AN EVALUATION OF FAMILY PLANNING PROGRAMME - A CASE STUDY OF BALASORE DISTRICT, ORISSA

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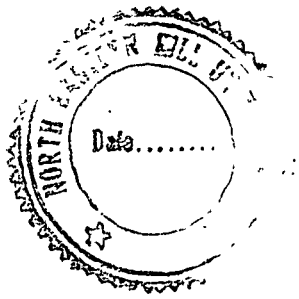
DISSERTATION

Submitted in Partial Fulfilment of the Requirements of the Degree of

MASTER OF PHILOSOPHY



To

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CERTIFICATE

This is to certify that Mr. Jayakrishna Sahoo has worked under my supervision for his M.Phil Dissertation entitled, "An Evaluation of Family Planning Programme : A Case Study of Balasore District in Orissa" and no part of this Dissertation has been submitted elsewhere for the award of any degree. The dissertation, in my opinion, is worthy of the award of the M.Phil Degree.

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Certificate of Evaluation

This is to certify that the M. Phil Dissertation on the subject "An Evaluation of Family Planning Programme : A Case Study of Balasore District in Orissa" has been evaluated by me. I award grade "A" to the work.

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Dated 2.8.1990

Philosophy
Economics

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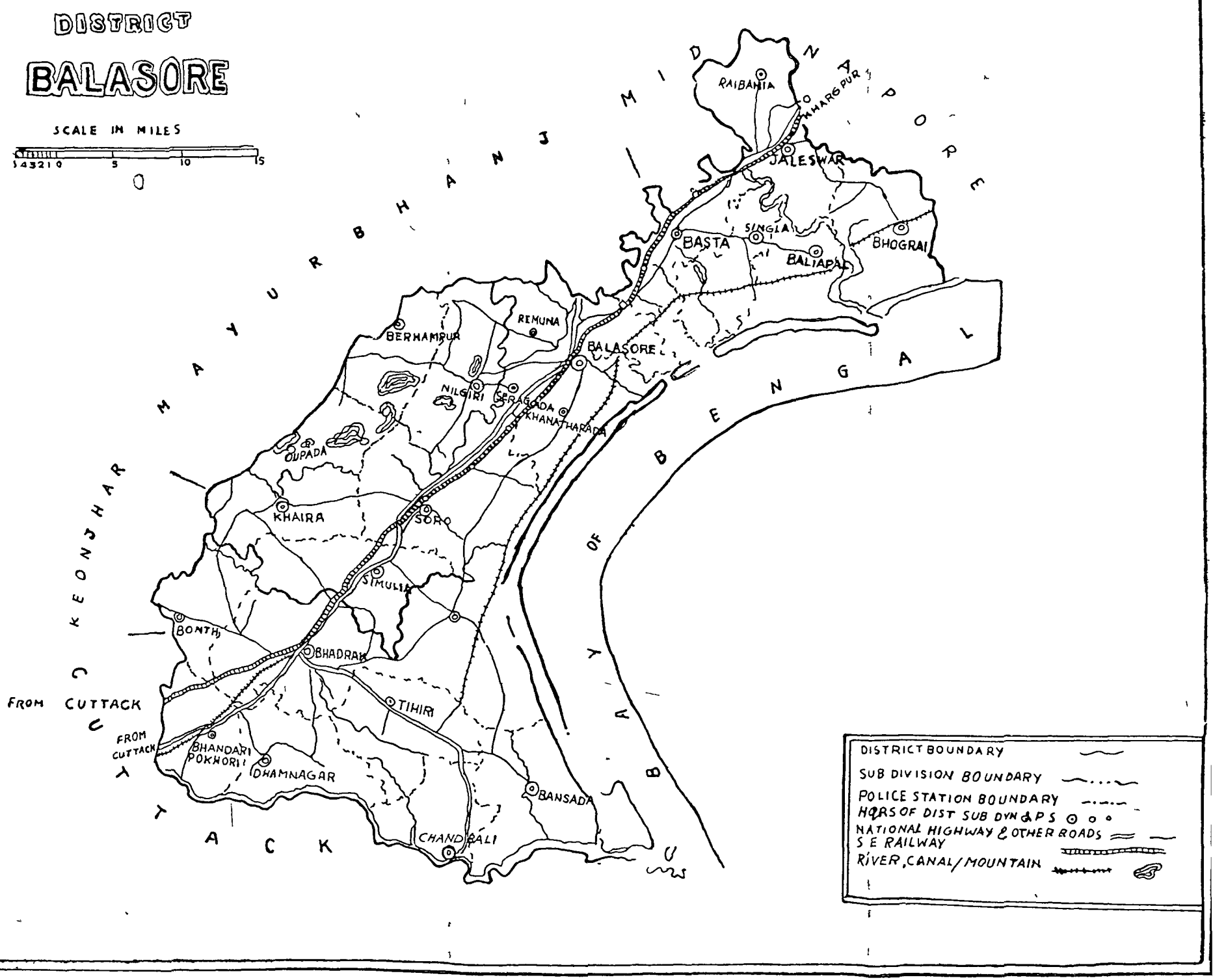
Lastly, I dedicate this humble work to my parents, who have sacrificed all their comforts for my higher studies.

Jayakrishna Sahu.

November 18, 1989 (Jayakrishna Sahu)

CONTENTS :


DISTRICT
BALASORE
SCALE IN MILES
3 2 1 0 5 10 15
MIDNAPORE
KHARAGPUR
RAIBANIA
JALESWAR
BASTA
SINGLA
BALIAPAL
BHOGRAI
BERHAMPUR
REMUNA
BALASORE
NILGIRI
GERAGADA
KHANTHARADA
OUPADA
KHAIRA
SORO
SIMULIA
BONTH
BHADRAK
TIHIRI
FROM CUTTACK
FROM CUTTACK
BHANDARI POKHORI
DHAMNAGAR
BANSADA
CHANDBALI
MAYURBHANJ
KEONJHAR
CUTTACK
BAY OF BENGAL
DISTRICT BOUNDARY
SUB DIVISION BOUNDARY
POLICE STATION BOUNDARY
HQRS OF DIST SUB DVN & P S
NATIONAL HIGHWAY & OTHER ROADS
S E RAILWAY
RIVER, CANAL/MOUNTAIN

INTRODUCTION

INTRODUCTION

Human beings are both ends and means for economic activities. They are an asset, but not so, in fact a liability, if their number is beyond the sustaining capacity of the economy. The predictions of Malthus, were forgotten for sometime, because of the extra ordinary technological advances which brought new resources to surface in most of the then Under developed Countries of the world. But now they seem meer fulfilment according to many economists. The burnt of the galloping population is to be born mainly by the developing countries which share the bulk of it. India being a developing country is no exception to the Malthusian tragedy of over population. From the 'Great Divide Year' 1921, the growth of population has increased repidly. India's population according to the 1981 census was 68.4 crores, against 23.8 crores in the year 1901. Within a period of eighty years, the population in India became tripple. Dr. Chandrasekhar has estimated that at the current rate of increase, population of India will touch alarming figure of 1000 million by the year 2000 A.D.

The population growth may be considered from two angles, i.e. assets and liability. In the work at hand, we have looked into the problem from the point of view of liability. A two-pronged approach may be suggested to meet the situation. First, reduce the population growth through contraceptive measures and second, improve the quality of manpower to generate assets-yielding resources. The stock of human resources should no longer be

deemed an asset as in yesteryears but an unproductive human capital. Though, we believe it is a Herculean tasks, we think it is the right approach. Within only few years to go in for the new century, it is a high time to ponder over the histocic of Malthusian theory of population, enuciated nearly two centuries ago.

Accordingto Malthus, popul ation when unchecked, increases in a geometric ratio. Subsistance increases duly in an arithmetic ratio. Many of its assumptions still hold good in case of the most of underdeveloped countries of the world. The theory has become of unquestionable validity today. It is a stark reality that the problems of growth and development of human resources underscored in the 'Essay on Population' continue to engaged in our attention.

We have posed three basic questions in our dissertion and have also tried to answer each of them in course of our analysis. The questions that we have raised here in our study are (i) What is the magnitude of population growth? (ii) What are its causes and consequences? (iii) How can the challenge be met? We have related these questions to the problems of population growth in the Balasore District of Orissa and then we have tried to generalise the conclusions from our analysis for the state of Orissa. Our main intention in choosing the Balasore District for our study is due to the fact that out of thirteen districts in Orissa,

Balasore is the smallest district in size but largest in its population. What we have tried to show in our disseration is the socio-economic underpinning which are responsible for the tremendous increase of population in the district, which has retarded all the economic progress of the district. Therefore, the Balasore District is remaining as one of the most backward, as well as underdeveloped districts of the State.

It is interesting to relate this problem to one of the poorest state of Federal India, i.e. Orissa. Orissa, being comperatively a backward state of India, where agriculture is the predomenant sector providing means of livelihood to more than 80 per cent of the population. The standard of living of the people in Orissa is very low and more than 50 per cent of the people are living below the poverty line. According to the 1981 census the population in the state was 220 lakhs, against 103 lakhs in the year 1901. Especially, since 1951 the population in the State has increased rapidly.

So far as census report is concerned, the size of population of Balasore District till 1951, was not a problem, as growth of population had rather a decreasing trend. Since then, in a period of thirty years, the population of the District increased rapidly. According to the 1981 census the toral population of the District was 23 lakhs against 18 lakhs in 1971. The population growth rate of the District is 2.3 per cent, which is more than that of India's growth rate.

The phenomenal rise in population of the District in the last few decades has been throwing a great challenge to social and economic life of the people. The unprecedented increase in population will no doubt mutilate all our efforts in the various fields of developmental activities and aggravate the threatening problems wuch as unemployment, slow down of per capita income, shortages of housing, food problem and medical facilities, etc. Since Independence we have been launching quite a large number of programmes in the District for the improvement of the prople. But all our efforts and whatever achievements we could have made are nullified by the increasing population.

Therefore, unless an attempt is made to control the population growth, through deliberate birth control measures, it is almost impossible to bring out the country from the Malthusian trap. Family planning is the only means to check the population growth by which economic development can be promoted. It is a constituent of population policy. By family planning or planned parenthood is meant conscious family limitations or spacing of children. It is a step towards the improvement of health especially of mother and children.

India is the first country in the world to adopt an official policy favouring family planning. Since the beginning of the First Five Year Plan, the Government has been actively supporting the movement. Our title for the M.Phil Dissertation "An Evaluation of Family Planning Programme - A Case Study of

Balasore District in Orissa", indicates that our study will be confined only to Balasore District of Orissa. The Government of Orissa has implemented various family planning programmes in the District, but how far such programmes are fruitful is a question. In this regard an attempt has been made to see that the relevance of the programme.

The study has been undertaken, taking into account the following objectives :- (i) An analysis of the demographic structure of Balasore District (ii) An attempt has to be made to explain the impact of high population growth on socio-economic development of the District (iii) An evaluation of Family Planning Programme of the District (iv) An attempt to point out certain effective Family Planning measures by which family planning can be successful in the District.

We have analysed the data with the help of suitable statistical techniques and the results so obtained have been subjected to relevant economic interpretation. What we have attempted in this dissertation is an integration of statistical analysis, interpretative review and qualititive apprisal of the various family planning programme in the District of Balasore.

The First Chapter is a general enquiry into the problems of population growth. The main purpose of this chapter is to throw some light on the two aspects of the problem - firstly, the aspects of economic demography and secondly, the impact of population growth on the socio-economic development of the people

of Orissa in general and that of Balasore District in particular.

The Second Chapter discusses the demographic structure of Balasore District. We have prefaced this discussion with a brief analysis of the size and growth of population, density of population, sex and age composition, birth, death and infant mortality rate, urban and rural population, occupational structure expectation of life of the people etc. Further, we have attempted a detailed analysis of the actual trend of population growth in different phases of economic development of Balasore District.

An analysis of the impact of population growth on socio-economic development of the people of Balasore District is attempted in the Third Chapter. In this Chapter, we have co-related the size of population with the household size, agricultural production and food supply, hospital bed and population ratio, population growth and land-man ratio, school and population ratio, urbanisation, District income and per capita income etc. The main thrust in this analyais is to understand the degree of effectiveness of increase in population in influencing the socio-economic quality of life of people in the District.

The Fourth Chapter emphasises on the need for Family Planning Programme in the District of Balasore in particular and that of Orissa in general. The various aspects of the working of family planning programme, which we have touched in this chapter, includes the need for family planning methods and population education.

The Fifth Chapter relates to the evaluation of family planning programme in Balasore District since its inception, where an attempt has been made to focus on the problems of targets and achievements of various family planning methods.

The Final Chapter provides a summary of our analysis. We have also suggested some policy implications for improving the working of family planning programme in the light of the findings of our study.

