family	72	31	5	...	...	...	...	...	...	...	...	...
3.	Intermediate Family	120	47	7	...	...	1	1	6	...	...	...	6
	Total ...	**645**	**308**	**36**	**1**	**1**	**5**	**2**	**30**	...	...	...	30
II. Flots													
1.	Simple Family	294	175	20	2	...	...	1	8	1	...	...	1
2.	Joint Family	218	140	4	...	...	...	...	2	...	...	...	2
3.	Intermediate Family	118	77	7	...	...	1	...	4	...	...	...	3
	Total ...	**630**	**392**	**31**	**2**	...	**1**	**1**	**14**	**1**	...	...	6
III. Portion													
1.	Simple Family	1,069	596	38	5	...	4	...	32	1	2	...	25
2.	Joint Family	210	112	12	2	...	...	...	3	...	...	...	1
3.	Intermediate Family	274	175	16	2	1	2	1	8	...	...	...	2
	Total ...	**1,553**	**883**	**66**	**9**	**1**	**6**	**1**	**43**	**1**	**2**	...	**28**

TABLE II—*(concld.)*

NUMBER OF WOMEN HAVING OBJECTION TO FAMILY PLANNING—*(concld.)*

Sl. No.	Particulars	Total No. of women surveyed	No objection	It is against religion	It is against nature	It is costly	Relations will object	Husband does not like it	It will affect health	It will affect the monthly period	Privacy is lacking	It is filthy	Any other
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
(ix)	**By family composition :** *(concld.)*												
1.	Without children	411	168	11	1	...	...	...	3	...	...	...	3
2.	With three or less children sub-divided into—												
	(*a*) Without a son	359	200	12	...	...	...	...	11	...	...	...	2
	(*b*) Without a daughter ...	427	231	17	3	...	...	1	9	...	...	...	4
	(*c*) With at least one son and one daughter	677	394	38	6	...	4	2	24	...	...	...	13
3.	With more than three children sub-divided into—												
	(*a*) Without a son	36	26	1	...	...	1	...	2	...	...	...	3
	(*b*) Without a daughter ...	30	21	...	...	...	...	...	...	1	...	...	1
	(*c*) With at least one son and one daughter	888	543	54	2	2	7	1	38	1	2	...	38
	Total ...	**2,828**	**1,583**	**133**	**12**	**2**	**12**	**4**	**87**	**2**	**2**	...	**64**

TABLE III

NUMBER OF WOMEN STATING THE SOURCE OF KNOWLEDGE

Sl. No.	Particulars	Total No. of women surveyed	Books and Literature	Family Planning clinics	Family Doctor or Hospital Doctor	Friends and relations	Husband	Exhibitions	Films and Radios	Others
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(i)	**By Caste :**									
1.	Brahmins	314	51	21	72	134	51	5	1	6
2.	Vellalas	429	27	18	134	214	43	3	2	6
3.	Vanniars and Gounders ...	382	5	17	130	173	17	3	...	2
4.	Nadars and Shanars ...	73	2	6	27	36	2	...	...	...
5.	Weaving Communities ...	3	...	...	...	1	...	1	...	...
6.	Nattukottai Chettiars and other Tamilian Chettiars ...	110	1	4	34	70	5	1	...	1
7.	Mukkulathores and other allied castes	18	...	1	4	8	2	...	...	...
8.	Asaris	64	...	1	18	33	2	...	...	...
9.	Fishermen Communities ...	45	...	2	19	27	2	1	...	...
10.	Idayars, Konars and other Shepherd Castes	61	...	1	12	26	3	...	...	...
11.	Barbers, Dhobies, Pandarams and other most Backward Castes	29	1	1	11	18	1	...	...	1
12.	Scheduled Tribes	...	...	...	...	...	...	...	...	...
13.	Scheduled Castes	363	3	24	119	141	10	...	...	...
14.	Non-Brahmin Castes of Andhra Origin	422	15	18	124	187	25	4	1	2
15.	Non-Brahmin Castes of Karnataka Origin ...	4	...	1	2	2	2	...	...	1
16.	Non-Brahmin Castes of Kerala Origin	53	7	4	13	33	9	...	2	...
17.	Non-Brahmin Castes of North Indian Origin	66	4	1	13	26	7	...	...	1
18.	Tamil speaking Muslims ...	44	...	1	8	13	3	...	...	...
19.	Urdu speaking Muslims ...	178	4	2	32	68	7	...	...	1
20.	Catholic Christians ...	82	6	4	23	53	5	...	...	2
21.	Protestants	66	10	4	22	27	8	...	...	1
22.	Malayalam speaking Muslims...	9	...	...	2	5	1	...	...	...
23.	Sikhs and Jains	7	...	...	...	3	...	...	...	...
24.	Others	6	2	...	2	3	2	...	...	...
	Total ...	**2,828**	**138**	**131**	**821**	**1,301**	**207**	**18**	**6**	**24**

TABLE III—(*contd.*)

NUMBER OF WOMEN STATING THE SOURCE OF KNOWLEDGE—(*contd.*)

Sl. No.	Particulars	Total No. of women surveyed	Books and Literature	Family Planning clinics	Family Doctor or Hospital Doctor	Friends and relations	Husband	Exhibitions	Films and Radios	Others
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(*ii*)	**By education of husband :**									
1.	Illiterate	572	1	28	162	250	9	1	2	1
2.	Literate	751	3	24	232	301	27	3	...	4
3.	Below Matriculation ...	720	13	40	222	349	45	4	3	3
4.	Matriculation and above ...	592	70	29	170	303	72	5	1	13
5.	Graduates	193	51	10	35	98	54	5	...	3
	Total ...	**2,828**	**138**	**131**	**821**	**1,301**	**207**	**18**	**6**	**24**
(*iii*)	**By education of wife :**									
1.	Illiterate	1,288	3	56	388	543	39	3	3	3
2.	Literate	650	11	23	184	299	39	2	1	6
3.	Below Matriculation ...	681	56	39	204	351	74	8	2	10
4.	Matriculation and above ...	194	60	13	42	102	49	5	...	4
5.	Graduates	15	8	...	3	6	6	...	...	1
	Total ...	**2,828**	**138**	**131**	**821**	**1,301**	**207**	**18**	**6**	**24**
(*iv*)	**By occupational status of household :**									
1.	Executives having income over Rs. 1,000 per mensem ...	31	7	...	4	17	8	1	...	...
2.	Upper Middle Class people with income Rs. 400—1,000 per mensem	117	27	6	29	54	27	3	...	3
3.	Lower Middle Class people with income Rs. 100—400 per mensem	659	79	33	183	341	86	6	2	12
4.	White Collar Workers having income less than Rs. 100 per mensem	244	5	12	81	117	19	...	1	...
5.	Salaried Unskilled Labourers having income less than Rs. 100 per mensem ...	304	...	18	95	119	9	1	...	1
6.	Individual Manual Workers ...	533	1	23	182	239	16	2	...	2
7.	Skilled Workers	583	9	30	173	255	29	5	2	5
8.	Petty Traders	168	2	8	51	78	5	...	1	...
9.	No Occupation	81	2	...	15	44	...	...	...	...
10.	Others not specified ...	108	6	1	8	37	8	...	...	1
	Total ...	**2,828**	**138**	**131**	**821**	**1,301**	**207**	**18**	**6**	**24**

TABLE III—(*contd.*)

NUMBER OF WOMEN STATING THE SOURCE OF KNOWLEDGE—(*contd.*)

Sl. No.	Particulars	Total No. of women surveyed	Books and Literature	Family Planning clinics	Family Doctor or Hospital Doctor	Friends and relations	Husband	Exhibitions	Films and Radios	Others
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(*v*)	**By duration of marriage :**									
1.	Below one year	68	4	...	1	21	1	...	...	...
2.	1— 4 years	343	20	11	46	143	27	3	...	1
3.	5— 9 ,, ...	553	36	31	177	281	43	5	3	6
4.	10—14 ,, ...	550	24	25	217	251	39	4	...	5
5.	15—29 ,, ...	1,032	40	61	363	495	79	4	2	6
6.	30 + ,, ...	282	14	3	17	110	18	2	1	6
	Total ...	**2,828**	**138**	**131**	**821**	**1,301**	**207**	**18**	**6**	**24**
(*vi*)	**By work status of wife :**									
1.	Working	138	21	8	44	72	15	3	2	2
2.	House-wife	2,690	117	123	777	1,229	192	15	4	22
	Total ...	**2,828**	**138**	**131**	**821**	**1,301**	**207**	**18**	**6**	**24**
(*vii*)	**By present age of wife :**									
1.	12 years and below ...	1	...	...	...	...	...	...	...	...
2.	13—17 years	42	1	1	4	10	...	...	...	...
3.	18—22 ,, ...	442	10	21	82	187	25	3	...	1
4.	23—27 ,, ...	597	43	23	203	276	52	5	2	7
5.	28—32 ,, ...	641	28	34	257	319	46	5	1	3
6.	33—37 ,, ...	440	26	29	179	214	38	1	1	3
7.	38—42 ,, ...	293	12	13	62	120	24	1	1	2
8.	43—47 ,, ...	153	11	10	25	85	12	2	1	4
9.	48 + ,, ...	219	7	...	9	90	10	1	...	4
	Total ...	**2,828**	**138**	**131**	**821**	**1,301**	**207**	**18**	**6**	**24**
(*viii*)	**By type of tenancy and type of family :**									
	I. Huts									
1.	Simple Family	453	4	41	168	185	11	1	1	...
2.	Joint Family	72	...	2	8	29	3	...	1	...
3.	Intermediate Family ...	120	1	9	28	45	6	...	...	...
	Total ...	**645**	**5**	**52**	**204**	**259**	**20**	**1**	**2**	...

TABLE III—*(concld.)*

NUMBER OF WOMEN STATING THE SOURCE OF KNOWLEDGE—*(concld.)*

Sl. No.	Particulars	Total No. of women surveyed	Books and Literature	Family Planning clinics	Family Doctor or Hospital Doctor	Friends and relations	Husband	Exhibitions	Films and Radios	Others
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(*viii*)	**By type of tenancy and type of family:**—*(concld.)*									
	II. Flats									
1.	Simple Family	294	35	18	77	137	39	9	...	8
2.	Joint Family	218	28	12	42	107	22	2	3	2
3.	Intermediate Family ...	118	21	7	37	55	20	..	...	1
	Total ...	**630**	**84**	**37**	**156**	**299**	**81**	**11**	**3**	**11**
	III. Portions									
1.	Simple Family	1,069	36	25	326	484	85	4	1	6
2.	Joint Family	210	2	7	45	106	9	1	...	5
3.	Intermediate Family ...	274	11	10	90	153	12	1	...	2
	Total ...	**1,553**	**49**	**42**	**461**	**743**	**106**	**6**	**1**	**13**
(*ix*)	**By family composition:**									
1.	Without children	411	17	5	20	159	12	4	1	...
2.	With three or less children sub-divided into—									
	(*a*) Without a son ...	359	20	15	79	182	22	2	3	2
	(*b*) Without a daughter ...	427	24	20	75	209	33	3	1	3
	(*c*) With at least one son and one daughter ...	677	34	37	246	314	63	5	1	7
3.	With more than three children sub-divided into—									
	(*a*) Without a son ...	36	1	2	21	20	1	...	...	...
	(*b*) Without a daughter ...	30	2	2	13	15	3	1	...	1
	(*c*) With at least one son and one daughter ...	888	40	50	367	402	73	3	...	11
	Total ...	**2,828**	**138**	**131**	**821**	**1,301**	**207**	**18**	**6**	**24**

TABLE IV

NUMBER OF WOMEN RESORTING TO FAMILY PLANNING METHODS

Sl. No.	Particulars	Total No. of women surveyed	Not practising Family Planning	Safe Period or Rhythm	Withdrawal	Condom or F.L.	Douche	Diaphragm or Cervical Cap	Tampon or Sponge	Foam Tablets	Husband or Wife Sterilisation	Abstinence	Oral Tablets	Others including no specified methods
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(*i*)	**By Castes:**													
1.	Brahmins	314	152	11	9	14	1	3	1	2	16	17	...	1
2.	Vellalas	429	255	6	1	8	...	1	...	4	12	18	1	...
3.	Vanniars and Gounders ...	382	232	1	2	4	...	1	...	...	7	13	...	...
4.	Nadars and Shanars	73	42	...	...	...	...	...	...	2	1	3	2	...
5.	Weaving Communities	3	1	...	...	...	...	...	...	...	...	...	...	...
6.	Nattukottai Chettiars and other Tamilian Chettiars ...	110	74	1	...	2	...	...	...	1	...	2	...	...
7.	Mukkulathores and other allied castes	18	9	...	...	...	...	...	...	2	1	1	1	...
8.	Asaris	64	42	...	...	...	...	...	...	...	...	...	...	...
9.	Fishermen Communities ...	45	28	...	...	...	...	...	...	1	1	2	...	1
10.	Idayars, Konars and other Shepherd Castes	61	33	...	...	1	...	...	...	...	...	2	...	...
11.	Barbers, Dhobies, Pandarams and other most Backward Castes ...	29	20	1	...	...	...	...	...	...	...	...	...	...
12.	Scheduled Tribes	...	...	...	...	2	...	1	...	4	1	7	3	...
13.	Scheduled Castes	363	209	2	...	...	...	...	...	3	15	14	...	...
14.	Non-Brahmin Castes of Andhra Origin	422	223	1	...	9	...	...	...	...	...	...	...	...
15.	Non-Brahmin Castes of Karnataka Origin	4	3	1	...	...	...	...	...	1	3	5	...	...
16.	Non-Brahmin Castes of Kerala Origin	53	33	3	...	3	...	...	...	...	6	2	...	1
17.	Non-Brahmin Castes of North Indian Origin ...	66	24	1	...	...	...	...	...	...	...	1	...	...
18.	Tamil speaking Muslims ...	44	17	1	...	1	...	...	...	...	...	...	...	...

