## **Research Papers**



# **Prospects of Family Planning in India: An Empirical Analysis**

Zeba Nisar
Research Fellow
Department of Geography
Aligarh Muslim University
Aligarh-202002, U. P.

Email:zebznisar@gmail.com

Tarique Hassan
Senior Research Fellow
Department of Geography
Aligarh Muslim University
Aligarh-202002, U. P.
Email:thkhan1@gmail.com

#### Abstract

This paper uses the NFHS-3 (2005-06) survey data on family planning to examine the prospects of family planning among different religious groups of the country by emphasizing on the issues related to the perception and knowledge of contraception, and the means of exposures to family planning messages, and its needs at the present scenario. The study reveals that the extent of knowledge of contraceptive methods has been highest in the religion of Buddhism and Jainism, while, the Christians witnessed the lowest knowledge of contraceptive methods among all the major religious communities. Moreover, there were significant differentials in the adoption of sterilization between each of the religious groups, highlighting the lowest use of sterilization by Muslim women and highest by Buddhist women. In addition, the frequency of use of any modern method at the time of sex is lowest in Muslims.

Similarly, television is one of the well–known sources of exposure to family planning messages among men and women of all specific religious communities, which was highest among Jains. However, the total demand for family planning has been found particularly high in women of Jain community and low in Muslim community.

Introduction

In India, the National Family Welfare Programme was launched in 1951 with the objective of reducing the birth rate to stabilize the exponential population growth. Moreover, in the National Population Policy, 2000, the Government of India set as its immediate objective the task of addressing unmet need for contraception in order to bring down the total fertility rate to the replacement level by 2010. To execute this objective, the concept of family planning has been emphasized in all the services and interventions under the Family Welfare Programme, Child Survival and Safe Motherhood Programme and later on it was integrated with the Reproductive and Child Health Programme (NFHS–3, 2005–06).

The perception of people on the subject of family planning is very crucial because it gives you an idea about the attitude of the people regarding the contraceptive methods and also helps in changing the fertility behaviour of individual, groups and communities. However, many researchers have tried to evaluate the family planning programs in terms of the availability of contraceptives or the unmet need or demand for family planning (Boulier 1985a; Westoff 1978; Westoff & Pebley 1981) rather than whether individuals demand such programs or not (Liao, T.M., 1994).

The disparities in family planning is mainly due to the differences in knowledge and attitudes about contraception and pregnancy and the access to family planning services (Dehlendorf, C., et al, 2010), as well as the apprehension about side effects of contraceptives methods (Scott CS et. al. 1988;

Gilliam ML et. al., 2004) and religious beliefs. Among all the above mentioned reasons, religion has a significant relevance in affecting the fertility behaviour of an individual, because it prescribes a code of life and refers to a system of beliefs, attitudes and practices which individuals share in groups, and through this orientation towards life and death (Chaudhary, 1982).

According to Westoff (1959), "the religious affiliation of the couple connotes a system of values which can affect family via several routes: (a) directly, by imposing sanctions on the practice of birth control or legitimizing the practice of less effective methods only, or (b) indirectly, by indoctrinating its members with a moral and social philosophy of marriage and family which emphasizes the virtues of reproduction". However, religious and cultural factors have the potential to influence the acceptance and use of contraception by couples from different religious backgrounds in very distinct ways (Srikanthan and Reid, 2008). Thus, religion plays an important role in sanctioning or promoting acceptance of or creating resistance to family planning (Pearce 2001; Mistry 1999; Adioetomo 1995; Mullatti 1995; Davis et al. 1993; Srikantan 1993; Islam et al. 1991; Caldwell and Caldwell 1988, 1987; Chamie 1981; Kirk 1968).

Therefore, it should be necessary to understand the perceptions, beliefs and attitudes of different religious groups towards family planning. As far as the Hindus are concerned they have opinion that the decision to use contraception as a personal matter for women that is not usually within the scope of religious injunction, therefore, the choice of contraceptive method is personal (Iyer S., 2002), while, the majority of Islamic jurists indicated that family planning is not forbidden and classify the contraception which ranges from permissible to disapproved (Omran, A. R., 1992). Moreover, some fundamentalist Muslim believers insist that any form of contraception violates the God's intentions (Poston, L., 2005). However, Buddhism does not stress procreation and thus, the tradition of high fertility is related to cultural rather than religious factors (Schenker and Rabenou, 1993), and their attitude towards family planning allows both men and women the right to use any non-violent form of contraception (Gnanawimala, B 1993). Within Judaism, procreation is a religious duty for males but a meritorious act for females; therefore, husbands must be informed of and approve the use of contraception (Geller, 2005 and Feldman, 1992).

