As a backdrop to our study, a critical review of the family planning programmes in India and Andhra Pradesh is presented in this chapter. The review includes a discussion on India's population growth, evolution of the Family Planning Programme (Policy of the Government on Family Planning) its administrative set up, financial allocations and expenditure pattern of the programme and achievements in family planning.

POPULATION GROWTH IN INDIA

India is a vast country with a population of different ethnic, linguistic and religious groups. The populations of all these groups together were estimated to be between 100 to 140 millions around 300 BC. On account of less fluctuations in the subsequent period, the population of India continued to be around 100 million even at the beginning of 17th century as per the estimation of Moreland¹. Table 2.1 presents population growth trends in India from 1901 to 1981.

<table>
<thead>
<tr>
<th>Year</th>
<th>Population (in million)</th>
<th>Decennial growth rate (in %)</th>
<th>Absolute increase (in million)</th>
<th>Compounded annual rate of increase (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1901</td>
<td>238.4</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1910</td>
<td>252.3</td>
<td>+ 5.75</td>
<td>14.29</td>
<td>0.56</td>
</tr>
<tr>
<td>1921</td>
<td>251.3</td>
<td>- 0.31</td>
<td>6.77</td>
<td>0.01</td>
</tr>
<tr>
<td>1931</td>
<td>279.0</td>
<td>+ 11.00</td>
<td>27.64</td>
<td>1.01</td>
</tr>
<tr>
<td>1941</td>
<td>318.6</td>
<td>+ 14.22</td>
<td>39.68</td>
<td>1.33</td>
</tr>
<tr>
<td>1951</td>
<td>361.1</td>
<td>+ 13.31</td>
<td>42.32</td>
<td>1.25</td>
</tr>
<tr>
<td>1961</td>
<td>439.2</td>
<td>+ 21.51</td>
<td>78.14</td>
<td>1.99</td>
</tr>
<tr>
<td>1971</td>
<td>547.9</td>
<td>+ 24.80</td>
<td>108.71</td>
<td>2.22</td>
</tr>
<tr>
<td>1981*</td>
<td>683.8</td>
<td>+ 24.75</td>
<td>135.87</td>
<td>2.47</td>
</tr>
</tbody>
</table>


During the decade 1901-11, the population registered 5.75 per cent growth while it fell down to 0.31 per cent in the subsequent decade. Upto 1921, the population growth was slow and sometimes negative and from 1921 onwards population gradually began increasing at a faster rate. The year 1921 is therefore termed as the 'Great Divide'. During 1921-31 population grew at 11.00 per cent while it was 14.2 per cent for 1931-41, 13.3 per cent for 1941-51 and 21.5 per cent for the decade 1951-61. The highest rate of growth so far of 24.8 per cent was registered during 1961-71. The growth rate of 24.75 per cent for 1971-81 though high, it is significant to note a downward trend by 0.05 per cent as compared to the growth rate of the preceding decade.

BIRTH AND DEATH RATES IN INDIA

Table 2.2 shows the birth and death rates in India. The growth in the population of India is mainly on account of gradual decline in the death rate. Table 2.2 indicates clearly that the death rate has come down from 42.6 per 1,000 in 1901 to only 14.2 by 1981. However the death rate increased from 42.6 per 1,000 during 1901 and 1911 to 48.6 per 1,000 during 1911 and 1921. It was due to great famine and other calamities. On the other hand, the

Table 2.2

BIRTH AND DEATH RATES OF INDIA SINCE 1901-81

<table>
<thead>
<tr>
<th>Decade</th>
<th>Birth rate per 1,000 persons</th>
<th>Death rate per 1,000 persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1901-11</td>
<td>49.2</td>
<td>42.6</td>
</tr>
<tr>
<td>1911-21</td>
<td>48.1</td>
<td>46.6</td>
</tr>
<tr>
<td>1921-31</td>
<td>46.4</td>
<td>36.3</td>
</tr>
<tr>
<td>1931-41</td>
<td>45.2</td>
<td>31.2</td>
</tr>
<tr>
<td>1941-51</td>
<td>39.9</td>
<td>27.4</td>
</tr>
<tr>
<td>1951-61</td>
<td>41.7</td>
<td>22.8</td>
</tr>
<tr>
<td>1961-71</td>
<td>41.1</td>
<td>18.9</td>
</tr>
<tr>
<td>1971-81*</td>
<td>33.4</td>
<td>14.2</td>
</tr>
</tbody>
</table>


birth rate declined only marginally, i.e., from 49.2 per 1,000 in 1901 to 41.1 in 1971 and to 33.4 in 1981.

AGE COMPOSITION OF POPULATION AND DEPENDENCY RATIO

The age composition of population in India is very unfavourable. As per 1971 census, about 42.00 per cent of the population was below 15 years of age. The implications of high proportion of young population combined with a high infant and child mortality rate are very serious. It amounts to a colossal wastage of human resources. The investments made on the upbringing of the children are not recovered by the society, since the proportion of those who do not survive to join the labour force and contribute their mite is not negligible.

The population according to 1981 census also continues to be youthful with about 40.00 per cent below the age of 14. This means that tomorrow's parents are already born and they will be more in number than at present. Even if everyone of the future parents has only two children, the population will keep growing. Moreover by 2000 AD, children of today will join the labour force and add 150 millions.

