CHAPTER – VII
SUMMARY, FINDINGS AND SUGGESTIONS

Family welfare programme has won wide intellectual acceptance in Jharkhand and it can play an important role in influencing the future course of socio-economic upliftment. It is true that achievement of the programme, in Jharkhand, are far below the set goals but that should not be taken as an indication of its failure. The attitudes of person cannot be changed overnight. Thus considering the complex nature of the problem of Jharkhand, the achievement of the family planning programme in terms of creating awareness, dissemination of knowledge and acceptor of different family planning methods have not been negligible. Several far reaching policy decisions such as initiating a national programme of family planning, making funds available on demand basis, and creating a district wise organization to provide free and easy availability of many kinds of contraceptive and related services to every person in the state have been taken within a relatively short period of time.

The family welfare programme was started on an experimental basis in the fifties with a ‘clinical approach’ to provide services to those who are so motivated. With this modification emphasis was placed on the promotion among people of motivation in favour of family planning programme acceptance and on the rendering of the services as near to their doorsteps as possible. Substantial additions were again made in the programme in the mid-sixties when intrauterine device (IUD) was popularized. When this IUD programme failed, there came the “target-oriented time bound programme and the option of the cafeteria-approach”. The ‘cafeteria’ provides a variety of contraceptive methods from which an acceptor can freely choose the one that suit him best. When this also proved inadequate, recourse was taken, in the early seventies, to Mass Vasectomy Camps, which involved much more extensive and intensive use of the district administrative machinery along with much more enhanced ‘incentives’ and a massive publicity drive. Though India has been experimenting different approaches to family welfare programme from the ‘clinic’ approach to the extension approach followed by emphasis in the IUD, which in turn gave way to the target-oriented time bound programme coupled with the cafeteria approach, followed by the disastrous mass
vasectomy camp approach, but the efforts so far made have failed to make any significant dent in the problem. The ‘target-oriented time bound’ approach prompted the family welfare staff to work in an indiscriminate manner. There were reports that administrative pressures were used to achieve health and family welfare targets. The result was that instead of projecting an image which reflected respect for the dignity of the individual by offering free choice of methods to the users and ensuring better health services, the family welfare workers in rural areas tended to give the impression of using pressure tactics to entire people to accept vasectomy or tubectomy. Partly this should also be attributing to the fear of the workers losing their jobs. Complaints began to be voiced that no help was received when complications were reported following IUD, vasectomy and tubectomy. All this was unfortunate since this resulted in a lack of rapport between the field workers and the villagers.

**Summary:**

In Introduction Family Planning is a social movement which lays emphasis on the overall development of the family. As the basic aim of family planning is to limit the size of the family, married couples are convinced to adopt birth control methods and to have children by choice and not by chance. They are asked to follow small family norm and slogan “Small family, happy family”. Family planning means reducing birth rate to the extent necessary to stable the population at a level consistent with the requirements of the national economy. Family planning is very useful for society, economy, planning, administrator, employment, education planning etc. Family planning is necessary for rapid socio-economic upliftment of state, raising the living standards of the people, attaining and maintaining the optimum size of the population, improving the quality of population, maintaining the health of mother and child. Family planning programme at first was mobilized in India in 1952. The Maternity and Child Health care and family planning programmes adopted over the years have not only increased the couple protection rate but also life expectancy at birth for both male and female population.

Chapter two pertains to Review of Literature discussing about India was the first country to evolve a government-backed family planning programme in the
1950s when the rest of the world was not aware of the problem. In 1997, ‘Family Planning’ was rechristened as “Family Welfare” and tasks beyond its competence embracing all aspects of family welfare, including improvement of women’s educational level. The methods adopted in Family Planning are –Sterilisation, Loop, Pill, Withdrawal, Rhythm, and Diaphragm. Operations for Family Planning are not very popular among the society.

The idea of family planning has been sold as an average woman. The attitude of a woman towards family planning is influenced by her education, age, income background, husband’s occupation and her working status.

Research study in some block of Hazaribag it is noticeable that 60.9% male were in favour of 4-5 children. The encouraging feature is that though the older generation is inclined towards passive helplessness, they want their daughters to have fewer children and adopt birth control methods. Though a number of women approves family planning. One important suggestion made is that our slogan should be, “Third child should not be born and no child after 35 years of age.”

Family Planning will improve not only family welfare but will also contribute to special prosperity and individual happiness.

Chapter three highlights the profile of Jharkhand. A landlocked Jharkhand is the 28th state of Indian union, born on Nov. 15th 2000. According to final census report 2001, Jharkhand includes 2,69,45,829 people with 15th position in area, 13th position in population, 18th position in decadal growth, 16th position in density, 15th position in sex ratio, 33rd position in literacy found in all India level. About 30 types of tribal live in Jharkhand with higher illiteracy. Higher literacy found in East Singhbhum and lowers in Pakur district.

Though the Jharkhand region is full of industries and mining, yet nearly 77.75% of the working population is dependent on agriculture of the entire net geographical area 22.68% are is under cultivation while the percentage of follow land is 25.01%. Due to the abundance of forest the region is called Bananchal. At a time 80% of the land of this region was covered with forests, but due to the continuous deforestation 29.61% area now remains under forests. The Jharkhand state is also known as ‘Ratnagarbha Bhumi’ due to its important place in mineral production in the country. In the field of education, this state has been neglected. In
order to create the interest among children, it has been a demand since long that the medium of education at least in the primary class should be in local language. The children from far away villages do not take interest in education.

Chapter four focuses quarries and collections on the family planning schemes in Jharkhand state. These family planning schemes are forced in Jharkhand: Oral, Contraceptive, Use of I.U.D., Sterilisation, Nirodh, M.T.P., etc.

An ideal contraceptive is one that is safe, easily administered, preferable by the individual himself or herself, with no side effects, no interfering with location, not expensive and not repetitive. During the last few years there has been a very sharp increase in the usage of pills in Jharkhand. Sterilisation has come to occupy an important place in the armory of family planning method. Abortion has been given an increasingly important place in the programmes of birth control in many areas of Jharkhand. The tubectomy operation in the post-partum period is a one thing which has a very good success. Copper-T is one of the important spacing methods offered under the family planning programme.

Apart from providing cash compensation to the acceptor of sterilization far loss of wages, transportation, diet, drugs, dressing etc. some cash packages are available under the family planning insurance scheme.

Chapter five describes the problem in implementation of family planning schemes in Hazaribag district. Many sections of the society vehemently oppose it. Some of the plea that it is interference in their private life. Family Planning can reduce a vital social problem as population explosion. In rural areas of Hazaribag district even today for the Hindus the child is the gift of god and abortion is a sin. Target was high but achievements were too low for family planning programme in Hazaribag district by family welfare department (Sadar Hospital) from 2000-01 to 2007-08. Study reports say failure of this programme.

There are so many major problems in implementing family planning programme in Hazaribag such as: social custom and religious superstition, joint family system, poverty, rise in natural fertility rate, low level of education, lack of entertainment facilities, low level of family planning practice, child marriage, university of marriage, hot climate etc.
Chapter six highlights the impact of family planning in the socio-economic status of Hazaribag. If population is not checked, “our progress would be like writing on sand with the waves of population growth wasting away all that we have written.” Impact of family planning in removing some social problems can say in these ways like extra pressure of population on land, burden of unproductive consumers, food shortage, pressure on social overheads, capital formation.

Impacts of Family planning are in two ways, first on social status and second on economic status. In social status family planning develops the status of women, children, health, social disadvantage groups such as scheduled castes, backward classes, minorities, scheduled tribes, physically, mentally disabled, and other disadvantage groups. Family Planning has been influenced in the economic status of Hazaribag which results in the increase of per capita, labour productivity, investment, use of resources, urbanization, standard of living, agricultural development, employment, social infrastructure, labour force capital formation, environment and economy.

The consequences of rapidly increasing interest in family planning are the symbol of all development effort in Hazaribag district. It will be resolved either by a sensible solution or untold suffering.

The alarming rate of population growth is termed as “Population-Explosion”. We have to feed a large number of mouths and provide shelter and clothes to them. However, population explosion makes nonsense of all out development programmes and planning. The reasons for the population explosion are many. Better medical facilities and control over epidemics have made life safer and longer deaths by diseases, famine or floods which have been checked to the minimum.

A heavily proof and scientific campaign on family planning is the need of the hour. The state governments, the voluntary organizations should launch a vigorous campaign to educate the masses of the dangers of over-population. More births mean more peoples. More people mean more unemployment and more problems of food, shelter and clothing. The people of Hazaribag must learn from China which has freeze its population growth adopting one family-one child programme. Those who produce more than one child should be heavily taxed, fined.
and debarred from all social benefits and consisting elections for the legislatures and the parliament. The consequences of excessive population in this district lead to a decline in the socio-economic status of the people.

