CHAPTER – III

PROFILE OF THE STUDY AREA
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The determinants of family planning adoption and fertility behaviour of women are indispensable related with the prevailing socio-economic conditions of the place where they are living. Therefore the socio-economic profile of the study area must be studied in detail before analysing any other aspect of that area as all the aspects of the place are inter related. This Chapter briefly describes the Economy of the Union Territory of Pondicherry, especially about Physical features, Climate and rainfall, Revenue Administration, Population, Land Resources and Agriculture, Irrigation Sources, Livestock, Fisheries, Power Resources, Port, Industries, Economic status, Progress of Education, Public health, and Family welfare programmes in the Union Territory of Pondicherry.

PHYSICAL FEATURES

The composition of the Union Territory of Pondicherry is unique from other states and Union Territories in the census that it is not a contiguous area, but consists of four isolated pockets far away from one another. These four pockets are called Regions and each region is treated as district for the population census. The four regions are (I) Pondicherry (ii) Karaikal, (iii) Mahe, and (iv) Yanam.

The Pondicherry region is located on the Coromadal coast and it lies between Pennaiyar river between 11° 46' and 12° 30' of Northern latitude and between 79° 36' and 79° 53' of Eastern longitude. Bay of Bengal bound it on the east, Cuddalore district of Tamil Nadu on the south, Villupuram district on the west and Pennaiyar river on the north. It has an area of 293.0 sq. km. The Pondicherry region is not a
contiguous area, but interspersed with bits of Territory in Tamil Nadu. Pondicherry town is the capital of the Union Territory, which lies about 195kms south of Chennai by rail and 170kms by road.

Pondicherry has a Coastal boundary of a length of 8kms and breadth ranging from 5 to 6kms. This region is a low-lying area and intersected by delta canals of the Gingee and Pennaiyar rivers and other streams. There are two important drainage basins of the Gingee river and Pennaiyar river in the region. The Gingee river crosses Pondicherry region diagonally from northwest to southeast and the Pennaiyar river forms the southern boundary of the region. The Gingee river has a course of 34kms. in this region with its source at Malayanur village of Cuddalore district in Tamil Nadu. It shoots into two branches known as the Ariankuppam river and Sunnambar river at a distance of 7kms from its mouth. Anicuts have been constructed across these rivers for collection and diversion of water through canals. Pombayar and the Kuduvaiyaru are the affluent of the Gingee river on its right side. Of these affluent the Pambayar and Kuduvaiyaru alone flow in Pondicherry region.

Karaikal region lies 150 kms south of Pondicherry and it is located between 10° 49’ and 11° 01’ northern latitude and 79° 43’ and 79° 52’ eastern longitude. It is bounded by Thanjavur district of Tamil Nadu on the west, south and north and the Bay of Bengal on the east. It is connected by rail with Peralam in Thanjavur district. It is limited on the north by the Nandalar river and on the south by the Vettar river. It has an area of 160.0 sq.kms lying in the Cauvery delta being irrigated by the canals of the Cauvery river. The soil is composed of sand and alluvial deposits, which is suitable for cultivation of paddy and wet crops.
The Mahe region is isolated from Pondicherry by about 800kms in the West Coast. It is situated between 11° 42' and 11° 43' northern latitude and between 75° 31' and 75° 33' eastern longitude on the Malabar Coast with Mahe town on the north extremity of Badagara taluk of Kozhikode district in Kerala. Two other entities Paloor and Pandakkal are enclosed within the Cannanore district of Kerala. The entire region has an area of 9.0 sq.kms and it is located at a distance of about 6kms south of Tellicherry town. Mahe town is situated on the southern bank of Mahe river.

The Yanam region is situated on the East Cost between 16° 42' and 16° 46' northern latitude and between 82° 11' and 82° 19' longitude as a pocket in the East Godavari district of Andra Pradesh and lies at a distance of 28kms south of Kakinada town. This is the smallest of four regions in terms of population even though it has an area of 30.0 sq.kms Yanam town is built on the spot where the river Godavari and Coringa separate and is bounded on the east and south by one or the other of these rivers.

CLIMATIC CONDITIONS

The climate and seasonal conditions are not uniform throughout the Territory. The range of temperature in Pondicherry region is between 17° - 38°C. The long coastal border of 20kms that keeps the region in a cool and pleasant climate both during summer and winter. The normal amount of rainfall of the region is 1205mm. The region receives bulk of its rainfall from the northeast monsoon and the next in importance is the southwest monsoon. While the northeast monsoon rains condition the cultivation of Samba crops, the southwest monsoon rain facilitates the cultivation of Kuruvai crops. The northeast monsoon influences agricultural operations in the
region of Karaikal and Yanam as well. The southwest monsoon provides ample rainfall to Mahe region.

REVENUE ADMINISTRATION

The Ex-French land revenue administration was re-organized on the Tamil Nadu pattern during the year 1969 and the entire Union Territory of Pondicherry has been treated as a single district for revenue administration. The Revenue Secretary of the Union Territory administration is also the Collector of Pondicherry district, which is divided in two taluks, and four sub-taluks. While Karaikal region consists of Karaikal taluk, Mahe and Yanam regions are constituted into two sub-taluks. Each taluk has one Tahsildar and each sub-Taluk has one deputy Tahsildar assisted by Deputy Collectors posted in Pondicherry, Karaikal, Mahe and Yanam regions in revenue administration. There are 128 revenue villages (174 old revenue villages) in the Territory as a whole. Out of this, 81 villages (99 old villages) are in Pondicherry region, 36 villages (64 old villages) in Karaikal region, 5 villages (6 old villages) in Mahe region and 6 villages (5 old villages) in Yanam region.

