

CHAPTER-VIII

CONCLUSION

It has been mentioned earlier that the various family planning attitudinal studies conducted in India differ considerably as to the questionnaire schedule used and the manner in which the enquiries were conducted. It is, therefore, not possible to generalise on the basis of the results of these studies and to draw an all India picture. If, however, it is desired to draw some conclusions for policy making and a rough comparison can be made.

In this present study of outlook towards family planning of different religious communities in Ajara, the researcher has tried to examine three broad aspects of the respondents' daily experiences, one, dealing with changing outlook towards family planning on the basis of rural setting, education, occupation, income, sex and religion. Secondly, the study deals with marital life of the respondents which includes the outlook towards marriage institution, ideal and desirable size of family and outlook towards children. The third and most important factor of the study is, to identify the awareness of family planning measures, to investigate the relationship between family planning and family welfare and to understand the outlook towards family planning on the basis of religious customs and traditions and sex.

To be sure that the primary source of empirical data for this dissertation was just one, study of Hindu, Muslim, Christian and Jain respondents' behavioural outlook towards family planning of Ajara village-cum-taluka place in Kolhapur District, wherever possible the findings of this study have been compared with the existing body of knowledge of demography on the basis of secondary data.

The conclusions drawn from the study can be, to some extent, generalised for an understanding of the rural population in general and the population of Ajara in particular. The method adopted for the analysis of data is based on logical, comparative and statistical means, whereas the technique adopted for collection of data is interview schedule. But before that the researcher has selected the sample on the basis of accidental sampling method i.e. he took the cases that fell to his hand till he reached a designated size of 190 respondents.

The phenomena, which researcher examined, include some subjective dimensions e.g. individual bio-data, information related to family life and information related to marital life of each respondent, as well as certain objective dimensions were examined e.g. outlook towards children, ideal desirable size of family, awareness of family planning measures and outlook towards family planning.

Let us summarise the main findings of the present study on certain dimensions.

I) Population and Sample Design :

According to 1981 census the total population of Ajara village amounts to 10,555 residing into 2,005 houses within the area of 788 Hct. 01 R. out of which Hindus constitute 5,329 i.e. 50.40%, Muslims constitute 3,550 i.e. 33.63%, Christians constitute 1,535 i.e. 14.54% and Jains constitute 150 i.e. 1.43% of the total population. Demographically such a unique village is rarely found in the district of Kolhapur. Culturally Marathi, Urdu, Kannada and Konkani language speaking people are mingled together since a very long time. Religiously Hindu, Islam, Christian and Jain ideology and ways of life are prevailing at Ajara. Hence the investigator has selected Ajara for the study of attitudinal behaviour of concerned religious communities towards family planning.

The samples selected for the study on the basis of accidental sampling amounts 190 and the technique used for collection of primary data was interview schedule.

Out of 190 respondents 70, i.e 36.85% were females and 120 i.e. 63.15% were males. This sexwise composition of the respondents was suitable for analysing the outlook towards family planning on the basis of sex. Because sex differential

plays an important role in couples' marital life.

As far age composition of the respondents is concerned 7.15% females and 2.5% of males belong to age group between 15 to 25 years whereas 54.28% of females and 33.34% of males belong to age group between 26 to 35 years. And 34.28% of females and 36.66% of males belong to age group between 36 to 45 years and rest of the respondents belong to non-productive age group. It means that the majority of female and male respondents belong to productive age group i.e. 15 to 45 years which is essential to evaluate the outlook towards family planning, because fertility rate is found more in this age group.

Educationwise distribution of the respondents also plays an important role while analysing the outlook towards family planning. Nearly 58.57% of the female respondents and 25.84% of the male respondents are illiterate whereas 11.43% of female and 20% of male respondents have taken their primary i.e. 1st to 4th std. education. And 27.14% female and 34.16% of male respondents have taken their education between 5th to 10th std. and rest of the few male and female respondents have taken their education from higher secondary education to graduate education. It means that literacy percentage is found more among male respondents than in the females. If we further analyse the figures on the basis of religion the

literacy percentage is found more among Jains, Hindus, Christians and less among Muslim respondents.

