

## CHAPTER-VII

### ANALYSIS AND INTERPRETATION OF DATA

#### GEOGRAPHICAL AND DEMOGRAPHICAL POSITION OF AJARA :

Before we begin the analysis of the outlook towards family planning of different religious communities in Ajara, it is essential to know the geographical and demographical position of Ajara in Kolhapur District in the State of Maharashtra.

Ajara is one of the twelve taluka places of Kolhapur District. It is located 84 Kms. away from South-West direction of Kolhapur in the Western Ghats of Sahyadri Hill ranges.

Ajara has a lovely natural setting facing towards Konkan border. It is located on the border line of Chandgad, Gadhinglaj, Kagal, Bhudargad and Sindhudurg as shown in Map No. I. Ajara being located, in the hilly areas of Sahyadri and thick forestry around it, it remained industrially very backward.

From the administrative point of view Ajara being a taluka place, it has a Tahsildar Office and office of Panchayat Samiti. Though Ajara is a taluka place, it has Gram Panchayat which acts as a local body for its development. Ajara being a taluka place it covers 89 villages.<sup>1</sup> Ajara consists of various

taluka place it covers 89 villages.<sup>1</sup> Ajara consists of various other government and semi-government offices e.g. Banks, State Electricity Board, Irrigation, Public Work Department, Government Dispensary, Animal Husbandry, Forest, Police, Judicial Magistrate First Class, Co-operative Societies and other private firms. We do not find any regional part which can be called as 'Urban' or 'Ruro-urban' area in Ajara Tahsil. Hence, the whole Ajara Taluka including Ajara proper is treated as 'village' in terms of revenue.

Though, Ajara is industrially backward area, educationally, it is not so much backward. We find, one senior Arts and Commerce College two Junior Colleges, two Marathi medium high-schools, English and Urdu medium high schools, one each and primary schools of Marathi, English and Urdu medium are found at Ajara. According to 1981 census literacy of Ajara is 36.66%. As Ajara is located on Kolhapur-Sawantwadi-Panjim State High Way, the socio-cultural features are not so much hampered due to transport and communication. Hence Ajara has kept its unique cultural identity. The agrarian way of life is still prevalent and preserved. The traditional cultural features of every religious communities still remain, as they were.

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1. जिल्हा सामाजिक व आर्थिक समालोचन, कोल्हापूर जिल्हा १९८२ ते १९८५, अर्थ व सांख्यिक संचालनालय, महाराष्ट्र शासन, मुंबई, पा. ३.

Demographically Ajara is one of the composite village-cum-taluka place in Kolhapur District. Table No. 8 shows the density of population of Ajara taluka since 1951.

TABLE No.8

POPULATION AND DENSITY OF AJARA<sup>2</sup>

Year	Population in thou- sands	No. of males in thousand	No. of females in thousand	Sex Ratio per one male	Density per sq.km.
1951	51	21	30	.7	110
1961	68	33	35	.94	129
1971	84	40	44	.90	154
1981	94	44	50	.88	172

Above table shows that the population of Ajara Tahsil has grown from 51,000 in 1951 to 94,000 in 1981 and its density has grown from 110 per sq.kms.in 1951 to 172 per sq.kms. in 1981. Though the number of females is found more as compared to that of males, it does not disturb the population equilibrium. But the figures show that the number of females is decreasing from 1961. It may be because of adoption of family planning measures.

2. Source : Socio-Economic Review of Kolhapur District 1982 to 85, Statistical Abstract of Kolhapur District, Govt. of Maharashtra, Bombay, p. 3.

When we analyse the density of population in Ajara, we could find that Ajara is not so thickly populated region, it is because of hilly and forest area is found round about Ajara. The decadal variations in population growth can be tressed in table No.9.

TABLE No. 9

PERCENTAGE OF DECADEAL VARIATIONS OF <sup>3</sup>  
POPULATION GROWTH IN AJARA TAHSIL

Year	Variations of Population Growth
1951	-
1961	+ 15.82
1971	+ 23.51
1981	+ 11.91

The above table shows the sudden increase in growth rate in 1971 as compared to 1961 and a sudden decrease in growth rate in 1981 as compared to 1971. The number of births during 1961-71 decade is much more than the other two decades i.e. 1951-61 and 1971-81. During 1971 number birth and deaths

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3. जिल्हा सामाजिक व आर्थिक समालोचन कोल्हापूर जिल्हा १९८२ ते १९८५, अर्थ व सांख्यिक संचालनालय, महाराष्ट्र शासन, मुंबई, पा.४.



and registered<sup>4</sup> in Ajara Tahsil show that 2,176 births took place as against 845 death registered. Out of which 123 were infant deaths. But according to 1981 census the population of Ajara Tahsil shows the fall in population growth which is because of adoption of family planning measures. The record of Government dispensary shows that 1057<sup>5</sup> eligible couples have adopted sterilization measures for birth control.

Taking into consideration the above mentioned features of Ajara Tahsil, Ajara proper is demographically a unique taluka-cum-village place. The area of Ajara proper<sup>6</sup> is 788 Hct-01 R. The Gram Panchayat area of Ajara is divided into 8 wards for its development.

According to 1981 census the total population of proper Ajara amounts to 10,555, residing in 2005 houses in different wards of Gram Panchayat. The approximate religionwise distribution of the population is shown in table No.10.

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4. Ibid, p. 87.

5. R III Register, Ajara Govt. Dispensary, Ajara for 1985, 86, 87.

6. From the Record of Gram Panchayat, Ajara.

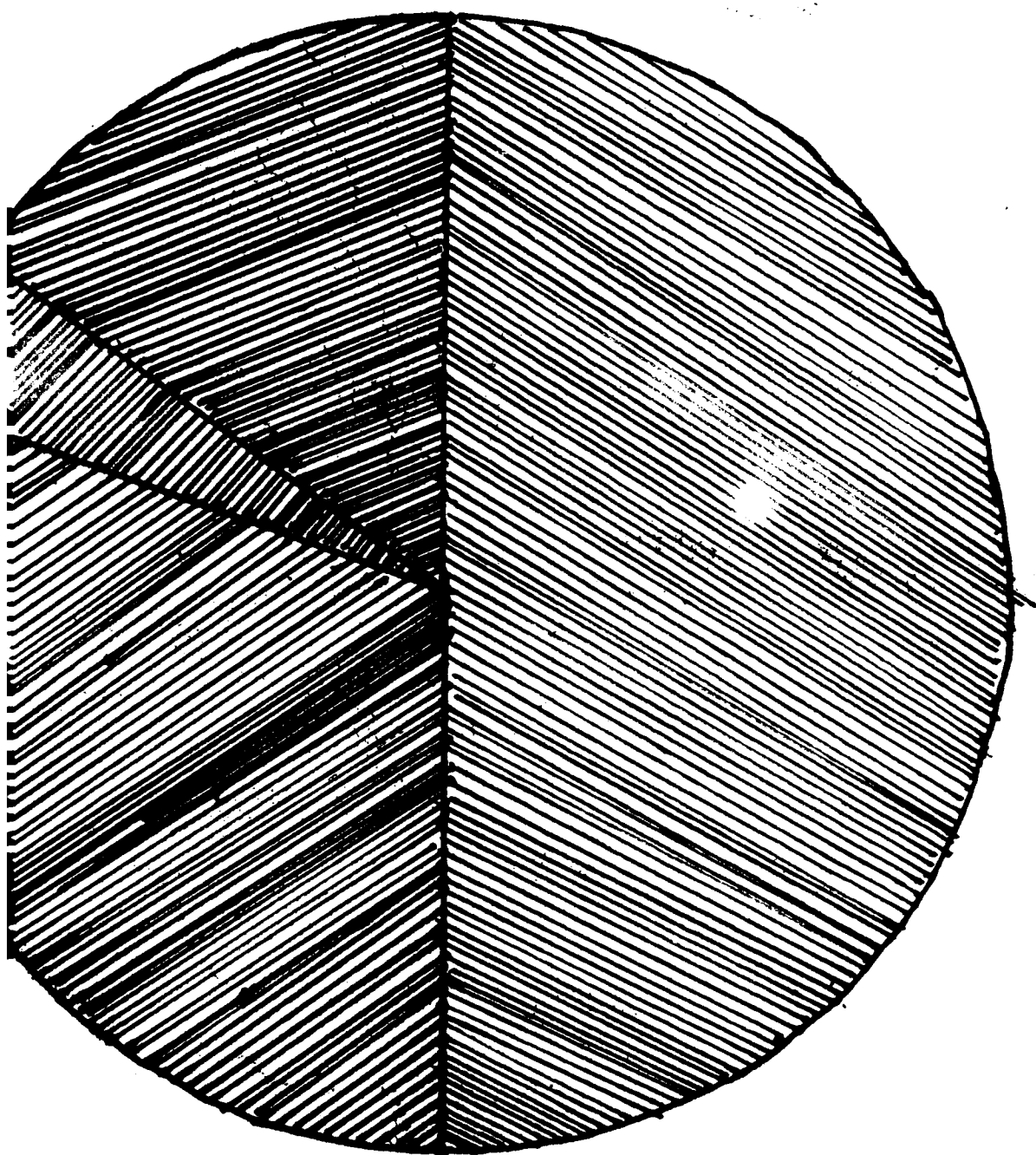


TABLE No.10  
APPROXIMATE RELIGIONWISE DISTRIBUTION<sup>7</sup>  
OF POPULATION OF PROPER AJARA AND THEIR  
PERCENTAGE

Religion	Number of Persons	Percentage in total Population
Hindus	5,320	50.40
Muslims	3,550	33.63
Christians	1,535	14.54
Jains	150	1.43
Total :	10,555	100.00

The table shows that Hindus are above 50% of the total population, hence demographically it is predominant religious community at Ajara. The next largest religious community is Muslim which consists of 33.63% in the total population of Ajara. The Christians constitute 14.54% of the total population whereas Jains are very few i.e. 1.43% in numbers, because majority of the Jains are urban dwellers as pointed by Sangave, V.A.<sup>8</sup> in his book 'Jaina Community - A Social Survey'. Such

7. With the discussion of Officers of Gram Panchayat, Ajara.

8. Sangave, V.A., 'Jaina Community --A Social Survey', p.18.

unique and composite village is rarely found in the district of Kolhapur. Taking into consideration the total population and total area of proper Ajara the approximate density of population amounts to 13.40 per sq. hector. It means that Ajara is not so much thickly populated area, even though it is a taluka place. From records of the Gram Panchayat, Ajara we find the number of males is 5,411<sup>9</sup> as against the number of females which is 5,144. It means that after every 1.05 male one female is found at Ajara, hence sex ratio is approximately equal.

From the demographic information available at Ajara Gram Panchayat, we can say that Ajara is found to be proportionately composite unique village-cum-taluka place where it will definitely be fruitful to find out the outlook towards family planning.

The present study emphasises on comparative outlook towards family planning among four different religious communities i.e. Hindus, Muslims, Christians and Jains found at Ajara in a proper proportion. The socio-cultural life of Ajara also seems to be unique and composite. Every religious community has kept its cultural identity. Hence the researcher has selected Ajara as a suitable place for investigating the outlook towards family planning.

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9. Informative Board displayed in Ajara Gram Panchayat.

The outlook towards family planning has a socio-cultural significance. Because the various aspects of social system determine the outlook of an individual towards reproduction and its variables. The change in the outlooks invariably precedes change in fertility level. But the socio-cultural life of an individual is dominated by religious ideologies, rituals, practices and feelings. Almost of all religions have some sort of injunctions which are directed towards unrestricted reproduction e.g. in Hindu religion the bride is blessed to give birth to eight sons and five daughters and thus become prosperous. In Muslim community it is a belief that 'Marry'<sup>10</sup> a woman who holds her husband extremely dear and who is richly fruitful.' In Christianity it is said "Marry,<sup>11</sup> be fruitful, multiply and replenish". And in Janism<sup>12</sup> the main purpose of marriage is to maintain the continuity of human race by getting legitimate children and to promote the cause of Dharma (Law) by generating righteous and chivalrous sons and daughters."

On these, all religious ideologies it is essential to investigate whether family planning programme is really an

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10. Fagle, Richard, 'Islam and Parenthood - Muslim Attitudes towards Family Planning,' p. 44.

11. Rele, J.R. and Kanitkar, op.cit., p. 75.

12. Sangave, V.A., op.cit., pp. 138-141.

anti-religious activity, and if it is so what is the outlook towards family planning programme in present time of different religious communities. Hence the investigator has selected Ajara which is, unique and composite place and which is not so much urbanised and modernised village-cum-taluka place in Kolhapur District.

ANALYSIS OF GENERAL INFORMATION  
OF THE RESPONDENTS :

The study of outlook towards family planning of different religious communities in Ajara assumes significance not only in the context of development of family planning programme in Kolhapur District but also in Maharashtra, as well as in India as a whole. It was thought that this survey type empirical study would investigate the relevant social, cultural, economical, educational, demographic and attitudinal variables which influence fertility process, which is a biological process.

As we have already seen that the investigator has adopted schedule technique for collection of data and he has selected the samples that fall into his hand till the sample reaches a designated size on the basis of accidental sampling method. The investigator has come to know the number of respondents who gave response to his schedule. The number of respondents amount to 190, which is designated size of sample. Table No. 11 shows religionwise distribution of the respondents.

TABLE No.11A TABLE SHOWING RELIGIONWISE DISTRIBUTION  
OF THE RESPONDENTSRELIGION :

Religion	Number of respon- dents	Percen- tage
1. Hindus	66	34.73
2. Muslims	58	30.53
3. Christians	52	27.37
4. Jains	14	7.37
Total :	190	100.00

The above table shows that 190 respondents from Hindu, Muslim, Christian and Jain communities gave responses to schedule. All major communities are well represented in the sample. Hindus, being a majority everywhere in this part represent with good number i.e. 34.73% followed by Muslims 30.53% and Christians 27.37%. Jains being mostly urban traders, are represented by a low percentage of 7.37%. A unit of 190 respondents, consisting of well represented sample of four religious communities can be called as a composite and well desirable size of sample for studying the outlook towards family planning. The table shows that the Hindus are not so



much dogmatic community as compared to other religious communities specially with Muslims and Christians.

**SEX :**

It has been found that both male and female respondents have given responses to schedule. While studying the outlook towards family planning it is essential to understand the differential outlook of both the sexes, specially effects after pregnancy and after delivery is borne by the married women than the married men. Hence, on the basis of sex, the distribution of the respondents among different four religious communities is shown in table No.12.

**TABLE No.12**

**SEXWISE DISTRIBUTION OF THE RESPONDENTS**

Religion	No. of Males	No. of Females	Total
Hindus	50 (75.75)	16 (24.25)	66 (100.00)
Muslims	25 (43.11)	33 (56.89)	58 (100.00)
Christians	34 (65.39)	18 (34.61)	52 (100.00)
Jains	11 (78.57)	3 (21.43)	14 (100.00)
Total ;	120 (63.15)	70 (36.85)	190 (100.00)

From the above table it is clear that the percentage of male respondents (63.15%) is more than the females (36.85%) in general. But in particular except Muslim community the number of male respondents is found comparatively more (43.11%) than female respondents. (Hindus 75.75%, Christians 65.39% and Jains 78.57%). Whereas the number of female respondents is found much less among Hindus (25.25%), Christians (34.61%) and Jains (21.43%) as against male respondents. As far as Muslim community is concerned the number of male respondents amounts to 43.11% as against to females i.e. 56.89%. Perhaps, females in the most of the religious are still under traditional social pressures, but the Muslim woman has come to a point, where she is unable to bear the burden, any more. She is more articulate and wants to express herself.

AGE :

Apart from religion and sex, the age factor also plays an important role in the process of fertility. The outlook towards family planning may change according to the age group of the couples. Hence the agewise distribution of male and female respondents is shown in table No. 13.

TABLE No.13

## AGEWISE DISTRIBUTION OF MALE AND FEMALE RESPONDENTS

Age Group	Hindus		Muslims		Christians		Jains		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
15-25 years	1 (2.00)	-	1 (4.00)	1 (3.03)	1 (2.95)	2 (11.11)	-	2 (66.67)	3 (2.5)	5 (7.15)
26-35	15 (30.00)	5 (31.25)	10 (40.00)	23 (69.69)	9 (26.47)	10 (55.56)	6 (54.54)	-	40 (33.34)	38 (54.28)
36-45	22 (44.00)	10 (62.50)	9 (36.00)	9 (27.28)	9 (26.47)	4 (22.22)	4 (36.36)	1 (33.33)	44 (36.66)	24 (24.28)
46-55	12 (24.00)	1 (6.25)	2 (8.00)	-	9 (26.47)	-	1 (9.10)	-	24 (20.00)	1 (1.43)
56-65	-	-	3 (12.00)	-	4 (11.76)	2 (11.11)	-	-	7 (5.84)	2 (2.86)
Above 66	-	-	-	-	2 (5.88)	-	-	-	2 (1.66)	-
Total :	50	16	25	33	34	18	11	3	120	70

The above table shows 40 male and 38 female respondents belong to age group between 26 to 35 years as against 44 male and 24 female respondents belong to age group between 36 to 45 years. It means, by calculation that 146 out of 190 i.e. 76.84% of the total respondents belong to age-group between 26 to 45 years of age. The response of respondents of this age group is very essential to understand the outlook towards family planning. Because majority of the eligible couples for birth control are found in this age group. Irrespective of it 3 male and 5 female respondents belong to age group of 15-25 years, their percentage amounts to 4.21 in the total respondents. Generally, respondents belonging to this age group are recently married but their outlook towards family planning is also to be considered for the interval between two children. As against it, 24 male and one female respondent belong to age group of 46-55 years whose percentage amounts to 13.15, 7 male and 2 female respondents belong to age-group between 55-65 years whose percentage amounts to 4.73 and only 2 male respondents belong to age group of above 66 years, whose percentage is found to be 1.05. The respondents belonging to age group between 46 to above 66 years are 36 whose percentage amounts to 18.95. But the response of this age group respondents is also very much important. Because it is very essential to know whether these respondents give only advice to younger married



and eligible couples to adopt the measures of birth control.

Even if we further analyse the age groups on the basis of religion, we find 37 out of 50 i.e. 74% male and 15 out of 16 i.e. 93.75% female respondents of Hindu community belong to age groups between 26 to 35 years and 36 to 45 years. Whereas 19 out of 25 i.e. 76% male and 32 out of 33 i.e. 96.96% female respondents of Muslim community belong to same age-groups. As far as Christian community is concerned 18 out of 34 i.e. 52.94% male and 14 out of 18 i.e. 77.77% female respondents belong to same age groups, as against 10 out of 11 i.e. 90.90% male and 1 out of 3 i.e. 33.33% female respondents of Jain community who belong to same age-groups i.e. 26 to 35 years and 36 to 45 years.

The outlook of the respondents belong to age group between 26 to 45 years is worth consideration because they give birth to maximum number of children in their marital life. Majority of the eligible couples for birth control are found in the age group of 26 to 45 years and their outlook towards family planning have great significance in adoption of family planning measures.

#### EDUCATION :

But the outlook towards life changes not only according to life experience but it changes according to spread of

education. Hence education plays an important role in changing outlook towards family planning. Table No. 14 gives the educationwise distribution of the respondents.

TABLE No. 14

## EDUCATIONWISE DISTRIBUTION OF RESPONDENTS

Education	Hindus		Muslims		Christians		Jains		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Illiterate	13 (26)	9 (56.25)	21 (63.63)	8 (23.53)	11 (61.11)	1 (6.09)	1 (40.05)	-	31 (56.95)	41 (37.90)
1 to 4th Standard	8 (16)	2 (12.50)	4 (12.12)	8 (23.53)	1 (5.55)	2 (18.18)	1 (33.33)	1 (20)	24 (11.43)	8 (16.84)
5 to 10th Standard	13 (26)	4 (25)	8 (25.25)	15 (44.12)	5 (27.79)	7 (63.13)	2 (34.16)	2 (27.14)	41 (27.14)	19 (31.57)
11 to 12th Standard	5 (10)	1 (16.25)	-	2 (5.88)	-	1 (9.10)	8 (6.66)	-	1 (1.43)	9 (4.74)
Graduate	11 (22)	-	3 (12)	-	1 (5.55)	-	14 (11.66)	1 (1.43)	15 (7.89)	-
Post-graduate	-	-	-	1 (2.94)	-	-	1 (.84)	-	1 (.53)	-
Diploma	-	-	-	-	-	-	1 (.84)	-	1 (.53)	-
Total :	50	16	33	34	18	11	120	3	70	190

It has been assumed that the more the percentage of education the more we find the limited size of family. In this context above mentioned table gives the idea of literacy among male and female respondents of four religious communities. The table shows that 72 out of 190 i.e. 37.90% of the respondents are illiterate as against 118 out of 190 i.e. 62.10% of them are literate respondents. The rise in literacy percentage is the effect of free and compulsory primary education policy adopted by the Government of India after independence. But the percentage of illiteracy shows that the adults are not so much interested and attracted towards adult education programme adopted by the Government of India.

Out of 72 illiterate respondents, 31 respondents are males and 41 are females, whose percentage amounts to 43.05 and 56.95 respectively. Though the percentage of illiteracy is more among females than males it cannot make a vast difference between them. In a male dominated Indian society men have not understood the importance of women's education as far as rural areas are concerned. In an agrarian community in developing countries majority of the people observe old traditions, conventions and superstitious ideas regarding the status of a woman in family and outside the family. Hence illiteracy is found more among females than the males.



Even if we further analyse the percentage of illiteracy on the basis of religion among the respondents we get the figures which are mentioned in table No. 14.1.

TABLE No.14.1

RELIGION AND SEXWISE DISTRIBUTION OF  
ILLITERATE RESPONDENTS

Religion	No. of Males	No. of Females	Total
Hindus	13 (59.10)	9 (40.90)	22 (30.56)
Muslims	9 (30.00)	21 (70.00)	30 (41.66)
Christians	8 (42.10)	11 (57.90)	19 (26.39)
Jains	1	-	1 (1.39)
Total :	31 (43.05)	41 (56.95)	72 (100.00)

The figures show that the percentage of illiteracy is found more among Muslims (41.66) than the Hindus (30.56) as against it, it is found less in Christians (26.39) and least among Jains (1.39) community. But as far as the basis of sex is concerned 70% of Muslim illiterate respondents belong to female category and 30% of them belong to male category. As against it 57.90% of females from Christian community are illiterate whereas 42.10% males from the same community are

illiterate. As far as Hindu community is concerned 40.90% females and 59.10% males are illiterate. And only one male respondent of Jaina community is found illiterate. Thus illiteracy is found more among Muslims and Hindus as compared to Christians and Jains.

But as far as literacy is concerned 118 out of 190 i.e. 62.10% respondents are literate. These distribution is shown in table No. 14.2.

TABLE No. 14.2

SEX AND RELIGIONWISE DISTRIBUTION OF  
LITERATE RESPONDENTS

Religion	No. of Male	No. of Female	Total
Hindus (66)	37 (84.10)	7 (15.90)	44 (66.66)
Muslims (58)	16 (57.15)	12 (42.85)	28 (48.27)
Christians (52)	26 (78.78)	7 (21.22)	33 (63.46)
Jains (14)	10 (76.93)	3 (23.07)	13 (92.85)
Total : (190)	89 (75.43)	29 (24.57)	118 (62.10)

Above table shows that 89 out of 118 males i.e. 75.43% and 29 out of 118 females i.e. 24.57% are literate respondents. It means that after every 3.06 male literate respondents one literate female is found in the collected sample. Generally, parents are not so much interested to give more or higher education to daughter in preference to son in rural areas, because they feel that higher education to daughter may cause disturbance to her marriage. But they have understood the importance of minimum education i.e. upto secondary education. Specially in Muslim community parents are not interested in giving more education to members of the family as compared to Hindus, Christians and Jains.

The figures show that the percentage of male literacy is found more among Hindus (84.10), Christians (78.78), Jains (76.93) and less in Muslims (57.15). But as far as female literacy is concerned it is found more among Muslims (42.85%) than Jains (23.07), Christians (21.22) and Hindus (15.90).

But it is essential to identify whether education plays important role in adoption of family planning measures for birth control. Table No. 14.3 shows the response given by literate and illiterate to sterilization during 1985-86 at Ajara Dispensary.

TABLE No.14.3  
EDUCATIONWISE DISTRIBUTION TO STERILIZATION<sup>1</sup>  
DURING 1985-86 AT AJARA

Months	Total Steri- lised	Illite- rate	1st to 4th Std.	5th to 7th Std.	8th to 12th Std.	Graduates
April, 1985	10	3	-	1	6	-
May, 1985	20	18	-	1	1	-
June, 1985	11	6	1	2	2	-
July, 1985	10	10	-	-	-	-
August, 1985	19	18	1	-	-	-
September, 1985	41	35	2	1	3	-
October, 1985	15	12	1	-	1	1
November, 1985	226	188	22	11	4	1
December, 1985	226	188	22	11	4	1
January, 1986	154	125	10	6	13	-
February, 1986	10	7	2	1	-	-
March, 1986	5	5	-3	-	-	-
Total :	536 (100.00)	437 (81.53)	42 (7.84)	25 (4.66)	30 (5.60)	2 (0.37)

1. Source : 'R' Three Register, Ajara Government Dispensary, Ajara, 1985-86.

The table shows that 536 sterilization were performed during 1985-86 at Ajara Dispensary, out of which 437 persons i.e. 81.53% belong to illiterate group whereas 99 persons i.e. 18.47% belong to literate category. It means that illiteracy has not adversely affected on family planning programme. In other words we can say that it is not the education but the economic condition or rising standard of living of family that forced the illiterate person to adopt sterilization measure for birth control. The family planning programme does not only concentrate on limiting the size of family but it concentrates on family welfare activity which has also got an economic base. From the above table we can say that illiterate people prefer sterilization measure for birth control. But at the same time literate people do not prefer sterilization but adopt other methods of birth control, e.g. self control, condom, pills and safe period, which require knowledge of other contraceptives through population education. Hence education plays important role in understanding various means and methods of contraceptives. But one important note can be considered primarily that illiterate people have understood the importance of birth control, however, they require knowledge of various contraceptives.

It has been found from table No. 14 that 32 out of 190 respondents i.e. 16.84% have taken the pre-primary i.e. 1st to 4th standard education. Out of which equal number of

respondents i.e. 10 are found among Hindus and Muslims as against it, 9 and 3 respondents belong to Christians and Jains respectively.

Even if we further analyse the figures on the basis of sex, we find 24 males and 8 females have taken their pre-primary education. But only pre-primary i.e. 1st to 4th Std. education could not help to change the outlook towards family planning. Because pre-primary education gives only essential education i.e. reading, writing and arithmetic. To understand the meaning of life, to understand various means and methods of family welfare activities man must require higher education which starts from secondary education. Outlook towards life and family is always changing from time to time and from place to place. Hence man requires a capacity, to think, to understand and the situation to take the proper decision, to perform the proper action, in an existent environment or situation. Hence, scientific and objective attitude towards life will definitely help to achieve the fundamental goal of life which requires higher education.

Even if we further analyse the figures show in table No. 14 we find 60 out of 190 respondents i.e. 31.57% have taken secondary i.e. 5th to 10th standard education. Out of which 41 i.e. 34.16% are male respondents and 19 i.e. 27.14% are female respondents. The percentage of secondary education is found

more among Christians (33.33), Hindus (28.33) and less among Muslims (23.33) and Jains (15%). As against to it 9 out of 190 respondents i.e. 4.74% have taken higher secondary i.e. 11th and 12th standard education, out of which 8 i.e. 6.66% are male respondents and one i.e. 1.43% respondent is female. The percentage of higher secondary education is found more among Hindus (66.66) and Christians (22.22) and less among Jains (11.11) and nil among Muslims.

As far as graduate, post-graduate and diploma education is concerned 17 out of 190 respondents i.e. 8.95% have taken this higher than graduate and graduate level education, out of which 16 i.e. 94.11% are male respondents and one i.e. 5.88% is female respondent. The percentage of graduate and post-graduate education is found more among Hindus (64.70), Muslims (23.54) and less among Christians (11.77) and nil among Jains.

Taking into consideration the above mentioned figures we can say people have understood the importance of education. But majority of the parents in rural areas are not interested to give higher education to their daughters as compared to sons. Family planning is one of the means to improve human quality. It is an acid to achieve happiness in marriage and enjoy enlightened parenthood, as explained by Gore, S.S.<sup>2</sup>

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2. Gore, Sushila, S., 'Family Planning - A Social Responsibility' in 'History and Philosophy of Social Work in India' Edited by Wadia, A.R., p.137.

Hence women's education plays important role in changing the traditional outlook towards family planning. Especially population education plays basic role in changing the outlook towards birth-control.

#### OCCUPATION :

As we have already seen in chapter IV that soon after coming into power, the Janata Government announced and re-named family planning programme as the family welfare programme to make it more acceptable and to denote that it had a wider base, so that it could also include various measures of family welfare, for the improvement of the quality of human life. But family welfare has economic base to improve a better way of life. The economic life of family is determined by the occupation of an individual or of family. Table No. 15 shows the occupational distribution of the respondents.

As we have seen in earlier chapter that Ajara is a village-cum-taluka place. Being a taluka place many government offices, banks, hospitals, co-operative institutions and various private firms are found at Ajara. Irrespective of it agriculture is the main occupation of majority of the people in Ajara.



