Population and Society

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Lecture No # 34

Subsequent Developments Leading to National Population Policy 2000

Well friends, this is our third lecture on policy. In one of the lectures on India's population policy has presented the broad framework of policy and how policy has evolved over the years. To recapitulate, it was first the Gandhian approach, then clinical approach, then extension education, IUCD, mass vasectomy camps, cafeteria, target oriented, and then target free approach. These are all the stages through which population policy of India has passed. We have also seen that in 1976 doctor Karan Singh issued the first population policy statement which contained a number of points. He realized that population growth had acquired a crysis dimension and something has to be done urgently.

He said that there is a close link between population and poverty; he also realized that actually it is the reduction in poverty, and it is the socioeconomic development of the country, which will ultimately lead to demographic transition. But he said that we cannot wait for that to happen, that may take a long period of time, and since population growth has already reached the critical size. So, something has to be done for making a direct assault on the population growth. In this respect, he could think of a number of points like rising age of marriage of girls, raising school enrollment aids, making all girls educated at least up to middle standard. Then involvement of all government departments, incentive decent, incentives research in reproductive biology, research in communication, research in contraceptive practices and attitudes, then group incentives.

And there were also some political questions like freezing number of seats in the parliament on the basis of 1971 data and considering only 1971 population data for

allocation of central resources to states. That means, ignoring 81 and 91 census data, for deciding number of seats in parliament or for deciding allocation of central budget to states. More sensitive point actually which also led to defeat of this policy subsequently was the point regarding compulsory sterilization.

Doctor Karan Singh had shown that the climate was ready to go for compulsory sterilization after three children. The only problem he thought was the lack of facilities to sterilize a large number of couples in short period of time, if such a thing becomes a law and therefore, it was not taken up. But he said that the states were the thing were the facilities are they can come up with the bill and say that irrespective cast, creed and community people would be sterilized after three children.

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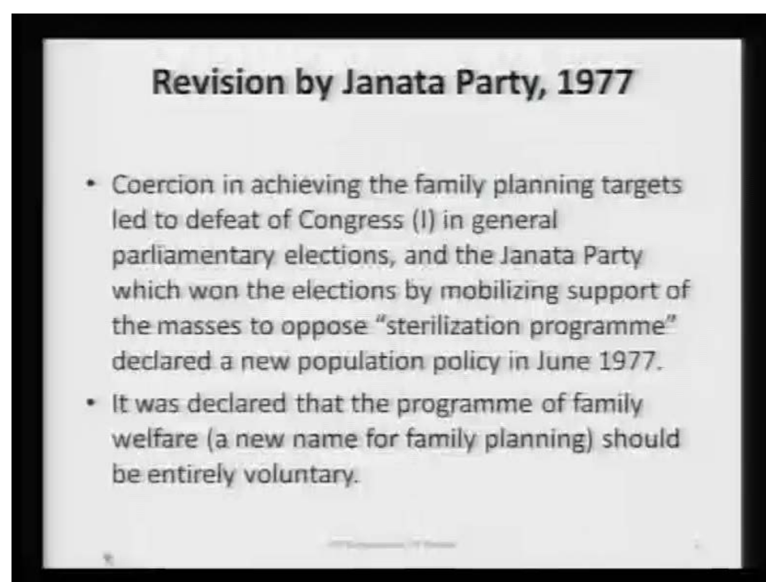

Now, when janata party came to the power, which had fought the parliamentary election largely on the issue of compulsion in sterilization; they announce a new policy in 1977 one year after the first policy declaration by doctor Karan Singh. This said that coercion in achieving the family planning targets led to defeat of congress party, in the general parliamentary elections, the janata party would oppose the sterilization programme family planning programme of India, emergency time had becomes an sterilization programme. And the janata party announced that it would oppose this sterilization

program of government of India. In June 1977 they come they came up with a separate policy and the most significant part of this policy statement was that the programme of family welfare which was a new name for family planning would be entirely voluntary.

Actually this change of name from family planning to family welfare itself shows that there is a change in stress from some kind of compulsion in sterilization to a family planning programme which is entirely voluntary. That it is up to the couples to decide how many children they should have, when to stop them and which methods of family planning they should adopt, government will only facilitate means of doing so.

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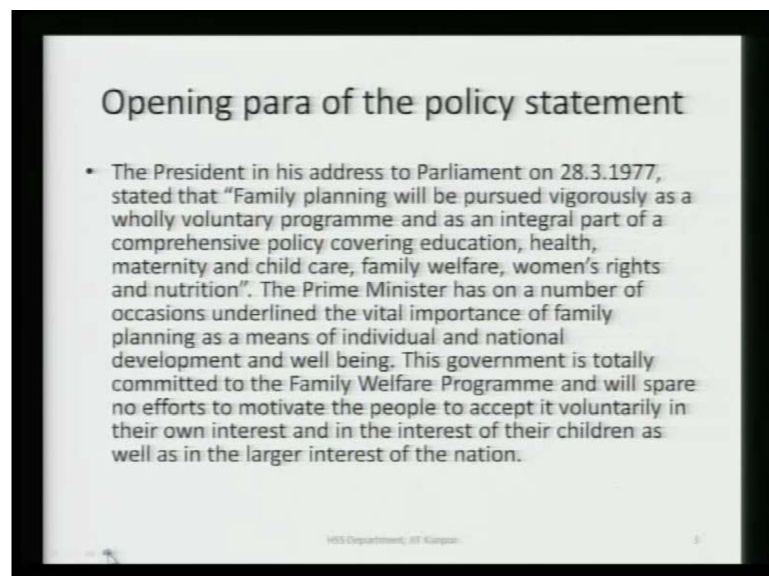

Now, the opening Para of the policy statement in nineteen seventy seven was like this, that the president in his address to parliament on 28 march 1977 stated that family planning will be pursued vigorously. So, there was no withdrawal of the programme as such, but it was made a voluntary program to quote that family planning will be pursued vigorously as a wholly voluntary programme. And as an integral part of a comprehensive policy covering education, health, maternity and child care, family welfare women's rights and nutrition, the prime minister has on a number of occasions underlined the vital importance of family planning as a means of individual and national development and well being.

This government is totally committed to the family welfare programme and will spare no efforts to motivate the people to accept it voluntarily. In their own interest and in the interest of their children as well as in the larger interest of the nation, so as the policy document as any document of government is drafted by bureaucrats, and there prospective on population had hardly change. So, this new policy also said that there is a close link between population and development and that there is a need to pursue family planning programme in the interest of both individuals and state. But the programme will be pursued in a voluntary manner; this was the voluntary nature of the programme which became a major point of shift from the earlier policy. So, otherwise if you read the original document, original policy statement issued by janata party, you find that most of the points are similar.