As far as occupation is concerned nearly 52.10% of the respondents are agriculturists, 18.42% of the respondents are traders and 17.90% of the respondents are employed either in private or in public or in co-operative sectors. And rest of the few respondents are workers, carpenters, pot-makers, contractors etc. It means that majority of the respondents, by profession, are manual workers. Physical labour is the only source of their daily income. As we have seen in the chapter that the rate of fertility is found more among manual workers than in white-collared people.

The same principle can be applied to economically poor class. The fertility rate is found more among lower income group than the middle or higher income group people. Hence nearly 54.21% of the respondents have their annual income below 4000/- Rs. and 28.42% of the respondents have their annual income from Rs. 4,000/- to 8,000/- as against it, 17.37% of rest of the respondents have their annual income from Rs. 8,000/- to 20,000/-. It means that 82.63% of the respondents' annual income is not satisfactory with a view to the rising standard of living.

Religion plays an important role while analysing the outlook towards children. It has been assumed that the

population growth rate is found more among religious minority communities than the majority community. And as such the distribution of respondents on the basis of religion is as follows. Hindus 34.73%, Muslims 30.53%, Christians 27.37% and Jains 7.37%. It means that the percentage of Jain respondents is much less than the rest of Hindu, Muslim and Christian respondents.

Taking into consideration of number of samples selected, on the basis of sex, age, education, occupation, income and religion, for analysing the outlook towards family planning it is unique and moderate size of samples.

II) Family Life of the Respondents :

a) Type of family -

Nearly 58.95% of the respondents have adopted joint family system which is found more among Muslims (79.31%), Christians (67.30%) and less among Hindus (40.90%) and Jains (28.58%) as against it 41.05% of the respondents have adopted nuclear type of family, which is found more among Jains (71.42%), Hindus (59.10%) and less among the Christians (32.70%) and Muslims (20.69%). It means that joint family system is still prevalent in rural areas. But limited size of family cannot be maintained in joint family system than the nuclear family.

b) Ideal size of Family :

Though 58.95% of the respondents have adopted joint family system, but 75.78% of the respondents expect limited size of family. These respondents expect two or three children should be there in a family. The respondents, who expect limited size of family, are found more among Jains (100%), Christians (86.53%) and Hindus (80.30%) but little less among Muslims (55.17%). As against it 24.22% of the respondents expect four or five children in a family. These respondents are found more among Muslims (44.82%) and less among Hindus (19.69%), Christians (13.46%) and no one in Jains. It means that the average ideal and desirable size of family of three children is found among Jains, Hindus and Christians whereas the average ideal and desirable size of family of five children is found among Muslim respondents. It is interesting to note that some of the Hindu respondents do not expect three children because they believe that the figure 'Three' is inauspicious in one's life, hence they give preference either to 'two' or 'four' children.

c) Economic Life of Family :

The economic condition of family is generally based on occupation of head of the family. Nearly 52.10% of the respondents are agriculturists or agricultural labourers hence their source of income is based on daily wages. Nearly 54.21%

of respondents' income amounts to Rs. 4,000/- per annum. It means that their daily income amounts to Rs. 11/-. In a rising standard of living majority of the respondents could not fulfil the essential needs of the family due to low income and large size of family. Hence 53.08% of the respondents gave preference to reduce the needs by limiting the size of family and 55.55% of the respondents gave preference to increase the wages. Though majority of the respondents are facing the economic problems of the family, still 84.22% of the respondents are mentally satisfied with the existing way of life due to sense of co-operation, well-feeling and unity among the members of the family. But those, who are not satisfied with the life, are so, because of more worries about the procreation and up-bringing of the children. Hence many respondents have understood the importance of limiting the size of family by adopting various measures of birth control.

d) Educational Life of the Respondents' Family :

As we have already seen that 37.90% of the respondents are illiterate and 16.84% of the respondents have taken education upto 4th standard. Many respondents (61.58%) have realised the necessity of giving more education to their children. But one interesting thing is to be noted that the parents are not thinking to give higher education to daughters

because it will affect on their marriages. Generally, the percentage of giving higher education to children is found more among Jains, Christians and Hindus whereas it is found less among Muslim respondents. Nearly 22.41% of the Muslim respondents, 10.60% of the Hindu respondents and 5.77% of the Christian respondents are utilising the labour of their children to meet their economic requirements, hence they do not give higher education to their children. At the same time 43.15% of the respondents couples are performing some secondary professions like household, tailoring, domestic business etc. On the whole illiteracy and poverty are the two basic factors responsible for achieving the welfare activity of the family. Only 17.90% of the respondents are employed either in government or co-operative or in education department, where the respondents have received protection of their service and salary, and these employed respondents fulfil their basic requirements of the family not only because of better and regular salary but they have kept smaller size of families.