TABLE No.15

## OCCUPATIONALWISE DISTRIBUTION OF THE RESPONDENTS

Religion	Agriculture	Trade	Service	Workers and Labourers	Contractors	Drivers	Carpenters	Pot Maker	Total
Hindus	38 (57.58)	12 (18.19)	10 (15.16)	3 (4.54)	1 (1.51)	-	1 (1.51)	1 (1.51)	66 (34.73)
Muslims	26 (44.82)	15 (25.86)	8 (13.10)	4 (6.90)	2 (3.45)	3 (5.17)	-	-	58 (30.53)
Christians	29 (55.77)	6 (11.53)	14 (26.93)	3 (5.77)	-	-	-	-	52 (27.37)
Jains	6 (42.85)	2 (14.29)	2 (14.29)	3 (21.42)	1 (7.16)	-	-	-	14 (7.37)
Total :	99 (52.10)	35 (18.42)	34 (17.90)	13 (6.85)	4 (2.10)	3 (1.59)	1 (.52)	1 (.52)	190 (100.00)

The above figures show that agriculture is pre-dominant occupation in all the concerned religious communities in Ajara 99 out of 190 i.e. 52.10% respondents are cultivators. Hence their economy is based on agricultural products which is dependent on suitable climate and rainfall. But due to lack of water resources and modern techniques of farming agricultural income does not yield upto their expectations. As we have seen that Ajara is situated on Western Ghats of Sahyadri and in hilly ranges the agricultural land is not so much fertile. The wild animals in the forest area destroy the crops often. Hence, the agricultural income does not fulfil the basic requirements of all the family members throughout the year. There is not a single industry found at Ajara or round about it. So many people, from different sections of the community have to rely upon other secondary professions to fulfil their economic needs, i.e. trade, poultry, tailoring etc.

Some of the respondents work as an agricultural labourers with big landlords in various seasons of agriculture. Men and women work together as labourers in the fields. But they earn very meagre wages for their services rendered to big or medium land holders.

In addition to agriculture 35 out of 190, i.e. 18.42% respondents belong to trade and commerce which is a secondary profession of cultivators and agricultural labourers. Majority

of them are retail shop keepers. Trade is found, as a major or minor profession, more among Muslims (42.85%) and Hindus (34.28%) and less among Christians (17.14%) and Jains (5.71%). Being a taluka place, trade and commerce have got ample scope to develop. Hence varieties of shops are found in private and co-operative sectors. Generally agricultural goods essential products and cosmetic materials are sold out through private and cooperative shops. Trade and commerce is treated as a secondary profession to agriculture. We find cordial relations between traders and cultivators. But Ajara is not so much developed as a big market place of wholesale trading.

Ajara being a taluka place, we find many employed servants in private, government and cooperative sectors. 34 out of 190 respondents (17.90%) are employed in either of the sectors. Table No. 15.1 shows the distribution of employed respondents.

TABLE No. 15.1

DEPARTMENTWISE DISTRIBUTION OF 34  
EMPLOYED RESPONDENTS

Religion	Govern- ment	Co-ope- rative	Educa- tion	Private	Industry	Total
Hindus (66)	4	4	2	-	-	10 (15.16)
Muslims (58)	-	2 (25.00)	5 (62.50)	-	1 (12.50)	8 (13.80)
Christian (52)	1 (7.15)	2 (14.28)	9 (64.29)	2 (14.28)	-	14 (26.93)
Jains (14)	-	2 (100.00)	-	-	-	2 (14.29)
Total :	5 (14.70)	10 (29.41)	16 (47.05)	2 (5.88)	1 (2.94)	34 (17.90)

The above figures show that 14 out of 52 i.e. 26.93% Christian respondents are employed in either of the above mentioned sector which is the highest as compared to other religious communities. Out of these respondents 9 i.e. 64.29% are employed in education department and 2 each i.e. 14.28% are employed in cooperative and private sectors and one i.e. 7.15% is working in government sector.

As far Hindu community is concerned 10 out of 66 i.e. 15.16% respondents are employed. Out of these 4 each i.e. 40% are employed in Government and cooperative sectors whereas 2 i.e. 20% respondents are working in education department.

8 out of 58 i.e. 13.80% Muslim respondents are employed, out of which 5 respondents i.e. 62.50% are employed in education department, 2 i.e. 25% respondents are working in cooperative and one i.e. 12.5% is working in small industrial sector.

whereas only 2 out of 14 i.e. 14.28% Christian respondents are working in cooperative sector.

It means that 16 out of 34 employed i.e. 47.05% respondents are working in education department because we find, Marathi, Urdu and English medium primary and secondary schools at Ajara which are run by private managements of specific religious communities. Hence 47.05% employed servants preferred to serve in education department. The same reason is applicable to co-operative sector. Some of the Co-operative institutions are dominated by Hindu, Muslim and Christian communities. Hence 10 out of 34, i.e. 29.41% employed respondents are working in co-operative sector. But very few i.e. 5 out of 34 (14.70%) respondents are working in government sector and that too is dominated by Hindus.

Table No. 15 shows that 13 out of 190 i.e. 6.85% respondents are working as labourers or workers in private firms, shops or in agriculture. As we have already seen that Ajara is surrounded by forest area. Hence few people have

started saw mills in private sector where the respondents work as labourers on daily wages. Some of the male and female respondents work as an agricultural labourers on daily wages. Some of the respondents work as a helpers at big sho keepers' or in hotels, or in transport business.

Though Ajara is not so much developed in industrial sector many people have started their small business by taking loans from nationalised or co-operative banks. Each religious community has its own credit cooperative society and these societies try to help and improve the standard of life of its own community. As we have seen that Ajara is located on the border area of Maharashtra-Karnataka-Sindhudurg and Goa. Hence many people have started transport business. Table No. 15.2 shows the number of the respondents who have taken loans.

TABLE No.15.2

DISTRIBUTION OF LOAN TAKER RESPONDENTS

Religion	No. of loan taker
Hindus (66)	4 (6.06)
Muslims (58)	6 (10.34)
Christians (52)	7 (13.46)
Jains (14)	4 (28.57)
Total (190)	21 (11.05)

The above table shows that 21 out of 190 i.e. 11.05% respondents have taken loans either from co-operative or from nationalised banks for the development of their profession or to start new profession. Generally these loans are taken by unemployed respondents for their economic improvement.

But it is essential to find out whether occupation, plays any fundamental role on family planning programme. Table No. 15.3 shows the response given by the people of Ajara to sterilization on the basis of occupation during 1985-86 at Ajara Dispensary.

TABLE No. 15.3

**OCCUPATIONWISE DISTRIBUTION OF STERILIZED<sup>3</sup>  
PERSONS DURING 1985-86**

Months	Agri- culture	Trade and Commerce	Service	Labou- rers	House- holds	Other profe- ssion	Total
April, 1985	4	-	5	-	1	-	10
May, 1985	16	-	2	2	-	-	20
June, 1985	5	2	1	-	3	-	11
July, 1985	10	-	-	-	-	-	10
August, 1985	19	-	-	-	-	-	19
September, 1985	31	-	-	-	10	-	41
October, 1985	12	-	2	-	1	-	15
November, 1985	11	-	-	-	4	-	15
December, 1985	221	-	1	-	4	-	226
January, 1986	147	-	-	-	6	1	154
February, 1986	8	-	2	-	-	-	10
March, 1986	5	-	-	-	-	-	5
Total :	489 (91.23)	2 (.37)	13 (2.43)	2 (.37)	29 (5.42)	1 (.18)	636 (100.00)

3. Source : 'R' Three Register, Ajara Government Dispensary, 1985-86.



The above figures show that 489 out of 536 i.e. 91.23% sterilized persons, by occupation, are agriculturists whereas 29 out of 536 i.e. 5.42% are household workers and 2.43% are servicemen. It means that agriculturists are more attracted towards sterilization method of birth control. The National Sample Survey<sup>4</sup> and the sample Registration Scheme in India have consistently shown the rural crude birth rates to be higher than the urban crude birth rates. Studies<sup>5</sup> conducted in Europe around 1970 indicated that the wives of farmers and farm workers recorded a higher fertility than the wives of men engaged in non-agricultural occupations. Agarwala, S.N.<sup>6</sup> found that cultivators and labourers had higher fertility than the professionals. Driver's<sup>7</sup> findings indicated that the wives of unskilled workers, agriculturists and artisans had higher fertility than the wives of clerks. But agriculturist people have understood the importance of family planning programme. However, they adopt sterilization measure of birth control because they do not know the other contraceptives. Majority of the people in rural areas think that family planning means sterilization. Hence they require to be given the knowledge of other contraceptives.

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4. Bhende, A.A. and Kanitkar, Tara, 'Principles of Population Studies', p. 313.

5. Ibid, p. 320.

6. Agarwala, S.N., 'A Demographic Survey of Six Urbanising Villages', p. 103.

7. Driver, E.D., 'Fertility in Central India', p. 93.

INCOME :

The monthly income of an individual determines the economic life of his family, but which is dependent on his occupation or profession. In most developing countries, like India, there is still widespread poverty. The general low level of living leads to an apathetic state of mind, and there is hardly any desire to improve their standard of life. In India, very few studies have gone into this question of the relationship between the income of the family and fertility. In three rounds of the National Sample Survey (1959-60, 1960-61, and 1961-62)<sup>8</sup> the Fertility and Family Planning study conducted in Greater Bombay (1966) and in the study of fertility differentials in India, conducted by the Registrar General, the traditional inverse relationship between economic status and fertility has been observed and it was concluded that as per capita monthly household expenditure increases, the fertility rate goes down.

Ajara is no doubt village-cum-taluka place. The agrarian way of life dominates the social life of the people. Industrially it is a very backward area, hence the economic life of the people is below the standard and expected life. Table No. 16 shows the economic position of the respondents on the basis of their annual income.

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8. Bhende, A.A. and Kanitkar, Tara, op.cit., p. 318.

TABLE No. 16

ECONOMICAL POSITION OF THE RESPONDENTS ON THE BASIS OF ANNUAL INCOME

Religion	Upto Rs. 4000/-	Rs. 4000/- to	Rs. 8000/- to	Rs. 12000/- to	Rs. 16000/- to	Total
		Rs. 8000/-	Rs. 12000/-	Rs. 16000/-	Rs. 20000/-	
Hindus	28 (42.42)	21 (31.81)	12 (18.18)	3 (4.55)	2 (3.04)	66 (34.73)
Muslims	31 (53.45)	22 (37.93)	3 (5.17)	2 (3.45)	-	58 (30.53)
Christians	37 (71.15)	8 (15.39)	5 (9.61)	2 (3.85)	-	52 (27.37)
Jains	7 (50.00)	3 (21.43)	4 (28.57)	-	-	14 (7.37)
Total :	103 (54.21)	54 (28.42)	24 (12.63)	7 (3.68)	2 (1.05)	190 (100.00)

The above figures show that 103 out of 190 i.e. 54.21% respondents are below Rs. 4000/- annually as against 54 out of 190 i.e. 28.42% respondents have their annual income between Rs. 4000/- to 8000/-. It means that 157 out of 190 i.e. 82.63% respondents have their annual income between Rs. 4000/- to 8000/-. Hence majority of the respondents are economically backward because of their occupation and illiteracy. As we have seen, in table No. 14 that 37.90% respondents are illiterate and 16.84% respondents have taken their primary i.e. upto 4th standard education and in table No. 15 that 52.10% of the respondents are agriculturists by occupation. Hence majority of the respondents are caught in the vicious circle of poverty and illiteracy. Fragmentation of land, scarcity of water, less fertility of agricultural land and lack of knowledge of modern techniques of agriculture etc. are the basic factors responsible for reducing agricultural income in almost all religious communities of the respondents.

The figures further show that 24 out of 190 respondents (12.63%) have shown their annual income between Rs. 8000/- to Rs. 12000/-. These respondents can be included in lower middle class. These respondents have some secondary profession to fulfil the needs of their family.

In addition to these lower middle class respondents, 7 out of 190 i.e. 3.68% respondents belong to income group between Rs. 12000/- to Rs. 15000/- and 2 out of 190 i.e. 1.05% respondents belong to income group ranging from Rs. 16,000/- to Rs. 20,000/-. The respondents from these two categories are either higher salaried persons or big land lords or wholesale traders.

According to United Nations,<sup>9</sup> "in a developing country where fertility is initially high, improving economic and social conditions is likely to have little, if any, effect on fertility until a certain economic and social level is reached; but once that level is achieved, fertility is likely to enter a decided decline and to continue downward until it is again stabilized on a much lower plane." According Becker, G.S.,<sup>10</sup> "if knowledge of birth control methods is widespread, fertility will be directly related to the income of the parents." No doubt human labour is the main source of income. Population is treated as one of the elements of national power, but provided that it has got an ability and capacity to improve national economy, otherwise explosive and excess population becomes the national problem as found in India.

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9. United Nations, "Population Bulletin of the United Nations", No. 7, 1965, p.142.

10. Becker, G.S., "An Economic Analysis of Fertility" in 'Demographic and Economic Changes in Developed Countries', pp.209-31.

Now-a-days people, who belong to lower income group, are conscious about limiting the size of family irrespective of their occupation and education. Table No. 16.1 shows the response given by the people to sterilization at Ajara during 1985-86.

TABLE No.16.1

MONTHLY INCOMEWISE DISTRIBUTION OF STERILIZED<sup>11</sup>  
PERSONS AT AJARA DURING 1985-86

Months	Rs. 100- 199	Rs.200- 299	Rs.300- 399	Rs.400- 499	Rs.500 and above	Total
April 1985	6	1	-	3	-	10
May, 1985	6	12	1	1	-	20
June, 1985	10	1	-	-	-	11
July, 1985	10	-	-	-	-	10
August, 1985	13	5	1	-	-	19
September, 85	36	5	-	-	-	41
October, 85	13	-	2	-	-	15
November, 85	15	-	-	-	-	15
December, 85	206	16	2	-	2	226
January, 86	152	2	-	-	-	154
February, 86	8	1	1	-	-	10
March, 86	5	-	-	-	-	5
Total :	480 (89.55)	43 (8.03)	7 (1.30)	4 (0.75)	2 (0.37)	536 (100.00)

11. Source : 'R' Three Register, Ajara Government Dispensary, Ajara, 1985-86.

The above table shows that 480 out of 536 i.e. 89.55% sterilized persons have their monthly income in between 100 to 199 rupees, whereas 43 out of 635 i.e. 8.03% have shown their income between Rs. 200/- to Rs. 299/-. All together 97.57% of the sterilized persons have their monthly income between Rs. 100/- to Rs. 299/- as against to it 2.43% sterilized persons have their income between Rs. 300/- to above Rs. 500/-. By these figures we can say that it is the economic condition, of economically backward people, that forced them to adopt sterilization measures for birth control. At the same time due to lack of knowledge of various contraceptives of birth control economically backward people adopt permanent measure of birth control i.e. sterilization. But one thing is to be noted that because of low level of standard of living and rising prices of essential commodities illiterate and poor people have understood the necessity of family planning. However, the moot point about the sterilized persons, is when i.e. after how many children they adopt sterilization. Because the ideal desirable size of family changes from person to person, from religion to religion, from locality (rural) to locality (urban), from one level of education (illiterate) to other (literate), from occupation to occupation and from income to income.

On the basis of general information given by 190 respondents from four religious communities of Ajara the outlook towards

family planning can be analytically explained with their family life and marital life. The levels and differentials in fertility depend on various aspects of the social system, which determine the outlook of an individual in particular and outlook of religious community which he belongs in general towards the children. Religion has been quite an important factor in the causation of fertility differentials. According to Agarwala,<sup>12</sup> in India, the ideal number of children has been, on an average, four with two sons to ensure the continuance of the family line and the performance of the last rites of the parents with a view to bringing about a liberation of their souls. The sons are also required to take care of their parents in their old age, which is a sort of a social security measure. Almost all religions have some sort of injunctions which are directed towards unrestricted reproduction. In every society, there are some norms and customs relating to the intermediate variables as well as family size. Several sexual practices and marriage customs in India may lead to 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. Social norms in India have always favoured high fertility which was necessary for the continuation of the

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12. Agarwala, S.N., Attitude Towards Family Planning in India, p. VII.



family line in the face of high mortality. But mortality rate has considerably reduced due to development of various branches of medical sciences.

Though fertility is a biological process its rate is dependent on various socio-cultural factors existing in the concerned religious communities, e.g. the age at which female marries, the period for which the marriage remains fertile, the number of children born during the marital life, widow re-marriage, type of marriage, attitude towards the son in particular and children in general, outlook towards marriage and family institution

ANALYSIS OF FAMILY INFORMATION  
OF THE RESPONDENTS :

As we have already seen that Ajara being a village-cum-taluka place it is but natural that agrarian way of life has dominated every aspect of life of majority of the people of Ajara. The agrarian way of life is not so much disturbed due transport, communication, expansion of education and other media of mass communication. Every religious community has tried to keep and preserve its cultural identity without disturbing the social harmony of Ajara.

When infant and child mortality rates were high, it was necessary to have a large number of children, in view of the fact that the chances of survival of children to adulthood were slender. But when infant and child mortality rates began to decline, following improved health services, people did not think of reducing the number of children.

In pre-industrial societies, all activities were centered round kinsmen and children and a great deal of occupational cooperation was required from them for the large tasks that were to be carried out. The production and consumption of goods and services, leisure-time activities, assistance in illness and old age and several other activities, which were normally entrusted to various non-familiar institutions in complex

societies, fell in the domain of the family and kinship groups in rural areas. In such a social structure, children have a great economic, social, cultural as well as religious value. In the present changing circumstances, it is essential to know whether people have change their outlook fowards life in general and towards family and marriage institutions in particular. But one should accept that agriculture is not an occupation but is a way of life which is one of the basic factor responsible for structural and functional features of any rural area in India. e.g. Balutedari or Jajmani system is still prevailing in rural areas. The agrarian economy is still dominating the economic life of entire rural community. Joint family system is found in all the religious communities. Table No. 17 shows the type of family adopted by the respondents of four religions communities at Ajara.

TABLE No. 17RELIGIONWISE DISTRIBUTION OF TYPES OF FAMILY  
ADOPTED BY THE RESPONDENTS

Religion	Joint family	Nuclear family	Total
Hindus	27 (40.90)	39 (59.10)	66 (34.74)
Muslims	46 (79.31)	12 (20.69)	58 (30.53)
Christians	35 (67.30)	17 (32.70)	52 (27.37)
Jains	4 (28.58)	10 (71.42)	14 (7.36)
Total :	112 (58.95)	78 (41.05)	190 (100.00)

The above table shows that 112 out of 190 i.e. 58.95% respondents have accepted joint family system, whereas 78 out of 190 i.e. 41.05% respondents have accepted the nuclear family system. It means, joint family system is still prevailing in all the religious communities with a more or less percentage.

The joint family system is found more among Muslims (79.31%) and Christians (67.30%) as against to it is found less among Hindus (40.90%) and Jains (28.58%). In reverse we can say that nuclear family system is found more among Jains (71.42%) and Hindus (59.10%) and less among Christians (32.70%) and Muslims (20.69%).



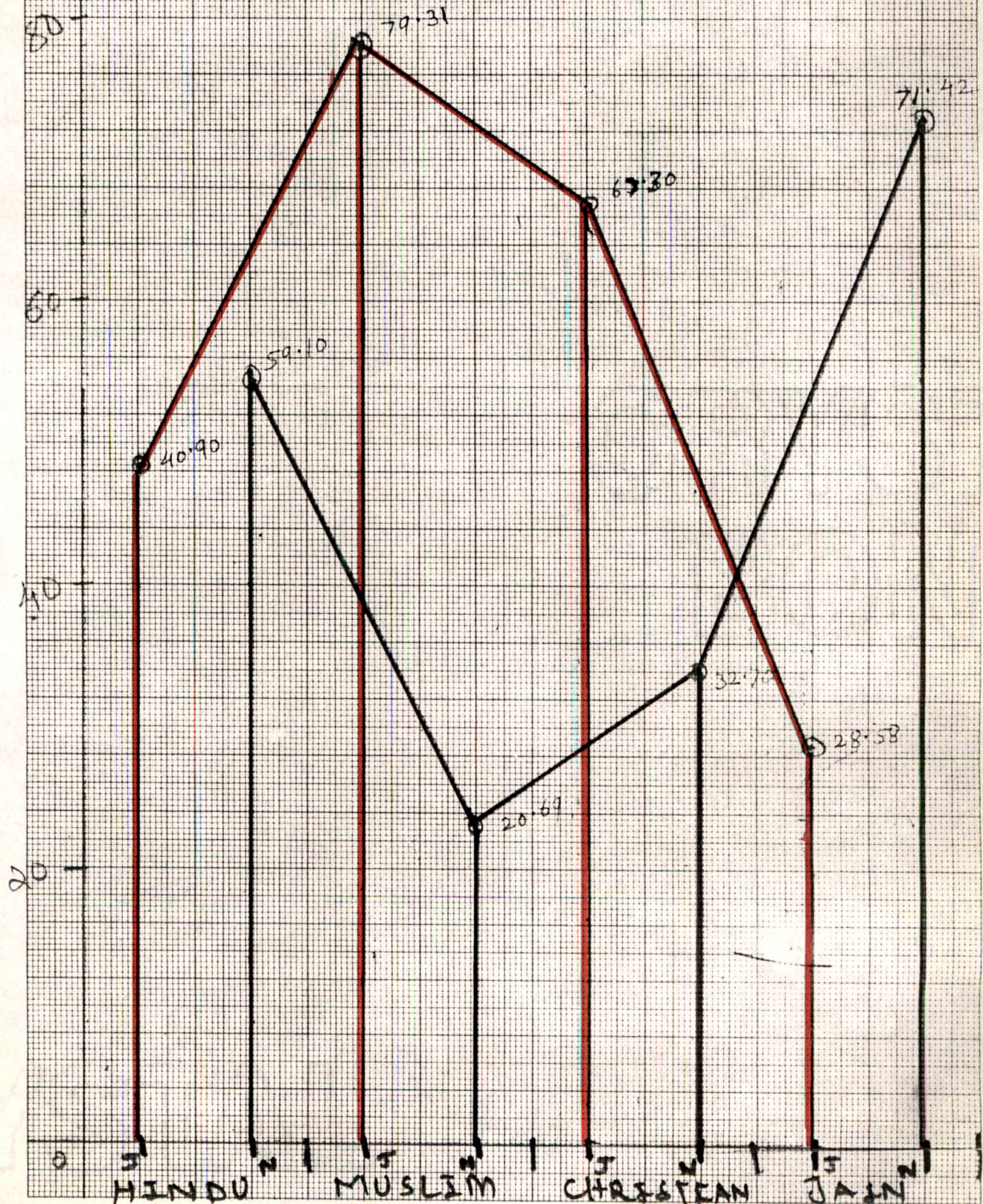
Table No  
= 17

Scale  
x axis  
1cm = 1 unit  
y axis  
1cm = 4 unit

154

Religion wise distribution of  
types of families among the  
respondents

- Joint family  
- Nuclear family





Once upon a time joint family system was one of the cultural features of Hindu and Jaina communities. But after the Industrial revolution and R French Revolution, the economical, professional and political life of majority of the rural people was disturbed enormously. Especially Europeans brought, new concepts, values and ideas, not only in India but to various parts of Asian Continent during their political regime they have spread the new concepts, ideas and values which were unknown to our people.

The individualistic and materialistic outlook towards life, right in property, principle of equal opportunity, ideas of social equality, spread of education, expansion of industrialization, urbanization, westernization modernization, and transport communications etc. were the basic factors responsible for social change. But all these factors are also responsible for structural and functional change of family institution existed in rural India. Hence joint family system is declining day by day due to changes in the attitudes and values towards family institution, specially among Hindu and Jain respondents.

But as far as Muslim and Christian respondents are concerned we find the sense of we - feeling, sense of collective responsibility and the sense of collective well being of family members for preserving and maintaining joint family system. In

a democratic society, where each person has the right of vote, the size of a particular religious, caste or ethnic group may be an important factor in determining the political power structure.<sup>1</sup> Hence minority communities try to unite together for safeguarding their interests. In this peculiar situation joint family system plays important role in preserving the community feeling.

However, one important thing is to be noted that limited size of family can be identified in nuclear family system rather than joint family system. Because in nuclear family parents and their children live separate from their close relatives.

In almost of all four religious communities at Ajara, patriarchal family system is found cent percent, where the position of a son has got primary importance than the daughter. Because continuity of family heritage runs through sons. Hence it is essential to know the sex ratio of the concerned respondents by counting the number of family members among each respondent's family. Table No. 18 shows sexwise distribution of family members among respondents.

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1. Heer David, 'Society and Population', p. 98.

TABLE No. 18

SEXWISE DISTRIBUTION OF FAMILY MEMBERS AMONG  
THE RESPONDENTS

Religion	No. of family	No. of male	No. of female	Total	Average
Hindu	66	284 (73.00)	105 (27.00)	389	5.89
Muslim	58	234 (48.75)	246 (51.27)	480	8.27
Christian	52	146 (47.56)	161 (52.44)	307	5.90
Jain	14	45 (47.87)	49 (52.13)	94	6.71
Total :	190	709 (55.83)	561 (44.17)	1270	6.68

The above figures show that the size of family varies according to the type of family adopted by the respondents belonging to specific religious community. In all 1270 members are living in 190 respondent's families. It means, that on and average 6.68 persons live in each respondent's family, which is more by 1.68 than standard size of family in view of the Government policy in this regard. It is but natural that the size of joint family is larger than the nuclear family.

The Muslim community shows highest number of persons i.e. 480 in the families of 58 respondents. Out of which 234 are males and 246 are females. It means that after every one



male member 0.95 female member is found among the Muslim respondents. The average size of Muslim respondent's family amounts to 8.27 which is highest as compared to rest of the religious communities.

If we compare the general data on differential fertility by religion in India, we come to know that Muslims living in rural as well as in urban areas have highest fertility rate as shown in table No. 18.1.

TABLE No. 18.1

FERTILITY BY RELIGIOUS COMPOSITION IN<sup>2</sup>  
INDIA - 1978

Religion	General fertility rate	
	Rural	Urban
Hindu	134.4	99.3
Muslim	149.5	121.4
Christian	104.1	66.0
Sikh	117.9	99.4

The Hindu community shows 389 members in the families of 66 respondents out of which 284 are males and 105 are females.

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2. Source : Survey on Infant and Childhood Mortality 1979, A preliminary Report, New Delhi, Office of the Registrar General, India, 1980, p. 24. Quoted by Agarwal, S.N. "India's Population Problem", IIIrd Edition, 1985, p. 156.

It means that after every 2.70 male members one female is found among Hindu respondents. The average size of Hindu family amounts to 5.89 which is more by 0.89 than standard size of family of five members. It is the lowest average in comparison to rest the concerned religious communities of the respondents of Ajara. It is because of adoption of nuclear type of family shown in table No. 17. The general fertility rate of Hindu community in rural India is lower (134.4) than Muslim community as shown in table No. 18.1. The factors responsible for limiting the average size of family among Hindu respondents can be assumed as follows :

- a) adoption of individualistic and materialistic views towards family life.
- b) adoption of taking advice of pre-identification of male or female child before delivery from the medical practitioner.
- c) observance of modern values.
- d) impact of democratic principles in social, economical and family life e.g. equal opportunity, property rights, economic freedom etc.
- e) adoption of family planning measures for birth control.
- f) impact of westernization, modernization and sanskritization etc. It can be said that adoption of family planning measures of birth control is found more among nuclear type of family than in joint family system.

As far as Christian respondents are concerned, we find 307 members are living in the families of 52 respondents, out of which 146 are males and 161 are females. It means that after every .90 male member one female is found among the Christian respondents. The average size of family in Christian respondents amounts to 5.90 which is more by .90 of standard size of family of five members. The general fertility of Christian community in rural India is 104.1 as shown in table respondents joint family system is prevailing more (67.30%) among Christian respondents as shown in table No. 17. The factors responsible for low fertility in Christian community can be said as follows :

1) High percentage of literacy i.e. 63.46% among Christian respondents.

2) High percentage of employed respondents (26.93%) as shown in table No. 15. Specially in education department, as shown in table No. 15.1 (3) observance of modern values in day to day today life.

4) Impact of westernization.

5) Ideas of family welfare through social service etc.

Lastly Jain community is very minor religious community at Ajara. We find 94 members in the families of 14 respondents, out of which 45 are males and 49 are females. It means that

after every .91 male member one female is found among Jain respondents. The average size of family seems to be 6.71 which is higher by 1.67 than the standard size of family of five members. The average size of family among Jain respondents is higher than Hindu and Christian but lower than Muslims respondents. Though the nuclear type of family system is found more (71.42%) among Jain respondents, the average size of family seems to be larger as compare to Hindus and Christians, it is because of number of workers are found more in Jain community as shown in table No. 15. According to Sangve, V.A.,<sup>3</sup> "The Jains are not only more urbanized persons but their preference to live in urban areas is continuously increasing, which is their characteristic feature." While explaining the disparity among males and females of Jain community Sangave<sup>4</sup> has further explained some of the factors responsible for the deficiency of females viz. (i) concealment of females, (ii) Excess of males at birth, (iii) Female infanticide, (iv) neglect of female children, (v) higher female mortality and (vi) religious conversion of males. Even though the fertility of Jain women was lot, it shows some signs of improvement. Though the percentage of literacy among Jain respondents is highest among (92.85%) rest of respondents of different religions, the average, size of family among Jains seems to 6.71. We do not find all the

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3. Sangve, V.A., op.cit., pp. 17-24.

4. Ibid, p. 20.

Characteristic features of Jain community, as explained by Sangave, V.A. do not find in toto in our small sample of Jain Community taken at Ajara.

