

Draft

Confidential



GOA POPULATION POLICY

March 2007

GOVERNMENT OF GOA

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HEALTH INTELLIGENCE BUREAU
DIRECTORATE OF HEALTH SERVICES
GOVERNMENT OF GOA

INTRODUCTION

The State of Goa is located in the western coast of India. It is bound by Maharashtra in the North, Karnataka in the south and east. It is administratively divided into two districts and 11 talukas. In 2001 census, 359 villages including 12 uninhabited villages from the rural areas and 44 towns (14 statutory and 30 census towns) constitute urban areas.

Though the State has an length of 105 kms from north to south and it measures 60 kms in its maximum width west to east, its total area is only 3702 square kilometers.

POPULATION SIZE, GROWTH RATE AND DISTRIBUTION OF POPULATION

According to 2001 census, population of Goa is 1347668 consisting of 687548 males and 660420 females. The population of the state has increased by 177875 persons over 1169793 registered in 1991. The population of Goa accounts for a small proportion (0.13 per cent) of the India's population. The state ranks 26th amongst 35 states and union territories. The population of the state is evenly distributed among rural (51.2 per cent) and urban areas (49.8 per cent). Of the two districts, North Goa is more populous accounting for 56.2 per cent of the population of the state.

The following table gives the percentage decadal growth of India, Kerala and Goa, It took four decades even for Kerala to reach a decadal growth of less than ten per cent from a high growth rate of 26.29 per cent during 1961-71. The State of Goa has shown a decline of only 1.19 percentage points during 1991-2001 as compared to 1981-1991. The decadal growth of the state's population has been 14.89 per cent during 1991-2001 which is lower than the national average of 21.34 per cent.

Table 1: Population, percentage decadal growth and average annual exponential growth rates 1981-1991 and 1991-2001

	Total population		Percentage decadal growth		Change in percentage decadal growth	Average annual exponential growth rate	
	1991	2001	1981-1991	1991-2001		1981-1991	1991-2001
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
India	846,387,888	1,027,015,247	23.86	21.34	-2.52	2.14	1.93
Kerala	29,098,518	31,838,619	14.32	9.42	-4.90	1.34	0.90
Goa	1,169,793	1,347,668	16.08	14.89	-1.19	1.49	1.39

In the state, the proportion of scheduled castes (SC) and Scheduled tribes (ST) population is 1.77 per cent and 12.02 per cent respectively. The population of SC has decreased marginally from 7804 persons in 1991 to 6708 persons in 2001. Between the two districts, North Goa with 2.25 per cent has higher proportion of SC than South Goa (1.14 per cent).

The population of ST has increased from 376 in 1991 and 566 in 2001 to 162056 persons in 2003. This has been due to three communities i.e. kunabis, gawadas and velips notified as ST in the state. The proportion of ST population in North Goa is 8.21 per cent and 16.93 per cent in South Goa.

CHILD POPULATION

The child population under 5 years age allows us to broadly analyze its possible linkages with growth of population. In case of major States for 1991 and 2001, a strong positive relationship has been observed between the growth rate and the child population. A significant fall in proportion of children is broadly indicative of fall in fertility during the period. In Goa, the proportion of under 5 children decreased from 11.74 per cent in 1991 to 10.58 per cent in 2001. In case of males, the percentage dropped by 1.02 points and for the females by 1.30 points.

DENSITY OF POPULATION

The density of population has increased from 316 persons per square km in 1991 to 364 persons per square km in 2001. The density of population in the state is higher than the density of 325 recorded at national level.

SEX RATIO

The sex ratio of total population of the state has declined from 961 in 1991 to 957 in 2001. The sex ratio of 972 recorded in south Goa is higher than 953 recorded in North Goa. The Child sex ratio of total population in the state declined from 964 in 1991 to 938 in the 2001 census registering a reduction of 26 points. This trend is discerned at district level also.