III) Marital Life of the Respondents :

a) Age of Marriage -

The age at marriage plays dominant role for increasing the fertility rate of population. The earlier the marriage the greater the size of family and later the marriage the

smaller the size of family. Nearly 51.57% wives of the respondents got married at the age group between 15 to 19 years whereas 4.21% male respondents got married at the same age group. The females who got married in this age group are found more among Muslims (65.52%), Christians (53.85%), Jains (50.00%) and little less among Hindus (37.88%). As against it 45.78% wives of the respondents got married at the age group between 20 to 24 years. Highest among them are found in Hindus (57.58%), Jains (50%), Christians (65.38%) and less in Muslims (34.48%) whereas 74.73% male respondents got married in the same age group. It means that the age at marriage for bride and bridegroom varies from 15 to 24 years. But age at marriage for females is less than that of males. Generally parents are performing marriage of their daughters within 19 to 22 years of age. The parents are very much eager to fulfil their parental responsibility by arranging the marriage of their daughters as early as possible but not before puberty. Hence parents are not interested to give higher education to their daughters. If we change the outlook of parents to give higher education to their daughters, the age at marriage will further increase and the rate of fertility will be further reduced.

Another important aspect is to be noted that the bridegroom is not ready to get married till he becomes economically self-sufficient and hence he takes higher education. A self satisfied higher educated bridegroom

expects more educated bride. Hence spread of higher education among male and young females will definitely increase the age at marriage is one of the basic natural way of birth control.

b) Type of Marriage :

In almost of all religious communities of Ajara marriages are arranged by the parents of bride and bride-grooms. As far as type of marriage is concerned monogamous marriage prevails in concerned religious communities of Ajara. The general belief of the people is that the polygamous marriage is found in higher percentage in Muslim community. But not a single respondent of Muslim community was found have adopted polygamous marriage. In this regard many Muslim respondents are of the opinion that once upon a time it was prevalent in more or less among highly traditional and economically well established people of Muslim community. But due to rising standard of living almost all the respondents have adopted monogamy. The economic condition of Muslim respondents is too weak that they cannot afford to accept polygamy. Another important factor for acceptance of monogamy is the impact of Hinduism. It has been said that the Indian Muslims are converted from Hinduism in Moghul period, hence some of the customs and traditions of Hindus are practised by the Muslim respondents and one of them is monogamous marriage which is found in all four religious communities.

c) Objectives of Marriage :

Nearly 6.84% of the respondents do not know the objectives of marriage. But those who know the objectives they had given first preference to religious duty (64.21%), 26.84% of the respondents have given second preference to progeny and 11.05% of the respondents have given third preference to sexual satisfaction whereas only 4.73% of the respondents have given fourth preference to procreation of children. The respondents who believe in religious duty, do not know exactly what type of religious duty they perform by getting married. They believe that children are God's given gift. Progeny is not only a means of continuation of family but a means of one's religious followers. Hence marriage is performed in accordance with one's religious customs and traditions.

d) Fertility rate :

The average fertility of all the respondents amounts 3.53. But when we analyse the specific fertility rate of each religious community we find Hindus (3.13), Christians (3.11) and Jains (2.78) have below the average fertility rate whereas Muslims (4.55) have crossed the average fertility rate. It is because of early marriage of females, the desirable size of larger family and less percentage of women's higher education.

e) Interval between the pregnancy :

The fertility rate is generally based on the interval between the two pregnancies. Nearly 23.68% of the respondents couples gave birth to a child within one year of after the marriage. Amongst them are found more in Muslims respondents (34.48) and followed by Hindus (22.73%), Christians (19.24%) and Jains (Nil).

