

CHAPTER I

INTRODUCTION

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I N T R O D U C T I O N

1.1 Population Policy

The significance of the growth in population can be judged from the fact that during the decade 1961-71, there has been an increase of about 103 million. But in 1976, Indian population has become 606 million and by 2000 A.D. it will be around 1,000 million.¹ The alarming rate at which population is growing calls for the need for a positive population policy to restrict this rapid growth of population.

No country whatsoever be its socio-political set-up, 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 principal reason for this situation is that unless a social consciousness about family limitation does not grow, the creation of the physical apparatus in the form of clinics, distribution of contraceptives etc. will be of no avail. The motivation for restricting the family is a crucial factor and this requires the transformation of social and psychological attitudes which take a long period

¹ S.N. Agarwala, Make Sterilisation Compulsory - Now, The Illustrated Weekly of India, February 22-23, 1976, P. 6.

to materialise.²

1.2 Family Planning Studies in India

Several studies conducted to assess attitudes of the people towards family planning have revealed the following³ :

- (i) Majority of the respondents both in the rural and the urban areas considered three children or less as the ideal average family.
- (ii) There is nothing in the tenets of religion which is opposed to family planning.
- (iii) The poor people, both in the rural and urban areas, do not have enough money to purchase contraceptives. They want that the contraceptives should be made available free of cost.
- (iv) The shortage of living accommodation coupled with the rising expenses of bringing up children have compelled people to restrict families. Incidentally, these factors were also responsible in the West to restrict family size.

1.3 A Select Review of Existing Literature on Family Planning

An attempt has, however, been made to review in brief, in a selective form, the existing literature on family

² Planning Commission : Draft Fifth Five Year Plan, Part II, chapter 10.

³ Banerjee, D : Health Services and Population Policies, Economic and Political Weekly, Special Number, August, 1976.

planning. It is frankly admitted, however, that the review is not exhaustive (the list includes literature of foreign countries also) :

Morris, J.N. and Heady, J.A. in "Social and Biological Factors in Mortality — objects and methods", *Lancet*, 1: PP. 343-349, 1955 observe the influence of different social and biological factors (e.g. caste, customs, institutions, hereditary characteristics, composition of the family, etc.) in shaping and determining mortality. Chandrasekaran, C and M.V. George in "Mechanisms underlying the Differences in Fertility Patterns of Bengalee Women from three social groups", *The Milband Memorial Fund quaterly*, Vol. 40, No. 1, 1962 observe that among different social groups like caste, etc. the fertility patterns do differ among women. Their interesting finding is that almost each social group identified on the basis of income, landholding, occupational structure, caste, etc. has its own fertility pattern differing from others almost in all cases among sample women. Dingle, J.H., Badger, G.F., and Jordon, W.S. in 1964 in "Illness in the Home : study of 25,000 illness in a group of cleveland families", Press of Western Reserve University, Cleveland, Ohio, 1964 have observed that where the size of the family among sample families is large, illness in the home is greater. Tietze, C. in "Intra Uterine Contraception Recommended Procedure for data analysis", *studies in Family Planning*, No.18 (Supplementary), Population Council, New York, 1967 identifies various complications in intra uterine contraception and also

suggests procedure for data analysis in this regard.

Bhowmik, K.L. and A. Bhowmik in "Some Aspects of Productive Life of the Zemi Women in Nagaland", Research Bulletin of the Institute of Social Studies, 1967 and Bhowmik, K.L., M.K. Chowdhuri, Das P and K.K. Chowdhuri in "Fertility of Zemi Women in Nagaland, Calcutta : Institute of Social Studies, 1971 observe that Zemi Women's Productive life is greater during 15-25 years. Presser, H.B. in his "Voluntary Sterilisation : A World Review on population", Family Planning, No. 5, PP.1-36, 1970 observes various constraining forces like lack of adequate understanding of the need and significance of sterilisation, lack of Government's adequate appreciation of the need for involving rural people in sterilisation programme voluntarily, etc. in underdeveloped countries and his interesting finding is that both the states and the people are responsible for the slow progress of voluntary sterilisation in these countries.