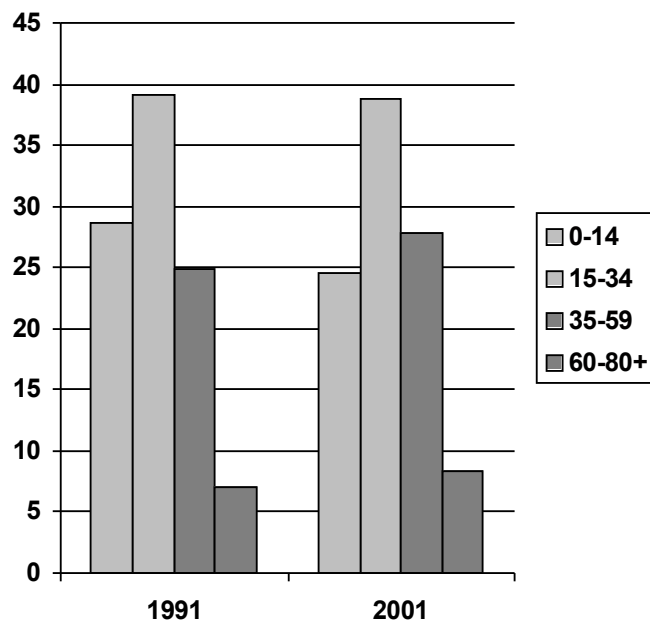
Age Structure of Population

The age distribution of Goa's population is typical of a population that has experienced fertility decline in the recent past. The proportion of population under age 5 (7.07 per cent) is slightly lower than the proportion age 5-9 (7.97 per cent), and the proportion under age 10 (15.67 per cent) is lower than the proportion age 10-19 (18.18 per cent). 25 per cent of the population are below age 15 and 9 per cent are age 60 and above.

Table 2: Distribution of Population by broad age groups 1991 and 2001

Age Group	2001			1991		
	Persons	Males	Females	Persons	Males	Females
0-14	331226	169924	161302	334097	170212	163885
	24.58	24.73	24.42	28.56	28.62	28.50
15-34	523205	272671	250534	458167	236636	221531
	38.82	39.68	37.94	39.17	39.78	38.53
35-59	373952	191321	182631	291779	150496	141283
	27.75	27.84	27.65	24.94	25.30	24.57
60-80+	112273	49676	62597	82507	35737	46770
	8.33	7.23	9.48	7.05	6.01	8.13
ANS	7012	3656	3356	3243	1709	1534

	0.52	0.53	0.51	0.28	0.29	0.27
All ages	1347668	687248	660420	1169793	594790	575003
	100.00	100.00	100.00	100.00	100.00	100.00



MIGRATION

Population mobility is an integral part of development process that is to use national space and resources more effectively. The ability to move is a human right. Migration is often a livelihood or survival strategy for individuals and families in developing countries like India.

The census 2001, recorded 228869 in-migrants in Goa from other Indian states. It accounts for 17 per cent of total population of Goa. Around three fourth of total in-migrants were natives of bordering states of Maharashtra and Karnataka. However, 86442 persons were recorded as out-migrants from Goa and settled elsewhere in India. Thus, effectively 177,211 persons added to area and population size of Goa – accounting for 13 per cent of Goa's population. Of these in-migrants, about 50 per cent have been staying

in Goa for last more than 15 years. Around 29 per cent in-migrants were recorded illiterate in Goa. 15 per cent people came to Goa in search of work/employment and another 18 per cent people moved in Goa since they had to move with the head of the household. Around 58 per cent in-migrants were from rural areas of other Indian states. 62 per cent in-migrants were recorded as available /seeking for employment. Most popular pull factors for this demographic phenomena are rapid urbanization, better opportunities for livelihood, better & free education for children, and improved system of mobility, etc.

AGE AT MARRIAGE

The number of children that a woman will have in her lifetime strongly influenced by the age at which she marries. The practice of marriage at very young age is not common in Goa. Due to this virtually there is no lag between age at marriage and age at cohabitation in Goa. The mean age at marriage is almost identical for urban and rural women. The mean age at marriage in Goa is 24.8 years as per NFHS-2 for females and 30.2 years for males.

CURRENT FERTILITY LEVELS

Based on NFHS-2 data, the crude birth rate (CBR) for Goa is 16.6 live births per one thousand population, and the total fertility rate (TFR) is 1.77 births per woman. The TFR of 1.77 births indicates below-replacement level fertility and is much lower than the all India TFR of 2.8 births. However the SRS estimates for the CBR and TFR figures for the corresponding period are 14.2 live births per one thousand population and 1.4 births per woman.

The CBR fell marginally from 17.2 to 16.6 (a decline of 3 percent) between the period of NFHS-1 and NFHS-2. Over the same period, the TFR fell from

1.90 to 1.77, a decline of 7 per cent. The largest fertility decline was noted in the age group 25-29.

BIRTH ORDER

The distribution of births by birth order is yet another important way to view fertility. According to NFHS-2 the proportion of births at each order is larger than the proportion of births at the next higher order. Goa recorded 8 per cent births of fourth or higher order, 17 per cent of third-order births, 29 per cent of second-order, and 46 per cent of first-order births. This is consistent with the lower level of fertility in Goa than in the country as a whole, as is the much lower the proportion of births of order four or higher in Goa (8 per cent) compared with the country as a whole (28 per cent).