Child-Abuse is one of the causes here. Childhood is the golden period of man’s life. They need love and care for their growth and development. Unfortunately, the unhealthy children engaged in hazardous works can be found in urban areas of Hazaribag. Bare footed, lean and thin children of tender age have to work 10 to 15 hours a day in shops, dhabas, brick works, small factories and cottage industries. Some risk their lives while selling newspaper on busy roads.

These child workers are generally ill-fed and treated like bended labourers. They are often underpaid and beaten at the slightest excuse. Poverty is the main reason that compels many poor parents to send their children for work. The evil practice should be stopped by enforced the ‘Child labour Act’ with all sincerity and strictness giving an exemplary punishment to the defaulters and the defiant employers.

But these measures are effective only as long as there are facilities for the parents of such children to send them to schools. Rampant poverty and lack of awareness about the importance of sending children to schools makes these people treat these children as extra working hands. Efforts on the part of general public and Non-Government Organizations can help to tackle this problem eventually. We should be aware of the problems of such deprived and exploited children in our society.

It is good in the context of Jharkhand that death rate has decreased. But we should check the birth rate also. We must take steps to control the fast growth of the population. People should be educated about the need of family planning. They should be educated about the adventures of small families. The most important task before the state is to check the growth of population. It is never possible for any father to bring up a large number of children well and properly. He cannot supply all their needs. He can’t give them good education. Thus he spoils not only his own life but also the future of his children.

In our state Jharkhand and its district Hazaribag Family Planning Programme is the need of the hour. But everything goes in vain when an
uneducated person takes sexual intercourse merely for entertainment. They believe that each mouth brings their own luck. This is only ignorance of the people. The State Government as well as District Administration should therefore, frame the family planning policy. So the fruits of development may reach to the masses. The family planning policy must aim at increasing the economic growth and decreasing the population growth. Production must be increased to overtake the population growth. This can be achieved by making family planning a mass movement. Government can open family planning clinics in the remote villages to give them medical advices. Media can play a vital role in bringing to light harms of population growth its programme.

In the present approach to family planning programme in Jharkhand, the term ‘motivation’ has been used in too loose a manner, without any reference at all to the complex process which lead to the generation of motivation for small family norm in a community. The propaganda for family planning programme has been only in terms of ‘fewer children’, some of the message so communicated are (a) “Do Ya Teen Bachche Bas”, (b) “Do Ya Teen Bachche Hote Hain Ghar Main Achche”, (c) ‘Ham Do Hamare Do’, (d) ‘Chhota Pariwar Sukhi Pariwar’ (e) ‘Kam Santan Sukh Ka Farman’.

But, having fewer children does not automatically improve the economic status of the family; but at the most that may prevent it from being depressed further. Efforts were not made to spread birth control among the masses fully, integrated into the other policy programme to improve economic and living condition in the state. “Programme for more houses, jobs, land, schools and hospitals are intrinsically more appealing than programme for less babies.” In our state, to majority of our people, life is a continuous, grim struggle for existence. They are being deprived of even the most elementary needs.

ACHIEVEMENTS OF FAMILY PLANNING PROGRAMME

The Planning Commission and the Department of Family Welfare have been laying down targets for family planning, health and welfare activities in each year. Over the years, there have been following achievements in their targets. Some of the achievements in family welfare programme are:
Table: 7.1: Table showing Achievements of Family planning in Hazaribag dist.

<table>
<thead>
<tr>
<th>Year</th>
<th>Sterilization</th>
<th>IUD</th>
<th>MTP</th>
<th>CC Users</th>
<th>OP Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-01</td>
<td>9698</td>
<td>2392</td>
<td>124</td>
<td>705</td>
<td>1640</td>
</tr>
<tr>
<td>2001-02</td>
<td>12247</td>
<td>978</td>
<td>71</td>
<td>4511</td>
<td>6022</td>
</tr>
<tr>
<td>2002-03</td>
<td>8004</td>
<td>3467</td>
<td>74</td>
<td>3330</td>
<td>3641</td>
</tr>
<tr>
<td>2003-04</td>
<td>4097</td>
<td>5171</td>
<td>33</td>
<td>7288</td>
<td>6196</td>
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<tr>
<td>2004-05</td>
<td>4232</td>
<td>5033</td>
<td>6</td>
<td>7025</td>
<td>5401</td>
</tr>
<tr>
<td>2005-06</td>
<td>8710</td>
<td>4729</td>
<td>44</td>
<td>9110</td>
<td>5531</td>
</tr>
<tr>
<td>2006-07</td>
<td>9034</td>
<td>4146</td>
<td>208</td>
<td>10961</td>
<td>5570</td>
</tr>
<tr>
<td>2007-08</td>
<td>15872</td>
<td>5286</td>
<td>1612</td>
<td>12953</td>
<td>8588</td>
</tr>
</tbody>
</table>

Source: Family Welfare Department (Sadar Hospital), Hazaribag.

The coverage under the Sterilization, IUD, MTP, CC Users, and OP Users programme showed substantial improvement but it was much below the target of 100 per cent in the plan. Thus technological advances in family planning methods, improvement in quality and coverage of health care, implementation of disease control programmes and increasing literacy and awareness have led to increased utilization of available health services. As a result, the family welfare programme has been quite successful.

No state can bring about quick results in the sphere of population control and family limitation. It is, therefore, of imperative necessity that sustained efforts be made over a considerable period of time to achieve positive results. The problem of ‘birth control’ through family limitation involves a number of problems and starts with the attitude of the community to adopt it.

Findings:

In present research work some major success and failure about Family Planning have been found. These derive can be written in the following words:

Population explosion is a vital social problem. It is a condition affecting a significant number of people of Hazaribag district in ways considered undesirable, about which it is felt that something can be done through collective social action. Population problem and underdeveloped situation of Hazaribag, thus, involves a value judgment, a feeling that a condition is detrimental and requires change. All demerits of population explosion can reduce with help of only Family Planning. Political attention towards family planning was not found in the district. A corruption is also involved in this programme when occurred. Thus, in a general way, people in the rural areas are at a disadvantage and have to suffer with population explosion.
A great cause of failure of this programme was found due to poverty. Poverty is a situation that gives rise to a feeling of a discrepancy between what one has and what one “should have”. 2, 98,716 of rural families in Hazaribag district in which 1, 97,702 families lives below poverty line. This is higher rate of poverty as 66.18 %. More than two third of rural population are poor. So they have no great attention on family planning programme.

The Fertility rate in Hazaribag has been found about 4.9. That means a women can produce more than four children in her life. The high rate of fertility and expenses on bringing up these children are costly. So great retardation found in socio-economic upliftment of Hazaribag. A family of two children is today considered a normal family. Then another fact which ought to be borne in mind is that in birth matters social and cultural conditions play a very big role in development of society and economic condition.

Literacy rate of Hazaribag is about 58.05% including 72.16% male and 43.15% female, are higher than national average. Although great attention on education, family planning programme has slightly got succeed. According to Dr. Ajay Kumar Manjhi (ACMO and family planning/welfare officer of Hazaribag district), says only 65 females have been benefits from this programme from 1st April 2008 to 17th December 2008 for 2008-2009 session. In spite working of NFHS keen interest have been found about family planning programme in people of Hazaribag.

A large number of Family planning facilities have not yet been found in blocks of Hazaribag district. Great interest of doctors and nurses in private clinic is an impediment of family planning programme. No any special journal and booklet were found for improving this programme. Only 43 achievements of sterilization at the target of 491 have been found in ‘Keredari’ a block of Hazaribag district. Same low performance found in “Barkatha” block had only 61 achievements against 677 targets for sterilization of session 2008-09.

Final census report of 2001 says that Jharkhand includes 13.8% Muslim, 4.1% Christian, 0.3% Sikh and 68.6% Hindu caste. Among these various castes Muslim and Christian has keen interest in family planning. They did not want to reduce their birth rate against population explosion.
Hazaribag, Deoghar, Godda and Palamu districts have the dubious credit of the highest number of child marriages which stands at approximately 66 percent for each district. Girls are found becoming victims more of child migration, trafficking, rape, child labour and others in Jharkhand. Child marriage remains a major cause of concern for the state. State feels that despite repeated efforts in curbing child marriage, the figures are still raising. The districts of Hazaribag, Deoghar, Godda and Palamu top list registering 66.9, 66.4, 66.3 and 66.0 percent respectively. Sahebganj comes next registering 62.5 percent cases of child marriages. The districts which closely follow are Giridih, Lohardaga and Dhanbad with child marriage cases ranging between 52 and 59 percent. The state capital was not much better than other places with around 39 percent. It was also discussed on girl participation in agro-based activities that has increased drop out rates of girls in school. The girls were involved in cultivating and harvesting crops at farmlands by their parents, that they do leaving the school. (The Times of India, 25th Jan. 2009)

A great success found in decadal growth rate of population in Hazaribag district which was 28.63% in 1981-1991. Due to awareness about population explosion it decreased at 24.02% in 1991-2001.

