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ATTITUDE AND ACCEPTANCE OF FAMILY PLANNING PROGRAM

Dr. Sukrita Tirkey

Assistant Professor, School of Anthropology & Tribal Studies, Shaheed Mahendra Karma Vishwavidyalaya, Dharampura, Jagdalpur, District: Bastar 494001, India

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ABSTRACT

India was the first country who had formulated National Family Planning Programme (NFPP) in 1952 to control birth rate and to the level the population. It was not an easy task to implement NFPP in India, As India is having vast ritual views on birth rate and the whole concept was directly attached with spirituals thoughts.

Uncontrolled growth in population is the biggest problem for any developing country. Many of the remedies were taken to crisscross the population growth. Family planning program is an initial step of government used as prevent population growth. Many such programs were accepted by the individuals to check unwanted pregnancies. In some extent, it has become a beneficial remedy for the Government, but in villager's scenario it is not doing well. Now it became very crucial to test an individual's attitude and acceptance of the Family Planning Program in the village. This paper is an attempt of find out the attitude and acceptance of Family Planning Programme among the people of the village. This study is carried out in the interior village to check their attitude and acceptance of various Family Planning Programs run by the Government. For the purpose of the study data from 70 couples of Karanji village situated in Bastar district was considered. This study concluded that only fewer of the peoples for the selected village has shown positive attitude towards Family Planning Program and most of the couples are not accepting the Family Planning Program.

KEYWORDS: *Family Planning Program, Attitude, Acceptance, Unwanted Pregnancies*

INTRODUCTION

In India the family planning contributes to the health of mothers and children worldwide by reducing maternal and infant mortality. When wide range family planning services are offered in the context of integrated family planning and maternal and child health care, the health of women and children in that community can be greatly improved.

The technological advance and improved quality and coverage of health care resulted in rapid fall in the crude death rate from 25.1% in 1951 to 9.8% in 1991. In contrast, the reduction of child birth rate has been less steep, declining from 40.8% in 1951 to 29.5% in 1991. As a result, the annual exponential population growth rate has been over 2% in the period between 1971-1991. India, when celebrated its golden jubilee independence made a commitment to accelerate the process of population stabilization. The fertility rate is not declining as fast as expected. The total fertility rate in India during 2009 is 2.7%, the total marital fertility rate was 5.4%. Various factors, such as a strong preference for a son, the low status of women, a high infant mortality, high none-literacy level, inadequate target free health-care facilities, and irregular follow-up services provided by the health staff play major role in keeping eligible couples from accepting contraception. The wide variations of existing customs, beliefs, barriers, such as lack of awareness, negligence of small family

responsibilities and socio-economic development among Indian's, the people generally favor a large family size and thereby are not in favor of adopting methods of contraception (Krishna Nath and Vishwarath, 2001).

Worldwide, nearly 40% of pregnancies are unintended and an estimated 350 million women in the developing countries of the world either did not want their last child, do not want another child or want to space their pregnancies, but they lack access to information, affordable means and services to determine the size and spacing of their families. In the developing world, 514,000 women die annually of complications from pregnancy, anemia and abortion. In United States, in 2001, almost half of pregnancies were unintended (WHO, 2007).

Family planning is the voluntary planning and action taken by individuals to prevent, delay or achieve a pregnancy. Family planning services include counseling and education, preconception care, screening and laboratory tests, and family planning methods. Family planning methods include abstinence, natural family planning and all FDA approved methods of contraception including hormonal contraception and contraceptive supplies such as condoms, diaphragms and intrauterine devices.

Historical Perspective of the Family Planning Programme in India

The increase in the population of India and the pressure exercised on the limited resources of the country had brought to the forefront the urgency of the problem of family planning and population control. The main appeal for family planning was based on consideration of health and welfare of the family. Family limited or spacing of children was necessary and desirable in order to secure better health for the mother and better care and upbringing of children.