Nearly 14.24% of the respondents couples gave birth to a child within one and half years after their marriages. Amongst them are found more in Muslim respondents (25.86%) and followed by Jains (14.28%), Hindus (12.12%) and Christians (5.76%).

And nearly 43.16% of the respondents couples gave birth to a child two years after their marriages in which Jains are found in higher (78.57%) percentage followed by Hindus (51.52%), Muslims (34.48%) and Christians (32.70%). It means that the interval between two pregnancies is kept very less among Muslims than the other respondents. Hence it is essential to stress the contraceptives for birth control for increasing the period of interval between the two pregnancies.

f) Outlook towards children :

As we have already seen that the fertility rate is based on ideal and desirable size of family, age at marriage of the girls and the interval between the two pregnancies, which varies from individual to individual and from community to community. It is well known fact that there is desire to have at least one son for the continuation of patriarchal family system. Besides that children are means of social and economic security to the parents in their old age. This idea is prevalent in almost all the religious communities in India. At the same time people believe that children are God's given gift and hence no ideal number could be given. Nearly 61.05% of the respondents gave birth to a child to fulfil the desire of male child. Amongst them are found more in Hindus (80.30%), Jains (71.42%), Muslims (58.62%), followed by Christians (36.53%). As against it 63.68% of the respondents are of the opinion that children are God's given gift. To refuse this gift means to behave against the laws of the God. These respondents are of the opinion that male or female child is determined by the fate of an individual or by the will of the God. God is not only the centrifugal force of the whole universe but he controls the birth and death of any living organism. The respondents of this opinion are found more among Muslims (70.68%), Christians (65.38%),

Hindus (62.12%) and Jains (35.71%).

But it does not mean that giving birth to a child is a command of any religious ideology for the existence, progress and all sided development of any specific religious ideology. In a patriarchal family system the continuation of family runs through male child, which is found in all the concerned respondents. The outlook towards son in Hindu religion is found by Muslims and Christians because they are converted from Hinduism.

Nearly 27.36% of the respondents couples look towards their children as a means of protection in their old age. Generally parents do not prefer to take help or protection from their son-in-laws. The problem of aged people is more prevalent in nuclear type of family than joint family. Hence 48.48% of Hindu, 35.71% of Jain, 15.51% of Muslim and 11.53% of Christian respondents look towards their children as a means of protection or security for their parents in oldage.

But only 7.36% of the respondents look towards their children as a source of income through their manual labour. These respondents are found more among Jains (14.28%) and Muslims (13.79%) and less among Hindus (4.54%) and Christians (1.92%). Hence these respondents generally do not give

higher education to their children but utilise their labour for traditional profession.

IV) Outlook towards family planning :

The family planning attitude surveys show that people in rural areas consider that four children constitute the ideal and desirable size of family whereas in urban areas three children are taken to constitute the desirable size of family. Whereas in rural areas an interval of one to one and half years is considered desirable and in urban areas it is considered two to three years between the two children.

Knowledge relating to family planning as also their willingness to learn is significantly correlated with education, age, economic condition~~and~~ and the number of living children but not with caste or religion. There is no organised religious or social opposition to family planning. Willingness to learn measures of family planning is found high among those who had four or more living children and whose age is 35 years or more.

The majority couples have said that they would not have more children because of economic condition, rising standard of living and the health of mother. Though we do not find any religious or social opposition to family planning from any section of community, the eligible couples adopt the

suitable contraceptives for birth control only when they complete the ideal and desirable size of family.

Difficulties in fulfilling the basic requirements and inability to give personal care to children are the two most important motivating factors responsible for opposition to have more children.

The three major motivating factors responsible for 'wishing' to have more children are found to be 'to make the home happy', 'to be taken care of parents in old age' and 'to ensure family survival'. Decrease in child mortality as well as progress in education and material well being create a tendency to weaken the desire for large families in future.

By taking these considerations into account we can say that 48.43% of the respondents' couples are in favour of adoption of contraceptives, specially sterilization, by both from the couples i.e. wife and husband whereas 51.57% of the respondents' couples are in favour of adoption of sterilization either of the two. It means that there is no organised opposition to sterilization but the only difference among some of the respondents is about who i.e. whether wife or husband or both should adopt sterilization.

