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## The Implemntantion of Family Welfare Programmes in India and Ap & Ts States (Using Census and NFHS)

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### Abstract

The Family Welfare Programme in India 1951 was launched with the objective of reducing birth rates to the extent necessary to stabilize population at a level consistent with the requirements of the national economy. Indeed, much of the recent fertility decline in India (especially in the southern states) is attributed to increasing acceptance of sterilization, particularly female sterilization. The present study examines the currently married women who used any contraceptive method by specific method in FOUR phases of NFHS in Andhra Pradesh and to analysis Trends in couple protection rate in Andhra Pradesh based on secondary data.

**Keywords:** Total Fertility Rate, Contraception, Couple Protection Rate, Currently Married Women Census-2011, Sample Registration System, NFHS, Family planning and Family Welfare Programme

### Introduction

The Family Planning Programme in India was launched with the objective of reducing birth rates to the extent necessary to stabilize population at a level consistent with the requirements of the national economy. The programme has since evolved through a number of stages, and has changed direction, emphasis and strategies. During the first decade of its existence, family planning was considered more a mechanism to improve the health of mothers and children than a method of population control. Clinic-centered family planning service delivery, along with health education activities, was promoted during this period.

With the rise in population enormously every year, the initiative of family planning has been taken up by the Indian government. The basic idea of the initiative is to control the population explosion in India by promoting birth control methods and having a smaller family. Now that the resources are becoming finite day by day, especially the natural resources and also the competition of surviving with utmost standards, the demands of the large population cannot be met. In India the prevailing condition is overpopulation hence it is an important concern to implement family planning programs effectively. Although the fertility rate of Indian women is found to be defining recently, it has not reached the levels of replacement as yet. There are many factors that leave the family planning go in vain, most important one being ignorance. Most of the Indian population living in the villages or rural areas is unaware of the family planning programs and benefits of Family Planning. So reaching those populations and educating them with the advantages of family planning and how to implement the program will greatly help in controlling the population. Family planning mostly stresses on two important aspects, one being, and use of contraceptives which controls the unwanted pregnancy. Most of the rural Population hesitate using them or are ignorant of its use. Secondly, people are educated to have a small family with maximum of two children. The objectives, strategies and actives of the Family Planning division are designed and operated towards achieving the family welfare goals and objectives stated in various policy documents (NPP: National Population Policy 2000, NHP: National Health Policy 2002 and NRHM National Rural Health Mission and to honour the commitments of Government of India (Including ICPD International Conference on Population and Development, MDG Millennium Development Goals).

Andhra is an economic powerhouse, with agriculture and IT being the major contributor to

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the state's economy. The State has a population of 8.46 crores. The decadal population growth rate of the state was 11.10 per cent during 2001-2011 decade, compared to the national growth rate of 17.7. With an area of 275,068 sq. kms., the state accounts for approximately 8.37 percent of the total landmass of the country and 7 per cent of share in Indian total population. However, the share of the state in the country's total population had declined from 8.3 per cent in 1961 to 7 percent 2011.

The RGI projections indicate that although the size of the population would increase further over the period 2026, the rate of growth in population would be very low and it would be declining further. The state is divided into three distinct regions on the basis of homogeneity, contiguity and economic criteria for the purpose of better planning and development. These regions are - Telangana, Rayalaseema and Coastal Andhra. The state has 23 districts, which are divided into 1,125 mandals (Now split into Andhra with 10 districts and Telangana with 13 districts States). The planning commission clearly recognized the need for population control right at beginning of exercise. Bose, A (1993) in his book opined the family planning in India continues to be synonymous with sterilization. KS James also exercise on Andhra Pradesh fertility decline. Santhya (2003) in his paper on changing family planning scenario in India. A study by G R Varma and Rohini (2008) among married men and women of a rural community in West Godavari district.

### Objectives of Family Planning

This study was planned to fulfill the following objectives

1. To examine the organizational and administrative set-up in the Andhra Pradesh. And India from the point of view of its adequacy and effectiveness for the family planning programme;
2. To understand the progress made in implementation of family planning programme The NFHS-IV survey (2015-16) was conducted in 18 states. To analysis trends in couple protection rate in AP&TS
3. To analyze the Number of Sterilizations and IUCD by states in India

4. Modern method Trends in Contraceptive Use Traditional method the comparison of the use of different contraceptive methods in India and AP&TS from NFHS-1, NFHS-2, NFHS-3 and NFHS-4.
5. Percentage effective couple protection rate due to all methods
6. To assess the difficulties and bottles in family planning programme and
7. To suggest ways and means for improvement of family planning program

### Data collection & Methodology

The present study was designed to evaluate the effectiveness of family welfare programmes in Andhra Pradesh and TS through secondary data generated from the reports of Ministry of Family Welfare and Child Health, Census Reports, NSS Reports, NFHS1, 2, 3 AND 4 Reports, Sample Registration Systems (SRS) etc.