It was spelt out in the First Five Years plan that a programme for family limited and population control should obtain an accurate picture of the factors contributing to the rapid population increase in India; discover suitable techniques of family planning and devise methods by which knowledge of these techniques could be widely disseminated and make advice on family planning an integral part of the service of the hospitals and public health agencies. A sum of Rs. Sixty five lakhs was allocated by the central government in the plan of the Ministry of the Health for the family Planning Programme. The Second plan was to continue the programme on a substantially increase scale. Nearly Rs five crores were provided for the Programme. About 300 urban and 2000 rural clinics were to be set up during the plan period. Two committees were to be set up at the centre, one concerned with population policy and the second for research and programmes relating to family planning. The broad objective of the health and family planning programmes in the third plan was to expand health services, to bring about progressive improvement in the health of the people by ensuring a certain minimum in physics well-being and to create condition favorable to greater efficiency and productivity. The third plan provided for education and motivation for family planning, provision of services, training, supplies communication and motivation research, demographic research and medical and biological research.

Family Planning found its place in the fourth plan as a programme of highest priority. Family Planning was to remain a centrally sponsored programme for at least a period of ten years and the entire expenditure was to be met by the central Government. The programme for family planning was to continue on the same high priority during the fifth plan period. It was expected that the programme would have greater accent on the quality of acceptors so as to have better demographic effect. The approach was to increasingly integrate family planning services with those for health, maternity and child health and nutrition. Efforts were to be in the direction of converting more and more vertical programme workers into multipurpose workers who could pay special attention towards family planning programme. The Sixth plan was to

implement the family planning programme keeping in view the overall demographic objective and policy in view. The programme was to continue to receive a very high priority and was to be fully centrally sponsored programme. The strategy was to integrate India singly with those of health, nutrition, intensive rural development and other socio- economic service forming part of the Revised Minimum Needs Programme. (Seventh to 12th plan added).

The growth of population is one of the major problems of India. About 2.4 per cent of the total land area of the world is in India. It has to supports about 15 per cent of the total world population. India's population has increased steadily over the years. The growth rate has been must higher after 1951. In the decade 1961-71 India's population increased by 109 million and in 1971 -81 it increased by 136 million.

Rapid rise in population has affected the national economy. The large population size results in low per capita income. In the economically developed countries, development generally coincided with the period of increasing population, but in India the problem has been faced even before the country could increase in India's population brought a realization regarding the seriousness of the problems and the family planning programme was launched formally and officially as a Government of India programme.

Motivation is a very important factor for acceptance of family planning. The problem of demand which essentially means motivation for family planning service is far more complex than the supply of these services. Bringing about a change in the attitude and behaviour of people, especially in such an intimate area as contraceptive practices, is a very difficult and delicate task. Not only the individual, but also the group decision to accept the small family norm has to be brought about through persuasion and education. Prominence will be given to inter-personal and group communication at the village level to bring about the necessary level of motivation.

POPULATION POLICY

There is growing national awareness of population problems and the impotents of appropriate policies to deal with them. At the time of independence, India had a large population living below the subsistence level. That is why India was among the first counties to adopt population control as an integral part of its development programme. Population growth is a very complex problem special in India where the population base is very large, even a small growth rate adds a large absolute number to its population. Pressure of population arising from large population base and even a moderate growth rate puts a brake on both economic development and social change. Social and policy responses to the problems therefore have to be determined after assessing the anticipated population situation.

In the perspective of development, population policy should reflect the concern for the individuals as well as community's dignity, needs and aspirations. Population policy should not be too narrowly conceived in terms of population control. It must deal with overall development issues and provide a framework for long-term planning. Many developmental programmes , not only those for improvement in health care, but in water supply ,literacy of women, productive employment of women and improvement of their economic and social status also interact with fertility reduction programmes.

The problem for creating the necessary demand for family planning services is quite complex. All indications suggest that the effective demand is generated by various socio-economic development programmes such as programme for health, education, employment, nutrition and rural development. Employment opportunities and income generation are

important factors in motivating people towards the small family norm. The age at marriage is an important determinant of fertility. Motivation also depends on effects communication and most effective channel for communication is extensions for this purpose. Education and pace of development help changing value system of the people. Status of women is also an important factor as it is the women who have to bear the brunt, not only of bearing children but also of rearing them. The approach to population policy should be a comprehensive one, linked closely with a whole range of socio-economic programme.

