

A study the Population Development of Schedule Tribes, Literacy Rate & Family Planning Schemes of Jharkhand State

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Abstract - The word Jharkhand was coined to give a cognitive value to the tribal land of Chotanagpur and santhal Pargana of Bihar. Once the cognitive role of Jharkhand was settled, later it was thought that Jharkhand must comprise of its adjoining areas of Madhya Pradesh, Orissa and West-Bengal. Over a period of time, the name 'Jharkhand' gained popularity across the land and tribes gradually developed of a feeling of respect for the name 'Jharkhand'. Jharkhand state in India is basically administrative and for implementation of measures to control the rapid increase in population which create problem in the development of our country as well as the state. The adivasis of the Chotanagpur region (Jharkhand) were motivated to define their own independent state by the government's anti-tribal policies. STs are indigenous to the area, get their own distinct culture, are geographically isolated, & live in poverty. The primary goal is to improve the overall standard of living for all people. Birth control is a scientifically proven way for a couple to regulate their family size, and this fact is emphasized in family planning.

Keywords - Jharkhand, Family Planning Schemes, Schedule Tribes, Socio Economic, Literacy Rate

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INTRODUCTION

The prevailing discourse leading up to the November 2000 separation of the states of Jharkhand & Bihar was that the Bihar government was abusing natural resources in the region where indigenous, or adivasi, Jharkhand is lived. By extension, it is thought that the region's persistent under development has been compounded by interest groups outside these social limits selectively allocating governmental benefits and services intended for the region's disenfranchised adivasis. Anti-tribal policies fostered the Jharkhandi struggle for political & socioeconomic liberation of the adivasis in Jharkhand's Chotanagpur district. Particular, Jharkhand is declared independence from Bihar in 2000 with the explicit goal of controlling the extraction of the region's natural resources, particularly its mineral resources, it's worth comparing the two states to see if coal mining districts (that is found in Jharkhand) have a statistically lower level of socioeconomic development than districts where coal mining is not permitted. This study's variables are socioeconomic indicators for analysing underdevelopment. Access to educational & health facilities, as well as practitioners, are essential indicators since they have a direct impact on the population's health and wellbeing, making them useful proxies for underdevelopment. The literacy rate and the prevalence of chronic sickness are also comprised to provide nuance to the metrics of educational & medical amenities & specialists, because the mere

presence or lack of a facility is not a perfect measure of performance. Underemployment in high-yielding industries or a reliance on lower-yielding ones, like as agriculture, are both issues. Deforestation & cropland degradation for mining and other government projects challenges employment and agricultural output. As a result, it is necessary to analyse various types of employment & land diversion as proxies for widespread poverty. It's worth noting that most of the material that went into this study discusses tribal, or adivasi, rural communities as unique socioeconomic entities that have been adversely affected for a variety of reasons. As discriminatory development strategy "has been sector- & region-based, not ethnicity-based," this report does not differentiate between rural & urban classes and castes.

FAMILY PLANNING SCHEMES IN JHARKHAND STATE

The population of the entire district grew between 1991 and 2001, as demonstrated by the breakdown of the population by state. However, with the exception of a few municipalities, the increase is significantly less than it was from the years 1981 to 1991. With a total of 2,69,45,829 people (2.6% of India's total population) Jharkhand has remained relatively stable in size despite the recent split. However, the population density is low, with only 148 people per square kilometer. Gumla with 13.44

(1991) & 16.6 (2001) per cent with (13, 45,520 persons) population and the highest at 1167 person per sq. km. in Dhanbad with 23, 94,434 persons. The four most educationally deprived district of the state, in respect of female literacy rate namely E. Singhbhum 57.95%, Dhanbad 52.93%, Ranchi 52.77%, Bokaro 47.17%, Hazaribag 43.15%, and Gumla 40.56% (see table no 1)

Table 1: District Wise Literacy Rate in Jharkhand (in %age)

