

ATTITUDE TOWARDS FAMILY PLANNING PROGRAMS AMONG MIZO WOMEN IN RELATION TO THEIR EDUCATION, OCCUPATION, SOCIO-ECONOMIC STATUS AND LOCALE

Vanlaltanpuii¹ & R. P. Vadhera²

¹Associate Professor, Institute of Advanced Study in Education, Mizoram University, Aizawl, Mizoram, India

²Professor, Department of Education, Mizoram University, Aizawl, Mizoram, India

ABSTRACT

The growth in population has put a lot of stress on the economy, ecological balance and hampers even the bio-diversity of a given place. The present study stresses on the importance of family planning and focuses on the attitude towards Family planning among Mizo women and tries to identify any significant differences in attitudes depending on the educational level, Socio-Economic status, occupation and locale (Rural v/s urban). The study gives an overview of the population of Mizoram, birth rate, death rate, fertility rate, growth rate, etc as depicted in the last nationwide Census of 2011; it also examined the attitudes of the Mizo people when the Family Planning scheme was initially launched by the Government of India during the time of Indira Gandhi. The study attempts to identify if certain factors have an impact in the attitude towards family planning among Mizo women; the study examined factors like Educational level, Socio-Economic status, occupation and locale as instrumental in forming attitudes towards family planning. It also determines the significant differences in the attitudes towards family planning of Mizo women in the aforementioned group which throws light on the current attitudes held by Mizo Women from the aforementioned groups. The study further gives remedial measures to instil or create a more positive attitude towards family planning.

KEYWORDS: Family Planning, Attitude, Locale, Socio-Economic Status, Occupation, Education

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INTRODUCTION

Population growth is the change in population over time. The term 'population growth' can technically refer to any species, but almost always refers to humans, and it is often used informally for the more specific demographic term 'Population Growth Rate' which is often used to refer specifically to the growth of the population of the world.

World population is a very significant factor in both poverty and hunger and in habitat destruction and loss of biodiversity. There is urgent need to realize an abatement of population growth before we all suffer the consequences severely next century. However, the population problem is complicated by severe economic and energy consumption inequities. While population growth in much of the developed world has declined or even reversed as a result of the 'demographic transition' accompanying higher living standards and better education, the developing world is caught in a vicious cycle of exploitation which results in poverty, hunger, lack of education, population growth and habitat destruction which cannot be addressed without addressing educational, gender and economic inequity between the developed and developing world.

India, currently with 1,220,200,000 (1.22 billion) people, is the second most populous country in the world, while China is on the top with over 1,350,044,605 (1.35 billion) people. India represents almost 17.31 percent of the world's population, which means one out of six people on this planet live in India. Although, the crown of the world's most populous country has been on China's head for decades, India is all set to take the number one position. With the population growth rate at 1.58 percent, India is predicted to have more than 1.53 billion people by the end of 2050. Thus, as widely believed and expected, India became the second country in the world after China to officially cross the one billion mark. India accounts for a meager 2.4 percent of the world surface area of 135.79 million square kms, yet it supports and sustains a whopping 17.31 percent of the world population.

India justifiably claims to be the first country to adopt an official policy to slow population growth, beginning with the country's first Five Year Plans in 1952. In the 1950s, the country was experiencing accelerated population growth created by declining death rate and high birth rates a situation shared by many developing countries in that period. Death rates had fallen as these countries gained better public sanitation, widespread immunization of children, and expanded medical care. But birth rates remained high, pushing population growth to unprecedented heights.

Mizoram has a low population concentration in contrast to the other Indian states. Never the less, it has been witnessing never increasing growth of population consequent upon the increasing pressure on physical and economic progress and unemployment. The analysis of population growth therefore holds significance for an under developed state like Mizoram where rapid increase in population may act as the main draw back in achieving the desired degree of economic and social progress.

Although a sharp fall in rate of growth has been registered during the last decade in Mizoram with 39.69%, the figure is, no doubt, distinctive if compared with the all India growth rate of 23.50%; and it is not only during the decade that growth rate of Mizoram population is higher than National level, but throughout the centuries, that Mizoram has maintained a higher decadal growth rate than the all India growth rate.