The secondary data has been computed with ratios, percent distribution, Linear Growth Rates (LGR), Compound Growth Rates (CGR) for Time Series Data on Crude Birth Rates (CBR), Crude Death Rate (CDR), Infant Mortality Rate (IMR), Total Fertility Rate (TFR) and Couple Protection Rate (CPR) for India and Andhra Pradesh.

The fact sheet of the fourth round of the National Family Health Survey (NFHS-4) conducted during 2015-16, containing some key indicators that reflect the country's present status on critical population and health indicators was released in New Delhi on 1 March 2017 by the Ministry of Health and Family Welfare (MHFW). This article explores key emerging issues with policy implications essential to monitor the country's progress towards achieving the Sustainable Development Goals (SDGs) by 2030, particularly on population and health.

### Knowledge of contraceptive methods-women

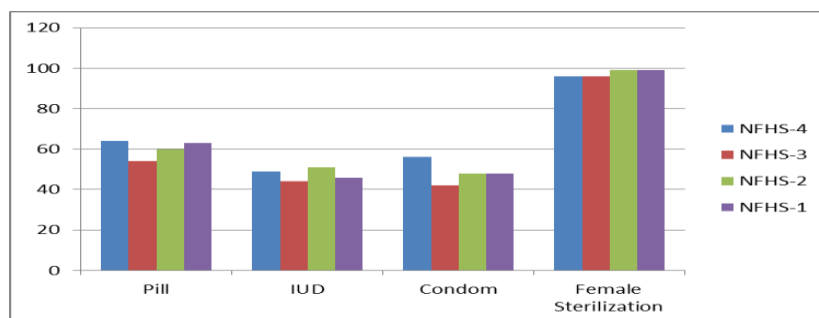
Table-1 shows knowledge of different contraceptive methods among currently married women age 15-49 (NFHS-1, NFHS-2, NFHS-3 and NFHS-4) and Health and Family Welfare reports.

**Table-1:** Knowledge of contraceptive methods (percentage)

source	Modern method							Any traditional			
	Any method	Female Sterilization	Male Sterilization	Pill	IUD	Inject Ales	Condom	Any traditional	Rhythm	Withdrawal	Folk
<b>NFHS-4</b>	97.8	96	90.3	64.1	na	na	5.6	12.9	11.7	6.6	na
<b>NFHS-3</b>	99.1	99	89.1	62.8	46	31.7	9.9	14.9	9.7	4.3	0.6
<b>NFHS-2</b>	98.9	98.5	90.9	60.1	50.7	na	na	15.3	14.4	7.4	na
<b>NFHS-1</b>	96.7	95.7	89.7	53.7	43.7	12.8	na	14.6	11.3	2.9	na

The Table-1 shows that almost not less than percent of women have knowledge on any method and even modern method. When compare to knowledge on male and female sterilization almost all of them known female sterilization than male sterilization ie around 90 percent only have knowledge on vasectomy. It shows women are the compulsory resources for sterilization in Indian society. Regards to traditional methods knowledge on Rhythm method was somewhat better. Knowledge of contraception is almost universal in Andhra Pradesh. Almost all men and women know about female sterilization. Knowledge of

male sterilization is also very high (percent of currently married women and percent currently married men). Both men and women are less likely to know about temporary methods of contraception. The government family planning programme promotes three temporary methods, the pill, The IUD and the condoms. Of these three methods, currently married women are most likely to know about the pill, currently married men are most like to know about condoms knowledge of sterilization has been high in Andhra Pradesh since NFHS-1 onwards.



For Example only percent of currently married women in Andhra Pradesh and Telangan know about IUD, which is even lower than in NFHS-2 and only slightly higher than

NFHS-1. Among currently married women, percent now know about the pill (NFHS-4) compared with percent in NFHS-1 and NFHS-2.