BIRTH INTERVALS

Short birth intervals may adversely affect a mother's health and her children's chances of survival. Past research has shown that the children born close to a previous birth are at increased risk of dying, especially if the interval between the births is less than 24 months.

In Goa, 9 per cent of births occur within 18 months of a previous birth and 23 per cent occur within 24 months. 46 per cent of births occur after an interval of 3 years or more.

Notably, the median birth interval is 2 and half months longer if the previous birth was a boy than if it was a girl. This pattern may result partly from the shorter duration of breastfeeding for girls, which may be indicative of son preference. While analyzing information on fertility preferences, NFHS-2 suggests that 24 per cent women want the next child to be a boy irrespective of the sex of the previous child.

FAMILY PLANNING KNOWLEDGE

The new population policy, 2000, adopted by the Government of India has set as its immediate objective the task of addressing unmet need for contraception. One of the 14 national socio-demographic goals identified for this purpose is to achieve universal access to information/counseling and services for fertility regulation and contraception with a wide range of choices.

According to NFHS-2, female sterilization is the most widely known method of contraception, followed by the pill. Overall 99 per cent of currently married women know about female sterilization and 90 per cent know about the pill.

Knowledge of the other officially-sponsored methods (IUD, male sterilization, and condom) is less widespread. The condom is known by 87 per cent, IUD is known by 80 per cent and male sterilization is known by 77 per cent of women.

In Goa, a majority of currently married women know at least one traditional method (57 per cent). The rhythm/safe-period method is known more widely (51 per cent) than withdrawal (38 per cent).

CONTRACEPTIVE USE

Although nearly all currently married women know at least one method of contraception, only 62 per cent have ever used a method, up from 56 per cent at the time of NFHS-1. Half of currently married women use a modern method and 22 per cent use a traditional method. The most commonly used methods are female sterilization (28 per cent), followed by the condom (17 per cent), rhythm or safe period method (15 per cent), withdrawal (13 per

cent), and the pill (10 per cent). Less than 1 per cent has adopted male sterilization and 8 per cent used IUD.

The current use of method is lower among Christians (48 per cent) than among Hindus (50 per cent) and Muslims (48 per cent). In all three-religion groups, current use of modern methods is higher than current use of traditional methods.

Sources of contraceptive methods, family planning methods and services in Goa are provided primarily through a network of government hospitals and urban family welfare centers in urban areas and primary health centers (PHC) and sub centers (SC) in rural areas. Family planning services are also provided by private hospitals and clinics, as well as non-governmental organizations (NGOs). Sterilizations and IUD insertions are carried out mostly in government hospitals and PHCs. Sterilization camps, organized from time to time, also provide sterilization services. Modern spacing methods such as the IUD, pill and condom are available through both the government and private sectors.

MET NEED / UNMET NEED FOR FAMILY PLANNING

Currently married women who are not using any method of contraception but who do not want any more children or want to wait two or more years before having another child are defined as having unmet need for family planning. Current contraceptive users are said to have a met need for family planning.

According to NFHS-2, 17 per cent of currently married women in Goa have an unmet need for family planning. The unmet need for limiting births is somewhat greater than the unmet need for spacing births (10 per cent versus 7 per cent). In other words, if all of the women who want to space or limit their births were to use family planning, the contraceptive prevalence rate

would increase from 48 per cent to 65 per cent in Goa. The NFHS-2 suggests that current programmes are meeting about three fourths (74 per cent) of the family planning need.

The NFHS results reveal high levels of unmet need among women in most subgroups and among women at all parities. The findings also suggest the need for further promoting spacing methods in the method mix offered to women. In Goa, many women have an unmet need for spacing, especially before their first birth and between their first and second births. However, the high unmet need for limiting among older women suggest that many women who need permanent methods of contraception are also not being served well by current programmes. Thus, there is also a need to strengthen sterilization services for couples who want to use sterilization.

NUTRITION AND PREVALENCE OF ANAEMIA

CHRONIC ENERGY DEFICIENCY

According to NFHS-2, the mean BMI for women in Goa is 22, which is higher than the mean level of 20 for India as a whole. CED is usually indicated by a BMI of less than 18.5. 27 per cent of women in Goa have a BMI below 18.5 (compared with 36 per cent for all India), indicating a moderate prevalence of nutritional deficiency.

Under nutrition, as indicated by a BMI below 18.5, is much more common among women age 20-24 (46 per cent) and women age 25-29 (36 per cent) than older women. CED is also more common among illiterate women, women belonging to other backward classes, women who are not currently married, and SC women.

