

WHAT MATTER FOR FAMILY PLANNING IN MIZORAM: CHURCH VS. EDUCATION

K.C. Lalmalsawmzauva

Department of Geography & Resource Management
Mizoram University, Aizawl-796004, Mizoram: India

ABSTRACT

This paper is an attempt to explore why Family planning programme is so successful in the Christian dominated state of Mizoram, located in the northeastern part of India considering the fact that Christians in the state shared 87 percent of the total population have reservations against family planning programme since 1970s. Ironically however, among the 8 Northeastern States of India, Mizoram has been stood first in the use of modern contraceptive methods (NFHS- 3). Therefore, it is assumed in this paper, inter alia, that, education, particularly female education must play substantial role for the success of family planning programme in Mizoram. An attempt has been made to use geographical perspective by analyzing spatial variation of contraceptive practices in the districts level and the influence of female education in particular. This paper used NFHS-I, II& III data's on contraceptive use dynamics in Mizoram along with statistical handbooks of the state. Analysis based on SPSS software proved that there exists a strong positive correlation between female education and family planning practices in the state.

Key words: family planning, female education, Christian, against, success, contraceptive, medical doctor

Introduction

Family Welfare Programme in India has gone through significant growth and adaptation over the past half century since its inception as it was incorporated in the first five year plan in 1951. The main objective was reducing birth rate to the extent for stabilizing population,

consistent with the requirements of the national economy. During this period, financial investments in the programme have substantially increased and service delivery points have significantly expanded. Services administered through the programme have been broadened to include immunization, pregnancy, delivery and postpartum care, and preventive and curative health care. During the 1990's, the programme had shifted away from merely family planning services towards the provision of integrated reproductive health care at all levels of the health sector (Pachauri,1995).

The differential growth rates of various religions as well as differences in acceptance of family planning practices have always formed the subject of controversial debate in India. Christianity and scheduled tribe are the two minority statuses in the context of India, as only a negligible 2.3 percent are Christian population and 8.2 percent belong to scheduled tribe population. However, over 80.5 percent Indian are Hindu and more than 13.4 percent are Muslim population.

Family Planning Practices in Northeast India

The level of acceptance and practices of contraceptive methods varies not only among different religious groups but also exists spatial variations particularly in the multi-ethnic region of northeast India, the region which is often said as the microcosm of India. Comparison of family planning practices and its proximate determinant factors among the northeastern states are shown in the following table-1 to understand the condition of northeast in general. Attempt has been made to explore the reason for the grant success of family planning practices in the hilly state of Mizoram, which consists of the highest scheduled tribe population and the second highest both in terms of literacy rate and Christianity not only among the eight sister states of northeast India but also at national level.

Table 1:Northeast States of India: Women Use of Contraception & Determinant factors (%)

States	Use any Methods	Any Modern Methods	Any Traditional Methods	Christian Population	ST Population*	Female Literacy#
Arunachal Pradesh	47.3	39.4	7.9	18.7	64.2	59.57
Assam	66	37.2	28.8	3.7	12.4	67.27
Manipur	54.5	24.8	29.7	34	34.2	73.17

Meghalaya	43.7	36.7	7	70.3	85.9	73.78
Mizoram	64.3	64	0.4	87	94.5	89.40
Nagaland	41.9	31	10.1	90	89.1	76.69
Sikkim	63.1	51.7	11.5	6.3	20.6	76.43
Tripura	66.8	44.4	22.4	2.7	31.1	83.15
All India	64.0	55.8	8.1	2.3	8.2	65.46
* Percent of Scheduled Tribe Population; # Census 2011 used for female literacy while Christians & St based on 2001 census						

Source: NFHS-3 (2005-2006) & First report on Religion: Census of India 2001 & 2011

Table-1 shows the use of contraceptive methods among the northeastern states of India and selected determining factors. Practice of *any methods of contraception* among the northeastern states ranges from 41 percent in Nagaland to 66.8 percent in Tripura. Most of the northeastern states are placed far below the national average (55.8 percent) when it comes to the practice of *modern family planning methods*. However, it is interesting to find that Mizoram is distinguishing itself from the remaining states with as many as 64 percent used *any modern contraceptive methods* much better if compared with the national average. Against this performance, Mizoram is abnormally low (0.4 percent) in the practice of *traditional family planning methods* whereas traditional methods is still prevalence in the remaining states reflecting backwardness of the general population in the region (table-1).

Inter alias, factors such as Christianity, Scheduled Tribe status and Female Literacy are assumed and selected as determining factors for contraceptive uses in the context of northeastern states (table-1). These factors are selected on the basis of the fact that *Christianity*, first of all, is generally not in favour of birth control all over the world, which can be established from literatures. Here, it is expected that Christians are comparatively more abstinent from the practice of contraceptive use than those who are non-Christians as birth control is preached unbiblical. Table-1 reveals, however, that Christians are not differed from non-Christians in the practice of family planning methods if we look at the two Christian concentrated states of Nagaland and Meghalaya. Ironically however, Mizoram, another Christian concentrated state is the highest user

of modern contraceptive methods. This is, in spite of the fact that churches in the state are preaching against birth control categorically since 1976. *Scheduled Tribe (ST)* population is also selected as determinant factor on the ground that ST status is minority in the context of India and often thought to be associated with economically backwardness as ST population usually live in an unproductive hilly forested region, which consist of a large chunk of northeast population (54 percent). It is assumed in this paper that more proportion of tribal population with less practice of contraception particularly modern methods. This seems to be true as majority of northeastern states are lesser in the practice of family planning methods compared with India as a whole except in the used of traditional methods in which northeast states are generally accustomed with reflecting their backwardness. However, it appears that the scheduled tribe factor has no negative influence to family planning practices rather seems encourage it in the context of Mizoram. As shown in the table-1, Mizoram has a remarkable highest proportion of scheduled tribe population (94.5 percent), which seems strangely positively associated with family planning practices especially modern family planning methods. This is an interesting area of inquiry that needs further examination at the micro level. Another selected factor is *Female Literacy*, which is widely accepted as one of the prominent factors responsible for the success of family planning practices globally. Differences of female literacy rates among the northeastern states are somehow modest. The relationship of female literacy and family planning practices across the northeastern states seems fainting. It is underlined, however that there exist a swooning relationship of family planning practices and female literacy in the case of Mizoram and Tripura states (table-1).