Knowledge of Contraceptives :

As far as knowledge of various contraceptives of birth control is concerned 83.15% of the respondents are well aware of sterilization as against to it 12.10% of the respondents who know about rise in age at marriage and 11.57% of the respondents who know about self control and only 6.31% of the respondents who are aware of condom. It means that sterilization is most popular contraceptive in rural areas rather than other contraceptive. Majority of the respondents are of the opinion that family planning means only adoption of sterilization. It is because of government agency organises special sterilization camps at various places once or twice in a year and governmental agencies try to motivate the eligible couples for the sterilization by giving some financial or material assistance to those who have undergone sterilization operation. Generally illiterate and economically backward eligible couples are attracted towards sterilization.

Well literate and middle class couples do not prefer to adopt sterilization but adopt other contraceptives like adopt other contraceptives like pills, condom, safe period etc.

It means that people from rural areas are not aware of all the contraceptives of birth control as compared to sterilization. Hence it is essential to spread the knowledge of various contraceptives of birth control through media of mass communication.

Adoption of family planning measures :

Nearly 83.53% of the respondents couples have willingly adopted suitable measures of family planning. Highest amongst them is found in Hindus (93.93%). Next are Muslims (81.04%), Christians (75%) to and little less among Jains (35.72%). But 86.27% of them have adopted sterilization measure whereas 7.84% of the couples are using condom and 4.57% of the couples are using self control.

Those, who have adopted sterilization (86.27%) are found more among Jains (100%), Muslims (95.47%), Hindus (82.25%) and Christians (79.48%). But 80% of the respondents' couples are in favour of female sterilization. Generally male sterilization is not adopted in rural areas. However, we do not find any strong opposition for sterilization from any section of the community.

But 7.84% of the respondents are practising condom, which is found more among Christians (12.83%), Hindus (8.06%) and Muslims (4.25%). Generally well educated and economically sound couples prefer either condom or pills. As against it

the people who perform physically hard work adopt sterilization. The illiterate people are not aware of various contraceptives of birth control other than sterilization and hence adopt sterilization. Whereas better literate and economically sound employed people are richly aware of various contraceptives by reading articles or through media of mass communication. Hence they prefer not to adopt sterilization. So population education plays an important role in choosing the suitable contraceptive of birth control.

In every concerned religious community a preference is given to tubectomy i.e. female sterilization than vasectomy i.e. male sterilization. It is because of outlook of wife towards husband. She feels that husband is the basic source of family income and if he fails to perform his duties by adopting vasectomy, the whole family will have to face difficulties. Wife always tries to protect the life of her husband as if he is God to her. She does not expect a widow's life in her future span of life. Hence she herself adopts sterilization and protects her husband from under going vasectomy operation.

Sterilization and ideal size of family :

As we have already seen that there is no organised opposition to family planning from any section of the religious community. But eligible couples adopt the suitable measures

of birth control only when they complete their ideal and desirable size of family which varies from person to person and from religion to religion. 47.02% of the sterilized couples have adopted sterilization after 2 or 3 children, amongst them are found more in Jains (80%), Hindus (62.75%), Christians (53.13%) and less among Muslims (21.74%). Whereas 40.29% of the sterilized couples have adopted sterilization after 4 or 5 children amongst them are found more in Muslims (58.70%), Christians (34.37%) and Hindus (31.37%) and no one from Jains. And as against to it 12.69% of the sterilized persons have adopted sterilization after 6 or 7 children, amongst them are found more among Jains (20%), Muslims (19.56%), Christians (12.5%) and Hindus (5.88%).

It means that adoption of sterilization is practised after completion of desirable size of family. Almost all the concerned sterilized couples have accepted the sterilization with mutual understanding of wife and husband and not by any external force. Hence it is essential to change the outlook of the respondents of ideal and desirable size of family.