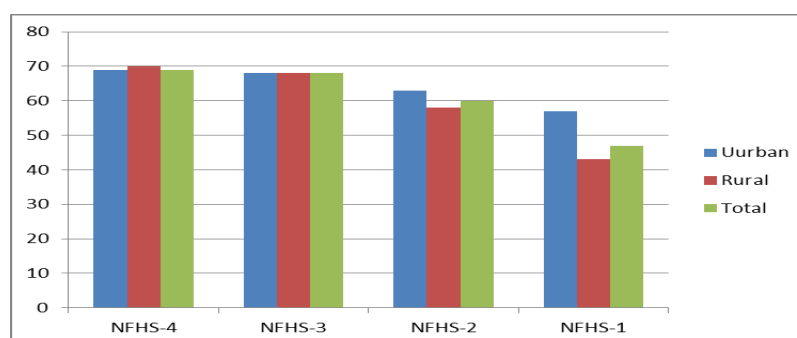
**Table-2:** contain data on percentage of currently married women who used any contraceptive method by specific method, according to AP&TS state, NFHS-1, NFHS-2, NFHS-3 and NFHS-4.

Currently married women used in contraceptive methods (percentage)

India/States/UTs	Survey	Area	Any method	Any modern method	Female sterilization (%)	Male sterilization (%)	IUD/PPIUD (%)	Pill (%)	Condom (%)	Total unmet need (%)	Unmet need for spacing (%)
India	NFHS-4	Total	53.5	47.8	36	0.3	1.5	4.1	5.6	12.9	5.7
India	NFHS-4	Rural	51.7	46	36.1	0.3	1.1	4.3	3.9	13.2	5.9
India	NFHS-4	Urban	57.2	51.3	35.7	0.3	2.4	3.5	9	12.1	5.1
AP	NFHS-4	Total	69.5	69.4	68.3	0.6	0.2	0.2	0.2	4.7	3.1
AP	NFHS-4	Rural	70	70	69.5	0.3	0.1	0.1	0	4	2.8
AP	NFHS-4	Urban	68.4	68.1	65.6	1.2	0.5	0.4	0.5	6.1	3.9
Telangana	NFHS-4	Total	57.2	56.9	54.2	1.6	0.3	0.3	0.5	7.3	3.8
Telangana	NFHS-4	Rural	55.8	55.8	53.6	1.7	0.1	0.1	0.2	6	3.4
Telangana	NFHS-4	Urban	58.8	58.3	54.9	1.4	0.6	0.5	0.8	8.8	4.3

The data in table-2 clearly indicated the contraceptive methods used by currently married women in Andhrapradesh in Four Successive NFHS. It is very good improvement in Andhra Pradesh, one of the probable reasons is government efforts during 1994-2004, in this period nearly 9 percent of births were averted due to family

welfare programmes in Andhra Pradesh. When compared to rural and urban better in all aspects data, the similar trends were prevailing. The Table-2 shows the trend is currently married women used contraception by area wise. Currently used the contraception (percentage)



The contraceptive prevalence rate among currently married women age 15-49 is per cent, up from percent at the time of NFHS-2. Female sterilization accounts for percent of all contraceptive use, up from 88 per cent at the time of NFHS-2. Contraceptive use is higher among women age 30-39 years than among younger or older age. Muslim women are

somewhat like to use contraception than Hindu women or Christian women. Contraceptive use increase steady with an increase in the household wealth index. Contraceptive use is particularly high among the wealthiest women. Women belonging to scheduled tribes and scheduled castes small. However, women with no education or less than 5

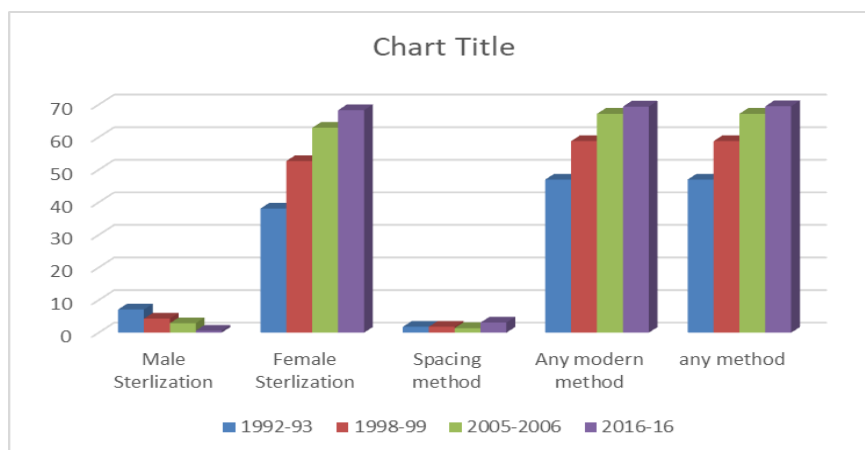
years of education are more likely to use contraception than women with more education. The figure clearly explains the differences between the use of any method and any modern method in four stages in Andhra Pradesh and Telangana