Above, analysis clearly revealed that Mizoram is unique and differed from the remaining states of India's northeast, which made the state an interesting area of research. It is extremely exciting to understand the paradoxical co-existence of Christianity, Scheduled Tribe and Female Literacy. Present study made special emphasis on the role of female literacy for the grant success of family planning methods in Mizoram.

Mizoram

In Mizoram Family planning was formally introduced in 1966 and not much attention was given in the initial periods. However, after government took serious effort particularly

during 1977-1986 as a result many people aware and starts practices in the state. In 1997, the programme was given a new dimension, namely Reproductive and Child Health (RCH) programme. In Mizoram RCH has been introduced in 1998 which emphasis on providing more effective contraceptive services and reproductive health care for women and children.

Mizoram is characterized by the highest tribal population (94.5percent), second highest in both literacy (91.58percent) and urbanization (51.51percent) among the India states and majority of the population (87percent) embraced Christianity as their religion besides, experiencing a high growth rate of population (22.78 percent) in 2011 census. The practice of family planning method has been substantially increases from 52.9 percent in 1993 to 57.1 percent in 1999 and 64.3 percent in 2006 (*NFHS-I, 2 & 3*). Fertility trend over the past fifteen years fluctuates as 2.30 in 1993, 2.89 in 1999 and 2.86 in 2006 (*NFHS-I, 2& III*) respectively. There exist substantial rural urban variations in term of fertility in the state. According to *NFHS-III (2005-06)*, the fertility rate in urban Mizoram is 2.50 children per women whereas the fertility rate in rural Mizoram is 3.33 children per women. Like others states of India, female sterilization is the most common practice in Mizoram and as many as 44.6 percent women sterilized in 1993 and increased slightly to 45.3 percent in the year 1999 and decreased to 42.9 percent in 2006.

Major religious groups of the state such as- Presbyterian Church sharing almost half of the state population (49.32 percent), Baptist Church and Roman Catholic are not in favour of the idea of family planning programme especially female sterilization method. Mizoram Presbyterian Synod Executive meeting had been taken up the issue by having discussion and disseminates awareness among the people particularly church members about their reservation against contraceptive use during 1976, 1985, 2003 and 2006 (*Birth Control Chungchanga Kohhran mite Kaihhraina, 2008, Guidelines About Birth Control for Church Members*). Even though Churches in the state are opposing against the practice of modern contraceptive methods, they are quite lenient and always respect the choice of the individual if and when the reasons for these practices are sensible. However, in the guidelines and awareness bulletin it can be observed that they are not in favour of the modern family planning practices especially sterilization largely due : (1) it can be misused and may lead to couple's promiscuous and infidelity, which might have negative impacts in the society as a whole (2) it can lead to illegal practices of induce abortion (3) size of the Mizo population is extremely less compared with many other Indian

states and the density of population in the state is also relatively low (52 person/ sq.km, 2011 census), second lowest among the Indian states. On the other hand, many Indian states are overwhelmingly dense in their population (for example –Delhi 11297 person/sq.km and West Bengal 1029 person/ sq.kms) Some NGO also agreed that Mizo population is too small compared with other states. Many opined that family planning is for those states with exceedingly high density and not for the state like Mizoram consisting only one million in the last census i.e 2011 (4) Perceive that the whole concept of family planning, proposing reduction of family size and control of birth is against Christian belief and contrast with the purposes of God. Synod, the biggest assembly of the Mizoram Presbyterian Church, has resolved to preach against the government's policy of contraceptive across the state by saying that "Even if the Central Government has a policy of contraceptive, the state government should be requested to slow down its effort while at the same time not contravening the contraceptive policy," According to statistics of the Presbyterian Church in Mizoram, in the year 2005 birth rate among the church members was 18.77 per cent against the death rate of 4.97 per cent. 'In some pastorates, 26 families share one new born in a year', a statistician said. The statistics also mentioned that new born baby among the church family member also decreases from 2.30 percent in 1991 to far below replacement level of 1.80 percent in 2007 (*Synod statistics 1991-2007*). It is interesting to trace back that the Christian missionaries were the ones who introduced formal education in Mizoram particularly Welsh missionaries who prepared Mizo alphabets in Roman script in 1894 and started school in 1897. It is paradoxical that the Christian who enlightened and shape the attitude of the Mizo through education, especially womenfolk are now opposing their rational choice as far as family planning practice is concern.

Besides, some people advocated that it is a threat to Christianity as Christian population has been decreasing and birth rate among church members are also reduce substantially revealed from the Sunday school report whereas other religious groups like Muslim and Hindu population are increasing considerably in the state. In spite of all these odds and against on the very concept of family planning by churches in Mizoram, the practice of family planning has been a success one. Every decade population growth rate decreases in Mizoram, for example: in 1981 the growth rate was as high as 48.55 percent but after a decade in 1991 it reduced to 39.70 percent

and progressively falls to 28.83 percent in 2001 census. Again in the last census i.e 2011, population growth rate in Mizoram is reduced to 22.78. It is assumed that besides other potential determinant factors, the role of female education have been selected for the success of family planning in Mizoram. It has been selected due to the fast improvement of womenfolk in many social indicators in the state. Interestingly, the growth of literacy is faster among women compared with their male counterpart in the state. It is noteworthy that female literacy growth during the entire period of 1951-2011 was faster than the rate of growth registered by the males in Mizoram. This has resulted in narrowing the gender gap from 29.98 in 1951 to presently being merely 4.32 percent. It is quite likely that the people in the state will soon be fully literate and there shall be no gender gap. The generally high literacy rate among women of the state is expected to have positive impact on the health of mothers and their perception about family planning. It may be mentioned in this connection that there is no such gender preferences and inequity between men and female in Mizoram compared to other parts of India.