From the above explanation we can say that the size of family will be seen limited where (i) The percentage of nuclear family is more (ii) the modern views or values are accepted by the people (iii) the percentage of higher education specially women's education is more (iv) the percentages of employed servants is high and (v) where urbanized and individualistic views towards life are more dominant in different religious communities. In this context Muslim community is lagging behind in education, advancement and employment. Hence it is necessary for them to change their outlook towards life by preserving their cultural features.

Irrespective of types of family adopted by the respondents, the dominance of the head of the family is found in every concerned religious community in Ajara. It does not mean that there is no scope or freedom to each member of the family for his development. But in the interest of family welfare as a whole and in the interest of security of all the family members, the head of the family regulates the family activities in relation to income of the family, hence his dominance is obviously found among the families of the respondents. Sometimes the head of the family uses discretionary

powers in maintaining stability, security and peace among the members of the family. Especially he puts some restrictions on female members. But personality development of the members of the family can be made possible in nuclear type of family than in joint family system. Suitable atmosphere can be created for implementation of family welfare activities only, when the size of family is limited.

There is no doubt that education plays an important role in changing the outlook towards life and towards family welfare activities, but it is essential to know how many members of the families among the respondents have taken their education. Table No. 19 shows the educated and non-educated members of the family among the concerned respondents.

TABLE No. 19

EDUCATED AND NON-EDUCATED MEMBERS OF THE FAMILIES AMONG THE RESPONDENTS

Religion	Whether given education to all members		If it is so		Total No. of members	No. of families
	Yes	No	No. of educated	No. of non-educated		
Hindu	19 (28.78)	4 (6.06)	43 (65.16)	261 (67.10)	389	66
Muslim	7 (12.06)	1 (1.72)	50 (86.22)	325 (67.70)	480	58
Christian	10 (19.23)	1 (1.92)	41 (78.85)	208 (67.76)	307	52
Jain	7 (50.00)	-	7 (50.00)	75 (79.78)	94	14
Total :	43 (22.63)	6 (3.15)	141 (74.22)	869 (68.43)	1270	190

The above table shows that 43 out of 190 respondents families i.e. 22.63% have shown that they have given education to all the members of the family, as against it, 6 i.e. 3.15% respondents' have not given education to their members of the families. But 141, i.e. 74.22% respondents have given or are being given education to few members of their families. It means that 96.85% of the total respondents have understood the importance of giving education to their family members.

869 out of 1,270 i.e. 68.43% members of the families of 190 respondents are either educated or being given education whereas 401 members i.e. 31.57% have not been given any education.

The member of educated or being educated is found more among all the four concerned religious communities almost in equal proportion at Ajara. As we have seen already that Marathi, Urdu and English medium primary and secondary schools are found at Ajara. This facility encourages the members of the concerned religious communities to send their children in respective medium schools. But aged members of the religious communities are not so much interested to join Adult Education centres. A stage will come soon when the members of all the religious communities will be educated as there is a provision of taking education in three media at Ajara.



But only education cannot fulfil the basic requirements of the members of the family unless the member earns the income i.e. daily wages or monthly salary. Without income welfare and security of the family members cannot be achieved. Hence it is essential to know whether every respondent fulfils the basic needs of the family within his daily or monthly income. Table No. 20, shows that how many respondents are able to fulfil the needs of their families and if it is so what are factors for fulfilling it and if it is not what are factors responsible for non-fulfilling the basic requirements.

TABLE No. 20

FULFILMENT AND NON-FULFILMENT OF NEEDS OF THE FAMILIES  
OF THE RESPONDENTS

Religion	Do you fulfil the needs		If it is so			If it is not		
	Yes	No	Limited Needs	Few Children	More Income	More Needs	More Children	Low income
Hindu (66)	36 (54.55)	30 (45.45)	17 (47.22)	30 (83.33)	1 (2.77)	26 (86.66)	2 (6.66)	24 (80.00)
Muslim (58)	34 (58.62)	24 (41.38)	16 (47.05)	21 (61.76)	7 (20.58)	11 (52.38)	7 (33.33)	9 (42.85)
Christian (52)	30 (57.70)	22 (42.30)	19 (63.33)	8 (26.66)	2 (11.00)	5 (33.33)	-	10 (66.67)
Jain (14)	9 (64.29)	5 (35.71)	5 (55.55)	5 (55.55)	-	1 (20.00)	1 (20.00)	2 (40.00)
Total (190)	109 (57.37)	81 (42.63)	57 (52.29)	64 (58.71)	10 (9.17)	43 (53.08)	10 (12.34)	45 (55.55)

The above table shows that 57.37% of the respondents fulfil the basic requirements of their family members as against 42.63% who could not fulfil them within their daily or monthly income.

Those, who fulfil or do not fulfil the needs, have not mentioned any one specific reason, because the alternatives mentioned in the schedule are complementary and interdependent. Hence majority of the respondents have given two out of three alternatives for fulfilment or for non-fulfilment of basic needs.

The factors responsible for fulfilment of basic needs are as follows :

a) Limited Needs :

Nearly 52.29% of the respondents, who fulfil the basic requirements, have said that they limit the needs of family in accordance with their income. Generally, they distribute the amount in accordance with their plans. It is seen from the figures that keeping restriction on the needs is found in every religious community of the concerned respondents, in almost equal percentage i.e. Hindus (47.22), Muslims 47.05, Christians 63.33 and Jains 55.55. In a rising standard of living it is essential to put restrictions on needs of the family.

b) Few Children :

The basic requirements of the family can be limited only when the size of family is small and the size of family is mainly based on number of children born during the marital life. 58.71% of the respondents who fulfil the basic requirements have replied that the requirements can be fulfilled only when there are few children in the family. The percentage of respondents of this view are found more among Hindus (83.33), Muslims (61.76) and Jains (55.55) and as against it is found less in Christians (26.66). But Christian respondents have given more stress or restricting the needs. Majority of the respondents fulfil their basic needs due to few children. Hence they give first preference to control the births of children in their families by adopting various contraceptives. In a rising standard of living there is no alternative but to control the births of children for fulfilling the basic requirements of the family as a whole.

c) More Income :

The basic requirements can be fulfilled when the daily or monthly income is more than minimum expectation. But only 9.17% of the respondents who fulfil their basic requirements due to their sound economic position. As we have seen in table No. 15 that 25.86% of the Muslim respondents are busy in their

trade and commerce and 26.93% of the Christian respondents are employed in government or semi-government departments, hence they have security of service and security of salary. So 20.58% of the Muslim respondents and 11% of the Christian respondents fulfil their basic requirements on account of their better economic position. But in general the economic position, of all the respondents of all the concerned religious communities, is not so much improved. Majority of the respondents live a poor life as there are no various sources of income at Ajara. Hence many respondents will have to rely upon limiting the size of family if they have to fulfil their basic requirements.

If we further analyse the figures of table No. 20, we come to know that 81 out of 190 i.e. 42.63% respondents do not fulfil their basic requirements due to unlimited needs, more children and low income.

Nearly 53.08% of the respondents do not fulfil the basic needs because of unlimited needs of the family. Of them are found more among Hindus (86.66%), Muslims (52.38%), Christians (33.33%) and less among Jains (20%).

The respondents, who do not fulfil their basic requirements due to more Children are found more among Muslims (33.33%) and less among Hindus (6.66%) and nil among Christians. But one thing is sure that the needs of the family increase in

accordance with their size of family.

The basic factor, responsible for non-fulfilling the needs, is low income of the respondents. Even though the size of family is limited respondents could not fulfil the basic requirements due to their poverty. In a rising standard life and rising prices of essential commodities respondents could not fulfil the essential requirements within their low income. This poverty is found in almost of all religious communities. Those, who do not fulfil their essential needs due to low income are found more among Hindus (80.00%), Christians (66.67%), Muslims (42.85%) and Jains (40.00%).

In this situation it is essential to improve the economic position of the respondents by providing jobs and adequate wages. At the same time respondents should give more emphasis on limiting the number of children by adopting various contraceptives of birth control and on limiting the needs of family by adopting the policy of planned economy in accordance with their income.

In this typical situation family planning programme plays important role in maintaining family welfare activities. Hence now-a-days people, from economically backward class and from illiterate class adopt sterilization measure for birth control, in rural areas. So we can say that family planning programme has got economical importance in maintaining and

preserving the family welfare programmes for betterment of life at large.

As we have seen that 57.37% of the respondents fulfil their basic requirements as against 42.63% of the respondents who can not fulfil the needs of the family. But it is essential to know whether respondents are satisfied with their family life. The concept of satisfaction of family life is different from fulfilment of basic needs of the family. The concept of satisfaction of life has got mental or psychological significance whereas fulfilment of needs have got economical or materialistic importance in day to day life. So it is essential to know that how many respondents are satisfied with their family life and what are factors responsible for it, as shown in table No. 21.

TABLE No. 21

TABLE SHOWING THE DISTRIBUTION OF THE RESPONDENTS WHO ARE  
SATISFIED WITH THEIR FAMILY LIFE

Religion	Are you satisfied		If it is so -		If it is not -			
	Yes	No	Help of members	Unity	Mental satisfaction	Separateness	Lack of Unity	Lack of mental satisfaction
Hindu (66)	59 (89.40)	7 (10.60)	16 (27.11)	26 (44.06)	22 (37.28)	-	-	4 (57.14)
Muslim (58)	48 (82.75)	10 (17.25)	31 (64.58)	18 (37.50)	6 (12.50)	-	-	3 (30.00)
Christian (52)	45 (86.53)	7 (13.47)	1 (33.33)	15 (22.22)	20 (44.25)	1 (14.29)	-	-
Jain (14)	8 (57.15)	6 (42.85)	2 (25.00)	5 (62.50)	1 (12.50)	3 (50.00)	1 (16.66)	2 (33.33)
Total (190)	160 (84.22)	33 (15.78)	64 (40.00)	59 (36.87)	49 (30.62)	4 (13.33)	1 (3.33)	9 (30.00)
								13 (43.33)
								4 (13.33)



The above figures show that 84.22% of the respondents are satisfied with their family life even though their economic position is weak as against 15.78% of the respondents who are not so much satisfied with their family life. It means that satisfaction of life is not purely dependent on economic condition of the family but depends on the suitable atmosphere created among the members of the family. Such healthy atmosphere is found among majority (84.22%) of the respondents belonging to different religious communities. Out of these respondents 40% of them receive financial help from their members of the family in protecting their economic interest for fulfilling the basic requirements of the family. The economic cooperation among the members of the family creates healthy atmosphere for achieving satisfaction of family life. This economic cooperation is found more among all the respondents' families in a more or less percentage i.e. Muslims 64.58%, Christians 33.33%, Hindus 27.11% and Jains 25.00%. The economic cooperation is found more among the respondents who have adopted joint family system i.e. Muslims and Christians and less among Hindus and Jains because of nuclear type of family.

Irrespective of economic cooperation, unity among the members of the family creates satisfaction of family life among the respondents. 36.87% of the respondents are satisfied with their family life because of sense of we feeling among the members of the family. The sense of unity, the sense of we

feeling definitely creates stability and satisfaction in family life not only among the respondents but among the members of the family too. This unity is found more among Jains (62.50%), Hindus (44.06%), Muslims (37.50%) and Christians (22.22%). Irrespective of type of family, sense of we feeling creates a sense of collective responsibility for the betterment of family members. Thus sense of unity among the members of the family creates an atmosphere for the satisfaction of family life.

The table shows that 30.62% of the respondents are of the opinion that with all difficulties, calamities and scarcity of essential commodities faced by the respondents, they are mentally satisfied about their family life. The respondents of this opinion are found more among Christians (44.25%), Hindus (37.28%) and less among Muslims (12.50%) and Jains (12.50%). This mental satisfaction is achieved due to healthy relations based on love, affection, protection and cooperation.

But 15.78% of the respondents are not satisfied with their family life due to some reasons as they have mentioned in the schedule. The most important factor for dissatisfaction about life is 'more children'. 43.33% of the concerned respondents are not satisfied because of more children. Most of them are found among Muslims (70%), Hindus (57.14%) and Christians (28.57%). If the number of children is more than his daily or monthly income can bear the head of the family

4 -

many problems e.g. health, protection, education and development. Such unhealthy atmosphere creates tensions and frustrations among the heads of the families, which lead to dissatisfaction of family life. Hence eligible couples of economically backward class are willingly adopting the measures of birth control in rural areas. They are now realising that family planning programme is a family welfare activity. Tables No. 14.3, 15.3 and 16.1 show that people belonging to agriculture occupation, illiterate class and economically backward class are adopting sterilization measure for controlling the number of children for the betterment of family life.

Another important factor, for dissatisfaction of life stated by the concerned respondents, is lack of mental satisfaction. Nearly 30% of the respondents are not satisfied with the present life due to mental worries. These worries may be of financial, of more children, of desire of male child, of unhealthy relations among the members of the family due to separateness, difficulties in arranging the marriages of daughters, health problems etc. Such respondents are found more among Hindus (57.14%), Jains (33.33%) and Muslims (30%). Generally dissatisfaction of life is caused due to non-fulfilment of desire which man expects in his life.

Separateness and low income are the two factors responsible for dissatisfaction of life. 1333% of the concerned respondents are not satisfied with both these two factors. These respondents are found more among Christians and Jains. Especially separateness is found among Jains (50.00%) and low income among Christians (57.14%) separateness leads to individualistic outlook towards life which sometimes spoils the homely relations among the members of the family. It affects adversely collective responsibility of family welfare. Extreme democratisation in family life leads to separateness and creates dissatisfaction of life. Low income i.e. poverty disturbs the economic base of life and creates tensions and frustrations among the members of the family. Non-fulfilment of basic requirements of family members can not create stability and peace in family life. Hence it is essential to improve the economic condition of the people by providing job opportunities in rural areas which is very difficult task before the government, or it is essential to limit the size of family by providing measures of birth control where the government is giving more emphasis on family planning programme. At the same time people, from different sections of the community, are willingly adopting the measures of birth control for the betterment of family life.

The respondents whose economic condition is so weak that they can hardly bare the needs of the family. In this critical situation some of the respondents ask not only the youngsters but too small kids to do some work and earn some money for fulfilling the basic requirements of the family. Table No. 22, shows how many respondents asked their children of below 12 years to work and earn money for fulfilling the basic requirements of the family.

TABLE No.22

DISTRIBUTION OF THE RESPONDENTS WHO HAVE  
EMPLOYED THEIR KIDS

Religion	Have you employed your kids ?		If employed in which sector			
	Yes	No	Agricu- lture	Trade	Profe- ssion	Hotel
Hindu (66)	7 (10.60)	59 (89.40)	3 (42.86)	2 (28.57)	2 (28.57)	-
Muslim (58)	13 (22.41)	45 (77.59)	-	12 (93.31)	1 (7.69)	-
Christian (52)	3 (5.77)	49 (94.23)	-	-	1 (34.34)	2 (66.66)
Jain (14)	-	14 (100.00)	-	-	-	-
Total : (190)	23 (12.10)	167 (87.90)	3 (13.05)	14 (60.86)	4 (17.39)	2 (8.69)

The table shows that 87.90% of the respondents have shown their unwillingness to employ their kids to earn something for fulfilling the needs of family institution. These respondents give more emphasis on development of their kids by sending them to schools.

But there are 12.10% of the respondents who are in favour of sending their kids for earning money in certain sectors. Out of these respondents majority are found among Muslims (22.41%) Hindus (10.60%) and Christians (5.77%).

22.41% Muslim respondents ask their children to work in trade (93.31%) and in their own profession (67.69%). As we have seen in Table No. 15, 25.86% of the Muslim respondents are busy in their trade which is in highest percentage among all other religious respondents. Hence Muslim respondents ask their children to work in trade and commerce to earn some money for the fulfilling the basic requirements of the family.

As far as Hindu (whether the respondents are 'ready' for 'sending', or they are actually sending? There is a confusion.) respondents are concerned 10.60% of them are constrained to send their children either in agriculture (42.86%) or trade (28.57%) or other profession (28.57%) for earning money.

Whereas 5.77% of the Christian respondents send their children in certain professions (34.34%) and in hotels (66.66%).

It means that due to poorest condition of family some of the respondents treat their children as labour force and hence try to send their younger children for earning money in early stages of life. Poverty is the main factor responsible for employing their younger children in the respective fields. So these respondents are unable to give more attention for the development of children due to their poor economic condition.

Not only the children but female members of the family are also doing some profession or some work in fulfilling the basic requirements of the family. Table No. 23 shows the distribution of number of females performing any independent job or profession for the betterment of family life.

TABLE No. 23

DISTRIBUTION OF FEMALES AMONG RESPONDENTS'  
FAMILY WHO PERFORM JOBS OR ANY OTHER WORK

Religion	Whether females are doing any job or work ?		If it is so the type of work				
	Yes	No	House- hold	Tailo- ring	Demos- tic in- dustry	Embro- idery	Trade
Hindu (66)	27 (40.90)	39 (59.10)	12 (44.44)	10 (37.03)	4 (14.81)	1 (3.00)	-
Muslim (58)	13 (22.41)	45 (77.59)	-	-	1 (7.69)	-	12 (93.31)
Christian (52)	40 (76.92)	12 (23.08)	12 (30.00)	3 (7.50)	25 (62.50)	-	-
Jains (14)	2 (14.28)	12 (85.72)	-	-	2 (100.00)	-	-
Total (190)	82 (43.15)	108 (56.85)	24 (29.26)	13 (15.85)	32 (39.02)	1 (1.21)	12 (14.63)

The table shows that 108 out of 190 i.e. 56.85% respondents do not employ their female members of the family to perform any profession or job. Of them majority are found among Jains (85.72%), Muslims (77.59%) and Hindus (59.10%) and less among Christians (23.08%). As against it 82 out of 190 i.e. 43.15% of the respondents employ their female members of the family to perform some job or profession for the fulfilment of economic needs of the family. Out of them are found more among Christians (76.92%) and Hindus (40.90%) and less among Muslims (22.41%) and Jains (14.28%).

Nearly 39.02% of the females are doing some independent business related to domestic small industry e.g. grinding mill, poultry, pot-making etc. Out of these females are found more among Jains (100.00%) and Christians (62.50%) and less among Hindus (14.81%) and Muslim (7.69%).

Household services are performed by 29.26% females, of whom are found among Hindus (44.44%) and Christians (30.00%).

Nearly 15.85% of females are doing tailoring as a secondary profession. These females are found among Hindus (37.03%) and Christians (7.50%). As against it nearly 93.31% of Muslim females are busy in trade and commerce. They sell essential commodities in weekly bazar and earn some money.



Respondents from below poverty line have no other alternative but to utilise female labour for fulfilling the basic requirements of family. There is no scope for women to get any employment at Ajara. Due to illiteracy, both male and female can not get any opportunity of service. It is the agriculture where many illiterate male and female respondents and their family members work as an agricultural labourers in particular season. But their wages do not conform with minimum wage act as approved by the State Government. Hence in a rising standard of living majority of the poor people will have to depend on daily wages by performing daily work wherever they get.

The disparity between low-wages and rising prices of essential commodities is to be reduced either by increasing the wages or by decreasing the prices of essential commodities, which is not possible as far as unprotected agricultural labourers are concerned. The only way for fulfilling the basic requirements of the family is to limit the size of family.

Now-a-days illiterate and poor people are realising the importance of birth control in fulfilling the basic requirements of family. Table No. 24 shows the desirable size of family among the respondents.

TABLE No. 24

DISTRIBUTION OF DESIRABLE NUMBER OF CHILDREN  
IN THE FAMILY AMONG THE RESPONDENTS

Religion	One child	Two child- ren	Three child- ren	Four child- ren	Five child- ren	Six child- ren
Hindu (66)	1 (1.52)	23 (34.85)	29 (43.93)	12 (18.18)	1 (1.52)	-
Muslim (58)	- (8.62)	5 (8.62)	27 (46.55)	22 (37.93)	4 (6.90)	-
Christian (52)	-	16 (30.76)	29 (55.76)	6 (11.55)	-	1 (1.93)
Jain (14)	-	6 (42.85)	8 (57.15)	-	-	-
Total (190)	1 (0.53)	50 (26.32)	93 (48.94)	40 (21.05)	5 (2.63)	1 (0.53)

From the above table it is clear that 93 out of 190 i.e. 48.94% respondents are in favour of three children as a desirable size of family whereas 26.32% of the respondents are in favour of two children as desirable size of family. It would be better if we classify the above figures into two broad categories, i.e. (i) 2 to 3 children and (ii) 4 to 5 children it would be more meaningful for the explanation.

TABLE No.24.1  
DISTRIBUTION OF DESIRABLE SIZE OF  
FAMILY INTO TWO BROAD CATEGORIES

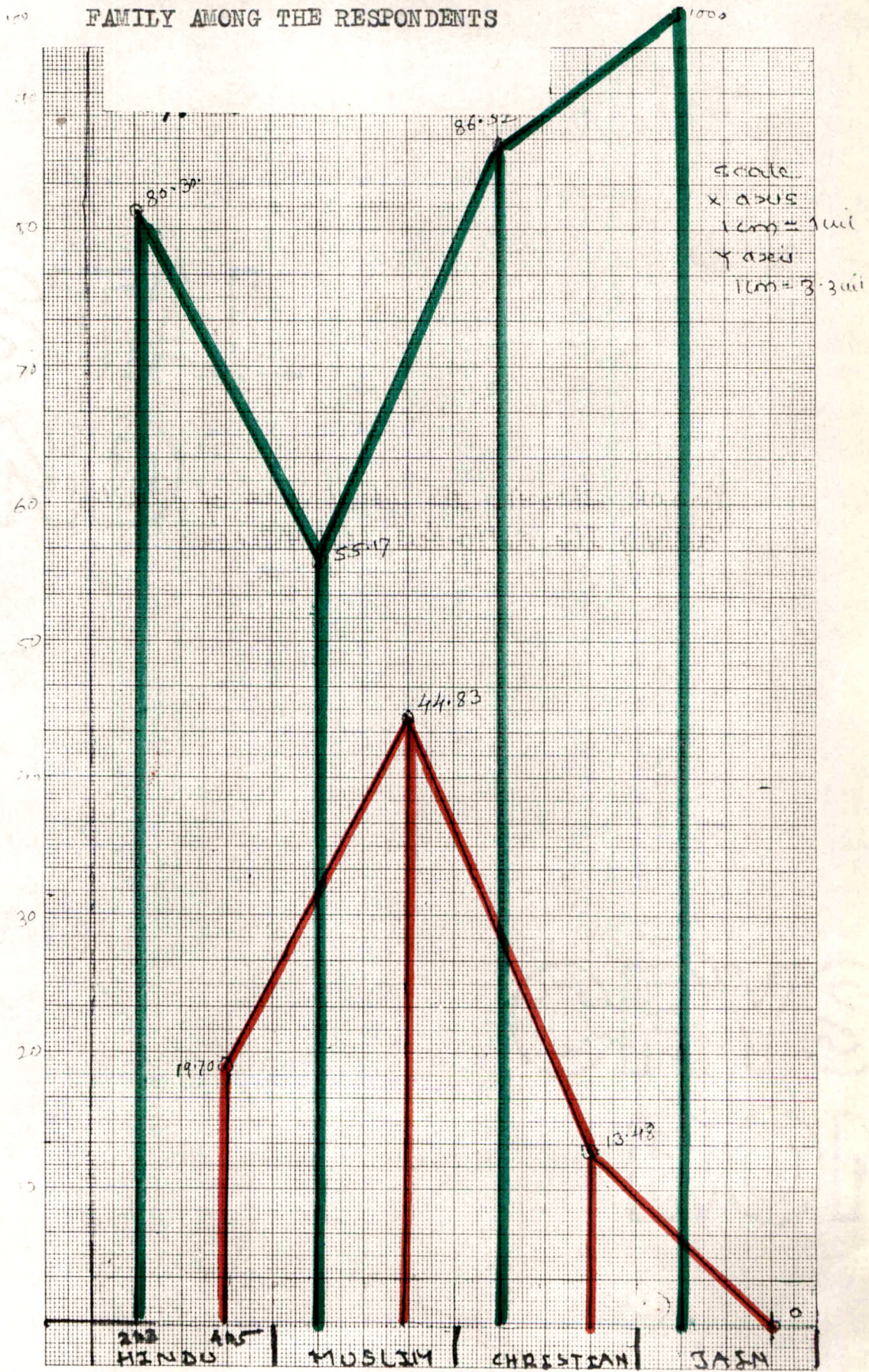
Religion	2 to 3 children	4 to 5 and above children
Hindu (66)	52 (80.30)	13 (19.70)
Muslim (58)	32 (55.17)	26 (44.83)
Christian (52)	45 (86.54)	7 (13.46)
Jain (14)	14 (100.00)	-
Total 190	144 (75.78)	46 (24.22)

The above table shows 144 out of 190 i.e. 75.78% respondents are in favour of 2 to 3 children as a desirable ideal size of family as against to it 24.22% of the respondents are in favour of 4 to 5 children as a desirable ideal size of family. Those, who expect two children as a desirable size of family in table No. 24, are found more among Jains (42.85%), Hindus (34.85%) and Christians (30.76%) and less among Muslims (8.62%).

Those who expect three children as an ideal size of family, are found more in almost of all the respondents i.e.



GRAPH SHOWING THE IDEAL SIZE OF  
FAMILY AMONG THE RESPONDENTS





Jains (57.15%), Christians (55.76%), Muslims (46.55%) and Hindus (43.93%).

There are 21.05% of the respondents who are in favour of four children as a desirable size of family. They are found more among Muslims (37.93%) and less among Hindus (18.18%) and Christians (11.55%) and nil among Jains.

Irrespective of it there are 2.63% of the respondents who are in favour of five children as a desirable size of family. Of them are found more among Muslims (6.90%) and less among Hindus (1.52%).

The respondents, who are in favour of 2 to 3 children do not belong only to literate and economically sound category but also to illiterate and economically backward category. They believe that limited size of family is the only alternative for them to achieve the welfare of the family members. But the respondents, who expect 4 and above children, think that human life, specially life of an infant is very uncertain and dangerous because of incurable diseases and accidents. Some respondents expect male child for the continuity of patriarchal family system. Some of the Hindu respondents are not in favour of number '3' as it is unpopular and undesirable odd figure for any good activity hence they expect four children as a desirable size of family as it is even number. Some respondents give stress on two male and two female children constitute an ideal size of family.

So the difference between the desirable ideal size of family changes in accordance with the individual respondents and with the religious communities. After completion of the desire size of family concerned respondents adopt suitable measures of birth control.

When the question was asked whether there should be limited number of children in a family 189 out of 190 i.e. 99.47% respondents have given favourable reply to it belonging to four religious communities of Ajara.

When the question was asked whether you will be able to save the amount if the number of children is more than your expectation 186 out of 190 i.e. 97.90% respondents gave negative reply to it. They realise that in the rising standard of living condition no one could fulfil their essential daily needs not only because of poverty but it is because of larger family. For the procreation and up-bringing of children one must have to limit the size of family in accordance with his daily or monthly income.

When the question was asked regarding alternative means or methods for achieving welfare of the family the respondents have given three alternatives as shown in table No. 25.

TABLE No. 25

DISTRIBUTION OF ALTERNATIVES TO FAMILY  
WELFARE AMONG THE RESPONDENTS

Religion	To limit the needs	Few children	More income
(66) Hindu	12 (18.18)	48 (72.72)	28 (42.42)
Muslim (58)	5 (8.62)	46 (79.31)	7 (12.06)
Christian (52)	10	40	8
Jain (14)	2 (14.28)	11 (78.57)	3 (21.42)
Total (190)	29 (15.26)	145 (76.31)	46 (24.10)

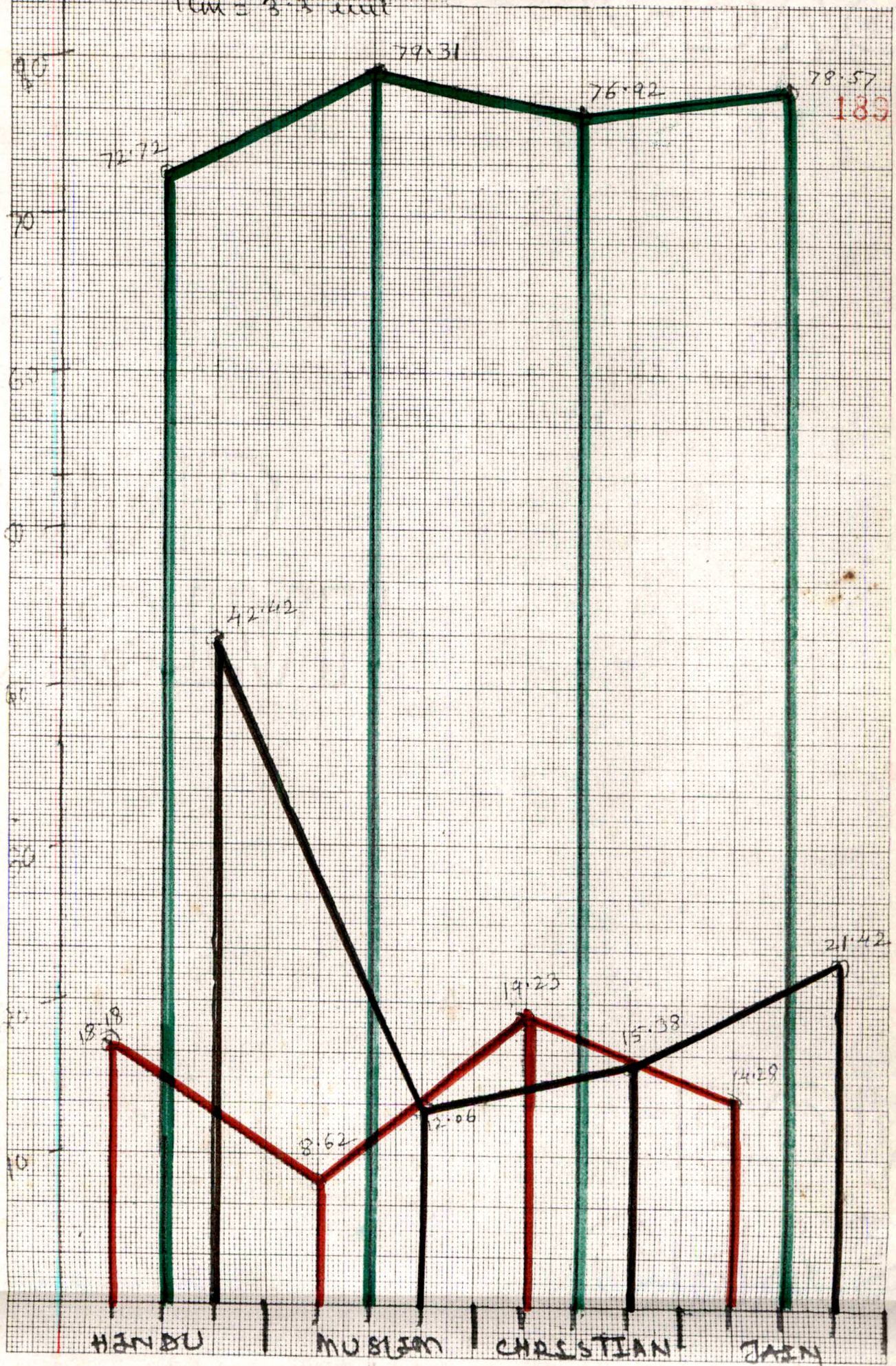
The above table shows that 76.31% of the respondents have given first preference to reduce the number of children for achieving the family welfare. Majority of the respondents belonging to four religious communities have given stress on limited size of family i.e. Muslims 79.31%, Jains 78.57%, Christians 76.92% and Hindus 72.72%.