Some important characteristics of the rural areas in Jharkhand which are associated with certain social problems are (a) people are directly or indirectly depend on agricultural and a large number of landlords have small and medium size landholdings, (b) the upper caste people of Jharkhand still hold large land while people of the lower castes own either marginal land or works as landless labourers, (c) rural people are scattered in comparison to the urban people, (d) not only the roles but the values of the rural people too continue to be traditional ands (e) the price the farmers get for their produces is less in relation to the work they put in.

Although the rural economic of Hazaribag districts does not affect all farmers equally but the lower and middle class farmers who are in a majority and are forced to send their sons and brothers to the urban areas to find new sources of livelihood. In cities, they are forced to remain in slums and work as daily wage-earners due to the lack of education and power training. The standard of living of the rural farmers is very low and their exploitation by big landlords, intermediaries and money-
lenders is far greater. No wonder, their whole life is generally frustrating – find a way of keen interest in any development programme.

The poverty estimates have always been a subject of debate for colleges and university of Hazaribag. Poverty is related to health also. If a person is healthy, he is not only able to earn but he spends less on his sickness. Poverty is correlated to increase in family size as well. The larger the family, the lower the per capita income and standard of living also.

Widening gap between birth and death rates and low age at marriage found so much in Hazaribag district. Child marriages have been very common in Hazaribag district. Family planning has a direct link with female education and female education is directly associated with age at marriage, general status of women. The religiously orthodox and conservative people in Hazaribag are against the use of family planning measures. There are women who disfavour family planning on the plea that they cannot go against the wishes of God. There are some women who argue that the purpose of a women’s life is to bear children. Other women adopt a passive attitude: “If I am destined to have many children, I will have them. If not, I will not have them. Why should I bother about it?”

The Muslims of Hazaribag has a higher birth rate as well as fertility rate than the Hindus. Muslim women having fertility rate as 4.9 as compared to 3.3 among Hindus women. According to research survey among the Muslims although a majority of both male and female respondents were aware of modern family planning methods, they were either against using them on religious grounds or they lacked clear and adequate knowledge about them.

Other cause found for underutilization of family planning programme as joint family system and lack of responsibility of young couples in these families to bring up their children. Lack of recreational facilities, lack of information or wrong information about the adverse effects of vasectomy, tubectomy and the loop. Many poor parents in Hazaribag are as Rikshawpuller, Farmer, and Labourers etc produce children not because they are ignorant but because they need them. If families stop those children from working, their family funds will be ruined. Ironically, a huge family size is the poor man’s only way to combat poverty caused by the population boom.
Hazaribag is no longer considered a soft district as political scientists once used to call it. It has now become a plutocracy, a consideration district, where everything to be had can be had for a consideration. A clerk at an average post walks away every evening with Rs. 300-400 in his pocket. A peon in a government office asks far Rs.50-100 to locate a file. Corruption has progressively increased and is now rampant in our society. So corruption about family welfare is another cause found in research.

The another factor found in Hazaribag during research study which is responsible for failure of family planning programmes is our agricultural system of economy. Under this system it is believed that every person who works in the field is fully employed and as such there is no question of his getting employed. It is, therefore, felt that every time is appropriate and fit for his marriage. Thus a boy is married any age.

Family planning workers are only paid servants and they do not work with a missionary spirit, which is very essential, if the programme is to be made a success. The Government has not been in a position to make the people of rural areas realize the need and importance of family planning, with the result that 79.25% of Jharkhand population, which resides in the villages, is quite indifferent to the whole family planning programme.

Research agrees with the view that the size of the Hazaribag population is a basic issue in national economic planning; in so far its unrestricted increase of proportion to means of subsistence, affects adversely the standard of living, and tends to defeat many social and ameliorative measures. The problem has been fundamentally caused by the lack of all-round co-ordinated economic development. While measures for the improvement of the quality of the population and limiting excessive population pressure are necessary, the basic solution of the present disparity between population and standard of living lies in the economic progress of the district on a comprehensive and planned basis.

**Position of Family Planning and Socio-Economic Upliftment:** Whereas in south India much attention has been devoted to study the interest in family planning of various groups of the population of state but unfortunately in Jharkhand not only the statistics on overall fertility are lacking but different family planning acceptor
rates are also rare. In Jharkhand interest are not yet greatly affected by such variables as caste, education, occupation or economic status. The following are some factors who determine the rate of family planning acceptor:

1) **Age Pattern and Family Planning**: Birth rate is the most common index of family planning but it does not give any idea of the pattern of family planning schedule. The study of the age pattern of family planning is an important addition and throws light on several aspects of reproduction in the community. It provides clues to questions such as (i) what the tempo of child bearing is, (ii) what age do women start participating in family planning norms, (iii) what is the average size of family, and (iv) how is the age specific schedule affected by the use of diverse forms of birth control methods.

In Hazaribag, it is difficult to obtain adequate and reliable data on the annual user of birth control by the age of the mother or father. Fertility remains fairly high during period 20 to 29 years of age both in urban and rural areas. Before 20 fertility rates is low means no requirement of family planning and after 30 years age if couples are take interest in family planning norms means they have been already produce 3 or 4 children. It should be noted that the other factors are also important in this case like female age at marriage, divorce and separation among women in the reproductive age and the incidence of widowhood etc.

2) **Rural-Urban family and Family Planning**: It is consistently practice that the acceptor of family planning has recorded higher in the urban areas than in the rural areas. The highest achievement about family planning in the district hospital of Hazaribag as 127.2% followed by Churchu Block as 103.6%, Barkagaon as 86.4% in sterilization. But heavy low performance found about NSV in district. The highest rate of NSV found in Barkatha block as only 17.7% followed by Bishnugarh 12.9%, Sadar block as 10.9% respectively. The highest intra uterine device rate found in Barkagaon as 59.9% followed by Chouparan 44.5% and lowest rate found in Keredari block as only 9.7%. Contraceptive users are highest in Bishnugarh block as 80.9% followed by Churchu block 57.6%, Barkagaon 56.0% and lowest rate about CC Users in district hospital as only 21.3%. The oral pills users’ rate found highest in Barkatha as 48.1% followed by Bishnugarh 38.8%,
Katkamsandi as 29.9%. The lowest rate of OP Users found in Chouparan as only 10.8% in 2008-09 sessions. (See table no.5.9).

High family planning practice in urban area is caused by unbalance sex-ratios, high living standards, economic insecurity and unemployment, social capillarity, occupational status, female employment, educational facilities and the availability of clinical aids towards family planning and so on, but there are no simple relationships. There is also the evidence of a higher extent of family planning practice in the urban areas. Rural societies are usually low users of family planning practice. There are 1601 villages with 1431 inhabited and 170 uninhabited villages in the district. The study on the family planning of currently married women in Hazaribag has clearly shown that from other urban areas had higher practice compared from rural areas.

(3) **Economic status and Family Planning:** It has been observed in various family planning survey in Hazaribag that the total number of children born declines with an increase in per capita expenditure of the household. However, a detailed study of couples, on the basis of Main & Marginal worker, shows that family planning practice is high among couples with higher income; it declines as income decreases. In Hazaribag there are 5909 cultivator and 1839 agricultural labour as 6.12% as main worker of total population. There are 2480 cultivator and 3546 agricultural labour as 4.76% as marginal worker of total population. We must see that how family planning makes impact on economic status. Only 9.5% of sterilization, 10.9% of NSV, 26.6% of IUD, 33.3% of CC Users and 15.5% of OP Users have achieved against target in Hazaribag Sadar Hospital (see table no.5.9). Picture clears that lower the rate of main worker or monthly income groups affects directly low acceptance of family planning acceptance.

High per capita income of the household implies that the children and mother have better nourishment in the family. It also implies that medical care can be provided more easily and more often in case of sickness of the child which, in turn, prevents infant and childhood mortality. Once the couple is able to accept family planning norms and save the life of those children who are already born in the family, it does not need to go in for more and more births.
(4) **Caste and Family Planning:** There are few family planning studies which have some data on the family planning by religion. Jharkhand includes 68.6% Hindus, 13.8% Muslim, 4.1% Christian. 0.3% Sikh and 13.04% other caste according census of 2001 (see table no. 3.3). Among the all caste lower literacy ratio in Hindu and higher literacy ratio in Sikh as 54.6% and 87.8% respectively. The broad picture which has emerged from research is that the family planning acceptors are lowers the Muslim as compared with the Hindus.