India and Andhra Pradesh,

**Table-3**

source	India		Andhra Pradesh	
	Any method	Modern method	Any method	modern method
NFHS-4	57.2	51.3	47	47
NFHS-3	67.6	67	58.8	58.8
NFHS-2	59.6	58.9	67.2	67.2
NFHS-1	47	46.3	69.5	69.4

Knowledge of contraception is almost universal in Andhra Pradesh. Almost all women and men know about female sterilization. Knowledge of male sterilization is also very high (89 per cent of currently married women and 96 per cent of currently married men). Both men and women are less likely to know about temporary methods of contraception. The government family planning programme promotes three temporary methods: the pill, the IUD and the condoms. Of these three methods, currently married women are most likely to know about the pill (63 per cent), currently married men are most likely to know about condoms (88 per cent) knowledge of sterilization has been high in Andhra Pradesh since NFHS-1 to NFHS-4. Knowledge of temporary contraceptive methods



The number of married women in the reproductive age group (MWRA) will increase over time, though Assam has lower numbers than other states like Chhattisgarh. These women will require contraceptives, thus Assam will have to

ensure access to a wide range of quality contraceptive products and services as the table suggests. SCENARIOS A and B MWRA Numbers (Millions)

**Table 4**

State/year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AP	18.3	18.5	18.7	18.8	18.9	19	19.1	19.1	19.2	19.2	19.3	19.3
India	237.7	242.2	246.6	250.8	254.8	258.6	262.1	265.5	268.6	271.5	274.3	277

Consistent with son preference, women in Andhra Pradesh are more likely to use contraception if they already have a son. For example, among women with two living children, 90 per cent of women with two sons use a contraceptive method, compare with 88 per cent of women with one son and 79 per cent of women with two daughters but no sons. The use of every spacing method is very low (less than 1 per cent of currently married women use each of the modern and traditional spacing methods). Contraceptive use at the time of last sex as reported by men (59 per cent) is somewhat lower than women's reports of current contraceptive use (68 per cent). Men are more likely than women to report current use of condoms, however, seventy-eight per cent of sterilized women had the operation in a government facility, usually in a government of municipal hospital, whereas 85 per cent of IU5 users and pill users used the private medical sector as the source of their method.

An appraisal of women's knowledge of contraceptive methods and then discusses women's past and present use of contraception and sources of supply of modern contraceptive methods. Special attention is focused mainly on reasons for discontinuation and non-use of contraception

and on intentions to use family planning methods in future. Trends in the knowledge of different contraceptive methods among currently married women of 15-49 years are shown in table 5. Knowledge of every contraceptive method increased substantially between NFHS-1 and NFHS-2, with particularly rapid increases for the modern spacing methods and withdrawal. The rise in knowledge continued between NFHS-2, NFHS-3 and NFHS-4 but the pace of change was more gradual. Table 5 of any method and Modern method in Rural and Urban Areas in National Family Health Survey

**Table-5**

Source	Urban	
	Any method	Modern Method
NFHS-4	53.5	47.8
NFHS-3	67.7	67.2
NFHS-2	63.4	62.3
NFHS-1	56.6	55.6
	Rural	
	Any method	Modern Method
NFHS-4	51.7	46
NFHS-3	67.6	67
NFHS-2	58.3	57.8

NFHS-1	43.6	43.3
Total		
NFHS-4	57.2	51.3
NFHS-3	67.6	67
NFHS-2	59.6	58.9
NFHS-1	47	46.3

Knowledge of any contraceptive method and female sterilization was almost universal in all the three NFHS

