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Family Planning & Family Welfare Programme in the Most Tribal Dominated District of Odisha

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ABSTRACT: Study of population growth dynamics has become a major field of research in this present era as the world is facing the devastating effect of population growth. The alarming population growth rate across the world is associated with so many reasons starting from geographical location to the literacy of a specific region. India and particularly our state Odisha have no other different picture in this field. The population explosion is more significant in the tribal dominated areas as observed from census data. Only searching the cause without any remedial will be an injustice to the tribal dominated areas. So study on family planning and family welfare, its present condition and suggestion towards improvisation is the key target of this research work. So here more emphasis have been laid on finding out the present status of family planning and welfare in the most tribal dominated district of Odisha i.e. Mayurbhanj with certain remedial measures so that a check on population explosion can be imposed.

KEYWORDS: Sterilization, population policy, contraception, Institutional delivery

I. INTRODUCTION

The family planning programme is a centrally sponsored programme implemented by the states and districts. High level family planning boards were set up at the centre as well as the states during the second five year plan. A fully fledged department of family planning was established in 1966 under the control of a minister of cabinet rank. At the same time a cabinet committee of family planning, initially headed by the prime minister and later by the finance minister was constituted at the central level. The function of the cabinet committee was to give proper direction and policy clearances and to regularly review the progress of the programme. The central family planning council with the minister of health and family planning as its chairman was set up in 1966 to review the progress of the family planning programme and to make policy decisions. The U.N. advisory mission recommended during its visit in 1955, for internal reorganisation among the staffing pattern in the family planning directorates. This lacuna was substantiated with the appointment of a commission for family planning.

In Odisha the State Family Planning Department is headed by a Director, Family Planning & Family welfare with maternal and child health and an officer at the rank of a secretary or joint secretary heads the cell in the Secretariat. Among the thirty districts, each district is entitled to its own family planning bureau with a class one officer in charge. The district bureau has divisions for administration, education and information, field operation and evaluation purposes. Mobile units for I.U.D. and sterilisation are also attached to the district bureau. The headquarters of the rural family planning organisation is the primary health centre covering a population of 80,000 to 1, 00,000 with one sub centre for a population of 10,000 with an auxiliary nurse or midwife in-charge. For the urban family welfare planning centres, different patterns of staffing are provided according to the size of the population to be covered. Each city with a population above 2 lakhs is entitled to its own family planning bureau. The Mayurbhanj district Bureau has planned successfully the family planning programmes in the rural areas and urban centres.

During the later part of the seventh decade, various measures of family welfare were implemented for the improvement of the organisational structure of the family planning programme. In recent times there has been one school of thought which favours the setting up of an Indian Commission of Population to recommend policies and programmes with respect to all aspects of India's population.

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II. RELATED WORK

In a developing country like India where both rural and urban development is a part of the process of industrialisation as well as growth in agricultural sector the spatial dynamics of population is an important field of study. The socio-cultural and economic development of a region is to a great extent dependent on the size, growth rate and composition of its population. Population is a dynamic resource and in geographical research study of population has engaged the attention for a long time. So a thorough review of literatures related to birth rate, death rate, infant mortality rate, migration, ethnic composition etc. are very significant.

1. High fertility and population growth promotes the transmission of poverty across generations. It widens the gaps in income and health status of the poor and the rich. In a developing country like India, high levels of fertility among the lowest income groups reduces the wages at the bottom end of the pay scale which affects the development. Clearly high fertility puts pressure on the three principal categories of assets namely (i) physical i.e. human built infrastructure (ii) natural i.e. natural resources and sources of energy and (iii) human i.e. health and educational status of citizens (Cincotta and Engelman, 1997).

2. The birth rate has relevance in the economic growth of a nation as it affects the population growth. Since death rate depends strategically on medical factors, its effects on the economy can be neglected. So for a permanent rise in the living standards it is necessary to check the birth rate which affects adversely the economic growth of a region (Weintraub, 1962). Religion and races also play a significant role in birth rate of a country. As per the research work conducted by Pew Research Centre (2011) across 232 countries the birth rate is highest among the Muslims as compared to other religions. May it be due to the practise of polygamy or less inclination to family planning due to religious cause. Similarly races and culture also affect birth rate. The more conservative the society is the higher will be the birth rate, but in such societies the teen birth rate is low as premarital sex is not practised. The recent study conducted by Pew Research Centre in America (2016) indicates that the birth rate among the non-white teens decline rapidly as compared to the whites due to their cultural differences.

II. THE FAMILY PLANNING METHODS AND ITS ADOPTION IN THE STUDY AREA

Due to high illiteracy in Mayurbhanj family planning though has been accepted still its implementation and output is not satisfactory. Though about 68.5 percent of population in the age group 15-49 have adopted family planning method to control birth rate only 43.5 percent have accepted modern method of family planning. Where about 30 percent female have adopted sterilization, only 0.02 percent males have opted for it, which proves their ignorance in the field of health and family welfare. Almost 11 percent of the population opt for pills as contraceptives and 25 percent rely upon traditional method of contraception which sometimes ends in failure.

It is found that about 53 percent of women were using some kind of contraception, both traditional and modern. According to the survey, adoption of contraceptive methods in Jamda block was the lowest with only 1.54 percent of IUD and 1.45 percent of oral pill (OP) users. The use of contraceptives in the district was found to be the highest at the end of the reproductive span. The survey observed that contraceptive use also increased with the increase in the number of surviving children. The rate of use of contraceptives by women was higher at 43.2 percent for those women who had no living daughter than those who had no living son. Only 21.6 percent women with no surviving son used contraceptive.