CHAPTER - 2

DEMOGRAPHIC STRUCTURE OF BALASORE DISTRICT

I. Introduction, size and growth Rate

II. Birth, Death and Infant Mortality Rate

III. Life Expectancy

IV. Age Composition

V. Density of Population

VI. Literacy Rate, Sex Composition

VII. Urban and Rural Population

VIII. Occupational Structure

IX. Age-wise Fertility of Women

X. Conclusion

XI. References

1. INTRODUCTION

Balasore is the smallest District having only 4.25 per cent in area of the State of Orissa. According to the 1981 census the total population of the District was 22.53 lakhs against 18.31 lakhs in 1971. The District has only 14.32 per cent of urban population against the 85.68 per cent of rural population 1981. The percentage of S.C. population in 1981 the District is 17.94 and S.T. population 6.84 percent respectively.

In the introductory note, it has been mentioned that the population control is one of the bare necessities in the context of socio-economic development of Orissa in general and Balasore District in particular. But before going to evaluate the Family Planning Programme, it is worth to discuss about the demographic structure of the District. Demographic structure includes many things such as, size, growth, density, birth rate, life expectancy, sec composition, age composition and occupation structure of the people.

II. SIZE AND GROWTH RATE

The population of Balasore District is very large in size in comparision with other Districts of Orissa. So far as census report is concerned, the size of population of Orissa and that of Balasore District from 1941 to 1951 were not a problem as the population was 11.06 lakhs and 11.04 lakhs respectively. Growth of population rather a decreasing trend.

Since then, in a period of 30 years, the population of the District increased very rapidly.

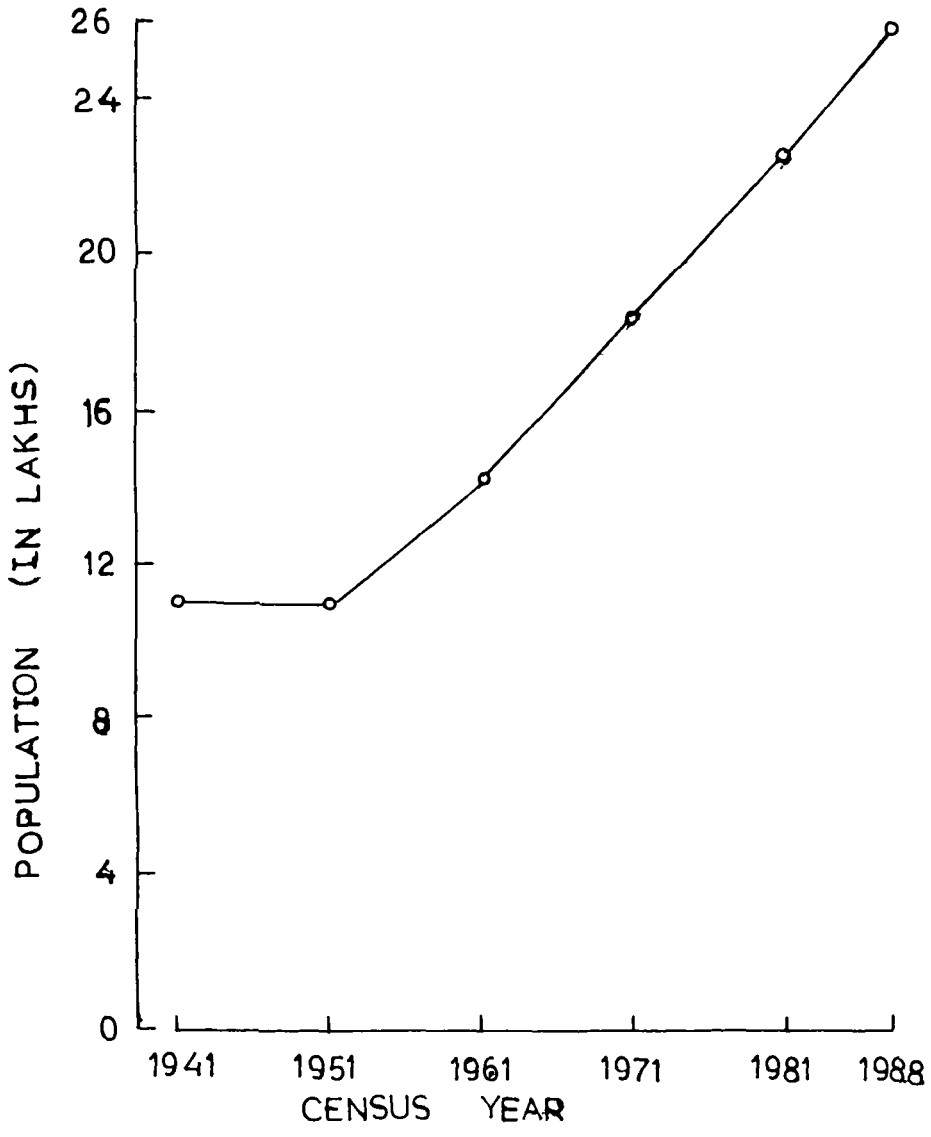
TABLE - 1.

SIZE AND GROWTH OF POPULATION OF BALASORE DISTRICT AND ORISSA (1901 - 1988) (IN LAKHS)

Census Year	Population (Balasore District)	Decenial Growth Rate	Population (Orissa)	Decenial Growth Rate
1901	11.40	-	103.03	-
1911	11.24	-1.39	113.79	+10.44
1921	10.46	-6.99	115.59	- 1.94
1931	10.59	+1.29	124.91	+11.94
1941	11.04	+4.68	137.68	+10.22
1951	11.06	-0.25	146.46	+ 6.38
1961	14.16	+28.02	175.49	+19.82
1971	18.31	+29.28	219.45	+25.05
1981	22.53	+23.07	263.79	+19.72
1988	25.80	-	-	-

Source: District Statistical Hand Book, Balasore, 1981 Government of Orissa.

The decenial growth rate of the District in 1981 census is 23.07 percent, which is more than that of State growth rate (19.72 per cent). The annual population growth rate of the District is 2.3 per cent, whereas India's population growth rate is 2.2 per cent.


26
24
20
16
12
8
4
0
POPULATION (IN LAKHS)
1941
1951
1961
1971
1981
1988
CENSUS YEAR

(Fig - 1)

The rapid increase in population has been attibuted to the fact that death rate has been reduced considerably through the application of medicines and public health services while the birth rate has remained more or less same. The difference in high birth rate and low death rate has resulted in the sharp increase in population. The population growth of the District is shown through the help of a diagram(Fig.1

The diagram shows that the population of the District was 11 lakhs during the period 1941-51, while it increased and reached at 25 lakhs in the end of 1988, which shows an increasing trend of population growth of the District.

III. BIRTH, DEATH AND INFANT MORTALITY RATE

Birth Rate

To understand the population problem in the District, it will be sufficient to examine the trends in birth and death rates during the past few decades. The Birth Rate in the District is around 34 per thousand(population) at present as against India's birth rate (36 per thousand). During the last four or five decades there has been some decline in birth rate. It is also expected that, the birth rate may go down about 21.0 per thousand during the end of 2000 years.

Many economic and non-economic factors are responsible for this high birth rate. These are poverty, illiteracy, ignorance and non-avilability of birth control devices. The factors have been so strong in their influence that the birth rate has remained high for many years. The message this is clear. Unless efforts are made in a big way there is every

likelihood that the birth rate may continue to remain high. In fact it is not easy to bring down the birth rate, particularly when the socio-economic conditions warrant a larger family. Conscious efforts are to be made over a long period persistently, and yet family planning may not become a way of life for many people of the District.

IV. DEATH RATE

The situation regarding death rate is quite different. In the beginning of this century, the death of Balasore District was very high, more than 45 per thousand population. But especially after the independence the death rate fell rapidly. According to 1941 census the death rate per thousand in the District accounted 31.2 which reduced to 13.0 per cent per thousand in 1984. It is also expected to be declined about 9.0 per thousand in the ending years of this century. The following are the factors which are related to the low birth rate.

Natural calamities : Famine no longer cause the havoc they once did. After the terrible Bengal Famine of 1943, the country has been particularly free from famines. Floods and droughts even nowadays cast their dark shadow on the District, But they are no longer horrible as these used to be. The Government has taken so many steps to check the famine and flood. There has also been a considerable improvement in the availability of medical facilities and public health services. The schemes for the extension of medical and public health

services under the Five Year Plans have brought down the rate, reinforced by improved economic and social conditions in recent years.

Infant mortality rate : Similarly, for the last fifty years there has been a steady fall in infantial mortality rate in the District. The infantial mortality rate in the District during the year 1984 was about 104 per thousand population as against 162 in 1941. The infantial mortality is gradually declining due to the considerable improvement in the medical facilities and public health services available in the District.

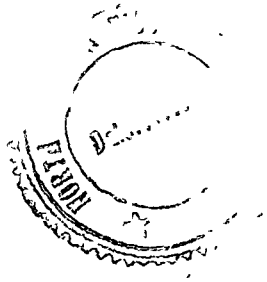
The above explanation of birth, death and mortality rate may be presented in the table and diagram.

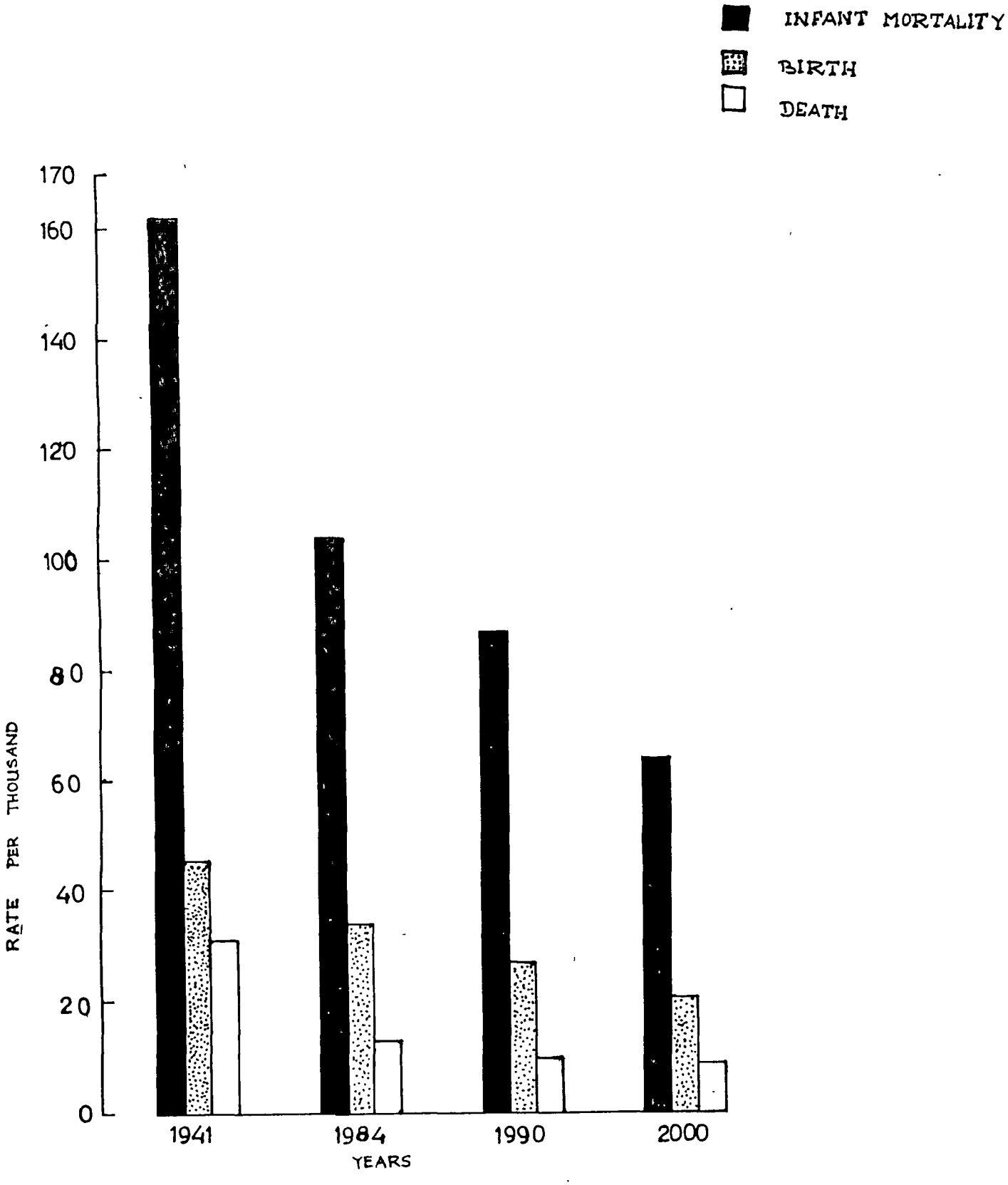
TABLE - 2.