The perception of different religious groups about the family planning or the use of contraceptive methods clearly depicts that the individual belongs to different religion has distinct opinion and apprehension about the use of contraception methods, which is largely influenced by their religious beliefs, attitudes and practices of life. According to the Census of India, 2001, the proportion of Hindus population to the total population was 80.5 percent, followed by Muslims 13.4 percent, Christians 2.3 percent, Sikhs 1.9 percent, Buddhists 0.8 percent, Jains 0.4 percent and remaining 0.6 percent comes under the other religious communities. Therefore, the study of religious communities is important and intriguing in case of India because of its religious heterogeneity and the fact that followers of different religions are living side by side (Malika, 1999) and thus, study of family planning should be religion oriented.

# **Objectives:**

The present study aims to highlight the following issues:

- (i) To assess the perception and knowledge of contraception methods among adolescents (15–49 age).
- (ii) To examine the gender-wise means of exposure to family planning messages in India.
- (iii) To show the total need of family planning at the present scenario among different religious groups of the country.

# **Database and Methodology**

The entire research work is based on the secondary sources of data i.e. 'the third National Family Health Survey (NFHS-3)', 2005-06. It was coordinated by the International Institute for Population Sciences (IIPS) under the aegis of the Government of India. As was in the NFHS-1 (1992–93) and NFHS-2 (1998-99), NFHS-3 also provides information on fertility, mortality, family planning, HIV-related knowledge, and important aspects of nutrition, health, and health care, and collected information from a nationally representative sample (covers 99 percent of India's population living in all 29 states) of 109,041 households, 124,385 women age 15-49, and 74,369 men age 15-54. However, in the present study only that information has been taken into account, which was related to family planning.

In NFHS-3, all women were asked questions about their knowledge of various family planning methods. Information related to the use of family planning methods was collected from all ever-married women and sexually active never married women. Information on knowledge of contraceptive methods and ever use of male methods was collected from all men, irrespective of their marital status and sexual activity status. All the indicators required for assessing the fertility impact of contraception are estimated from women's interviews.

## **Results and Discussions**

Table 1 shows the extent of knowledge of contraceptive methods among adolescent women and men in different religious communities. On an average adolescent men (94.78 per cent) are more knowledgeable about contraceptive methods than adolescent women (93.57 per cent). An examination of data given in Table 1 reveals that the highest proportion of dimensions of knowledge of contraceptive methods among men has been recorded by the religion of Jainism and Buddhism, followed by Hindus and Muslims, while the Christians

Table 1: Religion-Wise Knowledge of Contraceptive Methods among Adolescents

Religion	Women (%)	Men (% )	
Hindu	96.5	97.6	
Muslim	94.4	96.3	
Christian	92.5	91.9	
Sikh	93.4	96.4	
Buddhist	98.1	99.2	
Jain	97.3	100	
Other	82.8	82.1	

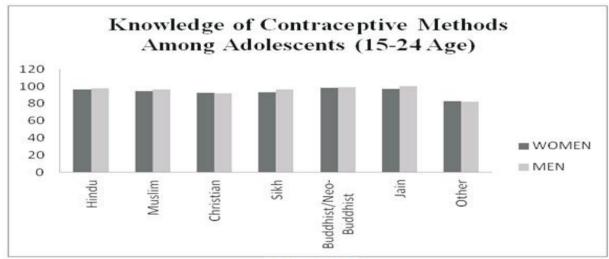


Figure: 1

witnessed the lowest share among all the major religious communities. The proportion of adolescent women knowing contraceptive methods is highest in Buddhism religion i.e. 98.19 per cent while, adolescent men of Jain religion are more knowledgeable about the contraceptive methods than all other religions in the country (see fig. 1).