The first population policy as announced on the 17th April 1976 and the second announced on March 28th 1977 need special mention here. The main features of 1976 policy were:

- To raise the minimum legal age of marriage from 15 to 18 years for girls and 18 to 21 years for boys.
- Increasing the amount of monetary compensation for sterilization to a substantial amount both for male and female acceptors.
- Freezing of people's representation in the Lok Sabha and the State Legislatures on the basis of 1971 till the years 2001.
- Eight per cent of the central assistance to state plans to be specifically earmarked against performance in family planning, and
- The introduction of compulsory sterilization and specific .measures of incentives and disincentives to family planning to be left to the choice of the State Government.

The principal thrust was to give a boost to the family planning programme and thereby bring down the birth rate.

It was envisaged in the policy that it would be the responsibility of all the ministry and departments of the Government of India as well as of the State Governments to take up as an integral parts of their normal programme and budgets, the motivation of the citizens towards responsible reproductive behavior.

Honourable President in his address to parliament on March 28th1977 stated that Family planning as an integral part of a comprehensive policy covering education, health maternity and child care. Family welfare women's rights and nutrition, was to be pursued as a wholly voluntary programme. The statement of policy made it clear that the Government was totally committed to the family welfare programme and was to spare no efforts to motivate people to accepts it voluntarily in their own interest and in the interest of their children as well as in the large interest of the nation. Mitra says that the National population policy statement calls for a population growth rate of 1.4 per cent and a birth rate of 25 per thousand by 1984 compared to the present growth rate of 1.7 to 1.8per cent and birth rate of 35 per thousands. He feels that this would require the crude birth rate to fall by one point or more per years over the coming years. Even if the crude birth rate shall fall at the rate of one point or more per year in the coming few years, it would not be realistic to expect such a pattern to continue if the crude death rate and particularly in infant and early child mortality rates remained at high levels. The success if a health and family planning programme depends to a large extent on willing participation of the people. The programme has been made a broad-based people's program so that people could be involved from all walks of life. Voluntary organizations, local bodies and private medical practitioners as well as management and labour in the organized sector have also been associated to make the maximum use of the available resources for options results. As efforts has been made in the direction of making family planning programme more popular with the people and acceptable to them.

FAMILY PLANNING METHOD

India launched the National Family Welfare Programme in 1951 with the objective of reducing the birth rate to the extent necessary to stabilize the population, consistent with the requirements of the national economy. Since its inception, the programme has experienced significant growth in terms of financial investment, service delivery points, type of services, and the range of contraceptive methods offered. Since October 1997, the services and interventions under the Family Welfare Programme and the Child Survival and Safe Motherhood Programme have been integrated with the Reproductive and Child Health Programme.

In the National Population Policy, 2000, the Government of India set as its immediate objective of the task of addressing unmet need for contraception to achieve the medium-range Objective of bringing the total fertility rate down to replacement level by 2010. One of the socio-demographic goals identified for this purpose is to achieve universal access to Information/counseling and services for fertility regulation and contraception with a wide range of choices (Ministry of Health and Family Welfare, 2000).

METHODOLOGY AND TOOLS OF DATA COLLECTION

The study villages had been randomly selected from the panchayats near by the Bastar area. The village Karanji is chosen for the study purpose; Karanji village have been choose because the village and it's hamates are present in interior area and predominated in their culture. An interview schedule and questionnaire, observation (participatory & non-participatory), FGD (Focus Group Discussion) and case studies were used as tools for the collection of data.

OBJECTIVES OF THE STUDY

- To ascertain the socio-economic conditions of the respondents.
- To find out the Knowledge, Attitudes and Practices of Family Planning
- To find out the Knowledge of modern contraceptives
- To know the availability of health services related to sterilization and lastly,
- To make recommendations and suggestions for policy making

SAMPLE SIZE

For the purpose of study the researcher had selected Karanji village of Bastar district of Chhattisgarh. In the part of research, 70 eligible couples were selected. The village was selected on the basis of:

- It is far away from district head quarter Jagdalpur, i.e. less urban impact.
- Concentration of tribal population i.e. ITDP area where more than 50% tribal population.
- Feasibility or accessibility to reach the Karanji village easily for field work.

A pre-intervention and post-intervention research study design was employed to evaluate the effectiveness of family planning health education on the knowledge, attitude and practice (KPA) rate among the selected population.

