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THE JOURNAL OF FAMILY WELFARE

FORTY YEARS OF PLANNED FAMILY PLANNING EFFORTS IN INDIA

AALOK RANJAN CHAURASIA AND RAVENDRA SINGH

Background

India was the first country in the world to adopt an official Population Policy and launched an official family planning programme way back in 1952. Since them, planned efforts have been the mainstay of population stabilisation programme in the country under various names. Initially, these efforts were organised under the National Family Planning Programme, which was renamed in 1977 as the National Family Welfare Programme. Since 2005, these efforts constitute an integral component of the National Rural Health Mission. During the early years of these efforts, the focus was on the health rationale of family planning rather than its demographic rationale. Family planning as a strategy for population stabilisation received attention at the policy level only after 1971 population Census which provided the evidence of an alarming population growth. During 1961 and 1971, India recorded all time high average annual population growth Rate. In order to operationalise the family planning based strategy for population stabilisation and with confidence outrunning the data, specific demographic goals were set in terms of the desired Birth Rate. The Birth Rate goal was then translated into the number of new acceptors of different family planning methods to be recruited every year using demographic models. The logic behind assigning specific targets was to communicate some sense of urgency towards reducing Birth Rate and hence curtailing population growth.

The target-based approach to reduce Birth Rate and curtail population growth dominated planned family planning efforts in India for more than three decades. It was only in 1996 that this approach was replaced by a decentralized community

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NEGATIVE DECADAL GROWTH RATE IN TWO DISTRICTS OF UTTRAKHAND: A REVIEW

A K TIWARI AND MANISH KUMAR SRIVASTAVA

Introduction

Fertility, mortality and migration are the three basic demographic forces, which are responsible for the change in population size of any place. Fertility acts as a positive force while mortality acts as the negative force. The role of migration comes in the form of net migration, which is defined as the difference between out-migration and in-migration. Theoretically, the problem is very simple but in practice a large number of social, economic, cultural and political problems occur which hinder the true estimation of these three forces.

The Indian Census is the most credible source of information on population characteristics, economic activity, literacy and education, housing and household amenities, urbanization, fertility and mortality, and many other socio-cultural and demographic data as a whole to the lowest level of village or town. Census 2011 is the 15th National Census of the country. It was conducted in two phases. During the first phase, household listing began on 1st April 2010 and involved collectionof data about all the buildings and census houses. In the second phase population of the enumeration phase was conducted from 9th February 2011. Information on caste was included for the first time. The population of India has increased to 121 crores approximately and registered a decadal growth rate of 17.64 percent for theentire population as compared to 21.15 percent in Census 2001. The percentage of decadal growth in the nation, for the first time, showed a decrease by 3.90 percent. Bihar state showed the highest decadal growth rate and Kerala showed the lowest growth rate during the period of 2001 to 2011 years. Among the total decadal growth rate, rural areas of India grew at 12.18 percentwhereas; the urban areas of the country grew at the rate of 31.80 percent

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REPRODUCTIVE MORBIDITY AMONG EVER MARRIED WOMEN AGED 15-49 YEARS IN INDIA

SHYLAJA L

INTRODUCTION

Reproductive morbidity is one of the most challenging public health issues across the globe. World Health Organization defined reproductive morbidity as "any morbidity or dysfunction of the reproductive tract or any morbidity which is a consequence of reproductive behaviors including pregnancy, contraceptive use, abortion, childbirth or sexual behavior."[1] Maternal mortality has long been the only indicator for women's health even though reproductive morbidity occurs far more frequently and seriously affects women's lives.[2] Reproductive morbidity is high among women of developing countries resulting in devastating consequences on health and social well-being of women. Usually many reproductive disorders go unnoticed, either because of being asymptomatic, or because of producing vague and non-specific symptoms. Low level of female literacy, low level of awareness, as well as socio-cultural norms, values and taboos withhold women from seeking health care for reproductive morbidity.[3]

The incidence of sexually transmitted diseases (STDs), worldwide, is increasing, and millions of men and women suffer the consequences. About half a million women die each year from preventable pregnancy related causes, and many times that number suffer illness or injury, often permanent.4 The AIDS pandemic is causing suffering and death to an increasing number of men, women and children. Based on the recommendations of the ICPD (Cairo, 1994), the Government of India made a major shift in its approach from MCH and Family Planning to Reproductive and Child Health (RCH) emphasising on promoting and encouraging healthy sexual behaviour among couples through

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MAPPING DIVORCED WOMEN IN TEHRAN: A SOCIO-ECONOMIC STUDY OF QUALITY OF LIFE

MOHAMMAD TAGHI SHEYKHI

Introduction

Quality of life of the divorced women is highly vulnerable, especially for related to their socio-economic conditions. Divorce as a new phenomenon has become very common not only in the Western societies, but it is spreading in the non-Western countries as well. Many social scientists are currently attempting to understand the factors contributing to divorce from social, economic, cultural and psychological dimensions.[1] Levinger's (1976)[2] framework distinguishes three categories of factors that individuals presumably assess when considering divorce: the attraction to the ongoing marriage, barriers to breaking up the marriage, and alternatives to the current marriage. The economic theory of marital instability provides a similar, but more formal rational choice framework.[3]