This low rate of eligible protected couples in Phulbani, Ganjam, Puri & Balangir may be due to more accessible hilly areas to which family planning measures have not reached because of poor transport communication. Other coastal districts show low protection rate because the coastal people are more educated and cannot be motivated easily. They often follow the rhythm method and when more than required number of conceive is obtained they get it aborted easily at the nearby hospital or any type of health centre. There after the couple protection rate becomes lower in these coastal districts than the tribal dominated districts like Mayurbhanj.

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The use of various family planning methods has been increasing in the district. This is because of the promotional efforts of the existing family welfare programmes. It may be observed that the achievement rate of sterilisation has increased significantly. With respect to Intra Uterine Devices (IUDs), Oral Pills (OP) also, high rates of achievement in almost all the years is observed whereas the achievement of the condom contraceptive (CC) programme has declined continuously. Oral Pills (OP) as a method of birth control has very high acceptance. Sterilisation is the least preferred family planning method as its achievement rates are less than 50 percent in some blocks. The health & family planning department implemented and adopted all the above methods in the state and all the districts. As Mayurbhanj is a tribal district most of the people are illiterate, they go for sterilisation method where they are inclined towards the incentives, money and land etc. provided by the govt. as a promotional measure.

III.FAMILY WELFARE PROGRAMME IN CHECKING POPULATION GROWTH

Odisha has been showing a positive trend in respect of the performance of family planning methods such as use of condoms, Diaphragm, Foam tablet, Jelly Cream and Oral pills etc. Mayurbhanj has the highest percent of eligible couples protected followed by Kalahandi and Koraput. Phulbani has the lowest percent preceded by Ganjam, Puri and Balangir in the year 2001.

Table:1 Family Planning programme in Mayurbhanj:

Items	Number of Cases		
	2008-09	2009-10	2010-11
Sterilisation/Laparoscopic	8070	8014	9860
I.U.D.	8227	8458	10580
C.C.Users	19961	14680	12474
Oral pill Users	11508	6942	11065

Source: District Human Development Report of Mayurbhanj, 2011

As reported in the Orissa Human Development Report 2004, the health Index of 0.782 for Mayurbhanj was higher than the corresponding state average index of 0.468. The district occupied the ninth place among thirty districts of the State. Despite this, the health scenario in Mayurbhanj leaves much to be desired.

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Table:2 Family Welfare programme in Mayurbhanj

Health Indicators	2009-10	2010-11
Women Covered under Janani Surakshya Yojna	42848	37244
Total Delivery	44255	47450
Total institutional Delivery	33671	39890
Total Live Birth	43551	46513
Total Maternal Death	65	87
Total Infant Death	1584	1463
percent of institutional delivery	76.08	84.07

The Orissa Human Development Report, 2004 estimated that 32.6 percent of women in the state married below 18 years of age, 50.13 percent had delivery and post-delivery complications and 51.13 percent had contraceptive side effects. The proportion of women having third and higher order births in the district was estimated at 45.1 percent, almost the same as that for the state (i.e., 45.48percent). The Infant Mortality Rate (IMR), nutritional level of both mother and child and endemicity of diseases also reflect the health status in a region. The IMR for the district, which was 97 per 1000 live births in 1997 declined to 42 per 1,000 live births in 2009 and the (MMR) stood at 320 per 1,00,000 live births. The total institutional delivery in the district has shown a significant growth i.e. from 76 percent to 84 percent. The number of infant death has reduced significantly and if we look at the delivery numbers it can be found that the maternal death is also static. It can be found that Khunta, Badasahi, Betnoti, Murada and Bisoi have highest number of institutional deliveries. The literacy of these areas has led to such high rate of institutional delivery. The block wise institutional delivery varies from 4.64 percent in Samakhunta to 79.32 percent in Badasahi. In Samakhunta block, low institutional deliveries stems from the lack of transport facilities due to presence of rugged topography and dense vegetation.

IV. SUGGESTION

- More medicines and improved clinical facilities should be provided to all sub-centres of the district Mayurbhanj as well as in the state Odisha.
- Villages in the interior areas of Mayurbhanj district should be well connected with the P.H.C.s and the family welfare staff should visit the villages very often to watch their health.
- Female education right up to high school in remote, neglected rural areas with the help of voluntary agencies must be encouraged.
- The publicity of mass media should try to convince the people about the benefit of late marriage.
- More financial assistance should be provided to the P.H.C.s and higher compensation should be paid to the acceptors of the lower income groups and the tribal people in the district Mayurbhanj. Besides these what is in practise now the health department should suggest the following modification to improve the working of the family welfare programme.
 - That family welfare programme should be made compulsory for Government servants with two children to accept sterilisation.
 - Mass education and adequate transport facilities should be made available to the rural people.
 - Media approach should be followed for wide acceptance of family welfare programmes with higher stress on late marriage than today.

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- The acceptors as well as the motivators should be given higher incentives and after sterilisation the acceptors should be provided with proper facilities as specified by the Government.

V. CONCLUSION

The whole objective of the popular Government should be to make aware the eligible couples of the benefits of birth control by providing free education, preventing early marriage, producing more trained family welfare workers and raising the effectiveness of all sorts of family planning methods in the rural areas of the District.

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