Role of sterilization camps :

As we have seen that department of health and family planning coming under Zilla Parishad organises special sterilization camps through concerned Panchayat Samitees once or twice in a year specially at government hospitals or

at primary health centres. So to complete the expected target of sterilization the concerned Panchayat Samitee motivates the concerned eligible couples for adoption of sterilization by giving financial or material assistance to them. Hence sterilization is most popular and effective measure of birth control. But only 18.66% of the concerned respondents' couples adopted sterilization at special camps, highest among them are found in Hindus (27.46%), Christians (21.87%) and Muslims (8.70%). And generally economically weaker selections of the community prefer to adopt the sterilization at special camps with the intention to receive financial assistance.

But 55.97% of the respondents couples prefer to adopt sterilization at government hospital, other than the in camp period because of low charges of sterilization. Generally these respondents couples are illiterate, economically unsound and belong to middle class. These respondents are found more among Jains (80%), Christians (68.76%), Hindus (50.98%) and Muslims (50%).

As against it 25.37% of the respondents couples prefer to adopt sterilization at private medical practioners' because proper private precaution and treatment given to the patient. Generally, these respondents are highly literate and belong to higher economic class. These respondents are found more among Muslims (41.30%), Hindus (21.56%), Jains (20%) and less

among Christians (9.37%). It means that due to heavy rush at special camps patients are neither well accommodated nor well treated, hence few eligible couples are attracted towards special camps. In this context it will be very useful and most effective if special sterilization camps are organised on small scale at various places by utilising well equipped mobile vans from time to time.

Sterilization and its effect :

The general feeling of concerned people in that after adoption of sterilization certain persons suffer from waistache, stomachache, fatness and physical weakness. But in fact it is true to some extent. No doubt 64.93% of the concerned sterilized respondents do not face any physical trouble but 35.07% of the respondents are suffering from either of the physical troubles. Nearly 78.72% of the troubled respondents are suffering from waistache, 23.40% are suffering from stomachache, 10.63% are suffering from weakness and 6.38% of them are suffering from fatness. But these physical problems are curable and cannot be treated as major physical problems. Though concerned eligible couples are aware of these troubles, they adopt sterilization. It means that if proper care and precaution is taken at the time of operation and after operation these troubles would not be there for the eligible couples in future. Nearly,

88.06% of the respondents' wives have improved their general health. Irrespective of it 95.78% of the respondents couples are very much satisfied with their familial and marital life after adoption of various contraceptives of birth control.

Family planning and Family Welfare :

Nearly 95.78% of the respondents couples have realised that family planning is one of the major means of achieving family welfare. But rest of the 4.22% of the respondents, even by adopting various contraceptives, are not satisfied with their familial life because of low income and rising standard of life. But those, who are satisfied with familial and marital life cannot exceed their budget or curtail their expenses. Nearly 93.15% of the respondents have understood that family planning measure does not only limit the size of family but it helps to improve the health of mother and children. Only 6.85% of the respondents couples face waistache, stomachache, fatness and weakness hence the health of mother does not remain so satisfactory according to concerned respondents.

Spread of Family Planning :

Nearly 79.47% of the respondents couples stress the need of family planning to their relatives, neighbours and friends as means of family welfare, highest among them are found in Muslims (80.95%), Christians (73.68%), Hindus

(57.81%) and little less in Jains (28.57%). Some of the respondents stress the need of family planning in national interest. Highest among them are found in Jains (57.14%). Hindus (50%), Christians (34.21%) and little less among Muslims (9.52%). Nearly 15.89% of the concerned respondents stress the need of family planning in the interest of satisfaction of marital life, amongst them are found more among Muslims (28.57%), Hindus (12.5%) and Christians (10.52%). But as against it 11.25% of the concerned respondents stress the need of family planning as a means good health of mother and child. Highest among them are found in Hindus (21.87%), Jains (14.28%) and less among Christians (2.63%) and Muslims (2.38%).

But 20.53% of the respondents do not stress the need of family planning to any relatives, friends or neighbours because they feel that to give advise means to make intervention in somebody's marital life. Nearly 41.02% of the concerned respondents are of the opinion that adoption of suitable contraceptive is completely a private affair. These respondents are found more among Hindus (50%), Muslims (50%), Jains (42.85%) and Christians (28.57%). Nearly 25.64% of the concerned respondents are of the opinion that non adoption of family planning is religious affair, hence they do not wish to interfere in anybody's religious life. These respondents are found only in Christians (35.71%) and

Muslims(31.25%). But very few respondents do not stress the need of family planning because of lack of time from their daily routine. But if we change the outlook of these respondents by giving them population education, the family planning programme will be successful in future.