Table 1: Growth of Population in Mizoram: 1901 – 2011

Sl. No.	Year	Male	Female	Total
1	1901	39,004	43,430	82,434
2	1911	43,028	48,176	91,204
3	1921	46,652	51,754	98,406
4	1931	59,186	65,218	1,24,404
5	1941	73,855	78,931	1,52,786
6	1951	96,136	1,00,066	1,96,202
7	1961	1,32,465	1,33,598	2,66,063
8	1971	1,70,824	1,61,566	3,32,390
9	1981	2,57,239	2,36,518	4,93,757
10	1991	3,58,978	3,30,778	6,89,756
11	2001	4,59,109	4,29,464	8,88,573
12	2011	5,52,339	5,38,675	10,91,014

Source: Census, Provisional Population Totals, Mizoram, 2011.

Rationale of the Study

The Family Planning Program in Mizoram was launched under the auspices of the Health Department, Govt. of Mizoram. Initially, the Mizo people were not appreciative of the Family Planning Program and were more or less against it. The reason was that the Mizo people believed that their population was very small when compared with the population of the other states of India. Besides this, the Mizo people had a misconception about the meaning of family planning; they thought that acceptance of family planning meant giving birth to only two (2) children. With the strong belief that the Mizo population was very small as compared to the other states, the idea of giving birth to no more than two (2) children was totally unacceptable.

Majority of Mizo people are Christians. The Roman Catholic Church absolutely prohibits abortion and does not encourage its members to follow any family planning programs. Similarly, the Presbyterian Church issued pamphlets in 2007 which were to be read compulsorily in all its Churches. The gist of the pamphlets was simply fostering a negative attitude towards the family planning programs. The Baptist Church also propagated negative attitudes towards family planning programs amongst its members in a similar fashion.

The Mizo people are not aware of the fact that family planning services have the potential to improve the quality of their lives and also their economic welfare. They tend to ignore the fact that by not accepting family planning services they are denying the Mizo women to have healthy children and become healthy mothers. They are unaware of the fact that knowledge of family planning also increases and limits the interval between births and that delaying the birth of a child until the mother turns 20 years is beneficial to both the mother and the infant.

Increasing population growth is a worldwide problem today and Mizoram is no exception. Mizoram possesses about 0.64% of the country's area but its inhabitants form 0.081% of the total population of India. The density of population of Mizoram (52 per sq.km) is far below than the all India level (382 per sq.km). If we look at these figures we feel quite comfortable but it should be noticed in the light of the fact that only about 1/3 of the total area of this state is suitable for inhabitation.

The development policy concern was that between 1961 and 1991, Population increased two and a half times to 689,756 in 1991 and rose up to 891,058 in 2001. Within the last 90 years its population has multiplied 10 times. Its growth rate was always significantly higher than the all India average.

According to 1991 Census, Mizoram at all India basis held 6th position in terms of its population growth (38.98%). No doubt, according to the 2011 Census, its growth rate has decreased from 38.98 % to 29.18 % but its position has moved one step up (i.e. *From 6th Position to 5th Position*). These rapid increases will tax the resources of the state. Census data provided the level and pattern of fertility and the determinants of fertility: proportion of women married contraceptive usage, prevalence of abortion, and post-partum infecundability. Other factors could include socioeconomic measures, urbanization, female literacy, marriage age, infant and child mortality, and female participation in the labor force. The proportion of women of reproductive age and postpartum infecundity were the two main proximate determinants of the maintained fertility. The impact of major socioeconomic factors such as female literacy, female age at marriage, infant and child mortality, and women's participation in the work force have not reduced fertility thus far. Mizoram cultural practices have always favored higher age at marriage. Factors which may have strong impacts on Mizoram fertility have not been examined: religion, ethnicity, and family structure. Contraceptive use was considered key to reducing future fertility, but the Family

Planning Program had been late in starting: Government priority areas should be a vigorous implementation of the Family Welfare Program, involvement of religious leaders and voluntary agencies initiation of an awareness program about population growth by the education department, effective implementation of child care programs, advocacy of breast feeding, and encouraging population research after the creation of a database. Total fertility rate (TFR) was 4.0 in 1981; Total Marital Fertility Rate (TMFR) was 6.3%.