AVERAGE BIRTH, DEATH AND INFANT MORTALITY RATE OF BALASORE DISTRICT (1941-80) ESTIMATED, 1984-2000(Projected)

Year	Birth Rate (per 1000)	Death Rate (per 1000)	Infant Mortality Rate (per 1000)
1941	45.2	31.2	162
1984	33.8	13.0	104
1990	27.0	10.0	87
2000	21.0	9.0	64

Source: District Statistical Hand Book, 1981, District Statistical Office.




INFANT MORTALITY
BIRTH
DEATH
170
160
140
120
100
80
60
40
20
0
RATE PER THOUSAND
1941
1984
1990
2000
YEARS

(Fig-2)

V. LIFE EXPECTANCY

Thenumber of years for which people of a District expect to live at the time of birth is the average life expectancy of that District. It depends mainly on the death rate and the age at the time of death. If the death rate is high or death occurs at an early age, the expectancy will be low and the vice versa. At the beginning of this century the life expectancy in the District was very low and it started rising after 1921. According to the 1941 census

TABLE - 3

LIFE EXPECTANCY IN BALASORE DISTRICT (1941-84) ESTIMATED AND (1984-2000) PROJECTED

Year	Life Expectancy
1941	31
1984	54
1990	57
2000	64

Source : Census of India, 1981.

life expectancy in Balasore District was 31 years against 54 years in 1984. It has also been projected that the life expectancy will reach at 64 years at the end of the century. The large increase in life expectancy recently has been caused by a substantial fall in the death rate and infant mortality rate.

VI. AGE COMPOSITION

Another aspect of population is its age-wise and sex-wife composition. These have important bearings on many economic activities, as also on the growth of population itself.

TABLE - 4

DISTRIBUTION OF POPULATION BY AGE GROUPS IN 1981 CENSUS

Age Group	Males	Females	Persons
0-14	38.84	38,54	38.69
15-59	55.79	55.62	55.71
60	5.97	5.37	5.60

Source : Census of India, 1981.

The Table - 4, shows that nearly 40 per cent of population is composed of children below the 15 years. The young population certain constraints in terms of investment decisions relating to socio-economic measures and also favours rapid population growth. The large number of children is indicative of large number of unproductive consumers. The decreasing in the proportion of the young is therefore, an encouraging feature. The 55 per cent of the population are falling within the working age, normally 15-59 years age group. On the other hand, people above sixty make up about 6 per cent of the population. This small percentage is because of the low life expectancy of the people. Among these three age groups, the 0-14 age group is obstrucle to economic development.

VII. DENSITY OF POPULATION

Density of population refers to the average number of persons living per sq. km. of area. The density of population in the last sixty years (since 1921) has been rising and particularly, since 1951, there has been a rapid rise. According to the 1981 census, the density of population in the District was 357 as against 286 in 1971. On the other hand, the density of population of Orissa in 1971 census was 141 against 169 in 1981. So the density of population of Balasore District is higher than that of the State.

TABLE - 5

AREA AND DENSITY OF PUPULATION IN DIFFERENT DISTRICTS OF ORISSA ACCORDING TO THE 1981 CENSUS

Sl. No.	Name of District	Area in sq.kms.	Percentage to total area of Orissa	Rank in area	Rank in density	Population per sq. kms.
1.	Balasore	63,110	4.05	13	2	357
2.	Bolangir	8,913	5.72	11	5	163
3.	Cuttack	11,142	7.16	5	1	414
4.	Dhenkanal	10,827	6.95	7	7	146
5.	Ganjam	12,531	8.05	3	4	211
6.	Keonjhar	8,303	5.33	12	9	134
7.	Kalahandi	11,772	7.56	4	11	113
8.	Koraput	26,961	17.32	1	12	92
9.	Mayurbhanj	10,418	6.69	8	6	151
10.	Phulbani	11,119	7.14	6	13	64
11.	Puri	10,182	6.54	9	3	286
12.	Sambalpur	17,516	11.25	2	10	130
13.	Sundargarh	9,712	6.24	10	8	138
14.	STATE TOTAL	1,55,707	100.00			169

Sources: Census of India, 1981.

The Table 5 shows that the District having only 4.25 per cent in the area of the State and ranking 13th in the State and esnsity wise ranks at Second. Among the Districts of the State, Cuttack continues to be the most thickly-populated one, the density being 414 persons per sq. km. The lowest density of 64 persons has been recorded in Phulbani District.

VIII. LITERACY RATE

According to the creteria laid down at the 1981 census as well as earlier censuses a person is considered as literate if he or she is able to read and write in any language with understanding. In 1981 census the percentage of literacy in Balasore District is about 42.06, among them 65.5 are male and 34.5 are female. In this year, the State Literacy was 34.12 per cent. It is to be noted that the literacy rate in the District in 1971 was 33 per cent only.

TABLE - 6

PERCENTAGE OF LITERACY IN BALASORE DISTRICT AND ORISSA

Year	Percentage of Literacy in the District	Percentage of Literacy in Orissa
1951	23.7	15.8
1961	29.5	21.7
1971	33.7	29.5
1981	42.06	34.12

Sources : Statistical Hand Book of Balasore District, Orissa, 1981.

The Table shows that the percentage of Literacy is comparatively more than the State. Among the Districts, Puri

has the highest literacy rate having 45.71 per cent followed by lowest in Koraput District (15.83 percent). The male literacy is higher than that of female.

IX. SEX COMPOSITION

Sec composition shows the male and female ratios. Regarding sex ratio of the District, the female population exceeded male population till 1941. As per 1981 census, there were 977 females for every one thousand males against the 972 females per thousand males in 1971. Similarly, the State had also maintained surplus female population upto 1961. This trend took a reverse turn from 1971 and in 1981 census the ratio was 982 females for thousand males. The District Garjam has recorded highest female population of 1,038 for evdry thousand males, as against Bhubaneshwar having the lowest sex ratio with females 757 for every thousand males.

In 1971, the total population of the District was 1831 thousand, out of which 928 were male and 902 thousand were female. Similarly in 1981 out of total population (2253 thousand) 1130 thousand are male and 1113 are female. Actually, there is the little difference between the male and female population in the District. At the same time male population is something more than that of female population.

AGE WISE FERTILITY OF WOMEN

On the basis of research evidence, it has been seen that women can bear children from the age of 15 to 44 years or 49 years. The reproductive span or the child bearing period

of a woman, on an average, is between 30 and 35 years. Theoritically, during the physiologically limited child bearing period, a woman would get 37 children, if she gave birth to one child every ten months over a period of 31 years. Even if she gave birth to a child every 15 months throughout her reproductive period, she would produce a total of 25 children. Such a phenomenan, however, does not happen. Although it is possible for a woman married at the age of 15 and having an uninterrupted married life for the next 30 years to have 15 children. But this figure also is very rare. Actually, women who continue to remain in wedlock till the end of their reproductive period, give birth to an average of six or seven children.

The study of age wise fertility of women is very important to finding out the age group where the activity of progression is at a peak. In Balasore District, 20 per cent of births take place among the women belonging to 15 to 20 age group. But 50 and 55 per cent of births occur within the age group of 20 - 30 years of women. Data indicate that the highest fertility of women in Balasore District is reached between the ages of 20 - 25 and the peak is reached in the ages of 25 - 30. This can be shown in a Table.

TABLE - 7

AGE WISE FERTILITY OF WOMEN IN BALASORE DISTRICT, 1981

Age Group	Fertility in %	
	Rural	Urban
15 - 20	21	20
20 - 25	27	29
25 - 30	25	25
30 - 35	14	14
35 - 40	9	8
40 - 45	2	2
45	2	2

Sore : Statistical Outline of Orissa, Bureau of Statistics and Economics, Orissa, 1985.

The age-specific table shows a low but significant rate in the ages of 15 - 20 years, a sharp rise in the group 20-25 years, With the peak being reached between 25-30 years. In the ages of 30 - 35 there is significant rate but lower than that found in the earlier 5 year age group. After 35 the rate decreases appreciably, becoming insignificant after 40 years of age.

X. RURAL AND URBAN POPULATION

The ratio of urban to rural population of the District recorded during 1981 census is 14.32 as against the percentage of 8.25 in 1971. In the District near about 85 per cent people live in rural areas. The economic structure of the

District is agricultural in character. Besides agricultural operations most of the cottage/household industries are gradually expanding in urgan areas.

TABLE - 8

RURAL AND URBAN POPULATION IN THE DISTRICT(1941-1988) IN '000'

Year	Urban	Rural	Total
1941	39	1070	1109
1951	42	1064	1106
1961	79	1337	1416
1971	100	1730	1830
1981	186	2067	2253
1988	213	2367	2580

Therefore, urban population is gradually increasing decade after decade. As Table - 7 shows the total number of urban population in 1941 is 39 thousand which become 186 thousand in 1981. It is also expressed the slow growth of urban population in the District. The slow progress of urban population is due to lack of industrial growth and inadequate expansion of infrastructural facilities.

XI. OCCUPATIONAL STRUCTURE

Theoccupational structure of the population varies with the availability of economic opportunities. The District has a good potentiality for primary occupation. Having a vast and under cropping, the percentage of agricultural workers

is comparatively higher than those in other sectors. On the whole, the total main workers in the District are 613 thousand which is 27.2 per cent of the total population. Sex wise, the male constiture 50.1 per cent and female 3.78 per cent of their respective total population.

Nearly 80 per cent of the working force of the District are engaged in agricultural activities. The cultivators and agricultural labourers account 53.5 per cent and 25.63 per cent respectively. Only 1.72 per cent of the workers are engaged in the household industry. In the District, the percentage of male workers working as agricultural labourers is quite high in comparison to female workers.

XII. CONCLUSION

From the above analysis, it can be concluded that Balasore District is over populated. The Malthusian concept of population is aptly true for this District. During the period of thirty years, the population has been doubled. The death rate has been declining faster than the birth rate. Presently, the District remains in the second stage of Demographic Transition and is, thus encountering a 'Population Explosion'. As literacy and life expectancy is concerned, the District stands more than that of the State. In the District, 85 per cent of people lives in rural area and 80 per cent people are engaged in agricultural sectors. This is the sum and substance of Demographic Structure of the Balasore District.

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C H A P T E R - 3

IMPACT OF POPULATION GROWTH ON SOCIO-ECONOMIC DEVELOPMENT

* Introduction
* Household size and houseless people
* Agricultural production & food supply
* Hospital bed and population ratio
* School and student ratio
* Population growth and employment
* Population and land-man ratio
* Road length and its ratio to population
* District income and per capita income
* Conclusion
* References

INTRODUCTION

The phenomenal rise in population of the Balasore District in few decades has been throwing a great challenge to the social and economic life of the people. According to the 1981 census the population has gone up to 22 lakhs from 18 lakhs in 1971. The rate of growth of population in the District is 2.3 per cent per annum. The growing population will definitely be an impediment for the developmental activities of the people of this District. Since independence we have been launching quite a large number of programmes in the district for the improvement of the conditions of life of the people. But all our efforts and whatever achievements we have gained are nullified by the increasing population. The unprecedented increase in population will no doubt mutilate all our efforts in the various field of developmental activities and aggravate the threatening problems such as unemployment, slow down of per capita income, shortages of housing, food and medical facilities etc. In this chapter, we will discuss about the impact of population growth on socio-economic development of the people of the District.

HOUSEHOLD SIZE AND HOUSELESS PEOPLE

Housing inadequacy in the District has both quantitative and qualitative aspects. The problem of housing has worsened over the years due to rapid growth of population. Shelter is closely linked with the process of over all socio-

economic development. The number of houses and house holds is gradually increasing over the years. It is only the population growth which causes the growth of house holds in the District. According to 1971 census the number of house holds in the District was 273 thousands and it extended to 311 thousands at the end of 1981. Similarly, the number of houses in 1971 was 265 thousands and it became 276 in 1981.

Table - 9

No. of Villages, No. of occupied Residential Houses and House Holds (in 1000's)

Year	Total Rural Urban	No. of Villages		No. of occupied Residential houses	
		Inhabited	Uninhabited	Houses	House holds
1971	T	3,823	502	265	273
	R	3,823	502	248	255
	U	-	-	17	18
1981	T	3,812	564	276	311
	R	3,812	564	260	293
	U	-	-	16	18

Source: Statistical Abstract of Orissa, Govt. of Orissa, 1981.

As houseless population is concerned, it is increasing very rapidly. We find a large increase of houseless people during the period 1971 and 1981.

