

Attitude of Couples towards Family Planning

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ABSTRACT The study entitled 'Attitude of Couples towards Family-Planning' was conducted with an aim to assess knowledge, understanding and attitude of couples towards family planning across the two ecological settings of Jammu district. The influence of education on the attitude under consideration was also evaluated. Sample for the study comprised 200 married couples drawn from Jammu district through stratified random sampling technique. The tools for data collection included interview schedule, questionnaire and a rating scale. The results witnessed a high prevalence of illiteracy and associated ignorance among rural masses (35%) especially regarding the concepts and measures of family planning ($\chi^2= 14.24$, Sig. 1%). Majority of rural respondents especially women folk (51%) were unaware of concepts related to family planning. Condoms were by far the most favourable contraceptive measures across both settings (81% males and 77.5% females) followed by birth spacing pills (39%). The appropriate knowledge regarding other measures e.g. Copper-T (13.5%) and male sterilization was lacking. Further, urban respondent entrusted the contraceptive responsibility on their respective partners (43% males, 44% females), while rural couples (74% females and 64% males) followed the same age-old traditional concept of male dominance and superiority. Television and magazines were found to be the major accessible sources of information. Results from rating scale revealed a major difference ($\chi^2= 54.66$, Sig. 1%) in the attitude of respondents. Education was found to be significantly associated with the respective attitude of respondents towards family planning.

INTRODUCTION

The single most important problem that India is facing now is the uncontrolled growth of population (NFHS 1998-1999). In August, 1999 India became the 2nd country to have its population reach one billion mark (Brown and Brain 2002), with a growth rate of 21.34% in the last decade, meaning nearly 180 million persons were added to the national population (Bhasin et al. 2005). Although, certainly a landmark, a billion people in a country, one-third the size of United States is more worthy of an alarm than celebration (Hansen 2002) not only on aparchromion, but an undoubted handicap in the socio-economic progress of the country. Realizing these consequences, India has been implementing official family planning programs to curb population growth since 1950 (<http://www.library>). But in spite of the availability of a wide range of contraceptives and mass-media campaigns and ICC programmes, the population control remained a

distant dream to achieve (Sharma et al. 1997). This was possibly because over the years, emphasis was laid on the adoption of drastic measures, thereby neglecting its acceptance at grass-root levels (Hansen 2002).

However, the acceptance of family-planning is influenced by many socio-cultural and demographic factors at levels of individual, family and society (Parek and Rao 1984; Bhujan 1991). Among these different factors, education is considered to exert most profound effect on family planning acceptance and fertility. It is usually maintained that education not only provides opportunities for personal advancement and awareness of social mobility but it also provides a new outlook, freedom from tradition, the willingness to analyse institutions, values and patterns of behavior and the growth of rationalism (Bhujan 1991). In other words, education is the most dynamic and influential tool for inducing positive attitude among couples towards the methods and measures of family planning (Shukla 2006)

The large urban-rural gap in educational attainment exposure and opportunities, is thus the major impediment and obstacle in the success of family planning goals. Since 70% of the Indian population belongs to rural area, where the decades of illiteracy, ignorance and lack of scientific outlook led to the blindly following of irrational

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beliefs, baseless psychological fears and traditional myths and taboos, especially those governed by socio-cultural and religious backgrounds (Sekher 2001; Manju 2005). In the absence of adequate and accurate information regarding different contraceptive measures as well as the benefits of family planning measures, a negative or more so use approving attitude rural masses added to the ever increasing population burden (Basu 1984). Keeping all this in mind, this study was carried out in the two ecological settings of Jammu district (Rural and Urban) to compare the knowledge, practice and attitude towards family planning and to comprehend the influence of education on the attitude under consideration.

METHODOLOGY

The methodological framework for the study was as under:

Sample and Procedures

The sample for the study was selected from the urban and rural areas of Jammu. A total of 200 couples i.e. 200 women and their husbands were equally selected from two ecological settings. Multistage stratified random sampling method was adopted to identify the desired sample. The urban sample was selected from 23 wards of Jammu city, which were categorized according to proximity into four groups. Similarly, rural sample was selected from 11 blocks, which were clubbed into four main groups. Accordingly equal numbers of respondents (i.e. 25 couples) were randomly selected from each group in both the areas.

Tools

The following tools were used for data collection

1. Interview Schedule for Women Respondents: In order to get detailed information about the issues related to family planning, structured interview schedule was constructed for female respondents on the basis of available literature in the concerned area. The major areas of interview schedule were: Family profile, Awareness of family planning, Sources of information regarding contraceptives, Use of contraceptives, Different contraceptives used by respondents.