A comparison by religion showed a TFR of 7.9 for Christians, 4.2 for Hindus and 3.4 for Buddhists. Regarding TMFR, Christians had 6.7 children, Hindus 5.3, and Buddhists 4.3. Children ever born among the cohorts aged 45-49 years was 5.7 and over 50 years was about 6.0. Completed marital fertility according to patterns in 1981 would have been 9.2, which is the highest in all of India.

The high growth rate of population may be because of various factors like migration from neighboring countries like Myanmar and Bangladesh and increased flow rate of Indian citizens seeking jobs. Illegal Immigration from neighboring countries such as Bangladesh, Nepal and Myanmar, which is a time bomb that will explode eventually, has shot up drastically in Mizoram. Latest reports put the illegal migrants at 10,000, but looking at sheer settlements of aliens, one can say the demographics of the land has been changed by Bangladeshis, as also those from other states who come here to find work. The close border connection with Myanmar makes Mizoram one of the largest migrants' populations in the country. The state has a population of about 10 lakhs or one million. of that figure, some 70,000 to 80,000 are migrants from Myanmar, largely Chins from the neighboring Chin State and Sah Ging Division. Most of these have fled the unsettled economic conditions in their country in a desperate search for work over the past two decades and more. There are a handful of political refugees; refugee leaders in Mizoram and Delhi say that this figure is likely to be more than 70 i.e. political figures who cannot return home because of threats they face. Mizoram has felt the direct impact of the economic disaster and humanitarian crisis that is sweeping across Myanmar, and its border regions. There has been a sharp change in attitudes here towards the Chins, ranging from welcoming in the mid-1990s to outright condemnation and hostility more recently. But one cannot move away from the reality that the state has hosted a migrant population which is nearly one-eighth of its own size for nearly 20 years. The impact of militarization, lack of peace and underdevelopment in Myanmar are the reasons for this flight across borders. If conditions at home were as attractive as conditions here, people would not move. This is one of the cardinal principles of out-migration, especially of refugees - people move away from unstable situations where they feel under threat, from harsh political, environmental and economic situations.

In addition to these, there are other reasons which are directly related to the Mizo people such as religious and social beliefs, family planning, early marriages etc. Hence, the investigator has set out to find a solution to the rapid increase of population by studying the attitude towards family planning programs among Mizo women in relation to their education, occupation, socio-economic status and rural-urban background.

Objective of the Study

- To study the attitude of Mizo women towards family planning in relation to their education, occupation, socio-economic status and locale.
- To study the significant difference, if any, among Mizo women with different educational backgrounds in relation to their attitude towards family planning.

- To study the significant difference, if any, among Mizo women engaged in different occupations in relation to their attitude towards family planning.
- To study the significant difference, if any, among Mizo women having different socio-economic status in relation to their attitude towards family planning.
- To study the significant difference, if any, among Mizo women from rural and urban backgrounds in relation to their attitude towards family planning.

Hypotheses

The study was undertaken to test and verify the following hypotheses:-

- There is no significant difference among Mizo women with different educational backgrounds in relation to their attitude towards family planning.
- There is no significant difference among Mizo women engaged in different occupations in relation to their attitude towards family planning.
- There is no significant difference among Mizo women having different socio-economic status in relation to their attitude towards family planning.
- There is no significant difference among Mizo women from rural and urban backgrounds in their attitude towards family planning.

Operational Definition

Attitude

The predisposition of the individual to evaluate some symbol, object or aspect of his world in a favorable and unfavorable manner.

Delimitation of the Study

The present study was confined only to those married Mizo women who have children and are living within the state of Mizoram.

Method of the Study

As the study was expected to examine and describe the existing status of attitudes of Mizo women towards family planning programs, therefore, the investigator decided to use the descriptive method of study.

Tools of Data Collection

Attitude Scale towards Family Planning, consisting of 50 items (29 positive and 21 negative) developed by the investigator on the basis of Likert Method, was used.