To quote T.A. Pai, "our death control measures have been more successful than our birth control measures. Lesser people are dying of malaria and infant mortality in some parts of the country as the mortality rate itself has come down from 27 per 1,000 to 12". Due to increased medical facilities the infant mortality has declined leading to higher population growth rate. The gradual increase in net population growth resulted in creating problems such as shortage of food, clothing and housing facilities. As a result, birth control movement came to gain prominence in India in the form of Family Planning Programme.

EVOLUTION OF FAMILY WELFARE PROGRAMME IN INDIA

The understanding of family planning in scientific terms is of great significance. Historical evidences suggest that family planning in one form or other has been in vogue in India since thousands of years. While family planning dates back to more than 4,000 years in ancient Egypt, there are references to family planning in India from 1600 years.

The modern efforts in our country in the direction of family planning originated with the publication of a book. As a result of it, Raghunath Dhonde Karve advocated birth control and started family planning clinic in 1921. In 1923, N.S. Phadke started the birth control league in Bombay Presidency. A similar league in Pune was started. The Neo-Malthusian league was formed in Madras.

The first Government step in family planning was taken by the then Mysore Government (now Karnataka) on 11th June 1930 when it issued the order to open the first Government Birth Control Clinic. In 1932, the senate of the Madras University accepted the proposal to give instructions on contraception and in the following year, the Government of Madras Presidency accepted to start Birth Control Clinics. In 1932, All-India Women Conference, at its Lucknow session, recommended that instructions in methods of birth control should be given to men and women.

In those days, the birth control was confined to the elite of urban society. The National Planning Committee was set up by the Indian National Congress in 1935, under the chairmanship of Sri Jawharlal Nehru. It strongly

* The Population Problems in India by Pyar Kishen Wattal in 1916.

supported and advocated family planning. In December 1935, a society for the study and promotion of family hygiene was formed with Smt. Gowasji Tehangir as its first president. Later in 1936, Dr. A.P. Pillay advocated birth control and conducted training courses in family planning. The first vasectomy operation in Bombay as a family planning measure was performed in Dr. Pillay's clinic in 1937. In 1940, P.N. Sapru moved a resolution in the Council of States for the establishment of the birth control clinics. This made a remarkable impact in the history of family planning in India. In 1943, the Health Service and Development Committee appointed by the Government of India, under the chairmanship of Sri Joseph Bhore, recommended the provision of birth control clinics and services mainly for health reasons.

Post independence efforts in India in this field were started in 1949 when the family planning association of India was formed with Smt. Dhanvanthi Rama Rau as its President, at Bombay. Family Planning Association of India's is a National Voluntary Organisation devoted to promoting knowledge of family planning as a basic human right, as well as


9 Ibid., p. 526.
as population policies which would bring about a balanced
development of the resources of the country both human and
material as a means towards raising the quality of life.
Family Planning Association of India is also conducting
rural projects in different areas which are integrated with
other developmental activities. Programmes for planned
parenthood and women's development, and for the child, are
being introduced and extended in both urban and rural areas.

A sub-committee of Planning Commission on family
planning, strongly recommended in 1951 that for the health
of mother and children and to aid the economy of the nation
by lessening the birth rate, family planning should be re­
cognised officially and efforts should be made on proper
way. In 1953, the family planning research and programme
committee stressed that the family planning programme should
not be limited to birth control alone and it should aim at
welfare of the family. This approach was welcomed by the
masses.

ROLE OF GOVERNMENT IN FAMILY PLANNING

Until 1956, family planning was preached and en­
couraged mostly by individual reformers, social workers and

10 O.S. Srivastava, Demography, New Delhi, Vikas Publishing

11 B.L. Raina, Family Planning, Encyclopaedia of Social
work in India, Vol. 1, Planning Commission, p. 313.
voluntary agencies. As a cumulative effect of their efforts, the Government started evincing a keen interest in family planning and initiated suitable programmes thereupon. The Second Five Year Plan felt that 'Population growth is bound to affect adversely the rate of economic advance and living standards and percapita'. To counter the population growth, this plan proposed, National Programme of Family Planning which was launched with the establishment of family planning boards at central and state levels. In 1956, the Family Planning Programme Research and Planning Committee was replaced by the Central Family Planning Board, which later developed into Central Family Planning Council in 1965. For effective planning and execution, a full fledged department of family planning was created in 1966 in the Ministry of Health and Family Planning. The programme was given relatively high priority in the Fourth Plan. It remains a voluntary family welfare programme, adopting what has been termed as a 'Cafeteria' approach. The 'Cafeteria' system provides, as per the approved list, a variety of contraceptive methods like, male and female sterilisation, intrauterine device, conventional contraceptives such as a condom, diaphragms, jelly, foam tablets etc., from which an

acceptor can freely choose the one that suits him best. During 1965-66, a decision was taken to provide compensation to adopters and fees to doctors and motivators. And in 1969 the All-India Post-partum programme was launched. According to this programme women who received obstetrical and gynaecological care in the hospitals were encouraged to adopt family planning methods. During 1971, the Medical Termination of Pregnancy Act came into force and according to this Act, failure of contraception was one of the grounds on which a woman could seek abortion in approved hospitals. By the development of those organisations and favourable climates, various training centres on demography reproductive physiology, communication and action research centres were established.

Family planning programmes were organised throughout the country. Major mass vasectomy camps were conducted in different States with a target of 30,000 per each district. The promotion of family planning by the Central and State Governments, developed suitable atmosphere for the development of awareness about the family planning and its role in controlling the exploding population in India.


Population policies encompass generally four aspects, birth rate, death rate, migration and population distribution. The Population Policy of India, inspite of changes incorporated from 1952, concentrated mainly on reduction of population through birth control. The frequent changes and limited scope raised the question as to whether India had a clear population policy.