Points regarding age of marriage, points regarding education, all the points are similar except that there is a change of emphasis to voluntariness of the program. Now this opening paragraph was followed by this that the family planning programme has however, to be lifted from its old and narrow concept and given its proper place in the overall philosophy of welfare. It must embrace all aspects of family welfare, particularly those which are designed to protect and in promote the health of mothers and children. It must become a part of the total concept of positive health, at the same time it must find meaningful integration with other welfare programs namely nutrition, food, clothing, shelter, availability of safe drinking water, education, endeavor to bring about this endeavor, in a greater degree we expect the state to do the same.

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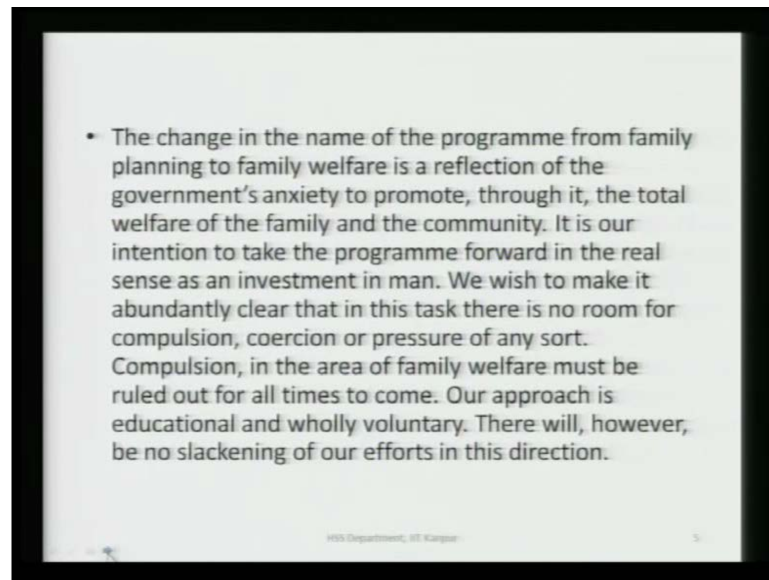

Then it say's, the change in the name of the programme from family planning to family welfare is a reflection the government's anxiety to promote through it, the total welfare of the family and the community. It is our intention to take the programme forward in the real sense as an investment in man. We wish to make it abundantly clear, that in this task there is no room for compulsion, coercion or pressure of any sort things which were attempted during the emergency time by the congress regime. So, compulsion in the area of family welfare must be ruled out for all times to come. Our approach is educational and wholly voluntary, there will; however, we know slackening of our efforts in this direction. So, there are, you see there are two things, one, a promise that there is no slackening of our efforts in population control. And second that the days of compulsion coercion or pressure of any sort on couples to accept family planning are gone.

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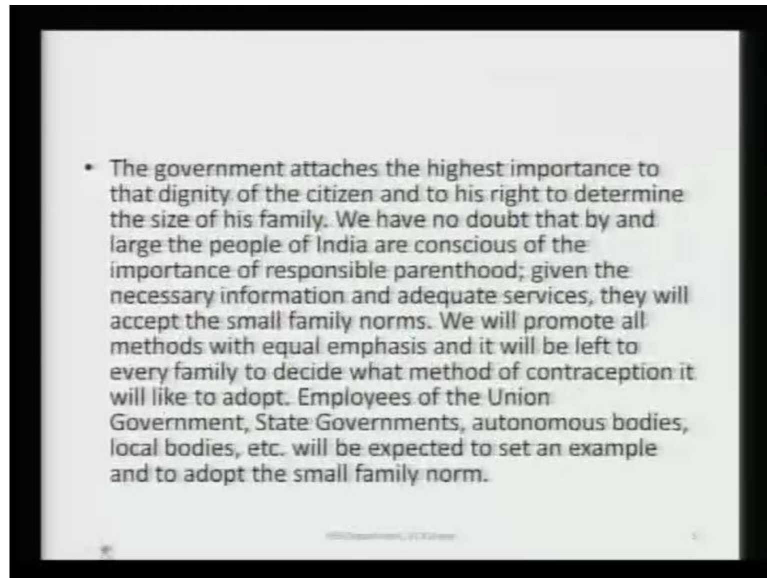

The government attaches the highest importance to the dignity of citizen and to his right to determine the size of his family. We have no doubt that by and large the people of India are conscious of importance of the responsible parenthood, given the necessary information and adequate services they will accept the small family norm. We will promote all methods with equal emphasis and it will be left to every family to decide what method of contraception it will like to adopt. So, are they not talking of cafeteria approach? In vision or strategies of family planning there was hardly any change, they were talking of the same thing obvious the earlier draft mention expect again except that the coercion was replaced by voluntarisation.

So, they said that we will promote all methods means, we will use cafeteria approach with equal emphasis means there will be equal emphasis on terminal and special methods. Here will be no extra emphasis on sterilization; depending on their needs couples may use the spacing methods or terminal methods. To quote we will promote all methods with equal emphasis and it will be left to every family to decide what method of contraception it will like to adopt. Employees of the union government, state governments, autonomous bodies, local bodies etcetera will be expected to set an example and to adopt the small family. Now, you know actually I do not find much difference between the previous draft of doctor Karan Singh and this draft when it comes

to this point, and one can say that it was largely a political change in the drafting of the population policy statement.

