CHAPTER I
INTRODUCTION
PROBLEM STATED

Rapid growth of population in the developing countries in general and in India in particular has been one of the primary concerns of not only demographers, but also for the social scientists and planners throughout the world. The most burning problem in India today is the population explosion with all its serious consequences. India ranks second in population numbers and seventh in land area in the world. With only 2.40 per cent of the world's total land area, India has to support 14.00 per cent of the world's total population and India's population enjoys no more than 1.50 per cent of the world's income. With the current population growth rate of 2.40 per cent per annum, an addition of about 13 million are added every year to the existing population of about 650 million. The trend of population growth is really alarming and this situation has become a matter of great concern. In spite of planned effort through family welfare programmes, to curtail the population growth, the result is not quite satisfactory and population growth continues to pose a serious problem.


The undesirable population growth creates major problems relating to poverty, per capita income, food and nutrition, clothing, health and medical facilities, education facilities and job opportunities etc. V. M. Dandekar and Neelakantha Rath in their publications, 'Poverty in India' estimated that the percentage of those living below the poverty line increased from 33 in 1960-61 to 40 in 1960-69. As per the statement made by the Minister for Planning in the Rajya Sabha, 44.57 per cent of population in rural areas and 51.35 per cent in urban areas are living below poverty line. In very recent years, the rural poverty seems to have mounted. According to Raj Krishna, "after 27 years of planned industrialisation in which we have succeeded in becoming the eighth industrial power in the world, 294 million people remain below the poverty line, and 81.00 per cent of the poverty and 80.00 per cent of the unemployment are located in the rural areas."

India, understandably, became the first country in the world to launch an official family planning programme.

since 1952 and recognised it as an important component of development planning in India. However the population growth rate in the country continues to be alarming and adoption of family planning appears to be not up to the expectations in different parts and among different sections of the society.

The different studies on the adoption of family planning are not adequate enough to throw sufficient light on factors accounting for variations in the extent of adoption from place to place and from one social group to another. These variations are yet to be analysed more scientifically and examine factors that account for low rate of adoption and identify the steps for effective family planning adoption. The present study is an attempt in this direction with reference to Anantapur district of Rayalaseema region in Andhra Pradesh.

CONCEPTS IN FAMILY PLANNING

Family planning is a vague term and has a larger scope of family welfare as its final goal and sometimes is also related to the economic development of the individuals in families. Birth control, the concept coined by
Margaret Sanger in 1914 gradually was replaced by more sophisticated terms such as 'family planning', 'Planned parenthood' and more recently as 'family welfare'. As a result, concepts like birth controls, fertility control, family limitation, planned parenthood, contraception, family planning and family welfare are being used as synonym with minor modification. Birth control, according to Margaret Sanger means "conscious control of births by means that prevents conception in a family in a manner proper to the conditions of the parents, physical and economic, as well as the requirements of material health and the consideration that bringing up of children ought to be primarily a parental responsibility". Thus Sanger came to attach equal importance to planned parenthood along with contraception while spelling out the meaning of the term birth control. In subsequent application, birth control came to specify the means through which births can be averted in families. The following statement of birth control aptly demonstrates this fact. The term birth

---


control is broadly applied to encompass other voluntary ways of limiting reproduction including postponement of marriage, sexual abstinence, with marriage, surgical sterilisation and induced abortion. Since birth control is achieved mostly through prevention of conception through contraceptive, some preferred to use the concepts of 'contraception' or 'conception control' rather than birth control. Reynold H. Boyd remarked in this connection "the proper purpose of contraception is not to prevent the family but to limit the children to reasonable numbers and to space out their arrival in a manner most suited to the health and wealth of the mothers". Accordingly it can be viewed that birth control, contraception and conception control were used as synonyms and came to explain the aspect of regulating the births in the interest of family welfare are through planned parenthood. Fertility control, the term that is widely used as an alternative to birth control, also came to refer prevention of pregnancy. In this context, "fertility control refers to the pattern of human behaviour that has a primary objective of the prevention of unwanted pregnancies and births, and individuals or couples adopt these patterns in accordance with

cultural values, reinforced by formal or informal social pressures. Applying the term fertility control for birth control, Balfour feels that knowledge and attitude of the people and their decision to act in regulations of family size are important factors of fertility control. Fertility control, birth control and contraception as concepts found greater application in the early places of the present century while family planning replaced these terms on global scale in the recent past.

One of the committees appointed by World Health Organisation considered family planning as "a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals or couples in order to promote health and welfare of the family group and contribute effectively to the social development of the country". This definition adopted by World Health Organisation thus aims as the broader social development of the country and welfare of the family through family planning at the individual level.


Another expert committee of World Health Organisation set forth the following objectives for family planning. 

1. to avoid unwanted births; 
2. to bring about wanted children; 
3. to regulate the intervals between pregnancies; 
4. to control the time at which births occur in relation to the ages of the parents; and 
5. to determine the number of children in the family. 