The first five year plan recognised that rapidly growing population would nullify any developmental effort in the direction of raising the standard of living. The First Plan was mainly exploratory in its approach as it aimed at creating awareness among the people about the population problem.

Population education, provision of family planning services, training and research in family planning marked the highlights of Second Five Year Plan in India with reference to family planning. Facilities for voluntary

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sterilisation were provided for the country during this period. Thus family planning approach during the period 1957-61 was mainly "clinical" and expected the people to make use of the services voluntarily on their own.

The widening gap between birth rate and death rate and the growth in the overall population indicated by the 1961 census made the Planning Commission to take a serious view on family planning during the Third Five Year Plan. As a result the 'clinical' approach of the family planning was replaced by 'extension' approach and thereby family planning education was carried out at massive level. The Third Plan thus envisaged to reduce the birth rate from 40 per 1,000 to 25 per 1,000 through the spread of small family norm, personalised family planning education, and provision of ready services and supplies.

Continuation of extension approach to family planning in the Annual Plans and in the Fourth Plan did not produce the required effect on population. As a result, the entire situation was renewed again and a fresh action was spelled out in the form of a definite population policy in 1976.

The official National Population Policy of India was announced for the first time on 16th April, 1976. The National Population Policy contains fundamental measures for solving the problem of numbers. The measures included in National Population Policy, such as minimum age of marriage, female education, spread of small family norm, research on reproductive biology and contraception and incentives for family planning adoption, aim at controlling population through multi-dimensional family planning programmes.

The National Population Policy of 1976 envisaged to raise the legal minimum marriageable age of girls from 15 to 18 years and that of boys from 16 to 21 years. This measure was expected to reduce the existing birth rate by 15.00 per cent in long run\(^20\). The postponement of age of marriage reduced the effective child bearing period as well as decreasing the fertility.

The stress on female education in the National Population Policy was based on the assumption that it helped in enhancing preference for late marriages, postponement of pregnancy and spacing of births. The studies of Asish Bose\(^{21}\) and V.C. Sinha\(^{22}\) also indicated that female


\(^{22}\) Ibid., p. 452.
education helped in raising the marriage age and in providing suitable climate for family planning acceptance. Monetary incentives for individual family planning adopters and group incentives for the officials concerned with the programme received substantial coverage in the population policy.

To help the family planning programme to become a mass movement, group incentives were provided for the medical practitioners, Zilla and Panchayat officials, teachers, community leaders etc. Rebate was allowed in the assessment of income for the donation made by the individuals and corporations to the agencies involved in family planning.

The population policy statement also dealt with compulsory sterilisation. It was stated that the Government of India had no immediate proposal to bring in central legislation covering compulsory sterilisation for various reasons. However, the State Governments were permitted to enact their own laws of compulsory sterilisation basing upon regional conditions.

Research in reproductive biology and contraception received special attention in the policy statement. Extension education based upon a new multi-media motivational strategy was envisaged with an intention of utilising
the facilities such as radio, press, films and visual displays. For promoting family planning, population education, registration of marriages, effective health care and medical aid were the other areas touched by the National Population Policy. In a nut shell, the policy intended to accelerate acceptance and adoption of family planning programme in the interests of individual, family and national welfare.

The National Population Policy of 1976 was modified to some extent by the Janatha Government in the year 1978. The family planning programme accordingly was renamed as Family Welfare Programme, giving it a wider base of family welfare. While the former policy emphasized only on birth control, the revised policy interlinked birth control with the living standards, education level, employment opportunities, health facilities and in general with the welfare of family as a whole. The new policy eliminated compulsion, coercion and pressure of all sorts in implementing family planning programmes. Massive educational and motivational drives were suggested for promoting voluntary acceptance of family planning. Villages received special attention in promotion of family welfare programme and accordingly rural health schemes with trained community health workers at the

village level came to be implemented. Nutrition programmes for the children, child and maternal care, family education programmes gained prominence in the modified population policy.

The National Population Policy underwent modifications once again during the post-Janata rule with the re-emergence of Congress Government at the Centre in 1980. The revised population policy retained earlier character of control of population growth through voluntary acceptance of family planning. However, the policy emphasised more upon motivation and education. It was envisaged to train the community leaders who in turn would motivate the people and for this purpose it was proposed to organise 50,000 camps for training one million community leaders in order to create a "climate in favour of family welfare programmes and narrow the gap between awareness and acceptance through inter-personal communication."24.

The Government reinstated its stand of combining family welfare with health aspect and accordingly directed itself to the task of strengthening the health infrastructure by providing one sub-centre for every 5,000 population and primary health centre for 30,000 population.25

OBJECTIVES OF FAMILY PLANNING PROGRAMME

The Planning Commission had recognised that the progress of family planning depended upon creating sufficient motivation in favour of birth control and in providing acceptable, harmless, cheap and efficient methods of birth control. To find out these requirements, it promoted many studies on attitude and motivation that affected public acceptance and conducted field studies and experiments on different methods of family planning. Based on these studies, the Planning Commission laid down the following objectives for the family planning programme in the initial stage of family planning in the country.

1. To obtain an accurate picture of factors contributing to the rapid increase of population in India.

2. To discover suitable techniques of family planning and desirable methods by which knowledge of these methods can be widely disseminated.

3. To give advice in family planning as an integral part of service in Government hospitals and public health agencies; and
4. To conduct field experiments on different methods of family planning for the purpose of determining their suitability, acceptability and effectiveness in different sections of population.