(According to census of 2001)

District	Person	Male	Female
Garhwa	39.39	54.69	22.91
Palamu	45.67	59.76	30.5
Chatra	43.35	55.67	30.5
Hazaribag	58.05	72.16	43.15
Koderma	52.73	71.57	34.03
Giridih	45.16	63.07	27.05
Deoghar	50.53	66.93	32.33
Godda	43.73	58.07	27.98
Sahebganj	37.91	48.33	26.78
Pakur	30.54	40.19	20.44
Dumka	48.31	63.28	32.68
Dhanbad	67.49	80.03	52.93
Bokaro	62.98	76.99	47.17
Ranchi	65.69	77.76	52.77
Lohardagga	53.97	67.84	39.88
Gumla	52.35	64.14	40.56
E. Singhbhum	50.7	66.23	34.81
W. Singhbhum	69.42	80.08	57.95

Source: Parbhat Khabar (census of 2001)

The six southern districts namely, Hazaribag, Koderma, Chatra, Giridih, Bokaro, and Dhanbad registered a decadal growth rate, 24.2per cent, 26.32 per cent, 29.05 per cent, 27.9 per cent, 22.11 per cent and 22.82 per cent respectively. Lohardaga, the other side, has the smallest population of any district in the state, accounting for only 3,64,405% of the total followed by Koderma 4,98,683, Pakur 7,01,616, Chatra 7,90,680, Sahebgung 9,27,584 and Garhwa 10,34,151 Ranchi has 27,83,577 the highest population and Lohardaga 3,64,405 the least population.

Organizational Structure: Family Planning was introduced in the country in 1952 and since then its important as well as significant is being increasingly realized. The Program in the rural area is implemented through Primary Health Centres as well as sub-Centres. In the urban areas is urban family welfare planning clinics. There are family planning welfare centers in the cities, and each one serves a population of 50,000 people. The District Family Planning Bureau is an integral part of the district's overall medical & health infrastructure. In this organization, the District Family Planning Officer plays a significant role. The State Family Planning officer is in charge of the State Bureau. In 1966, a dedicated Department of Family Planning was established at the Centre; its current Secretary or Deputy Secretary is in charge of the Secretariat's cell where the Department operates. It is in charge of coordinating the nation's many family planning initiatives. In both the federal government and the individual states, you'll find Cabinet Committees at the helm. The Union Minister of Health & Family Welfare presides over the Central Family Planning Council, the primary policymaking body. In each of the States, there is a council that serves a similar purpose. The Program as a whole is federally funded, and State

participation is mandatory. There should be a Family Planning Bureau in every jurisdiction, headed by a Class I officer. The District Bureau has Division for administration, education and information, field operation and evaluation: Mobile units for IUD and sterilisation are also attached to the District Bureau. The Primary Health Centre acts as the hub for the rural family planning network, with satellite clinics operating off of the main facility. Staffing modalities for urban family welfare planning center vary in accordance with target population size. It is the law that every city with a population of more than 2,000,000 must have its own Family Planning Bureau. The District Family Planning Bureau's template can be used in any cities with a population of more than 10,000,000. Public sector family planning units, as well as those in the Ministry of Railways, Posts & Telegraphs Department, & Ministry of Defense, follow distinct protocols based on the population size.

By looking at how the family planning program's internal structure has evolved over time, we may get a sense of how quickly the program has grown in stature. This analysis also reveals that the Ministry of Health has traditionally been viewed as responsible for this Program. This is seen by some as the root cause of the family planning program's lackluster results over the years. Despite public statements to the contrary, family planning is given little priority because the Health Ministry is one of the weakest & politically inconsequential ministries at the Centre and in the States."

