CHAPTER – I

INTRODUCTION

The story goes that JRD Tata once warned Jawaharlal Nehru about the dangers of over-population. The latter exclaimed, “What nonsense! Population is the strength of a country.”

In many countries including India, the problem of population explosion is a major one. As a result of the efforts made by the Government for solving this problem, the concepts like family welfare and family planning have gained popularity. Family welfare puts stress on health, child care, protection against child diseases, caring of pregnant women, nutritious food, education, etc. along with birth control. The main aim is to increase the quality of the population. Family planning emphasizes the fact that birth control is a scientific method by which a couple can control the size of family. The birth of a child is not the matter of fate but a matter under human control. The programmes of family planning try to control the birth rate by changing the attitude of people towards the adoption of family planning techniques. Thus, family welfare and family planning lay emphasis on increasing the quality of the population which is possible only through population control.

MEANING OF FAMILY PLANNING

Family planning means Planned Parenthood. According to Robert McNamara, a former President of the World Bank, “Family planning is not designed to destroy families; on the contrary it is designed to save them.”

The National Family Planning Programme, 1952 of India defines it as “Reducing birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the National Economy.”

One of the important factor affecting fertility is family planning. Among other factors, developed countries have been able to bring down their fertility rates by

2. I. bid. P. no. 259
voluntarily adopting family planning devise. But in underdeveloped countries, both man and women are reluctant to use contraceptives due to social taboos and restrictions, ignorance, poverty, proper education, etc. despite the best efforts or government and private organization in many developing countries, family planning programmes have not been successful.

According to Dr. Rodhinorton, “Family planning means activities of determining the time period between the birth of children and the number of required children for the couple themselves along with the health and family welfare”.

Thus, Family planning is not just a method for population control but in a broad sense, it is concerned with the very quality of human life.

With the majority of developing states facing population exploitation, the study of family planning programme has become very important in every sphere of an economy. We discuss them below:

1. **For the Economy**: The study of Family Planning is of immense importance to an economy. Family Planning studies help us to know how far the growth rate of the economy is keeping pace with the growth rate of Population. If population is increasing at a faster rate, the pace of development of the economy will be slow. The government can undertake appropriate measures to control the growth of population and to accelerate the development of the economy. Rapid population growth reduces per capita income, lowers the standard of living, plunges the economy into mass unemployment and under employment, brings environmental damage and puts a burden on existing social infrastructure. Family planning studies removes these problems of the economy to be solved by the government.

2. **For Society**: Family Planning studies have much importance for the society. When population increases rapidly, the society always faced with innumerable problems like shortages of basic services of water, electricity, transports and communications, public health, education, etc. arise. Along with these, problems of migration and urbanization are also associated with the growing population which further led to the law and order problem.

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3. I. bid. P. no. 259
Faced with such problems which are the concomitant result or population growth, the state and non-government social organizations can adopt appropriate measure like family planning to solve them.

3. **For Administrators:** Family Planning studies are also useful for administrators who run the Government. In under-developed states, almost all social and economic problems are associated with the growth of population. The administrator has to tackle and find solutions for the problems arising from the growth of population. Their migration and urbanization which lead to the coming up of shanty towns, pollution, drainage, water, electricity, transport, etc. in cities. These require improvement of environmental sanitation, removal of stagnant and polluted water, slum clearance, better housing, efficient transport system, clean water supply, better sewerage facilities, control of communicable diseases, provision of medical and health services, especially in maternal and child welfare and family planning programme by opening health centers, opening of schools, etc.

**Leader in Family planning**

Neo-Malthusians acclaimed Malthus as their leader in family planning movement. However, the French economists did not agree with this idea. They pointed out that Malthus would have called modern means of birth control, “Unmitigated conjugal fraud.” He would have declared them as antichristian and ungodly. In his Essay on Population, Malthus has pointed out that artificial means of birth control are much inferior as compared to natural restrictions such as self control. The Neo-Malthusians, on the other hand, maintain that in the second edition of his Essay, Malthus concluded that population cannot be controlled by moral restraint alone. Moral restraint is a means which cannot be expected to be practiced by ordinary people. Therefore in spite of himself Malthus was prepared to allow artificial means of birth control.

**Argument in favour of Artificial Birth Control**

The Neo–Malthusians have advanced the following arguments in favour of their artificial birth control movement:

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1. **Limitation of family size:** Birth control is necessary to limit the family size in the context of available economic means; otherwise the standard of living will fall down considerably. Without limiting the family, it is impossible to bring up children properly and pay attention to their physical, mental and moral development.

2. **Limitation of Economic burden:** Birth control is equally necessary to limit the burden on state economy. This has already reached its saturation point. Therefore, it has no more capacity to feed the additional growing number of state population.

3. **Health and Medical Care:** Birth control is necessary on the ground of health and medical care as well.

4. **Birth control is not unnatural:** Those who oppose the Neo-Malthusian approach maintained that birth control is unnatural. It is an undesirable interference in the working of the natural process. The sexual intercourse aims at child birth. Restriction upon child control will therefore restrict the very aim of marriage. In answer to this objection Neo–Malthusians point out that if birth control is unnatural, the same can be said about wearing clothes since man is born nude and that is his natural condition. Then, why do we wear clothes? On the same grounds artificial birth control may be supported.

5. **Not Immoral:** Another argument advanced against birth control is that it is immoral. To this Neo-Malthusians point out that morality is a relative concept. Ethics is man made. Human principles are never categorical and fixed. If a principle is useful from the social viewpoint, it may be accepted from the moral viewpoint as well. Birth control is today a social necessity. It should be accepted as desirable without any immorality.

   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 which 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 the slogan **“Small Family, happy Family.”**

   In India, family planning has been converted into family welfare programme which aims at providing material and child health care and contraceptive
services. We should not forget what the 1951 Census Report stated, “If we are not allowing ourselves to die naturally, we should not allow birth naturally.”