THE GROWTH AND DENSITY OF POPULATION

The Union Territory of Pondicherry recorded continuous increase in the growth of population ever since the French rule. The alarming raise in population is on par with rest of the Country’s scenario. According to the 1991 census\(^1\), it stood at 8.07 lakhs. During 1993–1994, the estimated population stood at 8.81 lakhs and the density of population per sq. km was calculated as 1642 of which 829 in rural and 3656 in the urban. The region wise break up of population is Pondicherry region 6.08
lakes, Karaikal region 1.46 lakes, Mahe region 0.33 lakhs and Yanam region 0.20 lakhs.

Regarding the rural and urban component of population, the urban population in the Union Territory dominates. According to 1991 census, of the total population of 8,07,785, the urban population was 5,16,985 and rural 2,90,800 that accounts for 64 per cent and 36 per cent of urban and rural. The percentage of scheduled caste population to the total population during 1994 was 16.25 per cent of which 26.73 per cent in rural and 10.36 per cent in urban.

The Union Territory of Pondicherry ranks third behind Delhi and Chandigarh in the density of population at the National scenario. As per the 1991 census, the density per sq. km in the Union Territory of Pondicherry was 1,642. The region wise density was 2076, 911, 3716, and 677 respectively for Pondicherry, Karaikal, Mahe and Yanam regions. The density of population in terms of urban percentage holds good even if all the States and Union Territory are put together (89.93, 89.69 and 64.05 percentages for Delhi, Chandigarh and Pondicherry respectively). The birth rate and the death rate in the Union Territory are as follows:

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<td>Birth rate</td>
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RESOURCE AVAILABILITY

The resources available may broadly be divided into three categories natural, capital and human. Natural resources include land, water, fisheries, mineral and power resources, land, forming the principal one among the natural resources.

LAND RESOURCES

One of the important Economic Characteristics of this Union Territory is that it possesses fertile lands with adequate water resources. The total land area of the Territory is 46,822 hectares. Pondicherry encloses 62.8 per cent, Karaikal 31.8 per cent, Mahe 1.8 per cent and Yanam 3.6 per cent of the total area of the Union Territory. In 1997-98, 58.6 per cent of the total land area in the Union Territory was brought under cultivation. This shows that the Territory is predominantly an agricultural Territory. However, the land under non-agricultural use has registered a substantial increase over the years in the wake of urbanization, industrialization, etc. Permanent pastures and land under miscellaneous crops are on the decline. The net cultivatable area have declined from 32600 hectares in 1961-62 to 27463 hectares in 1997-97. As a result, the proportion of land area sown has declined from 69.7 per cent in 1961-62 to 58.6 per cent in 1997-98. Nearly 11.00 per cent of the total cultivable land remains unused and by concerted efforts these lands may be made available for cultivation.

Food crops are grown to the extent of 83 per cent of the total cropped area. Paddy is the top ranking crop and it occupies nearly 64 per cent of the total cropped area of the Territory. The major cash crops raised in the Territory are groundnut, sugarcane, coconut and cotton. The alluvial soil is suitable for cultivation of paddy
and pulses. The sandy loams are suitable for the cultivation of cashew and casuarina. Red laterite soil is the major type of soil found in Mahe. This soil in the region facilitates the cultivation of paddy. The major type of soil found in Yanam is alluvial which facilitates the cultivation of paddy, tobacco, chilies etc.

**IRRIGATION RESOURCES**

Irrigation is the core of modernization of agriculture. The spread of new technology and these of fertilizers are conditioned by the availability of assured irrigation facilities. Fortunately enough, this Territory is blessed with adequate irrigation facilities though there are no major irrigation projects. In fact, the development of irrigation occupied the primary attention of the French administration in Pondicherry. The major sources of irrigation are the tanks and tube wells. The other sources are canals, ponds, springs etc. The incidence of irrigation was estimated to be around 84 per cent of the total cultivated area in 1997 - 98. The agricultural sector of Pondicherry region is served by following anicuts / regulators. (1) Vidur anicut, (2) Suthukeni anicut, (3) Pillaiyarkuppam anicut, (4) Vikkaravandi anicut, (5) Soranavur anicut, (6) Kilur anicut, (7) Mangalam anicut, (8) Thirukanji anicut, (9) Ediyar anicut, (10) Sellancheri anicut, and (11) Kumaramangalam anicut. Of these anicuts, Vidur, Vikravandi, Edaiyar and Sellancheriare are located in Tamil Nadu, but they serve the fields through feeding canals.

The main sources of irrigation in Karaikal are the canals and rivers. Ponds and springs are the only sources of irrigation in Mahe. In Yanam, canals serve as the main source of irrigation. The abundance of irrigation facilities in Pondicherry region enables it to increase agricultural production.
POWER RESOURCES

There are neither hydroelectric generators nor thermal power stations in the Union Territory of Pondicherry. Power has all along been purchased from Kerala and Andhra Pradesh States. However the progress of electrification is remarkable. All the villages in the Union Territory were electrified by the end of Fourth Plan period itself. Though there are several constraints on power availability, the Government has done a commendable job of keeping the power cut to the barest minimum. The number of house connections, agricultural connections and Industrial connections are constantly on the increase. The maximum demand for power was 67591KW in 1997 and the per capita consumption was 393 kWh. In 1996-97, the total electricity purchased and sold were 9,831.70 lakhs of kWh and 8,454.10 lakhs of kWh respectively. Two substations have been commissioned at Marapalam and Thirubuvanai and two more are under construction at Kurumampet and Bahoor. The scheme of “One Hut One Bulb” is also benefiting a number of rural hut dwellers.

PORT

There are three minor ports in the Union Territory, one each at Pondicherry, Karaikal and Mahe. However, only the port at Pondicherry is in operation now. This port handles import of fertilizers, cement, Wheat etc. The loading capacity of the port range from 600 tones to 800 tones of cargo per day.

LIVESTOCK

The significance of livestock in farming needs no emphasis. It is a vital part of the rural economy. The contribution made by cattle and buffaloes are considerable because they are one of the sources of power in agricultural operation and rural
transportation. They provide milk and meat. Livestock also provides supplementary income to the farmers. The Territory is rich in its fauna and animal resources. According to 1992 livestock census, there were 93526 cattle, 9042 buffaloes, 9030 sheep and 52531 goats. The poultry population was 165126. In view of its significance, the Government has taken up a number of significant steps to provide facilities for the development of animal husbandry. At present there are two veterinary hospitals, 14 veterinary dispensaries, four mobile dispensaries and four first-aid centers functioning in the Territory.