MAJOR FINDINGS AND CONCLUSION

Table 2: Attitude Scores of Mizo Women Towards Family Planning in Relation to Their Education, Occupation, SES and Location

Occupational Groups			Educational Groups			Socio Economic Status		
Groups	Mean	SD	Groups	Mean	SD	Groups	Mean	SD
Business	135.4	36.9	Hr. Education	136.3	30.3	HSES	131.2	29.7
Professionals	133.5	29.1	Sec. Education	130.3	30.4	MSES	132.5	26.6
Clerical	133.5	33.3	Ele. Education	129.4	24.8	LSES	131.1	26.6
House Wives	131.5	29.1	Groups in Terms of Location					
Farmers	128.3	22.8	Rural	131.7	33.2			
Daily Labourers	125.9	26.2	Urban	129.8	27.6			

A Interpretation of Significance of Difference between Different Education Groups of Mizo Women with regard to their Attitude towards Family Planning:

Table 3: Significance of Difference between Women with Different Levels of Education in Relation to their Attitude towards Family Planning

Groups of Comparison		Mean	SD	t-value
Elementary Education Vs Secondary Education	Elementary Education	129.4	24.8	0.42 n.s
	Secondary Education	130.3	30.4	
Elementary Education Vs Higher Education	Elementary Education	129.4	24.8	2.78**
	Higher Education	136.3	30.3	
Secondary Education Vs Higher Education	Secondary Education	130.3	30.4	2.42**
	Higher Education	136.3	30.3	

Source: Field Work, n.s=Not Significant, ** Significant at.01 level

A quick glance at the t-values given on table-3 for comparison of various educational groups of Mizo women reveals that

- There exists no significant difference between the means of elementary and secondary educational level groups of Mizo women with regard to their attitude towards family planning programs. Thus null hypothesis-1 with regards to the comparison of aforesaid educational groups is retained.
- There exists a significant difference between the means of elementary and higher educational level groups of Mizo women with regard to their attitude towards family planning programs; the said significant difference is in favour of women from higher education background as their mean score is higher than their counterparts from elementary education background. In view of this finding, the null hypothesis-1 with regard to the comparison of aforesaid educational groups is rejected.
- There exists a significant difference between the means of secondary and higher educational level groups of Mizo women with regard to their attitude towards family planning programs; the said significant difference is in favour of women from higher education background as their mean score is higher than their counterparts from secondary education background. In view of this finding the null hypothesis-1 with regard to the comparison of aforesaid educational groups of Mizo women is rejected.

B Interpretation of Significance of Difference between Different Occupational Groups of Mizo Women in Relation to their Attitude towards Family Planning:

Table 4: Significance of Difference between Professional and Other Occupational Groups of Women in Relation to Their Attitude towards Family Planning

Groups of Comparison		Mean	SD	t-value
Professional Women Vs Business Women	Professional Women	133.5	29.1	0.59 n.s
	Business Women	135.4	36.9	
Professional Women Vs Clerical Women	Professional Women	133.5	29.1	0.00 n.s
	Clerical Women	133.5	33.3	
Professional Women Vs Women Farmers	Professional Women	133.5	29.1	1.87 n.s
	Women Farmers	128.3	22.8	
Professional Women Vs House wives	Professional Women	133.5	29.1	0.74 n.s
	House wives	131.5	29.1	
Professional Women Vs Women Labourers	Professional Women	133.5	29.1	2.40*
	Women Labourers	125.9	26.2	

Source: Field Work, n.s=Not Significant, * Significant at.05 level

A perusal of the t-values for comparison of various occupational groups of Mizo women on table 4 reveals that

- There exists no significant difference in the attitude of Mizo women belonging to the professional, business, clerical, farmers and housewives groups with regard to family planning programs. Thus, null hypothesis-2 with regard to the comparison of aforesaid occupational groups is retained. This denotes that the aforesaid occupational groups to which the Mizo women belong to do not determine their attitude towards family planning.
- There exists a significant difference between the means of professional and labourers groups of Mizo women with regard to their attitude towards family planning programs; the significant difference is in favour of professional women as their mean score is higher than their counterparts i.e. women labourers. In view of this finding, the null hypothesis-2 with regard to the comparison of aforesaid occupational groups is rejected. This means that the attitude, regarding family planning, of Mizo women from a professional occupational background is different from that of the labourers group.