TABLE IV—(*contd.*)

NUMBER OF WOMEN RESORTING TO FAMILY PLANNING METHODS—(*contd.*)

Sl. No.	Particulars	Total No. of women surveyed	Not Practising Family Planning	Safe Period or Rhythm	Withdrawal	Condom or F.L.	Douche	Diaphragm or Cervical Cap	Tampon or Sponge	Foam Tablets	Husband or Wife Sterilisation	Abstinence	Oral Tablets	Others including no specified methods
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(*i*) By Castes :—(*concld.*)														
19.	Urdu speaking Muslims ...	178	76	2	...	1	...	...	...	...	4	5	1	...
20.	Catholic Christians	82	63	2	...	3	...	...	...	...	4	2	...	...
21.	Protestants	66	38	8	1	2	...	1	...	...	2	4	...	...
22.	Malayalam speaking Muslims ...	9	3	...	...	...	...	...	...	...	2	...	...	...
23.	Sikhs and Jains	7	3	...	...	...	...		...	...	...	...	...	...
24.	Others	6	3	...	...	1	...	...	...	1	...	...	...	...
	Total ...	**2,828**	**1,583**	**41**	**13**	**50**	**1**	**7**	**1**	**22**	**77**	**100**	**8**	**3**
(*ii*) By education of husband :														
1.	Illiterate	572	324	...	...	...	...	...	...	...	2	14	2	...
2.	Literate	751	396	2	...	6	...	1	...	11	18	23	3	1
3.	Below Matriculation	720	427	4	1	12	...	1	...	5	19	21	1	1
4.	Matriculation and above	592	331	22	5	20	1	3	1	6	28	32	1	...
5.	Graduates	193	105	13	7	12	...	2	...		10	10	1	1
	Total ...	**2,828**	**1,583**	**41**	**13**	**50**	**1**	**7**	**1**	**22**	**77**	**100**	**8**	**3**
(*iii*) By education of wife :														
1.	Illiterate	1,288	717	2	...	3	...	1	...	5	20	37	3	...
2.	Literate	650	352	2	2	8	...	2	1	7	20	27	3	1
3.	Below Matriculation	681	408	16	5	18	...	1	...	9	28	27	1	1
4.	Matriculation and above	194	96	19	5	20	1	3		1	8	9	1	1
5.	Graduates	15	10	2	1	1	...	...	..	...	1	...	...	...
	Total ...	**2,828**	**1,583**	**41**	**13**	**50**	**1**	**7**	**1**	**22**	**77**	**100**	**8**	**3**

(*iv*) By occupational status of household :														
1.	Executives having income over Rs. 1,000 per mensem	31	19	3	2	3	...	2	...	...	3	1	1	1
2.	Upper Middle Class people with income Rs. 400—1,000 per mensem.	117	53	9	4	9	...	...	...	...	8	9	...	...
3.	Lower Middle Class people with income Rs. 100—400 per mensem ...	659	370	19	6	24	1	2	...	8	27	28	1	...
4.	White Collar Workers having income less than Rs. 100 per mensem ...	244	131	3	...	1	...	...	...	1	9	10	1	...
5.	Salaried Unskilled Labourers having income less than Rs. 100 per mensem	304	165	...	...	...	...	1	...	3	8	5	1	...
6.	Individual Manual Workers ...	533	324	1	...	3	...	...	...	2	...	16	1	...
7.	Skilled Workers	583	333	3	...	4	...	2	...	6	16	24	2	1
8.	Petty Traders	168	100	1	...	2	...	...	1	1	3	2	1	...
9.	No Occupation	81	44	...	1	2	...	...	...	1	1	4	...	1
10.	Others not specified	108	44	2	...	2	...	...	...	...	2	1	...	...
	Total ...	**2,828**	**1,583**	**41**	**13**	**50**	**1**	**7**	**1**	**22**	**77**	**100**	**8**	**3**
(*v*) By duration of marriage :														
1.	Below one year	68	22	...	...	...	...	...	...	...	...	...	...	...
2.	1— 4 years	343	170	3	1	1	...	...	...	1	...	4	...	...
3.	5— 9 „	553	330	13	2	16	...	...	...	5	7	9	1	2
4.	10—14 „	550	350	5	4	15	1	2	...	8	17	9	3	1
5.	15—29 „	1,032	589	19	5	14	...	5	1	7	49	71	3	...
6.	30+ „	282	122	1	1	4	...	...	...	1	4	7	1	...
	Total ...	**2,828**	**1,583**	**41**	**13**	**50**	**1**	**7**	**1**	**22**	**77**	**100**	**8**	**3**
(*vi*) By work status of wife :														
1.	Working	138	79	7	...	4	...	...	...	5	3	7	...	...
2.	House-wife	2,690	1,504	34	13	46	1	7	1	17	74	93	8	3
	Total ...	**2,828**	**1,583**	**41**	**13**	**50**	**1**	**7**	**1**	**22**	**77**	**100**	**8**	**3**

TABLE IV—(*concld.*)

NUMBER OF WOMEN RESORTING TO FAMILY PLANNING METHODS—*(concld.)*

Sl. No.	Particulars	Total No. of women surveyed	Not practising Family Planning	Safe Period or Rhythm	Withdrawal	Condom or F.L.	Douche	Diaphragm or Cervical Cap	Tampon or Sponge	Foam Tablets	Husband or Wife Sterilisation	Abstinence	Oral Tablets	Others including no specified methods
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(*vii*)	**By present age of wife :**													
1.	12 years and below	1	...	...	...	...	...	...	...	...	...	...	...	...
2.	13—17 years	42	10	...	...	...	...	...	...	...	...	...	...	...
3.	18—22 „	442	215	2	2	4	...	...	...	4	2	4	...	1
4.	23—27 „	597	381	10	1	12	...	1	...	5	12	8	...	...
5.	28—32 „	641	410	10	5	14	1	2	...	10	18	19	4	2
6.	33—37 „	440	242	11	1	11	...	4	...	2	33	34	2	...
7.	38—42 „	293	155	5	2	4	...	...	...	...	6	24	1	...
8.	43—47 „	153	73	2	2	3	...	...	...	1	3	7	...	...
9.	48+ „	219	97	1	...	2	...	...	1	...	3	4	1	...
	Total ...	**2,828**	**1,583**	**41**	**13**	**50**	**1**	**7**	**1**	**22**	**77**	**100**	**8**	**3**
(*viii*)	**By type of tenancy and type of family :**													
I.	*Huts*													
1.	Simple Family	453	275	3	...	1	...	...	...	3	6	14	2	1
2.	Joint Family	72	33	...	...	...	...	...	...	...	...	3	...	...
3.	Intermediate Family	120	57	...	1	1	...	1	...	1	2	1	...	...
	Total ...	**645**	**365**	**3**	**1**	**2**	**...**	**1**	**...**	**4**	**8**	**18**	**2**	**1**
II.	*Flats*													
1.	Simple Family	294	149	15	3	9	1	...	...	4	18	13	1	...
2.	Joint Family	218	119	2	5	2	...	1	...	3	10	8	2	...
3.	Intermediate Family	118	67	3	2	7	...	2	...	...	3	8	...	...
	Total ...	**630**	**335**	**20**	**10**	**18**	**1**	**3**	**...**	**7**	**31**	**29**	**3**	**...**
III.	*Portions*													
1.	Simple Family	1,069	582	12	1	21	...	2	1	10	28	44	1	1
2.	Joint Family	210	121	2	...	4	...	...	...	...	3	2	1	1
3.	Intermediate Family	274	180	4	1	5	...	1	...	1	7	7	1	...
	Total ...	**1,553**	**883**	**18**	**2**	**30**	**...**	**3**	**1**	**11**	**38**	**53**	**3**	**2**
(*ix*)	**By family composition :**													
1.	Without children	411	183	...	...	...	...	...	...	...	...	...	...	...
2.	With three or less children sub-divided into—													
	(*a*) Without a son	359	203	3	2	3	...	...	...	3	3	7	...	1
	(*b*) Without a daughter ...	427	232	6	2	5	...	1	...	1	6	10	2	...
	(*c*) With at least one son and one daughter	677	398	15	6	19	1	3	1	5	8	24	2	1
3.	With more than three children sub-divided into—													
	(*a*) Without a son	36	28	...	1	1	...	...	...	...	2	1	...	...
	(*b*) Without a daughter ...	30	18	2	...	2	...	...	...	2	1	...	...	...
	(*c*) With at least one son and one daughter	888	521	15	2	20	...	3	...	11	57	58	4	1
	Total ...	**2,828**	**1,583**	**41**	**13**	**50**	**1**	**7**	**1**	**22**	**77**	**100**	**8**	**3**

TABLE V

NUMBER OF WOMEN EXPRESSING WILLINGNESS FOR STERILISATION

Sl. No.	Particulars	Total No. of women surveyed	Willingness for Salpingectomy		Willingness for Vasectomy by husband	
			Yes	No	Yes	No
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	By caste :					
1.	Brahmins	314	34	165	23	176
2.	Vellalas	429	69	220	32	257
3.	Vanniars and Gounders	382	28	222	29	221
4.	Nadars and Shanars	73	7	42	4	45
5.	Weaving Communities	3	...	1	...	1
6.	Nattukottai Chettiars and other Tamilian Chettiars	110	10	70	6	74
7.	Mukkulathores and other allied castes	18	2	8	1	9
8.	Asaris	64	9	38	7	40
9.	Fishermen Communities ...	45	3	27	2	28
10.	Idayars, Konars and other Shepherd Castes	61	8	26	7	27
11.	Barbers, Dhobies, Pandarams and other most backward castes ...	29	4	20	2	22
12.	Scheduled Tribes	...	...	...	...	...
13.	Scheduled Castes	363	43	183	21	205
14.	Non-Brahmin Castes of Andhra Origin	422	45	205	23	227
15.	Non-Brahmin Castes of Karnataka Origin	4	1	3	...	4
16.	Non-Brahmin Castes of Kerala Origin	53	11	32	13	30
17.	Non-Brahmin Castes of North Indian Origin	66	9	18	3	24
18.	Tamil speaking Muslims ...	44	...	19	1	18
19.	Urdu speaking Muslims ...	178	10	73	6	77
20.	Catholic Christians	82	4	64	2	66
21.	Protestants	66	6	49	6	49
22.	Malayalam speaking Muslims ...	9	1	2	...	3
23.	Sikhs and Jains	7	2	4	2	4
24.	Others	6	...	4	...	4
	Total ...	**2,828**	**306**	**1,495**	**190**	**1,611**

TABLE V—(*contd.*)

NUMBER OF WOMEN EXPRESSING WILLINGNESS FOR STERILISATION—(*contd.*)

Sl. No.	Particulars	Total No. of women surveyed	Willingness for Salpingectomy		Willingness for Vasectomy by husband	
			Yes	No	Yes	No
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(*ii*)	**By education of husband :**					
1.	Illiterate	572	38	302	16	324
2.	Literate	751	86	350	55	381
3.	Below Matriculation	720	75	387	39	423
4.	Matriculation and above ...	592	82	332	61	353
5.	Graduates	193	25	124	19	130
	Total ...	**2,828**	**306**	**1,495**	**190**	**1,611**
(*iii*)	**By educati of wife :**					
1.	Illiterate	1,288	104	663	53	714
2.	Literate	650	76	325	47	354
3.	Below Matriculation	681	86	385	55	416
4.	Matriculation and above ...	194	37	110	32	115
5.	Graduates	15	3	12	3	12
	Total ...	**2,828**	**306**	**1,495**	**190**	**1,611**
(*iv*)	**By occupational status of household :**					
1.	Executives having income over Rs. 1,000 p.m.	31	3	23	2	24
2.	Upper Middle Class people with income Rs. 400—1,000 p.m. ...	117	13	66	9	70
3.	Lower Middle Class people with income Rs. 100—400 p.m. ...	659	95	360	71	384
4.	White Collar Workers having income less than Rs. 100 p.m.	244	21	126	11	136
5.	Salaried unskilled labourers having income less than Rs. 100 p.m. ...	304	39	136	24	151
6.	Individual Manual Workers ...	533	55	292	25	322
7.	Skilled Workers	583	62	308	32	338
8.	Petty Traders	168	13	90	10	93
9.	No Occupation	81	1	51	3	49
10.	Others not specified	108	4	43	3	44
	Total ...	**2,828**	**306**	**1,495**	**190**	**1,611**

TABLE V—(*contd.*)

NUMBER OF WOMEN EXPRESSING WILLINGNESS FOR STERILISATION—(*contd.*)