While the above objectives were exploratory in nature, the Planning Commission revised its stand on family planning and came out with a new set of objectives during the Second Five Year Plan. The family planning programme aimed at the following objectives during the period of Second Five Year Plan (1956-61).

1. Use of mass communication for promoting family planning,

2. Provision of clinical referred services in urban and rural areas,

3. Training adequate numbers of family planning personnel, and

4. Provision of necessary supplies and services.

The Third and Fourth Plans came out with more specified objectives for family planning programme. The overall aim in specific terms was a reduction of the birth

rate from 39 to 25 per thousand by 1975. The aim of reducing the birth rate from 39 to 25 per thousand by 1975 could not be achieved due to lack of expected response from the people. As a result of this set back, the Fifth Plan adversed itself to the need of family planning and redefined its target. The Fifth Plan took into account the going down of birth rate by 4 points only i.e., from 39 to 35 per thousand in the Fourth Plan period and hence adopted a realistic target of reducing the birth rate by 5 points i.e., 30 per thousand population by the end of Fifth Plan.

The Sixth Plan proposed to take family planning to each of the remotest villages and aimed at reducing the birth rate to 21 per thousand and death rate to 9 per thousand population by the turn of the century. To achieve a birth rate of 21 per thousand, it is estimated that at least 60.00 per cent of the eligible couples must be protected by family planning methods as against the present rate of 31.00 per cent protected couples in the country.

The Sixth Plan aims to raise the percentage of protected couples to 36.00 per cent by 1985. For fulfilling these targets, efforts are being made to undertake 8 million

sterilisations, 3 million IUD insertions and to promote 11 million conventional contraceptive users in the country through increased educational and motivational programmes.

FAMILY PLANNING ORGANISATION IN INDIA

A complex organisational structure has been evolved involving the cabinet Ministers at the Centre and the Chief Ministers in the States in the apex bodies of family planning programme. The administrative structure of family planning in India, as indicated by Barnabas followed the pattern of general administration in the country and can be best understood and studied at the central, state, district, block and grass-root levels.

CENTRAL ORGANISATION

The apex body at the centre consists of a Cabinet Committee composed of the Union Minister of Health and Family Planning, Ministers of State for Finance, Social Welfare and Health and Family Planning, Home Affairs and the Departments of Electronics, Scientific and Industrial Research. This committee is mainly concerned with the formulation of the national policies and review the progress from time to time.

29 A.i. Barnabas, Population Control in India, New Delhi, Indian Institute of Public Administration, 1977, p. 17.
Besides the Cabinet Committee, there is a Central Family Planning Council under the chairmanship of the Union Health Minister. Minister of State for Health and Family Planning is the vice-chairman. The membership of this body is broad based and includes State Health Ministers and representatives of various All-India Organisations and other departments connected with the family planning work. The composition of this body suggests that there is an effort to infuse in the policy making and planning those people who are connected with the actual implementation of the programme.

The administration of the family planning programme is under the charge of a Joint Secretary in the Ministry of Health. There are two other officers, namely the Family Planning Commissioner and the Marketing Executive. The Commissioner belongs to the technical cadre and is in charge of various concerned sections. The Commissioner directly reports to the Joint Secretary who is the administrative head. The Marketing Officer is in charge of distribution wing and is assisted by market research manager and publicity executive. Apart from this, there are Regional Directors of family planning in different regions of the
country for coordinating the work with the State Governments. Each Regional Director is incharge of two or three States.

**STATE LEVEL ORGANISATION**

Like the National Cabinet Committee, there is a State Cabinet Committee with the Chief Minister as the chairman and Ministers of Health, Finance and Welfare as members for formulation of broad policies and programmes and reviewing their progress from time to time. Again for the purpose of associating various voluntary organisations and concerned official agencies, the department of Health is assisted by State Family Planning Council.

The execution of the programme at State level is undertaken by the Director of Health Services through the State family Planning Officer. He is assisted by Assistant Director of Health Services. Operation Wing, Planning and Training Division, Mass education and communication wing, administrative Division and Statistics, Demography and Education Divisions are the main components of State Family Planning Bureau that look after specific areas.
DISTRICT LEVEL

District Planning Bureau is responsible for the planning and implementation of the programmes in the district. The District Family Planning Bureau is headed by the District Health and Medical Officer although the programme operates separately under the charge of the District Family Planning Officer. The major divisions in the district are administrative, education and information and field operations and evaluation. The districts are divided generally into 3 or 4 divisions and each division is under the charge of a Medical Officer.

BLOCK LEVEL ORGANISATION

The family planning programme in the rural areas of the country is implemented through Primary Health Centres. The Primary Health Centres, opened under community development schemes, have a jurisdiction over 80,000 to 1,00,000 rural population. The Medical Officer at the Primary Health Centre is in overall charge of the programme. There is an Assistant Surgeon (male or female) who is directly responsible for the family planning activities. The education activities are undertaken by an Extension Education Officer with the help of Health Visitors. Their major job is to
educate and motivate people with regard to family planning.

The Primary Health Centre is equipped to perform vasectomy and tubectomy operations. Some of the Primary Health Centres are also equipped to undertake medical termination of pregnancy.

GRASS ROOT ORGANISATION

Sub-Centres for Health and family planning are established at grass root levels in the rural areas while urban family planning centres are catering to the needs of urban population. The rural sub-centres generally serve a population of about 20 thousands. Each sub-centre is visited periodically by a Medical Officer. The Health Supervisors generally manage the affairs of the sub-centre with the assistance of Auxiliary Nurse and Midwife (A.N.M). The A.N.Ms are entrusted with the educational and motivational work in the villages covering a population of 10,000.