2. Questionnaire for Male Respondents: A questionnaire was framed for the husbands of

the sample women to elicit information on several parameters of family planning. The areas of the questionnaire were same as those of the interview schedule for women.

3. Rating Scale: Attitude of respondents towards family planning was assessed with the help of a rating scale namely 'Attitude scale towards family planning' by Hakim (2003). This was a proto type five-point scale based on Likert's pattern. It is designed to measure attitude towards family planning, birth spacing, use of contraceptives and the size of the family, as determined by preferences of the respondents. The purpose of using the attitude scale was to identify among the potential respondents positive and negative attitude towards family planning as both positive (favourable) as well as negative items were equally distributed in the scale. The scale consisted of 28 items related to family planning.

Analysis

A combination of quantitative and qualitative methods were used for the analysis of the results. Information obtained through interviews and questionnaires were subjected to content analysis, while that obtained by the use of rating scale was analyzed by quantitative procedures. Appropriate statistical procedures were used wherever possible.

RESULTS AND DISCUSSION

a) Age of Respondents: The sample group was equally divided among two age groups (20-30 years and 31-40 years) both among rural and urban ecological settings.

b) Educational Level: Analysis of the education level of the respondents revealed a significant difference in the educational status of respondents ($\chi^2= 159$, Sig. 1%) across the two ecological settings. While all the respondents in the urban area were literate, in rural areas 33% females and 38% males were illiterate. A large number of female respondents (29%) had only passed fourth standard whereas only one respondent was graduate in rural area. In urban areas most of females (34%) had completed high school, followed by another 24% and 22% who were educated till middle school and graduation respectively. Further only 4% male respondents from rural area were graduates in comparison to 28% males in urban areas (Table 1). These results

Table 1: Distribution of respondents according to their educational status

Type of setting Gender	Urban		Rural		Total	
	Female	Male	Female	Male	Female	Male
<i>Education Level</i>	<i>n (100)</i>	<i>n (100)</i>	<i>n (100)</i>	<i>n (100)</i>	<i>n (100)</i>	<i>n (100)</i>
Illiterate	-	-	33	38	33 (16.5%)	38 (19%)
Literate till Pry. School	4	1	29	12	33 (16.5%)	13 (6%)
Primary School completed	16	23	16	13	32 (16%)	36 (18%)
Middle	24	25	10	19	34 (16%)	36 (18%)
High	34	23	11	14	45 (22.5%)	37 (18.5%)
Graduate & above	22	28	1	4	23 (11.5%)	32 (16%)

($\chi^2= 159$, Sig. 1%) significant difference

indicate that education has still to cover long roads in rural areas.

c) Awareness Regarding Family Planning: Awareness dictates acceptance or rejection of a phenomenon, while assessing the awareness of respondents regarding family planning, a marked difference was observed between rural and urban respondents. On the whole, majority of population from urban areas (72% male and 54% females) were well-acquainted about the concepts and measures of family planning, with a significant 23% females and 19% males having even partial information. However, the scenario was quite different in rural settings, where large proportion of population (51% females) were either completely ignorant of such measures or had incomplete and insufficient information (57% males) (Table 2). These results thus reflected a portrait of widespread spell of ignorance and misconception about family planning measures among rural masses, which further get supported by calculation of chi-square ($\chi^2= 14.24$, Sig. 1%).

Apart from regional differences, inter-gender differences were also observed ($\chi^2= 29.24$, Sig. 1%) with female population (37%) lagging behind males (13%) in knowledge, understanding and perception of family planning measures.

d) Use of Contraceptives: The respondents were required to share their opinion regarding the use of contraceptives. A marked difference was observed in the opinion of respondents across the two settings ($\chi^2= 20.50$, Sig. 1%). The rigid traditional concept of male superiority was quite evident in rural settings where majority of respondents (67% males) especially female (74%) opined that contraceptives should be used by womenfolk, considering it their duty towards their husbands (Table 3). Mixed responses were obtained from urban settings where majority of males (43%) and females (44%) favoured its usage by their respective spouse. Further, a significant number of male respondents also believed that there needs to be mutual consent of partners regarding the use of contraceptives.