Literature review

Christianity and Family Planning: A huge number of literatures proved that Christians across the globe preaches birth control unbiblical. Birth control from its very inception becomes a controversial subject all over the world and general consensus cannot be achieved in the way of practice and in the level of acceptance even among those who agreed especially in the Christian world. With the passage of time it was liberalizing cutting across religious conservation. While Roman Catholic strongly opposed the very idea of it Protestant churches are more lenient on it across the globe. It is worthy to remember that contraception is not a modern invention. Birth control has been around for millennia. It was already practiced during the Roman Empire as revealed by scrolls found in Egypt dating to 1900 B.C., during the apostolic age.

The holy bible mentioned one form of contraception specifically and condemns it. *Coitus interruptus* was used by Onan to avoid fulfilling his duty according to the ancient Jewish law of fathering children for one's dead brother. "Judah said to Onan, 'Go and sleep with your brother's widow, fulfill your obligation to her as her husband's brother so that your brother may have descendants'. But Onan knew that the children would not belong to him, so whenever he had intercourse with his brother's widow, he let the semen spill on the ground, so that there would be

no children for his brother. What he did displeased the Lord, and the Lord killed him also" (*Gen. 38:8–10*). He was killed because he violated natural law, as Jewish and Christian commentators have always understood. For this reason, this kind of contraception is historically known as "Onanism," after the man who practiced it. Having many children was a blessed and kind of treasure according to the bible, which can be found in many places (*Gen. 1:28; 9:1; Psalms 127, 128; Malachi 2:15; Matthew 19:1-2; 1 Corinthians 7:1-16; Ephesians 5:22-6:4 .etc.*)

The biblical teaching on birth control is found more explicitly among the Church Fathers, who accepted the biblical and natural law principles underlying the condemnation. In A.D. 195, Clement of Alexandria wrote, "Because of its divine institution for the propagation of man, the seed is not to be vainly ejaculated, nor is it to be damaged, nor is it to be wasted" (*The Instructor of Children 2:10:91:2*). Hippolytus of Rome wrote in 255 that "on account of their prominent ancestry and great property, the so-called faithful (certain Christian women who had affairs with male servants) want no children from slaves or lowborn commoners, [so] they use drugs of sterility or bind themselves tightly in order to expel a fetus which has already been engendered" (*Refutation of All Heresies 9:12*).

The First Council of Nicaea, the first ecumenical council and the one that defined Christ's divinity, declared in 325, "If anyone in sound health has castrated himself, it behooves that such a one, if enrolled among the clergy, should cease [from his ministry], and that from henceforth no such person should be promoted. But, as it is evident that this is said of those who willfully do the thing and presume to castrate themselves, so if any have been made eunuchs by barbarians, or by their masters, and should otherwise be found worthy, such men this canon admits to the clergy" (*Canon 1*)(*Leclercq, H.,1911*)

Augustine wrote in 419, "I am supposing, then, although you are not lying [with your wife] for the sake of procreating offspring, you are not for the sake of lust obstructing their procreation by an evil prayer or an evil deed. Those who do this, although they are called husband and wife, are not; nor do they retain any reality of marriage, but with a respectable name cover a shame. Sometimes this lustful cruelty, or cruel lust, comes to this, that they even procure poisons of sterility " (*Marriage and Concupiscence 1:15:17*). John Calvin said, "The voluntary spilling of semen outside of intercourse between man and woman is a monstrous thing. Deliberately to withdraw from coitus in order that semen may fall on the ground is doubly

monstrous. For this is to extinguish the hope of the race and to kill before he is born the hoped-for offspring. Scripture and apostolic tradition, has constantly condemned contraception as gravely sinful.

In *Humanae Vitae* (Latin, 'Human Life') (1968), Pope Paul VI stated, "We must once again declare that the direct interruption of the generative process already begun, and, above all, directly willed and procured abortion, even if for therapeutic reasons, are to be absolutely excluded as licit means of regulating birth. Equally to be excluded, as the teaching authority of the Church has frequently declared, is direct sterilization, whether perpetual or temporary, whether of the man or of the woman. Similarly excluded is every action which, either in anticipation of the conjugal act, or in its accomplishment, or in the development of its natural consequences, proposes, whether as an end or as a means, to render procreation impossible" (HV 14).

The opinion among scholars and theologians are also varied. Theologians such as Charles Curran have criticized the stance of *Humanae Vitae* on artificial birth control. According to the American Enterprise Institute, 78percent of Catholics say they believe the Church should allow Catholics to use birth control, though other polls reflect different numbers. Author and Family Life Today radio host Dennis Rainey suggests four categories as useful in understanding current Protestant attitudes concerning birth control. These are the "children in abundance" group, such as Quiverfull adherents who view all birth control and Natural Family Planning as wrong; the "children in managed abundance" group, which accept only Natural Family Planning; the "children in moderation" group which accepts prudent use of a wide range of contraceptives; and, the "no children" group which sees itself as within their Biblical rights to define their lives around non-natal concerns (http://en.wikipedia.org/wiki/religious_views_on_birth_control#cite_note-rainey-ref-2-11#)

Meanwhile, Protestant movements such as Focus on the Family view contraception use outside of marriage as encouragement to promiscuity. Until 1930, all Protestant denominations agreed with the Catholic Church's teaching condemning contraception as sinful. At its 1930 Lambeth Conference, the Anglican Church, persuaded by increasing social pressure, announced that contraception would be allowed in *some* circumstances. Soon the Anglican church completely caved in, allowing contraception across the board. Since then, all other Protestant

denominations have followed suit. Today, the Catholic Church alone proclaims the historic Christian position on contraception (<http://www.lambethconference.org/index.cfm>).