**FISHERIES**

Fisheries offer another source of income to the rural population. Its contribution to state domestic product and employment is also considerable. The Territory is endowed with a coastal line of 45kms with 675 sq. kms of inshore water, rich in good varieties of edible and commercial fishes. All the four regions of the Territory are maritime regions and they possess rich fishery resources. There is a well-knit inland fishing system in the Territory. There are 45 fishermen villages with a population of over 34000 in total. With a view to step up fish production, the Government has launched several developmental schemes such as supply of fishing requisites to fishermen, training of fishermen in improved methods, quick transport of fish from landing centers to markets, cold storage plant for storing fish and mechanization of fishing boats. In 1997-98, the total fish production was 37465 metric tones. There are at present more than 2353 catamarans, 15000 fishing gears, 353 mechanized boats and 23 F.R.P. boats in operation. There are 32 fishermen cooperatives and a number of welfare measures have been taken up to raise the living
standards of fishermen. The fishing harbor project envisaged at the cost of Rs. 8.41 crores is expected to improve the economy of Pondicherry.

INDUSTRIES

The economic development of the Union Territory of Pondicherry undoubtedly hinges on the industrial development. In this sphere, the Territory seems to have created a large industrial potential. There were only 5 small-scale industries and 3 large-scale industries in the Union Territory prior to the merger. But in 1996-97 there were 10 large-scale industries, 20 medium scale industries and 1995 small-scale industries. Of the total number employment worker 76.4 per cent are industrial workers, which amounts to 8.4 per cent of total population of the region. However, in terms of industrialization, it is only the Pondicherry region that has made considerable progress and other regions are yet to make headway in this regard. The Pondicherry Industrial Promotion Development Investment Corporation (PIPDIC) has been playing a crucial role in the provision of basic infra-structural facilities such as ready built-sheds, technical expertise and term loans to entrepreneurs. There are at present six industrial estates and over 200 sheds. The Khadi and Village Industries Board functioning since 1981 offers training to rural people in handmade paper making, Khadi weaving and spinning. There are 14 spinning units, 2 processing units, 2 weaving units, one palm fibre brush unit and a chapel unit under the overall supervision of this Board. District Industries Centre (DIC) is offering several services for the development of industries.
ECONOMIC STATUS

The economy of the Territory is very well diversified and over the years it has grown into vibrant economy exhibiting characteristics of dynamism and progress. The state income, the parameter of economic development has exalted by 54 times from Rs.12.59 crores in 1960-61 to Rs.842.7 crores (at current price) in 1997-98. The per-capita income at current price has increased by 24 fold from Rs.400 in 1960-61 to Rs.8513 in 1991-92 which is one of the highest in India and the per-capita income in 1997-98 is Rs.10,677.

PROGRESS OF HEALTH DEVELOPMENT

The Economic development is the process of raising the output of an economy with the help of physical and human capital. Health services increase the quality of a Country's Human Resources. The Public Health Services in the Union Territory of Pondicherry and its developments are analyzed in two periods, that is pre-merger period and post-merger period.

ORGANIZATIONAL DEVELOPMENT

Before merger (1954), the problem of Public Health in Pondicherry under French regime received the attention of Governor Lenora who called for a sound organization of the medical services and wanted the specialists to study the diseases of the country. He also wanted the hospitals to be well maintained and provided with sufficient means to offer protection to invalids, soldiers and mariners. Later, Governor Duplex, besides completing a convalescent home (Mansion de convalescence) in 1744, carried out some of the projects initiated by his predecessor Dumas. This Mansion was meant also for the sick. In 1816, three Medical Officers viz. Francois
Oravier, Pierre Tassy and Jean Baptiste Dubois and the Pharmacist Bernard Plagne arrived in Pondicherry to form the nucleus of the health services.

On 1st July 1863, the Administration constituted the Conseil de Sante (Health Council) in Pondicherry on the pattern of similar bodies in France and other colonies in order to streamline the working of hospitals and to deal with all matters connected with public health. The deliberations of the council were to be communicated to the Ordonnateur who was required either to issue instructions as a follow-up or refer them to the Governor for orders. The Officers de Sante stationed in the outlying settlements were required to be in touch with the council and carry out its instructions. A Commission Sanitaire constituted in January 1867 had to take measures to prevent the spreading of contagious diseases, especially on account of traffic through the port. In the outlying establishments, the “Chief du Service” in consultation with the medicin de la marine undertook sanitary measures.

Since December 1868, the Commission was called upon to look after all matters relating to health under the authority of the Ordonnateur. The Conseil de sante, since then, had to play only a restricted role like the councils in other colonies. This Commission Sanitaire was redesignated as Conseil d’hygiene et de Salubrite publique which played an important role in maintaining public health. From time to time, the Government in consultation with the council issued orders for the protection of public health by enforcing preventive measures. The Mayors were responsible for the execution of these orders. No major development or change took place in the system of public health administration except that a Corps de medicine (sages-Femmes) was organized in 1912.
The year 1925, was a landmark in which several laws were passed to organize a sanitary service to inspect all educational institutions in the Territory, to determine the status of midwives and sanitariums in the hospital. It also organize a corps of Assistant vaccinators, a corps of technicians and medical assistants to serve in the hospitals and pharmacies and to streamline the working of hospital services, public health and hygiene in the colony.

Soon after the merger, Service de Sante was placed under the control of the newly formed Secretariat des Affaires Politicks, Legislation et Santé. On the executive side, the Medical Superintendent was the Medical Officer in charge of the General Hospital, Pondicherry. He was also the Director of Powers between the Director of Health Services and the Superintendent. The former exercise control over medical institutions in the Territory and the latter confines his attention to the General Hospital and the Maternity Hospital attached to it. In 1966, the Directorate of Medical Services was redesignated as Directorate of Health and Family Planning Services in recognition of the importance of family planning.