Table 2: Awareness of family planning

Type of setting Gender	Urban		Rural		Total	
	Female	Male	Female	Male	Female	Male
<i>Awareness of Family Planning</i>	<i>n(100)</i>	<i>n (100)</i>	<i>n (100)</i>	<i>n (100)</i>	<i>n (100)</i>	<i>n (100)</i>
No	23	9	51	18	74 (37%)	27 (13%)
Partial	23	19	33	57	56 (28%)	76 (38%)
Yes	54	72	16	25	70 (35.5%)	97 (48.5%)

($\chi^2 = 159$, Sig. 1%) significant difference

Table 3: Use of contraceptives by respondents

Type of setting Gender	Urban		Rural		Total	
	Female	Male	Female	Male	Female	Male
<i>Use of Contraceptives</i>	<i>n (100)</i>	<i>n (100)</i>	<i>n (100)</i>	<i>n (100)</i>	<i>n (100)</i>	<i>n (100)</i>
Either husband or wife	19	35	7	16	26 (13%)	51 (25.5%)
Wife	37	43	74	67	111 (55.5%)	110 (55%)
Husband	44	22	19	17	63 (31.5%)	39 (19.5%)

($\chi^2= 20.50$, Sig. 1%) significant difference

e) Different Contraceptives Used: Among different contraceptives condoms were the only male contraceptive measure used, probably due to lack of information about other male contraceptives. On the whole, majority of respondents (81% males, and 77.5% females) preferred condoms due to its easy availability, cheap cost, easy applicability and lack of side effects. Among female contraceptives, birth spacing pills showed high appreciation in both settings (40% urban and 38% rural) irrespective of the various side effects associated with them. Significant appreciation for copper-T was also observed among urban females (20%) which their rural sisters lacked (6% only) probably due to lack of adequate knowledge and inadequate availability (Table 4).

Further, in the presence of high approval for these current modern methods of birth-spacing the acceptability of natural methods including safe period (10.5% females and 5.5% males) and withdrawal (22.5 females and 13.5% males) showed progressive decline especially due to high risk of failure.

f) Source of Information: While considering the various informative sources, mass-media especially television was found to be the most important source for majority of male (35%) and female (39%) respondents. Apart from television, magazines were the next prominent source of information for urban male (31%) and female (27%) respondents, an indicative of their high educational attainment. Among family members, husbands were the most important source for urban females (36%) which points towards a sense of better mutual understanding and interaction among urban couples as compared to their rural counterparts (15%). Beside husbands, sisters (19% in each case) were also considered to provide realistic information on the said topic (Table 5). However, important role of medical personnel in disseminating information regarding family planning measures was also indicated from the study as a significant number (36%) of urban males had acquired information from them.

g) Attitude towards Family Planning: While assessing the attitude of respondents towards

Table 4: Different contraceptives used

Type of setting Gender	Urban		Rural		Total	
	Female n (100)	Male n (100)	Female n (100)	Male n (100)	Female n (100)	Male n (100)
Different Contraceptives Used by Respondents						
Artificial Contraceptives						
Condoms	86	78	69	84	155 (77.5%)	162 (81%)
Pills	40	-	38	-	78 (39%)	-
Copper-T	20	-	6	-	27 (13%)	-
Intra-vaginal loops	1	-	9	-	10 (5%)	-
Natural contraceptives	-	-	-	-	-	-
Safe period	17	10	8	-	21 (10.5%)	11 (5.5%)
With drawal	24	24	-	6	45 (22.5%)	27 (13.5%)

Table 5: Sources of information regarding contraceptives

Type of setting Gender	Urban		Rural		Total	
	Female n (100)	Male n (100)	Female n (100)	Male n (100)	Female n (100)	Male n (100)
Source of Information						
Media	61	74	49	45		
TV	37	43	42	27	79 (39%)	70 (35%)
Radio	-	-	7	11	7 (3.5%)	11 (5.5%)
Magazine	24	31	-	7	24 (12%)	38 (19%)
Family Members	63	16	35	11	98	27
Husband	36	-	15	-	51 (25%)	-
Father	-	-	-	-	-	-
Mother	7	-	1	-	8 (4%)	-
Sister	19	-	19	-	38 (19%)	-
Cousins	1	16	-	11	1 (0.5%)	27 (13.5%)
Any other	-	-	-	-	-	-
Medical Personnel	14	7	11	36	25 (12.5%)	43 (21.5%)
Para-medical personnel	9	-	5	-	14 (7%)	-
Any other	-	27	-	8	-	35 (17.5%)