Female Education and Family Planning: Many literatures confirmed that education, particularly female education play significant role for the success of family planning. The World Bank calls women's education the "single most influential investment that can be made in the developing world." Many governments now support women's education not only to foster economic growth, but also to promote smaller families, increase modern contraceptive use, and improve child health. Educating women is an important end in and of it. Education transforms women's attitudes and promotes critical thinking, such that women think of fertility in a less fatalistic light and are more likely to take steps toward family planning. At the macro social level, education has been used as an indicator of socioeconomic development in structural explanations of the demographic transition. More recently, it has been identified as a catalyst of "modernization" in innovation-diffusion theories (J. Cleland, 1985). At the micro social level, educated women are usually portrayed as "forerunners" of the fertility transition, that is, as pioneers of smaller families. Given the difficulty of collecting data on income, occupation or social status in demographic surveys, education is typically used as an index of socioeconomic status and as a surrogate for hard-to-measure concepts, such as opportunity costs. Moreover, education is frequently the only available indicator for the more comprehensive concept of women's status, which positions women vis-à-vis men in both the family and society. (K.O. Mason, 1984). This wide range of concepts for which education serves as a proxy reflects the multifaceted nature of the educational experience. Higher standard-of-living goals and higher educational aspirations for children usually lead to the decision to have a small family so that more resources can be allocated to each child (N. Birdsall and S.H. Cochrane 1982). Women's education has a plethora of positive effects; education not only improves a woman's economic status, but also increases her likelihood of having fewer children and using contraceptive methods (Teresa Castro Martin and Fatima Juarez, 1995). It has long been recognized as a crucial factor influencing women's childbearing patterns; an extensive demographic literature is devoted to examining the role of female education in promoting sustained fertility decline (S.H. Cochrane, 1979). The accumulated evidence provides a compelling rationale for focusing on increased investment in education and the elimination of institutional and cultural barriers to

women's schooling in policies aimed at promoting development and reducing fertility. However, our very familiarity with education as an "independent variable" means that its significance is sometimes taken for granted.

Discuss in this article provides some insight on what education means to women, in terms of contraceptive knowledge and use at various districts in Mizoram. Researcher believe that albeit religious restriction on family planning, overall education levels rise, social norms concerning childbearing and parenting change. Even those women without much formal education will be affected by the changing community norms regarding smaller family size and practices of contraceptive methods. Often, education is associated with characteristics that might lead a woman to choose fewer children: literacy skills, greater personal autonomy, and exposure to new values, ideas, and role models as the effects of education on women depend upon a wide variety of social, cultural, and economic factors. In the context of Mizoram also female education has become an essential component for family planning analysis.

Objective of the Study

There are two important objectives of this study:

1) To highlight the practice of family planning methods and selected determinant factors, such as Christianity, Scheduled Tribe and Female Literacy in the northeastern states of India to understand the situation of the eight northeast states in general and Mizoram in particular.

2) To examine the influence of female education to the knowledge and practices of family planning methods in the Christian dominated state of Mizoram at the district level.

Research Question

Present study question that what are the reasons for the grant success of Family planning programme in the hilly tribal dominated Christian states of Mizoram, located in the northeastern corner of India. Among the Northeastern States of India, Mizoram has been stood first in the use of modern contraceptive methods (NFHS- 3). This is in spite of the fact that Christians in the state, which shared 87 percent of the total population, have reservations against family planning programme since 1970s. It is assumed in this paper that, high literacy rate, particularly female literacy plays substantial role for the success of family planning programme in Mizoram. An attempt has been made to use geographical perspective by analyzing spatial variation of contraceptive practices in the districts level and the influence of female education in particular

Data and Methods

The analysis is based on data available from National Family Health Survey-I, II&III published in 1992-1993, 1998-1999 and 2005-2006 respectively. Statistical handbook of Mizoram (2004), Village level statistics of Mizoram (2003) and Census of India (2001& 2011) as well as Mizoram administrative atlas were used.

Statistical methods

Correlation analysis is used to examine the relation between female literacy and knowledge and practices of family planning methods in Mizoram. Pearson's correlation is used to test the significance of relation among dependent and independent variables using SPSS software. *Selected dependent variables include:-*

- (1) Knowledge of any modern family planning methods
- (2) Knowledge of any modern spacing methods
- (3) Knowledge of all modern family planning methods
- (4) Knowledge of any traditional methods
- (5) Current use of any family planning methods
- (6) Current use of any modern family planning methods
- (7) Current use of any traditional family planning methods
- (8) Current use of female sterilization
- (9) Current use of – condom, current use of IUD, current use of pill and current use of male sterilization.

Female literacy is used as an *independent variable*. Apart from searching the relationship between knowledge and practices of family planning methods, it is expected that more awareness of family planning method would contribute for more practice of contraception.

Female Education contributes for knowledge of family planning methods

Knowledge of family planning is nearly universal in Mizoram (94.15 percent). Table-2 shows the knowledge of different methods of contraception across the eight districts of Mizoram. It is evident that there are disparities on female literacy across the district as well as on the knowledge of different types of family planning methods.

Table 2: Mizoram: Female Education and Family Planning Knowledge in the Districts

District	Female Literacy	Knowledge of any modern methods	Knowledge of any modern spacing methods	Knowledge of all modern methods	Knowledge of any traditional methods
<i>Northeast Region</i>					
Aizawl	98	100	96.1	52.3	19.7
Champhai	92.20	98.1	85.3	7	2.1
Kolasib	93.53	96.9	86.2	25.9	3.6
Serchhip	98.28	99.8	86	9.7	25.9
Average	95.50	98.7	88.4	23.72	12.82
<i>Southwest Region</i>					
Lawngtlai	57.68	83.2	33	11.1	0.8
Lunglei	85.85	83.1	64.1	5.5	7.9
Mamit	81.37	96.8	80.9	13.9	9.3
Saiha	85.80	95.3	77.2	29.6	32.3
Average	77.67	89.6	63.8	15.02	12.57

Source: NFHS-2 and Census of India 2011, Provisional population of Mizoram

Based on *female literacy* rate in the districts, Mizoram can be divided into two geographical regions: *Northeastern region* and *Southwestern region*. As shown in table-1 female literacy is generally high in the districts located in the northeastern part of the state with an average of over 95.50 percent. On the other hand districts located in the southwestern part of the state record the generally lower female literacy rate compared to northeastern districts with 77.67 percent literacy rate. It is worth mentioning that Serchhip district, located in the northeastern region of the state is exceedingly high in female literacy (98.28 percent) and on the other extreme Lawngtlai, located in the southwestern region of the state record a very low female literacy rate (57.68 percent).