However, it is said that the Muslims have higher fertility because of their greater tolerance of widow remarriage. Another reason is that Muslim women of Hazaribag Sadar do not follow as frequently the practice of going to their parent’s house for confinement as do the Hindu women. As a consequence, the separation of the husband and the wife after confinement is of much shorter duration for the Muslims than for Hindus. The lower worker participation rates in the Muslim only 31.6% and higher the rate in the Christian as 45.6%. Lower work participation rate, higher fertility rate, how we achieve the goal of socio-economic upliftment. Besides, lower family planning practice may lead to a fall in the level of living and in several ways may reduce the amount of child care.

(5) **Education and Family Planning:** The relation between family planning and education has been the subject of investigation of research. The study has supported the view that a high level of formal education is ordinarily associated with high acceptance of family planning. The number of children born alive to the women of completed maternity who were either illiterate or educated below primary standard or up to primary standard.

When research conducted in Barkatha block of Hazaribag district had brought positive relationship between education of the wife and family planning norms. The literacy rate in Barkatha block as 29.8% of total population, where female literacy rate is 16.5% and male literacy rate is about 44.8% only. Naturally achievement was also low about family planning methods. Only 9% in sterilization, 17.7% in NSV, 25.3% in IUD, 35.4% in CC Users and 48.1% about OP Users achievement by family welfare department (see table no.5.9). It was observed that the completed family size was high respectively for the illiterate; in contrast, for those women who had passed the secondary level or were graduates, the family size
was lower respectively. There can be a number of reasons for a small family among the well educated ladies; but two factors seem to be quite influencing. One reason may be that because the sense of responsibility towards the maintenance of family increases with a substantial degree of educational achievement. A large family may prove to be a hindrance in the fulfillment of this obligation. Secondly, because the educated women quite often opt for a career than for the domestic life, it is so natural for them to go in for socio-economic upliftment.

(6) Occupation and Family Planning: It has been found in research in Hazaribag that agricultural people have lower family planning practice than the trading and professional classes. Research found that while cultivator and labourers gave higher birth, those who were in service and profession. Detail study on Main worker and Marginal worker with family planning acceptor given here:

Keredari block has a higher percentage of non workers as 60.56%, achievement about sterilization is 8.7, about NSV 2.4%, about IUD 9.7%, about CC Users 24.6% and about O P Users only 9.2%. The lowest family planning acceptor found in the district and higher the non worker found in Keredari block as 60.56%.

Katkamsandi, another block in Hazaribag district has lower achievement about various methods of family planning and higher rate of non worker. Detail picture as 24.6% sterilization, 7.9% NSV, 15.1% IUD, 30.7% CC Users and 29.9% O P Users achievement against target by family welfare department but figure about main worker is only 11.79%, marginal worker as 9.85% and higher ratio with non worker as 65.92%. Figure and data are clearly saying where lower family planning practice find appositively affect on work participation. The whole problem of growth in population and economic development is very vexed and complex. It is a matter of controversy whether population growth is conducive for economic development or a factor which hinders the whole process. The opinions are divided and for some time these difference are likely to persist as well.

Did the Family Planning Programme Succeed?

Family planning programme has been launched as a Government sponsored movement. The initiative taken by the Government to propagate the programme
among the masses and to promote awareness and use of it is unparallel in the annals of history. The entire programme is financed by the Government of India out of its own resources. The planners have given priority to those methods which reduce birth rate and create public awareness. The following facts go to prove the success of the programme:

1. **Creation of General Public Interest**

   Public approval of the programme has been brought to light by study. The study showed that:

   1. 72 per cent of the urban population prefers three or less than three issues while 66 per cent of the rural population prefers 3 or more than three children.
   2. 85 per cent of the degree holder, and 79 per cent higher secondary certificate holders and 70 per-cents of those who have studied up to 8\textsuperscript{th} class are in favour of three or less children.
   3. 72 per cent of the populations belonging to the age group of 21-35 years prefer less than three children and 65 per cent of the 36-59 age groups also expressed similar opinion.

   **Table: 7.2**

   Table showing percentage of achievement of family planning programme by Family Welfare Department, Hazaribag:

<table>
<thead>
<tr>
<th>Year</th>
<th>Sterilisation</th>
<th>IUD</th>
<th>MTP</th>
<th>CC Users</th>
<th>Op Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-01</td>
<td>108.3</td>
<td>29.2</td>
<td>0.5</td>
<td>8.5</td>
<td>16.4</td>
</tr>
<tr>
<td>2001-02</td>
<td>111.3</td>
<td>8.5</td>
<td>4.5</td>
<td>50.1</td>
<td>67</td>
</tr>
<tr>
<td>2002-03</td>
<td>72.7</td>
<td>24.7</td>
<td>0</td>
<td>20.2</td>
<td>21.9</td>
</tr>
<tr>
<td>2003-04</td>
<td>33.5</td>
<td>25.4</td>
<td>0</td>
<td>25.6</td>
<td>21.8</td>
</tr>
<tr>
<td>2004-05</td>
<td>33.9</td>
<td>24.5</td>
<td>0</td>
<td>23.8</td>
<td>18.6</td>
</tr>
<tr>
<td>2005-06</td>
<td>68.5</td>
<td>22.4</td>
<td>0</td>
<td>31.4</td>
<td>19.1</td>
</tr>
<tr>
<td>2006-07</td>
<td>68.6</td>
<td>18.9</td>
<td>0</td>
<td>35.7</td>
<td>18.1</td>
</tr>
<tr>
<td>2007-08</td>
<td>119.2</td>
<td>23.8</td>
<td>0</td>
<td>41.6</td>
<td>17.6</td>
</tr>
</tbody>
</table>

   *Source: Family Welfare Department (Sadar Hospital), Hazaribag.*

2. **Decline in Birth Rate**

   The continuous decrease in birth rate is a reflection of the success of family welfare measures.

3. **Population Projections**

   Demographic research centers located in different states are engaged in demographic research. Similarly reproductive biological research and birth control
research works are being carried by the Indian council of Medical Research and the National Health and Family planning bureau.

**Table: 7.3**

**Family Planning Communication Action Research Centres in India**

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of the Centre/Institution</th>
<th>Area of Research Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All India Institute of Hygiene and Public Health, Kolkata</td>
<td>KAP, Evaluation, Communication.</td>
</tr>
<tr>
<td>3</td>
<td>Demographic Communication Action Research Centre, Institute for Social and Economic Change, Bangalore.</td>
<td>KAP, evaluation, city surveys</td>
</tr>
<tr>
<td>4</td>
<td>Department of Psychology, University of Patna, Patna</td>
<td>Attitude scale.</td>
</tr>
<tr>
<td>5</td>
<td>Department of Rural Economics and Sociology, Utkal University, Bhubaneswar.</td>
<td>Family planning communication</td>
</tr>
<tr>
<td>6</td>
<td>Department of Sociology, University of Kerla, Trivandrum.</td>
<td>KAP, evaluation, Communication</td>
</tr>
<tr>
<td>7</td>
<td>Family Planning Research Unit, Indian Statistical Institute, Kolkata</td>
<td>Evaluation, motivation, communication.</td>
</tr>
<tr>
<td>8</td>
<td>Gokhale Institute of Politics and Economics, Poona</td>
<td>KAP, organizational aspects evaluation, communication.</td>
</tr>
<tr>
<td>9</td>
<td>Indian Institute of Technology, Kanpur.</td>
<td>Family planning attitude studies.</td>
</tr>
<tr>
<td>10</td>
<td>Institute of Rural Health and Family Planning, Gandhigram.</td>
<td>Family planning training, family planning and health evaluation studies, fertility and mortality.</td>
</tr>
<tr>
<td>11</td>
<td>International Institute for Population</td>
<td>KAP, family planning evaluation</td>
</tr>
</tbody>
</table>
State is also getting assistance from the World Health Organization, UNICEF, United Nation’s Family Welfare Assistance Fund etc. for Family welfare works.

4. Growth Rate
The fall in birth rate could be attributed to family welfare programmes. Similarly, the negligible increase in annual population growth rate reflects the impact of family planning programme on birth rate.

5. Environment
Spread of family planning message has created awareness among the people that the size of the family should be kept small. The creation of such and environment is a testimony to the success of family planning.
6. Legislation of Abortion
The popularity of family planning has made it incumbent on the Government to liberalize the rules regarding abortion and in some cases, abortion has been legalized.