Maternal and child health also come under the purview of the Health Supervisors and A.N.Ms, in addition to the family planning work. The sub-centres in rural areas store the basic medicines and contraceptives for distribution among the rural masses and are provided with facilities for carrying out IUD insertions and vasectomy operations.
Family planning activities in urban areas are governed by urban family welfare centres in towns with less than 2 lakhs population and by city family welfare centres in towns with more than two lakhs population. The urban centres are under the charge of a medical officer directly and have all the facilities for undertaking the tubectomy and vasectomy operations. The health visitors and A.N.M.s undertake the educational and motivational work in urban areas also as in the case of rural areas.

FINANCES FOR FAMILY PLANNING PROGRAMME

The expenditure on family planning in different plan periods in India indicates the general growth of emphasis towards birth control. Family planning incurred a meagre expenditure of Rs. 14.5 lakhs during the First Plan period, which rose to more than Rs. 1,000 crores in the present Sixth Plan (wide table 2.3).

The First Five Year Plan even though took note of the alarming growth rate in India, as far as family planning was concerned an outlay of only Rs. 65 lakhs was made for the purpose of identifying the factors contributing rapid growth of population and spreading family planning as integral part of medical services.
### Table 2.3

OUTLAY AND EXPENDITURE ON FAMILY WELFARE PROGRAMME OVER DIFFERENT PLAN PERIODS IN INDIA

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Period</th>
<th>Outlay (in lakhs)</th>
<th>Expenditure (Rs. in lakhs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>First Plan</td>
<td>65.00</td>
<td>14.50</td>
</tr>
<tr>
<td></td>
<td>1951-56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Second Plan</td>
<td>497.02</td>
<td>215.60</td>
</tr>
<tr>
<td></td>
<td>1956-61</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Third Plan</td>
<td>2,697.60</td>
<td>2,486.00</td>
</tr>
<tr>
<td></td>
<td>1961-66</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Annual Plans (Inter Plan Periods)</td>
<td>1,493.00</td>
<td>1,342.60</td>
</tr>
<tr>
<td></td>
<td>1966-67</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1967-68</td>
<td>3,100.00</td>
<td>8,293.00</td>
</tr>
<tr>
<td></td>
<td>1968-69</td>
<td>3,700.00</td>
<td>8,046.40</td>
</tr>
<tr>
<td>5.</td>
<td>Fourth Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1969-70</td>
<td>4,200.00</td>
<td>3,618.42</td>
</tr>
<tr>
<td></td>
<td>1970-71</td>
<td>5,200.00</td>
<td>28,443.30</td>
</tr>
<tr>
<td></td>
<td>1971-72</td>
<td>6,060.50</td>
<td>6,175.56</td>
</tr>
<tr>
<td></td>
<td>1972-73</td>
<td>7,630.70</td>
<td>7,974.80</td>
</tr>
<tr>
<td></td>
<td>1973-74</td>
<td>5,485.00</td>
<td>5,784.59</td>
</tr>
<tr>
<td>6.</td>
<td>Fifth Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1974-75</td>
<td>5,413.60</td>
<td>6,204.80</td>
</tr>
<tr>
<td></td>
<td>1975-76</td>
<td>6,319.95</td>
<td>8,061.37</td>
</tr>
<tr>
<td></td>
<td>1976-77</td>
<td>7,014.00</td>
<td>17,298.21*</td>
</tr>
<tr>
<td></td>
<td>1977-78</td>
<td>9,817.67</td>
<td>9,333.70*</td>
</tr>
<tr>
<td>7.</td>
<td>Sixth Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1978-79</td>
<td>11,181.39</td>
<td>10,514.76*</td>
</tr>
<tr>
<td></td>
<td>1979-80</td>
<td>11,619.23</td>
<td>11,805.31</td>
</tr>
<tr>
<td>8.</td>
<td>Seventh Plan</td>
<td>1,010.00</td>
<td></td>
</tr>
</tbody>
</table>


* Revised Estimates (provisional)
The first plan succeeded in starting a couple of clinics for spreading family planning. The second plan, covering the years 1956-61, came to recognise family planning as "a key factor of development" and proposed to extend family planning services through the establishment of a well equipped organisation. Mass communication and clinical services in the field of family planning received much attention during this period. Even though Rs. 497 lakhs were provided for family planning for this period less than 50.00 per cent of the amount was spent. However the country witnessed, the opening of 1,502 clinics for providing family planning services in this period. For the first time, sterilisation was introduced as a method of family planning in the year 1956. Vasectomy proved to be the most popular method adopted by people during this plan.

A spurt in family planning activities was witnessed in the country during the Third plan (1961-66) period on account of an enhanced outlay of 27 crores of which nearly 25 crores were utilised. The message of family planning was taken to the masses during this period along with


erection of facilities for taking family planning services to the door steps of the people. During this period about 10,000 additional family planning centres were started in the country. Field publicity received greater attention. IUD came to be introduced for the first time in the country and found response from the people immediately. A contribution of meeting the expenses of the acceptors was made during the Third Plan period.

The Annual Plans introduced during the years 1966-69 marked an outlay of Rs. 8.3 crores for family planning of which Rs. 7.5 crores were utilised. Vasectomy continued to be predominant method accepted by the people. This period also witnessed a growth in the number of acceptors in case of tubectomy also.