Table -10

HOUSELESS POPULATION IN THE DISTRICT (1971 - 1981)

Year	Total Rural Urban	Houseless Population Total	Males	Females
1971	T	500	372	128
	R	322	243	78
	U	178	129	49
1981	T	4973	2717	2256
	R	4644	2492	2152
	U	329	225	104

Source : District Statistical Hand Book, Govt. of Orissa, 1981.

This table shows that during the year 1971, the number of houseless people were 500 and it became 4,973 in 1981. We find the rapid growth of houseless people in the District, which in all likelihood, is caused by the population growth.

AGRICULTURAL PRODUCTION AND FOOD SUPPLY

It is appropriate to discuss on population growth and socio-economic development in the District by devoting some thought to the availability of Food, because food is the fundamental need of each human being. The increase in agricultural production is known to help economic growth and rise the standard of living. It will be not an exaggeration to say that the food situation in the District has been critical.

We know that Indian agriculture is generally at the mercy of monsoon. If the rains are adequate and timely, the crop situation improves. However, adequate and timely rains are not very common. Inspite of this, the agricultural production in the District is gradually progressing. The yield rate of paddy per hectar is 14.2 quintals as against state average of 15.72 quintals. In the year 1987-88, rice production accounts for 20.26 per cent increase against 15.24 per cent increase during 1971-72. The production of cereals, food crops and oil seeds is also increasing over the years which is shown in the Table.

Now we will see in the Table the food grain production and per capita availability of food grain in the District.

Table - 12

Foodgrain proeuction and per capita availability of food grain in the District(in 1000 M.T.)

	1970-71	1980-81	1987-88
Rice	301.06	346.95	417.25
Total Cereals	310.07	360.75	402.23
Total Food Crops	376.56	484.92	510.12
Total Oil Seeds	4.89	10.59	18.70
Per Capita Availability of food grains(in Kg.)	542.16 ⟶	534.05 ⟶	522.60

Source: Eighth Five Year Plan Draft, District Planning Unit, Balasore.

The per capita availability of food grain per year, during 1970-71 was 5.42.10 kg. and it reduced to 522.60 kg. in 1987-88. Though there is the increase in food grain production in the District, but the per capita availability declines, due to the rapid growth of population.

HOSPITAL BED AND POPULATION RATIO

The tremendous increase in population faces another serious problem, that is shortages of medical facilities. Gone are the days where health was treated a mere absence of disease. It is now considered to be one of the incators of quality of life. W.H.O. Declaration on Health For All by 2000 A.D. has noted: "Since primary health care is the key to attending an acceptable level of health by all, it will help people to contribute to their own social and economic development". To provide adequate health care services to the people, Government is accelerating the measures in different plan periods. In the beginning of the third Five Year Plan, Government has taken measuresto extend the service to achieve the goal of health care facilities in the District. From the Fourth Plan Figures, it is observed that the patients have been increasing day by day. Not only that, the hospitals, dispensaries and hospital beds are expanding due to the population growth in the District. In 1961 the number of hospitals was 4 and dispensaries 34 but they extended to 9 and 56 in the end of 1988. This is shown in the

table given below.

Table - 12

NO. OF HOSPITALS AND NO. OF BED AVAILABLE(1961-88)

Year	Hospitals	Dispensaries	PHCs	Mecical Aid Centre	No. of Bed Availa-ble	Per capi-ta bed available (Ten 000 people)
1961	4	42	19	-	375	2.65
1971	6	35	19	2	410	2.24
1981	9	30	19	8	538	2.34
1988	9	56	19	8	585	2.27

Source: Eighth Five Year Plan Draft, District Planning Unit, Balasore.

In 1971, the availability of hospital bed per ten thousand population was 2.65 which became 2.27 in the year 1988. Though the Government is expanding the medical facilities, still it is insufficient for growing population.

Let us see how the per capita public expenditure on health and family welfare is increasing after the years.

Table - 13

PER CAPITA PUBLIC EXPENDITURE ON HEALTH AND FAMILY WELFARE (1980-82)

Years	Health (Rs.)	Family Welfare (Rs.)
1979-80	14.43	1.78
1980-81	17.74	2.32
1981-82	20.16	3.07

Source: Statistical Abstract of Orissa, Bureau of Statistics and Economics, Orissa, 1981.

SCHOOL AND POPULATION RATIO

Another major problem is of providing schooling to the growing number of children in the District. The child population in the District is near about 40 per cent of the total population. By the end of the Second Five Year Plan the District was having 1772 primary schools, 150 M.E. Schools and 44 High Schools. But in the year 1970-71 their number increased to 2272, 507 and 241 respectively. It is also observed that the number of students in different schools is grqdually increasing over the years. Anyway, the Government is bound to meet the huge amount of invesment on education due to the population growth. In course of various plans attempts have been made to tackle the problem in developing the education and extending the net work of service facilities. It has been estimated that the average annual cost per primary school student in 1971 was 51.3 rupees, for M.E. School student it was 145 rupees and for H.S. students it was 191.3 rupees. But this amount became 110 rupees, 244 rupees and 327.8 rupees respectively in the year 1987.

Table - 14

EDUCATIONAL INSTITUTIONS, NO. OF STUDENTS AND POPULATION SCHOOL RATIO IN THE DISTRICT (1961-88)

	1960-61	1970-71	1980-81	1987-88
No. of Primary Schools	712	2263	2359	2499
No. of Students (in '000')	-	197	276	369
School Population Ratio	828	809	955	1033
No. of M. E. Schools	150	489	809	1061
No. of Students (In '000')	-	25	61	70
School Population Ratio	9430	3744	2592	2432
No. of High Schools	41	161	359	514
No. of Students (in '000')	-	23	34	44
School Population Ratio	32180	11369	6275	5019

In 1961 there was one Primary School for 828 population, one M.E. School for 9430 population, one high school for 32180 population but in 1988, one School for number of population on different schools becomes 1033, 2432, 5019 respectively.

Source: Eighth Five Year Plan Draft, Balasore District, District Planning Unit.

POPULATION GROWTH AND EMPLOYMENT

The important problem which affects the social and economic progress of the District is unemployment. Because of the tremendous increase in population, Govt. is unable to provide employment opportunities to all young people who are willing to work. So long as the satisfaction of human needs is the prime objective of all economic activity, the prevelence of unemployment will stand as the index to economic distriess and poverty. Schumacher in his Book "Small is beautiful" has pointed out that the highly ambitious Five Year Plans regularly show a greater volume of unemployment at the end of Five Year period, then at the beginning, even assuming that the plan is fully implemented.

The problem of educated unemployed in the District is quite serious. The employment situation has a burning and crucial problem for the District. The information maintained by employment exchange are considered essential to study the problem.

Table - 15

Year	No. of Employment Exchange	Registration	Vacancy	Placement	% placement to vacancy
1980	3	15,812	1012	481	36.62
1981	3	18,544	1008	1370	135.92
1982	4	13,947	931	738	75.74
1983	4	17,359	1064	905	85.06
1984	4	14,989	704	602	99.71
1985	5	15,458	944	689	72.99
1986	5	16,054	1042	590	56.62
1987	5	16,054	961	793	82.51
1988	5	16,383	913	333	36.27

Source : District Statistical Hand Book, Govt. of Orissa, 1981 and Eighth Five Year Plan Draft.

The Table gives us the clear picture of unemployment situation in the District. The situation is realised when we compare between the number of registration, vacancy and placement. In 1981, the toral number of registration was 15,812 followed by 1012 vacancy and 481 placement. But in the end of 1988, the number of registration increased into 16,383. On the other hand, the vacancy and placement reduced to 918 and 333 respectively.

POPULATION AND LAND-MAN RATIO

Itis asserted that the pressure of population on Land has been steadily increasing and with it land man-ratio is becoming increasingly adverse. This in turn, is providing to be serious obstracle to development. According to 1981 census, the density of pupulation in the District was 357 per sq. km. against 286 per sq. km. in 1971. So due to rapid growth of population over the years, its pressure on agricultural land has increased and cultivable land per capita has declined.

The agricultural status of a District is determined by the manner of utilisation of total land resources and productivity of land for rising different crops. During last three decades the net area sown varies from 60 to 70

per cent of total geographical area of the District.

The detailed utilisation of different classes of land which constitute the total land use pattern in different years of plans is given in the following table. The average size of land holding of the people in the District is declining. In the year 1951-52 the average land holding was 5.57 acres and it reduced to 4.25 acres in 1961, 3.70 acres in 1971 and 3.06 acres in 1981 respectively.

TABLE - 16

LAND UTILISATION (Figures in 1000 Hecters)

Year	Net area sown	Net agri. use	Forest	Total Fallow land	Permanent Pasture or grazing land	Barren land	Cultiva-ble west	Total	Average size of land holding (in acres)
1951-52	410	46.72	39.7	35.47	27.64	21.7	39.90	617	5.57
1959-60	430.4	44	38.28	26.64	24.24	19.20	21.84	602	4.25
1970-71	455	12.10	100	17.70	21	42.10	2.20	679	3.70
1980-81	436	70	40	29	26	70	20	691	3.06

Source: Statistical Abstract of Orissa, Govt. of Orissa, 1971.

The growing pressure of population on land has also resulted in sub-division and fragmentation of holdings. On these fragmented holdings, it is contended that there is not much scope for raising the farm productivity. At the same time the heavy pressure on agriculture leads to disguished unemployment in the agricultural sector.

ROAD LENGTH AND ITS RATIO TO POPULATION

The District of Balasore has a favourable location in developing its transport network system. The Bengal Nagpur Railway runs for 142 Kms. through the District connecting its with Calcutta, Cuttack and Madras now named as Howrah Madras Line, South Eastern Railway. National High Way No. 5 passes through the middle of the District about 107 Kms. All other headquarters and important places of the District have been well connected through various categories of roads. Upto 1987-88, there are 107 Kms. of N.H., 50 Kms. of S.H., 444.84 Kms. of M.D.R., 120 Kms. of O.D.R., 210 Kms. of C.V.R. in the District.

The total length of the bus-route of the District is 723.50 Kms. which is likely to be increased during the 8th Five Year Plan after improvement of the roads, construction of proposed bridges and completion of un-going schemes. In addition to this, 408 number of culverts and cause-ways have been constructed for smooth movement of traffic.

The efforts of the Government in developing the transportational net-work would have much more added to the welfare of the people provided that their number did not increase so rapidly.

TABLE - 1✓

TOTAL ROAD LENGTH IN BALASORE DISTRICT(In Kms.)(1971-1981)

Types of Roads	Length in Kms. 1971	1981
1. National Highway	106.50	107
2. P.W.D.		
i) State Highway	49.08	50
ii) Major District Roads	271.95	375
iii) Other District Roads	139.10	192
iv) Classified Village Roads	291.44	289
3. R.E.O. Roads	433.00	433
4. Local Bodies :		
i) Municipal Roads	616.60	709
ii) Samiti Roads	329.60	1609
iii) Panchayat Roads	550.00	3020
5. Forest Roads	50.70	59
TOTAL ROAD LENGTH :	2837.99	6843
ROAD RATIO TO (1000 POPULATION) :	1.55	3.04

Source : District Statistical Hand Book, Govt. of Orissa, 1981.

DISTRICT INCOME AND PER CAPITA INCOME

The rapid population growth slows down the per capita income of the people in the District. Since the families have to meet all the demands of members, especially the non-earning dependents, its saving would be meagre. So capital formation and economic growth are suspended. It becomes impossible to invest in new enterprises for creating new job opportunities. Low savings leads to lower investment, which results in lower National Income and so also per capita income. During 1971 and 1981 though the District's total income increases from 19391 lakhs to 28524 lakhs, but the per capita income reduced from 1,032 rupees to 947 rupees, whereas the State per Capita income in 1981 was 1,101 rupees. Now we will see in the Table which is given below.

TABLE - 18

DISTRICT INCOME AND PER CAPITA INCOME (1971-81)(In Lakhs)

	1971	1981
Agriculture and Animal Husbandry	3780	4800
Forest	35	43
Fishery	61.23	83
Mining and Quary	110.84	135.15
Manufacturing	211.69	260.80
Construction	58.84	85.25
Transport	95.00	110.15
Communication	23.46	45.48
Total Revenue	15015.00	23063.00
Total Income	19391.06	28524.96
Per Capita Income :(in Rs.)	1032	947

Souree: District Statistical Hand Book, Govt. of Orissa, 1981.

URBANISATION

An important feature of demographic situation in Balasore District is the higher rate of internal migration to urban areas. The proportion of urban population to total population in the District in 1981 was 14.32 per cent against 8.53 per cent in 1951. Thus in relative terms the urban population in this District has increased since 1951, though the pace of urbanisation has been rather slow. There are four towns in the District namely Balasore, Bhadrak, Jaleswar and Chandbali. People of rural areas have been migrating to towns largely because of the attractiveness of economic rewards. Therefore, the population in different towns is gradually increasing year after year. Now we will see the population growth in different towns of Balasore District in the Table given below.