In corresponding to the division of female literacy rate, the knowledge of different types of family planning methods in the districts can be also be divided in the same line of *Northeast*

region and *Southwest region*. Districts located in the Northeastern part of the state are generally better off in the indicators of knowledge of family planning methods compared to districts located in the Southwestern part of the state (table-2).

Knowledge of *any modern family planning* methods across the district was varied. It was ranges from 83.1 percent in low female literacy district of Lunglei, located in the southwestern region to 100 percent in the second highest female literacy district of Aizawl, located in the northeastern region of the state. Generally poorer performance was recorded in the districts located in the southwestern part of the state.

Knowledge of *any modern spacing methods* ranges from as low as 33 percent in the lowest female literacy district of Lawngtlai, located in the southern most part of the state, followed by two southern districts of Lunglei (64.1 percent) and Saiha (77.2 percent). Whereas women's knowledge of any modern spacing methods is high in Aizawl district, located in the northeastern part of the state where female literacy rate is also second highest among the districts.

Knowledge of all the modern family planning methods is comparatively lower in all the districts. It ranges from as low as 5.5 percent in Lunglei district, located in the southwestern part of the state to as high as 52.3 percent in Aizawl district, located in the northern part of the state. It is evident that women in Mizoram are not much aware of *traditional family planning methods* as more than half of the eight districts of Mizoram recorded a small proportion of below 10 percent which are ranges from an extremely low of 0.8 percent in Lawngtlai district to a little over 32 percent in Saiha district, both are located in the southern most part of the state with low level of female literacy rate.

From the above analysis it is clear that knowledge of family planning methods is generally higher in the districts located in the northeastern region where higher female literate rate also observed. Interestingly, Aizawl district located in the Northeastern region is highest in almost all indicators of family planning knowledge. On the other extreme Lawngtlai district, located in the southwestern region is poorest in almost all indicators of family planning knowledge.

Statistical validity: A meticulous observation of the above analysis already given the association of female literacy, spatial distribution and knowledge of family planning methods. However, for better understanding a simple statistical test is conducted in this section.

Table 3: Mizoram : Correlation between Female Literacy and Knowledge of Family Planning Methods

	Female Literacy	Knowledge of any modern method	Knowledge of any modern spacing method	Knowledge of all modern methods	Knowledge of any traditional method
Female Literacy	1	0.754*	0.937**	0.337	0.378
Knowledge of any modern family planning method		1.000	0.892**	0.449	0.426
Knowledge of any modern spacing family planning method			1.000	0.467	0.403
Knowledge of all modern family planning methods				1.000	0.425
Knowledge of any traditional method					1
**Correlation is significant at the 0.01 level (2-tailed), *Correlation is significant at the 0.05 level (2-tailed)					

Table-3 reveals that there exist correlation between female literacy and knowledge of family planning. It is observed that modern contraceptive method is widely aware and traditional method is not much aware throughout the state. Wherever female literacy rate is high in the districts, knowledge of both traditional and modern methods is high and vice versa. Statistical analysis reveals that there exist positive association between female literacy and *knowledge of modern family planning method* ($r=0.754$) at 0.05 significant level and *knowledge of any modern spacing method* ($r=0.937$) at a very high 0.01 significant level while *knowledge of all methods and any traditional methods* have no significant relationship with female literacy. This answered our research question of the influence of female literacy on the knowledge of family planning.

Female education contributes for the practice of family planning methods

Female education not only contributes for the knowledge of family planning methods but also empower to practice what they knew. Table-4 shows that female literacy and practice of all kinds of family planning methods in the districts are varied. It is expected that female education

encourages for the use of several contraceptive methods, which includes *use of any family planning method, any modern method, female sterilization, male sterilization, IUD insertion, pill and use of condom*. The proportion of practice of family planning methods varies from one district to another. Among the methods, female sterilization is the most common practiced compared to other methods, such as male sterilization, IUD, pill and condom.

Table 4: Mizoram: Female Literacy and Practice of Family Planning Methods

District	Female Literacy	Any methods	Any modern methods	Any traditional methods	Female sterilization	Male sterilization	IUD	Pills	Condom
<i>Northeast Region</i>									
Aizawl	98	67.2	66.7	0.6	47.8	0.1	7.6	8.5	2.6
Champhai	92.20	48.9	48.3	0.6	33	0.1	9.2	5.5	0.4
Kolasib	93.53	70.1	70	0	56.6	0.2	5.5	6.9	0.9
Serchhip	98.28	55.8	55.5	0.3	40.7	0.2	5	8	1.6
Average	95.50	60.5	60.12	0.37	44.52	0.15	6.56	7.22	1.37
<i>Southwest Region</i>									
Lawngtlai	57.68	35.9	35.6	0.3	33.5	0.1	0.9	0.6	0.4
Lunglei	85.85	42.1	38.6	3.5	26.5	0.1	1.7	3.7	6.1
Mamit	81.37	50.7	50.6	0.2	36	0	3.7	9.4	1.4
Saiha	85.80	47.9	43.7	4.3	39.4	0.2	0	1.6	1.8
Average	77.67	44.15	42.12	1.33	33.85	0.1	1.57	3.82	2.42

Source: NFHS-2 and Statistical handbook of Mizoram, 2004

Based on the practice of family planning methods across the districts, Mizoram can be again divided into two broad regions: *Northeastern region and Southwestern region*. Districts located in the Northeastern part of the state record higher proportion of women practicing family planning methods of all kind compared to districts located in the Southwestern part of the state. However, it is interesting to note that practice of traditional methods is more common in the districts located in the Southwestern part of the state. This is likely due to the influence of female literacy. Table-4 shows that districts having relatively higher female literacy are generally better off in the practice of family planning methods and vice-versa (fig-3).