7. Strong Organizational structure
The family planning has strengthened its organizational structures. Many organizations like the family welfare board (1956). Establishment of special cell in the Central health and family welfare ministry to Central Health and Family Welfare Ministry show the strong organizational structure of the family welfare programme.

New interventions in family planning: (1) Addressing the unmet need in contraception through- Assured delivery of family planning services, developing skilled manpower for the same, (2) Increasing male participation through intensive promotion of NSV, (3) Promotion of IUD’s as a short and long term spacing method, (4) Promotion of emergency contraceptive pills, (5) Ensuring quality care in family planning services, (6) Promoting public Private partnership, (7) Revised compensation scheme, (8) family planning insurance scheme, (9) Increasing basket of choices, (10) Promoting contraception through increased advocacy.

Summarizing the findings of research study in Hazaribag district it can conclude the family planning of those couples where the husband is in a white collar job, generally in a professional category or a manager, supervisor, administrative head, etc, of a firm or organization, is much higher than that of those couples where the husband is engaged in a blue collar job as unskilled or skilled labour or as a production process worker. Not only are children born in a series of successive years by child mothers apt to be physically weaklings.

Community attitude
Even if family welfare is desperately needed in a state its ultimate success would depend upon the extent to which it is accepted by society. Family planning programme is very closely linked with the emotional care of personality. It is deeply rooted into the social structure of every society through the institution of family, marriage, religion, social norms and customs and codes of interpersonal social behaviour. Since family planning is affected by prevailing social beliefs and
notions, there is a great possibility that a proper study of social attitudes would cast
some light on areas which must be specially treated in the overall programme. In
the last few years, special surveys on knowledge, attitudes and practice of people
have been conducted in different parts of the state to measure changes in
knowledge, attitude and practice (KAP) of family planning methods in different
sections of population. These surveys do not indicate a mass aversion for family
planning programme as a method of increasing family happiness. Knowledge and
use of contraceptive varied according to education, family income, superiority of
professions, number of living children, age of wife, and level of urbanization. In
order to be truly effective, the family planning programme must take these attitudes
into account and efforts must be concentrated either where response is too
encouraging or where the malady is too consternating.

In society of Hazaribag, there are some norms and customs relating to the
intermediate variables as well as family size. Many of these practices and customs
are so thoroughly rooted in social values and norms that they are generally not even
perceived rationally, but are followed blindly. Till recently, the custom was that the
Hindu girl should be married off before she entered her puberty. In order to ensure
a strict observance of this custom, it was invested with a religious sanction. It was
believed that if a Hindu girl attained puberty before marriage, her father would be
deemed to have been responsible for foetal murder every month, when the girl went
into her menstrual period. Similarly, marriage had to be universal for Hindu
women, because though men went through several sacraments throughout their
lives, marriage was the only sacrament which women were allowed. 1

Again, because Hindu marriage was considered to be a religious
sacrament, the bond was looked upon as an unbreakable one for women, so much
so that even widows were expected to be faithful to their dead husband. Re-
marriages of widow were, therefore, not favoured, and divorces were unheard.

Table 7.4 below shows the provision for expenditure on family welfare in various five year plans up to Tenth Plan in India.

**Table: 7.4**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Duration</th>
<th>Rs. Crore</th>
<th>% of Total Plan outlay</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Plan</td>
<td>(1951-56)</td>
<td>0.65</td>
<td>0.03</td>
</tr>
<tr>
<td>Second Plan</td>
<td>(1956-61)</td>
<td>5.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Third Plan</td>
<td>(1961-66)</td>
<td>25.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Annual Plans</td>
<td>(1966-69)</td>
<td>70.0</td>
<td>1.1</td>
</tr>
<tr>
<td>Fourth Plan</td>
<td>(1969-74)</td>
<td>278.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Fifth Plan</td>
<td>(1974-79)</td>
<td>492.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Sixth Plan</td>
<td>(1980-85)</td>
<td>1448.0</td>
<td>1.3</td>
</tr>
<tr>
<td>Seventh Plan</td>
<td>(1985-90)</td>
<td>3121.0</td>
<td>1.4</td>
</tr>
<tr>
<td>Eight Plan</td>
<td>(1992-97)</td>
<td>6792.0</td>
<td>1.4</td>
</tr>
<tr>
<td>Ninth Plan</td>
<td>(1997-2002)</td>
<td>15,120.0</td>
<td>3.1</td>
</tr>
<tr>
<td>Tenth Plan</td>
<td>(2002-07)</td>
<td>27,125.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

*Source:* V.C. Sinha & E. Zacharia

Up to the fifth plan, expenditure on family planning was very small. It was only from the Sixth Plan that it had been increasing both in absolute terms and as percentage of total plan outlay. In absolute terms, it increased from Rs. 1,448 crore during the Sixth Plan to Rs. 15,120 crore during the Ninth Plan that it had increased to 3.1 percent. It has been stipulated at 3.0 percent in the Tenth Plan. This shows that except during the Ninth Plan, the Government did not provide adequate financial assistance to the family planning Programme.

**Family Planning in National Population Policy:** The main feature of family planning programme found in National Population Policy as follows:

1. **Purely Voluntary:** The family planning scheme shall be run speedily on a purely voluntary basis as part of a comprehensive family welfare programme which will include health education, child and maternal care, supplementary feeding programme for women etc.

2. **Fixing Minimum Age of Marriage:** In the new policy the minimum age of marriage has been raised to 18 for girls and 21 for boys.
3. **Sterilization:** The State Governments have been advised to be enacting legislation for sterilization if they wish. Since administrative and medical facilities are inadequate in most part of Hazaribag, the Central Government does not wish to enact any law in this direction.

4. **Expansion of Facilities in the Villages:** Sterilization facilities will be expanded in the rural areas and multi-media motivation strategy will be adopted to spread the message of Family Planning throughout the district-side by using all the available means of publicity.

5. **Contribution of Voluntary Organizations:** For the success of this programme efforts will be made to obtain the help of voluntary organizations. It has also been decided that the grants provided by the Government for family planning to any organization enjoying the approval and patronage of the Government or local bodies or Health Ministry, will be exempted from the purview or income tax.

6. **Free Medical Aid:** Any complication developing out of sterilization operation will be treated free of cost and if it is necessary to desterilize, expert medical aid will also be provided freely.

7. **Code of Conduct for the Government Employees:** It is expected of the Government employees to accept the small family norm. This has been accordingly included in the Government servants conduct rules. In this way the new population policy includes ‘small family’ and ‘happy and prosperous future’ concepts. The targets are likely to be achieved if the public cooperation is forthcoming as per expectations.

8. **Wide Publicity:** All available means of publicity will be used to popularize the message of family welfare throughout the nook and corner of the district with special emphasis on rural areas.

9. **Citizen’s prestige:** The Government attaches utmost importance to the prestige of the individual and his right to decide on the size of his family.

10. **Group Motivation:** In addition to individual motivation, the Government provides group incentive to make Family Planning a mass based movement in which a large number of people can participate.

11. **Exemption for Donation towards Family Planning:** The Government had decided to give exemption from income tax to donors towards Family Planning.
This donation can be given to any registered voluntary body approved by the Ministry of family welfare.

12. **Population Education in the Curriculum:** It is being considered to include population education subject in the curriculum of school education. So that small family concept can be made popular. The Ministry of Education has been contracted to work out the modalities of this programme.

**Valuable & Feasible Suggestions to improve and expand family planning or welfare programme**

The family planning programme in Jharkhand has been in operation for more than five decades, since included in Bihar. But it has not been able to reduce the infantile mortality rate, crude birth rate and total fertility rate to a level which should achieve the objective of population stabilization even in the next coming years. The need is to motivate, educate and spread the family planning programme among the masses, to strengthen the Government programme and to rope in non-government organizations (NGOs). The following suggestions are made to popularize, expand and improve family planning in Jharkhand.