Significance of socio-economic studies was realized even after population explosion. History is a witness that in one form or the other some account of unlimited family size and its explosion and spread was kept, so that state remained aware of unlimited family size. Of course before 20th century unplanned family size did not become a matter of concern because needs of growing population were very limited and available resources adequate enough to met even increasing needs of ever growing population. As the time passed, every state realized need and necessary of maintaining proper records of human population for smooth running of administration and for solving many social as well as economic problems.

Jharkhand turns out to be a typical enigma, one of the richest in resources among Indian states yet having lowest level of development in the country and the population below poverty line is about 46% and the per capita income is lowest in India. Though a number of development programmes have been started, but there has been very little success in the rate of development and they have not been much help in improving condition of the common man to any appreciable extent. The basic reason has been the rapid rate of growth of Population in the state as said earlier.

In view of the above fact the present research work on Family Planning is quite eminent thus it evokes a keen interest as this will be undoubtedly a vital study of paramount importance with the special reference to socio-economic upliftment of Jharkhand. A mix of thought i.e. sociological aspects and economic aspect will construct a new window for study the present problems of the Family Planning coined with the socio-economic problems.

The emerging field of urban and rural socio-economic study presents servants paradoxes to any one in understanding its scope and content because much of it subject matter is problem oriented. The intellectual roots of socio-economic study lie

5. Jhingan, op. cit. P.no. 260
in both traditional academic disciplines and less orthodox fields. Urban studies have evolved from aspects of city planning, sociology and economic and also from block and ethnic studies, social welfare and interdisciplinary social services. Thus it is unique discipline, which aims at problem solving generally through the creation of viable family planning policy. They are related to several disciplines like sociology, economics, science etc. in understanding and analysis of contemporary issues such as clan, caste-race relations, violence in slums, the efficiency of town planning and social welfare measures.

The foregoing discussion makes amply clear the values and importance of the present socio-economic study and as the problems are grave and crucial. The Government is closely at tentative to the population problems. In this connection the need of urban and rural sociological economic study is felt vehemently.

Family planning which was comparatively a significant subject about a century back has become very wide subject of study today. No only this, its importance and significance for studying socio-economic problems is being increasingly realized and appreciated. Family planning is today an important key to the solution of many problems of great magnanimity and policy formulation which are viewing results with keen interest. As the time is passing with that the importance of family planning study is increasing because there is realization that unplanned family size explosion is hindering socio-economic upliftment.

**Economic Status:** The importance of research study of family planning in the economic field is immense. It is with the help of research study that the state comes to know how far the rate of population growth is keeping pace with that of economic development and in case both are not keeping pace with each other, how to adjust these so that economic problems do not seriously threat the nation. Obviously if the population growth rate is faster than economic growth rate then there will be economic crisis, poverty and shortage. The problem will have to be solved either by family planning or by speeding up economic development plans. It is again family planning study which provides information about growing per capita income of the limited size of family. It is desirable that family planning and economic status of the people keep
pace with each other. If there is serious gap between population growth and economic development it creates economic disorder.

**Social status:** Family planning study is very much advantageous in the social field as well. It is here that the society comes to know what basic social needs are unavoidable for the growing population. It is family planning study which can help in finding out optimum housing, schools, hospitals and other similar needs of the society. Again it is with the help of family planning study that the state can came to know about the problems which growing population will create and how to solve these problems so that the peoples full secure. Since every districts of state are taking more and more responsibilities upon itself. Unless they are aware of extent of burden which they are taking upon themselves, they can not take heavy responsibilities. The step can effectively be taken with the help of family planning study alone.

**NEED FOR FAMILY PLANNING**

India is the second most populous country in the world after China and is the home of \(\frac{1}{6}\)th of the world population. But it has not more than 2.5 percent of the global land. It is a resource- poor country with high population density of 324 per sq. km. High growth rate of population puts pressure on scarce resources resulting in reduction in per capita income, thereby retarding the development process. Further, high population growth rate tends to retard social and economic development because it alters the age structure of the population, places a very heavy burden on education, employment, health services, food and natural resources and prevents the raising of the quality of life of Indians. Thus family planning is essential for an all round and sustained growth of the Indian Economy.

Family planning is beneficial not only for an individual but also for the Indian economy as a whole. Family planning leads to reduction in birth rate of children and therefore the number of dependents in a family. As a result, children will be better looked after, fed and educated. With less number of children to support, the standard of living of the family will improve. Thus family planning is necessary for better health and long life of mother and child and for overall prosperity and happiness.
of the family. When the standard of living of majority of families rises through family planning, the quality of life of the entire society improves.

Family planning is also necessary for rapid socio economic development of every state. As the growth of population is reduced in absolute numbers, the per capita income will rise. Simultaneously, the growth rate of labour force will come down. This will have effect of improving the employment situation in the state and the unemployment problem will be solved to a considerable extent. On the other hand, small families with less and healthy children, having better education and health services through family welfare programme bring out a healthy labour force. This will in turn raise productivity and income levels in the state. High incomes will raise the rates of saving, investment and capital formation and ultimately the growth rate of the state economy.

Thus family planning is needed not only to raise the quality of life of the state’s people but also the level of Jharkhand’s economic development. On the other hand, economic growth improves employment opportunities and raised incomes, and family welfare improves the quality of life.

Thus the need for family planning in Jharkhand arises:
1. for rapid and sustained socio-economic development of the economy;
2. for raising the living standards of the people;
3. for attaining and maintaining the optimum size of the population in keeping with our resources;
4. for improving the quality of population;
5. for maintaining the health of the mother and child; and
6. for making the population aware of available facilities relating to reproductive and child care programme and of small family norm.