Table 6: Attitude of respondents towards family planning

Type of setting Gender	Urban		Rural		Total	
	Female n (100)	Male n (100)	Female n (100)	Male n (100)	Female n (200)	Male n (200)
Attitude Towards Family Planning						
Positive	61	55	21	25	82 (41%)	80 (40%)
Neutral	14	18	29	03	43 (21.5%)	30 (15%)
Negative	25	27	50	72	75 (37.5%)	99 (49.5%)

($\chi^2= 54.66$, Sig. 0.5%) significant difference

family planning, a marked difference was observed in the two ecological settings under consideration. Majority of the male (55%) and female (61%) respondents in urban areas were having positive attitude towards family planning as they scored higher on statements like 'less children makes family life happy, family planning measures are good for spacing children, maintaining good health etc.' Only 1/4th (approx.) of both male (27%) and female (25%) respondents had negative attitude. As compared to urban areas, majority of respondents, females (50%) and male (72%) in rural areas showed negative attitude towards family planning and scored higher on negative statements. Just 21% of females and 25% males had positive attitude, indicating that family planning measures are not widely accepted by rural respondents especially by males (Table 6). Computation of chi-square also reveal significant differences in the attitude of respondents ($\chi^2= 54.66$, Sig. at .05) in the two settings under consideration.

h) Relation of Attitude and Educational Level of Respondents: Education is found to be the most important factor in changing the attitude of people towards family planning (Uddin et al. 1995). The wide difference in the educational levels of respondents in the two ecological settings under consideration is directly correlated with the difference in their respective attitude towards family planning measures ($r = 0.934$). Widespread illiteracy had imbibed the seeds of ill-understanding, ignorance and rigid concepts among rural masses regarding family planning measures which consequently lead to the development of negative attitude towards such measures. On the other side, a wave of appreciation among urban respondents towards adoption and acceptance of family planning measures is highly attributed to their comparative high access to educational opportunities. Moreover, positive attitude was much evident among highly qualified respondents i.e. graduates and above (20% females, 28% males

in urban areas) while negative attitude was the behavioural aspect of illiterate ones.

DISCUSSION

The study 'attitude of couples towards family planning' was carried with an aim to assess and compare the knowledge, understanding and attitude of respondents toward family planning measures, in the two ecological settings of Jammu district (Rural and Urban setting). Further education status of respondents in the two respective areas was correlated with the attitude under consideration. The results revealed that most of the respondents in both areas were partially aware of family planning methods, though all the respondents were in favour of its adoption. These results are in accordance with findings of Basu (1984) who considered the low rates of contraceptive use in India, partly due to lack of adequate knowledge regarding different birth control methods. In other words, inadequate and incomplete knowledge about the programmes and procedures of family planning are the major hindrance in its adoption by masses especially among rural one (Kaur and Singh 1982) which consequently favour high fertility in developing countries, like India (Basu 1984). As far as the knowledge regarding different contraceptive measures was concerned, a high spectrum of appreciation for current modern contraceptives was observed in both areas, especially among urban respondents probably due to greater availability and accessibility of these measures in urban areas (Uddin et al. 1995). Even among modern contraceptives, condoms were by far the most commonly used measure, in both rural and urban areas.

Chaney (1993), Gupta et al. (2004), Takkar et al. (2005) also reported of the popularity of condoms as the most appreciable contraceptive measure among masses. Apart from condoms, birth spacing pills were the next commonly used

contraceptives, though it was associated with many side-effects. The reports of various side-effects including swelling, weight-gain, dizziness, fatigue, nausea, bleeding, change in skin and hair were also forwarded by Trlin and Perry (1982) as the causative factors for withdrawal of oral contraceptives. On the other hand, the appreciation for natural contraceptives including safe-period and withdrawal was not much evident among respondents especially rural ones probably due to lack of proper knowledge and high risk factor associated with it.

Further a statistically significant difference ($\chi^2=20.50$, Sig. 1%) was observed in the perception of rural and urban respondents regarding the adoption of contraceptive measures, while the urban population believed in mutual consent of husband and wife on the use of contraceptive, the rural ones, especially women, held the notion, that contraceptive measure should only be adopted by female folk (74% males and 64% females). The high appreciation for female contraceptive measures was probably due to lack of adequate knowledge about male contraceptive including male sterilization/ vasectomy (Gupta et al. 2004; Hansen 2005) as well as the reluctance of male respondents towards the self-adoption of family planning measure. The rigid traditional concept of male superiority and dominance were also found to be the underlying factors for high acceptance of female contraceptive measures, a tradition more sternly enforced by female folk (Sahawneh 1982) on their sister population. This also reveals that in spite of being less aware, female respondents are more active participants of family planning programmes (Rao 1993).