Table 5: Significance of Differences Between Business and other occupational Groups of Mizo Women in Relation to their Attitude Towards Family Planning

Groups of Comparison		Mean	SD	t-value
Business Vs Clerical Women	Business Women	135.4	36.9	0.50 n.s
	Clerical Women	133.5	33.3	
Business Vs Women Farmers	Business Women	135.4	36.9	2.33*
	Women Farmers	128.3	22.8	
Business women Vs House wives	Business Women	135.4	36.9	1.32 n.s
	House wives	131.5	29.1	
Business Vs Women Labourers	Business Women	135.4	36.9	2.80**
	Women Labourers	125.9	26.2	

Source: Field Work; n.s=Not Significant, * Significant at.05 level **Significant at.01 level

A perusal of the t-values for comparison of various occupational groups of Mizo women on table 5 reveals that:

- There exists no significant difference between the means of business women and clerical and housewives groups of Mizo women with regard to their attitude towards family planning programs. Thus, null hypothesis-2 with regard to the comparison of the aforesaid occupational groups is retained. This denotes that the attitude of Mizo women towards family planning is not determined by the aforesaid occupational groups.

- There exists a significant difference between the means of business and farmers groups of Mizo women with regard to their attitude towards family planning programs; the significant difference is in favour of business women as their mean score is higher than their counterparts i.e. women farmers. In view of this finding, the null hypothesis-2 with regard to the comparison of aforesaid occupational groups is rejected.
- There exists a significant difference between the means of business and labourers groups of women with regard to their attitude towards family planning programs; the significant difference is in favour of business women as their mean score is higher than their counterparts i.e. women labourers. In view of this finding, the null hypothesis-2 with regard to the comparison of aforesaid occupational groups is rejected.

Table 6: Significance of Differences between Clerical and other Occupational Groups of Mizo Women in Relation to Their Attitude towards Family Planning

Groups of Comparison		Mean	SD	t-value
Clerical Vs Women Farmers	Clerical Women	133.5	33.3	1.52 n.s
	Women Farmers	128.3	22.8	
Clerical Vs Housewives	Clerical Women	133.5	33.3	0.60 n.s
	House wives	131.5	29.1	
Clerical Vs Women Labourers	Clerical Women	133.5	33.3	2.04*
	Women Labourers	125.9	26.2	

Source: Field Work; n.s=Not Significant, * Significant at.05 level

A perusal of the t-values for comparison of various occupational groups of Mizo women on table 6 reveals that:

- There exists no significant difference between the means of clerical and farmers groups of Mizo women with regard to their attitude towards family planning programs. Thus null hypothesis-2 with regards to the comparison of the aforesaid occupational groups is retained; this denotes that the kind of occupation, in terms of clerical job holders and farmers groups amongst Mizo women, does not determine their attitude towards family planning.
- There exists no significant difference between the means of clerical and housewives groups of women with regard to their attitude towards family planning programs. Thus null hypothesis-2 with regards to the comparison of the aforesaid occupational groups is retained; this denotes that the kind of occupation, in terms of clerical job holders and housewives groups amongst Mizo women, does not determine their attitude towards family planning
- There exists a significant difference between the means of clerical and labourer groups of women with regard to their attitude towards family planning programs; the significant difference is in favour of clerical women as their mean score is higher than their counterparts i.e. women labourers. In view of this finding, the null hypothesis-2 with regard to the comparison of aforesaid occupational groups is rejected. This shows that there is a difference in the attitude of clerical Mizo women as compared to Mizo women labourers towards family planning.

Table 7: Significance of Differences between Farmers and other Occupational Groups of Mizo Women in Relation to Their Attitude towards Family Planning

Groups of Comparison		Mean	SD	t-value
Women Farmers Vs House Wives	Women Farmers	128.3	22.8	1.30 n.s
	House wives	131.5	29.1	
Women Farmers Vs Women Labourers	Women Farmers	128.3	22.8	0.70 n.s
	Women Labourers	125.9	26.2	

Source: Field Work, n.s=Not Significant

A perusal of the t-values for comparison of various occupational groups of Mizo women on table 7 reveals that There exists no significant difference between the means of farmers, housewives and labourers groups of Mizo women with regard to their attitude towards family planning programs. Thus null hypothesis-2 with regard to the comparison of the aforesaid occupational groups is retained.