1. **Motivation.** For the success of Family Planning Programme, there is need to motivate the people. Jharkhand lives in villages where people are illiterate, ignorant and tradition bound. They think and act according to the rural value system. Even in urban areas, vast sections of the population hold on to old beliefs, traditions and values. The traditional joint family system is a barrier to the small family norm. On the other hand, an additional child in rural areas and among the urban poor is looked upon as an asset. Similarly, a male child is considered essential in Jharkhand’s families, even if there are many female children. Thus such beliefs, attitudes, values and traditions perpetuate large families. If they are changed, there will be decline in growth rate of population. This is possible through economic, social and cultural changes which can be brought about by economic and social development through industrialization, urbanization and modernization so as to raise the standard of living of the people. They will result in rising expectations in the form of material comforts, better diet and health, better educational and cultural opportunities, and better care for children. Such expectations ultimately lead to the development of the small family norm.
The immediate need is to bring a rapid decline in the birth rate. This can be achieved by motivating and education the low-income families to adopt the small family norm through propaganda and incentive. The motivation has to be created in the rural areas where it has to overcome mounting resistance due to illiteracy and superstition among the masses in Hazaribag. The persistence of a high level of birth rate in the rural areas is growing indication of spread of poverty. According to a socio-economic survey the mothers who have five or more children belonged to the families with an income of less than poverty line per family. Frequent and ill-spaced pregnancies invariably undermine the health of the mothers. A high birth rate with low standards of living and malnutrition may lead to a general deterioration of the health of the population and thereby increasing the incidence of disease and infant mortality. Thus it is only among the poor of Hazaribag that essential knowledge about planning their family must be communicated at the earliest possible. Right approach is to make the people aware of their social responsibility as well as the advantages of having only one or two children which in turn helps their better health, as well as future birth.

Legislation is in no way a substitute for motivation which the individual derives from his own social and economic upliftment. In fact, the motivation for family planning should come from the people themselves.

2. Population education. A UNESCO Report defines population education as “an educational programme which provides for a study of the population situation in the family, community, nation and the world with the purpose of developing in the students, rational and responsible attitudes and behaviour towards coping with that situation.”

The correlation between literacy and failure of family planning is well known. The Survey has shown that the number of children born per women is 2.0 if the woman has passed intermediate and university examination, 4.6 if she is a matriculate and 6.0 if she has school education. The obvious role of education thus seems to be the stimulation of critical thinking and development of a rational attitude towards child-bearing child-rearing. A better standard of education by itself

inculcates an aspiration far better thing in life and stimulates the desire to take active steps to realize them. Poor standards of literacy create communication barriers. In a State like Jharkhand where literacy rate is low, the population cannot read and write, no programme of social change or of creating new norms can succeed wholly. Thus the spread of education particularly in rural areas in Jharkhand is essential. A strong case for expanding women’s education can be made from the standpoint of family welfare.

The aim of Family Planning is to create awareness and understanding of the causes and consequences of population growth among students, teachers, parents, social workers, and other sections of the society. Family Planning education is essential to motivate parents and prospective parents to limit the size of their families and to adopt appropriate Family Planning methods and techniques. For this, the following measures are suggested at various levels.

As a first step, it is necessary to provide formal education so as to remove illiteracy among the masses in Jharkhand. Education sharpens the mind, removes ignorance, and helps in understanding the importance of a small family.

Besides spreading formal education, Family Planning education as a subject should be introduced in schools and colleges. It should be introduced gradually. The curriculum should be developed carefully and include the nature, causes, determinants and consequences of population growth on the family and the state. Further, special programmes on family planning education should be aired on TV and radio and schools and colleges. Newspapers and magazines can also contribute much towards this end. Lectures on family planning education by experts can be organized in schools, colleges and universities for the benefit of students and teachers. Songs and dramas by students can be used as part of population education in such institutions.

The inclusion of Family Planning study in school and college curricula also requires education and training of teachers. Short-term orientation courses can be introduced for teachers, parents and social workers. Family Planning education will become more effective and meaningful if the parents and the community are involved in education being imparted in schools and colleges.
To control population growth, both formal and informal education is essential for girls and women. All girls must be made literate. Education of girls holds the key to the reduction in the reproduction rate. School and college going delays the age of marriage for girls and reduces their child-bearing years. Their prospects of finding employment and earning also increase with education. To improve their living standard, they can think, plan and act for having a small family. As pointed out by Myron Weiner, “Put all the girls in school, India’s problems are off” 3. This applies to a very large extent in rural areas where parents are not prepared to send girls to school. It is only by making education compulsory for girls throughout the state that something can be done to solve the population problem. The education for female would be more important to obtain the desire results of upliftment in the society. To educate a male mean to educate an individual, but to educate a female means to educate a whole family. Awareness of women can bring about a rapid change in all the spheres of life.

Family Planning education should also be related to adults, particularly married couples of the reproductive age groups. Their social education should be related to the reduction in birth rate. They should be taught to realize the socio-economic consequences of the rapid increase in population and the importance of responsible and parenthood for a small family. If the healths, social and economic advantages of having a small family are understood by the people, the population problem will be solved to a large extent. Thus as remarked by a demographist: “Education is the best contraceptive.” Another said, “Education is the key of keys to the population problem.”

3. **Raising the status of women.** Even though a beginning has been made in women empowerment in Jharkhand, the status of women is still very low in the family and society, especially in rural areas and traditional families. Their role in the family has been largely confined to giving birth to children, rearing them and carrying out daily household work. Being overburdened, they are malnourished and give birth to weak children leading to large infantile mortality. The lack of economic independence and the absence of education, training and professional

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3. I. bid. P. no. 268
career among the majority of women have a direct effect on family size and population growth in Jharkhand.

First, the best way to reduce the family size and control population growth is to raise the status of women. This can be done by educating women and providing them employment opportunities outside the home. An educated non-working wife understands the importance of having a small family, of a decent standard of living, and better education for children. On the other hand, it has been found that fertility declines in the case of women engaged in out-of-home jobs. Many educated working women marry late and they stop producing children early. Further, educated women prefer late marriages and delay child bearing which directly affected the family size. School and college educated women have on the average a small family and those with no education have a large family. Thus as pointed out by the Kothari commission on education, “The education of women is of even greater importance than that of men.” And to this can be added that the education of women is the best contraceptive.

Second, there is the need to change the thinking of women, particularly the poor and the illiterate in rural areas and urban slums, by stressing on the need for having a small family. They should be provided modern, safe and effective family planning devices.

Third, though women are equal with men in law, yet they are exploited within the family and out–of-home. Their status can only be raised when there are changes in the socio-economic attitudes of people towards them.

4. **Voluntary Agencies.** Voluntary agencies can play a very important role through non-formal programmes in rural areas and poor urban areas. In this context, the service youth clubs, labour unions, women’s organizations, religious and social societies, panchayats and gram sabhas (village level societies) can go a long way in educating the people towards the importance of the small family norm. Students studying in medical colleges can be entrusted with the task of training and other para-medical workers in health centres. Funds can also come from voluntary agencies which should be distributed on non-sectarian basis.

4. I. bid. P. no. 269
Such voluntary agencies should work in close cooperation with Government Family Planning Department. Besides, there is the need for international cooperation both in terms of funds and transfer of modern family planning technology to Jharkhand.

5. Incentives and Disincentives. Incentives and disincentives play an important role in the Family Planning Programme. Incentives may be in the form of social or economic rewards paid to an individual to delay or limit the size of the family. Incentives in cash and kind, especially to the poor and illiterate sections of the society encourage the couples to undergo sterilization. Since such a measure involves large funds, the Government can seek the help of the organized sector and NGOs to finance or raise funds, and also hold special camps for the purpose. The Government should also give suitable tax exemption for specified family planning activities to such institutions. But those who are educated and working in government, semi-government and private organizations may be given incentives in the form of advance increments if they undergo sterilization after two children.

On the other hand, disincentives are the withdrawal of certain benefits and facilities to couples whose family exceeds the desired family norm. This method has helped in controlling births in China. In India too, women working in Government Organizations are not entitled to maternity benefits for the third child. The Delhi Population Bill, 1999 (which has not become a law) seeks to debar Government officials with more than two children from being allotted Government accommodation, from availing any loan and drawing ration from PDS. It also proposes to debar a person with more than two children to be appointed in Government or semi-government establishment. Similarly, the Madhya Pradesh Government has proposed to bar any person with more than two children from securing a government job. All persons having more than two children should not be allowed to contest for the State legislative assemblies throughout the country, and for the Lok sabha. If the rulers themselves set the example of the small family norm, the masses will follow them willingly.

Also importance is the question of incentives. The incentives can boost up the performance of the programme particularly in poor, rural and illiterate section of the society whom the demographers call as the “hard-core”. It has been
supported by a number of studies that the payments of incentive at present being made are low, relative to the return of birth prevention. Enhanced incentives might encourage many couples who would otherwise never go for sterilization. If financial conditions prevent rising monetary incentives, like, Lions clubs, Rotary clubs, Indian Red Cross Society etc. Then form and the nature of incentive seem to be of as much importance as the amount of incentive itself. Moreover, the form and amount of incentive should be planned in such a way as to satisfy several immediate needs of the acceptors. It may be suggested that a person undergoing sterilization should be given a cash reward depending upon the economic status of the person. The lower economic status of the person should be linked to a higher reward so as to induce more people to go in for sterilization.