The solution to this problem may either lie in the setting up of a separate ministry for the implementation of the Program or a new autonomous Government agency like the Family Planning Board of Indonesia. Family Planning Program, which is an essential part of our strategy of enlarging welfare, is being implemented as a wholly voluntary Program and as an integral part of the overall strategy of growth covering health, maternity and child care, family welfare, women's rights and nutrition. The salient features of the strategy are: intensified efforts to spread awareness and information through imaginative use of multi-media and interpersonal communication; provision of services and supplies as close to the doorsteps of the acceptors as possible; development of facilities for rapid increase in female literacy; population education to the youth in schools and colleges as well as those out of schools; assistance and support of the elected representatives of the people, proper linkage with other Ministries and Departments concerned; incentives to individual acceptors and state governments and close monitoring and follow up of the Program at all levels.

Approach to Family Planning Program Implementation

Despite the criticism they've prompted, the family planning Program has changed in a number of ways that demonstrate a willingness to learn from past mistakes. There's no doubt that taking a hardline approach to enforcing the Program would've been a mistake.

(a) The Clinic Approach: The first iteration of the family planning program took a conservative tack. The First Five-Year Plan prioritized conducting field research to better understand prenatal care and cultural attitudes & practices. They decided that the best way to control their family size was through natural means. Those in need of family planning were expected to make the most of these facilities, & only model for doing so was the one implemented by the western Planned Parenthood Organization, which established family planning clinics. It is possible to conjure up the limitations of such an approach. The idea is that those who need birth control will go to a facility like this without hesitation. However, if we made that premise, we wouldn't have to try to convince people of the importance of family planning in the first place. The Planned Parenthood service model also skewed strongly toward helping single mothers rather than married couples. There was also a reliance on doctors and nurses, who are in short supply. This "clinic approach", as it was called, "could be expected to reach only a relatively small fraction of the people, and could not be expected to make much impact on birth rates." The approach was, therefore, not considered suitable for a Hazaribag. Hence, the need for the adoption of "extension approach" to family planning was soon realized.

(b) The Extension Approach: Lt. Col. B. L. Raina highlighted the need to strengthen the extension approach, which involves the adoption of an educational approach to bring about changes in the Knowledge, attitudes and behaviour of the people in regard to family planning; it also involves the acceptance of the principle that "the power, inherent in a group itself to bring about changes in deeply-rooted practice among the members of the group, is greater than the influence of individual instruction by outsiders." In the extension approach, therefore, influential formal & informal leaders in different sub-groups of the population are first identified and then encourage to gain knowledge and to take interest in popularizing the acceptance of small family size norm among their own group. This approach thus calls for actively working with the people for whom the Program is meant rather than working for them as outsiders. It is also involves the transference of responsibility to such groups as *Panchchayat Samitis*, village development committees or other groups. These operational goals should "create, for 90 percent of the married adult population of India, the three basic conditions needed for accelerating the adoption of family planning by couples: Groups acceptance, knowledge about family planning and easy availability of supplies and services." Additional explanation of these three prerequisites is required. Family planning

programs that focus on gaining widespread social support acknowledge that people are heavily impacted by the people and institutions around them. It's tough for people to adopt novel behaviors if the community at large doesn't approve of them.

Couples are more likely to embrace family planning if they perceive social support for the practice. Instead of encouraging people to become "rebels" or "deviants" and accept family planning on an individual basis, it is vital to build up group & community support for the Program. As the first criterion for family planning acceptability is socio-psychological, it may be challenging to define, the other two are more concrete. Knowledge that it is possible it prevent conception, awareness about the many methods of contraception so that the most suited method may be chosen, and knowledge about where such methods are available are all obviously necessary if a couple has to undertake family planning. Additionally, "easy availability of goods and services" must be met so that couples can effectively use family planning. It is true that if a couple has a strong enough desire for family planning, they will go to great lengths to get the resources, regardless of how accessible they may be. However, such impetus does not always exist. Therefore, it is preferable to remove the logistical and emotional hurdles that prevent people from using family planning services. The distance from home to the nearest family planning center and the intimidating nature of the clinic environment may discourage people from using the program.