It is evident that modern family planning methods are widely accepted and practiced compared with traditional methods. Used of *any family planning methods* and *any modern methods* across the districts are behaving in almost similar manner. Practice of *any modern methods* is lowest in Lawngtlai district (35.9 percent) located in the southwestern part of the state with lowest level of female literacy rate whereas the practice of the same method is highest in Kolasib (70.1 percent), located in the northeastern part of the state. Even though inter-district variation was prevailing, the practice of any modern family planning methods is generally higher in the districts located in the northeastern region of the state with an average 60.5 percent while it is only 44.15 percent in the case of districts located in the southwestern part of the state. The used of *traditional methods* of family planning across the districts are somehow negligible as the proportion fall below 1 percent except Saiha (4.3 percent) and Lunglei (3.5 percent) districts.

Although the Indian government has always aimed to provide a choice of contraceptive methods, the history of the family planning programme indicates its focus on permanent methods of contraception. The programme had given almost exclusive emphasis to sterilization from the very beginning (Srinivasan, 2006). Likewise, in Mizoram female sterilization becomes the most common practices. It is also interesting to note that male sterilization is almost absent in Mizoram. It is also observed that the practice to female sterilization is followed by used of IUD insertion, Pills and condom. However, the practice of these methods, except female sterilization, was less significant throughout the state.

Statistical validity

This section is an attempt to prove that female literacy is associated or not associated with the practice of family planning. Table-4 reveals that there exist a positive correlation between female literacy and *use of any contraceptive methods* (r=0.750) at 0.05 significant level. Similarly, female literacy is positively associated with *any modern contraceptive methods* (r=0.713) at 0.05 significant level.

Table 4: Mizoram: Relationship between Female Literacy and Use of Family Planning Methods

	Female Literacy	Any methods	Any modern methods	Any traditional methods	Female sterilization	Male sterilization	IUD	Pill	Condom
Female	1	0.750*	0.713*	-0.050	0.436	0.307	0.673	0.684	0.185

Literacy									
Use of any method	1.000	0.992**	-0.380	0.896**	0.319	0.596	0.702	-0.134	
Any modern method		1.000	-0.491	0.896**	0.266	0.640	0.737*	-0.207	
Use of any traditional method			1.000	-0.397	0.235	-0.593	-0.559	0.605	
Female sterilization				1.000	0.479	0.342	0.424	-0.375	
Male sterilization					1.000	-0.099	-0.244	-0.098	
IUD						1.000	0.660	-0.274	
Pill							1.000	-0.043	
Condom								1	
**Correlation is significant at the 0.01 level (2-tailed), *Correlation is significant at the 0.05 level (2-tailed)									

The remaining dependent variables like *use of any traditional methods, female sterilization, male sterilization, IUD insertion, pill and condom* have no significant relationship with female literacy. It is also evident that among the dependent variables there exist a strong relationship between *use of any modern methods* and *female sterilization* ($r=0.896$) at a very high 0.01 significant level. This relationship is due to comparatively greater practice of female sterilization among modern contraceptive methods in the state. Next to female sterilization, pill users are relatively more among different methods which is the reason why there is a positive relationship between any modern methods and use of pill ($r=0.737$) at 0.05 significant level.

Analysis clearly reveals that practice of family planning methods are determined by female education as well as spatial variations. It is also confirm that women living in the northeastern part of the state are more literate and more aware about family planning leading to greater practice of family planning methods.

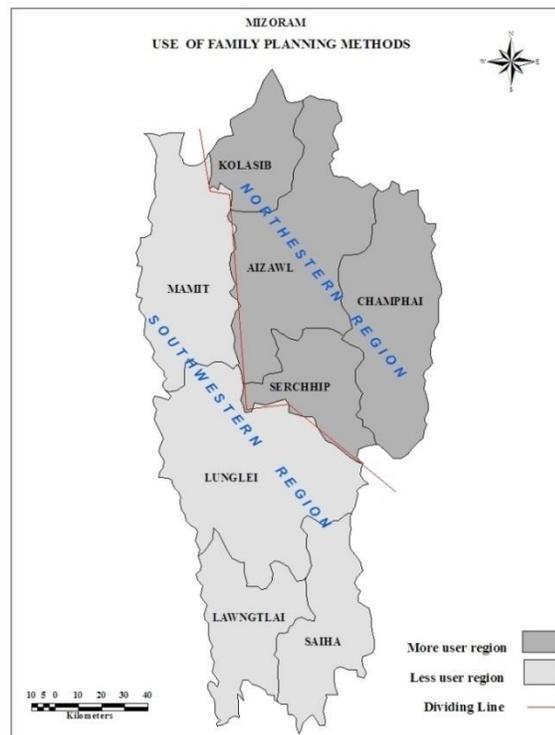


Figure 1: Regions of Family Planning Practices in Mizoram

Conclusion: It can be concluded that Mizoram is distinguishing itself not only from other northeastern states but also from the rest of India as it is the only states where contradictory factors can dwelt together positively such as, highest Scheduled Tribe (negative indicator) population second highest Female Literacy (positive indicator) and second highest Christian population (minority status in India but can be positive indicator). It is somewhat paradoxical in the sense that Christian are ultimately against their teaching to some extent as they are the one who enlightened and shaped people's attitude through education and as a result womenfolk are immensely accepting modern family planning methods which is against the Christian ethos. Statistical test proved the research question that high female literacy rate is responsible for the grant success of family planning in the Mizoram in spite of church opposition. Districts having higher female literacy are better off in the practice of family planning, especially in the case of female sterilization and use of pills. However, all the family planning methods are not associated with female literacy. Besides, there exist wide disparities in the practice of different methods of

family planning. It is also observed that generally districts located in the Northeastern part of the state recorded higher female literacy rate and as a results knowledge and practices of family planning in these districts are greater compared to districts located in the Southwestern part of the state where female literacy rate is comparatively lower.