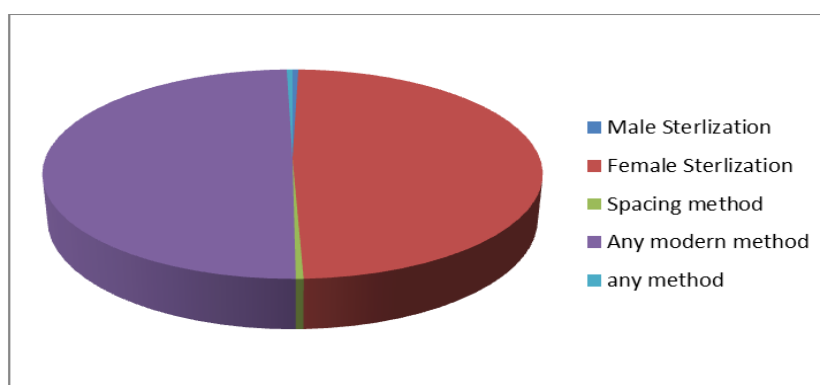
surveys. The proportion of currently married women who know about male sterilization decreased from 89 per cent in NFHS-2 to 83 per cent in NFHS-3, and the present level of awareness is slightly lower than in NFHS-I (84 per cent). Method Injectables are not included in the family planning programme of the Government of India. In most states, awareness about the newly marketed methods (female condoms and emergency contraceptives) is quite scant,

**Table-6**

S.No.	Method	2013	2014	2015	2016
1	Female Sterilization	157431	149262	142372	145372
2	Male Sterilization	8130	5085	6035	7101
	Total Sterilization	165561	154347	148407	152106
3	Total IUCD insertion	350642	393276	351444	374880
	PPIUCD Insertion			43829	72433

Some other theorists of population dynamics have emphasized the role of early child bearing in fuelling

population growth. This chapter presents information on various aspects of family planning programmes in India,



The NFHS-IV survey (2015-16) was conducted in 18 states. The Survey indicators are as follows in

**Table 7:** The NFHS-IV survey (2015-16) was conducted in 18 states. The survey indicators are as follows

S.No	States	TFR		mCPR		Unmet Need	
		NFHS-3(2005-06)	NFHS-4(2015-16)	NFHS-3(2005-06)	NFHS-4(2015-16)	NFHS-3(2005-06)	NFHS-4(2015-16)
1	Andaman & Nicobar	1.5	1.5	48.3	53.7	15.5	13
2	Andhra Pradesh	1.8	1.8	67	69	5	5
3	Assam	2.4	2.2	27	37	12.2	14.2
4	Bihar	4	3.4	28.9	23.3	10.4	9.4
5	Goa	1.8	1.7	37.2	24.8	15.2	17.5
6	Harayana	2.7	2.1	58.3	59.4	9.5	9.3
7	Karnataka	2.1	1.7	62.5	47.1	10.1	12.6
8	Maharashtra	2.1	1.9	64.9	62.62	10	9.7
9	Meghalaya	3.8	3	18.5	21.9	35.8	21.2
10	Manipur	2.8	2.6	23.6	12.7	15.6	30.1
11	Madhya Pradesh	3.1	2.3	52.8	49.6	55.5	12.1
12	Pudcherry	NA	1.7	NA	61.2	NA	8.3
13	Sikkim	2	1.2	48.7	45.9	20.4	21.7
14	Telangana	NA	1.8	NA	56.9	NA	49.3
15	Tamil Nadu	1.8	1.7	60	52.6	10.2	10.1
16	Tripura	2.2	1.7	44.9	42.8	12.4	10.7
17	Uttarkhand	2.6	2.1	55.5	49.3	12.6	15.5
18	West Bengal	2.3	1.8	50	57	8	8

The Contraceptive use has increased in the States of Andhra Pradesh, Assam, Harayana, Meghalaya, Puducherry and West Bengal. The unmet need has increased in Assam, Goa, Karnataka, Manipur, Sikkim and Uttarakhand. According to NFHS-3(2005-06), the Total Fertility Rate (TFR) for the state is below that of Kerala. The pace of fertility decline outstripped the decline in

mortality rate in the second half of the 1980s and resulted in decline in the natural growth of population during 1990s. Using available data from the census, sample registration system and demographic sample surveys, this chapter examines the pace of Population transition and contraceptive use in Andhra Pradesh