Among the varied sources of information, mass-media especially television was found to be the most important informative source. Importance of television in disseminating information relating to age of marriage, birth spacing, contraceptives and safe-sex was also reported by Devi (1990). Like-wise Ramesh (1996) and Kulkarni (1998) also found that exposure to mass-media strengthens women's motivation to prevent fertility. The exposure to mass-media enlightens masses, about the pros and cons of reproduction and sexual relations. Harder and Azahar (1995) also reported of positive attitude toward family planning among women who had greater exposure to mass-media.

Apart from mass-media, magazines were the next important informative sources for urban

population, indicating towards high literacy status of urban respondents.

Among relatives, husbands (36%) were found to be important sources of information relating to family planning especially among urban respondents, which points towards greater compatibility among urban couples as compared to rural one. These results are supported by the findings of Shukla (2006) who reported that wives' knowledge and attitude is dependent upon their husbands' knowledge as males usually exceed females in knowledge and accessibility of information sources (Uddin et al. 1995).

The results from rating scale reflected a marked difference ($\chi^2=54.66$, Sig. 1%), in the attitude of rural and urban respondents. A sense of positive attitude was evident among urban respondents, as they scored higher on statements like 'less children make family life happy' Similar results were also deduced by Gupta et al. (2004) who found that family planning practices are more positively adopted by urban married women than their rural counterparts. These results thus point towards substantially higher rates of positive and favourable behaviour of urban respondents towards family planning than their rural counterparts (Vlassoff 1982; Sekher 2001; Manju 2005).

This urban-rural difference is possibly due to the difference in educational attainment of respondents in the two areas. The computation of chi-square ($\chi^2=159$, Sig. 1%) further supports the results. In other words, increased access to education and employment, more health facilities, as well as increased exposure to mass-media not only enrich the knowledge of urban residents regarding the method and importance of family planning, but is also significantly related to the level of adoption of these measures (Sekher 2001). Moreover, education has been found to be the key factor influencing the use of contraceptives. (Ramesh 1996; Liebroer 1997) also reported that education is clearly related to knowledge of contraceptive method and adoption of family planning measures. Education increases the awareness about health, hygiene, civic amenities and knowledge about developmental process. Further, where female literacy is higher and women who grew up in urban environment are more likely to approve family planning measures than their rural sisters (Khalif 1985). Hence education not only helps in altering the relative control of couples over fertility and contraceptive views, but also influences their attitudes and abilities.

On the otherhand, the development of less positive or more so negative attitude towards family planning among rural respondents is not probably due to their low educational levels (Baba 1990), less exposure to modern technologies and lack of availability of appropriate measures. This low level of modernization, reinforced by low educational attainment and rigid-beliefs in religious myths, irrational traditional beliefs, customs and associated psychological fears etc. are found to be the impediments and obstacles in the implementation of family planning programmes in rural areas.

To conclude, the less positive or more so, a negative attitude observed among respondents towards family planning was partly (1) due to low levels of education among respondents especially in rural areas which in turn cause low knowledge about different methods of birth control. (2) The low use of all methods except condoms, which is a good proxy for the lack of knowledge about various contraceptive methods especially male-sterilization.

RECOMMENDATIONS

In the interest of achieving demographic targets and clientele of family planning programmes, the following recommendations are suggested.

1. The emphasis must be placed on spreading practical information about family planning methods. For this, programmes need to increase its level of activities and change, the content of these activities by shifting the emphasis from 'why birth control is essential' (as most couples are now aware of officially propagated advantages of small families) to how small families can be achieved by methods less drastic than operation.
2. Since, success of family planning programme depends on ultimate acceptance and adoption of family planning measures by eligible couples, special attention should be placed on reaching younger women, on adult education programme, informational approaches aimed at both sexes and at programs aimed generally at increasing the level of modernization, especially in rural areas.
3. Sex and family education should be imparted from school years. Rural schools should also help to transmit modern concepts by organizing field trips to outside area. For these

women, modern ideas and methods must be proven relevant and acceptable with in village (Vlassoff 1982).

4. One of the possible drawbacks of family planning programmes is that men are usually excluded from the programme, even when they are still major decision makers in the majority of households. Therefore, a more balanced approach to couples is needed in which husbands also have equal participation in couple's contraceptive practice.
5. Further, a high coital frequency occur among newly married couples, early marriages should be discouraged by providing young men and women with opportunities for high education and for generating income.

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