Family Planning and its symbol :

As we know that the symbol used for mass media publicity is a red coloured inverted equilateral triangle for the spread of message of family planning, which indicates maximum three children having interval of three years between the children. But only 61.05% of the respondents know its real meaning whereas 38.43% of the respondents do not know its meaning and .52% of the respondents know their meaning to some extent. Hence in order to spread the message of family planning Government of India and Government of Maharashtra decided to change the symbol of family planning for its meaningful interpretation as shown in the appendices.

Family Planning and Slogans :

In order to spread the message of family planning list of slogans are prepared in Hindi, English and in every regional language. Some of the slogans are most popular and more meaningful in Marathi e.g. 'Lahan Kutumb Sukhi Kutumb' (Small family, happy family), 'Mule Thodi, Sansarat Godi' (Few children, sweet life), 'Kutumb Lahan Sukh Mahan'

(Smaller the family happier the life) etc. Nearly 85.26% of the respondents know the slogans, out of which 80.53% of them know its meaning and 8.94% of the respondents know their meaning to some extent. But 14.74% of the respondents do not know the slogans and their meaning due to illiteracy. For the illiterates new media of mass communications will be most effective for the spread of message of family planning e.g. Television, Radio, Movie Pictures, Posters, Filmstrips etc. Nearly 63.68% of the respondents have seen the movie pictures related to family planning whereas 36.32% of the respondents did not see the pictures because of dislike non-availability of theatres and expenses involved. Hence if public film shows are organised from time to time it will be most effective for the spread of message of family planning. Public television sets will also play a fundamental role in spreading the message.

Family Planning and medical advice :

As we have seen that regular pregnancy not only weakens the health of mother but child as well. But 50.53% of the respondents take advice from the medical practioners in relation to health and family planning and act in accordance with their advice. But 49.47% of the respondents do not take any advice from the medical practioner in relation to family planning, because 36.17% of them are either newly married or they have not as yet completed the

desirable size of family, highest among them are found in Muslims, Hindus and Christians. Nearly 30.86% of the respondents do not want to take advice because they are of the opinion that adoption of family planning measure is a private affair, hence they do not wish to take any advice. These respondents are found among Jains (57.15%), Christians (41.93%), Muslims (25.92%) and Hindus (17.25). Nearly 13.83% of the respondents do not take any advice because they feel awkward to take the advice, which is in relation to sex desire. It is essential to convince the concerned people that adoption of family planning is not doubt a private affair but it has social and national importance. The success of family planning is based on social responsibility hence proper advice is essential for controlling the size of family. Population education plays an important role in changing the outlook of the people.

The knowledge of contraceptives :

In order to spread the knowledge of various contraceptives of birth control Government of India and State Governments launch various programmes through media of mass communications. But in fact 38.43% of the respondents are aware of all the contraceptives used for birth control. Highest among them are found in Christians (71.16%), Jains (57.15%) and less among Hindus (27.28%) and Muslims (17.24%). It is possible because of population education they have received from various sources.

As against it 56.84% of the respondents do not know all but very few contraceptives e.g. condom, sterilization and copper T. It is because of more stress given by the agencies of government. Specially sterilization is most popular and adopted measure of birth control in rural areas due to organising of special camps of sterilization and due to giving financial or material help to sterilized person. These respondents are found more among Muslims (81.03%), Hindus (71.21%), Jains (42.85%) and less among Christians (15.38%).

But only 4.73% of the respondents do not know any contraceptives. Generally, these respondents are very aged, hence they did not require to be aware of the contraceptives.

It means that government has made much progress in making aware of public not all but few, measures of contraceptives. But it is essential to make aware people of all the measures of contraceptives, so that the concerned couple may adopt suitable measure for limiting the size of family.