In the new set-up, the Directorate was consisting of three wings. Viz., a Deputy Director in charge of family planning, another Deputy Director in charge of family planning, Maternity and child Health and the third Deputy Director in charge of Employees' State Insurance. In 1969, the Director of Health and Family Planing was declared as Ex-officio Deputy Secretary to Government in an attempt to facilitate speedy implementation of plan schemes. In November 1972, the Directorate was again reorganized following the formation of a Food and Drugs Control unit under an Assistant Drugs Controller. The Director of Health and Family Planning Services also

71
exercised control over the Chief Medical Officers posted in the three outlying regional head quarters, viz., Karaikal, Mahe and Yanam besides the Medical officer in charge of the various dispensaries and primary Health Centers. The C.M.O.'s are assisted by Junior Specialists/ Assistant Surgeons.

The Health Education Bureau was set up in 1970 that form a part of the Directorate of Health and Family Planning. The activities of this include holding of exhibitions, camps, special campaigns, intensive drives, film shows cultural programmes, etc. In early Eighties the organization did not experience much change. But concerted efforts were taken then and there to strengthen the existing pattern with the main emphasis on effective functioning of health care delivery system. With the passage of time, it was strongly felt that the outlying regions like Karaikal, Mahe and Yanam could be better served under the supervision of Assistant Director and Deputy Director. As a result, in the course of late eighties, these changes in the organization were effected. The organization chart of 1997 presented here would provide the latest and vivid picture of the organization of the Department of Health and family Welfare Services in the Union Territory of Pondicherry.

INFRASTRUCTURAL DEVELOPMENT

In 1853, a military hospital with 40 beds was constructed in Pondicherry for the treatment of officers, sailors, private persons, etc. The present General Hospital then known as 'Hospital Colonial' was also established the same year with a capacity of 100 beds. It consisted of a maternity ward, a ward each for orphans, convicts and mental patients. Nothing much important seems to have been carried out in the General Hospital till about 1926 when, under a plan drawn up by Dr. J. De Geyon, an
Operation Theatre, a Bacteriological Laboratory, a Maternity Ward and two suites for officers were newly opened. The Microbiology Laboratory Service was started in 1930 and two wards for children were opened in 1932. Lieutenant Colonel Gaffiero besides recognizing the General Hospital in 1935 was also responsible for setting up a separate Maternity Hospital in 1937 in view of inadequate facilities in the General Hospital to meet the growing number of confinements. Later the maternity wing was shifted to its new building on 14 April 1939. In 1948 a Leprosy Clinic (Service de Lepre) was opened in the General Hospital.

The Government pharmacy in Pondicherry began its operation on 20 June 1829. In 1843 the pharmacy was reorganized and placed under a ‘Pharmacien en Chef’. The pharmacy underwent further changes in 1849,1911,1924 and 1934. In the outlying establishments of Karaikal and Mahe, a pharmacy each was attached to the hospitals. Better amenities were provided in the pharmacy building in 1935 with separate facilities for all the three units. This was more or less the position even at the time of merger.

After Merger, a Public Health Laboratory was attached to the General Hospital in 1969 to carry out the analysis of suspected cases of adulteration. This laboratory carried out periodic analysis of items of food, drugs and drinking water under the provision of the various laws, besides extending facilities for bacteriological and biochemical tests for the Primary Health Centers in the Territory. As its functions steadily increased it was decided to have an independent Public Health Laboratory. The new laboratory building at Gorimedu (Dhanwantri Nagar) which become open on
17 August 1972. The laboratory complex is well equipped with almost every type of equipment required for the analysis of water, food and drugs.

A TB clinic was opened at Pondicherry in 1956. In 1963, a 110 bed TB Sanatorium with X-ray and laboratory facilities was declared open at Gorimedu. Apart from this hospital there are two sub-centers, one at Karaikal and another at Mahe, besides a number of microscope centers (sputum examination centers) located in the primary health centers. The two sub-centers were provided with x-ray and screening facilities.

On the extension of the National Filaria Control Programme to this Territory in October 1961, a Filaria control unit was set up in Pondicherry with a laboratory attached to it for carrying out entomological studies. Another Filaria control unit was established at Karaikal in May 1971. As part of the Leprosy control Programme, a Leprosy control unit was sanctioned in 1964. Eight S.E.T Centers were put into operation in 1965. The number increased to 20 subsequently, of which 14 centers are located in the region of Pondicherry, four in Karaikal and one each in Mahe and Yanam. A Leprosy clinic was opened on 31 August 1965 as an adjunct to the General Hospital, Karaikal.

On 1 December 1973 a V.D control unit was established at the headquarters and the services of the officer in charge of the control unit was made available to all primary health centers and dispensaries in the region. During the Second Plan period the General hospital was equipped with the latest and better medical and surgical instruments. To meet the increasing requirements, a new block with a capacity of 126 beds with separate wards for Medicine, Surgery and Pediatrics was declared open.
during 1964-65. While a blood bank was started in 1964 and the diabetic clinic went into operation in August 1973. The new X-ray plant was provided with a x-ray block in 1969. By 1972, the bed strength of the hospital increased to 350. To meet the growing needs of the population, a new maternity block accommodating 40 beds was constructed and occupied during 1964-65. During the third plan period, the hospital was provided with an air-conditioned operation theater and a x-ray block. During the IV plane period, the Maternity Hospital was further expanded with another 40 beds by adding a new floor. In 1969, a Maternity and Child Health Services Unit was attached to the hospital. Following the introduction of the Post-partum Scheme for Family Planning, an operation theatre and a 16-bed sterilization ward was attached to the Maternity Hospital in 1972. The total bed strength of the hospital had increased to 216.