In Jharkhand, the family planning programme has now been accepted as an integral part of comprehensive social and economic development. But there are reasons to believe that family planning has not made the anticipated impact. The programme seems to be functioning more or less in isolation as one of the programmes in the Ministry of Health. It has not been effectively integrated even with the health
programme, not to speak of the development programmes as whole. According to Asshish Bose—“By hitching the family planning programme wagon to the passenger train of public health and not to the express train of development, the plan blundered, and if family planning programme has not succeeded in making a dent on the birth rate in spite of 15 years of trial and error, part of the blame must be shared by the Family Welfare Commission.”

The inter-relationship of population growth and development efforts are many and varied. On the one hand, a high level of development, particularly in the stateside, serves not only as an effective check on rapid population growth but also creates the necessary climate for favourable response to family planning programme. On the other hand, rapid growth of population creates many difficulties in the way of development. Our failure in the field of population can perhaps be traced to our strategy of welfare which has failed to make the right impact on the prevailing situation of unemployment and social-economic inequalities. Dr. Bose writes: ‘one of the myths of our family planning programme in that reproductive behavior in a country like India can be changed by propaganda and posters…. The people have been aroused and the “Garibi Hatao” slogan must be translated into action. People will demand positive steps and not negative slogans like “two or three children enough”. So the efforts for education, a rise in living standards, the removal of glaring social and economic inequities and the efforts for the popularization, practice and substance of the small family norm are complimentary. They all hang together and have, therefore, to be co-coordinated.

Some States have introduced measures of withdrawing educational concessions to families having more than a prescribed number (three) of children and of stopping the promotions and other facilities like maternity leave to the Government servants having more (than three) children. Since having many children in Jharkhand is the main causes of poverty, such measures would penalize the relatively poor and subsidize the relatively well-off. Such a result would not only violate rules of equity

7. I. bid. P. no. 505
but would be detrimental to the health of the poor families, and so of the growing generation. The withdrawal of educational concessions, for instance, will deprive the families in the lower-income strata of perhaps their only chance of stepping on the ladder of progress. Those who are poor and indigent will thus be damned to even worse poverty without any hope of redemption. And if the line of thinking underlying these measures is carried to its bitter logical end, there will be no other alternative for controlling the growth of population except compulsory sterilization of women, at least of those in the lower income group, after the prescribed number of children.

Table- 1.1

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<tr>
<th></th>
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<tbody>
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<td>11.4</td>
<td>23.05</td>
<td>17.31</td>
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<td>18.73</td>
<td>20.71</td>
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</tr>
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<td>21.24</td>
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<td>18.62</td>
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<td>25.89</td>
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<td>—</td>
<td>21.57</td>
<td>24.34</td>
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<td><strong>33.57</strong></td>
<td><strong>28.63</strong></td>
<td><strong>24.02</strong></td>
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<td>32.43</td>
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<td>—</td>
<td>28.08</td>
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<td>29.05</td>
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<td>E. Singhbhum</td>
<td>29.56</td>
<td>16.98</td>
<td>22.66</td>
</tr>
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<td>W. Singhbhum</td>
<td>7.79</td>
<td>20.58</td>
<td>16.35</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23.47%</strong></td>
<td><strong>24.03%</strong></td>
<td><strong>23.19%</strong></td>
</tr>
</tbody>
</table>

*Source:* Registrar General of India

In above Table focus made on decadal growth rate of population in Jharkhand.
From 1971 to 1981 decadal growth rate of Jharkhand (including Bihar) was about 23.47 percent, and in 1981-1991 decadal growth rate was about 24.03 percent means increase in population by .56 percent. But a good sign was found in the next decadal year as 23.19 percent means decrease in population by only .22 percent. Pakur district, most illiterate district in Jharkhand, creates extra birth rate. E. Singhbhum probably most literate district in Jharkhand, but also create history in increase birth rate. A highly fluctuation find in Dumka district, about their decadal growth. From the comparison of 1971-81 population increase by 11.65 percent but dramatically increase found in next decadal decrease by 5.74 percent. In Hazaribag district first time decrease their birth rate but ratio not maintained in next decadal. In first decadal population decrease by approximately by 5 percent but next decadal it was only 4.61 percent. Following graph can help us for discussion in decadal growth rate in Jharkhand.

Graph: 1.1

<table>
<thead>
<tr>
<th>Name of District</th>
<th>Decadal increase in population</th>
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Graph: 1.1 contd…

Table: 1.2

Population, Sex Ratio and Density Ratio in Jharkhand

(According to Census 2001, Dist.Wise)