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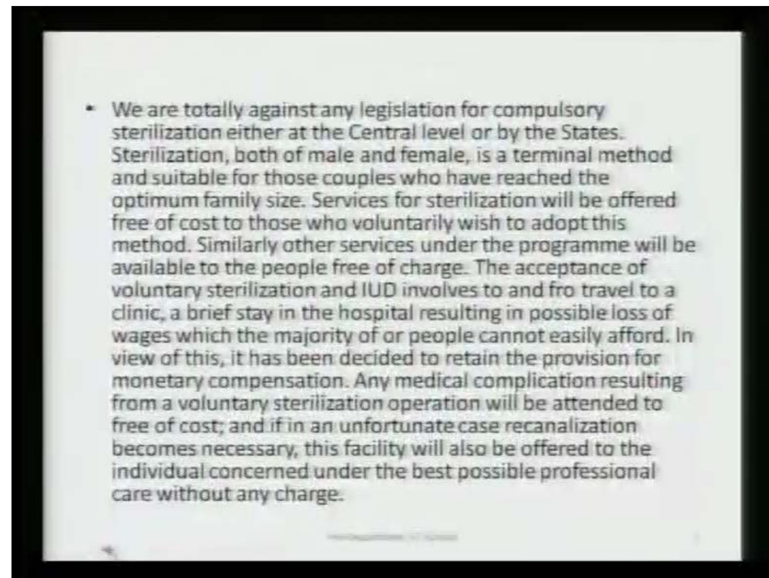

Further it says we are totally against any legislation for compulsory sterilization, either at the central level or by the states. The sterilization both of males and female is a terminal method and suitable for those couples who have reached the optimum family size. Services for sterilization will be offered free of cost to those who voluntarily wish to adopt this method. Similarly, other services under the programme will be available to the people free of charge, the acceptance of voluntary sterilization and IUD involves to and fro travel to a clinic, a brief stay in the hospital, resulting in possible loss of wages which the majority of people cannot easily afford. In view of this it has been decided to retain the provision of monetary compensation, same thing as incentive, in the earlier draft we had incentives. Now, they are saying monetary compensation.

So, idea is same, any medical complication resulting from voluntary sterilization operation will be attended to free of cost. And if in an unfortunate case, recanalization becomes necessary, this facility will also be offered to the individual concern under the best possible professional care without any charge. We know that in India it is very difficult to implement these things. But at least an assurance was given that suppose

somebody has two or three children and he is sterilized and unfortunately something happens accident or some decease, epidemic something and his children die then government should provide all the next.

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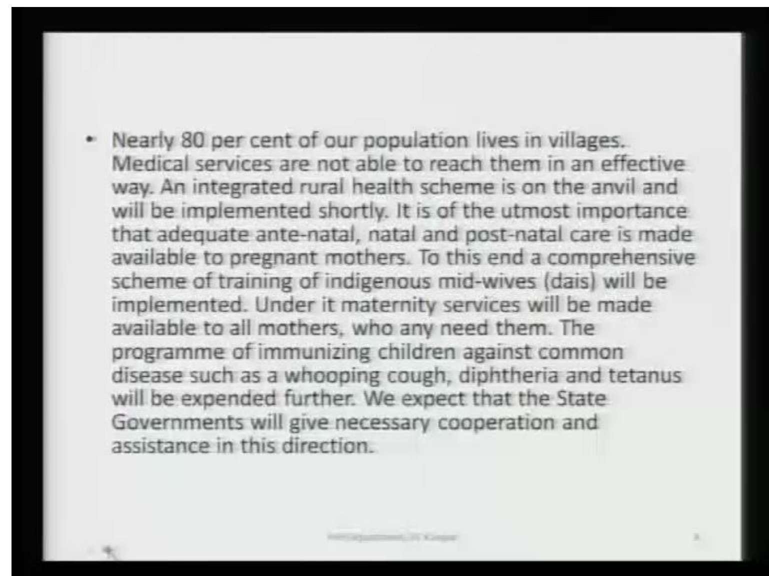

It says that nearly 80 percent of the population leaves in villages, medical services are not able to reach them in an effective way. An integral rural health scheme is on the anvil and will be implemented shortly. It is of the utmost importance that adequate anti-natal means before child birth, natal at the time of child birth or delivery and post-natal care after child birth, after delivery is made available to pregnant mothers to this end. If anti-natal means checkups, referral iron and folic acid, tetanus toxoid injection during delivery means institutional delivery proper medical care at the time of child birth; post-natal means handling PPS, postpartum hemorrhage, if any care of child, care of mother to this end a comprehensive scheme of training of indigenous mid-wives will be implemented under it.

Maternity services will be made available to all mothers, who will need them anytime. The program of immunizing children against common diseases such as whooping cough, diphtheria and tetanus will be extended further. We expect that the state governments will give necessary cooperation and assistance in this direction.

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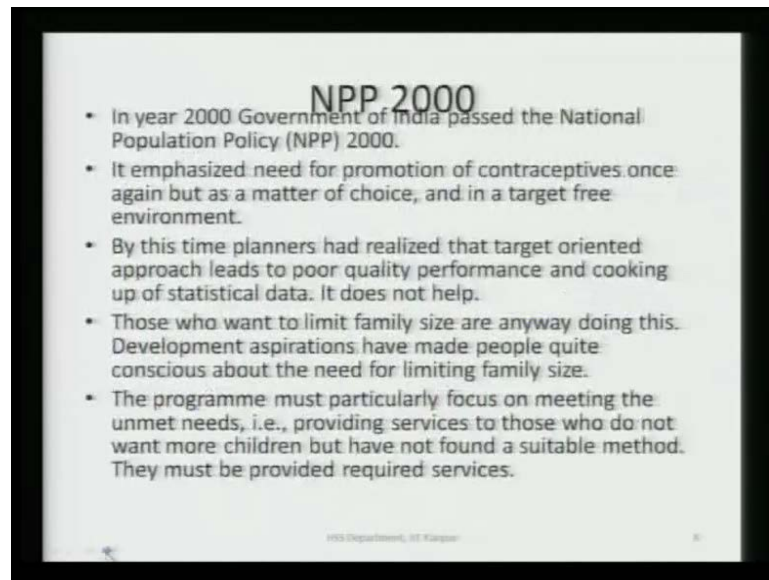

So, this was the Janata policy. What I want to say? I have not brought other paragraphs on that scheme, because those paragraphs look very, very similar and sometime exactly same as the paragraphs of the first policy drafted by the doctor Karan Singh. So, the goal is same, commitment for population control programme is same, involvement of central government, state government employee is same, incentive, disincentives is same, equal stress on all method terminal specific everything is same. The only difference is that at least for political purposes they showed that now family planning programme does not have compulsion to go for sterilization. And it which it has become a voluntary programme that the individual couples after they have realize the need to go for family planning terminal methods or spacing methods can do.

So, and government will provide all the facilities government will particularly provide facilities of reproductive health education, family planning services and recanalization if there is a need for doing that. Now, in 2000, so between 1977 and 2000 lot of debate, discussion, research was done on the matter of population control. We had in 2000 we had better data, better analysis involvement of so many civil society actors, NGOS, research center, private research, centers government research center population centers IPS in drafting of policy. The policy was circulated for comments among bureaucrats, academicians, civil society actors and finally, national population policy 2000 was

announced.