At Karaikal, what began as a Dispensaire in 1855 grew into a ‘Centre Medical’ with a maternity wing attached to it. After merger, a Dental section and an ophthalmic section were opened in the hospital. In due course, the hospital came to be equipped with a pathological laboratory, a building for the V.D Clinic, a 25-bed isolation ward and an X-ray unit. Under the construction of Nurses’ quarters, separate male and female wards, a surgical ward, a pharmacy, an outpatient department, operation theatre, etc. A strength in the maternity wing, which remained static at 60 between 1959 and 1967, was strengthened further with an additional block in 1967.

In Mahe the ‘Center Medical’ saw several improvements after merger. Under the II plan, a general ward and a TB ward of 12 beds each and an X-ray block were
added. The Mahe General Hospital was attached with Maternity, Pediatric, Surgical and T.B wards in 1969-70. Consequently, the bed strength increased to 100.

The General Hospital at Yanam, which had 19 beds in all during merger, was provided with an annex for the staff and an isolation ward and operation theatre. While a 12-bed maternity block was opened in September 1962, the hospital was provided with x-ray facilities in 1972. Since then the bed strength had increased to 40.

A special mention is to be made about the hospital attached to the Jawaharlal Nehru Institute of Post Graduate Medical Education and Research (JIPMER) which is run and maintained by the Ministry of Health, Government of India, that become operative in April 1966 with 624 beds. In-patient and out-patient treatment are available in the branches of Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, E.N.T, Ophthalmology, Orthopedic surgery, Tuberculosis, Dentistry, Psychiatry, VD and Dermatology, Cobalt Radio Diagnosis, Radium and Cesium therapy, Cardiology and Cardio-surgery.

The Central Resuscitation and the Tetanus Resuscitation unit were commissioned in 1971. The Radium treatment of Cancer facility was also added in the same year. The hospital was provided with Caesium needles and tubes. A Cobalt-60 equipment donated under the Colombo Plan was fitted in 1971. Besides those clinics such as Diabetic, E.N.T., Respiratory, Thoracic, Polio, Cardiac, Clubfoot well baby and Leprosy clinic are conducted on specified days. Other follow-up clinics like hand clinic, child guidance clinic, etc. were started in 1971. The plastic surgery department, Post-partum unit and the Urban Family Planning Center were started in 1973.
Facilities are also available to carry out advanced renal and cardiac surgery. The central sterilization, the scientific maintenance of medical records, the central piped system of oxygen and suction to every bed providing quick service in case of emergent are some of the special features of this hospital. Blood transfusion services are also available in the hospital.

At the time of merger, there were six hospitals and 32 dispensaries with total 886 beds in the Territory, working out to a ratio of three beds per 1000 population. There was one Doctor for a population of 5500, one Nurse for 7800 and one Midwife for 4300. The per-capital expenditure on health was Rs10.12 in 1957. Between 1958 and 1978, there was significant increase in the health care inputs viz. The number of doctors rising from 52 to 208, nurses from 120 to 340, other health workers from 243 to 889 and the provision of beds rising from 787 to 1457, the result of which brought about a significant progress in health care services. During 1994, While the number of beds rose to 2873, doctors to 850 and nurses to 1148, the per-capita expenditure rose to Rs. 528. Around Nineties, the private nursing homes started in all the regions at a faster rate⁴.

Today the medical input has been so expanded that the facilities and the services are available to the people very proximately and no one needs to walk more than two kilometers on an average to reach a medical institution. The growth of medical facilities has out-stripped the growth of population. For example, while the population has increased at an average annual growth rate of 3.30 per cent per annum, medical institutions have grown at the rate of 9.09 per cent per annum (1997-98). In 1961, one hospital served 9975 people and it has considerably declined to 4914
people in 1981 and 3014 in 1997. This population per unit of hospitals is much better than the respective population figure in many states of India. One bed was available for 402 patients in the hospitals in 1961 and this has improved to 357 patients per bed in 1981, 392 in 1991 and 341 in 1998. There was a similar tendency in the case of Doctor – population served by a doctor. In 1961, one doctor was available for 6475 people, 1701 persons in 1991 and 1698 person in 1997. In the case nursing staff, in 1961 one nurse was available for the demand of 2477 persons, 1074 in 1991 and 1042 persons in 1998. Therefore it clear that the public health facilities have significantly increased compared to the rest part of the country.

PROGRESS OF EDUCATION

Since 1954 the Union Territory has registered rapid strides in the area of education. The facilities for collegiate and technical education witnessed a vast expansion in terms of Indian educational system. The Government has increased the number of educational institutions besides to improve the quality of the type of education imparted. The often used indicators of progress of education viz., number of students, institutions teachers and literacy rates have registered quantum increase during the past years.

Regarding pre-primary education, prior to merger, there was no pre-primary school in the Union Territory of Pondicherry. However, in the post-merger period, i.e. in 1936-57, the private schools were started for pre-primary education. During the course of time the Government also started many schools besides providing financial grants to private people to start schools. During 1961-62 the number of pre-primary schools were only 30 subsequently in 1971-72 it has raised to 495. During 1981-82,
1991-92 and 1997-98 the number of institutions raised to 78,172 and 172 respectively. Similarly there is considerable growth in terms of number of students and teachers. The Government of Pondicherry paid greater attention to the growth of primary education so that it could achieve the objectives of universalization of primary education among children in the age group of 6-14 years. The Primary education was made free and compulsory and it was extended to all villages within a walking distance. The schemes like construction of buildings for basic education, free supply of books and slates etc., provision of mid-day meals in Government as well as private schools, extension of training facilities to teachers and setting up of model schools were introduced time to time to promote primary education in the Union Territory of Pondicherry.

As a result of these measures, there has been a phenomenal progress in terms of number of institutions, number of students and number of teachers. During 1961-62, the numbers of primary schools were 242 and the number has significantly increased as 267, 290, 332 and 336 respectively in the years 1971-72, 1981-82, 1991-92 and 1997-98. As a result, the number of students and teachers were also significantly increased.