Table 8 Significance of Differences between Housewives and Labourer Groups of Mizo Women in Relation to Their Attitude towards Family Planning

Groups of Comparison		Mean	SD	t-value
Housewives Vs Women Labourers	Housewives	131.5	29.1	1.68 n.s
	Women Labourers	125.9	26.2	

Source: Field Work, n.s=Not Significant

A perusal of the t-values for comparison of various occupational groups of Mizo women on table 8 reveals that there exists no significant difference between the means of housewives and labourers groups of Mizo women with regard to their attitude towards family planning programs. Thus null hypothesis-2 with regard to the comparison of aforesaid occupational groups is retained.

C. Interpretation of Significance of Difference between Low SES, Middle SES and High SES Groups of Mizo Women with regard to their Attitude towards Family Planning.

Table 9: Significance of Difference among Mizo Women with Different Levels of Socio-Economic Status (SES) in Relation to their Attitude towards Family Planning

Groups of Comparison		Mean	SD	t-value
Low SES Vs Middle SES	Low SES	131.1	26.6	0.74 n.s
	Middle SES	132.5	26.6	
Low SES Vs High SES	Low SES	131.1	26.6	0.04 n.s
	High SES	131.2	29.7	
Middle SES Vs High SES	Middle SES	132.5	26.6	0.63 n.s
	High SES	131.2	29.7	

Source: Field Work, n.s=Not Significant

A quick glance at the t-values for comparison of various socio-economic status groups of Mizo women on Table 9 reveals that there exists no significant difference between the means of low, middle and high socio-economic status groups of women with regard to their attitude towards family planning programs. Thus null hypothesis-3 with regard to the comparison of aforesaid socio-economic status groups is retained.

D. Interpretation of Significance of Difference between Rural and Urban Women with regard to their Attitude towards Family Planning.

Table 10: Significance of Difference between Rural and Urban Mizo Women in Relation to their Attitude about Family Planning

Groups of Comparison		Mean	SD	t-value
Rural and Urban Women	Rural	131.7	33.2	1.01 n.s
	Urban	129.8	27.6	

Source: Field Work, n.s=Not Significant

A quick glance at the t-values, on Table 10 for comparison of rural and urban groups of Mizo women reveals that: There exists no significant difference between the means of rural and urban groups of women with regard to their attitude towards family planning programs. Thus null hypothesis-4 with regard to the comparison of the aforesaid rural and urban groups is retained. This denotes that the attitude of Mizo women regarding family planning does not depend on the locale.

CONCLUSIONS

The analysis of the data reveals that there is no difference in the attitude of Mizo Women with elementary education and secondary education, towards family planning. However, it is noteworthy that the attitude of those with higher level education is different from the aforesaid educational levels. Mizo women with a higher level of education tend to have a more positive or favorable attitude towards family planning. Therefore, higher level education could be one key factor to forming a favorable or positive attitude towards family planning amongst Mizo women. The current study also determined that the attitude of Mizo women with a professional occupation, clerical job and business women tend to have a more positive attitude towards family planning as against the attitudes of Mizo women labourers and farmers. Therefore the kind of occupation that the Mizo women engaged in could also be a factor in determining the attitude of the Mizo women towards family planning. However, there is no difference in the attitude (towards family planning) of Mizo women from all other occupational groups except for the aforementioned groups. Factors like the locale and the socio-economic status of Mizo women do not influence their attitude towards family planning as there is no difference in the attitudes towards family planning of Mizo women in terms of their locale or socio-economic status.

RECOMMENDATIONS

- Introduction of sex-education at the secondary level of education should be taken into serious considerations by the concerned authorities.
- In order to encourage the married Mizo women to use modern contraceptives for spacing between the birth of children, the Health and Family Welfare Department needs to provide available information about the benefits of modern contraceptive
- Concerned officers of the Health and Family Welfare Department should pay more attention to the rapidly increasing growth rate of the Mizo population and actually carry out the remedial measures to prevent further high growth rate in the future.
- More in-depth knowledge about the religious and cultural beliefs and social norms related to family planning practices with regard to married Mizo women for further research should be carried out
- The concerned officers of the Health and Family Welfare Department need to undergo intensive training in order to realize the harmful consequences of a rapid growing population

- Awareness campaigns should be continuously delivered by the concerned Health and Family Welfare Department to facilitate a positive attitude or outlook towards family planning.
- Last but not least, the Mizo people, as a whole, need to be given more information on what family planning actually means and the benefits that they can reap by following healthy family planning practices.