**Table 8 and Table 9:** Andhra Pradesh of all 13 Districts of Family planning NFHS-4

Method/District	skl	vm	vsp	EG	WG	Krishna	Guntur	Prakasam	Nellore	YSR	Kurnool	Antp	Chitoor
.Any method (%)	67.7	71.6	63.8	72.2	76.7	74.9	74	70.9	71	59.4	65.9	65.3	59.7
Any modern method (%)	67.5	71.6	63.8	72.2	76.7	74.9	73.5	70.9	71	59.2	65.9	65.3	59.5
Female sterilization (%)	66.1	70	62	70.1	75.7	74.6	72.9	70.3	70.7	58.6	65.9	65	58.3
Male sterilization (%)	0.7	1.4	1.8	1.5	0	0.3	0	0	0	0.2	0	0	0
IUD/PPIUD (%)	0.2	0.2	0	0	0.5	0	0.2	0.2	0.2	0.2	0	0	0.7
Pill (%)	0	0	0	0.2	0.2	0	0.2	0.2	0	0.2	0	0.2	0.4
Condom (%)	0.3	0	0	0.3	0.2	0	0.1	0.3	0	0	0	0	0.2
Total unmet need (%)	6.7	3.3	6.3	3.4	3.4	3.7	6.1	4.7	3.2	5.5	4.7	5.2	4.2

**Telangana of all 10 Districts of Family planning NFHS-4**

Residence (District)	adilabad	Nizmadab	Karimnagar	Medak	Hyd	Ranga reddy	Mhb	Nalgond	Warngal	Khamm
Any method (%)	48.7	47	38.6	49.6	55.8	69.1	64.3	68	50.8	69.1
Any modern method (%)	48.2	47	38.6	49.1	55.5	68.6	64.3	68	50.8	69.1
Female sterilization (%)	45.4	46.7	34.3	46.5	53.7	66	64	66.4	41.2	68.2
. Male sterilization (%)	1.6	0	4.2	0.8	0	1	0	0.4	7.9	0
. IUD/PPIUD (%)	0.1	0	0	0.3	0.8	0.7	0.1	0	0.2	0.3
Pill (%)	0.3	0	0.1	0.8	0.7	0	0.2	0.6	0	0.2
Condom (%)	0.8	0.2	0	0.6	0.2	0.9	0	0.8	0.6	0.4
Total unmet need (%)	7.7	7.6	10	6.5	10.7	5.7	6.3	3.5	9.2	4.5
Unmet need for spacing (%)	4.5	4.3	4.5	3.6	6	3.3	3.7	2.3	2.8	2

India Top 12 District wise contraceptive prevances, Hanumangarh 83.7% And whereas Andhra Pradesh state wise Vizianagram 79%, Krishna 76.3%, Guntur 74.8% and Visakhapatnam 73.3% are as follows in

**Table 10**

District wise contraceptive prevalence	
District	CPR
Hanumangarh	83.7
Ganganagar	81.3
Vizianagaram	79.1
Krishna	76.3
Wardha	75.6
Gutur	74.8
Rudraprayag	74.3
Narsimhapur	73.6
Viskhapatnam	73.3

The National Family Welfare Programme in India has traditionally sought 'to promote responsible and planned parenthood through voluntary and free choice of family planning methods best suited to individual acceptors' (Ministry of Health and Family Welfare, 1998a). In April 1996, the programme was renamed as "Reproductive and

Child Health Programmers and given a new orientation to meet the health needs of women and children more completely. The programme now aims to cover all the aspects of women's reproductive health throughout their lives. With regard to family planning, the new holistic approach emphasizes the target-free promotion of contraceptive use among eligible couples, the provision to couples of a choice of contraceptive methods (including condoms, oral pills, IUDs and male and female sterilization), and the assurance of high-quality care. An immensely important component of the programme is the encouragement of adequate spacing of births, with at least three years between the consecutive births (Ministry of Health and Family Welfare).

Number of Sterilizations and IUCD by states in India, Table 11

The new National Population Policy (2000), adopted by the Government of India, has set as its immediate objective of the task of addressing unmet need for contraception in order to achieve the medium-term objective of bringing the total fertility rate down to replacement level by the year 2010.