<table>
<thead>
<tr>
<th>Name of District</th>
<th>Population</th>
<th>Sex Ratio</th>
<th>Density</th>
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</thead>
<tbody>
<tr>
<td>Persons</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Garhwa</td>
<td>10,35,464</td>
<td>5,35,332</td>
<td>5,00,132</td>
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<td>Palamu</td>
<td>20,98,359</td>
<td>10,84,417</td>
<td>10,13,942</td>
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<tr>
<td>Chatra</td>
<td>7,91,434</td>
<td>4,04,067</td>
<td>3,87,367</td>
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<td><strong>Hazaribag</strong></td>
<td><strong>22,77,475</strong></td>
<td><strong>11,67,793</strong></td>
<td><strong>11,09,682</strong></td>
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<td>Koderma</td>
<td>4,99,403</td>
<td>2,49,549</td>
<td>2,49,854</td>
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<tr>
<td>Giridih</td>
<td>19,04,430</td>
<td>9,60,679</td>
<td>9,43,751</td>
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<td>Deoghar</td>
<td>11,65,390</td>
<td>6,08,878</td>
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<td>Godda</td>
<td>10,47,939</td>
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<td>5,03,896</td>
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<tr>
<td>Sahebganj</td>
<td>9,27,770</td>
<td>4,77,662</td>
<td>4,50,108</td>
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<td>Pakur</td>
<td>7,01,664</td>
<td>3,58,545</td>
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<td>17,59,602</td>
<td>8,97,364</td>
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<td>23,97,102</td>
<td>12,78,946</td>
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<td>Bokaro</td>
<td>17,77,662</td>
<td>9,38,436</td>
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<td>27,85,064</td>
<td>14,36,976</td>
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<td>3,64,521</td>
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<td>13,46,767</td>
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<td>20,82,795</td>
<td>10,54,641</td>
<td>10,28,154</td>
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<td>W. Singhbhum</td>
<td>19,82,988</td>
<td>10,27,433</td>
<td>9,55,555</td>
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<td><strong>Jharkhand</strong></td>
<td><strong>2,69,45,829</strong></td>
<td><strong>1,38,85,037</strong></td>
<td><strong>1,30,60,792</strong></td>
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*Source: Registrar General of India (final report)*
With help of above Table No. 1.1 & 1.2 the point is noticeable that some district acquires more population, whereas population of some district falls down with help of family planning scheme. This shows very extremely use of contraceptive, high level of education, and development of socio-economic position of Jharkhand.

From table 1.2 focuses maintain on male, female, sex ratio, and density ratio. The highest sex ratio in Koderma district as 1001 female for per thousand male and the lowest sex ratio in Dhanbad district as only 874 female for 1000 male. Not so much ideal sex ratio in Hazaribag district also as 950 female for 1000 male. The highest density find in Dhanbad district as 1167 and lowest density find in Gumla district as only 148. Density in Hazaribag is as 370.

According to Kingsley Davis, “A family planning orientation limits the aims of current population policy. Despite reference to ‘population control’ and ‘fertility control’, which presumably mean determination of demographic results by and for the nation as a whole, the movement gives control only to couples, and does this only if they use ‘respectable’ contraceptives.”

FAMILY PLANNING: STRATEGIES AND OUTCOMES

Over the years, India has gone through a variety of family planning strategies of neutrality, experimentation, population control, maternal and child health care, etc. We discuss these strategies along with their outcomes (or results).

1947-1951

The period following independence and before the beginning of the planning era was one of neutrality. During this period, health care services were primarily in the hands of private general practitioners who provided comprehensive, integrated and good quality services. But technology for detection of diseases and management of health problems was limited. Health care services were mainly based in urban areas, were costly and so out of reach of the poor. Government hospitals and dispensaries were very few and in urban areas. Thus, the majority of population

8. I. bid. P. no. 508
belonging to the poorer sections and those residing in rural areas did not have any health care facilities. As a result, death rates among women and children were quite high due to maternal morbidity and mortality.

**1951-61**

During 1951-61, family planning as a method of population control was started as the Government programme. The Government of India launched the *National Family Planning Programme* in 1952 with the objective of “*reducing birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the national economy.*”

It was based on clinical approach to provide health care services in family planning centres set up by the Government in urban areas. Couples were motivated to visit such centres for maternal and child health care and family planning services. These centres persuaded couples to use contraceptives and undergo sterilization of one partner in case their family was complete.

Efforts were also made to extend family planning services to rural areas in some states under the block development programme. But there was slow progress due to resources and manpower constraints.

This was the period of experimentation in which these measures had no impact on the fertility rate, mortality rate and the natural growth rate of population because of poor outreach of family planning services in the country as a whole. The decadal growth rate of population was 21.5 per cent during this period.

**1961-70**

During this period, the extension approach to family planning was adopted. This approach emphasized the adoption of an educational approach to family planning through Panchayat Samities, Village Development Committees and other groups so as to change the attitudes, behaviour and knowledge of the people towards family planning in rural areas. This was supplemented by the camp approach to provide care to children and pregnant women in order to improve access to immunization. Efforts were also made to provide the birth spacing method to rural

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9. Jhingan op. cit. P. no. 261
women through camps.

The family planning programme was also target oriented and the target was to reduce the birth rate to 25 per 1000 persons by 1973. To make this programme more popular, cafeteria approach was adopted. Under it, the couples were given advice on different types of family planning methods to be adopted. The choice of a particular method was left to them. For the effective working of the family planning programme, a separate department of Family Welfare was created in the Ministry of Health and Family Planning in 1966.

Despite these approaches, the Department was unable to achieve any improvement in child and maternal health services due to lack of infrastructure and manpower and follow-up services.

1970-79

This period was the beginning of population control policy in which many new initiatives were undertaken during the Fourth Plan. They were: (a) social acceptability for a small family; (b) increasing information and knowledge about family planning methods both in urban and rural areas; and (c) making available various devices and equipment to the couples.

To make this programme more effective, selective approach was adopted under which couples in the reproductive age-group of 25 to 35 years were persuaded to undergo sterilization. The Medical Termination of Pregnancy (MTP) Act, 1972 was passed which enabled women with unwanted pregnancy to obtain safe abortion services.

Another important measure was the integration of family planning services with improving the health and nutritional status of women and children. To tackle micro-nutrient deficiencies and under-nutrition among women and children, food supplements to pregnant and lactating women and to pre-school children were provided through primary health care and integrated child development services.

To control rapidly growing population, the National Family Planning Programme was included in the Fifth Plan. To implement it, monetary incentive was given to couples undergoing voluntary sterilization. This was followed by massive
compulsory sterilization drive of 1976 during the Emergency which led to the sterilization of 82.6 lakh people.