This was in 2000 and then name of the policy itself shows NPP 2000. In year 2000 government of India passed the national population policy which was named NPP 2000. You have the complete draft of NPP 2000 on net is still available; somebody can see the whole policy draft on internet. It emphasize need for promotion of contraceptives, once again this was not a new point always right from the beginning, right from 1952. We have been emphasizing again and again, need for promotion of contraception. So, same thing was done once again, but as a matter of choice and in that target free environment. So, there is no target for different methods of family planning, but there is a need at the national level, state level, a need was emphasize for promotion of contraceptives.

Now, by this time planners are realized that target oriented approach does not help, because it leads to poor quality of performance and cooking up of statistical data. We use to call it furgification, it leads to furgification and there is a tendency on the part of health functionaries c m o or grass roots workers, health workers to show an a number of cases of sterilization, falsely. Actually those cases have not occurred and there was also economic vested interested that by showing that hundred cases of sterilization have been done. It was possible for health workers to collect incentive money or monetary compensation for all those 100 cases and distribute among themselves.

So, on the one hand it satisfies the requirement of target and on the other hand it leads to making money on the part of health workers. Illegal money making and this was going on. So, NPP 2000 says that we believe in quality performance, real performance, we do not want just to show on paper that a number of sterilizations have been performed. We want quality statistic, quality acceptance and those who want to limit family size are anyway doing this development aspirations, have made people quite conscious about the need for limiting family size. It was also realized that due to socioeconomic development modernization, westernization a large number of couples are already reducing contraceptive methods.

The programme must particularly focus on meeting the unmet need, this became a new verge word population literature, unmet, need that is providing services to those who do

not want more children, but have not found a suitable method. They must be provided required services, I remember around that time operations research group doctor m e khan who was the leader of operations research group. And I am very happy to note that he was also PHD from our place HIS department of IIT Kanpur. He conducted a small research, a qualitative research on the causes behind unmet needs and doctor khan found that there are a number of couples in both urban and rural areas who do not want more children, but still they are not practicing family planning method this was unmet need, what are the reasons?

There are various reasons and these researchers by khan and others brought out all the factors behind unmet needs for family. It was shown that NPP 2000 takes a more positive stand, it say that we must help the individual, we must help the couples we must help the population in meeting; it is need for family planning, which anyway has been created by forces of economic development and modernization.

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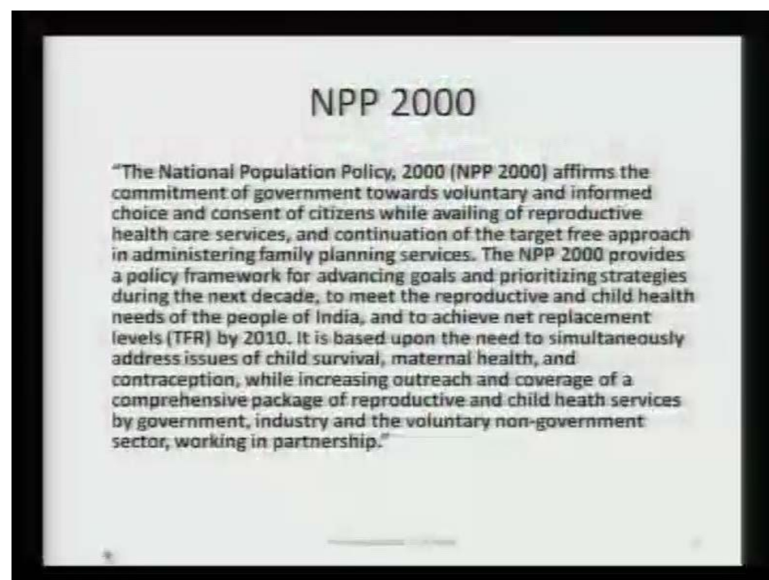

To coat NPP 2000 national population policy two thousand NPP 2000 are form the commitment of the government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services. And continuation of the target free approach in administering family planning services, the NPP 2000 provides a

policy framework for advancing goals and prioritizing strategies during the next decade. To meet the reproductive and child health needs of the people of India and to achieve net replacement level TFR by 2010. It is based upon the need to simultaneously address issues of child survival, maternal heath and contraception. While increasing outreach and coverage of a comprehensive package of reproductive and child health services by government, industry and the voluntary non government sector working in partnership.

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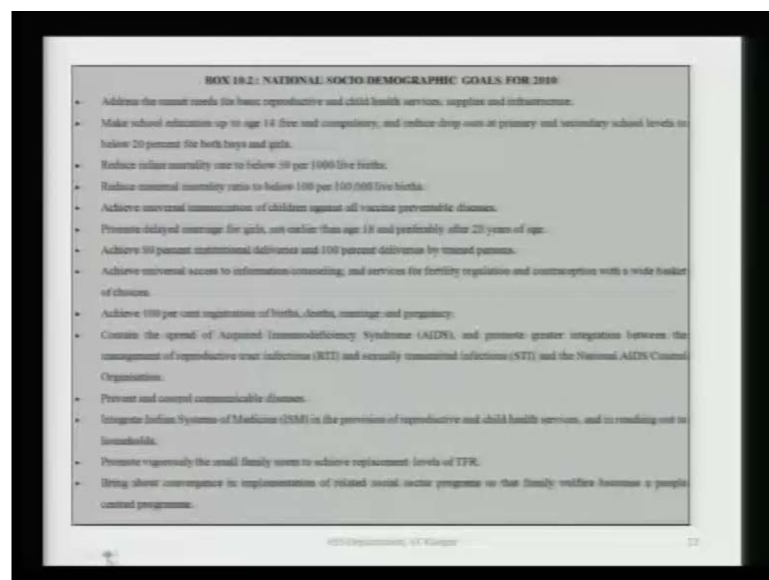

If NPP 2000 a number of sociodemography goals were created. The goals are meeting the unmet needs, making school education up to age fourteen, free and compulsory, reducing infant mortality rate. So, the you know these goals tell you on which parameters there is a need to make intervention and how much needs to be achieved. So, there are target, but these targets are more in terms of socioeconomic development and not purely in terms of statistics of sterilization or family planning acceptance; so infant mortality a goal in itself whether family planning or no family planning, you need to reduce infant mortality. And the goal is to reduce it to below thirty, maternal mortality ratio to below 100, even now we have maternal mortality around three hundred and infant mortality in fifties.