Sl. No.	*Particulars*	*Total No. of women surveyed*	*Willingness for Salpingectomy*		*Willingness for Vasectomy by husband*	
			Yes	*No*	*Yes*	*No*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(*v*)	**By duration of marriage :**					
1.	Below one year	68	9	13		13
2.	1— 4 years	343	46	133	40	139
3.	5— 9 ,, ...	553	81	295	48	328
4.	10—14 ,, ...	550	81	311	45	347
5.	15—29 ,, ...	1,032	87	610	47	650
6.	30+ ,, ...	282	2	133	1	134
	Total ...	**2,828**	**306**	**1,495**	**190**	**1,611**
(*vi*)	**By work status of wife :**					
1.	Working	138	32	67	17	82
2.	House-wife	2,690	274	1,428	173	1,529
	Total ...	**2,828**	**306**	**1,495**	**190**	**1,611**
(*vii*)	**By present age of wife :**					
1.	12 years and below	1	...	...	...	...
2.	13—17 years	42	2	9	2	9
3.	18—22 ,, ...	442	49	177	32	194
4.	23—27 ,, ...	597	88	326	69	345
5.	28—32 ,, ...	641	107	362	59	410
6.	33—37 ,, ...	440	41	265	15	291
7.	38—42 ,, ...	293	15	173	11	177
8.	43—47 ,, ...	153	1	85	...	86
9.	48+ ,, ...	219	3	98	2	99
	Total ...	**2,828**	**306**	**1,495**	**190**	**1,611**
(*viii*)	**By type of tenancy and type of family :**					
	I. Huts					
1.	Simple Family	453	46	250	25	271
2.	Joint Family	72	4	30	2	32
3.	Intermediate Family	120	16	48	4	60
	Total ...	**645**	**66**	**328**	**31**	363

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TABLE V—(*concld.*)

NUMBER OF WOMEN EXPRESSING WILLINGNESS FOR STERILISATION—(*concld.*)

Sl. No.	*Particulars*	*Total No. of women surveyed*	*Willingness for Salpingectomy*		*Willingness for Vasectomy by husband*	
			Yes	*No*	*Yes*	*No*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(*viii*)	**By type of tenancy and type of family :—(*concld.*)**					
	II. Flats					
1.	Simple Family	294	23	166	17	172
2.	Joint Family	218	27	111	22	116
3.	Intermediate Family	118	19	64	13	70
	Total ...	**630**	**69**	**341**	**52**	**358**
	III. Portions					
1.	Simple Family	1,069	109	558	71	596
2.	Joint Family	210	21	97	11	107
3.	Intermediate Family	274	41	171	25	187
	Total ...	**1,553**	**171**	**826**	**107**	**890**
(*ix*)	**By family composition :**					
1.	Without children	411	30	154	24	160
2.	With three or less children sub-divided into—					
	(*a*) Without a son	359	44	176	32	188
	(*b*) Without a daughter ...	427	48	210	43	215
	(*c*) With at least one son and one daughter ...	677	82	383	39	426
3.	With more than three children sub-divided into—					
	(*a*) Without a son	36	6	23	1	28
	(*b*) Without a daughter ...	30	6	17	4	19
	(*c*) With at least one son and one daughter ...	888	90	532	47	575
	Total ...	**2,828**	**306**	**1,495**	**190**	**1,611**

TABLE VI

NUMBER OF WOMEN SUGGESTING OPTIMUM SIZE OF FAMILY

Sl. No.	Particulars	Total No. of women surveyed	No. of children									Cannot say	As many as God gives	Average suggested family size
			0	1	2	3	4	5	6	7	8			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	15)
(i)	**By Castes:**													
1.	Brahmins	314	...	1	63	96	80	10	5	1	2	47	9	3.25
2.	Vellalas	429	...	5	63	117	144	12	2	...	1	65	20	3.31
3.	Vanniars and Gounders ...	382	...	3	96	94	95	13	2	1	...	63	15	3.10
4.	Nadars and Shanars	73	...	1	14	24	20	3	1	...	...	9	1	3.21
5.	Weaving Communities	3	...	...	1	1	...	...	...	...	...	1	...	2.50
6.	Nattukottai Chettiars and other Tamilian Chettiars	110	...	...	19	31	35	2	...	...	...	19	4	3.23
7.	Mukkulathores and other allied castes	18	...	...	3	3	4	1	...	...	...	7	...	3.27
8.	Asaris	64	...	...	13	12	16	1	1	...	...	15	6	3.19
9.	Fishermen Communities ...	45	...	1	1	7	20	...	1	...	...	9	6	3.67
10.	Idayars, Konars and other Shepherd Castes	61	...	2	10	14	12	2	...	...	...	14	7	3.05
11.	Barbers, Dhobies, Pandarams and other most Backward Castes ...	29	...	1	6	9	8	1	...	...	...	4	...	3.08
12.	Scheduled Tribes	...	...	...	...	...	...	...	...	...	...	...	...	...
13.	Scheduled Castes	363	...	3	91	101	92	12	2	1	..	58	3	3.10
14.	Non-Brahmin Castes of Andhra Origin	422	...	3	70	135	126	14	2	...	1	62	9	3.25
15.	Non-Brahmin Castes of Karnataka Origin	4	...	...	1	1	1	...	...	...	...	1	...	3.00
16.	Non-Brahmin Castes of Kerala Origin	53	...	1	14	20	9	3	...	...	...	6	...	2.98
17.	Non-Brahmin Castes of North Indian Origin	66	...	...	13	13	25	1	...	...	...	11	3	3.27
18.	Tamil speaking Muslims	44	...	...	8	8	6	...	...	...	...	8	14	2.91

19.	Urdu speaking Muslims	178	...	1	16	34	45	6	3	...	...	37	36	3.46
20.	Catholic Christians	82	...	...	15	31	11	...	...	...	...	8	17	2.93
21.	Protestants	66	...	...	11	28	14	1	...	...	...	12	...	3.09
22.	Malayalam speaking Muslims ...	9	...	...	1	1	2	...	...	...	...	4	1	3.25
23.	Sikhs and Jains	7	...	...	2	4	...	...	...	...	...	1	...	2.67
24.	Others	6	...	...	1	...	2	...	...	...	...	2	1	3.33
	Total ...	**2,828**	...	**22**	**532**	**784**	**767**	**82**	**19**	**3**	**4**	**463**	**152**	**3.20**
(ii)	**By education of husband :**													
1.	Illiterate	572	...	6	120	142	157	17	2	...	...	95	33	3.15
2.	Literate	751	...	8	142	185	206	25	5	1	...	147	32	3.20
3.	Below Matriculation	720	...	4	119	213	206	13	1	1	1	112	50	3.21
4.	Matriculation and above	592	...	2	115	178	157	18	8	1	2	79	32	3.23
5.	Graduates	193	...	2	36	66	41	9	3	...	1	30	5	3.21
	Total ...	**2,828**	...	**22**	**532**	**784**	**767**	**82**	**19**	**3**	**4**	**463**	**152**	**3.20**
(iii)	**By education of wife :**													
1.	Illiterate	1,288	...	9	263	322	340	37	7	1	...	238	71	3.16
2.	Literate	650	...	8	101	167	190	24	7	1	2	106	44	3.31
3.	Below Matriculation	681	...	4	119	217	186	18	5	1	2	94	35	3.22
4.	Matriculation and above	194	...	1	46	71	49	2	..	...	...	23	2	3.03
5.	Graduates	15	...	...	3	7	2	1	...	...	...	2	...	3.08
	Total ...	**2,828**	...	**22**	**532**	**784**	**767**	**82**	**19**	**3**	**4**	**463**	**152**	**3.20**
(iv)	**By occupational status of household :**													
1.	Executives having income over Rs. 1,000 per mensem	31	...	...	8	9	4	2	...	...	...	8	...	3.00
2.	Upper Middle Class people with income Rs. 400—1,000 per mensem.	117	...	...	20	37	27	3	4	...	2	20	4	3.38
3.	Lower Middle Class people with income Rs. 100—400 per mensem ...	659	...	6	116	179	198	21	5	1	1	97	35	3.26
4.	White Collar Workers having income less than Rs. 100 per mensem ...	244	...	1	42	80	65	5	1	1	...	34	15	3.19
5.	Salaried Unskilled Labourers having income less than Rs. 100 per mensem	304	...	2	50	79	81	8	1	...	...	62	21	3.21

TABLE VI—*(contd.)*

NUMBER OF WOMEN SUGGESTING OPTIMUM SIZE OF FAMILY—*(contd.)*

Sl. No.	Particulars	Total No. of women surveyed	Number of children									Cannot say	As many as God gives	Average suggested family size
			0	1	2	3	4	5	6	7	8			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(iv) By occupational status of household :—*(concld.)*														
6.	Individual Manual Workers ...	533	...	5	124	139	147	21	4	...	...	79	14	3.15
7.	Skilled Workers	583	...	4	116	168	149	13	2	...	...	89	42	3.13
8.	Petty Traders	168	...	2	34	47	47	2	...	...	...	32	4	3.10
9.	No Occupation	81	...	2	10	26	26	...	1	...	...	15	1	3.23
10.	Others not specified	108	...	...	12	20	23	7	1	1	1	27	16	3.57
	Total ...	**2,828**	...	**22**	**532**	**784**	**767**	**82**	**19**	**3**	**4**	**463**	**152**	**3.20**
(v) By duration of marriage :														
1.	Below one year	68	...	...	16	18	11	1	...	...	...	20	2	2.93
2.	1— 4 years	343	...	5	83	102	91	3	...	...	...	44	15	3.01
3.	5— 9 „	553	...	2	105	184	154	6	1	...	...	77	24	3.13
4.	10—14 „	550	...	7	84	170	154	17	2	1	...	86	29	3.23
5.	15—29 „	1,032	...	7	216	254	286	39	12	1	2	165	50	3.23
6.	30+ „	282	...	1	28	56	71	16	4	1	2	71	32	3.55
	Total ...	**2,828**	...	**22**	**532**	**784**	**767**	**82**	**19**	**3**	**4**	**463**	**152**	**3.20**
(vi) By work status of wife :														
1.	Working	138	...	1	28	43	35	3	1	...	...	22	5	3.13
2.	House-wife	2,690	...	21	504	741	732	79	18	3	4	441	147	3.20
	Total ...	**2,828**	...	**22**	**532**	**784**	**767**	**82**	**19**	**3**	**4**	**463**	**152**	**3.20**

(vii) By present age of wife :														
1.	12 years and below	1	...	...	...	...	...	...	...	...	...	1	...	...
2.	13—17 years	42	...	1	6	19	7	...	...	...	...	7	2	2.97
3.	18—22 „	442	...	4	83	133	122	6	1	...	...	73	20	3.13
4.	23—27 „	597	...	5	126	183	159	8	1	...	...	88	27	3.09
5.	28—32 „	641	...	5	124	176	185	22	4	1	...	96	28	3.21
6.	33—37 „	440	...	2	81	120	130	13	4	...	1	72	17	3.25
7.	38—42 „	293	...	3	61	75	76	13	4	...	1	41	19	3.22
8.	43—47 „	153	...	1	24	37	30	10	3	2	1	33	12	3.43
9.	48+ „	219	...	1	27	41	58	10	2	...	1	52	27	3.43
	Total ...	**2,828**	...	**22**	**532**	**784**	**767**	**82**	**19**	**3**	**4**	**463**	**152**	**3.20**
(viii) By type of tenancy and type of family :														
I. Huts														
1.	Simple Family	453	...	6	111	113	117	13	1	...	...	76	16	3.06
2.	Joint Family	72	...	1	12	16	18	2	2	...	...	16	5	3.27
3.	Intermediate Family	120	...	...	26	33	26	4	1	...	...	25	5	3.12
	Total ...	**645**	...	**7**	**149**	**162**	**161**	**19**	**4**	...	...	**117**	**26**	**3.10**
II. Flats														
1.	Simple Family	294	...	2	52	96	79	15	7	...	...	36	7	3.29
2.	Joint Family	218	...	...	33	47	63	11	3	1	1	37	22	3.44
3.	Intermediate Family	118	...	1	23	31	33	3	1	...	1	21	4	3.24
	Total ...	**630**	...	**3**	**108**	**174**	**175**	**29**	**11**	**1**	**2**	**94**	**33**	**3.33**
III. Portions														
1.	Simple Family	1,069	...	4	213	324	290	24	3	2	1	169	39	3.16
2.	Joint Family	210	...	5	19	53	57	4	...	...	...	40	32	3.26
3.	Intermediate Family	274	...	3	43	71	84	6	1	...	1	43	22	3.26
	Total ...	**1,553**	...	**12**	**275**	**448**	**431**	**34**	**4**	**2**	**2**	**252**	**93**	**3.19**

TABLE VI—(*concld.*)

NUMBER OF WOMEN SUGGESTING OPTIMUM SIZE OF FAMILY—(*concld.*)

Sl. No.	Particulars	Total No. of women surveyed	Number of children									Cannot say	As many as God gives	Average suggested family size
			0	1	2	3	4	5	6	7	8			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(*ix*)	**By family composition:**													
1.	Without children	411	...	3	158	107	62	2	...	...	...	62	17	2.70
2.	With three or less children sub-divided into—													
	(*a*) Without a son	359	...	4	80	115	94	5	1	...	...	43	17	3.06
	(*b*) Without a daughter ...	427	...	12	99	134	86	6	1	...	...	55	34	2.93
	(*c*) With at least one son and one daughter	677	...	1	119	227	183	5	...	...	...	109	33	3.13
3.	With more than three children sub-divided into—													
	(*a*) Without a son	36	...	...	5	6	14	1	...	...	...	8	2	3.42
	(*b*) Without a daughter ...	30	...	...	...	12	9	2	...	..	...	6	1	3.57
	(*c*) With at least one son and one daughter	888	...	2	71	183	319	61	17	3	4	180	48	3.68
	Total ...	**2,828**	...	**22**	**532**	**784**	**767**	**82**	**19**	**3**	**4**	**463**	**152**	**3.20**