Differentials in contraceptive use among currently married women (age 15–59) by their religion are presented in Table 2. The prevalence of any modern method is highest among women of Jain religion i.e. 69.1 per cent, followed by Buddhists 64.7 per cent, Sikhs 58.4 per cent, Hindus 50.2 per cent, Christians 48.9 per cent, Muslims 36.4 per cent and other religion 21.1 per cent. More specifically, the prevalence of female sterilization is highest

Table 2: Percentage Distribution of Currently Married Women by Contraceptive Methods Currently Used, India, 2005-06

, 2005 00	,				
Religion	Any modern method	Female sterilization	Male sterilization	Condo m/ Niro dh	Pill & Others
Hindu	50.2	39.9	1.1	4.8	4.4
Muslim	36.4	21.3	0.6	6.8	7.8
Christian	48.9	40.7	0.7	3.6	3.9
Sikh	58.4	31.4	0.8	15.8	10.6
Buddhist	64.7	54.1	4.5	3.7	2.4
Jain	69.1	41.1	0.7	19.7	7.6
Other	21.1	14.2	0.4	1.8	4.7

Source: (NFHS-3), 2005-06: India: Volume I.

among Buddhists (54 per cent) and lowest in Muslims (21.3 per cent). The extent of use of condom/Nirodh is highest among Jains (19.7 per cent) and least among Christian and other religion i.e. 3.6 per cent 1.8 per cent respectively. Moreover, the use of pills, IUD and injectables is highest among Sikhs (10.6 per cent) and lowest among Buddhists (2.4 per cent). However, the contribution of male sterilization method is very low as compared to other contraceptive methods in all the religions.

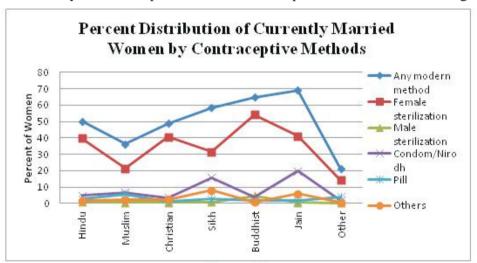


Figure: 2

The percentage distribution of currently married men and sexually active unmarried men (15–49 age) by contraceptive used with last partner has been given in Table 3. An analysis of Table 3 depicts that 64.2 per cent man in Buddhists and 62.1 per cent men in Jains have reported using any modern method at last time when they had sex, on the contrary, the

have reported using any modern method at last time when they had sex, on the contrary, the Table 3: Percent Distribution of Currently Married Men and Sexually Active Unmarried Men Age 15–49 by Contraceptive Used with Last Partner, India, 2005–06

Religion	Any modern method	Female sterilization	M ale sterilization	Condom/ Nirodh	Pills & Others
Hindu	44.2	31	1	7.7	4.4
Muslim	37.1	16.9	0.6	11	8.7
Christian	38.7	27.6	0.4	6.9	3.7
Sikh	53.4	24	0.2	23.6	5.7
Buddhist	64.2	46.5	2.1	11.6	4
Jain	62.1	30.1	4.1	22	5.7
Other	16.8	12.7	0.9	1.1	2.1

Source: (NFHS-3), 2005-06: India: Volume I.

frequency of use of any modern method at the time of sex is lowest in Muslims (37.1 per cent) among all the major religions of India. The prevalence of female sterilization ranges from a high of 46.5 per cent in Buddhist to 16.9 per cent in Muslims, while, the use of male sterilization is quite low, and recorded less than 1 per cent in Muslims, Christians and Sikhs except the Hindus, Buddhists and Jains

recorded 1 per cent, 2.1 per cent and 4.1 per cent respectively. The occurrence of use of condom/nirodh is highest in Sikhs (23.6 per cent) followed by Jains (22 per cent) than other religious groups. The pills and other contraceptive methods (IUD and injectables) contribute a very low percentage in all religious groups, but it was reported 8.7 per cent in Muslims, which is quite alarming.