Some other influential approach guiding research on antecedents of divorce is the life course perspective.[4,5] The possibility that divorce determinants interact with individual time is highly plausible: The significance of marriage as well as the consequences of divorce for the individuals involved presumably vary over various stages of marital lives, and antecedents of divorce can be expected to vary accordingly.[6]

It is worth mentioning that there is a possibility of the effects of spouses' socio-economic position on the risk of divorce that varies with the duration of marriage. However, socio-economic effects of divorce is not the same everywhere, but is different from one region to another. Knowledge of interactions between the duration of marriage and the socio-economic position of spouses might help understand the processes by which the socio-economic factors exert their effects on the risk of divorce.[7] Moreover, knowledge of these interactions would inform us about the socio-economic determinants of divorce in

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BUFFERING DELINQUENCY AND CRIME: LITMUS TEST OF JUVENILE JUSTICE

ATUL GAUTAM

Introduction

It's been more than two years when the Rajpath of Lutyen's Delhi was flooded with youth, moved by an unknown anger and almost equally oppressive and confused State Government. The winter of Delhi in 2012 was heated by Candle lights Marches and water cannon beams courtesy Untrained "Men in Uniform". Never in the history of IT in India, the social media has been used for an Unknown Girl, but for an Omnipresent Fear, lived by half of the population, across the globe. "Rape" was at the core of discussion like never before. The Law was amended, the policies were in place, and a swift action by the police lead to the arrest of all the accused and fast tract special court announced the sentence. Death was pronounced for the four convicted persons but not for the youngest one. He was spared because he was few months short of being eighteen.

Though the case is still pending in the court of law, and news channels are busy discussing the punishment for the juvenile. Almost a year later, 50 years jail imprisonment is announced for a 10 year old boy in Pakistan for murder of a under trail. This article is not an attempt to compare the cold blooded brutal gang rape to spontaneous act of revenge, spreading fire out of gun, nor to go into the psycho-social study of the juvenile, but it is important to do the critical review of the existing Juvenile Justice (JJ) Act present in the country. What does it serve to the therapeutic justice system? What are the basic tenets of JJ Act and recent amendments with respect to Correction Center and Shelter Home? Does it serve any purpose to the behavioral correction?

Juvenile Justice

The perception of children has changed over a period of time. Initially a child was recognized as a person, but merely as source of pleasure and joy. By the beginning of the 17th century the second idea of

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CHANGING CHILD SEX RATIO IN INDIA : A REGIONAL WISE ANALYSIS

NANZY P.S. AND SHYLAJA L.

Introduction

Sex ratio is an important social indicator to measure the extent of the prevailing equity between men and women in a society at a given point of time. Changes in sex ratio largely reflect the underlying socio-economic and cultural patterns of a society in different ways. Determinants of changes in sex ratio vary from sex differentials in mortality, sex selective migration, sex ratio at birth, and at times, sex differentials in population enumeration. India is one of the few countries in the world where males out number females.

It is often believed that nature has equalizing tendencies. However, throughout human life nature appears to prefer inequality to equality. The preference for inequality appears to start at a very early stage- at embryonic stage-of human life. At conception, males appear to be favoured. It appears that around 130[1] males are conceived per every one hundred females. But this ratio appears to drop sharply to around 105 at birth. This implies that more males than females die in uterus. The observed mortality pattern of developed countries suggests that excess male mortality is not just restricted to the embryonic stage but continues almost throughout the life span of a birth cohort. This observed excess mortality of males at every age, attributed to biological factors, is assumed to be 'natural'.[2] Since excess male mortality at every age is accepted to be natural, the mortality differentials observed against females in most developing countries need to be explained.

According to Malik[3] some of the programmes transition to small families through strategies that voluntary support the right to the two-child norm by social and economic incentives. In his study, Croll[4] argued that without change in gender reasoning, the rapid fertility decline and imposed smaller family size means that

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The preliminary requirements of an article, before it is processed for review, are the following:

- appropriateness of the title to the goals and scope of the journal
- conforming to the reference style of the journal
- length of up to 6,000 words
- the paper must specify the study period

Declaration

Each article should be accompanied with a declaration by all the authors that:

> they are the authors of the article in the order in which listed; and the article is original, has not been published, and has not been submitted for publication elsewhere.

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The criteria used for acceptance of articles are: contemporary relevance, contribution to knowledge, originality, clarity and logic in analysis, methodology of research, implications for intervention, policy and advocacy, appropriateness of references and language. Every article is processed by a masked peer review by one referee.

The review process takes up to three months. When the reports of the two referees do not match, the article is either sent to a third referee or it is reviewed by the Managing Editor (JFW). If the review suggests revision of the article, the authors are given one month time for revision and resubmission. The revised and resubmitted article is sent to the internal referee for checking the revisions.