The reports of the World Health Organisation thus extended the scope of family planning from mere control of births to spacing the births, small family norm and even to promote births whenever necessary in cases where they are wanted by the parents.

Family planning generally came to represent all such actions like prevention of unwanted births, spacing the births as per the convenience of the parents and maintenance of a small family norm in the interest of family, social and national welfare in Indian context. Family planning assumed a broader base and came to include aspects such as health, medical and social welfare services.


Eventhough family planning is considered as a broad based programme leading to family welfare, in the context of over population and high growth rate of population, family planning came to focus primarily on regulation of births and reduction of population growth rate. In the Indian context it is very clear that family planning programme intends mainly at regulation of births. The Sixth Plan of India thus proposed to reduce birth rate to 21 per 1,000 population by 1985. To achieve this objective it is estimated that about 60.00 per cent of the eligible couples in the country must adopt family planning methods. In this light, adoption of family planning becomes an important factor for the regulation of population growth.

Adoption of family planning methods on a significant scale started taking place in India since 1956. By 1982, about 17.39 crores of persons in productive age groups adopted different methods of family planning. Even though the extent of adoption mere numbers is very high, only 23.00 per cent of the eligible couples were protected in the country by 1977, and by 1984 about 27.00 per cent of the eligible couples are estimated to have been brought

under the fold of family planning. It shows that majority of the eligible couples in India are still away from family planning programmes, inspite of continuous education, motivated cash and kind incentives, public encouragement and voluntary action.

(Studies are being conducted on various aspects of family planning adoption in order to find out the factors that promote as well as hinder, adoption of family planning devices. In a study of fertility behaviour, K.R. Murthy classified the factors affecting fertility into three categories namely demographic, economic and socio-cultural groups. This classification of Murthy did not account for the infrastructural variables which would like to take as a fourth category. Thus we consider the following four classes of factors for the purpose of exposing the patterns of family planning adoption.

Infrastructural variables: Location of the community, facilities available in the community, location of Primary Health Centre/Sub-Centre, personnel availability, equipment and other requirements; (2) demographic variables; sex, age at marriage, size of the family, total births.

number of living children; (3) Economic variables: occupation, land holdings, income of the adopter, total income of adopter's family; (4) socio-cultural variables: education of the adopter, education of adopter's spouse, type of family, caste, awareness level.

Taking the above classification of factors into consideration, we intend to study the effect of these factors on family planning adoption in Anantapur district of Rayalaseema region in Andhra Pradesh.

In most studies, 'acceptance' and 'adoption' are used commonly for measuring the impact of family planning programme on individual. In our study, we would like to draw a difference between 'acceptance' and 'adoption' and prefer to use only 'adoption' on the ground that acceptance is only a mental disposition in favour of family planning while adoption indicates once application. Acceptance, therefore, precedes adoption. Since an individual might accept a method and then applies or uses the method for benefit. Similarly it is preferable to use the term 'adopters' to indicate those persons who are applying or other method of family planning.

---

Taking family planning as an innovation, it has been observed that family planning adoption varies from one group to another as per the socio-economic and socio-cultural variables. Studies on family planning adoption, conducted at different areas and at different lines have come to point out the existence of inter-relationship between family planning adoptional factors such as sex, age, education, age at marriage, extent of marital period, number of children, income, property, type of family, size of family, caste, religion and the kind of community.

Eventhough family planning adoption began since 1956, studies explaining the factors behind family planning adoption were conducted from 1961 onwards in our country. The early study in this direction is said to be one conducted under the sponsorship of Department of Economic and Social Affairs of United Nations Organisation. This study, popularly known as 'Mysore Population Study' (1961) identified that high level of education and high economic status were correlated with desire to have small family and ensured family planning adoption.

In a study of Mujumdar and Dass conducted on family planning adoption in rural West Bengal taking 15 variables for adoption viz., age, caste, family type, family size, education, educational level of the family, income, land holdings, land tenure status, number of children, age at marriage, extension contact, social participation, urban contact and adoption of leadership. Among these factors, without with extension workers, educational levels, social participation emerged as highly correlated with family planning adoption while caste, size of the land holdings and land tenure status had nothing to do with family planning adoption. The remaining factors marginally positive correlation.

In all these studies the influence of infrastructural facilities and family planning adoption is not discussed. Further most of these studies are continued to urban areas. The sample population in these studies is drawn mainly from education category and less stress is on rural folk. In the present study an attempt is made to cover some of the areas not discussed in a scientific way with special reference to Anantapur district.

19 Ibid.,
The study, it may be admitted, has certain limitations. The sample population is limited, drawn from one district in a region of Andhra Pradesh. There are regional variations in the literacy level, caste composition and overall development. There are bound to be variations in the attitude among different social groups and commitment on the part of the family planning personnel in carrying the message of family planning to the doors of the eligible couples at a first place. The information given by the sample population is not likely to be authentic. Under these conditions the conclusions drawn in this study may not carry universal validity.