It was said that there is a need to reduce them maternal mortality ratio to below hundred

and I m r to below thirty. Nobody will contradict this, who can oppose these these types of goals? Similarly, achieve universal immunization, there cannot be any political opposition to universal immunization of children against all vaccine preventable diseases. Then delayed marriage for girls not earlier than 18 and preferably another thing was added, preferably after 20 years of age. So, below 18 it is illegal, but it will be good if the minimum age of marriage of girls is raised to twenty years. Then achieve eighty percent institutional deliveries and hundred percent deliveries by trained persons, major difference between institutional delivery and say safe delivery.

All those deliveries which take place in health facility in any institution maybe PSC CSC sub center maybe in private hospital, maybe in Janana hospital. Now, they are all called institutional deliveries in addition to institutional deliveries if some deliveries are held at home. But they are held in presence of a trained nurse or midwife they may also be called self safe deliveries. So, the goal was that we will have eighty percent minimum of eighty percent institutional delivery and all hundred percent deliveries should be safe. There should be deliveries by trained persons similarly, achieve universal access to information, counseling and services for fertility regulation. And contraception with a wide weskit of choices, all choices, condoms, IOC, DSIE, diaphragm, copper T, vasectomy, tubectomy, injection everything that is known in the programme must be known by the people.

Then 100 percent registration of births, deaths, marriage and pregnancy, then contain the spread of HIV aids a this was a new point. The earlier policies were missing this, because at that time HIV and aids did not adjust. Now in 2000 policy you know when this two thousand policy is drafted, HIV virus in India exist and is about fifteen years old. So, there is a specific mansion of HIV and promote greater integration between the management of RTI STI and the national aids control organization. As a matter of fact in recent times more than promotion of sterilization, this treatment, testing and treatment of RTI STI has become a more important issue in government health programme.

Then prevent and control communicable diseases integrate Indian systems of medicine means ayurveda etcetera in the provision of reproductive and child health services and in reaching out to households. It was believed that ayurveda, unani, siddha, homeopathy,

these systems of medicine are quite popular in the country. And we should make use of these systems in the reproductive and child health services also. Then promote vigorously the small family norm. So, that replacement liability or r can be achieved and bring about convergence in implementation of related social sector programme.

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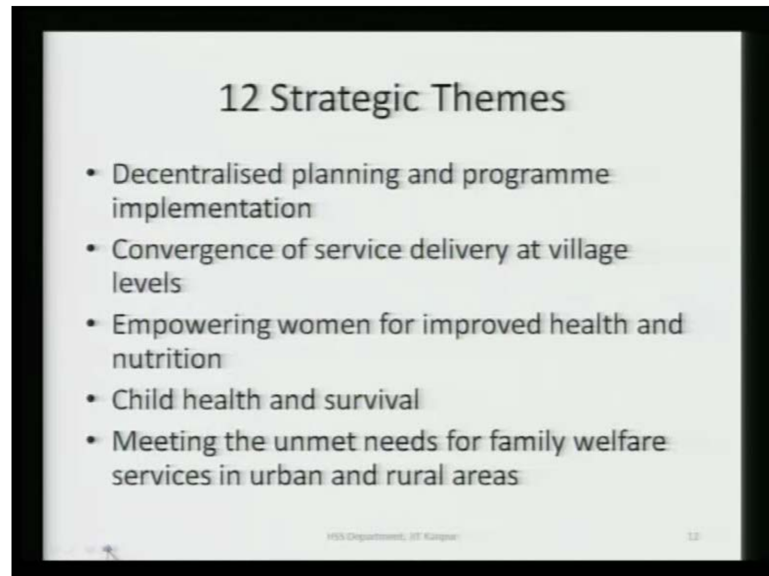

So, that family welfare becomes people center programme, there about twelve strategic themes they are decentralized planning and programme implementation. Convergence of service delivery at village level, this is part of decentralized planning. Empowering women for improved health and nutrition, child health and survival meeting, the unmet needs for family welfare services in both urban and rural areas.

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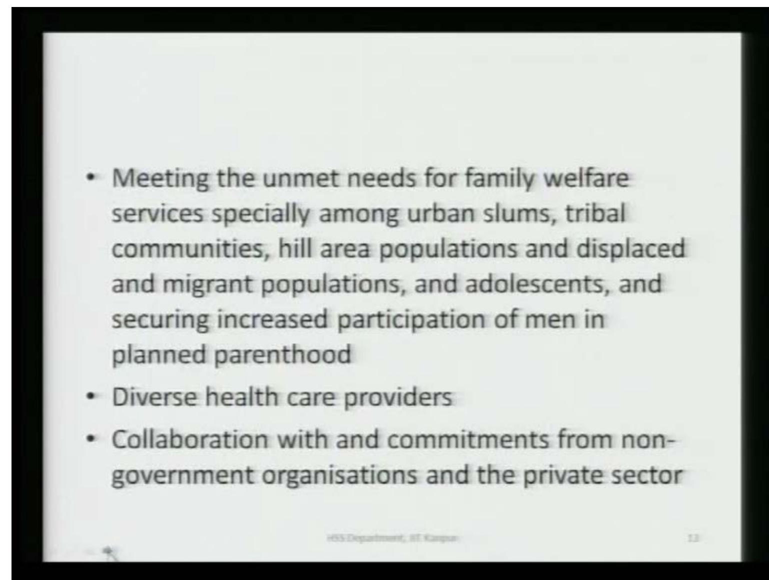

Meeting the unmet needs for family welfare services specially mentioned rural and urban areas and then they say specially, particularly among urban slums. You know among vulnerable sections of society, among illiterate people, poor people, isolated marginalized, backward disadvantage sections. So, who they are urban slums, tribal communities, hill area populations, and displaced and migrant populations, and also adolescents, and securing increased participation of men in Planned Parenthood. So, two things, in this bullet two things are said, one meeting the unmet needs for family welfare among all disadvantage sections of society in urban and rural areas and seeking in. So, far in our patriarchal system family planning was seen as the responsibility of women at the household level.

Now they say that efforts should be made to involve more and more men in securing, you know this a securing increase participation of men in Planned Parenthood; so RTI treatment testing treatment of RTI STI family planning. In this there is a need to include more and more men, because we are a male dominated society and then diverse health care providers, then collaboration with and commitments from non government organization, civil society organization, NGOS, and the private sector. Involvement of private you know these days, another phase has, another term has become very popular, public private partnership. In the eleventh five year plan in almost respects in education,

rural development, skill building, PPP, public private partnership; so in family planning also in population control programme, they talked about public private partnerships, civil role of civil society.