ANAEMIA AMONG WOMEN

Anaemia is characterized by a low level of hemoglobin in the blood. Anaemia usually results from a nutritional deficiency of iron, folate, vitamin B12, or some other nutrients. This is commonly referred to as iron deficiency anaemia. And iron deficiency is the most widespread form of malnutrition in the world. In India, anaemia affects an estimated 50 per cent of the population.

In Goa, overall 36 per cent of women have some degree of anaemia as against 52 per cent for India as a whole. 27 per cent of women are mildly anaemic, 8 per cent are moderately anaemic, and 1 per cent is severely anaemic. In Goa, NFHS-2 recorded a significantly lower level of anaemia among pregnant women than in non-pregnant women. Its prevalence is lower for breastfeeding women than for other women.

INFANT FEEDING PRACTICES

Proper infant feeding, starting from the time of birth, is important for the physical and mental development of the child. Breastfeeding improves the nutritional status of young children and reduces morbidity and mortality. Most births (95 per cent) in Goa take place in health institutions. Even among these births, only 35 per cent started breastfeeding within one hour of birth. A higher proportion of children delivered in public health facilities started breastfeeding within the first day of life (70 per cent) than children delivered in private health facilities (61 per cent). 47 per cent of women squeezed the first milk from the breast before they began breastfeeding as against 63 per cent for all India.

NUTRITIONAL STATUS OF CHILDREN

29 per cent of children under 3 years of age are under weight and 18 per cent are stunted. The corresponding estimates for India 47 per cent and 46 per cent respectively.

The proportion of children who are severely undernourished is substantial – 5 per cent each according to weight-for-age and height-for-age.

ANAEMIA AMONG CHILDREN

Anaemia is a serious concern for young children because it can result in impaired cognitive performance, behavioural and motor development, coordination, language development, and scholastic achievement, as well as increased morbidity from infectious diseases. One of the most vulnerable groups is children age 6-24 months.

In Goa, as per NFHS-2, 53 per cent children age 6-35 months have some level of anaemia, including 24 per cent who are mildly anaemic, 28 per cent who are moderately anaemic and 2 per cent who are severely anaemic. Notably, a much larger proportion of children (53 per cent) than women (36 per cent) are anaemic in Goa.

MATERNAL AND REPRODUCTIVE HEALTH

NFHS-2 results for Goa show that virtually all mothers (99 per cent) receive antenatal check ups for births. 98 per cent receive check ups from doctors and 2 per cent receive from other health professional outside the home.

In Goa, mothers of 96 per cent of births receive at least 3 antenatal check ups as against 44 per cent in India as a whole. For 9 out of 10 cases, the mother receives at least 4 check ups. There is almost no difference by urban- rural residence in the proportions of mothers who receive antenatal

check ups. In the State as a whole, the first check up was received in the third trimester for only 3 per cent of births, which should have taken place during the second trimester of pregnancy as per the guidelines for the programme.

According to NFHS-2, 86 per cent of mothers in Goa received at least two tetanus toxoid (TT) injection during pregnancy, and another 11 per cent received 1 injection. Only 1 per cent of mothers in Goa were recorded as receiving no TT injections. The mothers in Goa received IFA supplements for 95 per cent of births. This level is not only much higher than the national average of 58 per cent, but is also higher than for any other state except for Kerala. IFA coverage is somewhat lower in urban areas (92 per cent) than in rural areas (97) per cent.

Mortality

Goa recorded a significant decline in Crude Death Rate (CDR) from 13.39 in 1961 to 6.72 deaths per thousand population in the year 1987. However, CDR increased marginally to 7.16 deaths per thousand population in 2004.

Infant mortality rates (IMR) reflect a level of socio economic development in a state. IMR has shown consistent decline from 69.92 infant deaths per thousand live births in 1961 and 24.88 in 1987 to 11.67.

The NFHS-2 subject report, if is any indication, reveals that two third of the infant deaths occur during first month of life (Neonatal Deaths) and one third during age 1-12 months (Postnatal Deaths). Interestingly, the infant mortality, neonatal and post natal mortality is proportionately higher among males than females. The child mortality of 8 deaths per thousand children of the corresponding ages is the same in urban and rural areas in Goa.

THE POLICY STATEMENT

THE MISSION

The mission of the population policy is to improve the quality of life of people of Goa by achieving a balance between population, and resources and with unequivocal and explicit emphasis on sustainable development measures and actions. Improvement of the health status of the people, particularly women and children, are essential prerequisites for sustainable development.