ANALYSIS

A combination of quantitative and qualitative methods was used for the analysis of the results. Information obtained through interviews and questionnaires which were subjected to content analysis, while that obtained by the use of rating scale and analyzed by quantitative procedures. Appropriate statistical procedures were used wherever possible.

FAMILY PLANNING PROGRAMME IN INDIA

The Family planning programme in India is a centrally sponsored programme. The state Government /Union Territories receive 100% assistance from the Central Government for the purpose as per approved patterns .Policy principles are laid down by the centre. Till end of 1976 family planning was a state subject. The 42nd Amendment of the Constitution has made population control and family planning a concurrent subject and this provision has been made effective from January, 1977. The administration and implementation of the Programme is a organised through an integrated structure of Health and Family Welfare Services at the Centre and the State. Within the general policy guidelines framed by the centre, the States have a measure of flexibility to adopt the programme according to local condition. The State are charged with the responsibility of administering the programme. They can made minor change within which they have to operate. The state governments cannot make major organizational changes without the concurrence of the Government of India. The programme continues to be a centrally sponsored scheme and the state Government/Union territories receive 100% assistance from the Central Government for the purpose as per approved patterns.

OBSERVATION: RESULT & DISCUSSION

Attitude and Acceptance of Family Planning Programme among the Bhatra of Bastar has not improving steadily. The Bhatra generally take no significant pre-natal care in the house, nor do they do so in the PHC, it is revealed that the average of ante-natal and post-natal care is very poor in all the Bhatra communities under study, living in close proximity. The Bhatra who are served by primary health center or subsidiary health center, are in a better position to have health and nutritional services than those living in remote areas. It is also seen that the Bhatra generally received pre-natal and post-natal care only if they suffer from severe illness during pregnancy and lactation period. It is due to the belief that delivery of the children is a normal process which does not require any special care (Kolay, 1997).

SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE

Family Size

A family is generally considered having parent with their children. Here, size of the family has been considered as size of the household. As already started, out of 100 Bhatra families have been classified here, according to their size. They are:

- Small sized families, having 3 member or less;
- Medium sized families, having 4-6 members;
- Large sized families, having 7-9 members; and
- Very large sized families, having 10 or more members.

The criterion of the composition of a family has been taken as a family having a common kitchen, common economic source and a common roof over the house. The sizes of Bhatra families have been shown in table 1 Out of the

total number of families surveyed, majority of the families are Small size (77.00%) which is the highest percentage in comparison with other size of families among Bhatra community. While (23.00%) are Medium size families.

Table 1: Family Size among Bhatra Tribe of Karanji Village

Small Size 1-3		Medium Size 4-6		Large Size 7-9		Total	
No.	%	No.	%	No.	%	No	%
77	**77.00**	**23**	**23.00**	**0**	**0**	**100**	**100**

Population Composition

Table 2 shows the distribution of the population with family structure among the bhatra. It is evident from the table that female composition (51.34)% is more than male (48.66)% of total population.

Table 2: Population Composition among Bhatra Tribe of Kinjoli Village

Population	No	%
Male	1050	48.66
Female	1108	51.34
Total	**2158**	**100**

Marital Status

Table 3 shows information regarding marital status. It obtained from the table that the various frequency related to the marital status i.e. married (46.68%), unmarried (52.11%), widow(0.40%), widower(1.34%) respectively.

Table 3: Marital Status of Bhatra Families

S. No.	Marital Status	Number	%
1	Married	232	46.68
2	Un married	259	52.11
3	Widow	2	0.40
4	Widower	4	1.34
Total		**497**	**100**

Age Group

Table 4 shows that age group distribution of the Bhatra tribal communities, a majority (15.80%) of the informants are in the age group of (1- 6) years. There is only (0.60) % in the age group 60 & above.