(c) The Integrated Approach: This newfound emphasis on a "integrated approach" to family planning has its roots in the past. In fact, it was made clear as early as the Second 5 Plan that "Family Planning Services is likely to thrive if the clinics are affiliated with maternity & child health activities or with facilities which provide medical aid & welfare services." Thus, practically from its inception, the concept of integrating family planning services with maternal & child health services has been widely embraced.

(d) The Camp Approach: Some of the salient feature of this camp, which contributed to their spectacular success, has been identified by the moving spirit behind these camps, the Collector of District.

These are: (i) The inter-departmental co-operation that the District Collector was able to generate; (ii) The festival atmosphere which these camps were able to create, dispelling of clouds of secrecy and embarrassment; (iii) The support from the representative of the people as well as from industries which the organization were able to muster; (iv) The special precautions taken while making technical arrangements in order to minimize infection and other complications following surgery; (v) Increased incentives to acceptors in additions to

special prizes; and (vi) The employment of good management techniques for the organization of these massive camps." This approach, however, has some limitations. In the first place, the setting up of a vasectomy camp involves tremendous organization and interdepartmental co-operation and co-ordination, which is often possible only at the cost of the other developmental Programs. It disrupts the normal activities of several departments and leads to lethargy in the implementation of the family planning Program following concentrated activity in vasectomy camps.

Moreover, the danger of poor motivation on the part of acceptors and a degree of coercion on the part of organizers can never be completely ruled out. The report of the Ministry of Health & Family Planning to Parliament made this point very clear, "*While the number of vasectomy operations did touch a record level, it has been felt that, in a larger perspective, such camps might become counter-productive. It was, therefore, decided not to continue this strategy, on a regular basis but to make an optimum utilization of available resources to strengthen the normal Program, even at the risk of a decrease in the number of acceptors in the short-term.*"

Communication: For disseminating information and educating people about family planning, press, films, radio and television, oral and visual communication media like song and drama troupes and interpersonal communication through a network of media and extension workers are being used extensively.

Besides the eligible couples, an effort is also being made to reach potentially important sections of population to motivate them to accept small family norm when they reach reproductive stage. Population education has been introduced in the formal school and university system in the country. With the cooperation and assistance of official and non-official agencies working in the state for development Programs, like trade unions, co-operatives and panchayats, etc, their training Programs, are being used for introducing population education through non-formal channels.

Implementation Machinery: The Programs are implemented through the state government for which cent per cent central assistance is provided. In rural areas, the Program will be further extended through a network of primary health centres and sub-centres. The Central Family Welfare Council advises on family planning Programs at the national level. A number of central committees like the research co-ordination committee have been set up to study the progress of research Program.

Performance: Under the free distribution scheme nirodh, diaphragms, jelly cream tubes and foam tablets are also distributed. The oral pill Program was extended to all the urban centres, including those run by local bodies and voluntary organizations and those primary health centres where the Program could be monitored and patient followed up. The pills are now

being distributed through rural and urban centres/hospitals in the state. Information, knowledge, and resources to help people and couples have as many children as they choose should be made universally available by the government. The statement continued by saying that people "should include all clinically proven & preventive measure of family planning" in their education and access to resources for making that decision so that they can "make a voluntary & free choice in accordance with changing individual & cultural values." It was stressed how important it is to focus on the most helpless & inaccessible people first.

SOCIAL & CULTURAL LIFE

The social life of the tribes of Jharkhand is not uniform. Their social organization differs from tribe to tribe. The organizations are based mostly on sex age, Kinship, association family and marriage bonds. The primary unit of social organization of the tribes has been the family. The organization and function of the 'Parha Panchyat' encouraged the neighbouring tribes such as the Kharia, the Munda, and such other tribes to adopt important social and political organization of the oraons. Based on the same patterns the Mundas have their Manki as the head of the bigger unit and the Munda as the head of the smaller unit village.