Indusogie, E.O. in "The Relation of Population and Nutritional Health Problems in African Communities", Joint FAO/WHO/QUA Regional Food and Nutrition Commission for Africa, Special Paper No. 7, P. 17, 1972 observes that where the size of the family is large in African Communities, the nutritional health problems are greater. Brand, Jean, "Family Planning Information : Do Low-income Families Need and Want it ?" Journal of Home Economics, 64(5) : PP. 2-5, 1972 has pointed out the need for spreading information among low-income families specially in rural areas in underdeveloped countries and he has further

observed that in this regard, the performances of these countries are inadequate. Conde, Jean in "Some Demographic Aspects of Human Resources in Africa" observes (1973) that among poverty-stricken population in African countries, the rate of growth of population is found to be high, Cornan L and Schaefer, J.B. in "Population Growth and Family Planning" in the Journal of "Marriage and the Family" (1973) observe that early marriage in under-developed countries is one of the important reasons for higher rate of growth of population in these countries. Mullik B. Dawn and C.S. Pachauri in "Menstrual Regulations" in "Family Planning and Population Dynamics" (1973) observe that in underdeveloped countries due to various constraints like large scale illiteracy etc., the method menstrual regulations in family planning has not been proving adequately successful, Oblopias, V.R. in "The Prospect of Surgical Sterilisation in the Philippines" in "Association for voluntary sterilisation of the Republic of China, proceedings of the Asian Regional Conference on Voluntary Sterilisation", Taipei, Taiwan (1975) observes that there is some scope for surgical sterilisation in Philippines. Tsuel, J.J. in "Female Sterilisation : Postpartum and Intrapartum Programme" in the Seminar on Voluntary Sterilisation and Post-contraceptive Regulation (1975) studies the acceptability, effectiveness, technology and complications in South-east Asian Region on Voluntary Sterilisation. Lubtil, I in "New Advances in

Sterilisation", Association for Voluntary Sterilisation, New York (1976) examines the rate of growth of sterilisation in some parts of U.S.A. and observes that sterilisation demand exceeds facilities. McCann, M.F. and Ferguson, J.G. in "Motivation of Sterilisation Patients : Implementation for family planning education programmes" presented at the 9th International Conference on Health Education, Ottawa, Canada, August 29 - September 3, 1976 have identified different motivations of sterilising patients. Goraya, R, Mohan, D. Agrawal, N. Thakkar, D. Hingorani in "Some Social Characteristics of Women undergoing medical termination of pregnancy", Journal of Family Welfare, Vol. No. 33, 1977 have identified among others the need for education in spreading family planning among women. Srinivas, M.N. in "Just Raising Age of Marriage will Not Do", Yojana, Vol. 21, November 16, 1977 observes that the idea of raising age of marriage to control population may not serve the purpose because of other inhibiting factors like illiteracy, poverty, etc. among most of the rural people in India, Swami Rajan in "An Analysis of Abortions Done in Government Hospitals", Madras, Bibliography of Human Reproduction (1977) has identified various irregularities in Government hospitals while making abortions. Nortman, D.L. in "India's New Rate Target : An Analysis" (1973) in Population and Development Review has expressed doubts over the feasibility of the new rate targets in India. Kataraki, P.A. in "Effect of Family Planning Programme on Reduction in Fertility in

Haryana during 1965-1975", Journal of Family Welfare, Vol.25, No. 20, 1978 has observed the inadequacy of effects of family planning programme on reduction in fertility in Haryana during his study period.

1.4 Purpose of the Study

How the rural people are responding to family planning in the sample district? What is their reaction to it? To what extent rural society has been accepting the programme? What are the problems the rural masses have been experiencing with the programme? How officials connected with the programme are behaving in the countryside and how far and to what extent, they are being accepted by the rural people? Whether compulsion is being applied as a tool for popularising the programme? If so, to what extent such a compulsion is being actually imposed on the rural people? What is the reaction to such compulsion, if any? Do rural people accept the programme for their (a) economic; (b) social; and (c) combination of economic and social benefit? These and various other questions connected with the programme in the sample district may reasonably be raised.

1.5 Importance, Scope and Period of the Study

Not nearly sufficient discussions seem to have taken place on the socio-economic implications of family planning

in rural North Bengal. Many things indeed, depend upon the way the programme behaves in the years to come in the vast countryside of North Bengal. One needs to go deep to the problems of the programme in the rural areas of North Bengal and on the basis of a thorough research, remedial measures need to be suggested so that the ball can be moved in the right court.