DEMOGRAPHIC TABLES

TABLE I

NUMBER OF CHILDREN BORN PER WOMAN

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women Surveyed	No. of children born	Average No. of children born per woman	No. of women Surveyed	No. of children born	Average No. of children born per woman	No. of women Surveyed	No. of children born	Average No. of children born per woman	No. of women Surveyed	No. of children born	Average No. of children born per woman	No. of women Surveyed	No. of children born	Average No. of children born per woman
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
(*i*)	**By religion:**															
1.	Hindu	910	3,093	3.4	336	1,016	3.0	735	2,457	3.3	457	1,679	3.7	2,438	8,245	3.4
2.	Muslim	84	293	3.5	11	35	3.2	126	397	3.2	9	35	3.9	230	760	3.3
3.	Christian	77	284	3.7	2	7	3.5	65	215	3.3	10	46	4.6	154	552	3.6
4.	Others	...	...	...	2	6	3.0	2	4	2.0	2	4	2.0	6	14	2.3
	Total ...	**1,071**	**3,670**	**3.4**	**351**	**1,064**	**3.0**	**928**	**3,073**	**3.3**	**478**	**1,764**	**3.7**	**2,828**	**9,571**	**3.4**
(*ii*)	**By caste:**															
1.	Brahmins	40	136	3.4	30	103	3.4	134	467	3.5	110	398	3.6	314	1,104	3.5
2.	Vellalas	168	592	3.5	72	207	2.9	123	400	3.3	66	282	4.3	429	1,481	3.5
3.	Vanniars and Gounders	150	490	3.3	11	35	3.2	107	393	3.7	114	382	3.4	382	1,300	3.4
4.	Nadars, Shanars and Weaving communities	36	99	2.8	4	8	2.0	16	46	2.9	20	56	2.8	76	209	2.8
5.	Nattukottai Chettiars and other Tamilian Chettiars	34	169	5.0	43	137	3.2	23	66	2.9	10	36	3.6	110	408	3.7
6.	Mukkulathores and other allied castes, Asaris and Fishermen Communities ...	39	165	4.2	11	46	4.2	49	147	3.0	28	100	3.6	127	458	3.6
7.	Idayars, Konars and other Shepherd Castes, Barbers, Dhobies, Pandarams and other Backward Castes ...	36	100	2.8	5	13	2.6	31	77	2.5	18	80	4.4	90	270	3.0

TABLE I—*(contd.)*

NUMBER OF CHILDREN BORN PER WOMAN—*(contd.)*

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women Surveyed	No. of children born	Average No. of children born per woman	No. of women Surveyed	No. of children born	Average No. of children born per woman	No. of women Surveyed	No. of children born	Average No. of children born per woman	No. of women Surveyed	No. of children born	Average No. of children born per woman	No. of women Surveyed	No. of children born	Average No. of children born per woman
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
	(*ii*) By caste:—(*concld.*)															
8.	Scheduled Castes and Scheduled Tribes ...	170	523	3.1	23	69	3.0	136	457	3.4	34	131	3.9	363	1,180	3.3
9.	Non-Brahmin Castes of North and South Origin	240	838	3.5	136	392	2.9	113	398	3.5	56	211	3.8	545	1,839	3.4
10.	Others	158	558	3.5	16	54	3.4	196	622	3.2	22	88	4.0	392	1,322	3.4
	Total ...	**1,071**	**3,670**	**3.4**	**351**	**1,064**	**3.0**	**928**	**3,073**	**3.3**	**478**	**1,764**	**3.7**	**2,828**	**9,571**	**3.4**
	(*iii*) By education of husband :															
1.	Illiterate	307	1,057	3.4	41	144	3.5	153	494	3.2	71	239	3.4	572	1,934	3.4
2.	Literate	286	1,059	3.7	108	356	3.3	186	651	3.5	171	701	4.1	751	2,767	3.7
3.	Below Matriculation ...	290	918	3.2	91	235	2.6	259	910	3.5	80	302	3.8	720	2,365	3.3
4.	Matriculation and above	159	556	3.5	98	292	3.0	237	768	3.2	98	346	3.5	592	1,962	3.3
5.	Graduates	29	80	2.8	13	37	2.8	93	250	2.7	58	176	3.0	193	543	2.8
	Total ...	**1,071**	**3,670**	**3.4**	**351**	**1,064**	**3.0**	**928**	**3,073**	**3.3**	**478**	**1,764**	**3.7**	**2,828**	**9,571**	**3.4**
	(*iv*) By type of tenancy and type of family :															
	I. Huts															
1.	Simple Family ...	188	722	3.8	6	22	3.7	155	536	3.5	104	435	4.2	453	1,715	3.8
2.	Joint Family ...	9	24	2.7	5	19	3.8	20	44	2.2	38	117	3.1	72	204	2.8
3.	Intermediate Family ...	43	127	3.0	2	5	2.5	38	92	2.4	37	104	2.8	120	328	2.7
	Total ...	**240**	**873**	**3.6**	**13**	**46**	**3.5**	**213**	**672**	**3.2**	**179**	**656**	**3.7**	**645**	**2,247**	**3.5**
	II. Flats															
1.	Simple Family ...	87	336	3.9	30	111	3.7	137	526	3.8	40	213	5.3	294	1,186	4.0
2.	Joint Family ...	32	109	3.4	38	109	2.9	93	272	2.9	55	167	3.0	218	657	3.0
3.	Intermediate Family ...	24	81	3.4	12	39	3.3	56	171	3.1	26	105	4.0	118	396	3.4
	Total ...	**143**	**526**	**3.7**	**80**	**259**	**3.2**	**286**	**969**	**3.4**	**121**	**485**	**4.0**	**630**	**2,239**	**3.6**
	III. Portions															
1.	Simple Family ...	520	1,769	3.4	193	598	3.1	248	901	3.6	108	435	4·0	1,069	3,703	3.5
2.	Joint Family ...	68	208	3.1	28	76	2.7	86	274	3.2	28	84	3.0	210	642	3.1
3.	Intermediate Family ...	100	294	2.9	37	85	2.3	95	257	2.7	42	104	2.5	274	740	2.7
	Total ...	**688**	**2,271**	**3.3**	**258**	**759**	**2.9**	**429**	**1,432**	**3.3**	**178**	**623**	**3.5**	**1,553**	**5,085**	**3.3**
	(*v*) By occupational status of household :															
1.	Executives having income over Rs. 1,000 per mensem	4	14	3.5	1	2	2.0	16	51	3.2	10	38	3.8	31	105	3.4
2.	Upper Middle Class people with income Rs. 400—1,000 per mensem	16	55	3.4	7	33	4.7	69	246	3.6	25	88	3.5	117	422	3.6
3.	Lower Middle Class people with income Rs. 100—400 per mensem	162	574	3.5	134	422	3.1	254	769	3.0	109	361	3.3	659	2,126	3.2
4.	White Collar Workers having income less than Rs. 100 per mensem ...	93	331	3.6	57	133	2.3	69	268	3.9	25	79	3.2	244	811	3.3
5.	Salaried Unskilled Labourers having income less than Rs. 100 per mensem	112	385	3.4	16	36	2.3	126	392	3.1	50	196	3.9	304	1,009	3.3
6.	Individual Manual Workers	303	1,016	3.4	29	87	3.0	116	376	3.2	85	288	3.4	533	1,767	3.3
7.	Skilled Workers ...	250	788	3.2	59	198	3.4	175	548	3.1	99	370	3.7	583	1,904	3.3
8.	Petty Traders ...	68	238	3.5	26	69	2.7	40	122	3.1	34	131	3.9	168	560	3.3
9.	No Occupation ...	38	173	4.6	15	55	3.7	8	30	3.8	20	101	5.1	81	359	4.4
10.	Others not specified ...	25	96	3.8	7	29	4.1	55	271	4.9	21	112	5.3	108	508	4.7
	Total ...	**1,071**	**3,670**	**3.4**	**351**	**1,064**	**3.0**	**928**	**3,073**	**3.3**	**478**	**1,764**	**3.7**	**2,828**	**9,571**	**3.4**

TABLE I—(*concld.*)

NUMBER OF CHILDREN BORN PER WOMAN—(*concld.*)

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women Surveyed	No. of children born	Average No. of children born per woman	No. of women Surveyed	No. of children born	Average No. of children born per woman	No. of women Surveyed	No. of children born	Average No. of children born per woman	No. of women Surveyed	No. of children born	Average No. of children born per woman	No. of women Surveyed	No. of children born	Average No. of children born per woman
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
(*vi*)	**By duration of marriage :**															
1.	Below one year ...	21	1	0.5	6	1	0.2	31	4	0.1	10	1	0.1	68	7	0.1
2.	1— 4 years ...	114	126	1.1	45	41	0.9	122	111	0.9	62	51	0.8	343	329	1.0
3.	5— 9 „ ...	223	509	2.3	73	145	2.0	174	371	2.1	83	169	2.0	553	1,194	2.2
4.	10—14 „ ...	225	793	3.5	65	215	3.3	176	584	3.3	84	280	3.3	550	1,872	3.4
5.	15—29 „ ...	411	1,824	4.4	127	501	3.9	328	1,489	4.5	166	845	5.1	1,032	4,659	4.5
6.	30 + „ ...	77	417	5.4	35	161	4.6	97	514	5.3	73	418	5.7	282	1,510	5.4
	Total ...	**1,071**	**3,670**	**3.4**	**351**	**1,064**	**3.0**	**928**	**3,073**	**3.3**	**478**	**1,764**	**3.7**	**2,828**	**9,571**	**3.4**
(*vii*)	**By practice of family planning methods :**															
1.	Practising	99	475	4.8	36	140	3.9	90	363	4.0	70	326	4.7	295	1,304	4.4
2.	Not Practising ...	972	3,195	3.3	315	924	2.9	838	2,710	3.2	408	1,438	3.5	2,533	8,267	3.3
	Total ...	**1,071**	**3,670**	**3.4**	**351**	**1,064**	**3.0**	**928**	**3,073**	**3.3**	**478**	**1,764**	**3.7**	**2,828**	**9,571**	**3.4**

TABLE II

NUMBER OF LIVING CHILDREN PER WOMAN

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women Surveyed	No. of living children	Average No. of living children per woman	No. of women Surveyed	No. of living children	Average No. of living children per woman	No. of women Surveyed	No. of living children	Average No. of living children per woman	No. of women Surveyed	No. of living children	Average No. of living children per woman	No. of women Surveyed	No. of living children	Average No. of living children per woman
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
(*i*)	**By religion :**															
1.	Hindu	910	2,518	2.8	336	899	2.7	735	2,016	2.7	457	1,282	2.8	2,438	6,715	2.8
2.	Muslim	84	257	3.1	11	30	2.7	126	330	2.6	9	31	3.4	230	648	2.8
3.	Christian	77	245	3.2	2	7	3.5	65	198	3.0	10	41	4.1	154	491	3.2
4.	Others	...	...	...	2	6	3.0	2	4	2.0	2	1	0.5	6	11	1.8
	Total ...	**1,071**	**3,020**	**2.8**	**351**	**942**	**2.7**	**928**	**2,548**	**2.7**	**478**	**1,355**	**2.8**	**2,828**	**7,865**	**2.8**
(*ii*)	**By caste :**															
1.	Brahmins	40	127	3.2	30	93	3.1	134	398	3.0	110	341	3.1	314	959	3.1
2.	Vellalas	168	515	3.1	72	177	2.5	123	338	2.7	66	200	2.0	429	1,230	2.9
3.	Vanniars and Gounders	150	380	2.5	11	32	2.9	107	300	2.8	114	293	2.6	382	1,005	2.6
4.	Nadars, Shanars and Weaving Communities	36	86	2.4	4	8	2.0	16	39	2.4	20	45	2.3	76	178	2.3
5.	Nattukottai Chettiars and other Tamilian Chettiars	34	110	3.2	43	120	2.8	23	60	2.6	10	28	2.8	110	318	2.9
6.	Mukkulathores and other allied castes, Asaris and Fishermen Communities	39	118	3.0	11	40	3.6	49	108	2.2	28	70	2.5	127	336	2.6
7.	Idayars, Konars and other Shepherd Castes, Barbers, Dhobies, Pandarams and Backward Castes	36	84	2.3	5	10	2.0	31	66	2.1	18	58	3.2	90	218	2.4
8.	Scheduled Castes and Scheduled Tribes ...	170	431	2.5	23	58	2.5	136	354	2.6	34	88	2.6	363	931	2.6
9.	Non-Brahmin Castes of North and South Origin	240	687	2.9	136	355	2.6	113	343	3.0	56	159	2.8	545	1,544	2.8
10.	Others	158	482	3.1	16	49	3.1	196	542	2.8	22	73	3.3	392	1,146	2.9
	Total ...	**1,071**	**3,020**	**2.8**	**351**	**942**	**2.7**	**928**	**2,548**	**2.7**	**478**	**1,355**	**2.8**	**2,828**	**7,865**	**2.8**

TABLE II—(*contd.*)

NUMBER OF LIVING CHILDREN PER WOMAN—(*contd.*)