The Hos inhabiting the districts of Singhbhum have developed their own social organization. Family forms the important social unit. The family is nuclear. Descent and inheritance move in the fathers line. They have also confederacy of villages like the oraons and the Mundas known as "pir" which is presided by the "Manki". The 'pir' is composed of a number of villages ranging from five to twenty five of or more.

The santhals have a separate and district social system like other major tribes, the santhals have family as an important unit, which is elementary and extended. But their social life developed into an organization based on a democratic pattern. Their inter council grew more or less on the same pattern as found among the oraons and the Mundas. The inter-villages council was put under the direct charge of the 'parganait' who was in charge of a 'pargana'. Smaller unit of their social and political organization is the village which is administered by the 'Manjhi' (the headman).

A similar social system is found between the sauria and the Mal pahariya tribes inhabiting the district of santhal parganas. Their family is nuclear. They have no clan organization descent and inheritance is determined by father's lineage, village council or 'Panchayat' is presided over by the 'Manjhi' or the 'pardhan' who is assisted by the 'Gorate' or paramik'. The bigger 'Panchayat' like the 'parha' or 'Pargana' consist of number of villages which ranges from three to fifty or more, is presided over by the 'sardar' whose post has become hereditary like that of the 'Manjhi' and other office bearers. The 'Manjhi'

assisted by his panchayat members settles the matters referred to him and imposes penalties on the wrongdoer. The sardar settles inter-village disputes, which come under his Jurisdiction and power.

Other tribes like the Birhor, the Korwa the pahariya and the Hill Kharia have different social organization. The nomadic way of existence of the Birhors has resulted in fluidity in their social organization. They have an association of different family groups known as 'Tanda'. It is more or less an economic grouping which functions collectively with the sole object of getting food and an assured supply or game. The head of the 'Tanda' is "naiya" or "Naya" who works both as secular and religious head of the horde. Usually the families forming the 'Tanda' association do not belong to the same clan or kinship bond.

The Korwas live in village in which different groups reside whose members are interrelated through consanguineous ties. These groups are clans with different totems and exogamous in nature. The village life is regulated through the village council, which is presided over by the Mukhiya (headman) of the tribe. The bigger Panchayat or the 'Intervillage council' where the 'Bar Mukhiya' Presides and settles the feuds and disputes. Besides the Korwas have clan Panchayat which settles the breach of moral codes and regulates the social norm and behavior of the tribe. In Kharia society family is most important unit of social organization. The family consists of the parents and their unmarried children. They are a patrilineal group of people in which descent and inheritance run in father's lineage. Clan is an important social factor among them and it is exogamous. Infringement of such social regulation is a serious offence and is seriously dealt with. Leaving aside the social organization of the Hill Kharias the social organization of the 'Duth and Dhelki' groups of the Kharia tribe is very much influenced by the social organization of the major tribes such as the Oraons and the Mundas. The 'Parha Panchayat' (intervillage council of the oraons) has also become an important party of Kharia life. The Hill Kharias and Savars have traditional 'panchayat' (village council), which is headed by the 'Pradhan' (headman), He is assisted by the 'Gorait' (the manager). Their Panchayat exercises social control over their village and settles feuds and disputes among them.

Cultural life

The tribes of Jharkhand are very fond of musical instrument and songs. Among the instruments used by them, The famous are a small drum (dholka) of goatskin, a big drum (Nagora) of buffalo or ox-skin brass cymbal (Kartall) a pumpkin gourd (banjo), pipes (pepre), drums (tumdah) violin (kindra), etc. They also sing various types of songs for different occasions. "Jhumar" song is sung on the occasion of religious festivals; Domkach, song is used on the occasion of marriage; 'uraidhara' song is sung at religious places and 'Jhanjhain' song is used on the birth of new issue.