Nearly 24.10% of the respondents have given second preference to increasing of the income. These respondents are of the opinion that even if the size of family is limited they cannot fulfil the basic needs of the family because poor



Scale  
X axis  
1 cm = 1 unit  
Y axis  
1 cm = 3-3 unit

GRAPH SHOWING THE WAY TO ACHIEVE  
THE FAMILY WELFARE AMONG THE  
RESPONDENTS.





income. Without money no one could procreate the children. In a rising standard of living, sound economic position of the family plays an important role for achieving welfare activity of the family. Hence, these respondents expect job opportunity for improving economic position of family. The respondents of this opinion are found more among Hindus (42.42%) and Jains (21.42%) and less among Christians (15.38%) and Muslims (12.06%). So these respondents believe that family welfare programme has got economic importance.

There is no doubt that family welfare programme could be implemented effectively when there will be economic improvement of the people. But at the same time people should curtail their needs. Nearly 15.26% of the respondents have given third preference to curtail their needs. Nearly 15.26% of the respondents have given third preference to curtail the needs. These respondents are found more among Christians (19.23%), Hindus (18.18%) and Jains (14.28%) but less among Muslims (8.62%). It is assumed that man spends more amount on his habitual goods than on his basic requirements. If he reduces his habits he may fulfil the basic requirements of the family. So man has to decide which requirement is essential and which is non-essential. If the size of family is limited and if man controls his non-essential habits, he will definitely achieve the ultimate goal of family. Hence many people are realising

that family planning is the way for family welfare. Family is one of the basic institutions of human society which performs cultural, sacramental, educational and economical functions. Family is one of the fundamental institutions of socializing the biological organism. In a changing society family institution can not perform the proper role of upbringing of children due to various reasons. Hence various problems have been created in human life. When the question was asked about the education of children majority of the respondents have given favourable reply to it. Table No. 26 shows the distribution of the respondents who have given education to their kids.

TABLE No. 26

DISTRIBUTION OF THE RESPONDENTS WHO HAVE  
GIVEN EDUCATION TO THEIR CHILDREN

Religion	How many children are educated?			If not what are the reasons?			
	All	Few	Nobody	Economic difficulty	No proper education	Infant children	Mentally weak
Hindu (66)	42 (63.63)	18 (27.27)	6 (9.10)	8 (33.34)	8 (12.50)	13 (54.16)	-
Muslim (58)	33 (56.90)	19 (32.75)	6 (10.35)	19 (76.00)	3 (12.00)	3 (12.00)	-
Christian (52)	32 (61.54)	16 (30.76)	4 (7.70)	15 (75.00)	-	5 (25.00)	-
Jain (14)	10 (71.42)	3 (21.42)	1 (7.14)	1 (25.00)	-	2 (50.00)	1 (25.00)
Total (190)	117 (61.58)	56 (29.48)	17 (8.94)	43 (58.90)	6 (8.21)	23 (31.50)	1 (1.36)

The above figures show that 117 out of 190 i.e. 61.58% respondents have given education to their children. It means that majority of the respondents are either illiterate or have taken their education upto 4th standard (54.73% as shown in table No. 14). They have given education to their children because they have understood the importance of education in the future life of the children. Those respondents, who have given education to all children, are found more among respondents of all religious communities i.e. Jains 71.42%, Hindus 63.63%, Christians 61.54% and Muslims 56.90%.

Nearly 29.48% of the respondents have given education to few children or they are being educated. These respondents are also found in equal percentage i.e. Muslims 32.75%, Christians 30.76%, Hindus 27.27% and Jains 21.42%.

But 8.94% of the respondents have not given education to their children. These respondents are found among Muslims 10.35%, Hindus 9.10%, Christians 7.70% and Jains 7.14%.

Due to economic difficulties 58.90% of the respondents do not send their children for education. Even though government has made free education to the economically backward communities. Many people do not take advantage of it because these people think that the children i.e. human labour is the main source of their daily income. When parents go out for earning no one can give proper attention to their children, hence these children lag behind in their education. At the same time parent ask their

children to go for work in the fields or in any other sector and earn some money for fulfilling the basic requirements of the family. The respondents of this view are found more among Christians (75.00%), Muslims (76%) and less among Hindus (33.34%) and Jains (25.00%).

Nearly 31.50% of the respondents do not send their children due to their infancy. They do not send their children to Balwadi. These respondents wait for proper physical growth of children. These respondents are found more among Hindus (54.16%), Jains (50.00%), Christians (25.00%) and less among Muslims (12.00%).

Nearly 8.20% of the respondents do not send their children to school due to improper education system. They think that present educational system is not suitable for earning money. The bookish knowledge cannot fulfil the basic requirements of the family. Hence these respondents utilise their labour in their own profession when child reaches his adolescent stage. Such respondents are found among Hindus (12.50%) and Muslims (12.00%). These respondents expect job orientated education, which is not available at Ajara.

Due to mental retardedness of child one respondent that too from Jain community (1.36%) was unable to send his child to school. There is no center of education for physically and

mentally retarded boys at Ajara.

We can say from the familial information of the respondents that though the respondents have adopted joint or nuclear type of family they are willing to limit the size of family for the proper maintainance of members of the family. In arising standard of life majority of the respondents are in favour of adopting various measures of birth control. But their ideal and desirable size of family varies in accordance with the individual and with the religious communities. On an average the ideal and desirable size of family among Hindus, Christians and Jains is upto three children, whereas in Muslims it is found upto four children. But after completing the desirable size the respondents are ready to accept the measures of birth control.

Majority of the respondents have understood the importance of limiting the size of family irrespective of their economic condition and education. They have realised that family planning programme is an activity of family welfare. The economic cooperation among the members of the family creates healthy atmosphere for fulfilling the basic requirements of the family. They have understood that the needs of the family will be curtailed only when the size of family is small. But at the same time they expect job opportunities for the improvement of their economic standard. Even though the majority of the

respondents are economically backward they are satisfied with the present life due to unity, economic cooperation and healthy atmosphere among the members of the family. This mental satisfaction cannot be achieved through money.

Hence the family life of the respondents is definitely favourable to limited size of family.

ANALYSIS OF MARITAL LIFE  
INFORMATION OF THE RESPONDENTS

The study of the characteristics of a population includes the study of the distribution of persons according to their marital status. Unlike sex or age, marital status is not a biologically ascribed characteristic, but is an acquired characteristic.

Marriage involves the first step in the formation of a biological family. Since in most societies reproduction takes place only in wedlock, the marital status distribution is an important factor affecting fertility. The pattern of marital status distribution of any society is determined by the combined effect of various biological, social, economic, religious and legal factors affecting marriage.

The percentage of distribution between males and females by marital status is a deciding factor to determine the fertility rate in a particular region at a given time.

The study of human fertility occupies a central position in the study of population for several reasons. Human fertility is responsible for biological replacement and for the maintenance of the human society. The population growth depends entirely on human fertility. Within the biological limits of human fertility, several social, cultural, psycho-



logical and economical factors determine the levels and differentials of fertility. Demographically size of family means the total number of children a woman or a couple has borne at a point of time whereas completed size of family means the total number of children borne by a woman upto the end of her reproductive period.

Though the birth of a child is basically a biological phenomenon, child-bearing in any society occurs in a social set-up and is, therefore, affected by the social structure as well as societal customs, values and norms related to various aspects of child bearing. The woman's age is an important factor when her reproductive capacity is considered. This reproductive capacity is at low level during the early stage of puberty, it reaches the highest level upto 25 years, after which it starts declining first slowly and then, after the age of 38, quite rapidly and reaches zero level at about 50 years. But the reproductive span of men is not well defined, nor is it easily identifiable, though it is generally found to be considerably longer than that of women.

In general we can say marital status is achieved when females get married but fertility depends on the period for which the marriage proves to be fertile and the number of children born during the fertile period of the couples. Before analysing the outlook towards family planning it is essential

to know the outlook of couples towards the children, the desired size of family, the age at marriage, the intervals between the two or more children, the intervals between the two or more pregnancies, outlook towards marriage, status of woman, incidences of widow remarriage, customs and taboos of sex behaviour etc. which are always affecting on fertility.

#### 1) AGE AT MARRIAGE :

Age at marriage is known to influence the fertility performance of women, in the sense that if the age at marriage is low, women start having their children at an early age, and these children, in their turn, begin to procreate early. India is one of the few countries in the world where the age of marriage is low. It has assumed that child marriages have long occurred on a large scale in rural India. According to Agarwal, S.N.<sup>1</sup> "prevalance of child marriage among Hindus is perhaps due to the fact that suggesting a girl should be married before she attains puberty and certainly immediately after her first menstruation. Among other religious groups, it is probably a matter of custom copied from Hindus, whose overwhelming number has influenced all the groups, especially since the majority of the persons belonging to other religions in India are descendants of converts from Hinduism." Though

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1. Agarwal, S.N., "India's Population Problem", Third Edition, p. 99.

marriage is, an universal institution found every parts of the world from ancient time, the age at marriage has changed from time to time, from one location to other and from one religious community to other. The socio-cultural factors of the community determine the age at marriage. Table No. 27 shows the average mean ages of marriage in different religious groups since 1891 to 1931 in India.

TABLE No. 27

MEAN AGE AT MARRIAGE SYNTHETIC COHORTS<sup>2</sup>  
BELONGING TO VARIOUS RELIGIONS FROM  
1891 TO 1931 IN INDIA

Religion	Sex	1891	1901	1911	1921	1931	Average
Christians	M	24.40	24.20	24.10	23.70	22.60	23.80
	F	16.90	17.20	17.20	17.50	17.20	17.20
Sikhs	M	18.60	21.20	21.80	22.70	21.50	21.16
	F	12.40	14.40	14.30	14.90	15.20	14.24
Muslims	M	20.60	21.20	21.50	21.70	19.40	20.88
	F	13.10	13.70	13.50	13.80	12.70	13.36
Jains	M	19.60	19.90	20.80	21.50	20.40	20.44
	F	12.30	13.40	13.10	13.60	13.50	13.18
Hindus	M	19.30	19.50	19.60	20.00	18.50	19.38
	F	12.10	12.80	12.40	12.90	12.30	12.50

The table shows that the Christians have the highest mean age at marriage, followed by the Sikhs, Muslims, Jains

2. Ibid, p. 107.

and the Hindus. But the majority of persons belonging to non-Hindu religious are the descedants of converts from Hinduism and despite the conversion they have not given up traditional prejudices and social customs. Perhaps this is the reason for the prevalence of child or early marriages even among the Christians in India.

If we analyse the mean age at marriage in general population of India, we find that the mean marriage age, of both male and female, is since 1921 as shown in table No. 28.

TABLE No.28  
MEAN AGE AT MARRIAGE BY SEX<sup>3</sup>  
IN INDIA, 1901-1981

Decade	Mean age at marriage	
	Males	Females
1901-11	20.44	13.04
1911-21	20.74	13.52
1921-31	18.45	12.50
1931-41	20.34	14.39
1941-51	19.93	15.38
1951-61	21.76	15.43
1961-71	22.67	17.10
1971-81	23.43	18.39

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3. Ibid, p. 103.

The above table shows that the mean age at marriage of both males and females has been rising between 1901-11 and 1911-21. The 1921-31 decade shows a marked fall in the mean age at marriage of both the sexes, presumably due to the passing of the 'Child Marriage Restraint Act', which is known as the 'Sarda Act'. After the name of its sponsor, Mr. Harbilas Sarada, was introduced in the Legislative Assembly of India, 1927. At first it was applicable to Hindu community and after the amendment in 1929 it was applicable to all the communities. The Act prescribed minimum age limit was raised to 14 years for girls and 18 years for boys. Later it was further amended in 1949 and 1976. At present the minimum age at marriage for girls is 18 years and for boys 21 years. Now a tendency towards an increase in the age at marriage has been noticed in all the communities. The female age at marriage was around 13.0 years during 1901-11 decades, has increased to nearly 18.4 years in 1971-81 and likewise for the males from about 20.4 years to nearly 23.4 years. But the mean marriage age differs according to location i.e. rural and urban, occupation, religion and socio-cultural settings etc.

On the basis of changing age at marriage of male and female it is essential to know the age at marriage of the respondents of Ajara on the basis of sex and religion. Table No. 29 shows the age group of the marriage among the respondents.

TABLE No. 29

DISTRIBUTION OF AGE GROUP AT MARRIAGE OF THE  
RESPONDENTS COUPLES

Marriage age-group	Hindus		Muslims		Christians		Jains		Total	
	Husband	Wife	Husband	Wife	Husband	Wife	Husband	Wife	Husband	Wife
15-19	6 (9.10)	25 (37.88)	-	38 (65.52)	1 (1.92)	28 (53.85)	1 (7.14)	7 (50.00)	8 (4.21)	98 (51.57)
20-24	45 (68.18)	38 (57.58)	53 (91.37)	20 (34.48)	34 (65.38)	22 (42.30)	10 (71.43)	7 (50.00)	142 (74.73)	87 (45.78)
25-29	14 (21.21)	3 (4.54)	5 (8.63)	-	13 (25.00)	2 (3.85)	3 (21.43)	-	35 (18.43)	5 (2.65)
30-34	1 (1.51)	-	-	-	4 (7.70)	-	-	-	5 (2.63)	-
Total	66	66	58	58	52	52	14	14	190	190

From the above table, it is clear that 142 out of 190 males (husbands) i.e. 74.73% got married at the age group between 20 to 24 years whereas 98 females (wives) i.e. 51.57% got married at the age group between 15 to 19 years and 87 females i.e. 45.78% got married in the age-group between 20 to 24 years.

The maximum number of males i.e. 177 out of 190 (93.15%) got married in the age group of 20 to 29 years whereas 185 out of 190 i.e. 97.36% of females got married in the age group of 15 to 24 years. It means that male gets married late as compared to females. Generally before arranging the marriage between bride and bridegroom people always try to keep five or six years age gap between the bride and the bride groom. This convention is followed in almost of all the religious communities.

If we further analyse the above figures on the basis of religion the early marriage of females in the above age group i.e. 15 to 19 years is found more among Muslims (65.52%) Christians (53.85%) and Jains (50.00%) whereas it is found less among Hindus (37.88%). As far as the number of males in the same age group is found more among Hindus (91.10%).

The most important age group of marriage for male and female is 20 to 24 years. 142 males and 87 females got married in this age group. The maximum numbers of males are

found, in Muslims (91.37%), Jains (71.43%), Hindus (68.18%) and Christians (65.38%), in the age group of 20 to 24 years. As far as females are concerned maximum number of females in this age group is found among Hindus (57.58%), Jains (50.00%), Christians (42.30%) and in Muslims it is 34.48%.

The late marriage of males and females is treated to be in the age group of 25 to 29 years. The maximum number of males in this age group is found among Christians (25.00%), Jains (21.43%) and Hindus (21.21%) and less among Muslims (8.63%) but as far as females are concerned it is found more among Hindus (4.54%) and Christians (3.85%) and nil among Muslims and Jains.

From the above figures the mean age at marriage for male comes to 22.95 years and for female, it comes to 19.44% years. The mean age of marriage of male and female respondents on religion basis can be calculated as follows :

Religion	Sex	Mean age at marriage
Hindus	M	22.75 years
	F	20.33 years
Muslim	M	22.43 years
	F	18.72 years
Christian	M	23.92 years
	F	19.50 years
Jains	M	22.71 years
	F	19.21 years



If we analyse the general average mean of male and female age of at marriage, we find that the average mean age at marriage for male (22.95%) is crossed by Christian community which comes to 23.92 years and for female average mean at marriage (19.44 years) is crossed by Hindu community (20.33 years). It means that males from Christian community and females from Hindu community are getting married late as compared to other respondents of religious communities.

If we compare mean age at marriage as shown in table No. 28 during 1971-81, in India we come to know that the mean age at marriage for male is 23.43 years and for female it is 18.39 years. But the national mean age at marriage for male is crossed only by Christian respondents (23.92 years). However, the national mean age at marriage for female is crossed by almost of all the respondents of all the concerned religious communities i.e. Hindus 20.33, Muslims 18.72, Christians 19.50 and Jains 19.21 years. It means that the age at marriage among the females is increasing day by day. Generally young males do not get married till they become economically self-sufficient on their own initiatives. Hence for self-sufficiency they are interested to take collegiate or diploma education. After completion of their graduate or post-graduate or diploma education they try to secure jobs or they start their own profession. Hence their age at marriage

increases. A well educated bride groom expects educated bride, hence parents give secondary or graduate education to their daughters, hence the age at marriage of female is increasing day by day. Though majority of the respondents are illiterate they have understood the importance of giving education to their children. But one thing is to be noted that the married couples of the respondents did not get married before puberty. Majority of the married couples thought of physical and mental maturity before their marriage. However, parents are very much interested to fulfil their parental responsibility by arranging the marriages of their daughters upto age 24 years.

Hence age at marriage can be increased only when we give higher education is given to daughters and sons. The natural way of birth control is to increase the age at marriage of both male and female.

## II) FERTILITY :

The word fertility refers to the actual reproductive performance as explained in the Multilingual Demographic Dictionary.<sup>4</sup> Generally the study of fertility is based on the sexual behaviour of a couple. The process of fertility

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4. United Nations, "Multilingual Demographic Dictionary", Population Studies, No. 29, 1958, p. 38.

is no doubt a biological process but it is determined by the societal norms and customs related to the process involved in child-bearing, e.g. age at marriage, proportion of females who are married, proportion of widows and the extent of widow remarriages, divorces and remarriages of the divorced. High fertility values have become a part of religious injunctions to breed and multiply their followers. If both male and female get married early the reproductive period is increased number of births during the fertile period and thus the fertility rate increases.

Table No. 30 shows the number of living births to the couples of the respondents.

TABLE No. 30

DISTRIBUTION OF LIVING BIRTHS TO THE COUPLES OF THE  
RESPONDENTS

No. of Births -- Religion	0	1	2	3	4	5	6	7	8	9	Total
Hindu (66)	1	2	20	22	13	5	1	1	-	1	207 (30.80)
Muslim (58)	-	-	5	10	13	18	5	4	3	-	264 (39.30)
Christian (52)	1	5	14	15	8	3	5	1	-	-	162 (24.10)
Jain (14)	-	3	1	8	1	-	1	-	-	-	39 (5.80)
Total (190)	2	10	40	55	35	26	12	6	3	1	672

The average fertility of the 190 respondents' couples can be drawn as follows :

$$\text{Average fertility} = \frac{\text{No. of total births}}{\text{No. of females}}$$

i.e.  $\frac{672}{190} = 3.54$  is the average fertility of the 190 respondents' couples.

The same formula can be applied for the average fertility of each religious' respondents' couples. It amounts to as follows :

Hindu respondents - 3.13, Muslim respondents - 4.55, Christian respondents - 3.11 and Jain respondents - 2.78. It means that the average fertility is found more among Muslim respondents (4.55) couple than the average fertility of all the respondents couple (3.54). As against it the average fertility of Hindu (3.13), Christians (3.11) and Jains (2.78) is below the general average fertility of all the respondents. Visaria, Leela<sup>5</sup> has also pointed out that the fertility of Muslims is higher than the Hindus. But we cannot agree with Heer David<sup>6</sup> that 'minority religious groups may tend to have higher fertility rates to gain more political power than the

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5. Visaria, Leela, 'Religious Differentials in Fertility in Bose, Ashish book, 'Population in India's Development, 1947-2000', p. 365.

6. Heer, David, 'Society and Population', p. 98.

majority religious community' e.g. Parsis and Jews. The average fertility of Muslim respondents is found more than the rest of the respondents because 65.52% of the females got married in the age group of 15 to 19 years as shown in Table No. 29.

Taking into consideration the total number of births of all the respondents' couples we find 264 out of 672 births i.e. 39.30% have taken place in Muslim respondents whereas 207 births i.e. 30.80% have taken place in Hindu respondents, as against them 162 births i.e. 24.10% in Christian and 39 births, i.e. 5.80% in Jain respondents have taken place.

Hence we can say that the fertility and age at marriage are not only complementary but interdependent on each other. The fertility can be reduced by increasing the age at marriage by which the duration of fertile period can be reduced to the maximum level. At the same time adoption of various measures of birth control reduces the fertility rate of giving births to children.

The age at marriage can be increased if we give higher education to males and females. It is found that highly educated male or female gets married at the age of 25 years. But illiterate and economically down trodden people do not give higher education to females. They also try to fulfil

their parental responsibility as early as possible by arranging marriages of their daughters. In this typical situation adoption of various measures of birth control is the only alternative for illiterate people to reduce the fertility rate. Hence population education plays a fundamental role in the reduction of fertility rate.

Though Ajara is a village-cum-taluka place, we do not find there any effect of modernization and westernisation. Agrarian way of life is dominated in every sphere of individual and social life. Religious feelings are found in every religious community. Hence we find the impact of traditions, customs, beliefs and values in every religious community.

Patriarchal family system is found among the respondents of Hindu, Muslim, Christian and Jain religion. Their marriage system is based on customary way. At most all the marriages are arranged with the consent of the parents. Only one example, that too from Christian respondents, of register marriage is found among all the respondents.

Generally people believe that polygamous marriage system is largely prevalent in Muslim community. But on the basis of information received from the Muslim respondents of Ajara no one had adopted polygamous marriage. When the questions were asked to the Muslim respondents regarding

polygamous marriage system they said that once upon a time it largely prevailed in the community. Even today very few examples of polygamous marriage are found only among economically higher class of the community, whose percentage is found very less. But a common Muslims cannot adopt polygamous system in a rising standard of living. Hence monogamy system is found in almost in all the respondents of four religious communities of Ajara.

The fertility rate is not only depend on the age at marriage but it is dependent on total number of births which have taken place during the fertile period and the interval between the two or more children during that period. Hence it is essential to know the interval between the two or more children among the respondents. Before that one should know after how many years the first child took birth after marriage. Table No. 31 shows the interval between the first child after marriage among the respondents.



The above table shows that 23.68% of the respondents' couples gave first birth to a child within one year whereas 14.74% of the respondents' couples gave birth to a child after one and half years after their marriage. As against to it maximum number of the the respondents' couples i.e. 43.16% gave birth to a child after two years from their marriage. It means 155 out of 190 respondents' couples i.e. 81.57% gave birth to a first child within first two years after their marriage as against it, 34 respondents' i.e. 17.89% couples gave birth to a first child after two and half years and onwards after their marriage and only one respondent is childless.

If we analyse the figures religionwise we come to know that 34.48% of the Muslim respondents' couple gave birth to a child within one year after their marriage as against it 22.73% of the Hindu respondent couples gave birth to a first child within one year after their marriage, its lowest percentage i.e. 19.24% is found among Christian respondents and no one from Jain respondents. It means that keeping an interval between first birth after marriage is found more among Jains, Christians and Hindus and less among Muslims.

As we have seen in table No. 30 that the fertility among Hindus (3.13), Christians (3.11) and Jains (2.78) is below the average fertility (3.54) of all the respondents but the fertility among Muslim respondents is above the average

fertility, it is found so, because of absence of keeping the interval between two or more children.

As we have seen earlier that the patriarchal family system is found in almost in all the respondents. The social norms in patriarchal family in India have always favoured high fertility which was necessary for the continuation of the family by giving birth to male child e.g. when a Hindu girl is married, the blessing given to her is, 'May you have eight sons'. In a Hindu family the role of a son or sons is treated to be very important for the liberation of parents' souls. According to Kapadia, K.M.<sup>7</sup> "The word 'putra' (son) means one who saves his ancestors from hell." The sons are also required to take care of their parents in their old age, hence sons are a sort of a social security measure. The same concepts regarding the position of a son or sons, have been observed by the other respondents of the concerned religious committ communities. We do not find a single ideal number regarding the total number of children in a family related to different religious groups.

From the available primary data of the respondents we can tabulate the total number of existing children among the respondents in table No. 32.

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7. Kapadia, K.M., 'Marriage and Family in India', p. 167.

TABLE No.32DISTRIBUTION OF TOTAL NUMBER OF CHILDREN  
AMONG THE RESPONDENTS

Religion.... No. of Children :	Hindu	Muslim	Christian	Jain	Total
0 to 3	45 (68.18)	15 (25.86)	33 (63.46)	12 (85.72)	105 (55.26)
4 to 7	20 (30.30)	40 (68.96)	19 (36.54)	2 (14.28)	81 (42.64)
8 and above	1 (1.52)	3 (5.18)	-	-	4 (2.10)
Total :	66	58	52	14	190

With the establishment of family planning board in 1956 and with the recommendation of Planning Commission, Government of India, government has adopted the policy of maximum three children as an ideal size of family. And on this base, if we analyse the above figures, we come to know that 105 out of 190 i.e. 55.26% respondents have their children within the range of three children. Those who wish to keep the desired size of family upto three children are found more among Jain (85.72%), Hindu (68.18%) and Christian (63.46%) respondents and they are found less among Muslim respondents (25.86%). But one thing is to be noted 55.26%

respondents have their children within the range of three children. Those who wish to keep the desired size of family upto three children are found more among Jain (85.72%), Hindu (68.18%) and Christian (63.46%) respondents and they are found less among Muslim respondents (25.86%). But one thing is to be noted 55.26% of the respondents are favourable to keep limited size of family.

Nearly 42.64% of the respondents have children between the range of 4 to 7. The highest among them are found in Muslim (68.96%), Christian (36.54%) and Hindu (30.30%) respondents whereas less among Jains (14.28%).

And only 2.10% of the respondents have right and above children. Of them are found more among Muslims (5.18%) and less among Hindus (1.52%).

We can say from these figures that ideal and desirable size of family varies according to person and from religion to religion. Hence it is essential to know the outlook towards the children of the respondents belonging to different religious communities. When the question was asked regarding the number of births given to children, respondents gave their frank opinion about it.

While studying the outlook towards family planning of the respondents it is essential to know the outlook towards

the children of the respondents belonging to the concerned religious communities. Unless and until we investigate the factors responsible for giving number of births, we cannot visualise the outlook towards the children. Table No. 33 shows the factors responsible for giving number of births to children.