Suggestion for Further Research

- The future researchers may take up research on the following topics:
- A cross cultural study on family planning practices of different ethnic groups like Lai, Mara, Mizo, Chakma, Bru, etc residing in Mizoram.
- A comparative study on the attitudes and family planning practices of Mizo women belonging to different denominations.
- A critical study on the role of socio-political and religious factors responsible for consistently high growth rate of population.
- A comparative study on the attitudes and family planning practices of Mizos, Nagas, Khasis, Garos and Jaintias.
- A comparative study on Total Fertility Rate (TFR) and Total Marital Fertility Rate (TMFR) among women belonging to different ethnic groups in various North-Eastern states of India can be taken up for further research.
- A study on the awareness, attitude and family planning practices of Mizo males in relation to their education and occupation, socio-economic status, and denominations.
- A critical study on the role of elderly people in the family, and religious leaders in encouraging young people in different ethnic and religious groups to have more children.
- A study on the opinions of husbands and wives on various issues relating to the family planning.
- Size of the family: Relative role of husband and wife in decision making.

REFERENCES

1. *Census of India (1981): Social and Cultural Tables, Series 1, Part IVA. New Delhi: RGI.*
2. *Census of India, ed. By Padmanabhan, P. Registrar General and Census Commissioner for India: Series 1, paper 1/1981, New Delhi*
3. *Chandrasekhar, S. (1959). Family Planning in an Indian Village: Motivation and Methods. New Delhi, India: London, England, IPPF*
4. *Chandrasekhar, S. (1972). Infant Mortality, Population Growth and Family Planning in India, London: Routledge*
5. *Census Of India (2013). Compendium of India's Fertility and Mortality Indicators based on the Sample Registration System (SRS): 1971-2013. New Delhi: RGI.*
6. *Dandekar, V.M. and Dandekar, K. (1953). Survey of Fertility and Morality in Poona District. Poona: Gokhale Institute of Politics and Economics*

7. House, W. (2000). *Demographic behaviour in the Cook Islands: results from a recent survey*. Suva, Fiji : UNFPA Country Technical Services Team
8. International Institute of Population Sciences (1999). *National Family Health Survey (NFHS-2), 1998–99: Mumbai, India: IIPS*
9. Khan, M. E. and Townsend, J. W. (1999). *Target-Free Approach: Emerging Evidence. Implementing a Reproductive Health Agenda in India: A Beginning* (ed. Pachauri, S.). New Delhi: Population Council.
10. Registrar General of India (1996). *Population projections for India & States (1996 – 2016)*. New Delhi, India: Government of India
11. Rele, J.R. and Sinha, U.P. (1970). *Fertility and Mortality in India, 1951-60*, In Ashish Bose, P.D. Desai and S.P. Jain (eds.), *Studies in Family Planning*. London: Allen and Unwin
12. Setty-Venugopal, V. and Upadhyay, U.D. (2002). *Birth Spacing: Three to Five Saves Lives*. Baltimore, Maryland: Johns Hopkins University Bloomberg School of Public Health, Center For Communications Programs, Population Information Program
13. Srinivasan, K., Shariff, A. (1997). *India: Towards population and development goals*. New Delhi: Oxford University Press, United Nations Population Fund
14. Yoder, P.S., Guèye, M. and Konaté, M. (2011). *The use of family planning methods in Mali: The how and why of taking action*. Calverton, Maryland, USA: ICF Macro
15. Ali, A.A., Rayis, D., Manoun, M., & Adam I. (28th Feb., 2011). *Use of family planning methods in Kassala, Eastern Sudan*. Retrieved from URL: <https://bmcresnotes.biomedcentral.com/articles/10.1186/1756-0500-4-43>
16. Botting, B., Rosato, M. and Wood, R. (1998). *Teenage mothers and the health of their children*. *Population Trends*. Autumn 1998 (93): 19-28
17. Census Of India (2013). *Compendium of India's Fertility and Mortality Indicators based on the Sample Registration System (SRS): 1971-2013*. New Delhi: RGI. Retrieved from URL: http://www.censusindia.gov.in/vital_statistics/Compendium/Srs_data.html
18. Dabral, S. & Malik, S.L. (2004). *Demographic Study of Gujjars of Delhi: IV. KAP of Family Planning*, *Journal of Human Ecology*, 16:4, 231-237
19. Dhingra, R., Manhas, S., Kohli, N. and Mushtaq, A. (2010). *Attitude of Couples towards Family Planning*. *J Hum Ecol*. 30(1). 63-70.
20. Dr. Abedin, A. (2011) *Knowledge, attitudes and practice survey of family planning among South Asian immigrant women in Oslo, Norway*. Retrieved from URL: <http://dentistry.org/knowledge-attitudes-and-practice-survey-of-family-planning-amo.html>
21. Government of India (2011). *A -2 Decadal Variation in Population Since 1901*. Retrieved from URL: <http://censusindia.gov.in/DigitalLibrary/browseyearwise.aspx>