The names of these types of songs are different in various tribes. They have also evolved several dances for different occasions like hunting, festivals, marriages, and other social occasions. 'Paika' dance is popular in Bokaro and Dhanbad and is performed in battle dress. Chhau is the famous dance of Saraikela, which is performed in group to depict various stories of the Ramayana the Mahabharata, etc. 'Agni' dance is performed on the eve of worshipping of deities. Some other dances include 'Bonga' of the Hos, 'Sarhul' dance of the Oraons 'Karma' dance of the Kols, 'Jadur' dance of the Bhumij 'Mundari' dance of the Mundas and so on. To encourage folk dance, a Chhau Dance Centre is functioning at Saraikela besides Bhartiya Nritya Kala Mandir have two branches at Ranchi and Dumka. The most important deities of these tribals have their origin in the natural environment around them. They include the 'Singbonga' (Sungod), Marang Buru (highest mountain god), 'Dharmesh; Bedo Gosain, (highest god, also the sun), 'Bilp Gosain, (moon god) Jaher era (deity of the grove), Hatu Bonga' deity of the village)'Desauli (village deity), 'Sarna Budhi (deity of the grove) and Gaon Deoti (village deity). There are some religious functionaries of the tribes who help in actual worship and offerings to the gods and deities. Among the Oraon, the Munda and a number of tribes, the religious and ritualistic functionary is called Pahan in oraon area, they are also known as Naigas and Baiga. The 'Baiga' is prevalent among the Asur, The Chero the kharwar and the parahiya tribes. Among the Santhals, they are known as 'Naik' and his assistant 'Kudam Naik'. Among the sauriya pahariya, they are 'Kando Manjhi' and among the Mal Pahariya Dehri. Among the Kharia especially among the Hill Kharia they are known as 'Deuri or Deora.

SC AND ST POPULATION

The tribal population of Jharkhand is 7,86,45,042 (2011 census) the tribals living in Jharkhand are the santhal, the Oraons the Munda, the Hos, the Lohar, the Kharwar, The Kharia, the Bhumij, the Mahli, the Mal Paharia, the Bedia, the Gond, the chero the Chik Baraik, The fsauria Paharia the karmali, the Kora, the parahaiya, the Kisan, the Korwa, the binghia, the Birjia, the Baiga, the Sawar, the Bathudi, the kbond and the Banjara. The schedule caste population of the state is 39, 85,466. The largest number of schedule caste population lives in Palamu. Jharkhand has 26.3% tribal population and 11.8% schedule caste population. They had comparatively lower growth than the non-tribal population.

SCHEDULED CAST POPULATION

Overview of the Data: India's Scheduled Castes & Tribes in the 2011 Census:

Scheduled Caste (SC) people in Jharkhand number 3,189,320, or 11.8% of the state's total population, as of the 2011 census (32966238). In terms of the

percentage of the population that is part of the Scheduled Caste, it ranks fourteenth among the States / UTs. Increases in both the state & national populations of 23.2% over the past decade can be seen in South Carolina (23.3 per cent). There are twenty-two (22) distinct Castes in this state.

In the existing day, rural areas are home to 81.1% of South Carolina's population. At the district level, the percentage of SC residents is at 31.9%, an all-time high. The percentage of SCs is lowest in Pakur & Lohardaga (3.3-3.5 per cent). The Chamar caste is the largest among the 22 SC groups, with a total of 837,333 people (26.3 percent of the SC population). With a population of 680,030 and 349,284, Bhuiya and Dusadh are the second and third largest SCs in the country. Dhobi, Bhogta, Baurri, Turi, & Rajwas are the next lowest SCs. Eight SCs, not including the Chamar, Bhuiya, & Dusadh, account for 85.5% of the State's total SC population. The State's SC population is broken down as follows: 11.3% are members of the Musahar, Pasi, Ghasi, & Dom castes, with a combined population of 42,647 to 137,465; 3.2% are members of the remaining 10 castes (including generic castes); & remaining 0.8% are members of the Bantar, Choupal, Halakhor, & Kanjar castes, all of which have populations of less than 1,000.