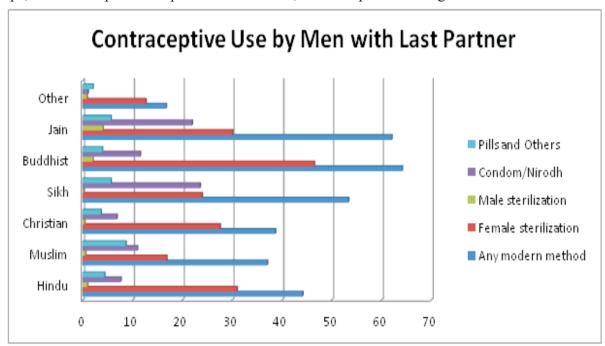


Figure: 3

different religious groups. The data given in Table 4 shows that more than 50 per cent of women of all religion have either heard or saw a family planning messages on television in past few months, excluding, the Muslims, who experienced the lowest share i.e., 41 per cent. Whereas, the highest percentage of Muslim women (46.1 per cent) reported that they saw or heard family planning message from none of these four media sources. Among specific religious groups, viz., Jains, Buddhists, Christians, Hindus, Muslims and Sikhs, the percentage of women who were aware about family planning messages by radio has been

Religion	Radio	Television	Newspapers and Magazines	Wall painting or hoarding	None of these four media sources
Hindu	33.7	50.2	22.5	27.3	38
Muslim	29.1	41	15.6	19	46.1
Christian	33.9	54.1	34.4	38.1	30.8
Sikh	19.4	69	34.8	32.3	26.8
Buddhist	35.1	61.8	29.8	35.9	32.1
Jain	35.7	87.7	71.6	63.2	7.9
Other	17.7	18.2	8.1	16.3	68.1

found as 35.7 per cent, 35.1 per cent, 33.9 per cent, 33.7 per cent, 29.1 per cent and 19.4 per cent respectively. The women of Jain religion witnessed the highest proportion of exposure to family planning messages through newspapers/magazines (71.6 per cent), wall painting and hoarding (63.2 per cent), while the percentages share of newspapers/magazines and wall painting and hoardings was lowest in Muslim women i.e., 15.6 per cent and 19 per cent respectively.

The extent of exposure to family planning messages among men in all religious groups is shown by Table 5. On an average, 2/3rd of men of all religious groups reported that they heard/saw a family planning messages through television. More than fifty percent of men in Buddhist, Jain, Hindu and Muslim religions become conscious about family planning messages through radio .However, the percentage share of men who were exposed to family planning messages through radio in Christians and Sikhs have been observed 46 per cent and 45.1 per cent respectively. Television is one of the well–known sources of exposure to family planning messages among men in Jains (94.6 per cent) followed by Sikhs (86.5 per cent), Buddhists (75.8 per cent), Hindus (64.5 per cent), Christians (61.7 per cent)

and Muslims (58.2 per cent). After television, wall painting or hoarding and newspapers/magazines are also the major sources of exposure among men of different religious groups. A higher propor—Table 5: Exposure to Family Planning Messages among Men in India

			Newspapers and	Wall painting	None of these four
Religion	Radio	Television	Magazines	or hoarding	media sources
Hindu	53.5	64.5	51.2	56.8	8.0
Muslim	51.4	58.2	41.0	47.6	9.9
Christian	46.0	61.7	52.1	57.6	8.3
Sikh	45.1	86.5	55.4	66.1	2.2
Buddhist	60.7	75.8	61.9	61.3	3.9
Jain	59.8	94.6	89.6	87.8	0.0
Other	34.7	24.7	18.9	41.4	22.5

Source: (NFHS-3), 2005-06: India: Volume I.

tion of men (90 per cent) in Jains and lower proportion of men (41 per cent) in Muslims heard/saw a family planning messages through newspapers and magazines. Similarly, a higher percentage of men (87.8 per cent) in Jains and lower share of men (47.6per cent) in Muslims have been exposed to family planning messages through wall painting or hoarding. Moreover, 9.9 per cent of men belongs to Muslim religion witnessed that none of these four media sources help in exposing the family planning messages, while in the case of Jains, this problem did not exist.

As shown in Table 6, on an average 1/5th of total men believed that contraception is women's business and that a man should not have to worry about it and 16 percent of men

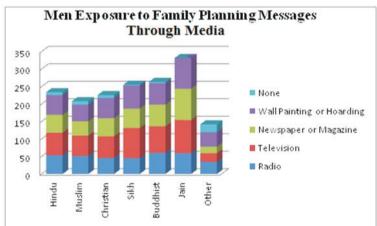


Figure: 5

thought that women who use contraception may become promiscuous, while, nearly half of men believed that a woman who is breastfeeding cannot become pregnant. More specifically, 27.6 percent men in Buddhist community believed that contraception is business of women and men should not have to worry about it. However, in Jains only 12.6 per cent men thought so. Moreover, 15 to 19 per cent men in Hindu, Muslim and Christian religion said that women who use contraception may become promiscuous while, in Buddhists only 8.3 per cent men believe on it. However, the highest percentage share of men (51.3 per cent) in Christians believed that a woman who is breast feeding cannot become pregnant.