Measures to spread the contraceptives :

In order to spread the knowledge of various contraceptives with their advantages and disadvantages respondents have suggested some of the measures.

i) Population education :

Nearly 51.05% of the respondents are of the opinion that population education should not be restricted to only academic curriculum but it should be given to common people by way of most effective measure of mass communication and that too through recreation. These respondents are found in Muslims (58.62%), Christians (53.84%), Hindus (50%) and Jains (14.28%).

ii) More Canvassing :

Nearly 48.42% of the respondents suggested to canvass the various contraceptives with their respective advantages and disadvantages to the people by way of most effective methods. Generally many people do not know about safe period, abstinence, coitus interruptus, jellies, pastes and cream etc. Instead of sterilization, condom and Copper T many people are interested to know about other measures of contraception.

iii) Decentralization of Sterilization Camps :

About 35.26% of the respondents are of the opinion that sterilization camps should be organised on village level in small scale throughout the year, instead of once or twice in a year at government, taluka or primary health centres. It will be most effective if well equipped mobile van is used for sterilization operation. Generally many concerned people

face many problems if such camps are organised at primary health centres e.g. living accommodation, travelling expenses, lack of proper treatment etc. Hence sterilization camps should be organised throughout the year in small scale near neighbouring villages on Sundays or other holidays in schools or at other public places.

iv) More financial assistance :

Nearly 12.10% of the extreme poor respondents expect more financial or material assistance for sterilized persons, so that poor people can be attracted for adoption of sterilization. It means that these respondents have not really understood the importance of family planning. As against it those who have adopted sterilization not for the sake of receiving financial assistance but to limit the size of family in true sense. These respondents have understood that family planning is a real march of achieving welfare of family.

Family Planning and religious beliefs :

As we have already seen from the census report that the population growth rate is much higher in religious minority communities than the majority Hindu community in India. It is a general belief that minority communities oppose family planning programme on religious ground i.e. to increase the number of followers. Majority of the respondents look towards

their children as a gift given by the God and to reject this gift means to act against the will of the God. But in fact 64.73% of the respondents do not think that family planning is anti-religious activity. These respondents are found in Jains (92.85%), Christians (75%), Hindus (74.24%) and Muslims (37.93%).

Whereas 16.84% of the respondents do not know exactly whether family planning is anti-religious or pro-religious activity. These respondents are found more among Muslims (51.73%) and less among Jains (7.15%) and Hindus (1.52%). As against it 18.43% of the respondents are of the opinion that to adopt family planning is an intervention in one's religious life. These respondents are found among Christians (25%), Hindus (24.24%) and Muslims (10.34%) and none from Jains.

In this context social reformers, religious leaders and intellectuals of every religious community should necessarily convince the people that family planning is not anti-religious activity. But, we do not find any strong opposition to family planning from any section of the community.

Opinion about compulsory sterilization :

The question of compulsory sterilization has been the subject of lively public debate over the last few years. Nearly 38.95% of the respondents are in favour of compulsory sterilization act, highest among them are found in Jains (100%), Hindus (54.53%) and less among Christians (28.85%) and Muslims (15.52%). But as against to it 61.05% respondents are not in favour of compulsory sterilization act. Amongst them are found more in Muslims (84.48%), Christians (71.15%), Hindus (45.46%) and none from Jains. It does not mean that these respondents are against family planning but are against compulsion, which is undemocratic. The success of family planning is based on adoption of various measures of birth control, willingly. These respondents are of the opinion that compulsory sterilization decreases the value of other contraceptives. The State Governments should take other bold steps in limiting the size of family upto three children in case of all Indian citizens without distinction of caste, creed or religion as applied to State Government employees.

Looking into the future, the outlook of different religious communities towards family planning has been changed from the past, not because of spread of education but due to economic problems faced by the common people in a rising

standard of living. Generally, poor and illiterate people have understood the necessity of family planning as a means of family welfare. But Government should take strict action against rumour mongers who ~~damage~~ and disturb the national activity of family planning programme.

Another important step should be taken that population education should not be only made compulsory subject in secondary or higher secondary education but it should be given to all people by way of using the media of mass communication.

Irrespective of it sterilization camps should be organised in every village bu using mobile vans. But one thing is sure that there is no strong opposition to family planning from any section of the Indian Society. Majority of the concerned people adopt the measures of contraception but only when they attain their ideal and desirable size of family. Hence it is essential to change the ~~outlook~~ outlook towards desirable size of family, if it exceeds three children.