Another remarkable facet of educational progress is the attainment of universalization of eliminatory education for children in the age group of 6.14 years. During 1983-84 the percentage of enrolment in the age group 6-11 years was 122.96 per cent and it was 91.75 per cent for the age group of 11-14 years. This percentage was more or less doubled during 1993-94.
In the case of secondary education it has undergone considerable changes from 1954 onwards. The schools in Pondicherry and Karaikal regions adopted Tamil Nadu pattern while Mahe and Yanam followed Kerala and Andhra patterns respectively. The Government worked out a programme to provide each commune a high school. A central school started functioning from 1968 and another one from 1987.

The high schools and higher secondary schools recorded phenomenal growth in this Territory. The number of institutions have shown a positive trends 33, 47, 78, 107 and 125, for the corresponding years of 1961-62, 1971-72 1981-82 1991-92 and 1997-98. The number of students enrolled was 12551 during 1961-1962 and 107239 during 1997-98. Accordingly the teacher strength also increased to 3120 during 1993-94 from 529 of 1961-62.

The higher education of this Union Territory is a development of the post-merger period. The colleges, which existed during the French period were only institutions of higher secondary education and did not coach students for University degrees. Therefore, efforts were made to provide collegiate education in the Union Territory of Pondicherry. As a result during 1961-62; there were only three institutions with the enrolled students' strength of 962 and 61 teachers. The number of colleges continuously raised to 7, 9, 10 and 10 during 1971-72 to 1981-82, 1991-92 and 1997-98 respectively besides a significant rise in the student enrollment and teachers. The number of students enrolled in colleges during 1961-62 were only 962, whereas it tremendously increased during 1993-94 to 6990 apart from the students strength of Pondicherry University, Veterinary college and Agricultural college. With a view to,
enable the poor and meritorious students to pursue University education, the
Government has given post-metric scholarships to the deserving students besides,
Book-Bank schemes in all the colleges of Union Territory. The Government also
imparting free education in all the Arts and Science degree courses for students
belonging to this Union Territory. The establishment of the Central University during
1985 in this Union Territory marks a milestone.

The Table – 3.2 clearly explains the growth of educational indicators from
1992 to 1998 along with the population status.

| TABLE – 3.2. |
| PROGRESS OF EDUCATION AS RATIO OF POPULATION IN THE UNION TERRITORY OF PONDICHERRY |
| A. Population  | 376477  | 482568  | 619635  | 807785  | NA      |
| B. No of institution | 461   | 531     | 1142    | 777     | 860     |
| C. No of students | 57834  | 99596   | 165652  | 223030  | 282020  |
| D. No of teachers | 2017   | 3954    | 6557    | 7901    | 8702    |
| E. Expenditure on Education * | 133 | 396     | 970     | 4768    | 5162    |
| F. Per capita expend- ture on Education | 230 | 397     | 599     | 860     | 920     |

* Rs in lakhs
Source: Calculated from the Abstracts of Statistics, Government of Pondicherry

The growth of women education in the Union Territory of Pondicherry during
the post merger period and thereafter is one of the significant aspects of the growth of
education. The enrollment of girls increased to 78530 in 1988-89 and this number has
increased to 109771, recording nearly a 5-fold increase. The extension of educational
facilities for girls only by itself is a welcome change and is in tune with the New Educational Policy of the Government. The status of women has improved in the wake of progress of education made in the Union Territory and this trend has positively contributed to the overall progress.

The Table – 3.3 clearly indicate the progress of education in all the four regions among the girl students in the Union Territory of Pondicherry

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pondicherry</td>
<td>31217</td>
<td>42206</td>
<td>55576</td>
<td>71015</td>
<td>109771</td>
</tr>
<tr>
<td>Karaikal</td>
<td>10302</td>
<td>11212</td>
<td>15112</td>
<td>15864</td>
<td>17348</td>
</tr>
<tr>
<td>Mahe</td>
<td>3102</td>
<td>3218</td>
<td>5388</td>
<td>5921</td>
<td>6543</td>
</tr>
<tr>
<td>Yanam</td>
<td>2000</td>
<td>2000</td>
<td>2454</td>
<td>2651</td>
<td>3904</td>
</tr>
</tbody>
</table>


The growth of Professional, Technical and Medical Education in the Union Territory of Pondicherry is a remarkable one to mention. This sector includes a wide range of institutions, like Law college, Medical college, Agricultural college, Engineering college, Schools of nursing, Teacher training centers, School of embroidery, needle work and dress making for girls, Pre-vocational training centres, Industrial Training centers, Krishi Vigyan Kendra, School for blind, deaf and dumb and Adult education centres. The number of these institutions has increased from 71 in 1961-62 to 620 in 1996-97 and during this period the number of students enrolled in these institutions has registered a phenomenal increase from 3,022 to 19264. An
Engineering college, Agricultural college and a Medical college at Karaikal region, a Dental college in Pondicherry region and one Polytechnics in Yanam region are the latest addition in the educational map of this Union Territory during 1997-1998.

LITERACY

In the Indian censuses, a person who is able to read and write with certain understanding in any language is counted as literate. The literacy rate relates to the population aged 7 and above. According to 1991 census, the All India literacy rate was 52.11 per cent of which 63.86 per cent were male and 39.42 per cent female. In the Union Territory of Pondicherry the literacy rate was 74.74 per cent of which 83.68 per cent male and 65.63 per cent female. Table 3.4 clearly reveals that the literacy rate in the Territory continuously increasing from 1961, particularly the female literacy rate.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Population</th>
<th>Number of Literates</th>
<th>Male Percentage</th>
<th>Female Percentage</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1961</td>
<td>3,69,079</td>
<td>1,38,149</td>
<td>44.70</td>
<td>30.00</td>
<td>37.40</td>
</tr>
<tr>
<td>1971</td>
<td>4,71,707</td>
<td>2,17,058</td>
<td>57.29</td>
<td>34.60</td>
<td>46.00</td>
</tr>
<tr>
<td>1981</td>
<td>6,04,471</td>
<td>3,37,615</td>
<td>65.84</td>
<td>45.71</td>
<td>55.90</td>
</tr>
<tr>
<td>1994</td>
<td>8,07,785</td>
<td>5,21,213</td>
<td>83.68</td>
<td>65.63</td>
<td>74.74</td>
</tr>
</tbody>
</table>


The Department of Education, Government of Pondicherry, launched the Arivoli Iyakkam under the auspicious of the National Literacy Mission. It has spread the importance of literacy among the illiterates of this Territory and in the mission the Territory could achieve 100 per cent literacy in 1991 as declared by the NLM. In
continuation of this mission, Post-literacy programmes and Adult education schemes are being carried out successfully in the development of literacy.