North Bengal is typically backward region in the whole State of West Bengal. Something concrete must have to be done to find an answer to various ills of this region. But any developmental planning in this region may not cut the ice appreciably unless it gives adequate emphasis on family planning programme so that rate of growth of population in this region can be reasonably arrested to make a congenial atmosphere for meaningful economic growth. Hence, one is interested in a study of family planning programme — its socio-economic implications in this region.

Being an individual researcher confronted with paucity of time, money, etc., it has been decided to study the aforesaid problem in Jalpaiguri district only, though it may be better, if other districts (viz. West Dinajpur, Cooch-Bihar, Darjeeling and Malda) are also studied and a comparative analysis of the same is made. But due to the constraining factors already stated, such an extensive study cannot be undertaken by the present investigator.

Broadly speaking, the period of study is 1972 - 80, but this period differs from chapter to chapter which of course, has been stated in each chapter. The main period of the study, however, is 1975 - 77.

1.6 Methodology

Six villages in Jalpaiguri district were selected at random by giving each village a probability proportional to the number of households in it according to 1971 Census.

In the second stage, a sample of thirty households from amongst those families who adopted family planning from each sample village (vide, chapter II) was selected by following the method of systematic sampling with a random start. Altogether 180 households were selected. These families have the characteristics that all the married persons have adopted family planning. Each chapter has its own methodology and the sampling designs are not equal in all cases. Methodology and sampling designs have been stated in each chapter.

In the third stage, a select questionnaire was prepared to gather information from the sample households/families/persons through direct interview method. The method of case study was also applied where necessary and feasible and in some cases, both these methods are integrated meaningfully.

In the fourth stage, through different methodologies indicating the exact number of sample used in each case, different hypotheses in different chapters were tested. Difficulties in using these methodologies have been pointed out in appropriate places.

Different schedules like "Village Schedule," "General Information Schedule," "Reaction Schedule" etc. were used to arrange and tabulate the data obtained through direct interview method with the help of a questionnaire (some of the questions of this questionnaire have been given in Appendix II).

1.7 Plan of the Project

In chapter I, the subject has been introduced pointing out a brief discussion on population policy in India, family planning studies in India, a select review of existing literature on family planning, purpose of the study, importance, scope and period of the study, methodology used in the study and the plan of the project.

In chapter II, sample villages have been introduced. It is believed that such an introduction will help one to appreciate the problem better.

In chapter III, reasons for adopting family planning have been identified.

In chapter IV, different reactions of sample families* on different methods of family planning have been examined.

In chapter V, the involvement of non-officials in the family planning programme has been studied.

In chapter VI, the role of officials in family planning has been critically examined.

In chapter VII, fertility behaviour of working and non-working women among sample families* has been studied.

In chapter VIII, attitude of sample persons towards abortion as a method of family planning has been examined.

In chapter IX, the time-pattern of adoption of family planning as well as location and examination of the

* Sample persons.

factors that facilitated and restricted their acceptance among sample persons have been studied.

In chapter X, reasons for non-adopting family planning among sample non-adopting families have been identified and examined.

In chapter XI, the impact of family planning on farm investment and output among sample families has been studied.

In chapter XII, the impact of caste, occupation and age on family planning on sample families* has been examined.

In chapter XIII, identification of the peak period of numbers of families of adopters of family planning during 1972-1980 has been made in two sample villages.

In each chapter, methodologies to study the problems are different and these are given in details in each chapter.

Two Appendices have been included. In Appendix I, a brief description of the sample district has been given and in Appendix II, some of the questions used in prepared questionnaire to study the problem at hand have been given to maintain brevity in this regard.

In the end, a select 'Bibliography' has been appended to acknowledge intellectual debts of the present investigator to various sources from which some insights into the present work have been incorporated directly or indirectly. It is basically not an armchair research but it is primarily

* all the heads of the sample families were interviewed.

based on extensive field research and hence, the influence of the sources referred to in select 'Bibliography', is basically indirect -- a fact which should be frankly admitted in this connection.

1.8 Hypotheses -- How are these developed ?

In chapter II, in order to know various socio-economic conditions of the sample villages, heads of all the families (Total = 1591) were directly interviewed with a select questionnaire. During conversations with these sample some ideas appeared to have been formed with regard to different issues of family planning. All these then were recorded and systematically and logically arranged as far as possible to develop hypotheses which were then tested through different methodologies stated in appropriate places.