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women Surveyed	No. of living children	Average No. of living children per woman	No. of women Surveyed	No. of living children	Average No. of living children per woman	No. of women Surveyed	No. of living children	Average No. of living children per woman	No. of women Surveyed	No. of living children	Average No. of living children per woman	No. of women Surveyed	No. of living children	Average No. of living children per woman
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
(*iii*)	**By education of husband :**															
1.	Illiterate	307	802	2.6	41	120	2.9	153	363	2.4	71	152	2.1	572	1,437	2.5
2.	Literate	286	853	3.0	108	312	2.9	186	513	2.8	171	518	3.0	751	2,196	2.9
3.	Below Matriculation ...	290	805	2.8	91	203	2.2	259	744	2.9	80	237	3.0	720	1,989	2.8
4.	Matriculation and above	159	488	3.1	98	271	2.8	237	698	2.9	98	286	2.9	592	1,743	2.9
5.	Graduates	29	72	2.5	13	36	2.8	93	230	2.5	58	162	2.8	193	500	2.6
	Total ...	**1,071**	**3,020**	**2.8**	**351**	**942**	**2.7**	**928**	**2,548**	**2.7**	**478**	**1,355**	**2.8**	**2,828**	**7,865**	**2.8**
(*iv*)	**By type of tenancy and type of family :**															
I.	*Huts*															
1.	Simple Family ...	188	531	2.8	6	17	2.8	155	393	2.5	104	298	2.9	453	1,239	2.7
2.	Joint Family ...	9	22	2.4	5	12	2.4	20	37	1.9	38	83	2.2	72	154	2.1
3.	Intermediate Family ...	43	110	2.6	2	5	2.5	38	64	1.7	37	84	2.3	120	263	2.2
	Total ...	**240**	**663**	**2.8**	**13**	**34**	**2.6**	**213**	**494**	**2.3**	**179**	**465**	**2.6**	**645**	**1,656**	**2.6**
II.	*Flats*															
1.	Simple Family ...	87	295	3.4	30	98	3.3	137	467	3.4	40	183	4.6	294	1,043	3.5
2.	Joint Family ...	32	103	3.2	38	107	2.8	93	230	2.5	55	156	2.8	218	596	2.7
3.	Intermediate Family ...	24	69	2.9	12	34	2.8	56	146	2.6	26	80	3.1	118	329	2.8
	Total ...	**143**	**467**	**3.3**	**80**	**239**	**3.0**	**286**	**843**	**2.9**	**121**	**419**	**3.5**	**630**	**1,968**	**3.1**
III.	*Portions*															
1.	Simple Family ...	520	1,455	2.8	193	528	2.7	248	762	3.1	108	328	3.0	1,069	3,073	2.9
2.	Joint Family ...	68	180	2.6	28	67	2.4	86	238	2.8	28	57	2.0	210	542	2.6
3.	Intermediate Family ...	100	255	2.6	37	74	2.0	95	211	2.2	42	86	2.0	274	626	2.3
	Total ...	**688**	**1,890**	**2.7**	**258**	**669**	**2.6**	**429**	**1,211**	**2.8**	**178**	**471**	**2.6**	**1,553**	**4,241**	**2.7**

(*v*)	**By occupational status of household :**															
1.	Executives having income over Rs. 1,000 per mensem	4	14	3.5	1	2	2.0	16	45	2.8	10	33	3.3	31	94	3.0
2.	Upper Middle Class people with income Rs. 400—1,000 per mensem	16	52	3.3	7	31	4.4	69	227	3.3	25	85	3.4	117	395	3.4
3.	Lower Middle Class people with income Rs. 100—400 per mensem	162	505	3.1	134	396	3.0	254	682	2.7	109	310	2.8	659	1,893	2.9
4.	White Collar Workers having income less than Rs. 100 per mensem ...	93	279	3.0	57	115	2.0	69	219	3.2	25	65	2.6	244	678	2.8
5.	Salaried Unskilled Labourers having income less than Rs. 100 per mensem	112	317	2.8	16	34	2.1	126	309	2.5	50	135	2.7	304	795	2.6
6.	Individual Manual Workers	303	777	2.6	29	69	2.4	116	299	2.6	85	209	2.5	533	1,354	2.5
7.	Skilled Workers ...	250	663	2.7	59	156	2.6	175	433	2.5	99	272	2.7	583	1,524	2.6
8.	Petty Traders ...	68	186	2.7	26	66	2.5	40	85	2.1	34	86	2.5	168	423	2.5
9.	No Occupation ...	38	134	3.5	15	55	3.7	8	18	2.3	20	78	3.9	81	285	3.5
10.	Others not specified ...	25	93	3.7	7	18	2.6	55	231	4.2	21	82	3.9	108	424	3.9
	Total ...	**1,071**	**3,020**	**2.8**	**351**	**942**	**2.7**	**928**	**2,548**	**2.7**	**478**	**1,355**	**2.8**	**2,828**	**7,865**	**2.8**
(*vi*)	**By duration of marriage :**															
1.	Below one year ...	21	1	0.05	6	1	0.2	31	4	0.1	10	1	0.1	68	7	0.1
2.	1— 4 years ...	114	113	1.0	45	34	0.8	122	102	0.8	62	49	0.8	343	298	0.9
3.	5— 9 „ ...	223	448	2.0	73	140	1.9	174	329	1.9	83	145	1.7	553	1,062	1.9
4.	10—14 „ ...	225	644	2.9	65	193	3.0	176	517	2.9	84	233	2.8	550	1,587	2.9
5.	15—29 „ ...	411	1,489	3.6	127	443	3.5	328	1,186	3.6	166	639	3.8	1,032	3,757	3.6
6.	30+ „ ...	77	325	4.2	35	131	3.7	97	410	4.2	73	288	3.9	282	1,154	4.1
	Total ...	**1,071**	**3,020**	**2.8**	**351**	**942**	**2.7**	**928**	**2,548**	**2.7**	**478**	**1,355**	**2.8**	**2,828**	**7,865**	**2.8**
(*vii*)	**By practice of family planning methods :**															
1.	Practising	99	412	4.2	36	131	3.6	90	316	3.5	70	276	3.9	295	1,135	3.8
2.	Not Practising ...	972	2,608	2.7	315	811	2.6	838	2,232	2.7	408	1,079	2.6	2,533	6,730	2.7
	Total ...	**1,071**	**3,020**	**2.8**	**351**	**942**	**2.7**	**928**	**2,548**	**2.7**	**478**	**1,355**	**2.8**	**2,828**	**7,865**	**2.8**

TABLE III

ABORTIONS AND STILL BIRTHS BY AGE OF MOTHER

Sl. No.	Age of mother	Hindus			Muslims			Christians			Others			All Religions		
		No. of women surveyed	Terminations	Percentage	No. of women surveyed	Terminations	Percentage	No. of women surveyed	Terminations	Percentage	No. of women surveyed	Terminations	Percentage	No. of women surveyed	Terminations	Percentage
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1.	12 years and below	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...
2.	13—17 years ...	36	5	13.9	5	...	...	1	...	...	...	...	...	42	5	11.9
3.	18—22 ,, ...	377	31	8.2	50	2	4.0	15	...	...	...	...	...	442	33	7.5
4.	23—27 ,, ...	524	83	15.8	41	6	14.6	29	2	6.9	3	...	...	597	91	15.2
5.	28—32 ,, ...	546	74	13.6	57	2	3.5	38	3	7.9	...	...	...	641	79	12.3
6.	33—37 ,, ...	383	105	27.4	34	7	20.6	23	4	17.4	...	...	...	440	116	26.4
7.	38—42 ,, ...	246	37	15.0	25	...	...	21	1	4.8	1	...	...	293	38	13.0
8.	43—47 ,, ...	130	22	16.9	12	1	8.3	10	1	10.0	1	...	...	153	24	15 7
9.	48 years and above	195	28	14.4	6	...	...	17	2	11.8	1	...	...	219	30	13.7
	Total ...	**2,438**	**385**	**15.8**	**230**	**18**	**7.8**	**154**	**13**	**8.4**	**6**	...	...	**2,828**	**416**	**14.7**

TABLE IV

NUMBER OF LIVE BIRTHS, STILL BIRTHS, ABORTIONS AND DEATHS DURING THE LAST TWELVE MONTHS

Sl. No.	Age of mother	Hindus				Deaths		Muslims				Deaths		Christians				Deaths	
		No. of women surveyed	Live-birth	Still-birth	Abortion	Less than one year	Over one year	No. of women surveyed	Live-birth	Still-birth	Abortion	Less than one year	Over one year	No. of women surveyed	Live-birth	Still-birth	Abortion	Less than one year	Over one year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1.	12 years and below	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2.	13—17 years ...	36	3	...	...	1	...	5	...	...	...	1	...	1	1	...	...	...	...
3.	18—22 ,, ...	377	101	...	9	8	...	50	10	...	...	4	...	15	6	...	...	...	...
4.	23—27 ,, ...	524	108	2	14	8	5	41	9	...	1	...	...	29	7	...	...	...	...
5.	28—32 ,, ...	546	44	2	12	5	1	57	4	...	1	...	...	38	5	...	...	1	...
6.	33—37 ,, ...	383	21	...	5	1	1	34	...	...	...	...	...	23	...	...	...	...	...
7.	38—42 ,, ...	246	4	...	...	1	1	25	1	...	...	...	...	21	1	...	...	...	...
8.	43—47 ,, ...	130	...	...	...	...	...	12	...	...	...	...	...	10	...	...	...	...	...
9.	48 + ,, ...	195	...	...	...	...	...	6	...	...	...	...	...	17	...	...	...	...	...
	Total ...	**2,438**	**281**	**4**	**40**	**24**	**8**	**230**	**24**	...	**2**	**5**	...	**154**	**20**	...	...	**1**	...

Sl. No.	Age of mother	Others				Deaths		All Religions				Deaths	
		No. of women surveyed	Live-birth	Still-birth	Abortion	Less than one year	Over one year	No. of women surveyed	Live-birth	Still-birth	Abortion	Less than one year	Over one year
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
1.	12 years and below ...	...	...	...	...	...	...	1	...	...	...	...	...
2.	13—17 years ...	...	...	...	...	...	...	42	4	...	...	2	...
3.	18—22 ,, ...	...	...	...	...	...	...	442	117	...	9	12	...
4.	23—27 ,, ...	...	3	...	...	...	...	597	124	2	15	8	5
5.	28—32 ,, ...	...	...	...	...	...	...	641	53	2	13	6	1
6.	33—37 ,, ...	...	...	...	...	...	...	440	21	...	5	1	1
7.	38—42 ,, ...	...	1	...	...	...	...	293	6	...	...	1	1
8.	43—47 ,, ...	...	1	...	...	...	...	153	...	...	...	...	...
9.	48 + ,, ...	...	1	...	...	...	...	219	...	...	...	...	...
	Total ...	...	**6**	...	...	...	...	**2,828**	**325**	**4**	**42**	**30**	**8**

TABLE V

NUMBER OF WOMEN BY AGE OF YOUNGEST CHILD

Age of youngest child	*Number of women in the Age Group*									
	12 and below	13—17	18—22	23—27	28—32	33—37	38—42	43—47	48+	*Total*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Below 1 year	1	26	131	74	52	33	25	8	15	365
1 to 2 years	...	16	276	367	293	141	27	6	2	1,128
3 years	...	...	27	74	94	43	16	6	...	260
4 ,, ...	...	...	3	26	52	46	20	7	1	155
5 ,, ...	...	...	4	23	45	29	17	6	...	124
6 ,, ...	...	...	1	8	29	26	19	6	2	91
7 ,, ...	...	...	...	9	17	20	14	6	3	69
8 ,, ...	...	...	...	9	20	25	25	9	7	95
9 ,, ...	...	...	...	4	7	18	19	6	5	59
10 ,, ...	...	...	...	1	10	13	22	10	12	68
11 ,, ...	...	...	...	2	4	7	10	7	2	32
12 ,, ...	...	...	...	...	7	14	19	14	10	64
13 ,, ...	...	...	...	...	5	7	7	6	9	34
14 ,, ...	...	...	...	...	4	4	9	7	17	41
15 ,, ...	...	...	...	...	1	4	7	6	11	29
16 ,, ...	...	...	...	...	...	3	5	6	9	23
17 ,, ...	...	...	...	...	1	1	2	3	6	13
18 ,, ...	...	...	...	...	...	4	9	6	9	28
19 ,, ...	...	...	...	...	...	1	2	4	7	14
20 ,, ...	...	...	...	...	...	1	6	8	13	28
21 ,, ...	...	...	...	...	...	...	4	2	7	13
22 ,, ...	...	...	...	...	...	...	4	5	12	21
23 ,, ...	...	...	...	...	...	...	4	2	5	11
24 ,, ...	...	...	...	...	...	...	...	3	6	9
25 years and over ...	...	...	...	...	...	...	1	4	49	54
Total ...	**1**	**42**	**442**	**597**	**641**	**440**	**293**	**153**	**219**	**2,828**