**FAMILY WELFARE PROGRAMME IN INDIA**

The Union Territory of Pondicherry directly comes under the administrative powers of the Government of India and the population policy followed by the former is strictly the same as that of the Government of India. Therefore a review of the family welfare programmes in India would be having greater relevance in the present study.

The population growth has become the most fundamental problem for the country. The country faces a grim task in the matter of family planning as it has almost become a now or never situation. By realizing the alarmony of the situation our planners have given due attention to formulate the population policy.

India is the first developing country to start a National Population programme. In 1952, a population policy committee was appointed under the Ministry of Planning to introduce family planning in the First five-year plan (1951-1956). The committee formulated a policy for reducing the birth rates to the extend necessary to stabilize the population at a level consistent with the requirement of National Economy. Initially the programme was modest employing primarily a “clinical approach”, but extended steadily into a concerted national effort to control population growth after the 1961 decimal census. Therefore the Family Welfare Programme infrastructure started developing.

In 1966 the Government established a full-fledged Department of Family Planing within the Ministry of Health, with the goal of reducing the birth rate from 41
to 25 per 1000 in ten years. For this purpose 'Health Guides and Trained Dais' were
given full responsibility of handling the programme at the rural area through the
structural formation of "sub-centers". These centers are upgraded subsequently as
"Primary Health Centers" which was entrusted full responsibility of 'Health Care' to the
people besides having a vigilant look into the family planning programme. This was termed as 'A Community Centered Approach'.

In mid 1970s, family planning was fully integrated with primary health care and with maternal and child health and nutrition services. Multi-purpose health workers were trained to deliver the family planning services, an approach that has been followed to present time. Annual allocations, expenditures, development of physical infrastructures and facilities and the number of family planning personal have all grown steadily to make India's population programmes the largest and most complex in the world.

Under the National Health Policy approved by the Parliament in 1983, India is committed to attain the twin goals of 'Health for All' and 'Net Reproductive Rate of Unity' (NRR-1) by the year 2000 A.D. This would be attained through the Universal Provision of Comprehensive Primary Health Care Services to all and an easy access to family planning and maternal and child health care facilities. The major long-term goal to be achieved for the country is to reach a replacement level of NRR-1 by the year 2000. The demographic goals of the National Health Policy for 2000 include: crude birth at 21 per thousand, crude death rate at 9 per thousand, infant mortality rate at 60 per thousand live births, effective couple protection rate at 60 per cent and life expectancy birth of about 64 years.
The Population Policy of India have taken several changes time-to-time on need based basis. The most important focus of changes in population policy mainly due to the influence of the International Conference on Population and Development. The United Nations conference conducted every ten years has given a direction to be followed besides considering our own local importances. The Bucharest (1974) International Conference on Population and Development focused on population planning issues and economic developments, i.e. how population planning can contribute to the Socio-economic growth. The Mexico (1984) conference focused on how to eliminate mass hunger for peace, security and environment, whereas the Cairo (1994) conference is something unique in their ideology and declared “Development is the best contraceptive” which has given a reconsideration to think of conventional method of birth control. Therefore this new dimension in ideology has given a new approach in the Indian Population Policy through the draft National Population Policy.

FAMILY PLANNING PROGRAMME - A NEW APPROACH

The Government of India declared the new approach during May 1996 to be followed. This approach discards the target approach and opts for better health-care facilities to check India’s burgeoning population. ‘Quality, not quantity’ is the new buzzword. The Union Health and Family welfare Ministry has asked all the states to stop focusing on contraceptive targets and instead concentrate on improving Reproductive and Child Health (RCH) care facilities, something women activists have been demanding for several years.
The shift was prompted by the fact that in the 80’s even as the number of couples using contraceptives doubled, the birth rate remained stagnant at 33 per thousand. If the programme is having an impact as officials claimed, the birth rate should have dropped to the least 28 per thousand. Evidently, most states were falsifying figures either by exaggerating the number of sterilizations done or by making false claims about condom distribution and insertion of Intra-Uterus Devices (IUDs). Even though the birth rate has been declining in the 90’s, India’s population continues to grow at an alarming 2.17 per cent annually and by 1995 had crossed 920 millions.

Realizing the need for change, the Union Government has opted for the RCH reproductive and child health care facilities approach, which will focus on programmes providing better nutrition for pregnant women and improved facilities for child birth. Better child-survival rates, it is hoped, would lead to couples opting for fewer children. In recasting its family welfare goals, India is only following the changes in birth control techniques as in the case of developing countries. It was at the Cairo international Conference on population and development in 1994 that countries decided to move away from demographic targets and concentrate on quality health care. The rationale was that if the mother and the child were well looked after, the birth rate would decline. In Tamil Nadu, for instance, after a drive to improve the health and nutrition facilities in the 80s, birth rate fell from 32 per thousand to around 24 now.