Table 6: Percentage of Men (Age 15–49) who agree with two specific statements about women and contraception and say that a woman who is breastfeeding cannot become pregnant

Religion	Contraception is women's business and a man should not have to worry about it	Women who use contraception may become promiscuous	A women who is breast feeding cannot become pregnant
H ind u	21.9	15.8	48.9
M us li m	21.5	18.9	48.6
C hristia n	16.9	16.6	46.7
S ik h	15.7	10.7	51.3
Buddhist	27.6	08.3	47.2
Jain	12.6	12.1	49.8
Other	24.0	28.2	41.4

Source: (NFHS-3), 2005-06: India: Volume I.

The beliefs and perceptions of men of different religious communities about the effectiveness of condom use in preventing pregnancy are represented by Table 7. Nearly, 2/3rd men of all religions believed that if a male used condom correctly, it protects against pregnancy most of the time, whereas, 15 per cent thought that it protects against pregnancy only sometimes and 3 per cent said that it did not provide protection. One–sixth men of different religious groups did not know the answer or were unsure about the use of condom in preventing pregnancy. The highest proportion of men (80.2 per cent) has been recorded in Jains followed by Buddhists, Hindus, Muslim, Sikh and Christian who believed that if a male condom is used correctly, it protects against pregnancy most of the time. While, 0.9 per cent of men in Jains and 5 per cent men in Sikhs said that it did not provides protection. On the other hand, 22.7 per cent of men of Jains experienced that it protects against pregnancy only sometimes. Moreover, Christian recorded the highest percentage share i.e. 21.6 per cent and Jains the lowest i.e. 6.3 per cent who did not know the answer or were unsure about the effectiveness of condom in averting the pregnancy.

Table 7: Percent distribution of men according to their belief about the efficacy of condoms in preventing pregnancy, by background characteristics, India, 2005-06

Religion	Most of the time	Sometimes	Not at all	Don't know/unsure
Hindu	66.6	14.6	2.3	16.5
Muslim	62.8	18.7	2.3	16.2
Christian	60.5	15.4	2.5	21.6
Sikh	61.7	22.3	4.9	11.2
Buddhist	68.7	14.4	4.4	12.4
Jain	80.2	12.7	0.9	6.3
Other	46.7	8.7	2.4	42.1

Source: (NFHS-3), 2005-06: India: Volume I.

. The unmet need for family planning is an important indicator for assessing the potential demand for family planning services. Table 8 shows the unmet need and met need for family planning according to whether the need is for spacing or limiting births by different religious communities. An assessment of data given in Table 8 reveals that 18.8 percent of currently married Muslim women in India have an unmet need for family planning

Table 8: Need for family planning among currently married women (Age 15-49)

Religion	Unmet Need			Met Need	(Currently Usi	ing)
	For spacing	For limiting	Total	For spacing	For limiting	Total
Hindu	5.8	6.1	11.9	4.5	53.3	57.8
Muslim	8.6	10.2	18.8	6.8	38.9	45.7
Christian	6.4	6.1	12.5	5.3	52.4	57.6
Sikh	2.3	4.1	6.4	4.7	61.8	66.5
Buddhist	5.6	3.8	9.5	1.3	66.4	67.7
Jain	3	4.2	7.3	7.9	67.5	75.4
Other	10.3	14.6	24.9	2.1	23.2	25.3

Source: (NFHS-3), 2005-06: India: Volume I.

followed by Christians (12.5 per cent) and Hindus (11.9 per cent), while, their corresponding figures for limiting are 10.2 percent, 6.1 percent and 6.1 per cent and for spacing 8.6 per cent, 6.4 per cent and 5.8 per cent for Muslims, Hindus and Christians respectively. The lowest share has been witnessed by Sikhs i.e. 2.3 per cent for spacing and 4.1 per cent for limiting. However, the highest, 3/4th of the women (75.4 percent) among Jains have met need for family planning than women of other religious groups, and their respective figures for spacing and limiting are 7.9 per cent and 67.5 per cent respectively. On the Contrary, lowest proportion of women (45.7 per cent) in Muslims than other specific religious communities has met need for family planning.