TABLE - 19

SEXWISE POPULATION GROWTH OF BALASORE TOWN (1901-1971)

Census Year	Town Balasore			
	Male	Percentage of variation	Female	Percentage of variation
1901	10,886	...	9,994	...
1911	11,223	+ 3.1	10,139	+ 1.4
1921	9,342	-16.8	87,695	-21.1
1931	10,133	+ 8.5	7,710	+ 0.2
1941	10,532	+ 3.9	8,873	+15.1
1951	12,414	+17.9	10,437	+17.6
1961	18,353	+47.8	15,578	+49.2
1971	25,246	+37.6	20,993	+34.8

Source: Census of India, 1971.

TABLE - 20

SEX WISE POPULATION GROWTH OF BHADRAK TOWN FROM 1901 to 1971.

Census Year	Town Bhadrak			
	Male	Percentage of variation	Female	Percentage of variation
1901	8,749	...	9769	...
1911	8,632	- 1.3	9946	+ 1.8
1921	8,472	- 1.9	9703	- 2.4
1931	8,943	+ 5.6	9340	- 3.7
1941	9,863	+10.3	9101	+ 3.7
1951	9,694	- 1.7	9101	- 6.0
1961	13,358	+37.8	11927	+31.0
1971	21,795	+63.2	10692	+65.5

Source : Census of India, 1971.

The above Tables (1 and 2) show the sex wise population growth of Balasore town and Bhadrak town. The population growth of these two towns have increased since 1951. According to 1951 census the male population in Balasore town was 12,414 and female population 10,437 but this became 25,246 and 20,993 in 1971 respectively. The population in Bhadrak town has also increased significantly during 1951 to 1971.

Problems of Urbanisation:

When the living condition of rural areas becomes very difficult people migrate to urban areas. This great influx of unskilled labour to the towns in search of jobs leads to housing problems and rise of slums. The health of the people is affected by congestion, pollution of air, water and land, spread of diseases, etc.

Employment :

The problem of employment is aggravated in the urban centres due to the migratory flows. The rural migrants come with high expections to the town. But their hopes are very soon shattered. Thus they are economically distressed and even frustrated.

Slums :

The word slum is a general term for poor housing of every kind and for an environment where human beings live under sub-human conditions. Industrial revolution saw the immediate growth of slums. Rapid development in the means of transportation brought a close inter-communication between villages and towns. The factories attracted a larger number of unemployed persons who began to concentrate in the towns. This resulted in overcrowding. The space is over-crowed with buildings or the buildings may be overcrowed

with people or both. Many of the inhabitants are not welcomed in other residential areas or they can not afford to live elsewhere. The slum is often most neglected by the public services for sanitation. It is an area of deliquency, crime and vices. Slum dwellers become a prey to tuberculosis, respiratory diseases, in fact mortality, measles and maternal mortality. Overcrowding insufficiency of light, fresh air and proper food are the chief causes for this.

Transportation :

One of the most visible effect of rapid population growth in the urban centres is the increasing traffic jams in the towns and cities. The transportation system becomes increasingly inadequate to carry the volume of traffic by road. Because of the increasing number of vehicles, the traffic movement in the towns is considerably slowed down causing much inconvenience to the general public. With the increase in the number of automobiles, parking becomes a serious problem in many towns.

Mostofthe problems that people in the towns of the District face today are due to a rapid increase in population of the District.

CONCLUSION

The above analysis leads to the conclusion that District's rapidly population is affecting adversely many aspects of the economy, resulting in slowing down its pace of development. Unemployment is fast increasing. Many essential goods and facilities are becoming scarce. Inspite of a rising District income the per capita income goes down. It is obvious that to quicken the rate of economic progress, it is of utmost importance that the fast rise in population is checked. The population growth can be checked by implementing the Family Planning Programme.

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C H A P T E R - 4.

NEED FOR FAMILY PLANNING PROGRAMME

* Meaning and objectives of Family Planning Programme

* Need for Family Planning Programme

* Family Planning Methods

* Population Education and Family Planning Programme

* References

Meaning and Objectives of Family Planning

The only way to reduce the birth rate in the short run is the adoption of deliberately chosen methods of prevent birth. Such an approach, called Family Planning is meant to limit the size of the family. The birth of children then is by choice, rather than by accident. As a result there is a small er number of children, with proper spacing between them. In other words, the Family Planning Programme is understood to mean deliberate efforts, typically Governmental in funding and administration to provide birth control information and service on a voluntary basis to the target population; to the end of lower fertility among other objectives, e.g. maternal heatlth and child health. In simple, Family planning is an instrument of social transformation, its aims at creating better parents, healthier children, happier homes, it seeks to inject social responsibility into married life.

The family is the smallest unit of society and attention to its welfare would inevitably lead to healthy society. Sex being a biological urge, it is difficult for the common man tohave a limited number of children, without the judicious use of Family Planning measures.

The programme of Family Planning does not simply signify 'birth control'. It has a wider, more comprehensive, connotation, the objectives of which is predominantly

the welfare of the individual, the Family and the Society, and this would make the much talked of 'social justice' feasible. The objectives of Family Planning are :-

a) It promotes health, happiness and harmony in the Family.

b) It seeks to avoid unwanted or not wanted pregnancies and encouragesthe birth of children by design, by choice and not by chance.

c) In particular, it offers a safe-guard to the health of mothers and children.

d) It helps in reducing the deteriorating effects of repeated child birth.

e) Every child born has a right to develop and learn, which would be more feasible, if the numbers were restricted.

f) It helps to develop a sense of responsible parenthood.

g) It helps parents to make family life more meaningful, and in fact it enriches family life. Through this programme, the dignity of life is enhanced and given greater value thus holding up the promise of better status to the family in society.

h) Family life education, population education, health care, marriage counselling or marriage guidance are integral parts of the Family Planning Programme, all of which should give a foresight and provide safeguards for parents.

Sugar is sweet, but too much consumption of it is guaranteed to create undestirable results. Rain certainly

assists agriculturists in their activities, but just as too little of it proves disastrous so can too much of it creates havoc too much of anything, even a good thing, could trigger off a difficult situation. Excess and complete negation are too extremes, both of which are required to be avoided. Family planning preaches the avoidance of both extrmes and therefore, advocates two or three children by choice.

It is of paramount importance that the resources used for family planning be justified economically. In other words, the benefits from such a policy should outweigh the benefits from the alternative use of these resources for development. Robert Casen has made a study on these lines. According to him, the investment in birth control will bring about an increase of Rs. 30 in per capita income, this is 15 times more than the benefit that can accrue from any alternative investment. Another estimate by Prof. Enke puts the benefits from such an investment at 100 times more. This means that on struct economic grounds the investment in Family Planning is amply justified.

Need for Family Planning

The rapid increase of population is a threat to the nation's development as of economic, social and political objectives setforth in the overall development plans. Furthermore it threats the very existence of individual families which find it increasingly difficult to provide the growing number of children with bare necessities required for more survival. Today among rural as well as urban families there is a tragic wastage of human life in pain, poverty, disease, death and unwanted human life that seems to have little value.

The most important impact of population growth is that it reduces the national and per capita income. Not only that, the availability of agricultural land is also disproportionate to the population and the presure on land is thus mounting. The unemployment problem, continues to be more vexing and acute. Although we could be hopefully, self sufficient in food grains, the calorie value of the individual's intake is below standard. On the other hand, the economic situation is not very heartening, the rather trady saving potential having acted as a limitation on the toral investments. The ever increasing population thus presents a most depressing picture. The rapid growth of pupulation is mainly as a result of steep decline in the death rate. Control of epidemic and endamic diseases like malaria, improve-

ment in drinking facilities, improved drainage, increase in medical and health facilities, use of anti-biotics and introduction of new drugs, etc. are the main causes of decline in death rate, by which India entered into the second stage of demographic transition. Balasore district has not been an exception to the general trend. Therefore, a debate as to whether the birth rates should be reduced artificially through implementation of family planning programme or whether the decline in birth rate should be allowed to take natural course as a reaction of active policies of economic development has a global feature.

It has been pointed out that rapid economic development through all means is the more effective "pill" for population control. But the relevance of this argument to Indian context is limited because of the low educational standards of the people, their traditional and arthodox attitudes towards life and material stands of living. Therefore, unless an attempt is made to control the population growth through deliberate birth control measures, it is almost impoosible to extricate the country from the Malthusian trap. In this connection, Dr. C. Lement Market said that, "countries that practise death control must also practise birth control or prepare now for a time when their people will have to live standing up because there would not be room to sit down or lie down.

Indiaiis the first country in the world to adopt an

official policy favouring family planning in 1951. Since the beginning of the First Five Year Plan, the Government has been actively supporting the movement. Expenditure on family planning has considerably increased since the beginning of the Third Five Year Plan. In fact finance is not a limitation to the expansion of the family planning programme and the planning commission has agreed to increase the allocation, if there is a need.

From the above discussion, we conclude that the family planning programme is essential to check the population growth by which economic development can be promoted. In this regard Mr. M.C. Chagla said that "If population is not controlled our progress will be like writing on sand with waves of population growth washing away what we have written".

FAMILY PLANNING METHODS

Even since the inception of the Family Planning Programme, several methods of birth control have been popularised. In the early fifties, the rhythm method was widely experimented upon. Later condom, diaphragm and jelly and foam tablets were distributed through family planning clinics. In 1965, the Lippies Loop was introduced in the programme and since then several other intra-uterine devices have been tried. More recently the oral pills have been on trail in selected pockets of the country to test their feasibility, safety and effectiveness for wider use. The induced abortion,

in the strictest sense of the term, cannot be included in this list, it has also become important in recent times because of the Medical Termination of Pregnancy Act of 1971.

The successful limitation of family size by the couples depends not only their small family ideas but also on their psychological acceptance of family limitation, knowledge of birth control methods, availability of contraceptives an environment favourable to the practice of birth control. Now we will discuss about different methods of family planning programme.

THE RHYTHM METHOD

This method, which is also known as the safe period or calendar method, involves restricting sexual intercourse to the infertile phase of a woman's menstrual cycle. It is based on the following biological facts: (1) only one egg (Ovum) is normally released during each menstrual cycle and this egg has an active life of about 12 hours, during which time it is capable of being fertilised by a sperm, (2) The sperm has an active life of about 48 hours during which it is capable of fertilising an Ovum; and (3) It follows from the above two facts that conception can normally occur during about 60 hours in each menstrual cycle, and if no sexual intercourse takes place during this period, pregnancy may be avoided.

After keeping a record of the menstrual cycle for twelve months, a woman identifies her shortest and her longest

cycles. She substracts 18 days from her shortest cycles and determines the first fertile day of her cycle. Then she substracts 11 from her longest cycle and determines the last fertile day of her cycle. This calculation may be explained by the following illustration : After maintaining a record for 12 months, suppose a woman finds that her shortest cycle was 27 and her longest cycle was 29 days, then the 9th day (27-18) becomes the first fertile day and 18th day (29-11) becomes her last fertile day. Thus sexual intercourse should be avoided from the 9th to the 18th day of the menstrual cycle, that is, during the fertile or the "unsafe" period, if pregnancy is not desired. A simple variation of the calendar method is to allow sexual intercourse only during the first and last week of the menstrual cycle, and allow for a longer period of abstinence. This method is useful for those women who menstruate fairly regularly.

DIAPHRAGM AND JELLY METHOD

It provides a mechanical barrier to the sperms by covering the entrance to the uterus. It is made of soft rubber in the shape of a shallow cup, with a flexible metal spring or coil at the circular outer edge. The diaphragm is generally used along with a contraceptive jelly or cream to make it more effective. It is inserted up to three hours before intercouse and must be kept in place for at least six houss after intercourse. The diaphragm-and-jelly method is completely harmless and quite effective when correctly used.

It is acceptable because it does not interfere with the sex act. This method is however, rather cumbersome and calls for the provision of toilet facilities in the home. A doctor's services are required to determine the correct size of the diaphragm, and the women have to be taught how to insert it properly. Therefore, this method was known to have had a wise acceptability in the West, but was soon found to be unsuitable for India.

FOAM TABLETS

The foam tablet is one of the chemical contraceptives. It is inserted in the vagine about fifteen minutes before intercourse. It disintegrates when it comes in contact with the normal moisture of the vagina, produces a rich foam which covers the entrance to the uterus and blocks the way of the sperms and contains a spermicial chemical which destroys the sperms. Foam tablets are cheap and are less expensive than contraceptive creams and jellies. Their use does not require the services of a doctor. They are also quite harmless. The disadvantage of the form tablets is that their storing quality is rather poor, especially in humid climates. If a foam tablet does not actually form because of the absence of moisture in the vagina, it does not serve its purpose of blocking the entry of sperms into the uterus and ultimately into the fallopian tubes, nor does it destroy them through its spermicidal action. This method is not effective for the climatic conditionsof India.