TABLE No.33

DISTRIBUTION OF FACTORS RESPONSIBLE FOR  
GIVING BIRTHS RESPONSIBLE FOR GIVING  
BIRTHS TO CHILDREN OF THE RESPONDENTS

Religion	Desire of male child	God's gift	Religio- sity	Desire of female child	Inheri- tance	Total
Hindu (66)	53 (80.30)	41 (62.12)	1 (1.51)	1 (1.51)	-	96
Muslim (58)	34 (58.62)	41 (70.68)	3 (5.17)	-	1 (1.72)	79
Christian (52)	19 (36.53)	34 (65.38)	1 (1.92)	-	-	54
Jain (14)	10 (71.42)	5 (35.71)	-	-	-	15
Total (190)	116 (61.05)	121 (63.68)	58 (2.63)	1 (.52)	1 (.52)	

From the above table we can say that there is not only any one specific reason for giving births to children. But predominantly two reasons i.e. desire of male child and



Table No = 33

X axis  
1cm = 1unit

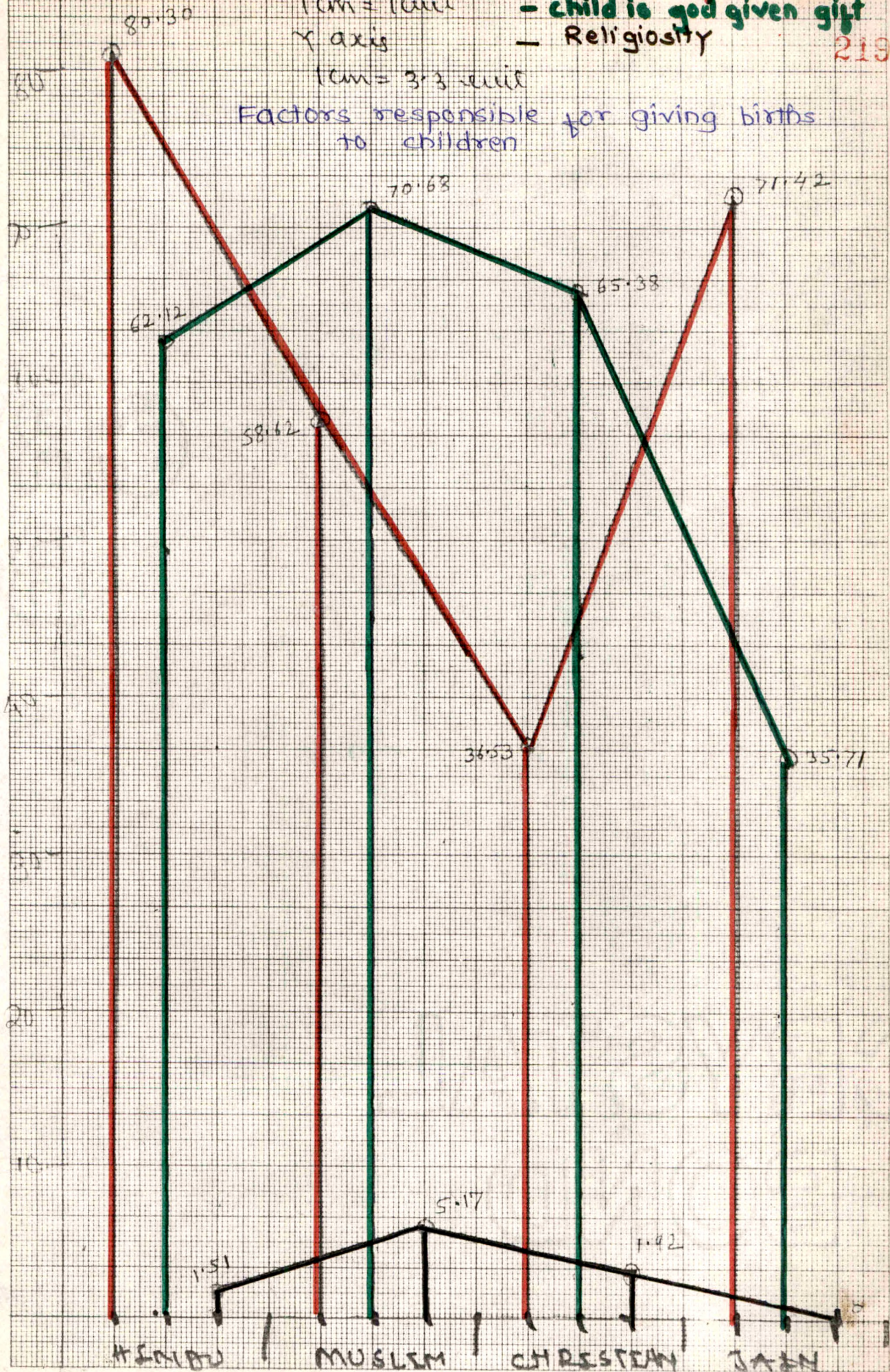
Y axis

1cm = 3.3 unit

Factors responsible for giving births to children

- Desire of male child  
- child is god given gift  
- Religiosity

219





children are God's given gift, are responsible for giving births to children among the respondents.

Nearly 63.68% of the respondents are of the opinion that children are God's given gift. This tendency is found in almost all the respondents of the concerned communities. Hence there cannot be ideal number of children in a family.

So 63.68% of the respondents think that children are God's given gift. This attitude towards children is found largely among Muslim (70.68%), Christian (65.38%) and Hindus (62.12%) whereas less among Jains (35.71%). Generally Hindu outlook towards children is predominantly accepted by the other religious respondents because majority of the Muslim, Christian and Jain respondents are converted from Hinduism in ancient times.

Another most important factor responsible for giving births to children is desire of male child. Nearly 61.05% of the respondents expect male child for continuation of family. As we have already seen that patriarchal family system is prevailing among almost all the respondents. The continuation of patriarchal family runs only through male children means to save the ancestors from hell. The sons are also required to take care of their parents in their old age. Hence sons are treated to be the means of social security. It is assumed

that the eldest son takes the responsibility of family after the unexpected death of his father. It means that son has got fundamental position than the daughter in patriarchal family system. Hence desire of male child is one of the basic factors responsible for giving births to number of children. This concept is not only found in Hindu community but even among Muslims, Christians and Jains. The respondents, who gave births to number of children with the intension of fulfilling the desire of male child, are found more among Hindus (80.30%), Jains (71.42%), Muslims (58.62%) and little less among Christians (36.53%).

But now-a-days medical sciences predict a male or female child before delivery. Recently Government of Maharashtra<sup>8</sup> took a decision to ban the pre-identification of male or female child. Because it may lead to abortion if that child is pre-identifies as female and thus it will affect natural balance.

Very few respondents i.e. 2.63% gave births to children as if it is a religious order to increase the number of followers of particular religious ideology. Such

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८. 'सकाळ', दैनिक वृत्तपत्र, कोल्हापूर, १ जानेवारी, १९८८ -  
गर्भजल परीक्षा करण्यावर बंदी घालण्याचा निर्णय महाराष्ट्र  
सरकारने घेतला.



respondents are found more among Muslim (5.17%) and less among Christian (1.92%) and Hindu (1.51%).

Hence, view that children are God's given gift and 'desire of male child' are the two important factors responsible for giving births to number of children. But religiosity is the negligible factor responsible for increasing the fertility rate.

However, one should know the outlook or attitude towards children inconnection with increasing the fertility rate which has been shown in table No. 34.

TABLE No. 34

DISTRIBUTION OF OUTLOOK TOWARDS CHILDREN

Religion	God's gift	Labour force	Inheri- tance	Protection	Total
Hindu	20 (30.30)	3 (4.54)	50 (75.75)	32 (48.48)	105
Muslim	13 (22.41)	8 (13.79)	48 (82.75)	9 (15.51)	78
Christian	38 (73.07)	1 (1.92)	15 (28.84)	6 (11.53)	60
Jain	2 (14.28)	2 (14.28)	8 (57.14)	5 (35.71)	17
Total :	73 (38.42)	14 (7.36)	121 (63.68)	52 (27.36)	260

# Distribution of outlook towards children

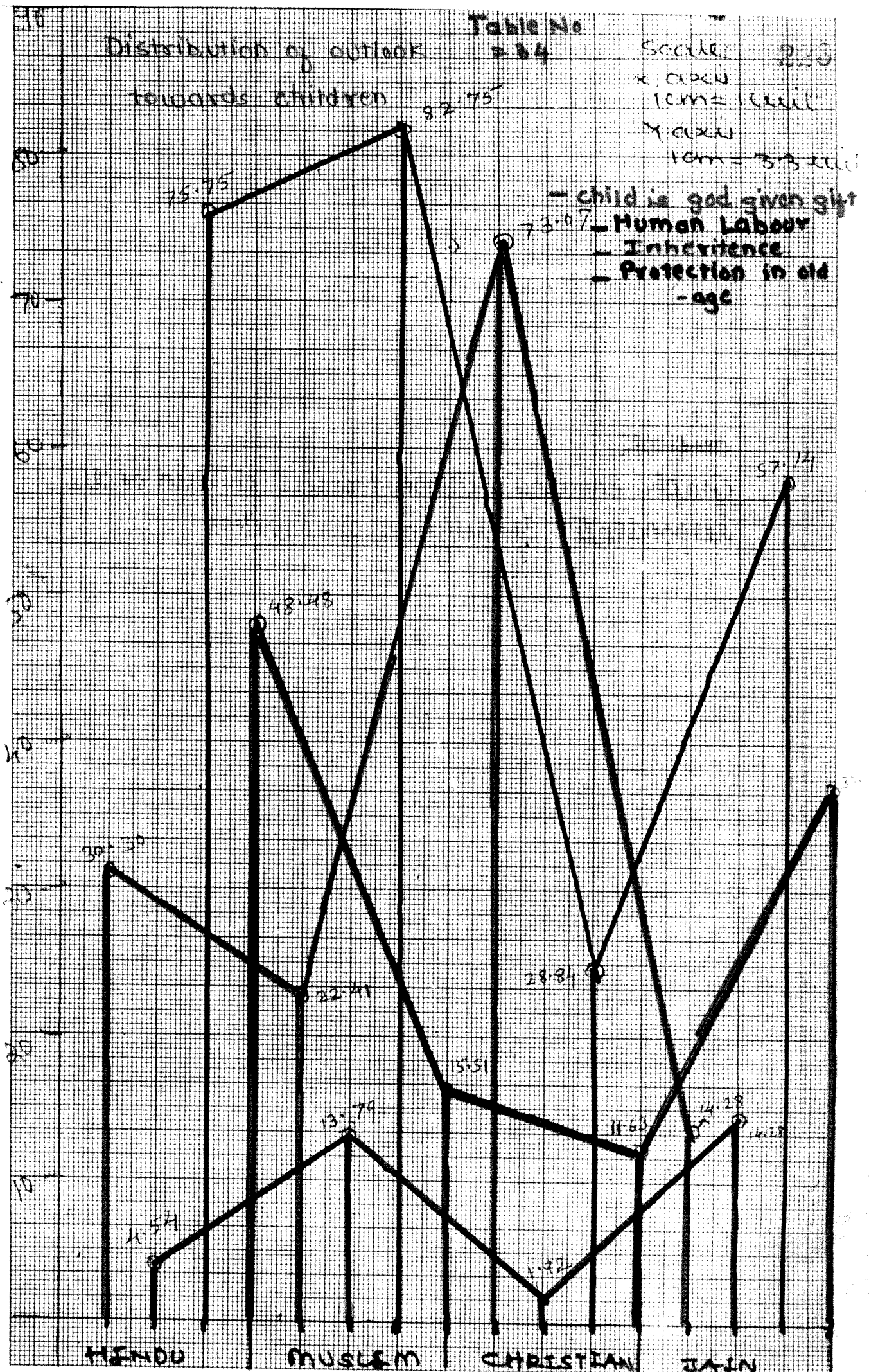
Table No  
= 34

Scale: 2.5

x axis 1cm = 1 unit

y axis 1cm = 3.3 units

- child is god given gift
- Human Labour
- Inheritance
- Protection in old age



From the above table it is apparent that the respondents look towards children from different angles. One of the angles is inheritance of family. Nearly 63.68% of the respondents look towards children from the view of family inheritance. Marriage is an universal basic institution of human society which acts as an institution of societal heritage. Society is not only a collection of individuals but it is an assemblage of families which come into existence only after socially approved marriage between two different sexes. But family inheritance is continued when the couple has got a male child in patriarchal family. Hence desire of male child and inheritance of family are not only complementary but interdependent upon each other. Legitimacy of birth is approved only when the marriage is socially sanctioned by the community. Sometimes childless couple tries to adopt a child only because of inheritance of family. Hence 63.68% of the respondents look towards their children as a means of family inheritance. The respondents of this attitude are found more among Muslims (82.75%), Hindus (75.75%) and Jains (57.14%) and less among Christians (28.54%).

Nearly 38.42% of the respondents look towards children as a God's given gift, which is the main factor responsible for giving births to number of children. They think that to reject the God's offer means to do the activity against God's will, which is called as a sin. Such outlook

is found more among Christians (73.07%) and Gubdys (30.30%) and less among the Muslims (22.41%) and Jains (14.28%).

Nearly 27.36% of the respondents look towards children as protection in their old age. Generally in old age parents become not only economically weak but physically too, hence they require help from their sons and daughters for their protection. Specially sons are treated to be the means of protection which is known as social responsibility of the children. Parents procreate the children with the intention that they will look after their parents when they will become weak. This attitude is found more among Hindus (48.48%) and Jains (35.71%) whereas less among Muslims (15.51%) and Christians (11.53%). Generally the problems of aged people are found more among nuclear type of family than the joint family. As we have seen that the joint family system is predominantly found among Muslims and Christians than the Hindus and Jains. Hence protection of aged people is just possible in joint family system, which is not possible in the nuclear, which type of family. Hence the respondents belonging to Hindu and Jains look towards children as a mean of protection of aged people.

The economically active population is that part of man power which actually takes part, or tries to take part, in the production of goods and services. Hence it is, therefore, accepted that only those who can produce goods and services constitute the man power not only of any family but to the nation as a whole. So labour force occupies an important position in the field of population growth. Human labour is the main source of family or individual income. Once upon a time manual labour was the basic factor responsible for production. In modern era mechanical power as well as human labour are considered in a such way that the speed and quality of various agricultural and non-agricultural products increases. But in most parts of rural India agricultural products are produced with the help of human and animal power. Hence 7.36% of the respondents look towards their children as a labour force to achieve income for the maintenance of family. The respondents of this opinion are found more among Jains (14.28%) and Muslims (13.79%) and less among Hindus (4.54%) and Christians (1.92%). But due to development of science and technology automatic machines are used in every sphere of production, hence the problem of unemployment is faced by the youths. So majority of the respondents have understood the importance of limiting the size of family.

But it is essential to know how many respondents know the objectives of the marriage of their religious ideology at the same time it is essential to know the outlook of the respondents towards marriage. Table No. 35 shows the objectives and outlook towards marriage of the respondents.

TABLE No. 35

DISTRIBUTION OF OBJECTIVES AND OUTLOOK TOWARDS MARRIAGE AMONG THE RESPONDENTS

Religion	Religi- ous duty	Progeny	Sexual satis- faction	Procre- ation	Inhe- ritance	Not know
Hindus (66)	51 (77.27)	16 (24.24)	9 (13.63)	6 (9.09)	-	2 (3.03)
Muslims (58)	41 (70.68)	9 (15.51)	1 (1.72)	2 (3.44)	1 (1.72)	7 (12.06)
Christians (52)	28 (53.84)	22 (42.30)	3 (5.76)	1 (1.92)	1 (1.92)	1 (1.92)
Jains (14)	2 (14.28)	4 (28.57)	8 (57.14)	-	-	3 (21.42)
Total (190)	122 (64.21)	51 (26.84)	21 (11.05)	9 (4.73)	2 (1.05)	13 (6.84)

It is interesting to note that 6.84% of the respondents do not know the objectives of marriage institution. Of them are found more among Jains (21.42%) and Muslims (12.06) and less among Hindus (3.03%) and Christians (1.92%). Whereas rest of the 177 i.e. 93.16% of the respondents have given preference to objectives of the marriage institution.

Nearly 64.21% of the respondents are of the opinion that marriage is a religious duty. They think that every person should get married as if it is a religious function or duty in his span of life. No one should remain unmarried till the end of life. Hence marriage ceremony is performed in accordance with religious convention in every religious community. Though marriage is treated as a sacrament or a civil contract, it has very important place in the life human beings, because sanctity of marriage ceremony is kept in every religious community. The marital life and parenthood is achieved only after the marriage and giving births to children. The respondents, who treat marriage as a religious duty, are found more among Hindu (77.27%), Muslim (70.68%) and Christian (53.84%) and less among Jain (14.28%).

No doubt, marriage institution is found in almost of all the societies of all the periods, hence it can be called as an universal institution, but it cannot be a private institution because it performs some social duties in maintaining social stability and harmony. But the objectives of marriage institution differ from individual to individual and from religion to religion. The above table shows that the 26.84% of the respondents get married with intention to give births to children. Reproduction is no doubt an essential function for the continuity of society as well as family, but it should be in a such way that social stability and harmony

should not be disturbed. Legitimacy of birth can be achieved only through marriage. Childlessness is treated as a sinful activity in the community. Hence progeny, i.e. giving births to children, is the main objective of marriage institution in every religious community. The respondents of this opinion are found more among the Christians (42.30%), Jains (28.57%) and Hindus (24.24%) whereas less among Muslims (15.51%).

The social institutions of marriage and family arise out of the efforts made by mankind to adjust their activities with a view to satisfy their primordial appetite for sex-love. The institution of marriage tries to regulate the sexual acts of persons living in a group. The control of sex impulse is the primary function performed by the institution of marriage. Marriage is treated to be the sexual union of man and woman. The sex impulse is universal among all sorts of people its intensity has got immense range and it is continuous with the people unlike animals. Because of these qualities it is quite essential to regulate sex impulse in the interests of individual and society. As the satisfaction of sex-impulse is attended with good as well as bad results, it cannot be left unchecked on the ground that it is a natural urge. Taking into account the necessity of societal control on the free play of sex-impulse mankind has evolved many ways to achieve that aim. But it is essential to know whether satisfaction of sex desire is the ultimate objective of marriage institution.



The above table shows that 11.05% of the respondents look towards marriage institution as a means of fulfilling the sex desire. The respondents of this opinion are found more among Jains (57.14%), Hindus (13.63%) and less among Christians (5.76%) and Muslim (1.72%). But as compared to other objectives of marriage institution satisfaction of sex desire has got a secondary place and not the primary one.

Only by giving births to children the social functions of marriage and family institutions cannot be fulfilled. These two basic institutions have to perform social responsibilities than the individual. The stability and harmony of family is primarily depend on stability and proper functioning of marriage institution procreation and upbringing of children are the fundamental objectives of marriage and family institutions. But if we analyse the figures, we come to know that 4.73% of the respondents give preference to procreation of children. Of them are found more among Hindus (9.09%), Muslims (3.44%) and less among Christians (1.92%) and nil among Jains.

Nearly 1.05% of the respondents are of the opinion that marriage is such a institution which tries to keep and preserve the heritage of family institution. Continuity of race and heritage are the basic functions of marriage institution. The respondents of this opinion are found only

among Christians (1.92%) and Muslims (1.72%),

From the analysis of marital information of the respondents we can say that the fertility is found more among the Muslim respondents followed by Hindus, Christians and Jains. The ideal and desirable size of family among Hindus, Christians and Jains constitutes of three children whereas among Muslims it constitutes of five children. Majority of the respondents believe that children are God's given gift and to reject this gift means to act against the will of the God. Desire of male child is another important factor responsible for giving number of births to children in patriarchal system of family. Day by day age at marriage of both male and female is increasing but the interval between the two or more children varies according to individual and religious communities. Taking into consideration the total number of births among the respective respondents, we can say that the interval between the two or more children is found very less among Muslim respondents than the respondents of Hindus, Christians and Jains. Majority of the respondents look towards children as a means for inheritance, God's given gift and protection for aged parents. Though marriage is treated to be a religious duty in almost of all the respondents, they think that progeny and satisfaction of sex desire are the primary objectives of marriage institution. Very few

respondents are in favour of procreation and upbringing of children. Without improving the general condition of children the marital and family life have no significant place in societal life. If marriage and family institutions do not perform their social responsibility there would be chaos in social life of an individual, which may lead to instability of family, dissatisfaction of life and mental torture. Hence people should think about family welfare. Too many children lead to starvation. In a rising standard of living one should have limited size family, where family planning programme plays an important role not only in the improvement of family life but in the development of national life. Hence it is essential to know the outlook towards family planning of the concerned respondents.

ANALYSIS OF INFORMATION RELATED TO FAMILY PLANNING  
OF THE RESPONDENTS

As we have seen in Chapter No. II that family planning is one of the most important new discoveries whose potential benefits are enormous in the interest of the human race and especially, in progressive - evolutionary processes that build up advanced society and nations. It goes without saying that (1) family planning controls the present rate of the growth of population, (2) family planning acts as an aid to under-developed countries to raise the economic, educational and normal human standards of living among the majority of the people (3) family planning acts as a means to improve human quality, (4) it is an aid to achieve happiness in marriage and enjoy enlightened parenthood, (5) family planning is a dynamic aid for medical and social change in India, which is facing urgent and important problems, (6) family planning is an aid to create children who are wanted, loved and cherished.

But the most important aspect of family planning programme today that concerns those who are responsible for its implementation is to understand ways to disseminate this information to the millions of illiterate and widely spread out rural population. It is required to inform and instruct

them that children can be conceived by choice and not by chance. For awakening this understanding amongst the people, the responsibility rests with those who are concerned with people's welfare. Hence family planning is a means to achieve the end and not an end in itself. And in this context it is not only essential to know the outlook towards family planning but also how many people know the various contraceptives of birth control.

After analysing the information regarding family and marital life of the respondents, we have come to conclusion that the size of family is dependent upon the fertility, the age at which the female marries, the period for which the marriage remains fertile and the number of children born during the marital life of the concerned couples of the respondents. At the same time we have seen that the number of children born during the marital life is dependent basically upon the attitude towards the bearing of children, ideal and desirable size of family, form of marriage, interval between the two or more children, factors responsible for giving births to number of children, objectives of marriage and some of the social practices, hopes, beliefs, institutional values and motives prevailing in concerned religious communities. If we could change these attitudes invariably there will be decline in fertility rate and thus size of family will become smaller. It is very important to note that there is a close relationship between sex behaviour and the reproductive ideals in every society,

which is to be controlled by various measures of birth control. Hence it is essential to know the outlook towards family planning of the concerned respondents on the basis of religion, because religion plays an important role in determining the marital familial, cultural and social life of the respondents.

First of all we should know whether family planning measures should be adopted by both i.e. wife and husband or not. Because it will be most effective if the family planning measures are adopted by the couples to limit the size of family. Table No. 36 gives the idea in favour and against the use the measures of birth control by the couples.

Table No. 36

Distribution of adoption of family planning measures by the couples.

Religion	In favour	Against
Hindu (66)	38 (57.57)	28 (42.43)
Muslim (58)	22 (37.93)	36 (62.07)
Christian (52)	18 (34.62)	34 (65.38)
Jain (14)	14 (100.1)	-
Total (190)	92 (48.43)	98 (51.57)

It is interesting to note that 48.43% of the respondents are infavour of adopting the measures of birth control (both i.e. wife and husband) whereas 51.57% of the respondents are against adopting such measures, by both. These respondents are of the opinion that either of them i.e. either wife or husband should adopt the measures of family planning.

Those, who are infavour, are found more among Jains (100%) and Hindus (57.57%) and less among Muslims (37.93%) and Christians (34.62%) whereas those who are against are found more among Christians (65.38%) and Muslims (62.07%) and less among Hindus (42.43%) and nil from Jains.

The respondents who are infavour to adopt the measures of birth by both from the couple think that there should not be any chances of giving birth to a child, but if they desire they should not use them. Hence these respondents are of the opinion that children can be conceived by choice and not by chance. But these respondents know the various measures of contraceptives of birth control.

The respondents, who are against to adopt the measures of birth control by both from the couple, do not know various measures of birth control but know only sterilization. Hence they are not infavour of adopting sterilization by both i.e. wife and husband. These respondents give preference to have sterilization operation by wife only and at the same time wife

does not encourage here husband to have sterilization operation because she thinks that her husband is the only earning hand and if he fails to earn by adopting the sterilization the whole family will have to face many economic problems. Hence she herself prefers to adopt sterilization than her husband. Hence due to lack of knowledge of various measures of family planning and knowing only sterilization 51.57% of the respondents are against adopting the measures of birth control by both from the couples.

But before analysing the outlook towards family planning it is essential to know how many respondents know the various measures of birth control as explained in Chapter No.V Table No.37 shows the measures of birth control known by the respondents.



Table No. 37

Table showing the measures of birth control known by the respondents.

Religion	Rise in age at marriage	Self control	Nirodh	Sterilization	Loop	Coper T.	Pills
Hindu (66)	13 (19.69)	8 (12.12)	9 (13.63)	55 (83.33)	1 (1.52)	-	-
Muslim (58)	4 ( 6.89)	3 ( 5.17)	2 ( 3.44)	57 (98.27)	-	1 (1.72)	-
Christian (52)	5 ( 9.61)	11 (21.15)	-	34 (65.38)	1 (1.92)	1 (1.92)	-
Jains (14)	1 ( 7.14)	-	1 ( 7.14)	12 (85.71)	-	-	-
Total (190)	23 (12.10)	22 (11.57)	12 ( 6.31)	158 (83.15)	2 (1.05)	2 (1.05)	-

The above table shows that 83.15% of the respondents know sterilization method of birth control, hence it is most popular in rural areas. It is because of special sterilization camps always arranged by the department of health and family planning come under Zilla Parishad and Panchayat Samitees at various places in the jurisdiction of Taluka every year. In the meetings of Zilla Parishad and Panchayat Samitees certain targets of sterilization are fixed and allotted to concerned Panchayat Samitees, which are to be fulfilled by the concerned Samitees by arranging special sterilization camps. During these special sterilization camps the concerned department gives some financial help or some other material benefits to those who have undergone sterilization operation. With the help of local authorities the Panchayat Samitee fulfils the expected targets. Majority of the people think that family planning means only adoption of sterilization. Generally poor and illiterate people are more inclined towards sterilization than the other methods of birth control. Sterilization measure is known by all the respondent with high percentage e.g. Muslims 98.27% Jains 85.71%, Hindus 83.33% and Christians 65.38% .

In comparison with sterilization other means and methods of birth control are known to very few respondents. 12.10% of the respondents know that rise in age at marriage is the natural way of limiting the size of family. Of them are found more among Hindus (19.69%) and less among Muslims (6.89%), Jains (7.14%) and Christians (9.61%). But if the respondents are

highly educated and know about population education they can understand the better ways of limiting the size of family by increasing the age at marriage.

Nearly 11.57% of the respondents know self control measure for limited size of family, but it also requires higher education or population education. Such respondents are found more among Christians (21.15%) and Hindus (12.12%) and less among Muslims (5.17%) and nil among Jains. Self control is a method of abstinence, suggested by M. Gandhi. Those who do not know any measures of birth control they adopt the policy of self control. But it requires control over mind, which is not possible as far as poor and illiterate respondents are concerned.

Nearly 6.31% of the respondents know about condom i.e. Nirodh. Generally highly educated couples and most advanced couples use condom, but some couples object to the use of the condom from the aesthetic point of view. As we have seen already poor and illiterate people prefer sterilization, hence they do not know and use the condom. The respondents who know about condom, are found more among Hindus (13.63%) and less among Jains (7.14%) and Muslims (3.44%) and nil among Christians.

Lastly 1.05% each of the respondents know about Loop and Coper T.

From the above table we can say that the department of health and family planning gives more attention towards sterilization than other measures of birth control. If we give more knowledge about other contraceptives we need not required to concentrate on sterilization. In this context population education plays a fundamental role in the process of birth control.

But knowing the various contraceptives of birth control is different from actual practice of using the contraceptives. Table No. 38 shows that how many respondents actually practice the various measures of birth control in their marital life.

Distribution of practising the contraceptives among the respondents

Religion	Do you practice the contraceptives		If, it is so, which measure			
	Yes	No	Self control	Nirodh	Sterilization	Copper T. Pills
Hindu (66)	62 (93.93)	4 ( 6.07)	4 ( 6.45)	8 ( 8.06)	51 (82.25)	1 ( 1.62)
Muslim (58)	47 (81.04)	11 (18.96)	-	2 ( 4.25)	45 (95.75)	-
Christian (52)	39 (75.00)	13 (25.00)	3 ( 7.69)	5 (12.83)	31 (79.48)	-
Jain (14)	5 (35.72)	9 (64.28)	-	-	5 (100.00)	-
Total (190)	153 (85.53)	37 (19.47)	7 ( 4.57)	12 ( 7.84)	132 (86.27)	1 ( .66)
38 A		38 B				



Table No  
= 38

Scale

X axis

1cm = 1 unit

Y axis

1cm = 5 unit

Practise of various  
contraceptives

- Self control  
- Condemn  
- Sterilization

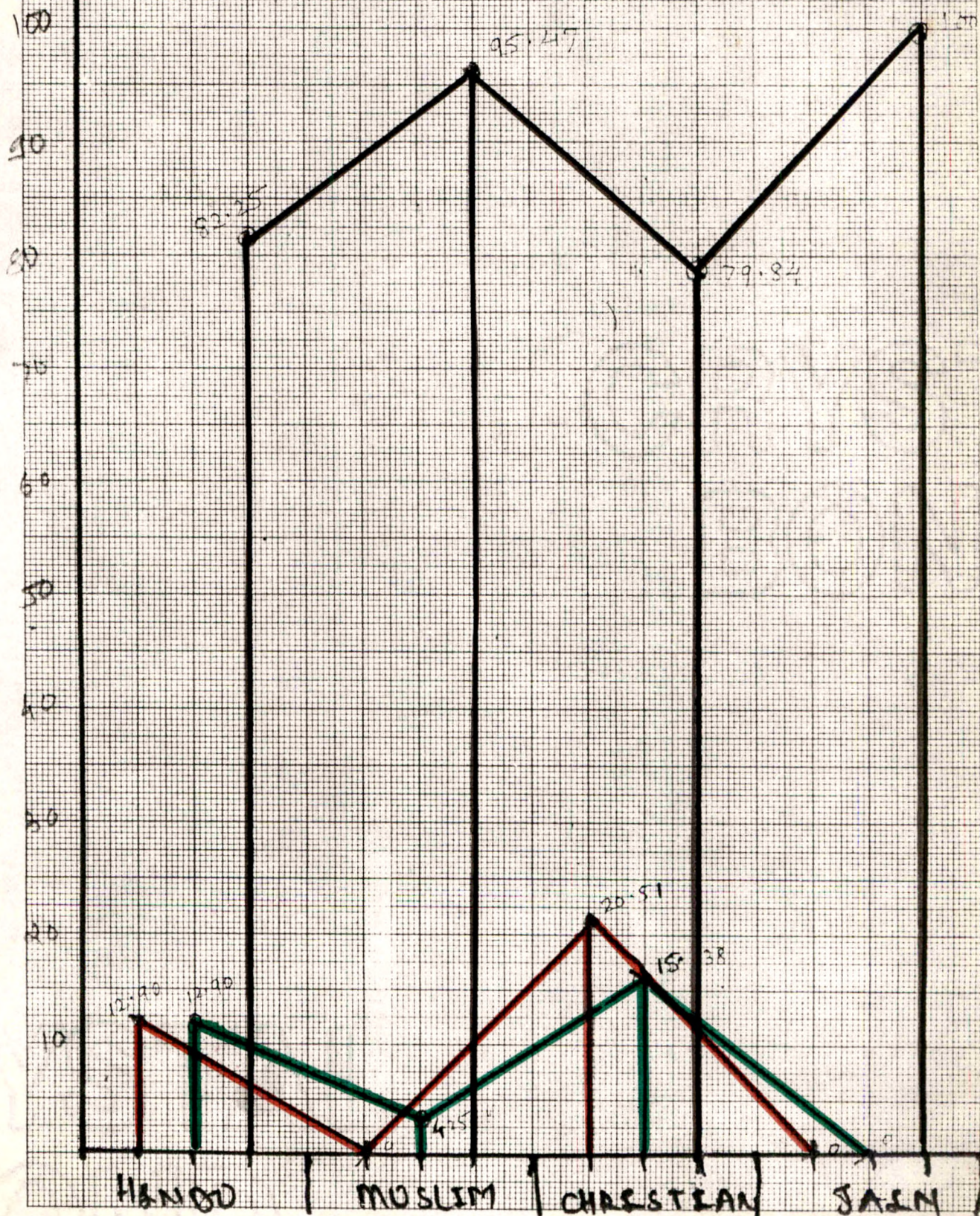




Table No. 38 (A) shows that 83.53% of the respondents are using the various contraceptives in their marital life for limiting the size of family, of them are found more among Hindus (93.93%), Muslims (81.04%) and Christians (75%) whereas less among the Jains (35.72%). As against it 19.47% of the respondents do not use any measure for birth control because they are either recently married or they are aged. Of these are found more among Jains (64.28%) and Christians (25%) and few among Muslims (18.96%) and Hindus (6.07%). Those, who do not use the contraceptives are of the opinion that unless they complete the expected desirable and ideal size of family, they don't like to use the contraceptives, but afterwards they will use any suitable device for birth control. Some of the respondents desire the male child for the continuity of their race, hence they don't like to use the contraceptives. Some of them recently married couples do not enjoy sexual satisfaction by using the contraceptives and very few respondents' couple are childless, hence they do not use any contraceptives for birth control. However, it doesn't mean that they are totally opposing the family planning programme. The investigator did not find any social opposition to the family planning programme. They are willing to accept the measures at suitable time without any hesitation.