Table 4: Age (Group) Distribution Bhatra Families

S. No.	Age (group) in Years	Male		Female		Total	
		No.	%	No.	%	No.	%
1	0-6	42	15.38	37	16.30	79	15.80
2	7-14	71	26.01	45	19.82	116	23.20
3	15-17	17	6.23	21	9.25	38	7.60
4	18-21	18	6.59	16	7.05	34	6.80
5	22-25	15	5.49	13	5.73	28	5.60
6	26-35	63	23.08	60	26.43	123	24.60
7	35-45	37	13.55	27	11.89	64	12.80
8	46-60	9	3.30	6	2.64	15	3.00
9	Above60	1	0.37	2	0.88	3	0.60
Total		**273**	**100**	**227**	**100**	**500**	**100**

Literacy

Table 5 reveals that out of a total 421 surveyed population, (71.67%) are illiterates. Regarding the total literates are found to be primary school going students (128.34%) that higher, Middle level (54.18%). Whereas very low level (2.89%) are found to up to Graduate level.

Table 5: Educational Level of Bhatra in Kinjoli Village

Level of Education	Male		Female		Total	
	No.	%	No.	%	No.	%
Total Population (5+)	231	100	190	100	421	100
Illiterate	89	38.53	63	33.16	152	36.10
Literate	142	61.47	127	66.84	269	63.90
Read & Write	13	9.15	18	14.17	31	11.52
Primary	33	23.24	43	33.86	76	28.25
Middle	49	34.51	26	20.47	75	27.88
High School	27	19.01	21	16.54	48	17.84
Higher Secondary	17	11.97	18	14.17	35	13.01
Graduate	3	2.11	1	0.79	4	1.49

* Below 6 year of Children are excluded (79)

Occupation

Table 6 shows that out of total families highest percent agriculture cum labour (68%) followed by agriculture (17%), and lowest percentage (3%) in other occupation. Diversification of occupation lacking among the Bhatra.

Table 6: Occupational Status of Surveyed Family

S. No.	Occupation	No.	%
1	Agriculture	17	17.00
2	Labour	12	12.00
3	Service	3	3.00
4	Agriculture cum Labour	68	68.00
Total		**100**	**100**

Knowledge about Family Planning

Table 7 show that the table of Knowledge about Family Planning among Bhatra family. It reveals from the table that majority 95.00% of the bhatra family is knowledge about family planning but only 5.00% of Bhatra family does not have this knowledge about family planning.

Table 7: Knowledge about Family Planning

Respondents	No.	%
Yes	95	95.00
No	5	5.00
Total	**100**	**100**

Accepted Family Planning

Table 8 Show that the table of acceptation about family planning among Bhatra family. A large number of Bhatra people say that they should not accepted family planning. It reveals from the table that majority 70.00% of the Bhatra family is not accepted family planning. but 30.00%of Bhatra family should not about family planning.

Table 8: Accepted Family Planning

Respondents	No.	%
Yes	70	70.00
No	30	30.00
Total	**100**	**100**

Use the Method Family Planning

Table 9 it is evident from the table that the 70.00% families had been use Method of Family Planning and 30.00% did not take any Use Method Family Planning.

Table 9: Use the Family Planning

Respondents	No.	%
Husband	20	31.25
Wife	44	68.75
Total	**64**	**100**

Currently FP Method

As far family planning method is concerned for appropriate spacing the children in such a way that the women conceive with minimum risk of her as well as offspring's life and health (Kolay, 2005).Most people are not aware IUD/LOOP/CUT method. Table 10 reveals that most of them knowledge about operation 65.59 percent followed by above 6.45 percent knowledge about Oral pills. But (22.58%) should not about any family planning method.

Table 10: Currently FP Method

S. No.	FP method	No.	%
1	VT Operation	3	3.23
2	Tubectomy	59	63.44
3	Nirodh	4	4.30
4	IUD//Loop/CUT	1	1.08
5	Oral pills	6	6.45
6	Rhythm/ Safe period	2	2.15
7	Abstinence	1	1.08
8	Withdrawl	1	1.08
9	Any other	2	2.15
10	None	14	15.05
Total		**93**	**100.00**

Injection for Aabortion of Two Month

Table 11 Show that the Table of find out 42.18% respondent use injection for abortion and 57.81% of should not accept injection for abortion of two months.

Table 11: Injection for Abortion of Two Month

Respondents	No.	%
Yes	27	42.18
No	37	57.82
Total	**64**	**100**

Use of Family Planning Method

Table 12 Show that the table of family planning **a**t the time uses of family planning method how many children of respondent. Out of 157 respondents majority (34.39%) of two children. and (29.30%) of four children. and very few (15.28) percent of one children.