CONDOM

The condom is one of the most widely used birth-control devices all over the world. Since condom prevents the male sperms from even reaching the women's body, it is one of the most effective of all the methods of birth-control. It does not require any examination by a physician and can be used by any male member. This form of contraception is virtually without clinical contradictions and side effects of any kind. It is also very easy to use and is available at a very nominal price. This method, therefore, appears to be most suitable to all couples, irrespective of their socio-economic status, who wish to space their children. As has been observed: "Market research carried out independently by operations Research Group, Baroda, has shown that consumer purchase of Nirodh is growing more rapidly in medium and smaller towns and rural areas than in cities, thereby achieving one of the objectives of the Programme". Free supplies of Nirodh are available at all family welfare planning centres and sub-centres in the country. Under the Depot Holders Scheme introduced in 1981, Health Guides and multi purpose workers are provided with Nirodh for distribution and can be sold at 5 paise for a pack of 6 pieces. Not only that, Nirodh is widely and conveniently available throughout the country along with such daily items of consumption as tea, cigarettes, soap, kerosene, etc.

I.U.C.D.

Intra Uterine Contraceptive Device, which is known as the Lippes Loop is one of the comparatively more recent family planning methods. The Lippes Loop was brought into the Indian Family Planning Programme in 1965, with a great deal of publicity and high expectations. The great advantage of this method is that, unlike every other birth-control method that demands constant motivation and sustained attention, it needs motivation at one time only and as such may be acceptable to a large number of couples. In fact, it is because of this specific advantage that it received a great response in the initial years. The method is, however, not free from side effects but if proper precautions are taken these side effects could be controlled. Its use also calls for a thorough pre-insertion examination of the women by the physician and a proper follow up. These are two important features of the method and if neglected may lead to complications. The scope for the method is, therefore, limited subject to the availability of the services of trained physicians and workers to undertake the follow-up. In some cases, bleeding take place and on rare occasions, the IUCD gets dislodged and travels elsewhere in the body.

ORAL PILLS

The pill is absolutely effective in preventing pregnancy if taken regularly. It is given daily for 21 days from the

5th to 25th day of the cycle. During the last few years, there has been a sharp increase in the usage of oral pills in the country. Since the 1950's attempts have been made to develop such pills indigenously. The main reasons for the popularity of the pill is that it provides cent percent protection from unwanted pregnancies and secondly it is very easy to use. It is the most widely used contraceptive among the wives regardless of their age, education, income, caste and religion.

Like the IUCD, the pill, however, is not free from side effects. But these side effects, however, in case of majority of women are mild and temporary. It is always advisable that before the use of this method, the women should be examined by a physician and she must visit him once every month for check up at least in the first few cycles. Oral pill offer a very good method of contraception for couples in India, but should be adopted by them, where facilities of consultation and examination by a physician are easily available.

ABORTION

Though abortion is not considered by the Govt. of India as a Family Planning Method, it needs to be considered along with other methods of family planning, because a widespread acceptance of abortions is known to have a dramatic

impact on birth rates. It is also important to consider this aspect of abortion which finally lead to the enactment of the medical termination of pregnancy Act in 1971. The law became effective from 1972. In fact, the working of the M.T.P. Act, is such that a couple desiring an induced abortion can now get it easily and legally.

It has been further incorporated that no pregnancy can be terminated at any place other than a Hospital, established or maintained by the Government or a place approved for the purpose by the Government. It has been also provided that an approved Registered Medical Practitioner, with the consent of the pregnant woman, can terminate a pregnancy of twelve weeks' duration and when the pregnancy does not exceed twenty weeks two approved medical practitioners can decide upon the termination of such pregnancy.

The implementation of this Legislation will pose many problems. Doctors will have to be trained and proper training facilities will have to be provided. The country being very vast and the fertility rate being what it is, it is necessary to provide facilities not only in the urban, but rural areas also. Extra care and caution will have to be taken to avoid repeated abortions.

STERILISATION

Sterilisation has come to occupy an important place in the armoury of family planning methods. The term sterilisation is used by the Family Planning Programme to refer to

vasectomy and tubectomy. It is a permanent method of contraception, which is essentially adeopted for family limitation. This method is completely free from side effects of any kind with the possiblity of complications being rare and existing only, if the operation has not been performed carefully and efficiently. The operation has also no effect upon sexual desire or performance. The male operation is very simple to perform and could be done in about 20 minutes. The female operation, is however, comperatively difficult although the new procedure has simplified it to a great extent and the patient also is not confined to hospital for more than 24 or 48 hours. Tubectomy is the most popular method of family planning now-a-days. Seventy per cent of the females undergoing tubectomy had two or three children.

The method of sterilisation is most ideally suited in our country because as a result of the custom of early marriages, by the time the woman is 30 years old, she is already the mother of three children and the couple can not be expected to use methods such as condom, IUCD, or the pill throughout the rest of their reproductive span without any lapses. Since other methods are essentially used for spacing, these can be adopted for some years, but continuous use over a long period of 18 to 20 years would be rather difficult. For such couples, therefore, the one-time permanent method of sterilisation offers an easy solution. More recently, the use of Laparoscopic Sterilisation with tubal clips or cautery is being used.

USE-EFFECTIVENESS

All the methods mentioned above differ in the degree of protection they offer to the couple from unwanted pregnancies. The use effectiveness of the various methods based on clinical trials are however, shown in the following table.

TABLE - 21

Method	No. of likely pregnancies among 100 women using this method for one year.	
	Failure rate	use-effectiveness
Rhythm	24	76
Diaphragm with jelly	12	88
Condom	14	86
IUCD	5	95
Pill	0.3	99.7
Sterilisation	0.003	99.997

Source: District Statistical Hand Book, Govt. of Orissa, 1981.

It should be noted that the use-effectiveness of the method depends not only upon the capacity of the method to prevent pregnancies but also the efficiency of the couple in using the method.

Summarising the discussion, it can be statedthat in our society, condom is the most suitable method for spacing followed by oral pills and IUCD for couples having fewer than three children and sterilisation for couples having two or or three children.

POPULATION EDUCATION AND FAMILY PLANNING PROGRAMME

The phenomenon of rapid growth of population is a grave problem and hence it should be viewed and tackled at that prospective. Education, in its noble endeavour, is aiming at moulding a growing and developing, delicate individual into a well-built soeial being. Children under 15 years of age constitute mostly 45 per cent of our population. Their attitude towards family size and their reproductive behaviour will determine the pace of population growth, in the next few decades. Proper motivation is an important aspect of the Family Planning Programme and this requires the adoption of a well thoughtout population education, both formal in the school curriculum and informal programme in the country so as to make the minds of the people, particularly of the youth, favourable to the acceptance of family planning programme. Therefore, schools and colleges play a pivotal role in understanding the problems of development of an area. They help in accelerating the pace of socio-economic development by providing necessary motivation and sustained will power. Education is the only dynamic and effective tool in bringing about the desired changes in their attitudes and behaviour.

What is population Education

Population Education is rather an innovation in the fields of education. The 1970, Bangkok Workshop on Population & Family Education defined population education as : "An educational programme which provides for a study of the population situation in the family community, nation and world with the purpose of developing in the students rational and responsible attitudes and behaviour towards that situation".

Viederman defines population education as the process by which the student investigates and explores the nature and meaning of population process, population characteristics, the causes of population change and the consequences of these process, characteristics and changes for himself, his family, for society and for the world.

Stoan Wayland, a pioneer in the field, introduced the term 'population education' for the first time. His views on the content of population education were as follows: "We are concerned about the inclusion of population education in the formal education system of instructional settings in which young people will continue to understand the circumstances which have led to the adoption of Family Planning as public policy and to understand that for the family and the nation, family planning is possible and desirable.

Population education is a means of infusing information about population dynamics and bringing about the desired changes in attitudes, behaviour and values in the

large number of the 'would be citizens' and parents of tomorrow, who form nearly 45 per cent of our population, most of whom our schools handle. It is a mativational instrument that will prompt the young generation with a desire to adopt small family norm, out of the concern for over-population and quality of life population education has not only the quantitative aspect but the qualitative aspect too. It is concerned with developing values and attitudes so that both the quality and quantity of population are taken care of. It is both preventive and curative remedy for many of our social ills. Thus population education in schools is an investment for the future. It is an educational intervention strategy to solve population problem of our country.

Objectives of population Education

It is rather logical to express population education in terms of its objectives. These are as follows:-

(1) to impart adequate information of population facts, such as present size and density, rate of growth, age composition and to develop an awareness and understanding of causes and consequences of changes in population.

(2) to develop a proper understanding of the range of social and economic problems that a rapid growth of population gives rise to and to develop an understanding of the relation ship between growth of population and national economic development.

(3) to instil a positive attitude for healthy and responsible family size by developing an understanding with particular refference to developmental progress for rising the standard of living of the people.
(4) to make the people, particularly the youth, understand the economic and social advantages of the small family norm to the individual family and to the nation.

If these objectives are attained, students will have in turn an awareness and understanding of rapid population growth its causes and implications. A carefully developed programme will assist them to make rational and responsible decisions about population matters.

EDUCATION OF ADULTS:

Education policy should be concerned with investment in social education of adults, particularly married couples of the reproductive age group. This social education must be functional to the reduction of birth rate. Only the adults when realise the socio-edonomic implications of the rapid increase in population both to individuals and society as a whole, will there be a hope of their being motivated towards the small family norm.

EDUCATION FOR WOMEN

Along with the general progress of education it is the education of women which is crucial for the success of the family planning programme in the predominantly rural society. It is the women who realises much better than the men the responsibility and the burden of a large number of children. Education not only widens her mental horizon and make social and cultural changes including the ideas of family planning and birth control acceptable, but it also brings to her aspirations for better family living and raises her status in her family and society. It is for this reason that the Kothari Commission stated that "the education of women is of ever greater importance than that of men". It is clear that women's education is bound to work towards a stronger motivation for a small family and greater acceptance of family planning practices.

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C H A P T E R - 5

EVALUATION OF THE FAMILY PLANNING PROGRAMME OF BALASORE DISTRICT

* Family Planning Programme of Balasore District

* Targets and Achievements of Family Planning Programme in the District

* Factors affecting the Family Planning Programme

* Recommendations for the success of Family Planning Programme

* References

FAMILY PLANNING PROGRAMME OF BALASORE DISTRICT

During the pre-independence days what to say about any practice of birth control, to talk on it in India was considered as a great sin. Even in advanced Western Countries like America Miss Margarate Sangar, a public health nurse in New York was imprisoned for giving consultation on birth control in 1931. So far as census report is concerned, population of India and that of Balasore District from 1941 to 1951 was not a problem, though it had an increasing trend. Hence family planning was much out of context.

During 1951-52 at the advent of the First Plan period the planning authorities had taken bold steps to break the taboos and for the sake of spacing, allocated some meagre funds for giving consultation on birth control in urban areas. But it took a clear shape during 1957-58 in the Second Plan period after the expiry of the first decade of Independence when applicance contraceptives like French caps and Diaphrams were distributed in the birth control clinics in urban areas.

In Balasore District during this period two such urban centres were running one in the Headquarters Hospital, Balssore and another in the Sub-Divisional Hospital, Bhadrak, managed by Red Cross Organisation with 2 social workers (Male and Female). Though during this period urban public health centres with 3 sub-centres have been established in the district in the rural areas under C.D. Blocks, yet the idea of birth control(F.P.) was not given a free flow to the rural area.

The recommendation of the Mukherjee Committee in the year 1961, for extending family planning programme to rural areas, to the door step of the people at the remotest countryside with cent per cent central allocation of funds was a milestone in the history of population control pgorramme in India. According to the rural family planning office with the following staffing pattern were funned during 1964-65 to function as a part and parcel of Public Health Centre (PHC).

1. Medical Officer ... 1
2. B. E. E. ... 1
3. Field Workers ... 2
4. Computer ... 1
5. Clerk-cum-store Keeper .. 1

Further, according the above recommendations 3 more sub-centres from family planning side on central allocation of funds were established under each R.F.P.C.'s making total sub-centres 6 in each P.H.C.'s with a view to providing health centre facilities with one centre for each 10,000 population.

The population of Balasore district has marked an increasing trend in two decades likewise that of India, population of the district in 1961 census was 14,15923 and it increased upto 18,30504 in 1971, which played a havoc in the country and everywhere and priority was given for control of total growth of population and family planning programme was implemented as National Crash Programme.