22. Hennink, M., Stephenson, R. and Clements, S. (2001). Demand for family planning in urban Pakistan. Retrieved from the URL:
https://www.researchgate.net/publication/242265185_Demand_for_Family_Planning_in_Urban_Pakistan
23. Kalim, D. (2016). Knowledge, attitude and practices of women towards contraception. Peshawar: Khyber Medical University Journal 2016; 8(1): 27-31
24. Khodabin, M., Maleknejad, K., Rostami, M. and Nouri, M. (2012). Interpolation solution in generalized stochastic exponential population growth model. Applied Mathematical Modelling, 36(3): 1023-1033
25. Kumar, S., Priyadarshni, A., Kant, S. Anand K, Yadav, B.K. (2005). Attitude of women towards family planning methods and its use – Study from a slum of Delhi, Kathmandu University Medical Journal (KUMJ). Jul-Sep;3 (3):259-62
26. Lwelamira, J.E., Mnyamagola, G., & Msaki, M.M. (2012). Knowledge, Attitude and Practice (KAP) Towards Modern Contraceptives Among Married Women of Reproductive Age in Mpwapwa District, Central Tanzania. Current Research Journal of Social Sciences, 4(3): 235-245
27. Mahawar, P., Anand, S., Raghunath, D. and Dixit, S. (2011). Contraceptive Knowledge, Attitude and Practices in Mothers of Infant: A Cross-Sectional Study, National Journal of Community Medicine, 2011 Vol-2(1): 105-107
28. Murthy, N. and Klugman, B. (2004). Service accountability and community participation in the context of health sector reforms in Asia: implications for sexual and reproductive health services. Health And Planning; 19(Suppl. 1): i78–i86
29. Olugbenga-Bello, A.I., Abodunrin, O.L., Adeomi, A.A.D. (2011). Contraceptive practices among women in Rural Communities in South-Western Nigeria. Global Journal Of Medical Research, 11(2). Retrieved from
<https://medicalresearchjournal.org/index.php/GJMR/article/view/76>
30. Pandey, K. (2015, Sept. 17th) India poised to surpass China's population. Retrieved from URL:
<https://www.downtoearth.org.in/news/india-poised-to-surpass-chinas-population--41340>
31. Peyman, N. and Oakley, D. (2011). Married Iranian Women's Knowledge, Attitude and Sense of Self-efficacy about Oral Contraceptives: Focus Group Discussion. J Reprod Infertil, 12(4):281–288
32. Rao, G.R., Moulasha, K., Sureender, S. (1993) Knowledge, attitude and practice of family planning among fishermen in Tamil Nadu. Journal Of Family Welfare. 39(3):50-4.
33. Thalji, N.N. (2003) Knowledge, attitude and practice of women towards family planning methods in Tafila-Jordan. JRMS, 10(1):40-44
34. <https://www.dhushara.com/book/diversit/bomb.htm> retrieved on 09.03.2019