The paper should be clearly and concisely written. The text, where appropriate should be styled under the usual headings of Introduction, Methodology, Results and Discussion. An original paper should include only sufficient references to indicate the purpose and relevance of investigation. The text, tables and figures should be internally consistent and non-repetitive. Tables and illustrations numbered in Arabic numerals should be typed on separate sheets of paper and headed by brief adequate captions. For the preparation of

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Footnotes: should be avoided. If essential, it should appear at the bottom of the respective page and must be indicated with an asterisk(*).

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Reference style

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Each statement may be supported by the author with a logical explanation, the author's opinion, illustration, or citation/paraphrasing of another author's work. Without citing the source, use of other's written work amounts to plagiarism and, thereby, fraud.

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The References, should provide complete information necessary to identify and retrieve each source cited in the article: text, tables or figures. Conversely, each entry in the References must be cited in the text. Both should be identical in spellings and year. Arrange entries in the References in the alphabetical order by the last name of the first author and then by his/her initials. The Reference Style requires the following format:

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   Garg S., Sharma N., Sahay R. May 2001. Socio-cultural aspects of menstruation in an urban slum in Delhi, India. Reproductive Health Matters, 9(17):53-62.

   Ramachandar L. and Pelto P. J. December 2009. Self-help groups in Bellary: Microfinance and women's empowerment. The Journal of Family Welfare, 55(2), 1-16.

3. A referenced article published in a book should contain the following details. Author's last name, initials, year of publication, name of the article, In: name of book, initials and last name of editors, Ed./s. in parentheses, title of the book, place of publication, name of the publisher and page numbers of the article. For example:

   Bang, R. and A. Bang. 1994. Women's perception of white vaginal discharge: Ethnographic data from rural Maharashtra. In: J. Gittleson et al., (eds.), Listening to Women Talk about Their Health:

   Issues and Evidence from India. New Delhi: Har-Anand Publications, 79-94.

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   Rudqvist A., Hettne B., Lofving S., Rodger D., Valenzuela P. 2007. Breeding inequality – Reaping violence: Exploring linkages and causality in Colombia and beyond. Collegium for Development Studies, Sweden.

6. For an institutional report, write full name of the institution as the author. For example:

   UNICEF. 1997. The state of world children. New York, Oxford University Press, USA.

7. For a government report, the author is the name of the country/state and the name of the Ministry/Department, separated by a colon. For example:

   Ministry of Health and Family Welfare (MOHFW). 2000. National Population Policy 2000. New Delhi. Government of India.

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   Narayana, M.R. 1994. Selection of PHCs for Evaluation of the Family Welfare Programme in a Developing Country: Alternative Methods and Applications", Artha Vigyana, 34, 79-82.

   1995. Evaluation of Family Welfare Programme in Chitradurga District of Karnataka State: Part II Report (Role of Peoples' Response) Population Research Centre, Institute of Social and Economic Change, Bangalore.

9. References by the same author with the same publication year are arranged alphabetically by the title, and suffixes a, b, c and so on are added to the year. The same suffixes should be added in the text also. For example:

   Jejeebhoy, Shireen. 1998a. Wife-beating in rural India: A husband's right? Economic and Political Weekly, 33(15):855-62.

   1998b. Association between wife-beating and fetal and infant death: Impressions from a survey in rural India", Studies in Family Planning, 29(3):300-8.

10. When a reference has no author, this entry should be alphabetized by the first letter of the title.

    Progress in reproductive health research. 2001. HRP, No. 57 part 2, 1-9.

11. When a reference has no year, state `no date.' in place of the year.

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FAMILY PLANNING ASSOCIATION OF INDIA

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AIMS AND OBJECTS

To create awareness, disseminate knowledge and education, provide counselling and services where appropriate on all aspects of reproductive, child and sexual health including family planning and HIV/AIDS, with free and informed choice, gender equality and equity, the empowerment of women, male involvement, child and adolescent health, and their inter-relationships with social development and environmental concerns in order to advance basic human rights, of all men, women and youth, family and community welfare, the achievement of a balance between population, resources and the environment and the attainment of a higher quality of life for all people.

To place its considered views before government and other agencies when appropriate and assist whenever possible in the formulation of the national programme of reproductive and child health including family planning.

To formulate policies, set priorities and devise programmes in pursuance of the above objectives and to undertake or promote studies and activities for information and education, training, services, and research covering the sociological, psycho-social, economic, medical and other relevant aspects of reproductive, child and sexual health including human fertility and its regulation, methods of contraception, infertility, family life education and counselling, stabilisation of population and environmental concerns, with special reference to the needs of adolescents and young people.

To organise conferences, seminars, training courses and other meetings and events whether local, national or international, in the furtherance of the Aims and Objects and allied subjects of the Association.

To establish Branches, Projects and other types of units to expand the coverage and activities of the Association.

To foster, develop contacts and collaborate or network with other organisations engaged in similar types of work in India and abroad.

To maintain its status as a Founding Member Association of the International Planned Parenthood Federation and to be affiliated to other international bodies as may be deemed fit from time to time.

To take any or all appropriate measures to further the Aims and Objects.

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