Table 12: Use of Family Planning Method

S. No.	Children	Number	%
1	One	24	15.29
2	Two	54	34.39
3	Three	33	21.02
4	Four	46	29.30
Total		**157**	**100**

Use Method

Table 13 exhibits of Family Planning Method. It can be seen from the table that the higher frequency at Family Planning Method use Female sterilization 50.70% as compared to the frequency (22.53%) Male sterilization. And (21.12%) Is use for family planning of pill. And very few percent use of Loop and inject table.

Table 13: Use Method

S. No.	FP method	No.	%
1	Female Sterilization	36	50.70
2	Male Sterilization	16	22.54
3	Pills	15	21.13
4	IUD//Loop/CUT	1	1.41
5	Inject able	1	1.41
6	Condom	2	2.82
7	Female Condom	0	0.00
Total		**71**	**100**

Knowledge about Condom

Table 14 knowledge about Condom Bhatra family in highlighted in table. It reveals that majority 71.87% of the Bhatra family does not have this knowledge about condom and 28.57% of the Bhatra family is knowledge about condom.

Table 14: Knowledge about Condom

Respondents	No.	%
Yes	18	24.32
No	46	62.16
Total	**64**	**100**

Place of Sterilization

Table 15 revels that majority (59.09%) of Bhatra family is use Rural hospital for their sterilization. And (20.31%) of use in camp for his sterilization. And (15.15%) of use in Govt /Municipal hospital. very few (3.03%) percent of going totake sterilization of UHC/UHP/UFWC.

Table 15: Place of Sterilization

S. No.	Place	No.	%
1	Govt/ Municipal Hospital	10	15.63
2	Govt. Dispensary	0	0.00
3	UHC/UHP/UFWC	2	3.13
4	CHC/Rural Hospital	39	60.94
5	Camp	13	20.31
Total		**64**	**100**

Rate of Care Received during and Immediately after the Operation

Table16 Show that the table of rate the care received during and immediately after the operation. Majority (61.90%) of the respondent are say that the facility of hospital is all right. And (25.39%) is say that the facility of hospital is very good. And (1.58%) is saying that the facility of hospital is not so good.

Table 16: Rate the Care Received during and After the Operation

Respondents	Number	%
Very Good	17	26.56
All Right	39	60.94
No So Good	1	1.56
Bad	7	10.94
Total	**64**	**100**

Health and Family Planning Worker about Other Method are Using

Table 17 Show that the table of Health and family planning worker about other Method are using about among Bhatra family. A large number of Bhatra people say that they should not using other Method of family planning. It reveals from the table that majority (71.87) % of the Bhatra family is not using other Method of family planning. But (27.69) % of Bhatra family should not about any other method of family planning.

Table 17: Health and Family Planning Worker about Other Method are Using

Respondents	No.	%
Yes	18	24.32
No	46	62.16
Total	**64**	**100**

Suggestion for Operation

Table 18 Show that the table of the suggestion for operation about family planning among Bhatra family. A (49.20%) large number of Bhatra people say that they suggestion for operation of family planning given by the ANM. and (23.80%) Is say that the decision is Self. but (9.50%) very few percent say that suggestion for operation of family planning given by the 30.00 Anganwadi.

Table 18: Suggestion for Operation

Respondents	No	%
ANM	31	48.44
Anganwadi	6	9.38
Old man	0	0.00
Husband	11	18.75
Self	15	23.44
Total	**64**	**100**

Knowledge about Place which gives you Benefit of Family Planning

Table 19 show that the table of Knowledge about place which gives you benefit of Family Planning among Bhatra family. It reveals from the table that majority 64.06 % of the Bhatra family is knowledge about benefit of family planning but 35.93 % of Bhatra family does not have this knowledge about benefit of family planning.