TABLE VI

AVERAGE CHILDREN BORN PER WOMAN BY AGE AT MARRIAGE

Sl. No.	*Particulars*	*Zone I*			*Zone II*			*Zone III*			*Zone IV*			*All Zones*		
		No. of women surveyed	*No. of children born*	*Average No. of children per woman*	*No. of women surveyed*	*No. of children born*	*Average No. of children per woman*	*No. of women surveyed*	*No. of children born*	*Average No. of children per woman*	*No. of women surveyed*	*No. of children born*	*Average No. of children per woman*	*No. of women surveyed*	*No. of children born*	*Average No. of children per woman*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1. By Religion:																
(a) *Hindus*																
1.	12 years and below ...	38	155	4	11	44	4	41	194	5	45	226	5	135	619	5
2.	13—17 years ...	580	2,101	4	198	669	3	446	1,672	4	269	1,107	4	1,493	5,549	4
3.	18—22 ,, ...	260	759	3	107	257	2	210	540	3	126	312	2	703	1,868	3
4.	23—27 ,, ...	27	71	3	20	46	2	33	47	1	15	34	2	95	198	2
5.	28 + ,, ...	5	7	1	...	...	...	5	4	1	2	...	...	12	11	1
	Total ...	**910**	**3,093**	**3**	**336**	**1,016**	**3**	**735**	**2,457**	**3**	**457**	**1,679**	**4**	**2,438**	**8,245**	**3**
(b) *Muslims*																
1.	12 years and below ...	5	20	4	...	...	...	6	24	4	2	12	6	13	56	4
2.	13—17 years ...	51	199	4	9	30	3	83	275	3	6	20	3	149	524	4
3.	18—22 ,, ...	25	68	3	1	2	2	31	89	3	1	3	3	58	162	3
4.	23—27 ,, ...	3	6	2	1	3	3	4	8	2	...	...	...	8	17	2
5.	28 + ,, ...	...	...	...	...	...	...	2	1	1	...	...	...	2	1	1
	Total ...	**84**	**293**	**3**	**11**	**35**	**3**	**126**	**397**	**3**	**9**	**35**	**4**	**230**	**760**	**3**
(c) *Christians*																
1.	12 years and below ...	1	4	4	...	...	...	2	2	1	...	...	...	3	6	2
2.	13—17 years ...	35	139	4	...	...	...	27	110	4	3	17	6	65	266	4
3.	18—22 ,, ...	29	104	4	2	7	4	29	93	3	4	13	3	64	217	3
4.	23—27 ,, ...	9	28	3	...	...	...	5	7	1	2	10	5	16	45	3
5.	28 + ,, ...	3	9	3	...	...	...	2	3	2	1	6	6	6	18	3
	Total ...	**77**	**284**	**4**	**2**	**7**	**4**	**65**	**215**	**3**	**10**	**46**	**5**	**154**	**552**	**4**

TABLE VI—*(contd.)*

AVERAGE CHILDREN BORN PER WOMAN BY AGE AT MARRIAGE—*(contd.)*

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1. By Religion :—*(concld.)*																
	(d) *Others*															
1.	12 years and below ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2.	13—17 years ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3.	18—22 ,, ...	...	...	...	1	...	...	2	4	2	2	4	2	5	8	2
4.	23—27 ,, ...	...	...	...	1	6	6	...	...	...	...	...	...	1	6	6
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	...	...	...	2	6	3	2	4	2	2	4	2	6	14	2
	(e) *All Religions*															
1.	12 years and below ...	44	179	4	11	44	4	49	220	4	47	238	5	151	681	5
2.	13—17 years ...	666	2,439	4	207	699	3	556	2,057	4	278	1,144	4	1,707	6,339	4
3.	18—22 ,, ...	314	931	3	111	266	2	272	726	3	133	332	2	830	2,255	3
4.	23—27 ,, ...	39	105	3	22	55	3	42	62	1	17	44	3	120	266	2
5.	28 + ,, ...	8	16	2	...	...	...	9	8	1	3	6	2	20	30	2
	Total ...	**1,071**	**3,670**	**3**	**351**	**1,064**	**3**	**928**	**3,073**	**3**	**478**	**1,764**	**4**	**2,828**	**9,571**	**3**
2. By Caste :																
	(a) *Brahmins*															
1.	12 years and below ...	2	8	4	2	9	5	7	33	5	16	78	5	27	128	5
2.	13—17 years ...	19	84	4	21	83	4	66	292	4	52	241	5	158	700	4
3.	18—22 ,, ...	16	41	3	6	8	1	51	129	3	36	71	2	109	249	2
4.	23—27 ,, ...	3	3	1	1	3	3	9	13	1	6	8	1	19	27	1
5.	28 + ,, ...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...
	Total ...	**40**	**136**	**3**	**30**	**103**	**3**	**134**	**467**	**3**	**110**	**398**	**4**	**314**	**1,104**	**4**

	(b) *Vellalas*															
1.	12 years and below ...	9	40	4	3	22	7	4	27	7	2	9	5	18	98	5
2.	13—17 years ...	100	374	4	45	128	3	81	276	3	39	208	5	265	986	4
3.	18—22 ,, ...	55	171	3	19	50	3	31	84	3	23	60	3	128	365	3
4.	23—27 ,, ...	3	7	2	5	7	1	6	9	2	2	5	3	16	28	2
5.	28 + ,, ...	1	...	...	...	...	...	1	4	4	...	...	...	2	4	2
	Total ...	**168**	**592**	**4**	**72**	**207**	**3**	**123**	**400**	**3**	**66**	**282**	**4**	**429**	**1,481**	**3**
	(c) *Vanniars and Gounders*															
1.	12 years and below ...	6	23	4	1	4	4	10	46	5	8	49	6	25	122	5
2.	13—17 years ...	107	360	3	7	23	3	70	276	4	75	263	4	259	922	4
3.	18—22 ,, ...	35	100	3	3	8	3	23	65	3	28	65	2	89	238	3
4.	23—27 ,, ...	1	3	3	...	...	...	4	6	2	3	5	2	8	14	2
5.	28 + ,, ...	1	4	4	...	...	...	...	...	...	...	...	...	1	4	4
	Total ...	**150**	**490**	**3**	**11**	**35**	**3**	**107**	**393**	**4**	**114**	**382**	**3**	**382**	**1,300**	**3**
	(d) *Nadars and Shanars*															
1.	12 years and below ...	1	...	...	...	...	...	1	4	4	3	8	3	5	12	2
2.	13—17 years ...	22	69	3	2	2	1	9	22	2	11	33	3	44	126	3
3.	18—22 ,, ...	11	29	3	1	6	6	4	13	3	6	15	3	22	63	3
4.	23—27 ,, ...	...	...	...	...	...	...	2	7	4	...	...	...	2	7	4
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**34**	**98**	**3**	**3**	**8**	**3**	**16**	**46**	**3**	**20**	**56**	**3**	**73**	**208**	**3**
	(e) *Weaving communities*															
1.	12 years and below ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2.	13—17 years ...	1	1	1	...	...	...	...	...	...	...	...	...	1	1	1
3.	18—22 ,, ...	1	...	...	1	...	...	...	...	...	...	...	...	2	...	...
4.	23—27 ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**2**	**1**	**1**	**1**	...	...	...	...	...	...	...	...	**3**	**1**	...

TABLE VI—(*contd.*)

AVERAGE CHILDREN BORN PER WOMAN BY AGE AT MARRIAGE—(*contd.*)

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
2.	**By caste :—(*contd.*)**															
	(f) *Nattukottai Chettiars and other Tamilian Chettiars*															
1.	12 years and below ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2.	13—17 years ...	20	109	5	28	98	4	16	46	3	8	30	4	72	283	4
3.	18—22 ,, ...	11	53	5	12	31	3	7	20	3	2	6	3	32	110	3
4.	23—27 ,, ...	2	4	2	3	8	3	...	...	...	...	...	...	5	12	2
5.	28 + ,, ...	1	3	3	...	...	...	...	...	...	...	...	...	1	3	3
	Total ...	**34**	**169**	**5**	**43**	**137**	**3**	**23**	**66**	**3**	**10**	**36**	**4**	**110**	**408**	**4**
	(g) *Mukkulathores and allied castes*															
1.	12 years and below ...	...	...	...	...	...	...	...	...	...	1	3	3	1	3	3
2.	13—17 years ...	2	7	4	2	13	7	4	15	4	4	22	6	12	57	5
3.	18—22 ,, ...	1	3	3	...	...	...	4	9	2	...	...	...	5	12	2
4.	23—27 ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**3**	**10**	**3**	**2**	**13**	**7**	**8**	**24**	**3**	**5**	**25**	**5**	**18**	**72**	**4**
	(h) *Asaris*															
1.	12 years and below ...	...	...	...	...	...	...	1	2	2	1	3	3	2	5	3
2.	13—17 years ...	15	65	4	7	23	3	17	60	4	10	37	4	49	185	4
3.	18—22 ,, ...	4	10	3	1	3	3	4	11	3	4	14	4	13	38	3
4.	23—27 ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**19**	**75**	**4**	**8**	**26**	**3**	**22**	**73**	**3**	**15**	**54**	**4**	**64**	**228**	**4**
	(i) *Fishermen community*															
1.	12 years and below ...	...	...	...	...	...	...	3	13	4	1	6	6	4	19	5
2.	13—17 years ...	10	57	6	1	7	7	13	36	3	4	3	1	28	103	4
3.	18—22 ,, ...	5	17	3	...	...	...	2	1	1	3	12	4	10	30	3
4.	23—27 ,, ...	2	6	3	...	...	...	1	...	...	...	...	...	3	6	2
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**17**	**80**	**5**	**1**	**7**	**7**	**19**	**50**	**3**	**8**	**21**	**3**	**45**	**158**	**4**
	(j) *Idayars, Konars and other Shepherd Castes*															
1.	12 years and below ...	1	...	...	...	...	...	...	...	...	2	14	7	3	14	5
2.	13—17 ,, ...	14	40	3	3	12	4	16	51	3	7	28	4	40	131	3
3.	18—22 ,, ...	4	14	4	2	1	1	9	13	1	2	4	2	17	32	2
4.	23—27 ,, ...	...	...	...	...	...	...	1	2	2	...	...	...	1	2	2
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**19**	**54**	**3**	**5**	**13**	**3**	**26**	**66**	**3**	**11**	**46**	**4**	**61**	**179**	**3**
	(k) *Barbers, Dhobies, Pandarams and other most backward castes*															
1.	12 years and below ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2.	13—17 years ...	11	23	2	...	...	...	3	6	2	4	21	5	18	50	3
3.	18—22 ,, ...	5	21	4	...	...	...	2	5	3	3	13	4	10	39	4
4.	23—27 ,, ...	1	2	2	...	...	...	...	...	...	...	...	...	1	2	2
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**17**	**46**	**3**	...	...	...	**5**	**11**	**2**	**7**	**34**	**5**	**29**	**91**	**3**
	(l) *Scheduled Tribes*															
1.	12 years and below ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2.	13—17 years ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3.	18—22 ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4.	23—27 ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE VI—(*contd.*)

AVERAGE CHILDREN BORN PER WOMAN BY AGE AT MARRIAGE—(*contd.*)

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
2.	**By caste :—(*contd.*)**															
	(m) *Scheduled Castes*															
1.	12 years and below...	8	33	4	...	...	...	13	58	4	5	22	4	26	113	4
2.	13—17 years ...	109	354	3	15	51	3	86	318	4	23	93	4	233	816	4
3.	18—22 ,, ...	47	122	3	7	16	2	33	78	2	4	12	3	91	228	3
4.	23—27 ,, ...	6	14	2	1	2	2	2	3	2	1	4	4	10	23	2
5.	28 + ,, ...	...	...	...	...	...	...	2	...	...	1	...	...	3	...	...
	Total ...	**170**	**523**	**3**	**23**	**69**	**3**	**136**	**457**	**3**	**34**	**131**	**4**	**363**	**1,180**	**3**
	(n) *Non-Brahmin Castes of Andhra origin*															
1.	12 years and below ..	11	51	5	4	8	2	1	10	10	6	31	5	22	100	5
2.	13—17 years ...	137	514	4	53	176	3	43	189	4	27	113	4	260	992	4
3.	18—22 ,, ...	57	166	3	35	75	2	25	75	3	9	27	3	126	343	3
4.	23—27 ,, ...	5	23	5	5	17	3	1	...	...	...	...	...	11	40	4
5.	28 + ,, ...	2	...	...	...	...	...	1	...	...	...	...	...	3	...	...
	Total ...	**212**	**754**	**4**	**97**	**276**	**3**	**71**	**274**	**4**	**42**	**171**	**4**	**422**	**1,475**	**3**
	(o) *Non-Brahmin Castes of Karnataka origin*															
1.	12 years and below...	...	...	...	...	...	...	...	...	...	1	7	7	1	7	7
2.	13—17 years ...	...	...	...	...	...	...	2	7	4	...	...	...	2	7	4
3.	18—22 ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4.	23—27 ,, ...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	...	...	...	...	...	...	**3**	**7**	**2**	**1**	**7**	**7**	**4**	**14**	**4**

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman
	(p) *Non-Brahmin Castes of Kerala origin*															
1.	12 years and below ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2.	13—17 years ...	6	14	2	3	7	2	6	23	4	3	13	4	18	57	3
3.	18—22 ,, ...	7	18	3	6	12	2	8	15	2	5	9	2	26	54	2
4.	23—27 ,, ...	3	3	1	1	...	...	2	2	1	2	9	5	8	14	2
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...
	Total ...	**16**	**35**	**2**	**10**	**19**	**2**	**16**	**40**	**3**	**11**	**31**	**3**	**53**	**125**	**2**
	(q) *Non-Brahmin Castes of North Indian origin*															
1.	12 years and below ..	...	...	...	1	1	1	1	1	1	...	...	...	2	2	1
2.	13—17 years ...	8	34	4	11	46	4	13	53	4	2	2	1	34	135	4
3.	18—22 ,, ...	4	15	4	13	41	3	6	17	3	...	...	...	23	73	3
4.	23—27 ,, ...	...	...	...	4	9	2	3	6	2	...	...	...	7	15	2
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**12**	**49**	**4**	**29**	**97**	**3**	**23**	**77**	**3**	**2**	**2**	**1**	66	**225**	**3**
	(r) *Tamil speaking Muslims*															
1.	12 years and below ...	...	...	...	...	...	...	1	3	3	...	...	...	1	3	3
2.	13—17 years ...	8	36	5	...	...	...	15	31	2	2	7	4	25	74	3
3.	18—22 ,, ...	5	15	3	1.	2	2	10	38	4	1	3	3	17	58	3
4.	23—27 ,, ...	...	...	...	...	...	...	1	1	1	...	...	...	1	1	1
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**13**	**51**	**4**	**1**	**2**	**2**	**27**	**73**	**3**	**3**	**10**	**3**	**44**	**136**	**3**
	(s) *Urdu speaking Muslims*															
1.	12 years and below ...	5	20	4	...	...	...	4	20	5	1	8	8	10	48	5
2.	13—17 years ...	42	156	4	9	30	3	65	232	4	4	13	3	120	431	4
3.	18—22 ,, ...	17	43	3	...	...	...	21	51	2	...	...	...	38	94	2
4.	23—27 ,, ...	3	6	2	1	3	3	4	6	2	.	...	...	8	15	2
5.	28 + ,, ...	...	...	...	...	...	...	2	1	1	...	...	...	2	1	1
	Total ...	**67**	**225**	**3**	**10**	**33**	**3**	**96**	**310**	**3**	**5**	**21**	**4**	**178**	**589**	**3**