The table further shows (38 B) that 86.27%, of those, practising the measures of birth control adopt sterilization method for limiting the size of family. As we have already seen in table No. 37 that sterilization is the most popular measure known by the respondents, hence 86.27% of the concerned respondents adopt sterilization in practice for birth control. With high percentage i.e. Jains 100%, Muslims 95.47%, Hindus 82.25% and Christians 79.48%. We know that Ajara is a rural area where agriculture is a main occupation. It has been investigated that the fertility rate is found more among rural area than the urban, on the same time, according to Driver<sup>1</sup> E.D. the wives of unskilled workers, artisans, and agriculturists have higher fertility than the wives of clerks. It means that cultivators, labourers and such manual workers have higher fertility than the non-manual workers. So also the fertility is found more among illiterates than the literates. Governmental agencies organise various sterilization camps at various places by giving some financial assistance to sterilized person. Hence 86.27% of the concerned respondents have adopted sterilization measure for birth control.

In comparision with sterilization other devices of birth control are used by few respondents. Nearly 7.84% of the concerned respondents use condom as a means of birth control. Of them are found more among Hindus (8.06%), Christians (12.83%) and

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1. Driver, E.D. 'Fertility in central India', 1963, p. 93



less among Muslims (4.25%). Those, who use the condom i.e. Nirodh, belong to literate class and have economically sound position. With the help of mass and telecommunication condom has been made much popular in younger generation.

As far self control i.e. method of abstinence is concerned 4.57% respondents use this measure for birth control. Of them, respondents are found only among Christians (7.69%) and Hindus (6.45%). Generally this measure is widely prevalent in highly educated respondents. Those, who have control over sex desire, adopt this measure of birth control.

As far as copper T and pills are concerned .66% each of the concerned respondents use these contraceptives, that too only among Hindus (1.62%). But generally the pills become unacceptable when it leads to side effect e.g. giddiness, nausea, gaining in weight, headache and depression, suppression of lactation, etc. Since introduction of new type of Intra-uterine Device (IUD) the Copper T is becoming popular in rural areas.

By taking into consideration the various measures of contraceptives adopted by the respondents we come to conclusion that many of the respondents do not know other measures of birth control than sterilization. It is essential to make other devices more popular through audio-visual aids or by arranging special exhibition of all the devices of birth control. Majority of the people have understood the importance of limited size of family

to achieve the target of family welfare. After completion of ideal and desirable size of family i.e. maximum 4 or 5 children many people are willing to accept the devices of birth control. There is no total opposition to family planning programme .

Table No. 39

Distribution of respondents' opinions to who should undergo sterilization

Religion	By male/ husband	By female/ wife	By both	By either of them
Hindu (66)	12 (18.18)	49 (74.25)	5 ( 7.57)	-
Muslim (58)	3 ( 5.18)	55 (94.82)	-	-
Christian (52)	11 (21.15)	41 (78.85)	-	-
Jain (14)	2 (14.28)	7 (50.00)	2 (14.28)	3 (21.42)
Total (190)	28 (14.75)	152 (80.00)	7 ( 3.68)	3 ( 1.57)

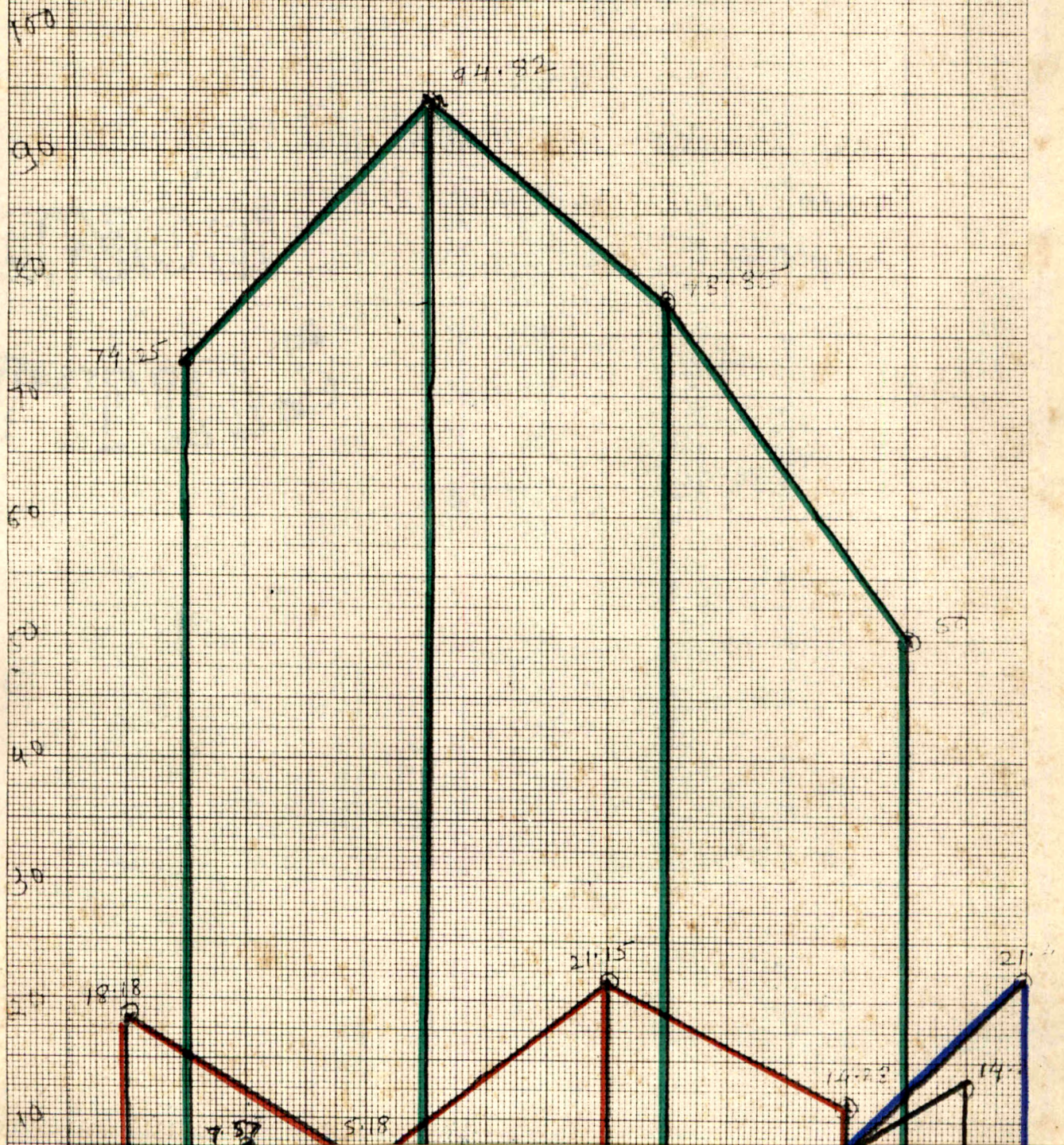
The above table shows that 80% of the respondents are of the opinion that sterilization measure should be adopted by female i.e. by wife. This tendency is found in almost of all the respondents of the concerned religious communities i.e. Muslims 94.82%, Christians 78.85%, Hindus 74.25% and Jain 50%. While



Y axis  
1cm = 5 units

248

Graph showing distribution of the  
respondents opinions who should undergo  
sterilization





analysing the approach towards female sterilization, it is essential to know the approach of husband towards wife and of wife towards husband. Generally in patriarchal family system husband/father is not only the guardian of all the family members but he is the main source of income from any section of the community. It is essential to identify the eligible couples and ask them to adopt any suitable measure for birth control.

As we have already seen that 86.27% of the concerned respondents have adopted sterilization measure for birth control. But sterilization operation can be undergone by males (known as vasectomy) or by females (known as Tubectomy). However it is essential to know whether sterilization operation may be adopted by male (husband) or by female (wife). Sterilization is a permanent type of contraceptive which interrupts the passage of the sex cells. In fact, it may not be an exaggeration to say that the term family planning as understood by the common people is synonymous with sterilization in rural areas due to organising of special camps of sterilization in every year by the department of health and family planning. Table No. 39 shows the opinion of the respondents as to who should undergo sterilization. By this table we can know the outlook towards vasectomy and Tubectomy in the respondents.

The financial authority, economic policies and distribution of wealth and income are vested in father/husband. If he fails to perform his fundamental economic activities after adopting male sterilization the whole family will have to face many problems in protecting the interests of family members. Hence he does not try to adopt sterilization measure on his own initiative.

Generally husband performs physically hard work in his occupation or profession. Manual labour is the only source of income as far as rural area is concerned. But if he fails to perform his physical hard work due to male sterilization, he may not be able to perform his laborious work and whole family will sustain the economic difficulties. Hence he asks his wife to adopt sterilization.

As against it in patriarchal family system the status of woman is subordinate to man. Generally wife always takes utmost care of her husband. She always thinks that her husband should live longer period than herself. She never expects the widow hood in her life. Hence wife always prefers to adopt sterilization than her husband. She always ~~tm~~ tries to keep the interest of her husband in fulfilling the basic requirements of the family as a whole. Wife always treats her husband as her God and serves him whenever he is in difficulty. Hence she is not interested in the fact that, her husband should be in any difficulty by way of his sterilization.

So also wife or female performs very light work i.e. which is not physically laborious work. Even if she does not perform any work, the family will not face any economic problem as compared to her husband. Hence she prefers to adopt sterilization on her own initiative. With this discussion we can say female sterilization is much more popular in rural areas.

Irrespective of it, 14.75% of the respondents are infavour of male sterilization. This outlook is found more among Christians (21.15%), Hindus (13.18%) and less among Jains (14.28%) and Muslims (5.18%). Generally the respondents who give equal status and opportunities to both wife and husband, adopt male sterilization. Education plays an important role in changing the traditional outlook towards male sterilization. Because they are aware that there would not be any physical consequences by adopting sterilization measures. Generally wife always tries to perform the internal responsibility of family institution e.g. cooking, attention towards children, care of children and other household matters, whereas husband tries to fulfil the external responsibilities of family. If wife fails to perform the internal responsibility due to her sterilization operation, the husband will have to look after the external and internal matters of the family as a whole, which is very difficult task for him. These respondents know that male sterilization is more simple and less consequential measure than the female sterilization. Hence 14.75% of the

respondents are infavour of male sterilization. These respondents always try to protect the interest of these wives. But the percentage of male sterilization appears to be less , in the initial stage after introducing sterilization in India as shown in table No. 4 in Chapter No. 3 . However nowadays the percentage of male sterilization is increasing not only in urban areas but even in rural areas.

It is interesting to note that 3.68% of the respondents are of the opinion that sterilization measure should be adopted by the both wife and husband. Such respondents are found only among Jain (14.28%) and Hindus (7.57%). These respondents are of the opinion that only male or only female sterilization will be injustice to either of the sex. Wife and husband will have to share the benefits or consequences of sterilization equally, because both are life partners to each other, hence both should adopt sterilization measure for birth control. Such outlook is found in younger generation who are more inclined towards modernization and demoratisation of a family.

Lastly 1.57% of the respondents, and that too only from Jain community (21.42%) are of the opinion that the sterilization measure should be adopted either by husband or wife, taking into consideration of their health on mutual understanding. These respondents are against joint sterilization measure.

With this discussion we come to know that there is no social opposition from any section of the community either to sterilization or to any other contraceptive of birth control. Though majority of the respondents are poor and illiterate they have understood the importance of using the contraceptives, specially sterilization for limiting the size of family. But it is essential to give advanced measures of birth control with explaining the advantages and disadvantages of each and every contraceptive to the eligible couples of rural areas.

Though 80% of the respondents are in favour of female sterilization it is essential to know how many of them actually adopted sterilization and that too after how many children they have adopted. it. Table No. 40 shows the distribution of respondents who have actually adopted the sterilization after the number of children.



Distribution of the respondents who have actually adopted the sterilization after how many children.

Religion	Sterilization		Adopted after number of children					+
	Adopted	Non Adopted	2	3	4	5	6	7 & above
Hindu (66)	51 (77.27)	15 (22.53)	12 (23.52)	20 (39.21)	11 (21.56)	5 ( 9.80)	1 ( 1.96)	2 ( 3.92)
Muslim (58)	46 (79.32)	12 (20.68)	3 ( 6.52)	7 (15.21)	11 (23.91)	16 (34.78)	5 (10.68)	5 ( 8.69)
Christian (52)	32 (61.54)	20 (38.46)	6 (18.75)	11 (34.37)	6 (18.75)	5 (15.62)	3 ( 9.37)	1 ( 3.12)
Jain (14)	5 (32.72)	9 (64.28)	1 (20.00)	3 (60.00)	-	-	1	-
Total (190)	134 (70.53)	56 (29.47)	22 (16.42)	41 (30.59)	28 (20.29)	26 (19.41)	10 ( 7.46)	7 ( 5.23)

The above table shows that 70.53% of the respondents' couples have adopted the sterilization as against it 29.47% of the respondents' couples have not adopted the sterilization, but some of them have adopted other measures of birth control like Nirodh, Safe period, Self control, Pills etc. Those who have adopted sterilization are found more among the Muslims (79.32%), Hindus (77.27%) and Christians (61.54%) whereas less among Jains (32.72%). It means that sterilization is most popular and effective measure of birth control among the illiterate and poor respondents.

Those who did not adopt sterilization but adopted other means of birth control are found more among Jains (64.28%) Christians (38.46%) and less among Hindus (22.73%) and Muslims (20.68%). But some of the respondents who got recently married did not use any of the contraceptives, however the percentage of recently got married couples among the respondents is very less.

Though 70.53% of the respondents couples adopt sterilization it is essential to know after howmany children they have adopted the sterilization. Government's population policy expects three children as an ideal size of family and at the same time government expects three years interval between the two children. If we classify the figures mentioned in

Table No. 40, broadly into three categories who have adopted sterilization, we get clear picture of the respondents when they adopted sterilization as shown in table No. 40.1.

Table No. 40.1

Categorically distribution of the concerned sterilised respondent's couples into number of children

Religion	Upto 3 children	From 4 to 5 children	From 6 to 7 and above children	Total
Hindu	32 (50.80)	16 (29.63)	3 (17.65)	51
Muslim	10 (15.87)	27 (50.00)	9 (52.95)	46
Christian	17 (26.98)	11 (20.37)	4 (23.52)	32
Jain	4 ( 6.35)	-	1 ( 5.88)	5
Total	63 (47.02)	54 (40.30)	17 (12.68)	134 100

The above table shows that the desirable size of family differs from individual respondents and with religious respondents. Nearly 47.02% of the respondents' couples have adopted sterilization after 3 children as expected by the government. Of them are found more among Hindus (50.80%) and Christians (26.98%) and less among Muslim (15.87%) and Jains (6.35%).

As against it 40.30% of the concerned respondents couples have adopted sterilization after 4 or 5 children. Of them are found more among Muslims (50%) and Hindus (29.63%) and less among Christians (20.37%) and none from Jains.

Whereas 12.68% of the respondents couples have adopted sterilization after 6 or 7 or above children. Of them are found more among Muslims (52.95%) and Christians (23.52%) and less among Hindus (17.65%) and Jains (5.88%).

It means that the ideal desirable average size of family among Hindus, Christians and Jains amounts to 3 or 4 children whereas in Muslims it amounts 5 or 6 children. Though we do not find any social opposition to sterilization from any section of the community, we find a difference between the individuals and religious communities regarding their ideal and desirable size of family. Some of the Hindu respondents show their opposition to figure 'Three' which is treated to be

'inauspicious' hence they expect four children in an ideal size of family. But one thing is sure that they adopt sterilization measure for controlling the size of family. Now it is essential to change the outlook regarding the ideal and desirable size of family.

It is assumed that sterilization measure is adopted with the intention to receive the financial help from the concerned department of the government. Some people assume that sterilization is made successful with the help of force during the special sterilization camps. But it is essential to know whether these assumptions are really true or false. Table No. 41 shows the motive behind adopting the sterilization of concerned 134 sterilised respondents' couples.

Table 41

Motive behind the adopt sterilization

Religion	Willingly	Husband's wish	By force	For Assistance
Hindu (51)	45 (88.24)	6 (11.76)	-	-
Muslim (46)	46 (100.00)	-	-	-
Christian (32)	30 (93.75)	-	2	-
Jain (5)	4 (80.00)	1 (20.00)	-	-
Total (134)	125 (93.28)	7 (5.23)	2 (1.49)	-

The table shows that 93.28% of the concerned respondents couples have adopted the sterilization measure willingly with the mutual understanding between wife and husband. These respondents are found more among almost of all respondents belonging to concerned religious communities i.e. Muslim (100%), Christians 93.75%, Hindus 88.24% and Jains 80% .

But 5.73% of the respondents' couples have adopted female sterilization on the advice of their husbands. These respondents are found only among Jains (20%) and Hindus (11.76%).

Whereas only 1.49% of the respondents that too from Christian community (6.25%) have adopted sterilization by force But we did not find a single case among the respondents' couples who have adopted sterilization with the intention to receive the financial or material assistance given by the department of health and family planning during the special sterilization camps organised by the concerned department at various places every year, though they have taken the financial or material assistance during the camps. It means that majority of the concerned respondents' couples adopt sterilization willingly and not with the intention to receive the financial assistance during the special camps.

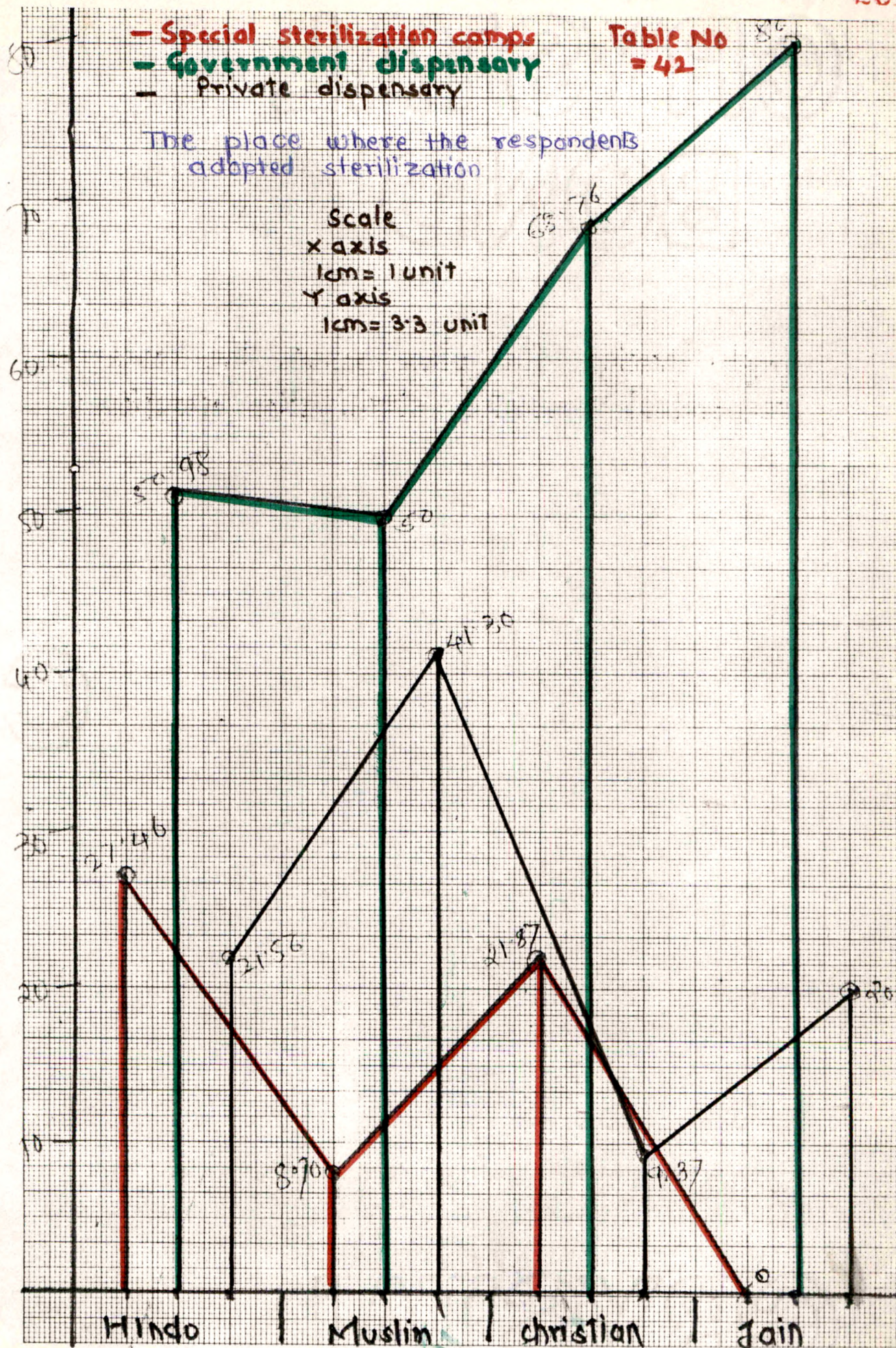
Generally sterilization camps are organised once or twice in a year at various taluka places. The number of sterilized cases are much more during the camps. But irrespective of it the needy eligible couples try to adopt sterilization whenever they require throughout the year at government hospital or at private medical practitioner. It is essential to know howmany respondents' couples adopt sterilization either at special camps or government hospital or at private medical practitioners' as explained in table No. 42.

Table No. 42

Preference to adopt sterilization among the respondents

Religion	In camps	In government hospital	At private practitioners
Hindu (51)	14 (27.46)	26 (50.98)	11 (21.56)
Muslim (46)	4 ( 8.70)	23 (50.00)	19 (41.30)
Christian (32)	7 (21.87)	22 (68.76)	3 ( 9.37)
Jain (5)	- ( )	4 (80.00)	1 (20.00)
Total (134)	25 (18.66)	75 (55.97)	34 (25.37)







The table shows that 55.97% of the concerned respondents' couples have given preference to adopt sterilization measure in government hospital. Majority of such respondents is found in all religions, i.e. Jains 80%, Christians 68.76%, Hindus 50.98% and Muslims 50%. These respondents are of the opinion that utmost care of the sterilized person is taken at the government hospital throughout the year but not in the duration of special camps. Generally poor respondents take the advantage of government hospital because of lower charges. At the same time sterilized cases during throughout the year amount to be very less every day, so that the concerned staff of the government takes utmost care of the sterilized patient. Hence due to lower charges and proper care of the patient 55.97% of the respondents' couples have given preference to government hospital.

As against to it 25.37% of the concerned respondents have given preference to private medical practitioners. Of them are found more among Muslims (41.30%) and Hindus (21.56%) and less among Jains (20%) and Christians (9.38%). Generally respondents, who have better economic position, have given second preference to private medical practitioners. These respondents are of the opinion that the charges of private hospitals are much more than the government hospital, proper precautions, good treatment and good accommodation are found in private hospitals, which are not found either at government hospital or during the special sterilization camps. Generally these respondents have their own family doctor, hence they are inclined to take his own advice at every occasion.

Lastly 18.66% of the respondents have given preference to special sterilization camps organised by the department of health and family planning through government hospital every year. These respondents are found more among Hindus (27.46%) and Christians (21.87%) and less among Muslims (8.70%) and none from Jains. Generally the respondents, who are very poor, give preference to camps. These respondents are of the opinion that if sterilization measure is adopted willingly why they should not take advantage or assistance given by the government to the sterilized person. But it does not mean that they adopt the sterilization with the intention to receive the financial or material assistance. Even if government stops to give the assistance to the respondents they will willingly adopt the sterilization measure, through camps. If such camps are organised twice or thrice in a month at various places of taluka the sterilization measure will be most effective and successful.

With this discussion, we can say that if the condition, accommodation and treatment of the sterilized persons are maintained well and good and if sterilization camps are organised number of times in a year more eligible couples will be attracted towards the government hospitals or towards special sterilized camps.

It has been assumed that after sterilization the person has to suffer some physical weakness or it may cause some physical trouble. Hence it is essential to know how many respondents are facing the physical problems after adoption of sterilization and if it is the case which problems they suffer from Table No. 43 shows the distribution of physical problems faced by the concerned 134 respondent's couples who have adopted sterilization measure of birth control.

Table No. 43

Distribution of physical problems faced by the concerned respondent's couples after sterilization

Religion	Do you face any problem		If it is so it's nature			
	Yes	No	Pain in Waist	Stomach ache	Fatness	Weakness
Hindu (51)	11 (21.56)	40 (78.44)	10 (90.90)	3 (27.27)	-	-
Muslim (46)	21 (45.65)	25 (54.35)	15 (71.42)	4 (19.04)	3 (14.28)	2 ( 9.52)
Christian (32)	14 (43.75)	18 (56.25)	11 (78.57)	4 (28.57)	-	3 (21.42)
Jain (5)	1 (20.00)	4 (50.00)	1 (100.00)	-	-	-
Total (134)	47 (35.07)	87 (64.93)	37 (78.72)	11 (23.40)	3 ( 6.38)	5 (10.63)

The table shows that 64.93% of the concerned respondents' couples do not face any physical problem after adoption of sterilization measure. The number of these respondents is found more among every community i.e. Jains 80%, Hindus 78.44%, Christians 56.25% and Muslims 54.35% .

But as against to it 35.07% of the respondents couples face two or more physical problems after adoption of sterilization measure. Amongst them are found more among Muslims (45.65%), Christians (43.75%) and less among Hindus (21.56%) and Jains(20%). The table further shows that waistache and stomachache are the major problems faced by the concerned respondent's couples. Nearly 78.72% of the troubled respondents are facing the problem of waistache. Of them are found more among Jains (100%), Hindus (90.90%), Christians (78.57%) and Muslims (71.42%). These respondents cannot bend or lift any heavy material properly and hence they had to bear the pains in the waist.

Another important trouble is stomachache. Nearly 23.40% of the concerned respondents couples are facing the problem of stomachache. Number of respondents facing this problem is found among Christians 28.57%, Hindus 27.27% and Muslims 19.04% . Generally waistache leads to stomachache, hence the respondents are unable to lift any heavy material properly. Most of the respondents are working as agricultural labourers and perform domestic activities. So female sterilized persons cannot perform their essential duties on account of waist and stomach aches.

Nearly 10.63% of the concerned respondents feel that they have become weak after sterilization. But it is difficult to say whether weakness is caused by sterilization. However one can say that waist and stomach aches may lead to loss of energy or cheerfulness among the concerned respondents. Physical weakness may be the effect of other physiological and biological developments occurring in the constitution of body, but it may not be necessarily due to the sterilization.

Lastly 6.38% of the concerned respondent's couples and that too only from Muslims community (14.28%) are facing the problem of fatness. It may be also wrong assumption of the respondents that fatness is caused due to sterilization operation because this problem is not faced by the other respondents who belong to different religions communities.

Taking into consideration the problems faced by the respondents it is essential to take more precautions regarding waist ache and stomachache after adopting the sterilization measure, which is commonly found among the sterilized persons. Waistache and stomach ache can be curable by giving proper attention towards the patient. Hence it cannot be called as major physical problem.



Though some of the concerned respondents face certain physical problems it is essential to know how far general health of sterilized persons has improved. Table No. 44 shows that how many sterilised persons have improved their general condition of health.