In the Post-Emergency period, the family planning programme included (1) Fixing the marriage age for girls at 18 years and for boys at 21 years; (2) making sterilization voluntary; (3) monetary incentive to those who go for sterilization and tubectomy; and (4) use of media for spreading family planning in rural areas, etc. The Family Planning Programme was renamed as Family Welfare Programme and efforts were made to increase integration of family planning services with those of child and maternal health and nutrition services. The emphasis on voluntary sterilization slowed down the Family Planning Programme. As a result, the number of sterilizations fell from 82.6 lakh in 1976-77 to 9 lakh in 1977-78.

1980-91

The main strategy during this period was to intensify family planning and Maternity and Child Health (MCH) programmes. The National Health Policy was formulated in 1983 to provide comprehensive framework for planning, implementation and monitoring of MCH services. A network of centers in urban and rural areas was established to provide these services. The Universal Immunization Programme (UIP) was stated in 1986 which was extended to cover all districts by the end of 1990.

1992-2002

To give a new thrust and dynamism to the family welfare programme, the child Survival and Safe Motherhood Programme and the Social Safety Net Programme were started during the Eighth Plan to improve access to MCH services. To make these services successful, Community Needs Assessment Approach and Family Planning and Implementing programmes were started. In October 1997, the Reproductive and Child Health (RCH) programme was started to stabilize population and improve quality of life by reducing maternal and infant mortality and morbidity, and assuring reproductive health and choice to couples. It combines Fertility Regulation, Safe Motherhood, Child Survival, Universal Immunization Programme (UIP), Reproductive Tract Infections (RTI), etc. These services are provided through secondary and tertiary health care centers in the country.
Since April 2001 under the National Maternity Benefit Scheme (NMBS) financial benefit of Rs. 500 per pregnancy is provided for first two live births to women who belong to households below poverty line and have attained 19 years of age or above.

Results

The results (or outcomes) of the various family planning strategies over more than five decades are clear. With improvement in maternal and child health care and nutritional status of the population, better medical facilities and control over killer diseases, the death rate and infant mortality rate have been considerably reduced.

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. The couple protection rate increased from 10.4 percent in 1972 to 46.2 percent in 2001. The life expectation at birth for male rose from 37.2 to 63.9 and for female from 36.2 to 66.9 over the period.

These results also reveal that India is following the demographic transition pattern of the third stage, where the death rate is declining faster than the birth rate due to better medical facilitates and family, maternity and child welfare programmes of the government.

Rapid population growth (or population explosion) is the fundamental obstacle and chief villain to the process of socio and economic development.

The effect of rapidly rising population on Jharkhand economic resources is explained as under:

1) **Pressure of population on land.** Over the last four decades from 1971 to 2001, the population of Jharkhand has increased. Correspondingly, the labour force engaged in agriculture has increased. This has put more pressure on land. As a result, the average size of holdings has been reduced, despite increase in operational holdings. This has been due to sub-division and fragmentation of holdings with the increase in the number of family members.

2) **Low per capita income.** During 1951-1997, the growth rate of net national product at factor cost has been 4.1 per cent per annum. But the average growth rate
of population has been 2.2 per cent per annum. With the result that per capita net national product has been 1.9 per cent over this period. This slow growth rate of per capita income has been the result of high growth rate of population despite high national income in certain years.

3) **Low per capita Availability of Essential Article.** With population growing at an annual average rate, the per capita net availability of certain essential articles of consumption has been very low. The per capita net availabilities was 33.2 gms of pulses and 159.7 gms of food grains per day; edible oil 7.5 kg., vanaspati 1.0 kg., sugar 14.5 kg. and cloth 30.9 meters per year in 1998. Even though the supply of some of these articles is being maintained through domestic production and imports, yet their per capita availability has been low due to the rapid growth of population.

4) **Burden of unproductive consumers.** The number of unproductive consumers is increasing in Jharkhand. Unproductive consumers are those who are not employed but they do consume. They include children below the age of 15 years and old persons who are above the age of 60 years. It is not that all children and old persons are not employed. A few among them may be employed part-time or full time. It is also possible that some persons in the age group 15-59 years may not be engaged in any work. So it is difficult to estimate correctly the number of unproductive consumers (or non-working population). Thus it will be a huge burden on the Jharkhand economy to feed such a large number of persons.

**Table: 1.3**

**Population Structure in Jharkhand according to Age:**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage of total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14 Years</td>
<td>39</td>
</tr>
<tr>
<td>15-59 years</td>
<td>54</td>
</tr>
<tr>
<td>Above 60</td>
<td>07</td>
</tr>
</tbody>
</table>

*Source: Sinha, “Jharkhand – Land & people”*
Above table shows that approximately 46% population are not engage in any types of earning sources. Age group 0-14 contains children, which are generally depending on their guardians; second age group 15-59 contains those personalities who are main source of income. Finally third age group contains population above 60 years. They are not able to earn anything, basically contains retire/old age personality; also depends on second age group.

5) **Increase in unemployment.** With rapid increase in population, the most daunting task in Jharkhand is to provide employment not only to the growing labour force every year, but also to reduce the backlog of the unemployed from the previous years. The estimates of the Planning Commission at the end of each five year Plan reveal the backlog of the unemployed persons which had been increasing. At the beginning of the first plan there were 3.3 million unemployed in India which increased to 5.3 million at the end of the plan. The number of unemployed increased to 7.1 million at the end of the second plan, to 9.6 million at the end of the third plan, and to 13.6 million at the end of the Fourth Plan. Since these estimates were uni-dimensional, they failed to show the extent of unemployment and under-employment in rural and urban areas. Hence they were discontinued from the beginning of the Fifth Plan.