Remuna was the first P.H.C. in Balasore District where the first rural family planning office was established in 1964 and by the end of 1966 the functioning of R.F.P.O.'s in all the 19 PHCs of the district was completed with 3 more sub-centres from rural family planning office side. Survey, education and availability of the scope of male sterilisation to the willing elegible couples were taken up extensively.

By the introduction of I.U.C.D.(Loop) in the year 1965 the popularity of spacing method secured wide spread swing and involvement of more and more number of women in family planning programme directly was facilited. The above status continued during the Fourth Plan period, i.e. from 1969-70 to 1974-75.

The recommendation of Kantaring Committee in the year 1974 for establishment of one sub-centre for every 5000 population was another milestone in the Health Family Planning Programme. Accordingly, 63 sub-centres were established in the district making the toral sub-centres to 120 in family planning side and since then the phasewise sub-centres are being established in the district to fulfill the objectives i.e. one sub-centre for every 5000 population as per the following table.

1.	3 sub-centres in each PHC established primarily	...	57
2.	3 sub-centres in each RFPO established in 1964-1965	...	57
3.	Sub-centres established in the year 1975 with objective of one sub-centre for every 5000 population	...	63
4.	Established during 1981-82	...	40
5.	Established during 1982-83	...	43
6.	Established during 1985-86	...	22
7.	Established during 1987-88	...	57
		Total :	339
8.	I.C.D.S. ...	...	4
		Gross Total :	343

It has been decided that 46 sub-centres will be established in the district during 1988-89 which will make 389 sub-centres in the district and 86 sub-centres are non-tribal areas and one pen 3000 population in tribal area.

M.T.P.

Enactment of Medical Termination of pregnancy in the year 1971 supplimented in a substantial extent to the acceptance. Since inception till date 5 PHCs and 4 PPCs of the district have been declared as M.T.P. centres and 22,216 MTP have been performed in different centres out of which 8118 ladies have undergone sterilisation and 2560 have been inserted with IUD.

The urban family planning centres managed by Red Cross Organisation were taken over by Government in the year 1966. Accordingly, 2 urban centres of Balasore and Bhadrak started functioning in the district. The urban family planning programme centres were converted to urban family welfare centres after the adoption of population policy at the national level.

FUNCTIONING OF P.P.C. IN THE DISTRICT

Consequent upon the conversion of the conversion of the District Level Urban Family Planning Centres to B type post partum centres, the U.F.P.C. at Headquarters Hospital, Balasore was converted to PPC in the year 1976-77. Subsequently, post partum centre have been established at the sub-divisional level and NAC areas with a view to provide family welfare and MCH services facilities to the urban population. Accordingly in 1985-86, 3 PPCs have been opened at Bhadrak and Nilgiri sub-division and at Soro NAC. After that other two PPCs were opened in this year which makes the total number to 5.

The staffing pattern of the PPC is as follows:-

1.	Specialist O and G	...	1
2.	Medical Officer	...	1
3.	B.E.E.	...	1
4.	L.H.V.	...	1
5.	Staff Nurse	...	2
6.	A.N.M.	...	1
7.	F.W.(Males)	...	1
8.	Senior Clerk	...	1
9.	Grade 4th	...	2

Sub-Divisional and NAC Level

1.	Specialist O and G	...	1
2.	Child Specialist	...	1
3.	F.W. (Male)	...	1
4.	A.N.M.	...	1
5.	L.H.V.	...	1
6.	Staff Nurse	...	1
7.	Senior Clerk	...	1
8.	Grade 4th	...	2

By the direction of population policy in the year 1975-76 at the national level to promote family planning at a faster pace, the family planning programme was revived as family welfare programme and the programme was integrated with the over all strategy of socio-economic development with the objectives of (a) increasing the age of marriage (b) giving greater attention to girls education (c) introduction population education (d) involvement of inter-departments of Govt. activity in the programme (e) involvement of voluntary organisation and local bodies (f) increasing mass media activities for motivation (g) institution of awards for commendable performance, the family welfare programme secured a satisfactory tempo with the State and Country.

As per the recommendation of the Shrivest Committee(1975) multipurpose worker scheme was introduced in the district in the year 1976 by sponsoring medical officer and Block Extension Educators for training at the H.F.W.T.C. Sambalpur to be as Trainers at the First phase. In the Second phase of medical

Officers and B.E.Es started imparting training to the Supervisors and workers of the Vertical Programmes like Malaria, Smallpox, Cholera and Family Welfare alongwith A.N.Ms and L.H.Vs at the P.H.C. level in the year 1977-78.

V.H.G. SCHEME

During the year 1977-78 training and implementation of C.H.W. Scheme (subsequently it has been C.H.V. and now it is known as V.H.G. Scheme) was introduced in order to ensure community support and participation at the grassroot level. Phasewise training to the selected candidates were given at the PHC level at the rate of Village Health Guide to work for every 1000 population. Total number of Village Health Guides in the district is 2078 of which 1871 are functioning now.

T.B.A. SCHEME

In order to ensuring maternity service to the rural people the training of contry dais (T.B.A.) at the PHC level where taken up during the year 1977-78 at the rate of one per every village and since then 2385 T.B.A. have been trained out of which 1971 are functioning. 248 trained TBAs have been observing as voluntary workers in sub-centres and 406 TBAs are working as V.H.Gs.

IMMUNISATION

At the dawn of the independence, the Medical Scientists were aware of the fact that 'prevention is better than cure'

yet development of community by artificial immunisation was out of dream expecting anti cholera inoculation and vaccination against smallpox.

The advent of planning period till the end of 4th Five Year plan did not encounter implementation of any other new scheme preventing certain dreadful vaccine preventable diseases. During 1975-76, T.T. immunisation for pregnancy mother started in the district. Prior to that in early seventies triple Antigen injections were prevelent for prevention of Titanus, Diptheria and Pentusis among children without any scientific programme and maintenance of cold choir system.

Extended programme of immunisation started during the year 1978 which ensured certain coverage hither and thither, though not throughout the district due to lack of cold chain facilities and inconsistent supply of vaccin.

The introduction of universal immunisation programme in the district during the period 1986-87 and integration of immunisation programme with FWP with the net work of cold chain system actually marked the beginning steps of the programme towards the goal of 100 per cent coverage of T.T. for pregnant mothers and 85 per cent coverage of seven important vaccine preventable diseases prevented among children like oral polio, DPT, TT, BCG, TA Vaccine, etc.

The methodical progress at present no doubt enshrine success of the programme and reduce maternal mortality rates. At the sametime it will be reduce the infant mortality rate

to 2 per 1000 deliveries and 60 per 1000 live birth respectively as per the target laid down towards the supreme goal "Health for all by 2000 A.D."

LAPAROSCOPY METHOD

In the year 1982-83 Laparoscopy Method of sterilisation was introduced towards the end of the year and first camp was held at Bhadrak Sub-Divisional Hospital on 16.3.83 and 17.3.83 which envisaged very good acceptance of the method. The year 1983-84 and 1984-85 have experienced wide spread acceptance of Laparoscopy method of sterilisation in the district. Of course the popularity of the method has shown a downward flow during the subsequent years.

INCENTIVES

The rates of incentive money paid by the State Government to different categories of persons associated with sterilisation and IUD insertion and of other expenses incurred by it in connection are shown in Table-22.

TABLE - 22

Rates of Incentive Money paid and other expenses incurred per case of sterilisation and IUD insertion in Orissa

Items of expenditure	Vasectomy	Tubectomy	IUD insertion
Cash compensation to acceptor	70.00	70.00	4.00
Cash compensation to motivator	2.00	2.00	1.00
Cash compensation to Doctor	2.00	3.00	1.00
Cash eompensation to supporting staff	1.50	2.50	-
Drugs and Dressing	10.00	15.00	1.50
Diet	5.00	20.00	-
Transport	5.00	5.00	-
Other expenses	4.50	2.50	0.50
Total :	100.00	120.00	8.00

Under the scheme, incentive money was admissible only to the acceptors of sterilisation and IUD and not to those who opted for other methods of family planning such as oral pills and condoms. It was explained that this was done because sterilisation and IUD are more reliable and long-lasting methods than conventional contraceptives. Therefore, the Govt. sought to promote these methods in particular by offering monetary incentive to the acceptors.

TARGETS AND ACHIEVEMENTS OF FAMILY PLANNING PROGRAMME OF BALASORE DISTRICT

In the district where the decennial increase in population is very high, the programme to control the population

whether in the name of family planning and family welfare can hardly be over emphasised. The year 1981 must open the eyes to the stark fact that the gain of development will be nullified, were the population to increase as rapidly as it has in the last 30 years. The emphasis in the Sixth Plan strategies on measure on fertility control is indicative of growing national conciousness of the dangers inherent in galloping population. Luckily the emphasis is more on educating the public mind and removing the cobwebs of ignorance and current myth than on merely attempting to achieve the target.

Now we will see the targets and achievements of sterilisation programme of the district. Sterilisation is the principal birth control technique for couples who want to end child bearing rather than just to control the timing of pregnancies.

TABLE - 23

TARGETS AND ACHIEVEMENTS OF STERILISATION IN BALASORE DISTRICT

Year	Target	Achievement			% of achievement to target
		Tubectomy	Vasectomy	Total	
1969-70	10308	34	5862	5896	57.2
1970-71	9064	80	8539	8619	95.8
1972-73	18959	373	6509	6882	36.3
1973-74	9413	252	4078	4330	46.0
1975-76	10875	5793	2983	8776	80.7
1977-78	13517	3416	1976	5393	39.9
1978-79	10868	4511	1053	5564	51.2
1979-80	10548	5854	1139	6993	66.3
1980-81	6876	6689	730	7419	107.2
1984-85	20447	13562	219	13781	67.4
1986-87	18065	11054	363	11417	63.2
1987-88	18053	10046	280	10326	57.2

Source: Records of District Family Planning Office, Balasore.

Laparoscopy, however, has gained widespread acceptance and the availability of this method of sterilisation partly explains the recent shift from Vasectomies to Tubectomies. The crossover point is quite clear in 1977-78. Female sterilisations suddenly make up as much as 70 per cent of all sterilisation.

TABLE - 24

TARGETS AND ACHIEVEMENTS OF IUD INSERTION IN THE DISTRICT

Year	Targets	Achievements			% Achievement to target
		Rural	Urban	Total	
1972-73	6078	1531	3106	4637	76.3
1974-75	5308	2433	937	3370	63.5
1975-76	2846	1287	605	1892	66.5
1976-77	2881	2142	396	2538	88.1
1977-78	3006	936	56	992	33.0
1979-80	3171	2389	192	2581	81.4
1980-81	1379	2090	196	2286	165.8
1983-84	6527	5207	249	5456	83.6

Source : Records of District Family Planning Office, Balasore.

TABLE - 25

TARGETS AND ACHIEVEMENTS OF C.C. USERS, ORAL PILL, M.T.P. IN THE DISTRICT

Year	C.C. Users		% of Oral Pill Users			% of M.T.P.	
	Targers	Achivements	Achievement	Targets	Achievement	Achievement	Achieve-ment
1970-71	11268	12512	111				
1977-78	9370	3298	35				468
1978-79	5490	4483	81				511
1979-80	3740	3413	91	1980	148	7	770
1980-81	4520	3158	69	920	236	25	1543
1984-85	17160	12145	70	3090	1467	47	2308
1985-86	13420	14151	105	3080	2148	69	2359

Source : Records of District Family Planning Office, Balasore.

TABLE - 23

DISTRICT FAMILY PLANNING PERFORMANCE DURING 1980-88

Year	No. of Cases under sterilisation			I. U. D.			Conventional contraceptives		
	Vasectomy	Tubectomy	Total	Loop	Cut	Total	C.C. users	Oral pills	Condom
1980-81	730	6689	7419	39	2247	2286	3197	-	230210
1981-82	603	9049	9652	9	2034	2043	4644	2912	334358
1982-83	1337	15021	16358	17	3785	3802	10537	7010	758660
1983-84	586	20158	20744	-	5456	5456	13615	18227	980287
1984-85	219	13562	13781	-	7879	7879	12166	19077	875944
1985-86	433	17552	17985	-	9376	9376	14175	27927	1020586
1986-87	363	11054	11417	-	10293	10293	16983	60302	1222763
1987-88	280	10046	10326	-	10338	10338	16654	67420	1200921

Source : Records of District Family Planning Office, Balasore.

TABLE - 27

ACHIEVEMENTS IN FAMILY PLANNING IN ORISSA AT THE END OF DIFFERENT YEARS

Year	Cumulative Achievements (in Lakhs)			Rate per Thousand Population		
	Sterilisation	IUCD	C.C. Users	Sterilisation	IUCD	C.C. Users
1973-74	7.42	3.11	3.54	33.8	14.2	16.1
1977-78	13.41	3.85	5.10	53.2	15.2	20.2
1978-79	14.46	3.99	5.64	56.3	15.5	22.0
1979-80	15.36	4.16	6.10	60.0	16.2	23.8
1980-81	16.29	4.33	6.45	66.7	16.6	24.7
1981-82	17.39	4.54	7.00	65.6	17.4	26.4
1982-83	18.83	4.84	7.79	71.4	18.4	29.5
1983-84	20.61	5.28	9.00	78.2	20.0	34.1

Source : Records of District Family Planning Office, Balasore.