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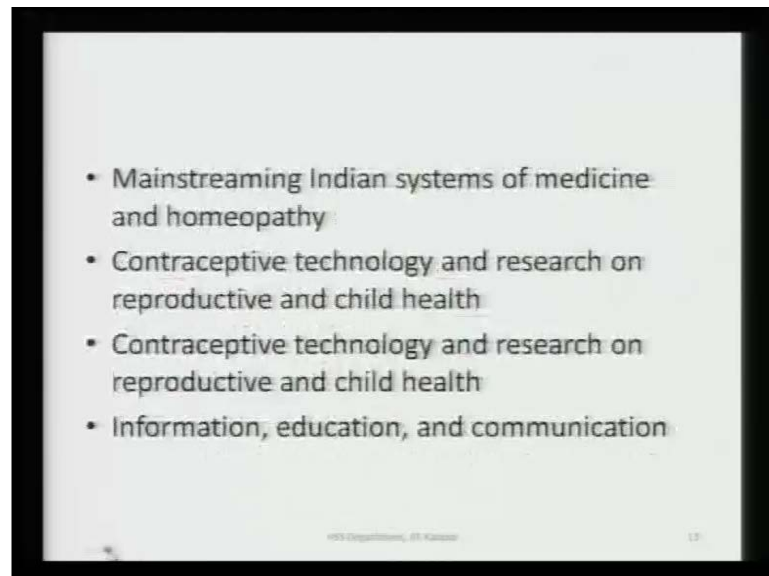

Then main steaming Indian systems of medicine siddha, unani, ayurveda in Kerala state of India ayurved is very popular and people from all parts of the country and from outside also from a other countries also come to Kerala for treatment of terminal cases, chronic cases. Problems like complicated, all kind for which allopathic doctors abroad or in India in AIMS or in Apollo or other sophisticated institutions of allopathic have said no. And I have heard, I do not know, I have not gone to such facilities in Kerala, but I heard that many cases in which allopathic doctors had so, said no have been recovered after using Kerala's ayurvedic and herbal treatment.

Then contraceptive technology and research on reproductive, and child health, then information, education and communication; information about facilities, education complete comprehensive understanding of issues, and communication means, change of behavior. So, people must be informed, for example, in case of HIV aids people must be informed, what is HIV. They must be educated, they must have a complete comprehensive knowledge of transmission of HIV virus and there must be

communication, means change in behavior; you know information and education must produce change in behavior.

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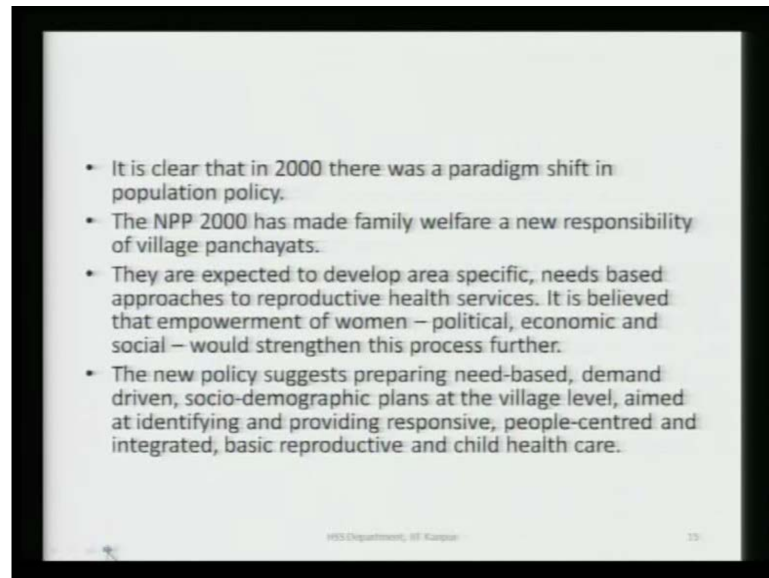

So, this is clear if you read NPP 2000, today when you go home, see NPP 2000 on net. You will find that in 2000 there is a paradigm shift, one can say to you sociological language that there is a paradigm shift in population policy. The NPP 2000 has made family welfare in new responsibility of village panchayat, this is what decentralization means? Planning at the village level planning at the earlier for population control, we planned at the national level. Now, since the socioeconomic cultural political situation varies from one part of the country, since a information education, since unmet needs vary from region to region; so, an in region to region, district to district, block to block village to village.

So, it was said that NPP 2000 should make family welfare in new responsibility of panchayati raj institutions. Village panchayat, village panchayat's must plan village panchayat's must provide education information and village panchayat's must provide facilities. So, a village panchayat must ensure that there is no unmet need for family planning. Now, these panchayati raj institutions are expected to develop area specific need based approaches to reproductive health services. It is believe that empowerment of

women, political economic and social would strengthen this process further. So, for political empowerment you have reserved one third or half seats on panchayati raj institutions for women.

There is economic empowerment, self help groups eliciting greater participation of women in employment, in industry, in services, in agriculture providing equal wages now. And preparing them, giving them education and vocationally skills to participate in economic field, there is therefore, political, economic and social empowerment of women. The new policy suggest preparing need base, demand driven socio, demographic plans at the village level, aimed at identifying and providing responsive, people centered, and integrated basic reproductive, and child health care. This was a dream.

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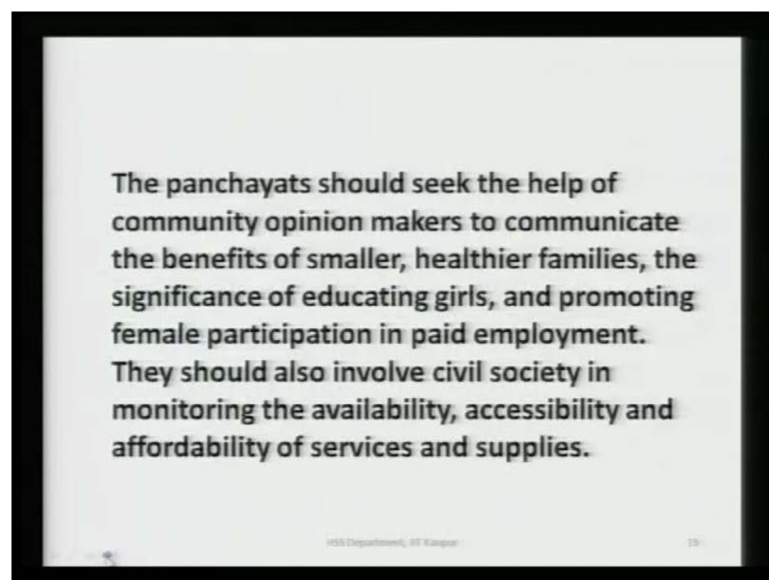

And I cannot say that this has actually happened, and NPP 2000 has been implemented by government of India. But whether this has, you know it can doubted whether this has happened at the village level, this has not happened. But that was the direction, that was the vision, and that was part of the strategies to control population. In NPP 2000, the panchayat should seek the help of community opinion makers, in panchayat's there are formal leaders, formally lead who are the elected representatives of people, different wards panchayat's. And there are also informal leaders, educated people, respectable

people, elderly people and these informal elite must also be involved in the program.