Thereafter, the Planning Commission has been making estimates of unemployment on the basis of usual status (chronic), current weekly status, and current daily status. The estimates of the Planning Commission reveal that the total unemployment in all the three categories was 65 million at the end of the Eighth Plan. During the Ninth Plan, the growth of labour force had been estimated at 2.51 percent per annum and the number of unemployed was expected to increase by 52 million. According to the Ninth Plan, the increase in the growth of labour force requires a commensurate increase in the pace of creation of additional work opportunities in the Ninth Plan. With the growth in labour force at an average annual rate of 2.4 per cent, there is little possibility of reducing unemployment for years to come.
6) **Low Quality of Life.** The rapidly growing population has kept the quality of life of the majority of peoples of Jharkhand at a very low level. According to the Human Development Report, 1999, the low quality of life is reflected in the deprivation in knowledge by illiteracy, deprivation in economic provisioning by the percentage of people lacking access to health services and safe water and the percentage of children under five who are moderately or severely underweight. But the overall measure of low quality of life is reflected in the incidence of poverty which was high rate of the total population. As per the World Bank Report, The main cause of this large percentage of population below the poverty line is the rapidly increasing population of the country.

7) **Environmental degradation.** Rising population is a major source of environmental degradation in Jharkhand. Population affects the environment through the use of natural resources and production of wastes. These lead to loss of biodiversity, air and water pollution and increased pressure on land. Excessive deforestation and overgrazing by the growing population has led to land degradation. A major cause of the loss of bio-diversity has been the depletion of vegetation in order to expand agriculture by the rapidly rising population. Industrializations, urbanization, growth of mega cities and increasing vehicular traffic gave led to atmospheric pollution. With the growth of big towns and cities to accommodate growing population, there has been water pollution. Its major sources are discharge of domestic sewage and industrial effluents. They, in turn, have resulted in polluting rivers, streams, lakes, coastal areas and underground source. The polluted water has led to such water-borne diseases as diarrhea, intestinal worms, hepatitis, etc. The pollution of coastal and marine areas has endangered marine species and commercially important marine flora and fauna. Thus rapid population growth has been leading to environmental degradation on a large scale in Jharkhand.

8) **Burden on Public Utility Services.** Rapid increase in population puts a heavy burden on social infrastructure like health care, education, housing (both rural and urban), water supply, sanitation, power, roads, railways, etc. Infant mortality is already very high. 53 percent of children under than 4 years are undernourished. Vast
areas of cities have grown into slums and scatter settlements. Half the population is illiterate. There is mass illiteracy among women, especially in rural areas. The goal of universalization of education is far away due to the paucity of financial resources; Jharkhand has not been able to provide these basic services to its people adequately due to a large increase in population. Besides, rising population puts pressure on the maintenance and administration of law and order in the state.

9) **Adverse Effects on Saving, Investment and capital Formation.** One of the most serious effects of rapidly increasing population is on saving and investment and the rate of capital formation in the state. As observed above. Jharkhand population has been growing at 23.47% in 1971-81, 24.03% in 1981-91 and 23.19% in 1991-2001 which puts a burden on its financial resources to feed and provide for the teeming millions, especially the unproductive consumers. According to Prof. Spigler

*In developed countries there are 2 dependents against 3 workers, whereas in underdeveloped countries there are 4 dependents against 3 workers.*

This high burden of dependency reduces the capacity of people to save. This equally applies to Jharkhand, because such persons do not produce anything but consume. They are supported by their families. The majority of such families have low incomes. So their savings are too low to be invested. Further, their incomes being low, they do not come under the tax net (that is, they do not pay any tax to the Government). Rather, the Government spends on them to provide various social services. This is called demographic investment which simply maintains their existing standard of living of misery and poverty. Such persons are a drag on the socio-economic development of the state. They are to a great extent responsible for low rate of saving, low rate of investment and low rate of capital formation. As pointed out by Prof. Meier, “The high dependency requires the economy to divert a considerable part of resources that might otherwise go into capital formation to the maintenance of a high percentage of dependents that may

10 Jhingan, op. cit. P. no. 210
Objectives of Research Study:

Family planning has become a serious subject of study during our own times. There are still differences of opinion about the scope of study of the subject and universally accepted definition of this subject is still wanting. This incidentally also indicates wide objectives and coverage of this subject matter. Family planning today can neither be ignored by the planners, nor policy-makers, nor administrators, nor by academicians and scholars. It provides them all basis for their work and is spring board from where to jump. Family planning studies are being increasingly made from different viewpoints and with different objectives in view and these have today become an integrated part of our socio-economic upliftment on the other. Research study believes that Family planning is collective study of human life. It deals with birth rate, fertility rate, family marriage, literacy rate, density rate, and collects socio-economic and vital facts. In this connection it may be pointed out there is close relationship between Family planning and socio-economic upliftment. The end of all the family planning activities is to control of unwanted population growth in Jharkhand. Now the time had changed and objectives of family planning are wider. The following are the objectives of research work:

- To make people of Hazaribag aware about the evils of population explosion,
- To know the benefits of living standard through small family in particular,
- To Intelligent and capable application of family planning policies,
- To develop the socio-economic status of Hazaribag through family planning programme,
- To develop guiding policies and their implementation for a good results,
- To suggest solutions by studying the problem relating to family planning,
- To find source for further information concerning the socio-economic problems,
- To revive exiting family planning function, if short comings are found,
- To take appropriate actions in the course of actions,

11. Jhingan op. cit. P. no. 210
➢ To attract new couples for adopting family planning after the birth of two children,
➢ To make special and grand importance about family planning schemes,
➢ To teach the couples who are not trained about family planning methods,
➢ To make known the advantages of full use of the schemes or family planning product,
➢ To evaluate the reactions of male, female and couples about family planning,
➢ To evaluate the system of distribution of family planning equipments,
➢ To study the price trends of various equipments of family planning,
➢ To reduce fertility rate and increase literacy rate through family planning programme,
➢ To analyze the size of male and female in Hazaribag,
➢ To study the nature of families, its location, its potentials, its income and its literacy,
➢ To find solution to problem or hesitation in adopting family planning programme,
➢ To evaluate policies and plans in the right course of action,
➢ To measure the effectiveness of advertising of family planning programme,
➢ To remove the families dissatisfaction,
➢ To create family planning image in Hazaribag,
➢ To wipe off the wrong impressions created by non acceptor caste like the Muslim, the Christian and others,
➢ To motivate the couples more effectively for adopting conceiving methods,
➢ To develop a systematic approach to effectively target the non users of modern family methods through ‘segmentation’ analysis,

In an unplanned family various types of retrogressive forces operate, such as poverty, illiteracy, child abuse, absence of equal opportunities for progress etc. family planning made conscious effort to remove all these retrogressive forces and foster social as well as individual development.