References:

Books

- N. Birdsall and S.H. Cochrane, (1982). "Education and Parental Decision Making: A Two Generational Approach," In: L. Anderson and D.M. Windham (eds.), *Education and Development*, D.C. Heath, Lexington, Mass. pp. 175-210
- J. Cleland, (1985). "Marital Fertility Decline in Developing Countries: Theories and Evidence," In: J. Cleland and J. Hobcraft (eds.). *Reproductive Change in Developing Countries: Insights from the WFS*, Oxford University Press, London, pp. 223-252.
- K.O. Mason, (1984). *The Status of Women: A Review of Its Relationships to Fertility and Mortality*, The Rockefeller Foundation, New York
- Iyer. S, (2002). *Understanding religion and the economics of fertility in India*". University of Cambridge, England, Published as Centre of South Asia Studies Occasional Paper 2, Centre of South Asia Studies, Cambridge.
- Chamie, (1977). *Religion and population dynamics in Lebanon*. Population Studies Center, University of Michigan (Ann Arbor).
- Riccio, J. A, (1979). "Religious affiliation and socioeconomic achievement". In *The religious dimension: New directions in quantitative research*. In: R. Wuthnow (eds.), 199-228, New York: Academic Press.
- Sander, William, (1995). *The Catholic family*. Boulder: Westview Press
- Westoff, Charles. F. (1979). "The blending of Catholic reproductive behaviour". In *The religious dimension: New directions in quantitative research*. In: R. Wuthnow (eds.), 231-240, New York: Academic Press.
- Lo Presti AF, (2005). *Christianity*. In: Manning C, Zuckerman P. (eds.) Sex and religion. Toronto: Thomson Wadsworth, 117-41

- Maguire DC, (2001). *Sacred choices: the right to contraception and abortion in ten World religions*. Minneapolis: Fortress Press
- Gudorf CE, (2003). "Contraception and abortion in Roman Catholicism", In: Maguire DC, (eds.) *Sacred rights: the case for contraception and abortion in world religions*. New York: Oxford University Press, 55–78.
- Zion WB, (1992). *Orthodoxy and contraception In: Eros and transformation: sexuality and marriage—an eastern orthodox perspective*. New York: University Press of America, 239–61.
- Draper E, (1965). *Attitudes of different religions. In: Birth control in the modern world*. Baltimore, Maryland: Penguin Books, 142–78.
- LaHaye T, LaHaye B. (1998). Sane family planning In: *The act of marriage: the beauty of sexual love*. Grand Rapids, MI: Zondervan, 256–74.
- Rosner F, (1991). *Modern medicine and Jewish ethics*. New York: Yeshiva University Press, 69–84,133–54.
- Geller B., (2005). *Judaism*. In: Manning C, Zuckerman P(eds.) *Sex and religion*. Toronto: Thomson Wadsworth, 93–116.
- Abraham AS, (1996). *The comprehensive guide to medical halachah*. New York: Feldheim Publishers, 220–2.
- Bleich JD, (1977). *Sterilization of women. In: Contemporary halakhic problem*. New York: Ktav Publishing House, Inc.: Yeshiva University Press, 96–9.

Journals

- K.O. Mason, (1986). "The Status of Women: Conceptual and Methodological Issues in Demographic Studies", *Sociological Forum*, 1:284-300
- J.C. Caldwell, (1980). "Mass Education as a Determinant of the Timing of Fertility Decline," *Population and Development Review*, 6:225- 256.
- Alagarajan, Manoj and P M Kulkari, (1998). "Fertility Differentials by Religion in Kerala: A Period Parity Progression Ratio Analysis". *Demography India*, 27 (1): 213-28
- Visaria, L,(1974). "Religious Differentials in Fertility". In: Ashish Bose et al (eds.), *Population in India's Development, 1947-2000*, Vikas Publishing House, Delhi

- Chamie, Joseph, (1977). "Religious differentials in fertility: Lebanon, 1971". *Population Studies* 31: 365-382.
- Schenker JG, (2000). "Women's reproductive health: Monotheistic religions perspectives" *Int J Gynaecol Obstet*; 70:77-86.
- Schenker JG, Rabenou V, (1993). "Family planning: cultural and religious perspectives". *Hum Reprod.* 8(6):969-76
- Martin K, Wu Z, (2000)." Contraceptive use in Canada: 1984-1995" . *Fam Plann Perspect*, 32(2):65-73.
- Goldscheider C, Mosher WD, (1991). "Patterns of contraceptive use in the United States: the importance of religious factors". *Stud Fam Plann*, 22(2):102-15.
- Romo LF, Berenson AB, Segars A,(2004). " Sociocultural and religious influences on the normative contraceptive practices of Latino women in the United States". *Contraception*, 69(3):219-25.
- Feldman P. (1992). "Sexuality, birth control and childbirth in orthodox Jewish tradition", *CMAJ*, 1;135(1):29-33.
- P. H. Reddy, (2003). "Religion, Population Growth, Fertility and Family Planning Practice in India ". *Economic and Political Weekly*, Vol. 38, No. 33, pp. 3500-3509.
- Okun BS, (2000). "Religiosity and contraceptive method choice: The Jewish population of Israel". *Eur J Popul*, 16:109-32.
- Iyer S, (2002). "Religion and the decision to use contraception in India". *J Sci Study Relig* 41(4):711-22.
- Sinha M, (1995) . "Nationalism and respectable sexuality in India." *Genders*. Spring, (21):30-57
- Campbell, Flann. (1960). "Birth Control and the Christian Churches". *Population Studies* (Population Investigation Committee) 14 (2): 131-147. doi:10.2307/2172010. JSTOR 2172010.
- Srinivasan, K. (1998). "Population policies and programmes since independence: A saga of great expectations and poor performance," *Demography India* 27(1): 1-22.