AIM

- Although, the health and family welfare programmes have been successful in bringing down the TFR below the replacement level and slowing the population growth rate, the main objective of the population policy is to arrest the population growth and to make efforts to increase the contraceptive prevalence rate by modern methods from 48 to 65 per cent by 2015.
- To reduce the IMR to 5 infant deaths per thousand live births by 2015.

- To ensure supply of nutritional food of required calories and proteins as recommended by the Government under Supplementary Nutrition Programme (SNP) to malnourished children and pregnant and lactating women and adults and girls.
- To reduce mild, moderate and severe anaemia among all women from 36 per cent to 20 per cent by 2015.
- To strengthen the system to identify pregnant mothers at risk.
- To achieve near complete immunization of children by 2015.
- To reduce anaemia among children age 6-35 months from 53per cent to less than 25 per cent by 2015.
- To reduce STI and RTI prevalence and incidence substantially and to improve awareness of AIDS among men and women.
- To vigorously and effectively increase the IEC activities in the State and to set-up and strengthen the Health Education Bureau, now known as Behavioural Change and Communication Bureau.
- To reduce under 5 mortality substantially by 2015.
- To reduce the proportion of couples having an unmet need by 10 per cent point by 2015.
- To increase the proportion of male sterilization acceptors to total sterilization acceptors from the current 1 per cent to 20 per cent by 2015.

- To increase registration of pregnant women in the first trimester to near completion by 2010 and provide a full range of ANC services to all pregnant women.
- To extend baby friendly hospital initiatives in all private hospitals in Goa by 2010.
- To make vigorous efforts to identify under served habitation and pockets dominated by migrant population by ANMs and AWW.
- To form village level/panchayat level health communities in all villages/ panchayats by 2008.
- To create/revive a nutrition cell in the Department of Health Services to ensure broadly promotion of healthy food habits for pregnant and lactating women.
- To involves local bodies/ panchayats in carrying out various activities relating to various aspects of family welfare.
- To provide family life education (FLE) to adolescent boys and girls by including adolescent reproductive and sexual health programme (ARSH) in the school health programme and set up teen clinics in all health centers by 2010.
- To involve NGOs in FLE implementation and to organize orientation programmes to encourage parents to send their adolescent boys and girls to attend FLE programmes.
- To increase awareness about HIV/AIDS and its modes of transmission.

- To facilitate behaviour change in both HIV negative and HIV positive people.
- To strengthen prevention and facilitate behavioural change among men and women.
- To reduce substantially the proportion of school drop outs by 2010 and to ensure universalisation of education.
- To involve NGOs in tackling the issues relating to socio economic conditions of migrants viz. educational and health related support to children of migrants.

KEY POLICY INITIATIVES

The success of any population programme and RCH programme in the State will largely depend on a series of policy initiatives identified, spelled out and implemented. Initiatives envisaged as part of this policy include creation of conducive environment for RCH, and increase in the demand for family welfare services, collaboration with other development sectors, NGOs, and panchayati raj institutions, and to enhance the service delivery systems.

The state is resolutely and strongly committed to the objective of improving health and family welfare services and will take necessary steps to make this commitment widely known among different segments of the population through an appropriate advocacy measures.

The empowerment of women and gender equality and equity are essential for achieving the objectives of any social development programme, particularly in the areas of health and education. The state government will take all necessary steps to enhance the role of women in decision-making and to improve the status of women in all spheres of life.

Enhanced community awareness, information, and problem solving skills are key to the provision of services based on client's need. The state government will mobilize community support to the programs through various locally relevant schemes and other forms of recognition.

The state government with the help of other departments, and non-governmental organizations, will take up the adolescent and FLE to reach target groups.

The process of democratic decentralization ushered in the state through the panchayati raj institutions, urban local bodies offers an opportunity to establish inter departmental linkages, to involve agencies in the non-government sector, and to take the programmes nearer to the people.

Systematic application of modern management principals is necessary in the implementation of various programmes particularly in the areas of client segmentation, logistics planning and support, training and supervision, and monitoring and evaluation. All system will be reviewed and appropriate corrective measures will be identified and implemented to further improve programme efficiency and effectiveness.

Abbreviations

IMPLEMENTATION MECHANISM

The population policy of Goa envisages active and effective involvement as well as specific contributions of government departments in its effective implementation.

At the state level the Government of Goa has constituted a Committee for formulating the state population policy under the Chairmanship of the Secretary (Health)

The role of the departments concerned in effective implementation of the policy will be worked out by themselves. However, an outline of the expected roles is given below:

The Suggestions , Modifications, Additions ,Deletions etc may be sent to :

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