SEX RATIO

The overall sex ration of the Scheduled Caste population in Jharkhand is 944 females per 1000 males which is higher than the national average of 936 in respect of all SCs. In addition, the sex ratio for children ages 9 to 6 (984 people) is greater than the national average for SCs. Bhuiya & Turi have a higher proportion of female children than any other major SC, and this trend is mirrored across the board.

Table 2: SEX-RATIO

Age groups	All SCs (India)	All SCs (Jharkhand)	Turi	Bhogta	Bhuiya	Baurri	Chamar	Rajwas	Dhobi	Dusadh
All ages	936	944	969	962	956	946	940	930	927	918
0-9	938	984	1004	993	1007	989	977	984	955	965

Literacy & Educational Level:

Unfortunately, the situation for Scheduled Castes in Jharkhand is similar to that of Bihar in terms of literacy rates. Overall, the literacy percentage of SCs has increased from 23.7% in the 1991 census to 37.6% in the 2001 census; nevertheless, this is still lower than the literacy rate of all SCs in the country (54.7%). Male & female literacy rates continued to be lower than the national average (66.6% and 41.9% respectively) at both the state & local levels (51.6% & 22.5%).

Table 3: LITERACY RATE

Age groups	All SCs (Jharkhand)	Dhobi	Dusadh	Chamar	Baurri	Rajwas	Turi	Bhogta	Bhuiya
Persons	37.6	56.4	52.0	43.5	37.6	34.7	28.7	23.4	20.7
Females	22.5	39.0	33.8	25.9	22.2	18.2	14.6	11.6	10.5

Among the educated population, 37.3% have not completed elementary school or above. The percentages of the literate who have completed elementary school (29%) & middle school (15.7%) are roughly the same. 14.9% of the population has completed secondary school or above. The majority of children from the SC who are between the ages of 5 & 14 are not in school. Only 3.8 million (9.4 million) in the equivalent age group have been enrolled in school.

Among the major SCs, the table below reveals that while the vast majorities of Dhobi & Dusadh children in the appropriate age range attend school, the vast majorities of bhogta, Turi, Rajwas, & baurri children do not.

CONCLUSION

Jharkhand has comparatively lower literacy rate i.e., 67.63% than Indian rate which is 74.04% . Jharkhand has a long way to go before it can achieve socioeconomic development, so it would be wise for the state to take advantage of the many literacy programs launched by the Central Govt at regular intervals. Only around a third of Jharkhand's 10-year-olds have completed elementary school. Jharkhand has terrible irrigation. Jharkhand has comparatively lower literacy rate i.e., 67.63% than Indian rate which is 74.04% . Jharkhand has a long way to go before it can achieve socioeconomic development, so it would be wise for the state to take advantage of the many literacy program launched by the Central Govt at regular intervals. Only around a third of Jharkhand's 10-year-olds have completed elementary school. Primary schools are failing to deliver a quality education that will keep children enrolled & encourage parents to continue sending their children to school. When comparison to the other recently formed states, Jharkhand has an extremely low concentration of higher education institutions, technical oriented institutions, medical colleges, & management educational institutes per million inhabitants. Jharkhand has terrible irrigation. Thus considering the complex nature of the problem of Jharkhand, the achievement of the family planning Program in terms of creating awareness, dissemination of knowledge and acceptor of different family planning methods have not been negligible. Several far reaching policy decisions such as

initiating a national Program of family planning, making funds available on demand basis, and creating a district wise organization to provide free and easy availability of many kinds of contraceptive and related services to every person in the state have been taken within a relatively short period of time. There is a social & economic divide between SC/ST groups. The government should do something to help them. The State's commitment to the improvement of this sector can be measured by the sums it allocates to them. Expenditures made by the government specifically for the benefit of SC/ST groups are included.

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