Rather than blindly following the ‘Cairo Vision’, India carried out trail runs in eighteen districts across the country from 1994 onwards and the results encouraging.
The Government has taken soft option by refusing to adopt an incentive/disincentive based approached. This is a revolution of sorts for India’s family planning programmes which, when launched in 1951, was the first in the World. Initially the country adopted the ‘Cafeteria Approach’, where a range of contraceptive devices such as IUDs and condoms, as well as sterilization were offered. However there was dissatisfaction during Emergency Period. The back clash ensured that family planning was put on the back burner for several years. Finally in the 80s the programme was rebuilt on the target approach, basing success on the number of couples adopting measures to prevent conception. But feminist groups attacked the contraceptive techniques for their focus on women and family planning workers for being incentives to side effects Nausea depression and chronic headaches.

Now, in reversal of roles, instead of the Government fixing targets, it the grass root workers – auxiliary nurses, midwives (ANM), BHW and lady health workers – who will determine his/her own work load (as opposed to a target) and spell it out to the medical officer at the primary health centre (PHC). The PHC will then inform the concerned authorities of the district of the expected progress. Therefore it will no longer be a vertical approach, but a self-oriented one. Women workers will be the key in education the couples to ensure proper health care. A document jointly prepared by the World Bank and the Union Health and Family Welfare Ministry in June 1995 – considered the blue book for the RCH approach – advocates that no women be appointed in decision making roles. Eminent Scientist M.S.Swaminathan, who chaired an expert group, which drafted India's Population policies for the 90s, said that Panchayat Raj and other local level democratic structures must be in place,
women’s representation in these setup should be high and this would give the programme momentum. The new programme needs to be supported by ministries other than health and family welfare.

Dr.M.S.Swaminathan further pointed out that the demographic objectives needed to be pursued harmoniously through a broad range of social policies including education of girls, health education, welfare of women and provision of potable water. For instance, the World Bank document says that encouraging girls in rural area to continue longer in schools would discourage child bearing at a young age. Dr.Somanath Roy, World Bank Consultant, rightly pointed out that population is a multidimensional subject and one ministry will not be able to address it. Reproductive health care has preventive, promotional, curative and rehabilitative aspects. Collaboration between such services is crucial.

In brief the new approach of family planning is conceptually different and as follows:

<table>
<thead>
<tr>
<th>OLD APPROACH</th>
<th>NEW APPROACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Top-down, target-driven approach</td>
<td>Decentralized, need-driven approach</td>
</tr>
<tr>
<td>2. Performance measured by number of benefits to cases.</td>
<td>Quality of care, sustained health to mother and child.</td>
</tr>
<tr>
<td>3. Accountable to the central and state bureaucracy.</td>
<td>Accountable to women, child and Community.</td>
</tr>
<tr>
<td>4. Primary goal to reach two child family and size.</td>
<td>Help clients to meet their own health and family planning goals.</td>
</tr>
<tr>
<td>5. Emphasis on female sterilization.</td>
<td>Emphasis on the full range of family planning services.</td>
</tr>
<tr>
<td>6. Concentration on immunisation.</td>
<td>Full range of maternal and child health services.</td>
</tr>
<tr>
<td>7. Insensitivity to women’s health</td>
<td>Gender-sensitive and equality for women in health care.</td>
</tr>
</tbody>
</table>
From the above differentiation of issues between older and new programmes, one can easily understand the deviation with a perspective look in the matter of population policy with reference to the World Population Conferences agenda.

**PROGRESS OF FAMILY PLANNING PROGRAMME IN THE UNION TERRITORY OF PONDICHERRY**

The family planning programme in the Union Territory Pondicherry is a remarkable one. The strategy of seeking people’s participation through all institutions, voluntary agencies, opinion leaders, people’s representatives and Government functionaries, resorting to interpersonal communication for explaining the various methods of contraceptives and removing the socio-cultural barriers, the number of acceptors of various contraceptives has been registering an increase from year to year. The remarkable performance enabled the Union Territory to be adjudged as the “Best Performer” under family planning in 1968-69. The progress under Medical Termination Act (1972) was very much considerable. In mid 80s over 50.1 per cent of the couples in the reproductive span have adopted small family norm enabling the Union territory to be awarded a sum of Rs 25 lakhs for the best performance at national level again.

As on 31st March 1988, 58.3 per cent of the couples have been protected by different family welfare methods, which secured a frontal position for the Union Territory at the national level. The family welfare programme has continued to make further strides and has estimated that in March 1990, 63.20 per cent of the couples in the reproductive age group in this Territory have been protected. This percentage is significantly higher than that of Government of India’s target of 60.30 per cent to be
achieved by the Territory in 2000 A.D. Again there has been all time increase in the performance under sterilization i.e. 140 per cent during the year 1990.

This Union Territory ranks second in the implementation of family welfare programmes in India and first among smaller states during the year 1992-93 as per the evaluation report of Government of India. According to the estimates the Couple Protection Rate (CPR) of this Union Territory was 62.20 per cent as against an all India average of 43.40 per cent as on 31st March 1997.

The Green card scheme introduced in 1987 provides encouragement for adoption of permanent family welfare method by the couples with one or two children. Upto March 1994, 3,440 acceptors have received Green card for claiming priority benefits from Government agencies.

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Method</th>
<th>Annual</th>
<th>Achievement</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sterilization</td>
<td>7000</td>
<td>8,307</td>
<td>110</td>
</tr>
<tr>
<td>2.</td>
<td>I.U.D</td>
<td>4000</td>
<td>4,050</td>
<td>101</td>
</tr>
<tr>
<td>3.</td>
<td>C.C (users)</td>
<td>10100</td>
<td>11756</td>
<td>116</td>
</tr>
<tr>
<td>4.</td>
<td>Oral pills (users)</td>
<td>1000</td>
<td>925</td>
<td>93</td>
</tr>
</tbody>
</table>

Source: Annual Administration Report, Directorate of Health and Family Welfare, Govt. of Pondicherry.

It is clear from the Table – 3.5 that in the Union territory of Pondicherry the programme of family planning is steadily increasing and more specifically the achievement is more than the target.
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2. Cyril Antony (1982), Gazetteer of India, Union Territory of Pondicherry, Administration of the Union Territory of Pondicherry, 2., P.1333.


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