Table No. 44

Distribution of the respondents who have improved their general condition of thealth after sterilization

Religion	Have you improved you health	
	Yes	No
Hindu (51)	47 (92.51)	4 ( 7.85)
Muslim (46)	40 (86.95)	6 (13.05)
Christian (32)	26 (81.25)	6 (18.75)
Jain (5)	5 (100.00)	-
Total (134)	118 (88.06)	16 (11.94)

The figures indicate that 88.06% of the sterilized persons have improved their general condition of health after adopting sterilization with minor difficulties. These respondents' couples are found more among all respondents i.e. Jains 100%, Hindus 92.51%, Muslims 86.95% and Christians 81.25% . Specially among females lot of energy is lost after every delivery. Frequent delivery may create weakness among married women. Sterilization is such a measure where there would not be any chances of pregnancy or delivery, because it is permanent measure of birth control. Once sterilization measure is adopted the general condition of female's health is definitely improved. Hence 88.06% of the respondents' couples have their general health improved after adopting the sterilization measure.

But as against it 11.94% of the respondents' couples have not improved their general condition of health. It is because they face the problem of waistache and stomach ache. Such respondents' couples are found more among Christians (18.75%), Muslims (13.05%) and less among Hindus (7.85%). Generally these respondent's couples do not take care of their health which is required after sterilization operation. If these respondents would have taken proper precautions immediately after sterilization operation the problems of health would have not been arised. Hence 11.94% of the respondent's couples have not improved their general condition of health.

With this discussion we can say that female sterilization is more complicated than the male sterilization. Hence initial precaution for two or three months after sterilization is very essential for improving the general health of the sterilized persons. In this context it is essential to know how many respondent's couples are satisfied with their marital and family life after adopting various measures of birth control. Table No. 45 shows the distribution of the respondents who are satisfied with their family life after adopting the measures of contraceptives of birth control.



Distribution of the respondents who are satisfied with their family life after  
adopting the various measures of contraceptives of birth control.

Religion	Are you satisfied		If so what is its nature			If not		reasons
	Yes	No	Limited needs	Saving	Planning of parenthood	Low income	Rising standard of life	
Hindu (66)	63 (95.45)	3 ( 4.55)	20 (31.74)	25 (39.68)	35 (55.55)	2 (66.66)	1 (33.34)	
Muslim (58)	53 (91.37)	5 ( 8.63)	21 (39.62)	28 (52.83)	7 (13.20)	1 (20.00)	4 (80.00)	
Christian (52)	52 (100.00)	-	25 (48.07)	12 (23.07)	15 (28.84)	-	-	
Jain (14)	14 (100.00)	-	3 (21.42)	5 (35.71)	7 (50.00)	-	-	
Total (190)	182 (95.78)	8 ( 4.22)	69 (37.91)	70 (38.46)	64 (33.68)	3 (37.5)	5 (62.5)	

The figures indicate that 95.78% of the respondents have realised the advantages of using the various contraceptives of birth control for achieving the cherished ideals or goals of family welfare. Almost all the respondents are satisfied with their family life after practising the measures of family planning. 100% respondents of Christian and Jain communities and 95.45% and 91.37% of respondents of Hindus and Muslims, respectively, are happy after adopting the contraceptives.

Nearly 38.46% of these respondents have come to know that saving can be possible when the size of family is smaller. These respondents are of the opinion that saving is very much essential not only to fulfil the familial responsibility but it is one of the basic sources of protection in their future life. These respondents are found much more in every community i.e. Muslim 52.83%, Hindu 39.68%, Jain 35.71% and Christian 23.07% .

Nearly 37.91% of the respondents have understood that family planning measures are not only control the births but they control the needs of the family. They have come to know that the smaller size of the family the larger the happiness they will receive. In a rising standard of living saving can be made possible only through limiting the needs of family. The respondents of this opinion are found more among Christians (48.07%), Muslims (39.62%) and Hindus (31.74%) and less among Jains (21.42%).

Nearly 33.68% of the respondents are of the opinion that planned parenthood can be achieved only through practising the various contraceptives of birth control. The pre determined programme of family welfare can be fulfilled only when the size of family is small. These respondents have understood that family planning programme promotes health and welfare of the family group. The family planning measures give insight to chalkout a future plan of family welfare activities within the monthly income of an individual. The respondents of this opinion are found more among Hindus (55.55%) and Jains (50%) and less among Christians (28.54%) and Muslims (13.20%). Hence in order to achieve a successful marital and familial life of an individual, use of various contraceptives of birth control plays an important role in maintaining planned parenthood.

But very few respondents i.e. 4.22% are not satisfied even by using various contraceptives of birth control. Nearly 37.5% of the concerned respondents are of the opinion that their monthly income is so poor that they could not buy essential commodities required for family maintenance. Poverty is the main hindrance of achieving the ultimate goal of the life. The respondents of this opinion are found among Hindus (66.66%) and Muslims(20%). These respondents expect economic uplift of the people alongwith the use of measures of family planning. Hence they expect job opportunities for improving their economic position in the life.

Lastly 62.5% of the concerned respondents are of the opinion that the standard of life is day by day so much increasing that they can not purchase the essential requirements within their daily income. The rising prices of essential commodities cannot fulfil the objectives of family welfare. There is not much improvement in daily wages as compared to rise in prices of the commodities. As we have seen that the majority of the respondents are working as agricultural labourers, whose minimum wage act is not implemented properly, agricultural products do not get proper prices in the market, and there are no security measures from protecting the interests of agricultural labourers and small agriculturists from the calamities arising through various ways. Hence economic uplift of majority of the poor people is the basic factor to be achieved if welfare of family is to be fulfilled.

As we have already seen in Chapter No. II that family planning programme not only controls the birth rate but it is one of the important means to improve the general health of the children and the mother. Family planning is an aid to create children who are wanted, loved and cherished. It avoids unwanted pregnancies and regulates the intervals between pregnancies. Family planning is a help to the mother because repeated child births cause strain to the health of the mother and at the same time it is a help to the infant because if there are more children they will be of ill health and often some will die due to lack of nutrition received from mother.

In this context it is essential to know how many respondents' couples and their children have improved their general health after practising the various contraceptives of birth control. Table No. 46 shows the distribution of mothers and children who have improved their general health, after adopting the measures of birth control.

Table No. 46

Distribution of mothers and children who have improved their health

Religion	Is mother's health improved		Is child's health improved	
	Yes	No	Yes	No
Hindu (66)	64 (96.96)	2 ( 3.04)	66 (100.00)	-
Muslim (58)	51 (87.93)	7 (12.07)	56 (96.55)	2 ( 3.45)
Christian (52)	48 (92.30)	4 ( 7.70)	52 (100.00)	-
Jain (14)	14 (100.00)	-	14 (100.00)	-
Total (190)	177 (93.15)	13 ( 6.85)	188 (98.95)	2 ( 1.05)

The above table indicates 93.15% of the mothers of children have improved their health after the adoption of various contraceptives of birth control. As we have already seen that majority of the respondent's couples have adopted female sterilization which is a permanent measure of birth control. The chances of pregnancy are not found among the sterilised person even if the couple enjoys the sex. These respondents have understood that the family planning is an aid to achieve happiness in marital life and enjoy enlightened parenthood. Majority of the mothers, belonging to different religious communities have improved the health after adoption of various contraceptives.

But nearly 6.85% of the mothers have not improved their health, because of waistache and stomach ache caused after sterilization. as We have seen in table No. 43. These mothers are found more among Muslims (12.07%) and Christians (7.70%) and less among Hindus (3.04%) . But it may not be the effect of the sterilization but of lack of proper precaution after sterilization operation. However on the whole the general condition of health of mothers have improved a lot.

As far as childrens' health is concerned 98.95% of the respondents' children have improved much more than expected because essential nutrition required at the initial stage from the mother, was received by the children. Family planning measures control the interval between the two births in order to improve the health of children as well as mother. Nearly 100% childrens' health has been improved among the respondents' couples in Hindus, Christians, and Jains, but 3.45% childrens' health of Muslim respondents could not improve as expected. Because Muslim respondents' couples did not keep an interval of two births, hence essential nutrition required for proper growth of child at initial stage could not be given by the mother.

During Janata Government in 1977 the family planning programme was renamed as the family welfare programme. The departments of public health, family planning and family welfare were brought under one ministry known as 'Ministry for Health and Family Welfare', which not only gives attention to reduce birth rate but adopts various measures and methods of improving child's health by conducting the programme like DPT, Polio vaccination etc. Hence the department of health and family planning gives more attention to improve the health of mother and the child which is the basic and wider concept in family welfare.

As we have already seen that family planning programme is a new reform or a new way of life which requires complete change in behavioural patterns among the eligible couples. It is not only the responsibility of the government to look after the welfare of the family, but it is a social responsibility to achieve the target of planned parenthood. There have always been groups in the community which will assist to solve the social needs. All the great religions of the world stress the need for their members to help others, often neighbourhoods in a village or town may form a group - amongst themselves to provide care for the children, the old and the sick. The most important aspect of family planning programme today that concerns those who are responsible for its implementation is to understand ways to disseminate this information to the millions of illiterate and widely spread out rural population. For awakening this understanding amongst the people, the responsibility rests with those who are concerned with people's welfare. The family planning programme must become a concern of every person. Every medium of communication must be utilised to disseminate knowledge attitude and practice of measures of family planning to achieve the ultimate target of human welfare.

In this context it is essential to know how many respondents' couples stress the need of adopting various measures of birth control to their relatives, friends, neighbours and the concerned persons who come their close contact. Table No. 47 shows the distribution of respondents who stress the need of family planning measures to the others.



NUMBER OF RESPONDENTS WHO PROPAGATE THE NEED OF FAMILY PLANNING MEASURES.

Religion	Do you stress the need		If so the reasons			If not the reasons		
	Yes	No	Welfare	Satisfaction	National importance	Improvement of health	Private matter	Non interference
Hindu (66)	64 (96.96)	2 (3.04)	37 (57.81)	8 (12.5)	32 (50.00)	14 (21.87)	1 (50.00)	1 (50.00)
Muslim (58)	42 (72.42)	16 (27.58)	34 (80.95)	12 (28.57)	4 (9.52)	1 (2.38)	8 (50.00)	3 (18.75)
Christian (52)	38 (73.08)	14 (26.92)	28 (73.68)	4 (10.52)	13 (34.21)	1 (2.63)	4 (28.57)	5 (35.71)
Jain (14)	7 (50.00)	7 (50.00)	2 (28.57)	-	4 (57.14)	1 (14.28)	3 (42.85)	-
Total (190)	151 (79.47)	39 (20.53)	101 (66.88)	24 (15.89)	53 (35.09)	17 (11.25)	16 (41.02)	8 (20.5)
								Religion 10 625.64 work 4 (10.25)

The above table shows that 79.47% of the respondent's couples stress the need for adopting various measures of birth control to others. This attitude is found more among Hindus (96.96%), Christians (73.08%), Muslims (72.42%) and little less among Jains (50%). It indicates that majority of the respondent's couples have only understood the importance of family planning measures but they try to convince other relatives, friends or neighbours to adopt the various suitable measures of birth control directly or indirectly.

In order to convince others the approach of the respondents is different from each other. Nearly 66.88% of the respondents stress the need of family planning measures with the intention to fulfil the welfare activity of the family. These respondents have understood that family planning programme is a means to achieve the family welfare. It improves the quality of human beings. The respondents, who convince in order to achieve the family welfare, are found more among Muslims (80.95%), Christians (73.68%), Hindus (57.81%) and less among Jains (28.57%). No doubt family is a private institution but it has to fulfil the social obligations. Hence it is the responsibility of the parents to achieve the target of family welfare by limiting the size of family, where various contraceptives play an important role to control the birth rate.

Nearly 35.09% of the respondents convince the importance of family planning programme with the intention to improve national economy. Owing to a large increase in the population of the country, developing economy and added resources have failed to provide benefits to the needy. These respondents are of the opinion that unless and until the aimless and economically delirious multiplication of human numbers is checked by a dynamic drive, the standard of living of the majority cannot be improved in the near future. The concerned respondents feel that shortage of food continues as the needs of the additional population have to be provided for. Imports of food cannot be the answer for meeting the needs of the population of any country as a - permanent measure. If India has to become self-sufficient country, it is the common social responsibility of the people to check the population growth by adopting various contraceptives. The problem of unemployment, scarcity of essential commodities, housing problem, low productivity, problem of slum, problems of crimes, pollution, urbanization and poverty etc. are affecting national economy of achieving the welfare state. But the roots of all these problems are vested in over population. Such national outlook is found more among Jains (57.14%), Hindus (50%), Christians (34.21%) and less among Muslims (9.52%). It is interesting to note that 35.09% of the respondents convince other eligible couples to adopt family planning measures as if it is a national duty of the citizens of India.

Nearly 15.89% of the respondents stress the need of family planning programme to others to achieve the satisfaction in marital life without giving births to children. These respondents are of the opinion that family planning is an aid to achieve happiness in marriage and enjoy enlightened parenthood. These respondents stress the need of family planning to others who are very much close with them. In order to achieve the satisfaction of marital life, the respondents, who give more emphasis on it are more among Muslims (28.57%), Hindus (12.5%) and Christians (10.52%) and no one is from Jains.

Lastly 11.25% of the respondent's couples convince the family planning with the intention to improve the health of mother and the child. These respondents have understood that repetition of pregnancy and of giving births to children cause strain to the health of mother and the children. The essential nutrition required for upbringing of child may not be received from mother. Hence the health of child and mother will create chaotic condition in the family. The respondents, who stress the need of family planning with view to the improvement of health, are found more among Hindus (21.87%), Jains (14.28%) and less among Christians (2.63%) and Muslims (2.38%).

With this discussion we can say that 79.47% of the respondent's couples convince their friends, relatives or neighbours the importance of family planning with different outlook. In other sense we can say that these respondents perform their social responsibility by creating consciousness about family planning in others. If such awakening is performed by responsible citizens, it can be called as a national duty.

But irrespective of it nearly 20.53% of the respondents couples do not convince the importance of family to their relatives or friends or even to neighbours due to various reasons. The respondents, who do not convince, are found more among Jains (50%), Muslims (27.58%), Christians (26.92%) and less among Hindus (3.04%).

Nearly 41.02% of the concerned respondent's couples feel that the adoption of family planning measures is completely a private affair and hence it is the discretionary authority of the concerned couple whether to adopt or not to adopt the measures of birth control. Because adoption of various contraceptives is related to marital life of the couple, hence one should not interfere in one's marital as well as family life. So the respondents, who do not give advice to others in relation to family planning, are found more among Hindus (50%), Muslims (50%) and Jains (42.85%) whereas less among Christians (28.57%). These respondents think that parental - responsibility

is to be fulfilled by the parents only. The responsible parents decide their objectives of life and in accordance with it they behave and act accordingly. Some of the respondents have had experience while stressing the need of family planning to others.

Nearly 20.5% of the respondents do not convince others as it is an interference in one's private affairs. The policy of non interference in private life means not to indulge in any personal or familial affairs in other's life. Adoption of various contraceptives is a private matter of a couple. The respondents, who adopt the policy of non interference are found more among Hindus (21.30%), Christians (28.57%), Muslims (18.75%), and none among the Jains. These respondents think that the welfare of family is a joint responsibility of the parents. They should decide the size of family in accordance with their sources of income. The children should not be burden to them as well as to the others. Hence parents should chalkout their plan if they want to fulfil their responsibility to parenthood. So these respondents do not convince others to adopt suitable contraceptives of birth control on the basis of non-interference.

Nearly 25.64% of the respondents do not stress the need of family planning to others on the basis of religiosity. These respondents are of the opinion that to convince the adoption of

various contraceptives means to perform an anti-religious activity, because the concerned couples think that children are God's given gift. To resist this gift means to oppose God's order or to violate the orders of the God. Resistance to human interference with fertility is common to all religious communities who are bound by old traditions and customs. The respondents, who do not convince others as if it is the interference of one's religious life, are found only among Christians (35.71%) and among Muslims (31.25%). It is very difficult to convince the people of particular religious community who has central authority to control the behaviour of the members. Hence 25.64% of the concerned respondents' couples do not convince their friends or neighbours who belong to different religious communities.

Lastly 10.25% of the concerned respondents, particularly from Jain community (57.15%) do not stress the need of family planning to others, because they do not get time to convince others due to lack of time available from their heavy work. The people who are self-centred in their life do not convince others as they think it is not their concern. They think that it is the responsibility of the government and its concerned department, the voluntary organizations who perform social activities and the social reformers to convince others to adopt various suitable measures of birth control. The self centered

people do not take any social responsibility on their own initiative to guide or to convince others in bringing down the birth rate.

With this discussion we can say that majority of the respondents i.e. 79.47% convince others to adopt family planning measures but those who do not convince on various grounds, do not perform their social responsibility. In this context population education plays an important role in changing the outlook towards family planning. If we form a small advisory committee of each religious community for stressing the need of family planning it will be most effective for the success of family planning programme in rural areas. The fundamental duty of the advisory committee should be to convince the members of their religious community to adopt suitable measures for birth control.

In order to spread the message of family planning new multi-media motivational strategy is being evolved. It will utilise all the available media channels including the radio, television, press, films, visual displays (including traditional folk media in various public places). Various meaningful symbols, slogans, pictures and posters etc. as means to spread the family planning and family welfare programme in remote parts of tribal and rural areas and in urban places. As we know that the family planning programme in India was



adopted as an official programme in early 1950s, but it was reorganised in the Third Five Years Plan after the publication of 1961 census results which showed a higher growth rate than anticipated. Hence Government of India has made a time-bound and target oriented programme of family planning. The objectives of family planning programme were changed many times on the basis of performance. With this time-bound programme. Union and State governments have given more attention to spread the message of family planning through communication of mass media.

But it is essential to know how many of the respondents understand the exact meaning either of symbol or of slogans. The symbol adopted for mass media publicity was red inverted equilateral triangle during Third Five Years Plan. The red colour of the inverted equilateral triangle indicates the meaning of danger, whereas the three angles of the triangle indicate not only the number of three children but it indicates long interval between the three children. The desirable size of an ideal family, as family planning programme, expects of three children and if it exceeds more than three children it will be a danger for achieving welfare of the family. But it is essential to know how many respondents know the meaning of red coloured inverted equilateral triangle. The table No. 48 shows the distribution of the respondents who know the meaning of red triangle.

Table No. 48

Distribution of the respondents who know the meaning of red triangle.

Religion	Do you know the meaning of red triangle		
	Yes	No	Little
Hindu (66)	51 (77.27)	14 (21.21)	1 ( 1.52)
Muslim (58)	27 (46.55)	31 (53.45)	-
Christian (52)	31 (59.62)	21 (40.38)	-
Jain (14)	7 (50.00)	7 (50.00)	-
Total (190)	116 (61.05)	73 (38.43)	1 ( .52)

Though mobile publicity vans, wall posters, paintings, news papers, radio and television spread the message of family planning by using the symbol of red triangle, 61.05% of the respondents know the general meaning of red triangle 'as only a symbol of family planning' but they do not know the specific meaning of 'red triangle colour and the three angles of inverted equilateral triangle'. Those, who know the general meaning of red triangle, are found more among Hindus (77.27%), Christians (59.62%), Jains (50%) and little less among Muslims (46.55%).

But these respondents cannot make meaningful interpretation of the symbol. Even the respondents who are educated do not know the exact meaning of the red triangle. Hence the government is thinking to change the symbol of family planning as shown in the appendices.

As against to it 38.43% of the respondents do not know the symbol of family planning and its meaning. Amongst them are found more among Muslims (53.45%), Jains (50%), Christians (40.38%) and less among Hindus (21.21%). The red inverted equilateral triangle does not show any picture of children, hence it is difficult to understand its meaning as far as illiterate respondents are concerned. The red triangle does not indicate the meaning of happy life. If family planning programme is treated as a programme of family welfare, then it is essential to change the symbol to more effective and more meaningful, so that ordinary illiterate people can understand the meaning of family planning as well as family welfare.

Only .52% of the respondents and that too from Hindu community (1.52% know little meaning of red triangle. In order to spread the message of family planning and family welfare movie pictures i.e. film shows play important role in changing the outlook towards family planning. The film stories based on population problem will definitely create the consciousness among illiterate people about adoption of suitable measures of contraceptives.



मुद्रणस्थळ : शासकीय प्रिंटिंग प्रेस, मुंबई

Irrespective of it the message of family planning and family welfare can be brought to the notice of the people by way of simple and more meaningful slogans in Hindi as well as in the regional languages. The department of health and family planning has prepared the list of most effective slogans in Marathi as well as in Hind. e.g. 'Lahan Kutumb Sukhi Kutumb' (Small family, happy family), 'Kutumb Lahan, Sukh Mahan' (The smaller the family the more the happiness), 'Hum Do, Hamare Do' (We two, ours two), 'Do Ya Teen' (Two or three) etc. In order to spread these slogans government, semi-government, private firms and voluntary organizations paint these slogans on walls, buses, trains, trucks, rickshaws and at other public places so that people should become aware of the importance of family planning. But it is essential to know how many respondents understand the meaning of these slogans. These slogans are painted alongwith some meaning ful pictures by the side. Table No. 49 shows the respondents who know the slogans and who have understood their meaning.

Table No. 49

Distribution of the respondents who know the slogans  
and who have understood the meaning of slogans

Religion	Do you know the Slogans		Have understood the meaning of Slogans		
	Yes	No	Yes	No	Little
Hindu (66)	56 (84.85)	10 (15.15)	56 (84.85)	10 (10.60)	3 ( 4.55)
Muslim (58)	50 (86.20)	8 (13.80)	47 (81.03)	6 (10.34)	5 ( 8.63)
Christian (52)	44 (84.62)	8 (15.38)	40 (76.92)	6 (11.54)	6 (11.54)
Jain (14)	12 (85.72)	2 (14.28)	10 (71.42)	1 ( 7.14)	3 (21.43)
Total (190)	162 (85.26)	28 (14.74)	153 (80.53)	20 (10.53)	17 ( 8.94)

The above table indicates that 85.26% of the respondents know the various slogans written in Devnagari script either in Hindi or in Marathi. The percentage of these respondents is found in equal proportion i.e. Hindus 84.85%, Muslims 86.20%, Christians 84.62% and Jains 85.72%. It means that the slogans are prepared in a very simple and meaningful vernacular language. As against to 14.74% of the respondents do not know the slogans. Generally these respondents have not achieved the art of reading



and writing. The percentage of these respondents is also found in equal proportion i.e. Hindus 15.15%, Muslim 13.80%, Christian 15.38% and Jains 14.28%. Illiteracy is the main factor responsible for not to understand the slogans written at various public places.

The above table further shows that 80.53% of the concerned respondents know the exact meaning of the slogans, because of its simple vernacular language. Some of the slogans are more popular and meaningful e.g. 'Lahan Kutumb Sukhi Kutumb', 'Kutumb Lahan Sukh Mahan, ' Mule Thodi Sansarat Godi' etc. Even some of the respondents do not read the slogans but they can easily understand its meaning when we pronounce the slogans. Those who know the slogans, majority of them have understood its meaning e.g. Hindus 84.85%, Muslims 81.003%, Christians 76.92% and Jains 71.42%. But some of the slogans are difficult to understand in meaning. Specially Hindi slogans are not understood by the some of the respondents e.g. Zyada Se Zyada do (At the most two) ' Veesicha Aat Nako, Teesi Nantar Nakoch Nako' (Should not be below twenty - should not be there at all above thirty), 'Pahilyachi Nako Ghai, Tambi Basvun Ghya Ga Bai'(Don't make hurry adopt Copper T.) etc. The respondents, who do not know the meaning of some of the slogans, are found among Christians 11.54%, Hindus 10.60%, Muslim 10.34% and Jains 7.14%.

However, 8.94% of the concerned respondents have understood little meaning of some of the slogans by rational thinking. Such respondents are found more among Jains (21.43%),

Christians (11.54%), and less among Muslims (8.63%) and Hindus (4.55%).

In order to spread the message of family planning and family welfare among tribal and rural areas, government is utilising the most effective media of telecommunication e.g. Radio, Television, Movies etc. There is no doubt that government is encouraging the authors, director to write and perform the programmes base on family planning and family welfare. The special concession is given to organiser for organising the programmes through mass media. In modern times motion pictures and television play an important role in spreading the message of family planning most effectively. But there are so many tribal and rural areas where motion pictures and television have not reached. However, it is not the case of Ajara. Ajara being a taluka cum village place, television, motion pictures and vedioes have reached at Ajara. The department of health and family planning has organised film shows at the remote part of the taluka, based on family planning and family welfare. Marathi as well as Hindi pictures based on population problem were shown by the concerned department on various occasions. Table No. 50 shows the distribution of the respondents who have seen the movie pictures based on family planning and family welfare.



Table No. 50

Distribution of the respondents who have seen the movie pictures related to family planning.

Religion	Have you seen picture	
	Yes	No
Hindu (66)	40 (60.60)	26 (39.40)
Muslim (58)	42 (72.42)	16 (27.58)
Christian (52)	32 (61.54)	20 (38.46)
Jain (14)	7 (50.00)	7 (50.00)
Total (190)	121 (63.68)	69 (36.32)

The above table shows that 63.68% of the respondents have seen the movie pictures related to family planning and family welfare either in T.V. programmes or on Video or at theatres. It means majority of the respondents have understood the problem of over-population and the ways and measures to solve the problem. These respondents are found in higher percentage i.e. Muslims (72.42%), Christians (61.54%), Hindus (60.60%) and Jains (50%).

As against to it 36.32% of the respondents have not seen the movies related to family welfare and planning. Because they are either not interested to see the pictures or unable to spend the money on seeing the pictures or they have no liking to see the pictures based on family planning. Such respondents are found among Jains (50%), Hindus (30.40%), Christians(38.46%) and Muslims (27.58%).

But if we arrange public film shows majority of the people can see such movies free of cost and can understand the gravity of the problem. Movie Pictures can play a vital role in changing the outlook towards family planning.

As we have already seen that family planning is not only a programme of birth control but it is a method of family welfare which will help people to achieve their cherished ideals. It will help to improve the health of an infant as well as its mother. The physician looks upon the health of children and their mother with a view to make them happy and healthy human beings. But it is essential to know that how many respondent's couples take the advice of medical practioners in relation to family planning. Table No. 51 shows the distribution of the respondent's couples who take the advise of medical practioners in relation to family planning and family welfare.

Distribution of the respondents who take advise from medical practioner in relation to family planning.

Religion	Do you take advise		If so do you act accordingly		If not why (Reasons)				Not required	Interference
	Yes	No	Yes	No	Private affair	Liberty	Ackwardness			
Hindu (66)	37 (56.06)	29 (43.94)	37 (100.00)	-	5 (17.25)	11 (37.93)	3 (10.34)		10 (34.48)	-
Muslim (58)	31 (53.45)	27 (46.55)	31 (100.00)	-	7 (25.92)	2 (7.41)	2 (7.41)		15 (55.55)	1 (3.7)
Christian (52)	21 (40.38)	31 (59.62)	21 (100.00)	-	13 (41.93)	4 (12.90)	5 (16.13)		9 (29.04)	-
Jain (14)	7 (50.00)	7 (50.00)	7 (100.00)	-	4 (57.15)	-	3 (42.85)		-	-
Total (190)	96 (50.53)	94 (49.47)	96 (100.00)	-	29 (30.86)	17 (18.08)	13 (13.83)		34 (36.17)	1 (1.06)

It is surprise to note from the above figures that 50.53% of the respondents take the advice from medical practioners regarding family planning and those who take the advice, act in accordance with his guidance. The respondents, who take advice of medical practioners, are found among Hindus (56.06%), Muslims (53.45%), Jains (50%) and little less among Christians (40.38%).

As against it, 49.47% of the respondents do not take any advice from medical practioners on various grounds. Amongst them are found in Hindus (43.94%), Muslims (46.55%), Christians (59.62%) and Jains (50%). The table further shows the reasons for not taking advice from the practioners. One of them is that 36.17% of the concerned respondents did not require to take the advice as they have not completed their expected ideal desirable size of family. Some of them are expecting male child, few of them are got married recently and very few respondent's couples have no children due to physiological discrepancy. Hence 36.17% of the respondent's couples do not take any advice from the medical practioners. Such respondents are found more among Muslims (55.55%), Hindus (34.48%), Christians (29.04%) and none from Jain.

Another important factor is that nearly 30.86% of the concerned respondent's couples think that family planning is a private affair, hence it is not necessary to take any advice from the medical practioners. It is the discretionary power

of the concerned couple to adopt suitable contraceptive of birth control whenever they think. So such respondents do not expect any suggestion or guidance or advice from anybody as far as adoption of family planning measures are concerned. The respondents of such opinion are found among Jains (57.15%), Christians (41.93%), Muslims (25.92%) and Hindus (17.25%).

Nearly 18.08% of the concerned respondents are of the opinion that adoption of suitable contraceptives is fully depend upon the free will of the concerned couples. These couples are free to adopt any measure of family planning at suitable time of the environmental condition of family is concerned. These respondents are of the opinion that there are so many contraceptives which do not require any special guidance from the medical practioners. Hence these respondents do not take any advice from anybody. The respondents of this opinion are found among Hindus (37.93%), Christians (12.90%) and Muslims (7.41%) and no one from Jains.

The most important factor responsible for not taking advice from the medical practioner related to adoption of various measures of contraceptives is the awkwardness felt by the concerned respondent's couples. Nearly 13.83% of the concerned respondents are of the opinion that the contraceptives are used to control the sex desire which is not a fact. The concerned respondents do not take any advice which is related

to sexual satisfaction. No doubt the contraceptives control the birth rate but at the same time it is related to sexual relationship, hence few respondents do not speak frankly about their sexual desire to anybody and do not take any advice from anybody else. Such respondents are found among Jains (42.85%), Christians (16.13%), Hindus (10.34%) and Muslims (7.41%).