**Percentage effective couple protection rate due to all methods:**

**Table-11**

State/UT	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
AP	52.8	55.5	56.9	59.3	61	62.4	63.3	63.9	66.3	64.6	63.9	61.5

## Conclusion

The family welfare programme is perhaps the most effective policy intervention to regulate fertility and

stabilize population size. The direct impact of the programme relates to the spread of knowledge and the increase in the use of family planning methods. Women are

the compulsory resources for sterilization in Indian society. Regards to traditional methods knowledge on Rhythm method was somewhat better. The government family planning programme promotes three temporary methods: the pill, the IUD and the condoms. Of these three methods, currently married women are most likely to know about the pill (63 per cent), currently married men are most likely to know about condoms (88 per cent). Although use of temporary spacing methods is low, discontinuation of these methods within 12 months of adoption is substantial. The female sterilization continues to dominate the contraceptive method-mix in Andhra Pradesh and there is a gradual erosion of the popularity of spacing methods over time. The terminal methods accounted for almost 66 per cent, while temporary spacing methods accounted for about 1 per cent. Sterilization (mainly female sterilization) dominates the contraceptive use in the state, accounting for 97 per cent of the current contraceptive prevalence. The annual compound growth rate for Andhra Pradesh was 1.37 per cent, which was much lower rate than the all-India average of 1.93 percent. The RGI projections indicate that although the size of the population would increase further over the period 2026, the rate of growth in population would be very low and it would be declining further. According to SRS annual estimations, the fertility rate in the state declined to 1.8 in 2008, below replacement level (i.e.2) from its highest at 5.5 in 1961. The fertility transition in terms of declined fertility rate below the replacement level is the main contributing factor in demographic transition in Andhra Pradesh. Many studies based on NFHS-1,II and 111 data shows that exposure to mass media and contraceptive use, have had a relatively strong influence on fertility decline. Hence, in Andhra Pradesh fertility mortality and increasing contraception/couple protection rate (CPR) are the major contributing factors for the observed demographic transition in the state.

### Summary and Implications

Family planning refers to the use of modern contraception and other methods of birth control to regulate the number, timing and spacing of human births. It allows parents, particularly mothers, to plan their lives without being overly subject to sexual and social imperatives. However, family planning is not seen by all as a necessary intervention. It is an area of contestation within broader social and political conflicts involving religious and cultural injunctions, patriarchal subordination of women, social-class formation, and global political and economic relations. Attempts to control human reproduction are not entirely a modern phenomenon. Throughout history, human beings have engaged in both pro- and anti-natalist practices directed at enhancing social welfare.

The rise of female sterilization in Andhra Pradesh from 38.1 per cent to 62.9 per cent in just over ten years is dramatic - similar patterns are clearly emerging in larger states such as Madhya Pradesh and Uttar Pradesh. However, the compression of reproductive spans of women seen in Andhra Pradesh is mirrored by the overall Indian situation. For a comparison, the age-specific fertility in world regions, India and Andhra Pradesh reveal that the level of very early (adolescent) childbearing in Andhra Pradesh is more than double that of any other world region. However, it is a cause of great concern that some of the policies adopted by the states espouse strategies and

mechanisms that are diametrically opposed to the principles of equity and equality that the new National Population Policy entails. In their urgency to reduce population numbers, some states, including Andhra Pradesh, Madhya Pradesh, Maharashtra and Rajasthan, have articulated several open or "veiled" disincentives. Though situation is improved little bit after the introduction of ASHA worker, still there are loopholes in the programme. If the social movement and women empowerment had been backed by strong programme inputs, the situation would have been further improved. Hence there is need to critically evaluate the performance of family welfare programmes in Andhra Pradesh.

### Suggestions

1. The Proportion of currently married women's awareness on male sterilization decrease. Hence it must be increased.
2. The share of female sterilization in the CPR decreased slightly and hence it must be improved
3. The percentage of CPR is decreasing and hence it must be increased on war foot.
4. The rural GMR is increasing and hence medical facilities are provided on war foot.
5. The CDR is higher in rural areas and hence medical facilities are provided
6. The rural infant mortality is increasing and it must be reduced by making alternate stringent methods.
7. The life expectancy of total, rural and urban shows an increasing trend. But rural life expectancy is rather low and hence it must be increased.
8. Male estimated death rate is increasing and hence it must be reduced.

### Govt Schemes of Family Welfare Programme

**Scheme for Ensuring Spacing At Births:** Under this scheme, the services of ASHAs are utilized for counseling newly married couples to ensure spacing of 2 years after marriage and couples with 1 child to have spacing of 3 years after the birth of first child.

**Pregnancy Testing Kits:** Nishahat-Home based pregnancy test kits was launched under NRHM in 2008 across country and was anchored with the Family Planning Division on 24<sup>th</sup> January 2012.

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