So, the panchayat, it say the panchayat should seek the help of community opinion makers to communicate the benefits of smaller healthier families. We want smaller and healthier families, the significance of education girls and promoting female participation in paid employment. They should also involve civil society in monitoring the availability accessibility and affordability of services and supplies. So, civil society and informal leaders and opinion makers must also be involved in monitoring. What monitoring, what? Availability, one - availability of services, to ensure that services are available; two - they are accessible, they are not only available at CSC or PSC, they are also accessible to people at the village level.

And three, they are affordable, that people can that the cost of a say, if you want to promote a condom, then the cost of condom is such that people, poor people, people belonging to landless laborers category, tribal category urban slum dwellers, poor people, they can all afford these services. Similarly, services for child birth. So, these are the points three major points, availability, accessibility and affordability then.

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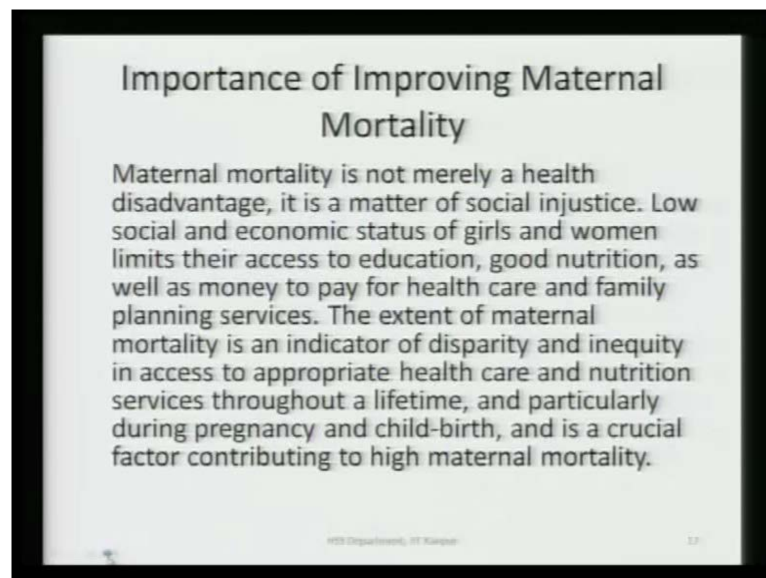

There is a particular importance of improving maternal mortality, NPP 2000 says that

maternal mortality is not merely a health disadvantage. It is a matter of social injustice, life's of women which could have been saved a proper facilities were available are not saved. This is a grave social injustice; low social and economic status of girls and women limits their access to education, good nutrition as well as money to pay for healthcare and family planning services. The extent of maternal mortality is an indicator of disparity and inequity in access to appropriate healthcare and nutrition services throughout a lifetime. Why are women? You know one reason, we had high MMMR is PPS. Why PPS? Because anemia, why anemia? Because there is inequality in nutrition.

And this happens throughout lifetime during infancy, childhood, when they are adolescence, when they are marrying. They are producing babies throughput their lifetime. They suffer from disadvantages and malnutrition and particularly during pregnancy and child birth and is a crucial factor contributing to high maternal mortality.

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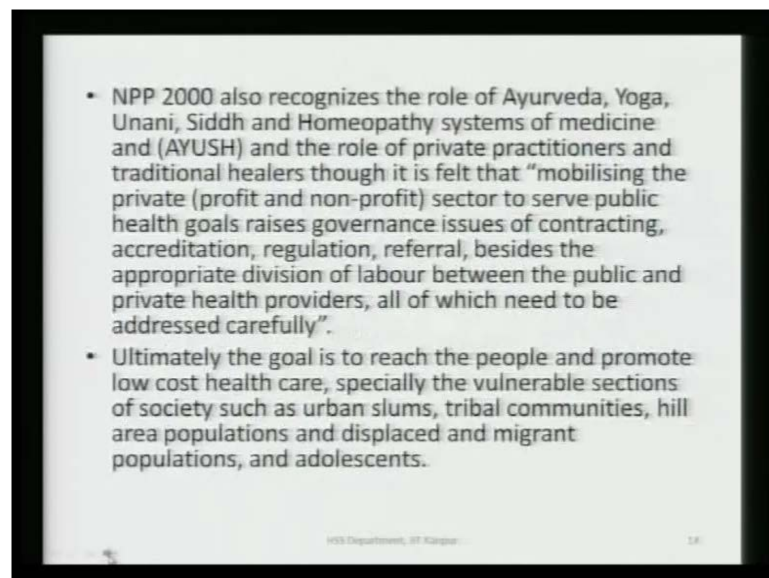

So, NPP 2000 also recognizes the role of all facilities, all health facilities, ayurveda, yoga unani, siddh, homeopathy and the role of private practitioner, and traditional healers. You know interestingly traditional healers are also recognized. Though it is felt that mobilizing the private profit and nonprofit sector, to serve public health goals, raises governance issues of contracting, accreditation, regulation, referral, besides the

appropriate division of labor between the public and private health providers all of which need to be addressed carefully. So, in principle government is ready to include traditional healers and private practitioner, but of course, the issues of contacting, accreditation, regulation, etcetera remain.

So, that the qualities of services do not suffer and women do not suffer from injustice in the field of education and health. Ultimately, the goal is to reach the people and promote low cost health care, especially among the vulnerable sections of society such as urban slums, tribal community, hill area populations and displaced and migrant populations and adolescents.