Lastly 1.06% of the respondents and that too only from Muslim (3.71%) feel that a to take advice from the medical practioner means the interference of a third person in one's private life. The family life in general and marital life in particular are completely a private affair where no one should give any advice in relation to family planning.

With this discussion we can say, about 50% of the respondents do take advice from the medical practioner in relation to family planning and family welfare. Generally the respondents who do not know any thing about the contraceptives they take the advice from him. As against it those, who are aware of the contraceptives and those who are self centered and feel very awkward, do not take advice from the medical practioners. But it the concerned respondents face any physical problem after the adoption of sterilization, Loop, Copper T or Pills, then only they consult the medical practioners.

As we have already seen that the department of family planning and family welfare spreads not only the message of family planning programme but it canvasses the various contraceptives through media of mass communications as we have seen Chapter No. V. But it is essential to know how many respondents are aware of all the various contraceptives used for birth control. If they are not aware of them what will be the suitable way for knowing them. Table No. 52 shows the distribution of the respondents who are aware of the measures of birth control and the ways for knowing them in better way.

Distribution of the respondents who are aware of all contraceptives and suggestions for its more spread.

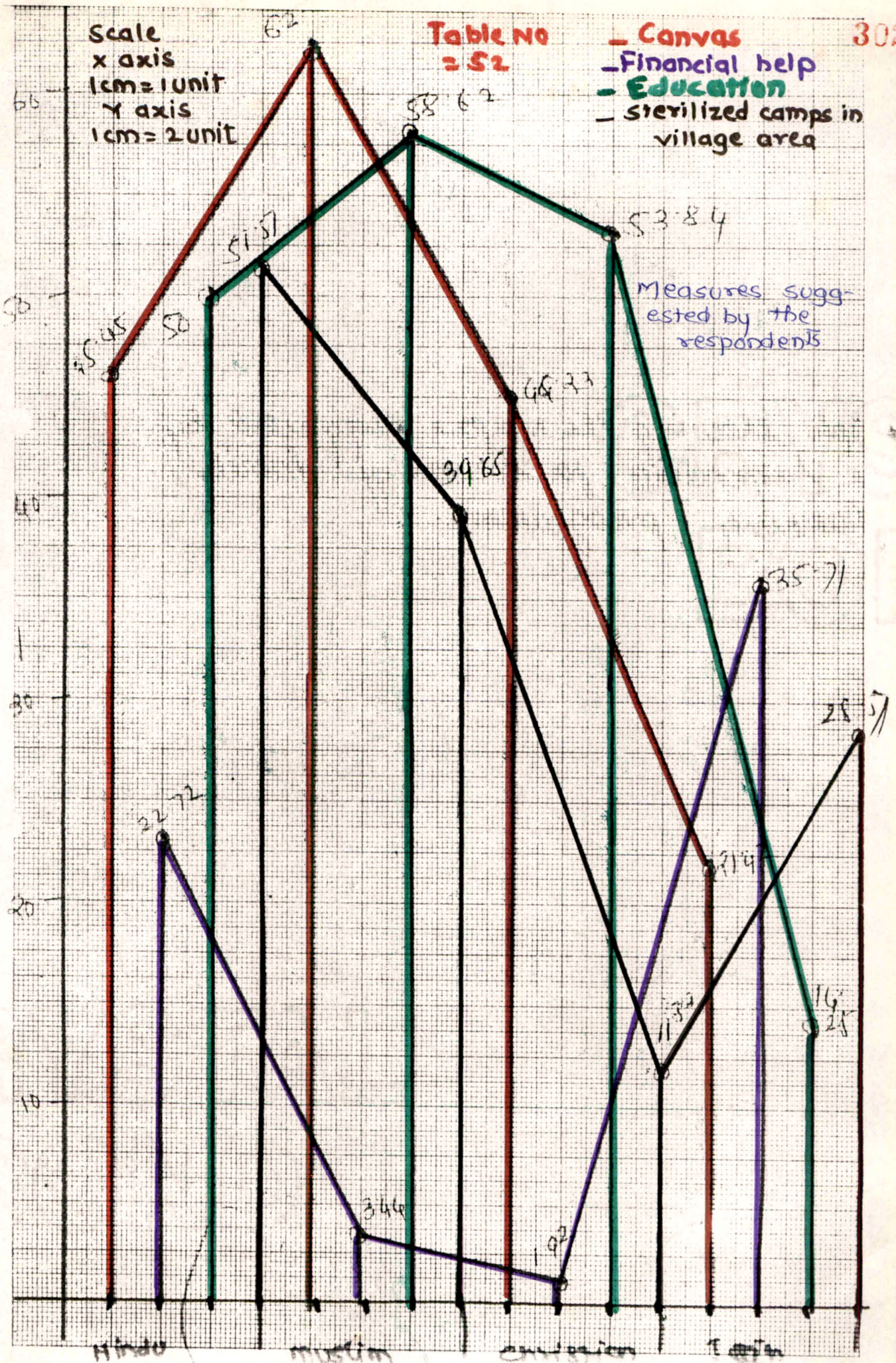
Religion	Do you know all the contraceptives		Measures for their spread				Sterilization camps should be in rural areas
	Yes	No	Few	More	Financial canvassing help	Spread of Education	
Hindu (66)	18 (27.28)	1 ( 1.51)	47 (71.21)	30 (45.45)	15 (22.72)	33 (50.00)	34 (51.51)
Muslim (58)	10 (17.24)	1 ( 1.73)	47 (81.03)	36 (62.06)	2 ( 3.44)	34 (58.62)	23 (39.65)
Christian (52)	37 (71.16)	7 (13.46)	8 (15.38)	23 ( 1.92)	1 ( 1.92)	28 (53.84)	6 (11.53)
Jain (14)	8 (57.15)	-	6 (42.85)	3 (21.42)	5 (35.71)	2 (14.28)	4 (28.57)
Total (190)	73 (38.43)	9 ( 4.73)	108 (56.84)	92 (48.42)	23 (12.10)	97 (51.05)	67 (35.26)



Table No  
= 52

- Canvas
- Financial help
- Education
- Sterilized camps in village area

Scale  
x axis  
1cm = 1 unit  
y axis  
1cm = 2 unit





Taking into consideration of budgetary provisions made by the union and state government for the spread of various contraceptives through media of mass communication only 38.43% of the respondents are aware of all the contraceptives of birth control. Amongst them are found more in Christians (71.16%), Jains (57.15%) and less among Hindus (27.28%) and Muslims (17.24%). Generally these respondents are better educated and having sound economic position. During the course of their education some of the respondents have studied population problem. Through radio, television and news papers economically sound respondents have become aware of various contraceptives.

But 56.84% of the respondents are not aware of all the contraceptives, but very few of them. However majority of the respondent's couples have adopted sterilization. Few of them are using condom, Copper T and Loop. As we have already seen that majority of the respondents interpret family planning means to adopt sterilization. It is because of department of family planning conducts special sterilization camps every year in a large extent. Hence majority of the respondents are aware of sterilization and very few other measures of birth control. These respondents are found more among Muslims (81.03%), Hindus (71.21%), Jains (42.85%) and less among Christians (15.38%) .

However it is interesting to note that only 4.73% of the respondents are not aware of any contraceptives. It means that media of mass communication have played an important role in making people aware of not all, but at least few measures of contraceptives. Those, who do not know any contraceptive, are found among Christian (13.46%), Muslims (1.73%) and Hindus (1.51%). But generally these respondents belong to age group between 50 to 60 years. They are too are mostly female respondents. These aged respondents are not in favour of family planning because of their customary way of life. The aged people neither have adopted any measure of birth control, nor they have tried to be aware of contraceptives. But in general we can say that the spread of some of the measures of family planning is successfully going on in rural areas. However it is still essential to spread the other measures which are not known by the illiterate people.

The table further shows the measures suggested by the respondents for more spread of contraceptives of birth control. Nearly 51.05% of the respondents have given stress on education specially population education and upto secondary education. These respondents expect that people are not aware of growth causes, effect and measures of controlling the explosive population. Majority of the illiterate people do not know all the contraceptives and its advantages and disadvantages. The concerned respondents are of the opinion that if the population education is included in the syllabus of secondary education, it

will be most effective in future for controlling the birth rate. The respondents of this opinion are found more among Muslims (58.62%), Christians (53.84%), Hindus (50%) and less among Jains (14.28%). These respondents think that population education will definitely help to change the outlook towards family planning, because majority of the poor and illiterate people have understood the importance of family planning, sterilization may not be necessary in the distant future when concerned couples will become aware of all the contraceptives.

Another important measure, suggested by the 48.42% of the respondents is to make more canvassing of all the contraceptives in remote parts of rural areas. These respondents are of the opinion that majority of the illiterate people know only sterilization, because of organisation of special camps of sterilization by giving some financial assistance to the concerned persons. Hence they think that adoption of family planning means to adopt only sterilization. So people are not aware or familiar with other contraceptives. As such these respondents are giving stress on canvassing all the contraceptives through most effective media of mass communications. The respondents of this opinion are found more among Muslims (62.06%), Hindus (45.45%), Christians (44.23%) and less among Jains (21.42%). The Government of India expects that family planning programme should develop as a people's programme hence government seeks

cooperation of all political parties and religious groups. But it will develop 'peoples' programme ' only when people know about all contraceptives. Hence 48.42% of the respondents give stress on more canvassing of all the contraceptives with its advantages and disadvantages.

One of the important suggestion is made by 35.26% of the respondents is to organise the sterilization camps in the interior part of the taluka once in a month at various places. Generally, the department of family palnning and family welfare organises special sterilization camps one's or twice in a year only at government dispensary or at primary health centre. Hence eligible couples are expected to come at the concerned dispensary at taluka place or at concerned primary health centre from the remote areas of the taluka for sterilization operation. The concerned dispensary can not make sufficient accommodation of number of eligible couples attending at the camps. The respondents of this opinion are found more among Hindus (51.51%), Muslims (39.65%), Jains (28.57%) and less among Christians (11.53%). So these respondents are of the opinion that sterilization camps should be conducted one in a month at various places, by way of well equipped mobile van or by using school building. These respondents expect proper treatment and precautionary measures, after sterilization operation, should be made available to the concerned person so that he or she will not face any physical problem like waist ache, stomach ache etc.

Lastly 12.10% of the respondents have suggested that more financial help should be given to the sterilized persons when he/she has adopted sterilization at any time, either at government dispensary or at private dispensary. It has been learnt from the respondents that financial help or material assistance is given to such a sterilized person who has adopted sterilization only at special camps and not at other time. The respondents expect more financial or material ~~help~~ help, after sterilization measure. The respondents of this opinion are found more among Jains (35.71%) , Hindus (22.72%), and less among Muslims (3.44%) and Christians (1.92%). From the above figures we can say that very few (12.10%) respondents and that too very poor, have adopted sterilization with an intention to receive financial or material assistance. But majority of the respondents did not adopt sterilization with the intention to receive the assistance from the government. As against it people have really understood the importance of family planning as a means of family welfare, hence it is essential for them to become aware of all the contraceptives with its advantages and disadvantages to the concerned people.

With above discussion we can say that it is essential to implement the measures suggested by the respondents, for the spread of various contraceptives of birth control. Specially population education through media of mass communication which plays important role for the success of family planning programme.

There is a popular belief that religious minority communities, except parsis, are increasing their propulation much more rapidly, not only in India but throughout the world,<sup>2</sup> than the majority Hindu community. This notion is based on the correct observation that the rate of increase for religious minorities as shown by the census, which is greater than the corresponding rate for Hindus as follows after independence.<sup>3</sup>

Religion	Year	Population in crores	% in total population	Decade growth rate	Annual growth rate
Hindu	1951	30.36	84.89	-	-
	1961	36.65	83.50	20.29	1.86
	1971	45.33	82.72	23.69	2.15
Muslim	1951	3.54	9.91	-	-
	1961	4.69	10.70	25.61	2.31
	1971	6.14	11.21	30.85	2.73
Sikh	1951	0.62	1.74	-	-
	1961	0.78	1.79	25.13	2.27
	1971	1.04	1.89	32.28	2.84
Christian	1951	0.84	2.35	-	-
	1961	1.07	2.44	27.38	2.45
	1971	1.42	2.60	32.60	2.86
Jain	1951	0.16	0.45	-	-
	1961	0.20	0.46	22.17	2.27
	1971	0.26	0.47	28.48	2.54

2. United Nations 'The Determinants and consequences of population trends', Vol. I p. 104

3. Illustrated Weekly, July, 23, 1972.

According to Scheremerhorn, R.A.,<sup>4</sup> 'Leaders in Hindu Community as Shankaracharya of Sharada Dwaraka Peeth, Tarkateerth Raghunath Shastri Kokje and Sudhir Hendre have made statements to the effect that family planning is covertly forced on Hindus while Muslims are allowed to procreate without limitation. If the present discrepancy in the rate of population increase for the two communities continues, they declare, the inroads of family planning may eventually reduce the Hindus to a minority in their own land'. But pethe, V.P.<sup>5</sup> has mentioned, in his article 'Hindus, Muslims and Demographic Balance in India' that 'formerly strong resistance to family planning among Muslims was recognised. But when the Imam of Jamma Masjid in Delhi, along with a number of other leaders has issued a 'Fatwa' or religious ruling in support of family planning by employing proof texts from the 'Holy Kuran' and 'Sunnah' (traditions of the prophet Mohammed) and then the Muslim believers changed their traditional attitude and fvaoured to family planning.

As we have already seen that the majority of the respondents look towards their children as a God's given gift, and they look towards marriage as a religious duty. In this context it is essential to know whether family planning is an anti-religious activity. Table No. 53 shows the distribution of the outlook of the respondents towards family planning.



Table No. 53

Distribution of the outlook towards family planning.

Religion	Is family planning anti-religious		
	Yes	No	Not known
Hindu (66)	16 (24.24)	49 (74.24)	1 ( 1.52)
Muslim (58)	6 (10.34)	22 (37.93)	30 (51.73)
Christian (52)	13 (25.00)	39 (75.00)	-
Jain (14)	-	13 (92.85)	1 ( 7.15)
Total (190)	35 (18.43)	123 (64.73)	32 (16.84)

In view of above mentioned figures, it indicates 64.73% of the respondents are of the opinion that family planning is an anti-religious activity. These respondents have full faith in procreation and upbrining of children. These respondents are aware that family planning is not to preven family but to limit the children to reasonable number which suits to the health of mother and children and to the e wealth of family. The respondents have understood that family planning is a mean to

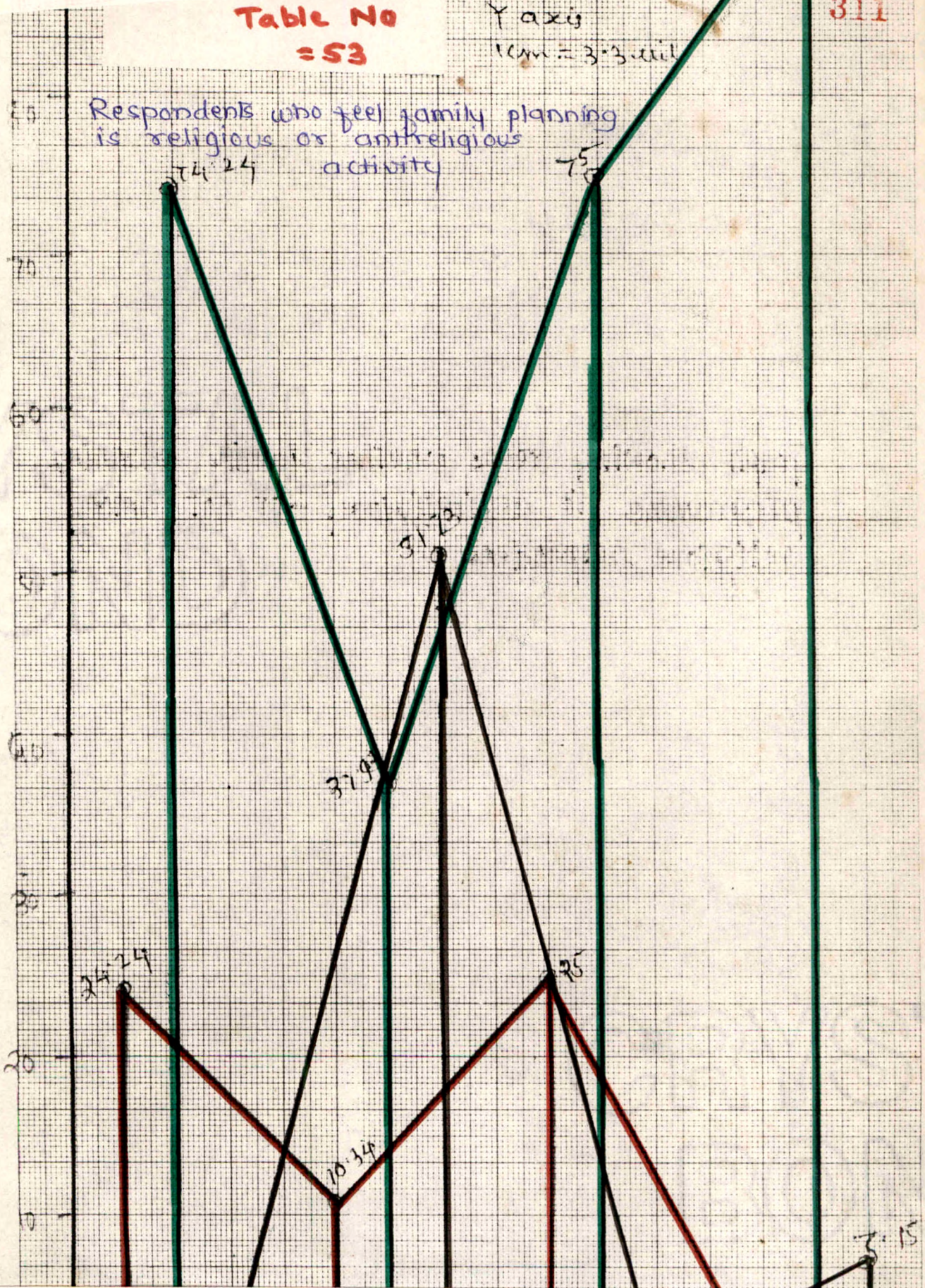


Table No  
= 53

1 cm = 1 unit  
Y axis  
1 cm = 3.3 unit

311

Respondents who feel family planning  
is religious or antireligious  
activity





achieve the family welfare, even though they believe in children are God's given gift. The respondents, who do not think family planning is anti-religious activity, are found more among Jains (92.85%), Christians (75%), Hindus (74.24%) and less among Muslims (37.93%). Generally these respondents have understood the reality of family planning in the present economic circumstances. They have experienced the disadvantages of larger family. Hence we can say that the present economic circumstances have forced them to adopt various measures of birth control.

As against them nearly 18.43% of the respondents feel that family planning is anti-religious activity. They are of the opinion that to reject the God's given gift means to violate the will the God which will be treated as sinful activity. The respondents, specially females, who are aged and pro-traditionalists oppose the family planning as an interference in one's religious feelings. Such respondents are found more among Christians (25%), Hindus (24.24%) and Muslims (10.34%) and none among the Jains. Generally these respondents oppose family planning not only on religious grounds but with the intention to have male child through which the continuity of family will be in progress.

Lastly 16.84% of the respondents do not know exactly whether family planning is religious or anti-religious activity. in one's religious life. Generally these respondents are neither

completely pro-traditionalist nor inclined towards new thoughts, hence they have not understood the reality of family planning. So these respondents do not either oppose family planning openly or adopt completely the measures of birth control, as expected in the family planning programme. These respondents are found more among Muslims (51.73%), and less among Jains (7.15%) and Hindus (1.53%) and no one from Christians. But even though these respondents do not know exactly, whether family planning is anti-religious or religious activity, still they adopt measures of birth control after completion of their ideal and desirable size of family.

With this discussion we can say that there is no total social opposition to family planning from any section of the community. Majority of the respondents couples have adopted the measures of birth control, but the difference between them is about desirable ideal size of family, which varies according to individual and according to religious community. However, one important note is to be considered that those who have adopted measures of birth control they have not adopted it due to education or idealistic view of family but due to critical financial condition of family in rising standard of living. Majority of poor and illiterate respondents have adopted various measures of birth control.

The most striking features of family planning programme during 1975-77 period (emergency period) are the announcement of the National Population Policy, the upsurge in the implementation of the family planning programme, the proposed legislation for compulsion to bring about family planning acceptance and the role of excesses in the enforcement of the family planning programme in bringing about downfall of the Government.

During this emergency period the first measure was adopted to raise the age at marriage to 18 years for girls and to 21 years for boys by law. The violation of this law is be treated as a cognisable offence.

The second measure was adopted to improve the levels of female education specially above the middle level. And the third controversial measure was the proposed legislation for compulsory sterilization of a couple after they had a certain number of children.

The need for an element of compulsion in the family planning programme was accepted in principle, and each state was given the option to frame its own legislation in this regard.

Maharashtra was the first and only state in the country to actually pass legislation for the compulsory sterilization.

Originally, it was placed before the Legislative Assembly as 'A Bill to Provide for the compulsory sterilization of certain persons'. It was referred to a Joint Select Committees and passed with certain modifications, on July 21, 1976, known as the 'Maharashtra Family (Restriction on size) Act of 1975'.

The Act defined an 'eligible' person as one who resided in the State of Maharashtra and had any time three living children or had more than three living children on the appointed date, and who, if a male, had not completed the age of 55 and if a female had not completed the age of 54. Such 'eligible' persons would be compelled under the Act to undergo sterilization within 180 days of the birth of the third living child unless all the three children were of the same sex or if the youngest child was five years of age, in which case it would be assumed that the couple were practising family planning, and abortion would be required if the wife became pregnant. Those who did not comply with this law could be sent to prison for a period not exceeding two years.

This act was criticised at the world population conference at Bucharest held in 1974 as a violation of basic principles of Human Rights. The International Planned Parenthood Federation examined the Maharashtra Act from several angles and considered to make law more palatable. The compulsory law could not be

uniformly applied and that it is likely to be deeply resented and that it is likely to be deeply resented and socially disruptive. After the lifting of the emergency many journalists criticised the compulsory sterilization act as 'The handling of the programme went from one extreme apathy, niggardliness, bad planning, poor organization and general maladministration - to the other - coercion, quotas, bureaucratic over - zealousness, fear and brutality.'<sup>6</sup>

Soon after coming into power after emergency , the Janata Government adopted a policy of 'Family Welfare programme', instead of 'Family Planning programme'. In pursuance of the new policy the government decided to eliminate all measures as well as rules and regulations, which had the slightest element of compulsion or coercion were dropped. In view of this debate

In view of this debate it is essential to know how many respondents are in favour and against the compulsory sterilization measure. Table No. 54 shows the distribution of the respondents who are in favour and as against to compulsory sterilization measure.

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6. Abraham, A.S. "Voluntary Family Planning: Still As Important As Ever", ; Times of India, April 25, 1977.

Table No. 54

Distribution of the respondents who are infavour and against compulsory sterilization measure.

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Religion	In favour of compulsory	Against compulsory
Hindu (66)	36 (54.54)	30 (45.46)
Muslim (58)	9 (15.52)	49 (84.48)
Christian (52)	15 (28.85)	37 (71.15)
Jain (14)	11 (78.57)	3 (21.43)
Total (190)	71 (37.36)	119 (62.64)

It is interesting to note from the above figures that 37.36% of the respondents are infavour of compulsory sterilization measure. These respondents are either highly educated or they are much worried about their children. They cannot feed their children sufficiently, nor they can afford to spend more money in the marriages of their daughters. The anxiety of parental responsibility forced them to reply infavour of

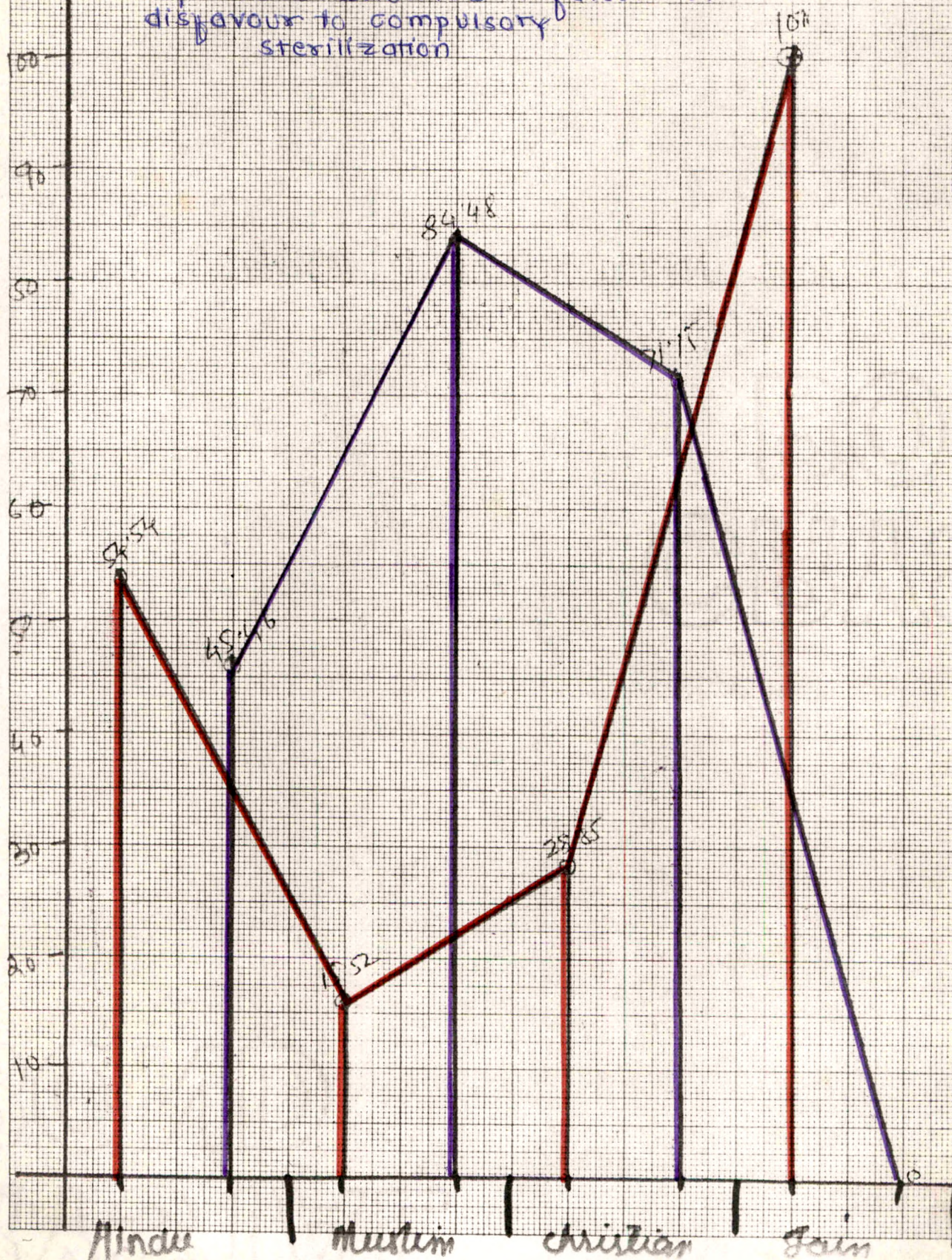


Scale  
 x axis  
 1cm = 1 unit  
 y axis  
 1cm = 20 units

Table No  
 = 54

- Yes  
 - No

Respondents who are in favour or  
 disfavoured to compulsory  
 sterilization





compulsory sterilisation measure. The respondents, who are in favour of compulsory sterilization, are found more among Jains (78.57%), Hindus (54.54%) and less among Christians (28.85%) and Muslims (15.52%). Generally the respondents who are either economically sound or highly educated or extremely poor are in favour of compulsory sterilization. This trend is developing among younger generation.

As against it 62.64% of the respondents are not in favour of compulsory sterilization. It does not mean that they are against family planning but they are against the compulsory method. Majority of the respondents' couples have adopted either sterilization or any other suitable measure for birth control. These respondents are found more among Muslims (84.48%), Christians (71.15%), Hindus (45.46%) and less among Jains (21.43%). These respondents are of the opinion that compulsion means intervention in one's family life which is treated a violation of fundamental rights guaranteed by Indian Constitution and Human Rights of World Organisation. Hence 62.64% of the respondents have shown their strong opposition for compulsory sterilization measure but not to sterilization. Willing adoption of sterilization is a real democratic way and success of family planning programme.

But in this context some of the state governments have introduced a series of measures directed towards their employees and other citizens in the matter of preferential allotment of houses, loans, increment and other facilities for those who have accepted family planning e.g. Uttar Pradesh Essential Articles and Things (Restriction on Grant or supply to Unplanned Families) order of 1976.

Despite the government efforts at union or state or at municipal levels, family planning programme cannot be successful unless voluntary organizations are drawn into its promotion in an increasing way, particularly youth and women organizations.

Experience over the last twenty years has shown that monetary compensation does have a significant impact upon the acceptance of family planning, particularly among the poorer sections of society. But a stage has now come to give population education to adults at secondary education level by which monetary compensation provision will not be needed for sterilized person in years to come.

It is hoped that the welfare aspects of the programme, which are being now emphasised, will improve the performance of the programme. The efficiency with which it is implemented will determine the extent to which it will be successful.