R.P.—15-B

TABLE VI—*(contd.)*

AVERAGE CHILDREN BORN PER WOMAN BY AGE AT MARRIAGE—*(contd.)*

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
2. By caste :—*(concld.)*																
	(t) *Catholic Christians*															
1.	12 years and below...	...	...	...	...	...	...	1	2	2	...	...	...	1	2	2
2.	13—17 years ...	17	75	4	...	...	...	17	72	4	3	17	6	37	164	4
3.	18—22 ,, ...	16	60	4	1	4	4	14	50	4	2	4	2	33	118	4
4.	22—27 ,, ...	3	11	4	...	...	...	3	2	1	3	13	4	9	26	3
5.	28 + ,, ...	...	...	...	...	...	...	2	3	2	...	...	...	2	3	2
	Total ...	**36**	**146**	**4**	**1**	**4**	**4**	**37**	**129**	**3**	**8**	**34**	**4**	**82**	**313**	**4**
	(u) *Protestants*															
1.	12 years and below...	1	4	4	...	...	...	1	...	...	...	...	...	2	4	2
2.	13—17 years ...	16	59	4	...	...	...	9	37	4	...	...	...	25	96	4
3.	18—22 ,, ...	10	26	3	1	3	3	14	39	3	2	9	5	27	77	3
4.	23—27 ,, ...	6	20	3	...	...	...	2	5	3	...	...	...	8	25	3
5.	28 + ,, ...	3	9	3	...	...	...	...	...	...	1	6	6	4	15	4
	Total ...	**36**	**118**	**3**	**1**	**3**	**3**	**26**	**81**	**3**	**3**	**15**	**5**	**66**	**217**	**3**
	(v) *Malayalam speaking Muslims*															
1.	12 years and below ...	...	...	...	...	...	...	1	1	1	...	...	...	1	1	1
2.	13—17 years ...	1	7	7	...	...	...	4	14	4	...	...	...	5	21	4
3.	18—22 ,, ...	2	...	...	...	...	...	...	...	...	1	4	4	3	4	1
4.	23—27 ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**3**	**7**	**2**	...	...	...	**5**	**15**	**3**	**1**	**4**	**4**	**9**	**26**	**3**

	(w) *Sikhs and Jains*															
1.	12 years and below ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2.	13—17 years ...	1	1	1	...	...	...	...	...	...	...	...	...	1	1	1
3.	18—22 ,, ...	...	...	...	1	...	...	1	2	2	2	4	2	4	6	2
4.	23—27 ,, ...	1	3	3	1	6	6	...	...	...	...	...	...	2	9	5
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**2**	**4**	**2**	**2**	**6**	**3**	**1**	**2**	**2**	**2**	**4**	**2**	**7**	**16**	**2**
	(x) *Others*															
1.	12 years and below ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2.	13—17 years ...	...	...	...	...	...	...	1	1	1	...	...	...	1	1	1
3.	18—22 ,, ...	1	7	7	1	6	6	3	11	4	...	...	...	5	24	5
4.	23—27 ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**1**	**7**	**7**	**1**	**6**	**6**	**4**	**12**	**3**	...	...	...	**6**	**25**	**4**
3. By education of husband :																
	(a) *Illiterate*															
1.	12 years and below ...	17	63	4	2	10	5	18	73	4	9	52	6	46	198	4
2.	13—17 years ...	194	733	4	33	117	4	99	333	3	40	152	4	366	1,335	4
3.	18—22 ,, ...	81	221	3	5	14	3	30	83	3	19	32	2	135	350	3
4.	23—27 ,, ...	14	37	3	1	3	3	5	5	1	1	...	...	21	45	2
5.	28 + ,, ...	1	3	3	...	...	...	1	...	...	2	3	2	4	6	2
	Total ...	**307**	**1,057**	**3**	**41**	**144**	**4**	**153**	**494**	**3**	**71**	**239**	**3**	**572**	**1,934**	**3**
	(b) *Literate*															
1.	12 years and below ...	15	81	5	1	...	...	12	56	5	17	97	6	45	234	5
2.	13—17 years ...	189	702	4	68	231	3	124	452	4	111	460	4	492	1,845	4
3.	18—22 ,, ...	74	253	3	31	98	3	42	132	3	39	128	3	186	611	3
4.	23—27 ,, ...	7	19	3	8	27	3	8	11	1	3	13	4	26	70	3
5.	28 + ,, ...	1	4	4	...	...	...	...	...	...	1	3	3	2	7	4
	Total ...	**286**	**1,059**	**4**	**108**	**356**	**3**	**186**	**651**	**4**	**171**	**701**	**4**	**751**	**2,767**	**4**

TABLE VI—(*contd.*)

AVERAGE CHILDREN BORN PER WOMAN BY AGE AT MARRIAGE—(*contd.*)

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
3. By education of husband :—(*concld.*)																
	(c) *Below Matriculation*															
1.	12 years and below ...	10	29	3	4	18	5	8	31	4	8	26	3	30	104	3
2.	13—17 years ...	183	629	3	43	125	3	180	679	4	57	234	4	463	1,667	4
3.	18—22 ,, ...	89	233	3	41	84	2	62	188	3	12	33	3	204	538	3
4.	23—27 ,, ...	6	21	4	3	8	3	7	12	2	3	9	3	19	50	3
5.	28 + ,, ...	2	6	3	...	...	...	2	...	...	...	...	...	4	6	2
	Total ...	**290**	**918**	**3**	**91**	**235**	**3**	**259**	**910**	**4**	**80**	**302**	**4**	**720**	**2,365**	**3**
	(d) *Matriculation and above*															
1.	12 years and below ...	2	6	3	4	16	4	9	48	5	8	37	5	23	107	5
2.	13—17 years ...	88	330	4	57	201	4	128	494	4	44	197	4	317	1,222	4
3.	18—22 ,, ...	56	191	3	28	58	2	80	194	2	39	100	3	203	543	3
4.	23—27 ,, ...	10	26	3	9	17	2	15	24	2	7	12	2	41	79	2
5.	28 + ,, ...	3	3	1	...	...	...	5	8	2	...	...	...	8	11	1
	Total ...	**159**	**556**	**3**	**98**	**292**	**3**	**237**	**768**	**3**	**98**	**346**	**4**	**592**	**1,962**	**3**
	(e) *Graduates*															
1.	12 years and below ...	...	...	...	...	...	...	2	12	6	5	26	5	7	38	5
2.	13—17 years ...	12	45	4	6	25	4	25	99	4	26	101	4	69	270	4
3.	18—22 ,, ...	14	33	2	6	12	2	58	129	2	24	39	2	102	213	2
4.	23—27 ,, ...	2	2	1	1	...	...	7	10	1	3	10	3	13	22	2
5.	28 + ,, ...	1	...	...	...	...	...	1	...	...	...	...	...	2	...	...
	Total ...	**29**	**80**	**3**	**13**	**37**	**3**	**93**	**250**	**3**	**58**	**176**	**3**	**193**	**543**	**3**

4. By type of tenancy and type of family :

	(a) *Huts/Simple family*															
1.	12 years and below ...	8	28	4	...	...	...	20	70	4	14	70	5	42	168	4
2.	13—17 years ...	118	488	4	3	11	4	94	349	4	65	300	5	280	1,148	4
3.	18—22 ,, ...	51	166	3	3	11	4	34	111	3	23	61	3	111	349	3
4.	23—27 ,, ...	10	37	4	...	...	...	6	6	1	1	4	4	17	47	3
5.	28 + ,, ...	1	3	3	...	...	...	1	...	...	1	...	...	3	3	1
	Total ...	**188**	**722**	**4**	**6**	**22**	**4**	**155**	**536**	**3**	**104**	**435**	**4**	**453**	**1,715**	**4**
	(b) *Huts/Joint family*															
1.	12 years and below ...	1	5	5	...	...	...	2	12	6	6	22	4	9	39	4
2.	13—17 years ...	6	14	2	3	17	6	14	27	2	23	69	3	46	127	3
3.	18—22 ,, ...	1	3	3	1	...	...	2	4	2	9	26	3	13	33	3
4.	23—27 ,, ...	1	2	2	1	2	2	2	1	1	...	...	...	4	5	1
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**9**	**24**	**3**	**5**	**19**	**4**	**20**	**44**	**2**	**38**	**117**	**3**	**72**	**204**	**3**
	(c) *Huts/Intermediate family*															
1.	12 years and below ...	2	7	4	...	...	...	2	13	7	3	11	4	7	31	4
2.	13—17 years ...	29	87	3	2	5	3	24	60	3	29	82	3	84	234	3
3.	18—22 ,, ...	9	29	3	...	...	...	9	16	2	5	11	2	23	56	2
4.	23—27 ,, ...	3	4	1	...	...	...	3	3	1	...	...	...	6	7	1
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**43**	**127**	**3**	**2**	**5**	**3**	**38**	**92**	**2**	**37**	**104**	**3**	**120**	**328**	**3**
	(d) *Flats/Simple Family*															
1.	12 years and below ...	6	32	5	1	4	4	6	37	6	4	19	5	17	92	5
2.	13—17 years ...	45	185	4	15	55	4	76	332	4	28	163	6	164	735	4
3.	18—22 ,, ...	31	107	3	9	29	3	45	141	3	5	20	4	90	297	3
4.	23—27 ,, ...	2	6	3	5	23	5	6	13	2	2	5	3	15	47	3
5.	28 + ,, ...	3	6	2	...	...	...	4	3	1	1	6	6	8	15	2
	Total ...	**87**	**336**	**4**	**30**	**111**	**4**	**137**	**526**	**4**	**40**	**213**	**5**	**294**	**1,186**	**4**

AVERAGE CHILDREN BORN PER WOMAN BY AGE AT MARRIAGE—*(contd.)*

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
4. By type of tenancy and type of family:—*(concld.)*																
(e) *Flats/Joint family*																
1. 12 years and below...		...	...	...	2	4	2	4	32	8	2	7	4	8	43	5
2. 13—17 years ...		19	64	3	22	77	4	44	141	3	22	90	4	107	372	3
3. 18—22 „ ...		12	45	4	10	22	2	40	92	2	29	69	2	91	228	3
4. 23—27 „ ...		...	...	...	4	6	2	3	3	1	2	1	1	9	10	1
5. 28 + „ ...		1	...	...	...	...	...	2	4	2	...		...	3	4	1
Total ...		**32**	**109**	**3**	**38**	**109**	**3**	**93**	**272**	**3**	**55**	**167**	**3**	**218**	**657**	**3**
(f) *Flats/Intermediate family*																
1. 12 years and below...		2	8	4	1	9	9	4	23	6	2	14	7	9	54	6
2. 13—17 years ...		10	43	4	4	12	3	21	76	4	16	60	4	51	191	4
3. 18—22 „ ...		10	26	3	4	9	2	27	66	2	6	20	3	47	121	3
4. 23—27 „ ...		2	4	2	3	9	3	4	6	2	2	11	6	11	30	3
5. 28 + „ ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...		**24**	**81**	**3**	**12**	**39**	**3**	**56**	**171**	**3**	**26**	**105**	**4**	**118**	**396**	**3**
(g) *Portions/Simple family*																
1. 12 years and below...		20	80	4	7	27	4	7	20	3	9	71	8	43	198	5
2. 13—17 years ...		337	1,215	4	112	406	4	174	729	4	55	250	5	678	2,600	4
3. 18—22 „ ...		145	428	3	66	151	2	55	140	3	37	93	3	303	812	3
4. 23—27 „ ...		16	42	3	8	14	2	10	11	1	6	21	4	40	88	2
5. 28 + „ ...		2	4	2	...	...	...	2	1	1	1	...	...	5	5	1
Total ...		**520**	**1,769**	**3**	**193**	**598**	**3**	248	901	**4**	**108**	**435**	**4**	**1,069**	**3,703**	**3**