Table 9: Percentage Distribution of Total Demand for Family Planning in India

Religion	For spacing	For limiting	Total
Hindu	10.3	59.4	69.7
Muslim	15.4	49.2	64.6
Christian	11.7	58.4	70.1
Sikh	7.0	65.9	72.9
Buddhist	6.9	70.2	77.2
Jain	10.9	71.7	82.7
Other	12.4	37.8	50.1

## Source: (NFHS-3), 2005-06: India: Volume I.

The total demand for family planning by different religious communities is represented by Table 10. On an average, including unmet and met need, 69 per cent of currently married women in India have a demand for family planning, of which 59 per cent for limiting, 10.6 per cent for spacing. The total demand for family planning has been found particularly high in women (82.7 per cent) of Jain community and low in women (64.6 p er cent) of Muslim community. The percentage share of women in Muslim community for total demand for family planning have been reported highest for spacing (15.4 per cent), while lowest for limiting (49.2 per cent) than other specific religious groups. Moreover, Jains witnessed the highest demand for limiting i.e. 71.7 per cent, while the Buddhist recorded the lowest share in the demand for spacing i.e. 6.9 per cent.

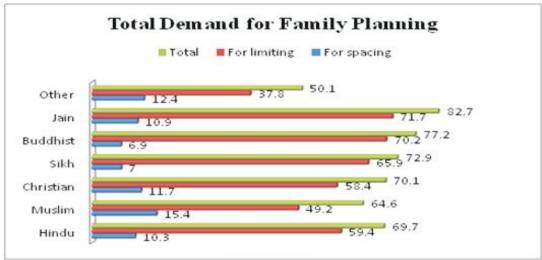


Figure: 6

# **Conclusion**

The overall analysis of the study reveals that the highest proportion of dimensions of knowledge of contraceptive methods has been recorded by the religion of Buddhism and Jainism and the lowest by the Christians among all the major religious communities. There were significant differentials in the adoption of sterilization between each of the religious groups, highlighting the lower use of sterilization by Muslim women and highest among Buddhist women. Moreover, the frequency of use of any modern method at the time of sex is lowest in Muslims. In addition, significant variation is also observed in exposure to family planning messages by different religious communities. Television is one of the well–known sources of exposure to family planning messages among men and women of all specific religious communities, but highest in Jains. On the other hand, lower share of men and women in Muslims have been exposed to family planning messages through newspaper and magazines.

The study also depicts that the Muslim women have higher unmet need than other religious groups for spacing as well as limiting. Contrary to this, lowest proportion of women in Muslims than other specific religious communities has met need for family planning. Unmet need for family planning has been found particularly low for Sikh women. The highest, 3/4th of the women among Jain have met need for family planning. Moreover, the total demand for family planning has been found particularly high in women of Jain community and low in women of Muslim community.

#### End notes:

- (i) All the tables are prepared on the basis of published tables by NFHS-3 (2005-06).
- (ii) Currently married women who are not using any method of contraception but who do not want any more children are defined as having an unmet need for limiting and those who are not using contraception but want to wait two or more years before having another child are defined as having an unmet need for spacing. The sum of the unmet need for limiting and the unmet need for spacing is the unmet need for family planning. Current contraceptive users are said to have a met need for contraception. The total demand for family planning is the sum of unmet need and met need.

#### **References:**

Adioetomo, S.M. (1995) The role of religion in the construction of the small family norm in Java, Indonesia, Journal of Population, Vol. 1, No. 1, pp. 107–129.

Boulier, B. L. (1985a) Evaluating unmet need for contraception: Estimates for Thirty-six Developing Countries, World Bank Staff Working Papers, No. 678, Population and Development series, No. 3, Washington, DC: The World Bank.

Caldwell, J.C. and P. Caldwell (1987) The cultural context of high fertility in sub–Saharan Africa, Population and Development Review, Vol. 13, No. 3, pp. 409–437.

Caldwell, J.C. and P. Caldwell (1988) Is the Asian family planning program model suited to Africa? Studies in Family Planning, Vol. 19, No. 1, pp. 19–28.

Chamie, J. (1981) Religion and Fertility: Arab Christian–Muslim Differentials, ASA Rose, Monograph Series, Cambridge: Cambridge University Press.