Promotion of small family norm, emphasis on population education and integration of family planning with health services, marked the period of Fourth Plan (1969-74). Enactment of a law in favour of medical termination of pregnancy during the year 1971 paved way for a sudden growth in the number of tubectomies. Introduction of post partum scheme helped in eliminating some of the negative factors.

among the sterilised persons. Mass sterilisation camps
became instant success and about 16.00 per cent of the
eligible couple in the country were brought under the fold
of family planning. As a result of it the national birth
rate declined to 35 per thousand population.

The Fifth Plan with an outlay of Rs. 500 crores
for family planning accorded a high priority to birth con­
trol. Family planning became an integrated programme of
child, maternal and general in enormous numbers but in the
process the family planning programme in general received
a set back due to coercion and compulsion in some parts of
the country. To revitalise the programme and to give it a
broad base, family planning programme was changed to family
welfare programme.

By the end of 1977-78, only Rs. 409 crores out of
the outlay of Rs. 500 crores for family planning was spent
in the country. For the year 1978-79 a sum of Rs. 11,181
lakhs was allotted to family planning of which 10,754 lakhs
were utilised. In the subsequent year family planning ex­
penditure (Rs. 118 crores) exceeded the outlay (Rs. 116.2
crores).
The Sixth Plan (1980-85) recognised that fertility control could not be brought through target oriented clinical approach and accordingly emphasised on provision of widespread information through active communication and persistent education. An outlay of Rs. 1,010 crores was made in the Sixth Plan for family planning activities, with the objective of providing a primary health centre for each community development block, locating a sub-centre for every 10,000 population, training family planning personnel and community leaders, equipping the family welfare centres with required drugs, equipment and buildings and for establishing a 30 bed rural hospital for each cluster of four primary health centres.

FAMILY PLANNING ACHIEVEMENTS IN INDIA

Family planning programme, though came into existence in 1952, received acceptance from 1956 onwards. In the initial stages of the programme particularly from 1956 to 1962 only vasectomy and tubectomy were taken up. Condom was supplied from 1963 onwards while diaphragms were distributed since 1964. IUCD insertions became gradually popular from 1965 onwards. By 1982, permanent methods like vasectomy and tubectomy, semi-permanent methods like IUCD
and conventional contraceptives like condom, diaphragm, oral pills, creams, jellies and foam tablets came to be accepted by different people.

About 17.4 crores or 27.00 per cent of people in India were protected by one or other family planning method by 1982. Of the total family planning adopters 3,62,60,200 (20.85 per cent) underwent sterilisation (vide table 2.4). About 9,53,30,100 (54.8 per cent) women accepted IUD insertions. The conventional contraceptive users numbered 4,23,10,000 and accounted for 24.35 per cent of the acceptors. The details of the adopters, as per the method accepted are presented hereunder.

STERILISATIONS

By 1982, out of the total 3,62,60,200 sterilisations performed in the country, 60.2 per cent were vasectomies and 39.2 per cent were tubectomies. During the years 1956 to 1959, tubectomy was the popularly accepted method. Vasectomy found more acceptors during the year 1960 and its popularity gained further momentum year after year reaching peak acceptance during 1970 (See Appendix 1). In this particular year, against 3,66,258 tubectomies, 10,55,860 (89.6 per cent) vasectomies were performed in the country.
Table 2.4

FAMILY PLANNING ADOPTERS BY DIFFERENT METHODS IN INDIA
(The figures relate to the performance since inception to 1982)

<table>
<thead>
<tr>
<th>Method</th>
<th>Number of adopters</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterilisations</td>
<td>3,62,00,200</td>
<td>20.85</td>
</tr>
<tr>
<td>IUD insertions</td>
<td>9,53,30,100</td>
<td>64.80</td>
</tr>
<tr>
<td>Conventional contraceptives</td>
<td>4,23,40,000</td>
<td>24.35</td>
</tr>
<tr>
<td>Total</td>
<td>17,39,38,300</td>
<td>100.00</td>
</tr>
</tbody>
</table>

The highest number so far of sterilisation for any single year were conducted during 1976-77. As many as 82.61 lakhs of operations including 61.62 lakhs of vasectomies and 20.62 lakhs of tubectomies were conducted during 1976-79. It is said that due to excess of family planning performance during 1976-77 the programme received a set back during the subsequent years. For instance only 9.5 lakhs of sterilisation were reported during 1977-78. The programme since 1978-79 gradually picked up and by 1982 geared itself to undertake 279 lakhs of sterilisations.

**IUCD insertions**

IUCD insertions took place for the first time in the country during the year 1965 in which about 3.13 lakhs of women adopted this device for controlling births. A record number of 9.1 lakhs of IUCD insertions took place in the country during 1966-67. Since then the number of IUCD adopters came down up to 1972-73. Since 1973, fluctuations can be observed with reference to IUCD insertions in the country (wide Appendix 2). About 6.28 lakhs in 1980-81 and 7.5 lakhs in 1981-82 came to be accepted.

Condom, diaphragm, jelly, creams, foam tablets and pills are the important conventional contraceptives
used in the country for regulating births on temporary basis.

Eventhough conventional contraceptives were introduced long ago in 1963 in our country, the details of the uses by different methods are available only from 1968-69 onwards.

It was estimated that between 1963 and 1969, about 22.59 lakhs of people followed conventional contraceptives in the country.