6. Economic Growth. The aim of family planning in not only to bring about a decline in fertility rates but also to improve the quality of life of the people. These are possible through rapid economic growth. It is not an illusion to believe that a reduction in population growth well automatically raise living standards. In fact, an effective family planning policy should be integrated with measures to accelerate economic development. As the Ninth Five year Plan observes: “Several of the South Asian countries have been able to achieve economic prosperity and improvement in quality of life in spite of population growth. This has been attributed to the increase in productivity due to development and utilization of innovative technologies by the young educated population who formed the majority of the growing population. These countries have been able to exploit the dynamics of demographic transition to achieve economic growth by using the human resources as the engine driving the economic development, improved employment with adequate emoluments has promoted saving and investment which in turn stimulated growth.”

In the current phase of demographic transition, Jharkhand can also achieve economic growth and improvement in quality of life despite population growth through commercialization of agriculture, diversified industrialization, urbanization, and development of infrastructure so as to increase employment opportunities, raise income levels and saving and investment rates.

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5. I. bid. P. no. 271
These will help the state to achieve economic transition from low economic growth (low per capita income) to high income growth and to high per capita income. This will, in turn, raise the quality of life of the people and the population will be controlled automatically. Of course, the socio-economic measures suggested above are required to be implemented.

7. Special Attention to Backward Areas: The Family Planning Programme Organization should give special attention to the most backward areas, as Ichak (no. of un-inhabited villages are 37), Chouparan (no. of un-inhabited villages are 48), Barhi (no. of un-inhabited villages are 23) where there is virtually no non official leadership. If we make the mistake of neglecting these areas, then no matter how well the achievements in the urban areas of Hazaribag, the national average will remain low. The birth control movement is so far confined to the upper slice-the educated, urbanized middle and industrial working class has not spread to the village. We should, therefore, give special attention to the backward areas.

An official programme of family planning without the full cooperation of the people and their leaders cannot make any serious headway. The achievements of family planning in Hazaribag (127.2%), Churchu (103.6%), and Barkagaon (86.4%) in sterilization have been largely successful because the people themselves in one form or the other were drawn into the movement of family welfare and responded to it with full cooperation, because their approach values and motivation were completely changed. In Barkatha, Barhi, Ichak and Bishnugarh blocks the conditions for realizing this objective have not been created unless the acceptance is voluntary and due to a definite change in attitude resulting from long-term exposure to propaganda and unless it is the result of a decision taken after careful thought, psychological and social reactions after the operation will tend to take a negative colour.

Journals and booklets on family planning concentrate more on photographs and accounts of seminars and conferences, rather than on field work and field experience. Family planning must be for all people, not merely for family welfare circles. The services created under the family welfare programme are very much under-utilized. Even from the very scanty, sketchy and often unreliable data that are available concerning utilization of the services, it is easily seen that only a
very small fraction, often measuring less than 10 percent of the capacity of institutions providing family welfare services, is utilized.

In the interest of social economy, family happiness and national planning, family planning and limitation of children are essential; and the state should adopt a policy to encourage these. It is desirable to lay stress on self-control as well as to spread knowledge of cheap and safe methods of birth control. Birth control clinics should be established and other necessary measures taken in this behalf to prevent the use or advertisement of harmful methods.

**Special Focus on Motivational Suggestion**

Under the National Family Welfare Programme, eligible couples are motivated to accept small family norms. Although the Government has been making efforts to spread the message of family planning, yet the motivation response is not adequate and is far from optimum.

It has been observed that though about heavy percent of the eligible couples are aware of the Family Planning Programme only low percent of the eligible couples are practicing family planning methods. This wide gap between awareness and adoption calls for rethinking on Family Welfare Motivation Programme. As Keynes used to say in another context, “you can take the horse to the river but you cannot make it drink.”

Obviously, therefore, it is not enough to have availability of contraceptive materials and methods. People have to be motivated to take advantage of these facilities. This will require that people should understand the relationship between small size families and family welfare specially in relation to their personal well being, married couples must have knowledge of modern methods that best suit their needs, supplies and services must be easily available and physical and psychological barriers to the procurement of supplies and the use of services must be removed.

For the mass of the people of Jharkhand acceptance of the small size of family norm will mean a radical change in age old attitude, beliefs and values and a widespread diffusion of rational social attitudes. Thus the best motivating factor for the acceptance of family welfare is economic and social upliftment.

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Reduction in fertility requires a shift in the social values directed towards the survival of society and the welfare and development of the individual. Such new interests are likely to develop during modernization which, invariably, is preceded or accompanied by declining mortality, widespread education, increased social mobility, a higher level of aspirations and such other process. Thus the process by which economic and social upliftment creates a need for a small family norm is a slow process. It is, therefore, to be assisted and accelerated by special programmes inputs like population education.

The problems of motivation for a small family norm are, therefore, intrinsically connected with the economic and social development. The Family Welfare Programme, in isolation, is not best suited for the creation of this motivation. Rather it is effective in providing the knowledge and means to these couples who are already motivated or marginally motivated, while the goal of small family norm is set by the process of economic and social upliftment. We do not have to depend mainly on the experience of developed states, because problems of developing state, which are facing the task of economic development on the face of rapid population growth is unprecedented. Since the problem is new, it requires new strategy and new solutions.

Thus provision of family planning clinics and distribution of birth control devices are not by themselves a sufficient condition for fertility reduction. If there is demand for more children based on grounds of benefits (as in rural area of Hazaribag where children begin to earn some income at an early age and do not cost much due to extremely low level of living) families will be indifferent to the availability of birth control devices, no matter how effective they may be and how wide a propaganda campaign, the family planning programme may launch. Parents must want to reduce family size, and only if they feel themselves better off in some sense by having smaller families, they can be reasonably expected to do so. This means if economic consideration strongly impinges on family size decisions, then policy measures designed to lower fertility rates can anticipate a high degree of success only when they strike directly at parent’s basic economic motives for having children. The best way therefore of limiting the size of family and thus the growth of population would be that, along with propaganda in favour of small size
of the family attempts must be made to create economic conditions, where the benefits of smaller families are greater than the costs.

The schemes that have been taken up under the minimum needs programme for promoting community welfare through integrated programmes of community health, medical care, nutrition and family welfare lend themselves for inclusion of adult literacy as a component. These programmes are then likely to bring about changes in the quality of life in our people. If we want a large proportion of married couples to regularly practice effective contraceptive which require socio-culture changes of great magnitudes, we have to pay more attention to extension education. Extension-education approach presupposes that changes comes from within and cannot be imposed on individuals by outside agencies. It is only when the decisions for the change are made by the individuals themselves that any change is long lasting. The use of force or legal authority in bringing about changes in behaviour does not go far. It may be a slow process as all such processes are but it is sure in its achievement and enduring in its result.

*Bogue* has to say about the importance of communication in family planning programme is worth recording,“*We sincerely believe that communication with the masses about birth control has been the neglected area of family planning programme all over the world. People must not only be made aware of the existence of such centres (family welfare clinics) but they must be stimulated to use them, or to visit private physicians or other sources of information to get help.*”

Efforts should be made to involve the people actively in use of any method, especially in respect of mass communication. Therefore, use of these methods should be well planned beforehand and participation encouraged in as many ways possible. The family planning movement must encourage individual drive among its personnel. It should push ahead in areas of high promise such as organizations covered by large industrial concern, large government offices, commercial houses, and public sector undertakings, where general development to some extent has already taken place and educational levels are higher. Fortunately some of our entrepreneurs and industrial managers are convinced advocates of population control.

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With the intention of involving workers and managements in the family planning campaigns, the worker’s committee for family welfare set up over a year ago was recently reconstituted as a tripartite national committee on family planning programme.

Social policy needs greater attention. The family planning programme is conceived as a multi-disciplinary system. A number of related factors in terms of education, occupation, health, etc., are knit into this system. The progress of the programme thus is dependent upon the simultaneous progress in all the related areas. Age at the marriage has already been increased. There are other areas such as investment in literacy, investment in strengthening the basic health structure resulting especially in the reduction of infant mortality; old age security, education and employment, peasant-proprietorship, location of industry, taxation, and land—holding policy which cumulatively can affect people’s attitudes.