Chaudhary, G. (1982) Social Aspects of Fertility, Vikas, New Delhi.

Davis, W.L., K.W. Olson, and L. Warner (1993) An economic analysis of teenage fertility: Some evidence from Oklahoma, American Journal of Economics and Sociology, Vol. 52, No. 1, pp. 85–99.

Dehlendorf, C., M. I. Rodriguez, K. Levy, S. Borrero, Steinauer, J. (2010) American Journal of Obstetrics and Gynaecology, pp. 214–220.

Feldma, P. (1992) Sexuality, birth control and childbirth in orthodox Jewish tradition, CMAJ, Vol. 135, No. 1, pp. 29–33.

Geller, B. (2005) Judaism, In Manning C, Zuckerman P, (eds.) Sex and Religion, Toronto: Thomson Wadsworth, pp. 93–116.

Gilliam ML, Warden M, Goldstein C, Tapia B. (2004) Concerns about contraceptive side effects among young Latinas: a focus-group approach, Contraception, Vol. 70, pp. 299–305.

Gnanawimala, B. (1993) The Buddhist view: Free to choose, Asia Week, Vol. 27, No. 54, p. 54.

Islam, M.N., M. M. Rahman, M. Kabir, and S.A. Mallick (1991) Impact of self-reliance programme on family planning activities in Bangladesh, Asia–Pacific Population Journal, Vol. 6, No. 1, pp. 39–52.

Iyer, S. (2002) Religion and the decision to use contraception in India. Journal for the Scientific Study of Religion, Vol. 41, No. 4, pp. 711–722.

Kirk, D. (1968) Factors affecting Moslem natality, In C.B. Nam (ed.), Population and Society, Boston: Houghton Miffin.

Liao, T. F. (1994) A Theoretical Framework of Collective Action for the Evaluation of Family Planning Programs, Population Research and Policy Review, Vol. 13, No. 1, pp. 49–67.

Malika, M. (1999) Role of Religion in Fertility and Family Planning Among Muslims in India, Indian Journal of Secularism, Vol. 3, No. 2, pp. 1–33.

Mistry, M. (1999) Role of religion in fertility and family planning among Muslims in India, Indian Journal of Secularism, Vol. 3, No. 2, pp. 1–33.

Mullatti, L. (1995) Religious and ideological orientations and characteristics, Journal of Comparative Family Studies, Special Issue: Families in Asia: Beliefs and Realities, Vol. 26, No. 1, pp. 11–25.

NFHS-3 (2007) International Institute for Population Sciences (IIPS) and Macro International, September, 2007, National Family Health Survey (NFHS-3), 2005–06: India: Volume I., Mumbai: IIPS

Omran, A. R. (1992) Family planning in the legacy of Islam, New York: Routledge.

Pearce, L.D. (2001) Religion's role in shaping childbearing preferences: The impact of Hinduism and

Buddhism, Presented at the Population Association of America Annual Meeting, March 29–31, Washington, DC.

Poston L. (2005) Islam, In Manning C, Zuckerman P, (eds.) Sex and Religion, Toronto: Thomson Wadsworth, pp. 181–97.

Schenker J. G., and Rabenou, V. (1993) Family planning: cultural and religious perspectives, Hum Reprod., Vol. 8, No. 6, pp. 969–976.

Scott CS, Shifman L, Orr L, Owen RG, Fawcett N. (1988) Hispanic and black American adolescents' beliefs relating to sexuality and contraception, Adolescence, Vol. 23, pp. 667–88.

Srikantan, K.S. (1993) Social, cultural and medical determinants of contraceptive use, IUSSP International Population Conference Proceedings, Vol. 1, pp. 97–108.

Srikanthan, A., and Reid, R. L. (2008) Religious and Cultural Influences on Contraception, Women's Health, pp. 129–137.

Westoff, C. (1978) The Unmet Need for Birth Control in Five Asian countries, International Family Planning Perspectives, Vol. 4, pp. 9–18.

Westoff, C. and Pebley, A. (1981) Alternative measures of unmet need for family planning in developing countries, International Family Planning Perspectives, Vol. 7. pp. 126–136.

Westoff, C.F., (1959), Religion and fertility in metropolitan America, Thirty Years of Research in Human Fertility: Retrospect and Prospect, Milbank Memorial Fund, New York, p. 117.