Condom was widely used conventional contraceptive in the country. During the past 16 years about 280 crores of condoms were distributed in the country of which about 160 crores were distributed free of cost to the users, through family planning centres and personnel. In addition to the condoms, 1.26 lakhs of diaphragms, 27.00 lakhs of cream and jelly tubes, 204.5 crores of foam tablets were distributed free of cost (wide Appendix 3). The conventional contraceptive users accounted for 26.35 per cent of the total family planning adopters in the country.

FAMILY PLANNING IN ANDHRA PRADESH

Andhra Pradesh is considered as fairly responsive state with regard to family planning adoption in the country. It is evident from the fact that the state, that was the fourth populous state in the country during 1961 cen...
to occupy fifth position in the subsequent census years\textsuperscript{33}. Andhra Pradesh recorded the highest number of sterilisations during the year 1977-78 and won annual awards for high family planning adoption not less than five times in the past two decades.

DEMOGRAPHIC SITUATION IN ANDHRA PRADESH

The population of Andhra Pradesh as per 1981 census stood at 53,35,92,605 which accounts for 7.34 per cent of India's population. With an area of 276,754 Sq.kms, the state has the density of 195 per kilometre. Even though the growth rate of the population has steadily been increasing (from 1921-1981), it must be noted that the decennial growth rates of population in Andhra Pradesh are lesser than that of the nation in all three decades except 1951 (vide table 2.5). Ever since the introduction of the family planning programmes in the country, the state recorded relatively lesser growth rates in comparison with the rest of the nation. This was mainly on account of reasonable reduction in the birth rates in Andhra Pradesh. For instance, the birth rate in the State came down from 35.54 per thousand in 1970 to 34.92 in 1975, while the corresponding birth rate in the country was 36.0 in 1970 and 35.2 in 1975\textsuperscript{34}.


<table>
<thead>
<tr>
<th>Year</th>
<th>Population (in lakhs)</th>
<th>% Decade Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1901</td>
<td>190.7</td>
<td>-</td>
</tr>
<tr>
<td>1911</td>
<td>214.5</td>
<td>+ 12.49</td>
</tr>
<tr>
<td>1921</td>
<td>214.2</td>
<td>- 0.13</td>
</tr>
<tr>
<td>1931</td>
<td>242.0</td>
<td>+ 12.99</td>
</tr>
<tr>
<td>1941</td>
<td>272.9</td>
<td>+ 12.75</td>
</tr>
<tr>
<td>1951</td>
<td>311.2</td>
<td>+ 14.02</td>
</tr>
<tr>
<td>1961</td>
<td>359.8</td>
<td>+ 15.65</td>
</tr>
<tr>
<td>1971</td>
<td>435.0</td>
<td>+ 20.90</td>
</tr>
<tr>
<td>1981*</td>
<td>535.9</td>
<td>+ 23.19</td>
</tr>
</tbody>
</table>

FAMILY PLANNING ACHIEVEMENTS IN ANDHRA PRADESH

Family planning was introduced in Andhra Pradesh during the First Five Year Plan, as was the case with the other states. The programme picked up momentum during the Third Five Year Plan period in the State. From 1966 onwards, the programme became target oriented and the achievement of the targets since then seems to be fairly satisfactory. Mass sterilisation camps were conducted in different districts and response was found to be encouraging.

STERILISATIONS

Andhra Pradesh accounted for 37 lakhs of sterilisations out of 3.6 crores in the country, which comes to 10.21 per cent. However, the high response for sterilisation started in the state since 1970 (wide table 2.6). During 1952-65, only about 30 thousand sterilisations were performed in the state. During this period only 3.65 per cent of the total sterilisations were undertaken in Andhra Pradesh. During 1963-66, about 28 thousand sterilisations were conducted and by 1972-73 3.4 lakhs sterilisations were performed.

The highest number sterilisations in any single year were conducted in Andhra Pradesh during 1976-77. This
## Table 2.6

NUMBER OF STERILISATIONS SINCE INCEPTION TO 1982
IN ANDHRA PRADESH

<table>
<thead>
<tr>
<th>Year</th>
<th>Sterilisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1952-65</td>
<td>31,216</td>
</tr>
<tr>
<td>1965-70</td>
<td>6,71,756</td>
</tr>
<tr>
<td>1970-75</td>
<td>11,15,037</td>
</tr>
<tr>
<td>1975-80*</td>
<td>13,53,015</td>
</tr>
<tr>
<td>1980-82*</td>
<td>5,34,013</td>
</tr>
</tbody>
</table>

Total 37,05,037


* District Family Planning Bureau, Anantapur, Annual Reports, 1979 to 1982.
same year found to be, the year of maximum response to family planning throughout the country, in which about 7.6 lakhs of sterilisations were conducted in Andhra Pradesh alone. This was because of compulsory sterilisations. Since then, again a gradual growth in number of sterilisations was witnessed in Andhra Pradesh. By 1981-82 the sterilisations per annum reached 2.9 lakhs. As a result of the high response to sterilisations, the state of Andhra Pradesh received national awards for family planning.

IUCD INSERTIONS

Unlike sterilisations, the record of Andhra Pradesh in case of IUCD acceptors, consists of ups and downs. With only just over nine thousand IUCD acceptors in 1965-66 the state witnessed a spurt in the IUCD insertions in subsequent two years, crossing the half lakh mark in each year. There was a decline during years 1968-1971. In the year 1971-72 about 20 thousand insertions took place in the state (vide Appendix 4).

There were only minor fluctuations in the number of acceptors in Andhra Pradesh during the years 1974-79, the acceptors per year being in the range of 13 to 17 thousand. About 20 thousand IUCD insertions took place in the
state during 1979-80. In the last two years, i.e., 1980-81 and 1981-82, 17,569 and 16,056 IUCD insertions took place in Andhra Pradesh respectively.