The broad objectives of family planning could thus be defined as rapid socio-economic upliftment accompanied by continuous progress towards the convincing methods. The process of socio-economic upliftment can move smoothly if the roles of the couples, family and society are clearly defined and also if efforts are made to implement family planning programmes effectively.
**Hypothesis of Research Work:**

A major social problem finds in our society as “Population explosion”. This problem is retarding our social and economic growth. So a special need for a programme which can remove this social problem and helps in improving our state in socio-economic status. This research work will focus on “Impact of Family planning in socio-economic upliftment.” The research study will help our society for upliftment and reducing population explosion. There are not so much encourage found about family planning in society. Thus our hypothesis is clear.

The hypothesis of research work depends on positive effects of family planning in socio-economic status. The following hypothesis would be tested in course of the present research work:

(A) Beneficial effects and evil effects of population growth in Jharkhand,
(B) Success and failure of family planning programme in socio economic context in Jharkhand,
(C) Hesitation of adopting family planning programme in socio economic environment in Jharkhand, and
(D) Impact of family planning programme in the socio-economic development.

**Methodology of Research Work:**

The methodology of research work depends on two main sources of collecting data related to Family Planning Programme as literacy ratio, density ratio, population growth ratio, etc. they are as under:

(A) **Primary or Survey Method:** Under this method the research work is undertaken from time to time at villages, blocks of Hazaribag district level. In research work, contact made with head of the household especially female and couples and collects the data for research work. In long term survey information is collected on gradually spreading problems in implementation of family planning methods.

(B) **Secondary or Recording Method:** Under the recording method of research work, the family planning figures are collected from administrative records. Family Welfare department in Sadar Hospital, primary health centre, government office etc. provide information regarding family planning, literacy rate, density rate, population growth
rate etc. but great care is taken in action for exercise before these data are employed for further use.

The acceptance rate of modern contraceptive methods among the target non-users served as the key indicator. Both quantitative and qualitative methods were used for analyzing the research work. The service records of the field workers and community based surveys were the sources of data for analysis.

Jharkhand is faced with the serious problem of low acceptance of family planning device and because of low performance of family planning state’s socio-economic upliftment is being badly hampered. The research study is being increasingly made from different objectives in view and these have today become an integral part of our socio-economic and political system, on the one hand and planned economic development on the other.

**Importance of Research Work:**

“The Fact that there are vast areas of the country which have remained backward over the years is both a challenge and an opportunity” 12

-----Sixth Five Year Plan (1980-85),

Study of family planning is assuming increasingly more important significance not only in Hazaribag but all over the Jharkhand. It is primarily because ever-growing population in developing and under developing districts in particular is straining socio-economic system of the state. It is by now fully well realized that in case demographers fail to play their role in focusing the attention of the nations on socio-economic problems the state will reach a point of no return in almost all walks of life and ever activity will come under heavy strains.

The value of the study of family planning is clear from the objectives of this important field of research. Since the objectives are constantly increasing, therefore, it shows the growing recognition of its importance. Family Planning helps in the understanding of population problems particularly of the less developed regions of Jharkhand. The research work also helps in planning the population of developed and

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underdeveloped areas of Jharkhand especially Hazaribag district. The importance of research work is clarified by the observation of the implications of rapid population growth. The chief problem concerning population in Jharkhand is to control population growth in correlation with the growth of health amenities, food supplies, employment, education and housing etc. Research work points out the conditions and requirements in these areas so that future development and growth may be planned accordingly. In brief, the following points may be noted about the importance of research work:

1. **Health Planning:** Persistent high fertility causes significant health problems, both for the mother and the child. In Jharkhand married women are characterized by continuous nutritional drain from repeated pregnancies. High fertility is connected with underdevelopment of children. Since family planning research study is a must for health planning of Jharkhand.

2. **Employment Planning:** Employment is an international as well as Jharkhand problem also in these days. A demographic factor of considerable importance is the high dependency ratio in less developed areas of Hazaribag where four or five persons depend upon the income of one person. Thus the importance of research work on family planning for socio-economic upliftment in employment planning is clear.

3. **Educational Planning:** Today Hazaribag is concerned with providing proper education to the children. The number of children however, is constantly increasing. Therefore, better educational planning for children requires through family planning. This is also required in the case of uneducated adults.

4. **Planning of Food Supply:** Planning of food supply means availability of adequate food for total population, both in quality as well as in quantity. Inadequate food supply results in growth retardation high mortality rates, poor health, low physical activity and consequently low productivity. Therefore food supply must grow in correlation with population growth. Thus planning of food supply requires and presupposes family planning research studies.

5. **Housing Planning:** Demand for housing in Hazaribag increases with the increase in the size of population especially after bifurcation of Jharkhand from Bihar. When people will marry and would like to establish their own homes. Increasing high rate of
population create impediments in socio-economic upliftment of Jharkhand. So this research work gets much importance.