(h) *Portions/Joint family*																
1. 12 years and below ...	3	19	6	...	...	...	1	1	1	6	23	4	10	43	4
2. 13—17 years ...	45	153	3	21	54	3	57	210	4	13	50	4	136	467	3
3. 18—22 „ ...	18	30	2	6	21	4	25	58	2	8	10	1	57	119	2
4. 23—27 „ ...	2	6	3	1	1	1	3	5	2	1	1	1	7	13	2
5. 28 + „ ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	**68**	**208**	**3**	**28**	**76**	**3**	**86**	**274**	**3**	**28**	**84**	**3**	**210**	**642**	**3**
(i) *Portions/Intermediate family*															
1. 12 years and below ..	2	...	...	...	...	...	3	12	4	1	1	1	6	13	2
2. 13—17 years ...	57	190	3	25	62	2	52	133	3	27	80	3	161	465	3
3. 18—22 „ ...	37	97	3	12	23	2	35	98	3	11	22	2	95	240	3
4. 23—27 „ ...	3	4	1	...	...	...	5	14	3	3	1	...	11	19	2
5. 28 + „ ...	1	3	3	...	...	...	...	...	...	...	...	...	1	3	3
Total ...	**100**	**294**	**3**	**37**	**85**	**2**	**95**	**257**	**3**	**42**	**104**	**2**	**274**	**740**	**3**
5. By occupational status of household :															
(a) *Upper class*															
1. 12 years and below ...	...	...	...	...	...	...	...	...	...	2	15	8	2	15	8
2. 13—17 years ...	1	7	7	...	...	...	7	29	5	3	11	4	11	47	4
3. 18—22 „ ...	2	7	4	1	2	2	7	21	3	5	12	2	15	42	3
4. 23—27 „ ...	...	...	...	...	...	...	1	1	1	...	...	...	1	1	1
5. 28 + „ ...	1	...	...	...	...	...	1	...	...	...	...	...	2	...	...
Total ...	**4**	**14**	**4**	**1**	**2**	**2**	**16**	**51**	**3**	**10**	**38**	**4**	**31**	**105**	**3**
(b) *Upper middle class*															
1. 12 years and below ...	...	...	...	...	...	...	2	15	8	3	14	5	5	29	6
2. 13—17 years ...	7	26	4	5	22	4	30	138	5	13	59	5	55	245	4
3. 18—22 „ ...	8	29	4	2	11	6	32	82	3	8	12	2	50	134	3
4. 23—27 „ ...	...	...	...	...	...	...	4	11	3	1	3	3	5	14	3
5. 28 + „ ...	1	...	...	...	...	...	1	...	...	...	...	...	2	...	...
Total ...	**16**	**55**	**3**	**7**	**33**	**5**	**69**	**246**	**4**	**25**	**88**	**4**	**117**	**422**	**4**

TABLE VI—(*contd.*)

AVERAGE CHILDREN BORN PER WOMAN BY AGE AT MARRIAGE—*(contd.)*

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
5.	**By occupational status of household :—(*contd.*)**															
	(c) *Lower middle class*															
1.	12 years and below...	4	9	3	6	26	4	9	30	3	5	30	6	24	95	4
2.	13—17 years ...	81	322	4	70	245	4	127	476	4	51	202	4	329	1,245	4
3.	18—22 ,, ...	68	228	3	45	109	2	98	233	2	43	104	2	254	674	3
4.	22—27 ,, ...	7	12	2	13	42	3	17	23	1	9	19	2	46	96	2
5.	28 + ,, ...	2	3	2	...	...	...	3	7	2	1	6	6	6	16	3
	Total ...	**162**	**574**	**4**	**134**	**422**	**3**	**254**	**769**	**3**	**109**	**361**	**3**	**659**	**2,126**	**3**
	(d) *White collar workers*															
1.	12 years and below...	4	22	6	2	...	...	3	8	3	1	9	9	10	39	4
2.	13—17 years ...	67	237	4	29	84	3	46	182	4	12	46	4	154	549	4
3.	18—22 ,, ...	18	58	3	26	49	2	18	77	4	11	22	2	73	206	3
4.	23—27 ,, ...	4	14	4	...	...	...	1	1	1	1	2	2	6	17	3
5.	28 + ,, ...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...
	Total ...	**93**	**331**	**4**	**57**	**133**	**2**	**69**	**268**	**4**	**25**	**79**	**3**	**244**	**811**	**3**
	(e) *Salaried unskilled labourers*															
1.	12 years and below ...	5	25	5	...	...	...	9	44	5	5	22	4	19	91	5
2.	13—17 years ...	72	268	4	9	21	2	80	281	4	35	156	4	196	726	4
3.	18—22 ,, ...	33	88	3	6	12	2	33	62	2	8	8	1	80	170	2
4.	23—27 ,, ...	2	4	2	1	3	3	3	5	2	2	10	5	8	22	3
5.	28 + ,, ...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...
	Total ...	**112**	**385**	**3**	**16**	**36**	**2**	**126**	**392**	**3**	**50**	**196**	**4**	**304**	**1,009**	**3**

	(f) *Individual manual workers*															
1.	12 years and below ...	13	44	3	...	...	...	14	68	5	11	59	5	38	171	5
2.	13—17 years ...	205	726	4	23	69	3	77	252	3	51	172	3	356	1,219	3
3.	18—22 ,, ...	71	201	3	6	18	3	21	55	3	20	54	3	118	328	3
4.	23—27 ,, ...	13	43	3	...	...	...	4	1	...	2	3	2	19	47	2
5.	28 + ,, ...	1	2	2	...	...	...	...	...	...	1	...	...	2	2	1
	Total ...	**303**	**1,016**	**3**	**29**	**87**	**3**	**116**	**376**	**3**	**85**	**288**	**3**	**533**	**1,767**	**3**
	(g) *Skilled workers*															
1.	12 years and below ...	11	37	3	3	18	6	7	26	4	8	36	5	29	117	4
2.	13—17 years ...	154	532	3	39	136	3	117	395	3	68	254	4	378	1,317	3
3.	18—22 ,, ...	80	205	3	16	40	3	43	117	3	22	76	3	161	438	3
4.	23—27 ,, ...	5	14	3	1	4	4	7	10	1	1	4	4	14	32	2
5.	28 + ,, ...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...
	Total ...	**250**	**788**	**3**	**59**	**198**	**3**	**175**	**548**	**3**	**99**	**370**	**4**	**583**	**1,904**	**3**
	(h) *Petty Traders*															
1.	12 years and below ...	4	17	4	...	...	...	2	13	7	4	22	6	10	52	5
2.	13—17 years ...	44	158	4	17	56	3	29	87	3	18	72	4	108	373	3
3.	18—22 ,, ...	18	60	3	3	7	2	5	14	3	10	34	3	36	115	3
4.	23—27 ,, ...	2	3	2	6	6	1	4	8	2	1	3	3	13	20	2
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...
	Total ...	**68**	**238**	**4**	**26**	**69**	**3**	**40**	**122**	**3**	**34**	**131**	**4**	**168**	**560**	**3**
	(i) *No Occupation*															
1.	12 years and below ...	2	23	12	...	...	...	...	...	...	2	15	8	4	38	10
2.	13—17 years ...	21	99	5	11	44	4	5	24	5	15	82	5	52	249	5
3.	18—22 ,, ...	13	49	4	3	11	4	3	6	2	3	4	1	22	70	3
4.	23—27 ,, ...	2	2	1	1	...	...	...	...	...	...	...	...	3	2	1
5.	28 + ,, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	**38**	**173**	**5**	**15**	**55**	**4**	**8**	**30**	**4**	**20**	**101**	**5**	**81**	**359**	**4**

TABLE VI—(*contd.*)

AVERAGE CHILDREN BORN PER WOMAN BY AGE AT MARRIAGE—(*contd.*)

Sl. No.	Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
		No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
5. By occupational status of household :—(*concld.*)																
(j) *Others not specified*																
1. 12 years and below ...		1	2	2	...	...	...	3	16	5	6	16	3	10	34	3
2. 13—17 years ...		14	64	5	4	22	6	38	193	5	12	90	8	68	369	5
3. 18—22 ,, ...		3	6	2	3	7	2	12	59	5	3	6	2	21	78	4
4. 23—27 ,, ...		4	13	3	...	...	...	1	2	2	...	...	...	5	15	3
5. 28 + ,, ...		3	11	4	...	...	...	1	1	1	...	...	...	4	12	3
Total ...		**25**	**96**	**4**	**7**	**29**	**4**	**55**	**271**	**5**	**21**	**112**	**5**	**108**	**508**	**5**
6. By duration of marriage :																
(a) *Less than one year*																
1. 12 years and below ...		...	...	...	...	...	...	...	...	...	1	...	...	1	...	...
2. 13—17 years ...		9	1	...	4	1	...	10	1	...	3	...	...	26	3	...
3. 18—22 ,, ...		12	...	...	1	...	...	20	3	...	6	1	...	39	4	...
4. 23—27 ,, ...		...	...	...	1	...	...	1	...	...	...	...	...	2	...	...
5. 28 + ,, ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...		**21**	**1**	...	**6**	**1**	...	**31**	**4**	...	**10**	**1**	...	**68**	**7**	..
(b) 1—4 *years*																
1. 12 years and below ...		...	...	...	1	1	1	1	...	...	...	...	...	2	1	1
2. 13—17 years ...		55	65	1	20	20	1	48	41	1	30	26	1	153	152	1
3. 18—22 ,, ...		49	55	1	18	15	1	53	51	1	24	20	1	144	141	1
4. 23—27 ,, ...		8	6	1	6	5	1	19	19	1	6	5	1	39	35	1
5. 28 + ,, ...		2	...	...	...	...	...	1	...	...	2	...	...	5	...	...
Total ...		**114**	**126**	**1**	**45**	**41**	**1**	**122**	**111**	**1**	**62**	**51**	**1**	**343**	**329**	**1**

(c) 5—9 *years*																
1. 12 years and below ...	1	...	...	1	3	...	4	6	2	2	4	2	8	13	2
2. 13—17 years ...	133	308	2	32	72	2	91	194	2	41	87	2	297	661	2
3. 18—22 ,, ...	78	178	2	34	60	2	68	156	2	36	67	2	216	461	2
4. 23—27 ,, ...	10	21	2	6	10	2	6	11	2	4	11	3	26	53	2
5. 28 + ,, ...	1	2	2	...	...	...	5	4	1	...	...	...	6	6	1
Total ...	**223**	**509**	**2**	**73**	**145**	**2**	**174**	**371**	**2**	**83**	**169**	**2**	**553**	**1,194**	**2**
(d) 10—14 *years*															
1. 12 years and below ...	11	30	3	1	9	9	6	22	4	4	11	3	22	72	3
2. 13—17 ,, ...	134	473	4	36	111	3	109	379	3	45	161	4	324	1,124	3
3. 18—22 ,, ...	71	258	4	25	85	3	52	166	3	30	89	3	178	598	3
4. 23—27 ,, ...	7	28	4	3	10	3	8	13	2	5	19	4	23	70	3
5. 28 + ,, ...	2	4	2	...	...	...	1	4	4	...	...	...	3	8	3
Total ...	**225**	**793**	**4**	**65**	**215**	**3**	**176**	**584**	**3**	**84**	**280**	**3**	**550**	**1,872**	**3**
(e) 15—29 *years*															
1. 12 years and below ...	23	94	4	6	21	4	26	124	5	19	117	6	74	356	5
2. 13—17 years ...	291	1,349	5	91	375	4	229	1,084	5	116	598	5	727	3,406	5
3. 18—22 ,, ...	87	344	4	25	75	3	63	262	4	28	115	4	203	796	4
4. 23—27 ,, ...	8	33	4	5	30	6	8	19	2	2	9	5	23	91	4
5. 28 + ,, ...	2	4	2	...	...	...	2	...	...	1	6	6	5	10	2
Total ...	**411**	**1,824**	**4**	**127**	**501**	**4**	**328**	**1,489**	**5**	**166**	**845**	**5**	**1,032**	**4,659**	**5**
(f) 30 *years and above.*															
1. 12 years and below ...	9	55	6	2	10	5	12	68	6	21	106	5	44	239	5
2. 13—17 years ...	44	243	6	24	120	5	69	358	5	43	272	6	180	993	6
3. 18—22 ,, ...	17	96	6	8	31	4	16	88	6	9	40	4	50	255	5
4. 23—27 ,, ...	6	17	3	1	...	...	...	...	...	...	...	...	7	17	2
5. 28 + ,, ...	1	6	6	...	...	...	...	...	...	...	...	...	1	6	6
Total ...	77	417	5	35	161	5	97	514	5	73	418	6	282	1,510	5

TABLE VI—(*concld.*)

AVERAGE CHILDREN BORN PER WOMAN BY AGE AT MARRIAGE—(*concld.*)

Particulars	Zone I			Zone II			Zone III			Zone IV			All Zones		
	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman	No. of women surveyed	No. of children born	Average No. of children per woman
(1) (2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
6. By practice of family planning methods :															
(a) *Practising family planning*															
1. 12 years and below...	...	...	...	1	3	3	8	41	5	4	29	7	13	73	6
2. 13—17 years ...	62	308	5	25	109	4	38	168	4	40	206	5	165	791	5
3. 18—22 ,, ...	30	149	5	9	25	3	40	141	4	18	68	4	97	383	4
4. 23—27 ,, ...	6	18	3	1	3	3	2	6	3	6	17	3	15	44	3
5. 28 + ,, ...	...	...	...	...	...	...	2	7	4	2	6	3	4	13	3
Total ...	**98**	**475**	**5**	**36**	**140**	**4**	**90**	**363**	**4**	**70**	**326**	**5**	**294**	**1,304**	**4**
(b) *Not practising family planning*															
1. 12 years and below...	44	179	4	10	41	4	41	179	4	43	209	5	138	608	4
2. 13—17 years ...	604	2,131	4	182	590	3	518	1,889	4	238	938	4	1,542	5,548	4
3. 18—22 ,, ...	284	782	3	102	241	2	232	585	3	115	264	2	733	1,872	3
4. 23—27 ,, ...	33	87	3	21	52	2	40	56	1	11	27	2	105	222	2
5. 28 + ,, ...	8	16	2	...	...	...	7	1	...	1	...	...	16	17	1
Total ...	**973**	**3,195**	**3**	**315**	**924**	**3**	**838**	**2,710**	**3**	**408**	**1,438**	**4**	**2,534**	**8,267**	**3**

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