To put a check on growth of population, it is essential to protect approximately 38.8 per cent of the eligible couples in the State by the end of Sixth Plan against 24.8 per cent achieved by the end of the Fifth Plan period. The basic strategy will be to intensify the efforts under all accepted methods of contraception with special emphasis on voluntary sterilisation. The target for the year 1982-83 were fixed at 1.74 lakh for sterilisation, 043. lakh for IUCD and 0.84 lakh for conventional contraceptive users. As against this target, the achievements are 1.44 lakhs, 0.30 lakh and 0.84 lakh respectively. Under family welfare programme, a provision of Rs. 6.97 crores was proposed during 1982-83 and Rs. 11.43 crores during 1983-84. The targets for sterilisation, IUCD and conventional contraceptives have been fixed at 3.47 lakhs, 0.79 lakhs and 1.53 lakhs respectively for the year 1983-84.

From the above table, we found that there exists a wide gap between the target and achievement of the Government, relating to the different Family Planning measures.

FACTORS AFFECTING THE FAMILY PLANNING PROGRAMME

By evaluating the family planning programme of Balasore District, we will find that the achievements of the programme are far below the set targets. The programme

achievements in terms of physical targets present a disappointing picture. Though the Government has been experimenting different approaches to family planning programme from 'Clinic' approach to 'Extension' approach followed by emphasis on IUD, which in turn gave way to the target-orinted time bound programme coupled with cafeteria approach, but the efforts so far made have failed to make any significant dent in the problem. Therea re different obstacles on the part of success of Family Planning Programme, by which target is not achieved. Let us explain what are the factors affecting the success of Family Planning Programme in the district.

1) Yet the available contraceptives are indeed difficult to use by the number of couples in the district. Illiterate women find it difficult to remember to take the pills, even the medicines prescribed by Doctors are seldom taken at the right time in to right dose for the prescribed number of days. On the other hand, the illiterate males are also ignorant about the use of condom. In the district 60 per cent people are illiterate.

2) Staffing shortages presently exist in different family planning centres in the district. In the selected rural family planning centres of the district, however, there is not only a total absence of lady doctors but some of the other female staff sanctioned for these centres had not been in position for long

periods. Particularly mention may be made in this context of Auxiliary-Nurse Midwives(ANM) who are pivotal in the programme in the rural areas. There is a general disinclination among women to be pasted to rural areas. It is due to the laci of personal security and lack of suitable residential accommodation. The resultant dearth of female staff affects the programme adversely.

3) In respect of accommodation of family planning centres in the district it is to be noted that there are no separate buildings for family planning centres. They have been attached in the P.H.C. buildings. These PHC buildings are, however, in a very poor state of maintenance. The operation theatres are very small, dingy room and have dirty linen and insanitary surroundings. On the other hand, there is no sufficient quarter provisions for the staff.

4) Another factor which affects the family planning programme is the shortage of family planning instruments. The family planning centres, though they are having all the necessary instruments such as forceps, knoves, speculum, retractor, dissector etc. but there is a shortage of dressing and appliances like gloves, masks, gowns, operation sheets, gyanesheets, etc.

The supply of drugs and contraceptives to family planning centres are very limited. The IUD copper T has been in short supply from time tome. Not only that there had been shortage of condom "Nirodh" also from time to time in the last two years.

5) Though the vehicles have been supplied to the family planning centres, but they are in rundown condition which leads to frequent breakdown in their working. However, what we come to know from the general public was that the doctors practically did not tour at all when no jeep was available to them, the other staff generally toured only in the periphery of the headquarters, which was easily accessible either by bicycle or on foot and the interior and remote villages were generally neglected by all.

6) The doctors who have been appointed in different family planning centres are not expert in operation. Due to their inefficiency some patients are affected by certain side diseases and in some cases the failure of sterilisation. Therefore, some couples are reluctant to come under the sterilisation.

7) Since the Govt. of Orissa executed the programme within the frame work laid by the centre, it met all the expenditure on the programme from the grant received by it from the Govt. of India. The District Family Planning Welfare Officer felt that there is shortage of funds for expenditure on petrol, for repair of vehicles, expenditure on travelling allowances, on account of inadequate grant for this item. He said, tours had often to be restricted and sometimes the travel bills payable in a year had to be carried over to the next.

8) The poor and landless labourers have not accepted family planning and are unlikely to do so readily because they have little hopes to better their economic conditions and they perceive an additional child as tending to increase their income without adding to their cost. B.R. Sen rightly asserts that poverty of these people provides them an inducement to have more children and perhaps this is the major cause of our population problem.

RECOMMENDATIONS FOR SUCCESS OF FAMILY PLANNING PROGRAMME

Family Planning Programme has won wide intellectual acceptance in India and it can play an important role in influencing the future course of fertility. It is true that achievement of the programme, in the District are far below the set goals but that should not be taken as an indication of its failure. The attitudes of persons can not be changed overnight. Thus several far reaching policy decisions such as initiating a national programme of family welfare, making funds available on demand basis, free and easy availability of many kinds of contraceptives, spread of education, industrialisation, enhanced communications, improved health and nutrition, female employment outside the home have been taken within a relatively short period of time.

The various measures given below are being recommended for curbing high fertility trend in this District.

(a) People will not adopt the family planning methods until

they are educated. Hence education is essential in the successful implementation of the programme. The Govt. should propagate first the education in remote villages where the majority of the population inhabits. Once education is provided to the rural masses, the adoption of this programme would not be far. Because most of the educated delay their marriage and prefer to have small family. Education, by making a frontal attack on orthodoxy and superstitions, induces people to practise family planning.

(b) Better facilities should be provided by the Govt. in the villages to the persons who undergo family planning operations such as tubectomy and fasectomy. They should be well-looked after, as many people do not opt for these operations, because they are of the opinion that these operations are done carelessly and harmfully. Hence the handling of these operations should be done by a team of well-qualified and expert Doctors.

(c) Contraceptives such as pills, nirodh and other medicines should be available free of cost and in plenty. The Govt. should advertise various methods of family control so that people may be well informed about them.

(d) The illiterate people and those with poor socio-economic background have no other recreation facility other than the indulgence in sex. More recreation facilities should be provided in the villages and once this is done, they will not over indulge in sex and the fertility rate will go down.

(e) Sterilisation should not be made compulsory. No coercion

should be applied in this field. People willing to take the advantage of sterilisation should be sterilised. People should rather be motivated for the sterilisation by means of education. Compulsion in these matters may result in undesirable effect.

(f) Sex education should be included in education syllabus after the High School Standard. This will thus evoke a state of awareness in their minds from the very beginning about the various concepts of sec and the norms of small family. This will ultimately result in lower fertility rates.

(g) Appointment of more number of staff nurse in Headquarters Hospital and trained staff nurse in different special branches. Construction of staff quarters is to be given a top priority. District repair units should be introduced for buildings, instruments, equipments and vehicles. There should be the provision of employment to the green card holders or any of his family members.

(h) In the logical train with industrialisation cum urganisation are more of education, more of economic properity, curbing of traditionalism and joint family, an increase in age at marriage and all the rest. Industrialisation thus sets out a process in motion which can ultimately result in grains or fertility front.

(i) With economic development and prosperity, standard of living can be expected to rise. At a high standard of living rearing up of children also become expensive. If one wants to live expensive life and rearing up of children is also

expensive, then one has to face the old traditional question 'baby or a can'. Car may win and the baby is prevented from ushering into the world. Hence if standard of living is to be raised income should also be raised. The increase in income can be brought about by providing employment to the people. The standard of living of the people should be raised in order to bring a decline in the fertility rates. (j) The use of mass media such as T.V., Cinema, Radio programmes, newpaper advertisements and magazines, mailing literature on family planning such as booklets, leaflets and poster advertising shojld be on a much larger and effective scale to spread the massage of family planning and incentives among our masses.

Of all the measures suggested, a change of attitude of the people is most crucial for bringing about a decline in the birth rate. Unless the people decide to adopt the norm of family limitation, the birth rate will continue to high. They have to be made to realise that a small family is in their own interest.

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C O N C L U S I O N

C O N C L U S I O N

1. A Summary of the Study :

In this concluding Chapter, we have tried to sum up the whole argument on the basis of the result which we have derived from the statistical analysis carried out so far and an attempt has been made to give the economic logic to substantiate our hypothesis that the bulk of population always acts as a liability on the society and economy.

Keepingour consistency with the topic to the maximum extent possible, what we have done in this Chapter is a complete review of the preceding Chapters in order to form a comprehensive idea on the subject matter taken up for our study.

Since the very objective of our study is to evaluate the various family planning programmes carried out by the Government of Orissa in the District, the purpose of our disssertation is much less ambitious than the preceding discussion might suggest In fact, the illusion to wider issues is included partly to further research against the very limitations of this work which is only a small step in the construction of a broader analytical framework.

On the observations of the above fact, we can conclude that Orissa is a backward State, which basically depends on agriculture, engaging more than eighty per cent of its population in the subsistence sector provides us a very poor picture of a lower standard of living of the people. We believe, if the

present rate of growth of population will continue, then the economic conditions will deteriorate to a considerable extent. Our various statistical data show that Balasore District is having a larger population in comparison to other districts of Orissa, which calls for an immediate attention of the need for family planning programme. Though the Government of Orissa has been implementing various schemes covered by family planning programmes in order to have a proper check on the rate of growth of population, our findings indicate that most of the measures are not working properly.

To appreciate these aspects of the problem, we have ventured in the Second Chapter to study the demographic structure of Balasore District. The analysis of the date regarding the rate of growth of population gives a very interesting picture of 22 lakhs of population in the year 1981 which became 25 lakhs in 1988. The rapid growth of population is only due to the high birth rate and low death rate. On the other hand, the rapid advances in science and technology has not only helped in reducing the death rate but also the birth rate. The impact on the later has however not been as pronounced as on the former because of the indifferent attitude of the people. This is particularly true in case of Balasore.

The Third Chapter has been devoted to study the impact of population growth on socio-economic development of the people of Balasore District. The analysis which we have carried out in this Chapter shows that a rapid population growth acts as a

break on overall economic activities. We believe it is the unrestricted population which leads to unemployment, under employment and eventually small per capita income of thepeople in the District. At the same time the per capita availability of food supply and per capita land holdings also decline. As it is a fact that the low income of small cultivators implies small savings and investment, it is natural that the latter in turn will result in lower income. No doubt, it will lead to a situation of vicious circle of poverty.

In the Fourth Chapter, we proceeded to analyse the need for family planning programme in the District. At the same time, we have analysed the population education and different family planning methods. Our findings show that, among different family planning methods, condom is the most suitable method for spacing followed by oral pills and IUCD for couples having fewer than three children and sterilisation for couples having two or three children.

In the Fifth Chapter, we have evaluated the family planning programme in the Districts since its inception. From the evaluation, we found that there exists a wide gap between the targets and achievements of the Government, relating to the different family planning measures. In order to minimise the gap, we should try its best to implement various programmes as mentioned in our policy suggestions.

2. Policy suggestions :

We suggest that the family planning programme of the Government of Orissa should incorporate the following suggestions :-

(1) People will not adopt family planning methods until they are educated. Hence, education is essential in the successful implementation of the programme. The Government should propagate first the education in remote villages wherethe majority of the population inhabits.

(2) Better facilities should be provided by the Government in the villages to the persons who undergo family planning operations. At the same time the handling of these operations should be done by a team of well qualified and expert doctors.

(3) Contraceptives such as pills, nirodh and other medicines should be avilable free of cost and in plenty.

(4) Appointment of more number of staff nurse in different hospitalsand trained staff nurse in different special branches. The construction of staff quarter is to be given a top priority.

(5) There should be the provision of employment to the Green Card Holders or any of his family members.

(6) The age at marriage of male and females should be raised andthis should be made effective. The Government should see that this is strictly followed and necessary action should be taken against the forbidders.

(7) *Sterilization should not be made compulsory. People* willing to take the advantage of sterilization should be sterilized. People should rather be motivated for the sterilization by means of education.

(8) Sex education should be included in education syllabus after the high school standard. This will thus evoke a state of awareness among the students from the beginning.

(9) The use of mass media such as T.V., cinema, radio programme newspapers, advertisement and magazines, should be on a much larger and effective scale to spread the message of family planning and incentives among our masses.

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