OBJECTIVES OF THE STUDY

Family planning adoption in Anantapur district is the overall theme of the study and as such exploring the nature and extent of family planning adoption and the factors behind variations in family planning adoption form the general objectives of the study. For further clarity we take into account the following specific objectives for our study.
1. To examine the trends of family planning adoption in India with a focus on Anantapur district.

2. To analyse the variations in family planning adoption in Anantapur district among different Primary Health Centres and sub-centres with special reference to infrastructural variations.

3. To examine critically the influence of selected demographic, economic and socio-cultural variables on family planning adoption through empirical study.

4. To find out the reasons behind the non-adoption of family planning programme and

5. To suggest some measures for bringing more eligible couple under the orbit of the family planning and for effective implementation of family planning programme.

METHODOLOGY

The present study on family planning adoption is carried out in Anantapur District of Andhra Pradesh state. Anantapur district consists of three family planning divisions and 22 Primary Health Centres. The
233 villages in the district are served by 04 sub-centres with a history of family planning activities right from 1950. The trends of family planning adoption with reference to total adoption and different methods at the district level and at level of Primary Health Centres were analysed in historical perspective, commencing from 1956 and ending with March, 1983.

The nature of the study reasoned as to take up a detailed study of different Primary Health Centres and sub-centres as well as a cross section of family planning adopter. By studying Primary Health Centres and sub-centres, information with reference to regional and infra-structural factors affecting family planning adoption was obtained. Since case studies of all the 22 Primary Health Centres and 04 sub-centres is not possible, only six Primary Health Centres and six sub-centres were selected for our study. The performance of Primary Health Centres and sub-centres in propagating family planning forms the basis for our selection. From each division, we have selected, to begin with, two Primary Health Centres of which one had the best record of family planning achievements and the other with lowest family planning achievements.
Thus the Primary Health Centres at Atmakur, Leddvaduguru and Gorantla representing the Primary Health Centres with maximum adoption rate with each division were selected. The other three Primary Health Centres namely, Chennako-thapalli, Obuladevaracheruvu and Nagalapuram came to represent the Primary Health Centres with lowest adoption rates from each division. In the same pattern, two sub-centres with maximum and minimum family planning adoption from each division were selected, as given in the table 1.1.

Table 1.1

<table>
<thead>
<tr>
<th>PARTICULARS OF THE SAMPLE PRIMARY HEALTH CENTRES AND SUB-CENTRES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the Division</td>
</tr>
<tr>
<td>with maximum adoption rate</td>
</tr>
<tr>
<td>Anantapur</td>
</tr>
<tr>
<td>Dharmavaram Leddvaduguru</td>
</tr>
<tr>
<td>Tenukonda Gorantla</td>
</tr>
</tbody>
</table>


In order to study the factors affecting the individual adoption namely demographic, economic and socio-cultural factors 30 adopters and 30 non-adopters from each selected sub-centres were selected for a detailed study on the principles of stratified random sampling method. Finally the study was conducted by an in-depth study of six sub-centres and 360 individual adopters.

Data are collected by canvassing schedules to the individual adopters and by interviewing the family planning personnel in the selected Primary Health Centres and sub-centres. The schedule canvassed to the individual family planning adopters contained a number of questions on their demographic, economic and socio-cultural background specified for our study (a copy of the schedule used is appended).

Though interviewing the family planning personnel in Primary Health Centres and sub-centres, information of family planning adoption in respective centres, number of family planning personnel available in these centres, equipment and other facilities provided to these centres etc., was obtained. Wherever necessary, the records,
charts and reports available with these centres as well as in the District Family Planning Bureau were also consulted. The census reports of All India and Andhra Pradesh were utilized wherever necessary.

The information gathered through schedules, interviews and secondary sources was put into the form of a master chart. Using the master chart classification and tabulation of the data was carried out manually. Wherever necessary statistical techniques such as percentages, means etc., were used. For understanding the kind of relationship between family planning adoption and the factors under study, coefficient of correlation were calculated.

SCHEME OF PRESENTATION

The thesis is presented in seven chapters. The first chapter (the present one) deals with the statement of the problem, brief review of literature, objectives of the study and methodological aspects. The second chapter examines critically the trends in family planning adoption in India with special reference to Andhra Pradesh. In the third chapter, demographic profiles of Anantapur district is presented. The fourth chapter contains the
performance of the selected Primary Health Centres and sub-centres in family planning adoption. The fifth chapter examines variations in family planning with reference to selected demographic, economic and social and cultural variables. The sixth chapter deals with the factors accounting for non-adoption of family planning. The seventh and final chapter contains summary and conclusions of the study.