CONVENTIONAL CONTRACEPTIVE USERS

All the conventional contraceptives viz., condom, diaphragm, creams and jellies, foam tablets and oral pills were put to use in Andhra Pradesh. Condom and oral pills formed the two popular conventional contraceptives. It is estimated that about 0.75 lakhs of persons in Andhra Pradesh used conventional contraceptives up to 1982. Table 2.7 projects the variation in the annual number of conventional contraceptive users in Andhra Pradesh.

It was reported that the conventional contraceptive users in the early phase of family planning were very much limited in Andhra Pradesh. The number started enhancing only from the year 1960-69 in which about 44 thousand persons derived benefit out of conventional contraceptives. Maximum number of conventional contraceptive users for any single year in the state were reported during the year 1970-71. In this year 1.41 lakhs of people went for conventional contraceptives. Since 1972-73 about 50-60 thousand contraceptive users were reported every year in Andhra Pradesh.
Table 2.7

NUMBER OF CONVENTIONAL CONTRACEPTIVES SINCE INCEPTION IN ANDHRA PRADESH.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Year</th>
<th>Conventional contraceptive users</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1965-70</td>
<td>70,701</td>
</tr>
<tr>
<td>2.</td>
<td>1970-75</td>
<td>4,31,250</td>
</tr>
<tr>
<td>3.</td>
<td>1975-80*</td>
<td>2,83,419</td>
</tr>
<tr>
<td>4.</td>
<td>1980-82*</td>
<td>36,132</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8,74,502</td>
</tr>
</tbody>
</table>


Ever since the inception of family planning programme in Andhra Pradesh, it is estimated that 30.74 lakhs of eligible couples came to be protected through one or other method out of which 37.05 got sterilised. Despite the relatively high response for family plans in Andhra Pradesh, it was estimated that there was a backlog of 27 lakhs of eligible couples in the State by the end of March 197735. The state succeeded in limiting the birth rate to only 35 per thousand by 1975 and it aims to reduce the birth rate to 30 per thousand by the end of 1985 for which the state family planning machinery is making all-out effort at present.

CONCLUSIONS

India’s population which was estimated around 100 million at the beginning of the 17th century started growing rapidly from 1921 onwards. With a population of 603 millions (in 1981) and an annual growth rate of 2.47, some are added to the existing population. Many problems faced by India such as shortage of food, clothing, having unemployment and large scale poverty are attributed to population explosion in India. India was the first country to take up family planning as a national policy to check the faster growth of population.

population. With the establishment of family planning boards at Central and State levels in India, family planning became an official programme. Family planning gained priority during the Fourth Five Year Plan. The national population policy of 1976 spelt out the concern of the government over the growing population and envisaged its determination to control population growth through measures such as raising the minimum age of marriage, female education, spread of small family norm, research into reproductive biology and contraception, incentives for family planning adoption, etc.

The modified population policy of 1977 reoriented family planning into family welfare programme. As a result family planning was given a wider base of raising the standard of living of the people provision of employment opportunities, health facility and in general covering welfare of the family. While coercive or compulsive family planning was denounced, massive educational and motivational programmes were taken up to make the people accept small family norm voluntarily.

The commitment of the government to family planning can be observed in the financial allocation for this programme in different plan periods. The expenditure on family planning during the First Plan period was only Rs. 14.5 lakhs
which increased to Rs. 25 crores in the Third Five Year Plan and to Rs. 100 crores in the Sixth Plan. These amounts though are an increase from plan to plan, are inadequate in view of large size population in the country.

During the initial stages of the programme (1956-62) only sterilisation was given prominence. Distribution of condoms was started in the year 1963. During the subsequent years diaphragms were introduced, IUCD insertions were carried out from 1965 onwards. By the end of 1982, 362 lakhs of sterilisations were performed in India of which 60.20 per cent were vasectomies and 953 lakhs were IUCD insertions. About 424 lakhs of people practised other conventional contraceptives. As a result it can be stated that about 17.4 crores of couples were protected by some kind of family planning method till 1982. In other words 27.00 per cent of the eligible couples in the country are brought under the fold of family planning.

Andhra Pradesh is one of the leading states in India in terms of family planning achievement. It has a population of 53.5 millions as per 1901 census. Ever since the family planning was introduced in the country, Andhra Pradesh recorded lesser growth rate in comparison with the growth of the nation. The birth rate in the state was also
relatively less. For instance, the birth rate in Andhra Pradesh came down from 35.54 per thousand in 1970 to 34.92 in 1976 while the corresponding rates for the country stood at 36.0 and 35.2.

The fact that Andhra Pradesh that was fourth most populous state in the country in 1961 slid to fifth position in subsequent decades indicates the achievement of the state in the field of family planning. It recorded the highest number of sterilisations during the year 1977-78 and won awards for high family planning adoption five times in the past 6 decades. In total, 37 lakhs of sterilisations and 3.6 lakhs of IUCD insertions took place in the state up to 1982. In addition the state represents a considerable population which is using different conventional contraceptives. As a result, about 39 lakhs of eligible couples in the state have been protected from conception.

Even though family planning adoption in India as well as in Andhra Pradesh has been on the rise since inception of the programme, yet the population growth rate has not taken significant downward trend. This needs serious consideration. The next chapter (Chapter III) relating to demographic profile of Anantapur district provides necessary background for more detailed analysis of family planning adoption in Anantapur district.