6. For the Economy of Hazaribag: Hazaribag is not rich among Jharkhand state. After bifurcation of Ramgarh district the economic position of Hazaribag becomes very low. There are not so many industries or no any high quality of minerals in Hazaribag. Production of tomato and potato is high. If population is increasing at a faster rate, the pace of development of the economy will be slow. With above research work the problem of the economy of Hazaribag district as lower the standard of living, mass unemployment, extra burden on existing social infrastructure, to be solved by research work.

Family Planning studies are increasingly becoming popular on account of their practical utility in every walk of life. This research work is being studied today for solving housing, water, electricity, law and order and administrative problems. Family planning is also assuming popularity and importance because it is closely related to other subjects of socio-economic upliftment. It is because of utility of the research study of this subject that many new universities are setting up this department and everywhere population and family planning research are being seriously undertaken.

We still think of air as free. But clear air is not, and neither is clean water. The price tag on pollution control is high. Through our years of past carelessness we incurred a debt to nature, and now that debt is called.

Limitations of Research Work:

The said title is bounded by some limitations also which includes the following:

(1) The territory of the present study will confine to Jharkhand and emphasis has been drawn on Hazaribag district,

(2) Family Planning research studies is the behaviour of family; so it is quite impossible to achieve mathematical accuracy,

(3) By the time the results are ready, the circumstances might have changed,

(4) In this research period, some portion of couple use methods of family planning in the absence of doctors which makes it difficult to create perfection,
(5) In this research work, all cases of family planning are not registered in govt. office, which makes the data incomplete, and
(6) The research does not include any specific study on birth and death rate of Hazaribag.

In spite of above limitations, the family planning research study is of immense utility for socio-economic upliftment of Jharkhand.

Some direct and indirect factors which affect Family planning are:

**Food supply:** It is usually believed that in societies where there is shortage of food supply, there is high family planning practice. It, however, cannot be denied that food supplies if not directly, to a considerable extent indirectly, check family planning. We know that in many areas where there is shortage of food supplies, young couples are advised to restrict family size so that it becomes easy to solve food problem of the state.

**Urbanization:** Though in a rural area in Hazaribag, there is less family planning practice as compared with urban areas. It is said that family planning and size of the town are very closely linked with each other. It is because in the cities there is high cost of living, which family with a big size cannot afford. Then there are social classes in which big family is not a welcome. By and large people with big income in the cities do not favour big families and the women are both educated and employed and thus psychological and otherwise not prepared to accept big family.

**Economic conditions:** Then another factor which affects family planning is economic conditions of the people. Economic conditions are directly linked with family planning. Usually in agricultural settings and zamindar families’ family planning is very low because they follow joint family system and husband and wife always live together. More over agriculturalists so much produce for them that every one is economically sound. It is one reason that in village family planning is very low, particularly among the zamindars. On the other hand, in cities people are mostly salaried ones and they have their own limitations. They have shortage of accommodation and with their limited income they find it difficult to bear expenses of bringing up the children. It is primary reason that among salaried people an attempt is
made to keep family planning high. The people in urban areas then think in terms of giving higher education to their children, providing them high living standard and more facilities and amenities of life and as such they don’t like to have more children.

In some societies, however, reverse is the case. In these areas poor sections of society, no matter whether they belong to agriculture or industry, have low family planning devices. It is primarily because husband and wife always live together and have no other sources of entertainment except that of sexual exposure. Moreover, it is believed that every who is born; will after some time start earning something even at a very young age by doing mental jobs. They feel that whereas cost of their bringing up is very less, that of their giving returns is very high.

_Harrison and Boyce_ says, “The very poor in industrial societies can often see no advantage in limiting their children. At the lowest level, ten children are more of a handicap than nine…….If a man does not have dependents, on whom will he depend when he is old and ill.”

**Role of Religion:** Family Planning is also affected and influenced by the preaching of religious. Those religions which do not put any bar on the number of marriage and children are likely to have low family planning than the others. Because more the number of wives normally there, more, the number of children.

**Family system:** Family system also affects family planning. In a joint family system where the elders always have an eye on the activities of the youngsters and accommodation is short, the chances of husband and wife meeting together are reduced to a considerable extent. Hence family planning is high. On the other hand, where there is single family system and the couples live alone, both have ample opportunities and family planning goes down. But these days it is not exactly the case. Usually husband and wife both are employed and they have no elder lady at home to look after children, the result is that they avoid producing more birth. On the other hand, in the joint family system there is no such problem, because even if both the husband and wife are employed, there are many elder ladies who can look after the

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children and as such the couple does not wish to check family planning. 

**Occupation and family planning:** Then another important factor which influences family planning is the occupation of the couple. It is usually seen that those engaged in mental work have high level of interest in family planning as compared with those who do some sort of physical labour.

**Social status of the women:** Family planning also depends on social status of the women. In societies where women are confined only to household jobs, there are low levels of family planning practice and as such those women who can produce good numbers of children are held in high esteem. Obviously in such society’s family planning is very low as compared with the societies were the women are expected to participate in all walks of life, along with men. Similarly educated and employed women also take interest in family planning.

**Attitudes Towards Children:** In many societies it is believed that children are real possession of family and society. They are source of strength power and can stand with parents at the time of difficulty. Similarly it is with the help of male children alone that family can pull on and parental love can be given. In such societies every effort is made to have male children and when there are girls only, the couple continuous to go on giving birth to children till a boy is born. Family size goes on increasing and then there is no check on family planning.

**Desire to maintain status:** In every society there is keen desire that social status once attained should not only be maintained but also improved. Not only this, but there is also a desire that children should have still more better and improved status, so that the family planning goes up in the eyes of the world.

In the words of Thompson and Lewis, “Therefore, in a society where there is strong competition to maintain and or improve social status and where safe and simple means of preventing conception are widely known, the restriction of the size of family is likely to spread rather rapidly.”