Table 19: Knowledge about Place which gives you benefit of Family Planning

Respondents	No	%
Yes	41	64.06
No	23	35.94
Total	**64**	**100**

Name of the Place

Table 20 revels that majority (70.31%) of Bhatra family is use Camp Knowledge about place which gives benefit of Family Planning. And (20.31%) of use in Govt/Municipal for Knowledge about benefit of Family Planning family. (6.25%) of use in Sub Center / ANM. And very few (3.13%) percent of going to take Knowledge about benefit of Family Planning for Govt. dispensary.

Table 20: Name of the Place

S. No.	Place	No	%
1	Govt/Municipal Hospital	13	20.31
2	Govt. Dispensary	2	3.13
3	UHC/UHP/UFWC	0	0.00
4	Sub Center/ANM	4	6.25
5	Camp	45	70.31
Total		**64**	**100**

Current use of Family Planning Methods among Bhatra

Table 21 present current users of various contraceptives method among Bhatra. This table reveals that 22.58 percent of the total respondents were not using any contraceptive methods. It can be seen from the table that Bhatra couples are very highly aware about terminal contraceptive methods as well as spacing methods. Awareness about VT and TT was found to be 30.55 percent and 8.33 percent respectively. However, most of them are aware about nirodh, IUD/Loop/ Cut, oral pills, abstinence and Rhythm/ safe period as methods for avoiding conception.

Table 21 :Current use of Family Planning methods among Bhatra

Contraceptive Method	Currently using	
	Number	Percentage
a. Any method	72	77.42
b. None	21	22.58
Total	**93**	**100**
a.VT	22	30.56
b. TT	6	8.33
C. Nirodh	3	4.17
d. IUD	0	0.00
e. Oral pills	41	56.94
f. Abstinence	0	0.00
g. Rhythm/ Safe period	0	0.00

Table 22: Family Planning Report Bastar District

Block	Sterilization					IUD	C.C. User	O.P. User
	VT	NSV	TT	LTT	Total			
Bastar	0	62	0	761	823	1064	4660	1840
Total	**666**	**1049**	**116**	**6412**	**8243**	**7945**	**34556**	**21333**

RECOMMENDATION

Population growth has been causing concern to the developing countries all over the world. On one hand efforts are made to improve the quality of life of the people through accelerated economic development and on the other constant measures are taken to control the population. It has been a continuous fight for matching the developmental effort with the ever-rising population. In India people are bound by tradition, ignorance, poverty and un-employment/ under- employment. The social and religious customs are such that a couple wants to have at least one or two sons. It is, therefore, very difficult for any government to bring change in the attitude and practices of people concerning family norms in a short time.

As family planning is a subject which concerns people's personal life an important role is played in decision making process by knowledge, attitude and practices adopted by them. Communication among the family members is also an important factor in the decision-making process about the number of children a couple would like to have for themselves. Some of the above mentioned issues could be studied with the help of available secondary data and some needed data and some needed data to be collected with the help of field study.

- Formulation of realistic developmental plans based on needs of specific tribal group.
- Most of the tribal communities have a wealth of folklore related to health. Documentation of this folklore available in different socio-cultural system could provide the model for promoting appropriate health and sanitary practices in given eco-system.
- Simple kits should be provided at PHC level and staff to be trained for genetic disorder tests like sickling, G-6-PD enzyme deficiency etc.
- Attempts should be made to introduce oral rehydration therapy among different accepted food habits.
- Health education should be impacted by the local people (preferably women) with guidelines provided by health functionaries. It can also be imparted through distribution of leaflets and playing of audio and where possible video cassettes, preferably in local dialects at weekly markets, ghouls, schools etc. Health Education through community participation.
- Efforts should be directed towards achieving a respectable literacy rate for women.
- Female health personnel, should be increased, particularly in tribal and remote areas to promote Family Planning.

CONCLUSION

Family planning is crucial event of life and only educated people think about the drawback of unwanted pregnancy. Brining up of a child is becoming tough day by day due to financial, social and environmental issues. Family planning requires mutual agreement between partners. It is very important for both to participate in this decision-making processes. Family planning is always important to avoid unwanted pregnancies. But with a humor of abortions side effects like mental

health surgery, convulsion, heart attack and even death etc. divert the mind and restrict to do so. The attitude of people for Family Planning Programme is not positive and they need more clear guidance for doing so. It was at last concluded that the person in general not accept the programme without any external force is introduced.

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