Reports/ Census/ Policy Papers etc

- S.H. Cochrane, (1979). "Fertility and Education: What Do We Really Know?" *World Bank Staff Occasional Paper*, No. 26, John Hopkins University Press, Baltimore.
- S. Jeejeboy, (1992). "Women's Education, Fertility and the Proximate Determinants of Fertility," paper presented at the United Nations Expert Group Meeting on Population and Women, Gaborone, Botswana, June 22-26.
- First report on Religion: Census of India 2001
- India, (2006). "A Handy compendium of Statistics & Who's Who", The Chronicle Year Book
- Census of India (2011). "Provisional Population Totals, paper 1 of 2011-Mizoram, Series 16".
- Census of India (2011). "Provisional Population Totals, paper 2, Vol. 1, 2011-Mizoram, Series 16.
- National Family Health Survey-I, II and III, International Institute for Population Sciences (IIPS), Govandi Station Road, Deonar, Mumbai - 400 088
- American Enterprise Institute for Public Policy Research, 1150 Seventeenth Street, N.W. Washington, D.C. 20036
- Adegbola, O, (1988). "Religion and Reproduction of Sub-Saharan Africa". African Population Conference
- Avong, N.H, (1998). "The Impact of Fertility of an Evangelical Mission in Nigeria" Ninth National Conference, Australian Population Association.
- Mpiti, A.M. Sabiti, I .K, (1985). World Fertility Survey Scientific Reports. *The Proximate Determinants of Fertility in Lesotho*, No 78
- Canadian Conference of Catholic Bishops Plenary Assembly, 18 April 1969, Statement on Family Life and Related Matters.
- How Female literacy Effect Fertility: The case of India. *Asia-Pacific Population & Policy*, December 1990. N0.15. Population Institute. East-West Centre, Honolulu, Hawaii
- WHO, (1987). Mechanism of action, safety and efficacy of intrauterine devices. Report of the WHO Scientific Group. *World Health Organization Tech Rep Ser*, 753:1.
- Amin, Sajeda, Ian Diamond and Fiona Steele,(1996). "Contraception and religious practice in Bangladesh". *Policy Research Division Working Paper* 83. New York: Population Council

Direct E-Sources

A Monthly Double-Blind Peer Reviewed Refereed Open Access International e-Journal - Included in the International Serial Directories

International Research Journal of Human Resources and Social Sciences (IRJHRSS)

Website: www.aarf.asia. Email: editoraarf@gmail.com , editor@aarf.asia

Page 88

Salza, J, (2007). "The Instructor of Children 2:10:91:2". *Scripture*, Catholic-contraception,

<http://www.scripturecatholic.com/contraception.html>

http://www.thecatholicfaith.info/Rhythm_Method_Is_Sinful_Birth_Control.htm

Refutation of All Heresies 9:12,

www.archive.org/.../therefutationofa00hippuoft/therefutationofa00hi...

http://www.archive.org/stream/therefutationofa00hippuoft/therefutationofa00hippuoft_djvu.txt

The First Council of Nicaea, <http://www.papalencyclicals.net/Councils/ecum01.htm>

<http://www.newadvent.org/cathen/11044a.htm>

APA citation. Leclercq, H, 1911. "The First Council of Nicaea". *The Catholic Encyclopedia*.

New York: Robert Appleton Company. <http://www.newadvent.org/cathen/11044a.htm>

MLA citation. Leclercq, Henri. 2011 . "The First Council of Nicaea." *The Catholic*

Encyclopedia. Vol. 11. New York: Robert Appleton Company, 1911. 7 Oct.

<http://www.newadvent.org/cathen/11044a.htm>

Is Contraception and Sterilization, Always a mortal Sin? Pope John Paul II Society of

Evangelists, 14818 Ranchero Road, Hesperia, California, USA, www.pjpiisoe.org.

<http://www.pjpiisoe.org/pamphletsA4/062A4.pdf>

The fathers know best "This Rock" Magazine, January 1996 issue. Catholic Answers, P.O. Box

17490, San Diego, CA 92177, (619) 541-1131,

<http://www.ewtn.com/library/ANSWERS/FKBCONTR.HTM>.

Humanae Vitae (Latin, 'Human Life') (1968), Pope Paul VI, English translation: *The Pope*

Speaks, 13 (Fall. 1969), 329-46. Second Vatican Council, *Pastoral Constitution on the*

Church in the World of Today, no. 50: AAS 58 (1966), 1070-1072 [TPS XI, 292-293].

[http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-](http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae_en.html)

[vi_enc_25071968_humanae-vitae_en.html](http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae_en.html). [http://www.the1968exhibit.org/covering-](http://www.the1968exhibit.org/covering-1968/2011-03/pope-paul-vi-humanae-vitae-and-pill)

[1968/2011-03/pope-paul-vi-humanae-vitae-and-pill](http://www.the1968exhibit.org/covering-1968/2011-03/pope-paul-vi-humanae-vitae-and-pill)

Lambeth Conference official website. <http://www.lambethconference.org/index.cfm>, Published

in association with the Lambeth Conference, 2008 Anglican Communion Office in

England.

http://www.catholic.com/library/Contraception_and_Sterilization.asp

"Humanae Vitae: Encyclical of Pope Paul VI on the Regulation of Birth, July 25, 1968". The Vatican. http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae_en.html. Retrieved 2011-10-10.

"Canadian Bishops' Statement on the Encyclical "Humanae Vitae".
<http://web.archive.org/web/20060829044505/http://www.catholic-legate.com/articles/winnipeg.html>.

"Abstinence Policy". 2005. Focus on the Family.
<http://www.family.org/cforum/fosi/abstinence/>.

Statistics Canada. Population by religion, by province and territory (2001 census). Available at: <http://www40.statcan.ca/101/cst01/dem030a.htm>. 2005.