**Some subsidiary suggestions for success of Family Planning Programme:**

Jharkhand as well as all districts, blocks and villages are very much in need of making the programme of family planning a success. Some subsidiary but also important suggestions are:

1. The state should provide employment guarantee for small size family.
2. The people should be made conscious about making the programme a success. For this they should be properly educated and needed money and technical knowledge should be provided to them. It will be better if in every village a family planning clinic is set up in remote area of Hazaribag.
3. Adequate number of doctors, health visitors and other field staff should be commissioned into service in Bishnugarh, Churchu, and Ichak blocks. They should be made to feel that they are meeting a national need and as such they should work with a missionary spirit. Those who perform their duty successfully should be honoured and rewarded.
4. Latest material connected with family planning programme should be supplied free of cost to the people of Padma, Barkagaon, Keredari block especially rural areas and their use demonstrated in a commonly accepted way.
5. Mobile vans with contraceptives, etc. should be commissioned into service, particularly in the rural areas of Hazaribag.
6. Third child and after that no child should be given a share in property.
7. Family planning material should be supplied at cheap rates, if it is not possible to supply that free of cost.
8. The people should be properly educated as to how they can enjoy a sexual life without producing children.
9. The people should be made to realize the need and necessity of spacing the birth of the children, both for the health of children as well as that of the mother.
10. Family Planning facilities should be provided not only in big hospitals in Hazaribag Sadar but also in big industries, factories, etc.
11. After three children no free medical aid should be provided to those who are entitled to receive free or subsidies medical aid.
12. Some substantial financial benefits should be given to those who go in for family planning.
13. In promotions in services and while allotting houses and quotas big family size should be treated as a disqualification.
14. The diseased couples should be discouraged from producing children.
15. Marriage age of boys and girls should be raised.
16. Co-operation and assistance of both religious and social reformers and leaders should be obtained.
17. The people should be given population education and even in the school this education should be given to children.
18. Sometimes people increase their family size in order to have a son, who is considered a guarantee for social security. It is, therefore, suggested that social security programmes should be speeded up.
19. After every few years, a year should be declared as child-less year.
20. Political parties should not allot tickets at the time of election to those who have big families.
21. A uniform code for family planning for all communities should be prepared and strictly enforced.
22. Dr. C. B. Mamoria once rightly remarked that for making the programme of family planning a success in under-developed area co-operation of all concerned will have to be sought. According to him, “Medical men and women, nurses and
health visitors, demographers, health visitors, chemists, nutrition experts, sexologists, psychologists………..social workers would all have to cooperate in building a satisfactory programme to cover all aspects of the vast field that must be tackled.” 8

In urban Hazaribag (Sadar block) well to do sections in society are covered under social security schemes like provident fund, gratuity, old age pension life insurance etc. The rich classes possess large property which also provides security against life risks. Thus the motivation for family planning exists for well to do sections. On the contrary the poor considers his son as the most important social security. Consequently the quest for sons results in having a large family. Hence it is necessary to motivate the poor for small families by providing employment guarantee scheme, old age pension etc.

Some experts in demography believed that socio-economic policies must integrate population and development goals. In this respect V.P. Pathe argues, ‘ The masses cannot be expected rationally and morally, to undergo hardship that may result from a small family under the current environment, unless the educated and well off classes also effectively demonstrate that they are willing to make sacrifices in the common commitment to economic development, social transformation and creating an egalitarian social order’9

Though development is the best contraceptive, the question naturally posed is that whether it would be desirable to wait. B. K. Banerjee raises the question: ‘So how long could we wait for the egalitarian society to come. The population bomb is ticking away inexorably.’ 10 This reinforces the need of family planning to get precedence, as an independent programme, over programmes of development and equal distribution. However, a better socio-economic order is also a must. The sixth plan stated that, ‘It is almost axiomatic that economic development can in the long run bring about a fall in fertility rate.’

This requires the building of a state consensus. The following facts should be kept in mind in respect of family planning.

(a) 46% of the population lives below the poverty line in Jharkhand and birth rate is high, 4.9 in Hazaribag district, among this group steeped in ignorance and illiteracy as 41.95% in Hazaribag district. Voluntary methods are not effective with this group.

(b) The Government has the responsibility to promote the welfare of weaker sectioned in Chouparan block (62.95% as non worker), Barhi block (60.51% non worker), Ichak block (60.72% non worker), Bishnugarh block (61.03%), Katkamsandi block (higher non worker 65.92%) (See table no. 5.6). Hence some degree of compulsion to reduce birth rate among the poorer sections is necessary. The only condition is that the compulsions should be sanctioned by the legislature and applied uniformly among all sections of the society.

(c) The Government can impose certain restrictions on different sections of community for reducing birth rate. Laws can be enacted to prescribed sterilisation, minimum age for marriage etc.

(d) Efforts should be made to bring down infant mortality rapidly to ensure the success of sterilisation programme.

(e) The one child family norm should be adopted in the Ichak & Barhi block (mostly populated block). China adopted this norm when the birth rate had been only 18 percent thousand. The Chinese government offers incentives like 12.5 percent salary hike, priority in housing, preference in school admission and jobs, adult ration for the child etc. to achieve the norm. Those who refuse to accept the norm are taxed heavily.

No district can work miracle in controlling population. Hence for achieving positive results sustained efforts over a considerable period of time is necessary. The primary need is to arouse social consciousness. The motivation requires the transformation of social psychological attitudes which requires a long period to materialize. Due to this reason the Committee on Family Planning stated, ‘Family Planning is not a medical problem; it is a social and psychological problem’\(^\text{11}\)

\(^{11}\) Sinha Op. cit. 519
A solution depends on the combined efforts of economists, doctors, biologists, psychiatrists, psychologists, sociologists, demographers, religious and political leaders etc.

The growing population in Jharkhand is affecting our economic prosperity. The resources which the state possesses through country which it can attain its position among the developed states of Indian union. We have to save ourselves from the overburden of population. Although the economic development as well as prosperity would not be establish only through population control. As a number of economist comment “God Human Capital” can alter the fortune of the suffering state, Jharkhand. It comprises the reformed economic policies, education policies, public health and above all the family planning. Jharkhand is in a condition of distress in the context of over population and a large number of illiterate people are in abundance.

In the development of human resources, the population of Jharkhand has become a ‘debt’ in place of ‘profit.’ The state is passing through a state of ‘consumption economy’ from ‘survival economy’ according to Stuart Hart. The plague of overpopulation can be solved with the resources we have searched before the resources already we posses. The family planning programme based on particular region can solve various problems. To make people aware about contraceptive methods, the Government must take initiatives through Information Management.

The participation of women in the family planning programmes would be fruitful to achieve the desired goal. To expose the achievements in a short span of time, the real prosperity can be estimated. The family planning programme should emphasis towards the long term desired goal. Such goal comprises human development which includes literacy rate and child health and women health. The first initiative towards the way of alteration is awareness. The assembly and parliamentary leaders must conduct debates and public meetings for the shortcomings of population policy so that incessant development can be established. The leaders and law makers should promote the research works and new innovations towards achieving the results. The noted scientist, Albert Einstein has said rightly- “The solution of any problem is within the problem.”
Thus, it becomes quite clear that Jharkhand galloping population is a cause of great alarm in the present phase of state’s economic development. All developmental plans would flounder if we failed to stabilize the population or did not lower the rate of population growth substantially. The planners have given serious thought to the subject of checking the rise of population, but we see growing spectacle of poverty, unemployment and low standard of living. The three good things—housing, food and clothing, that go to make a state truly civilized are conspicuous by their absence in our state. Nothing to speak of the comforts and high standards, even the barest necessities of life are denied to 2.6 crore of people in our state, despite vigorous planning. The population growth if allowed to go unchecked will bring in more hardship and misery. Hence, the Paramount need for arresting the growth of population becomes compatible with our avowed aspiration of establishing a welfare state. Without reduction in the rate of population increase, the cherished hopes of the people for better life are doomed to frustration. Even if bold efforts at mobilizing resources for intensifying both the production and productivity drive are made, the gaps between ‘growth of population’ and ‘growth of investment’ are not covered. According to Mrs. Sanjer, “An attempt to raise the standard of living and per capita income of the people without corresponding efforts to control their fertility would be complete failure.” This calls for a suitable population policy to be pursued so as to unleash greater resources for real socio-economic upliftment, rather than fritter away the state’s wealth and output to feed the additional population. As a state, we have talented and deserving personality. On the other hand we have capacity to overpower the challenges. The true work of family planning must be done honestly and sincerely.

By way of conclusion we can say that the 20-point programme launched by the Prime Minister Mrs. Indira Gandhi may be termed as ‘The Path of Progress’ for our vast republic. It is a programme for all round state’s development. Family Planning Programme is the main and concrete programme, virtually important to control the explosion of population, to eradicate chronic poverty; rampant unemployment prevalent in the state’s and thus paves the path of progress and

prosperity. The programme must therefore be given special weightage for effective implementation.