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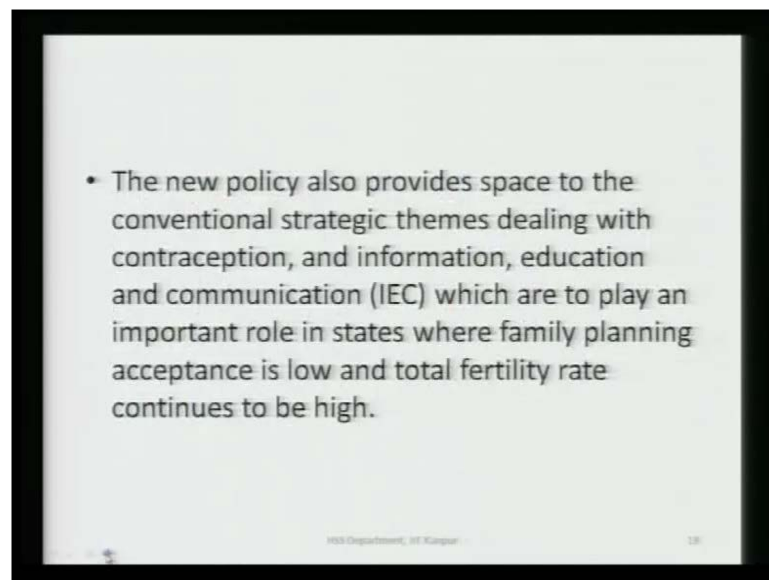

The new policy also provides space to the conventional strategic themes dealing with contraception and information, education and communication in short IEC which are to play an important role in states, where family planning acceptance is low and total fertility rate continues to be high, there are some operationally strategies.

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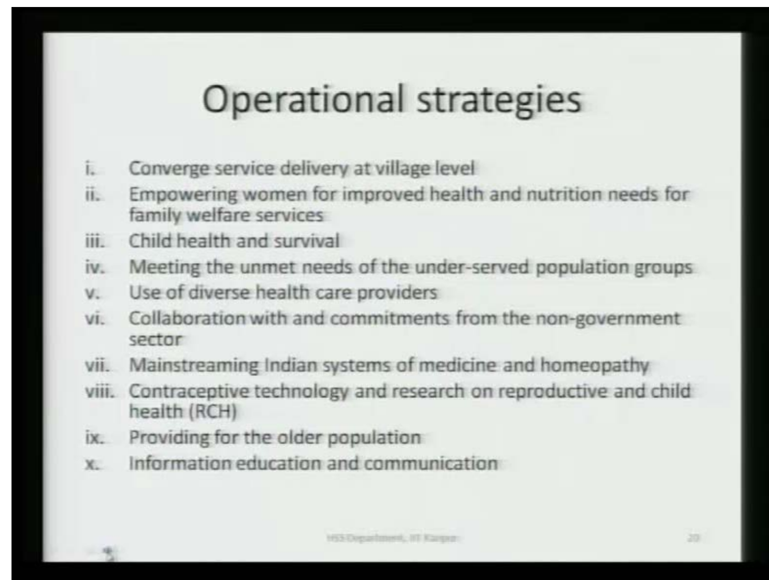

So, there are goals there are strategies and there are operational strategies, how do we achieve the goals. We will achieve the goals of NPP 2000 through the following operational strategies, convert service delivery at village level. It is a big goal, it has not happened and I am doubtful whether this can happen soon, empowering women for improved health and nutrition for family welfare services. Then child health and survival, meeting the unmet needs of the underserved population groups; use of diverse health care providers, collaboration with and commitments from the non government sector. Mainstreaming Indian systems of medicine and homeopathy, contraceptive technology, and research on reproductive and child health; suppose, we can find through research an injection, which is completely safe and which can free a women from chance of conception for say 10 years or 15 years.

It will very good, and it will have wide acceptance among all the communities including Muslims and other, in which there is resistance for vasectomy or tubectomy. So, research is very important, it is by research only that we can develop such injections or you know by research, we need to develop options acceptable, affordable and safe options for people and providing for the older population.

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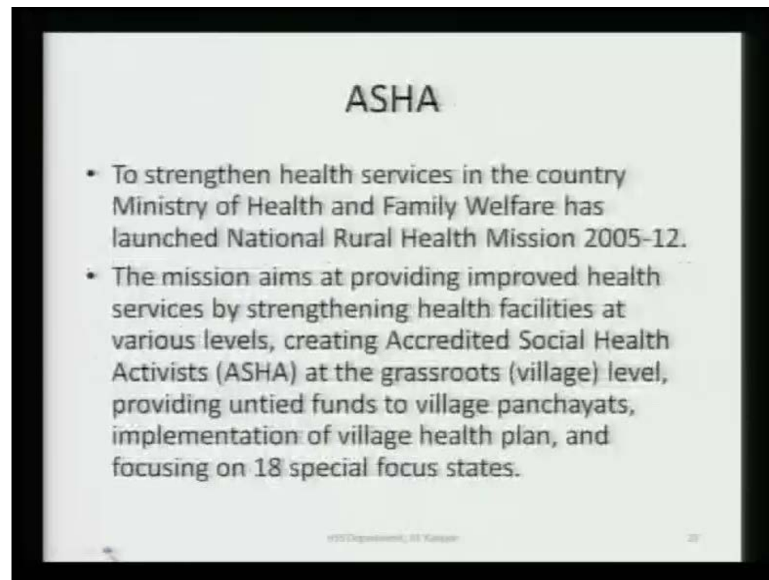

And then information, education and communication, recently another important thing that has been added in the population programme in the concept of ASHA. ASHA means a credited social health activists. She is not a government employee, she is a health activist, she is a volunteer for performing certain task, she is given certain incentives. Some incentive money is incentive for child birth, incentive for immunization, incentive for family planning, and from time to time government can be declare in different states governments can declare, what should ASHA has been given for what kind of services and how much? To strengthen health services in the country ministry of health and family welfare has launched a national rural health mission for seven year period 2005 to 2012.

And the mission aims at providing improved health services by strengthening health facilities at various levels, creating a new institution of ASHA at the grassroots level, village level. Providing, this is one thing creation of ASHA another provision is another institution of providing untied funds to village panchayat. So, certain amount say 10000 rupees is available to village panchayat's for spending according to their own requirements any time, for needs related to health and family planning. And then implementation of village health plan, let the each village develop its own health plan, what are its problems? What are the risks? What kind of diseases? They are suffering

from throughout the year, seasonally.

What are the causes are people allergic to? Something are there are some endemic infections, if there a problem of malnutrition, if there problem of shortage of vehicles, infrastructure of facilities. And let the village come up with the plan, health plan and focusing on eighteen special focus states. You know that in the eleventh five year plan, we were talking about some special focus states, that the all the states of the country are divided into two parts, special focus and non special focus. In a special focus states of northeast and uttarakhand and jummu and kashmir etcetera. We will have more efforts in a field of health and family welfare, what are the responsibilities of ASHA? ASHA is very crucial now to family planning programme to HIV programme, health programme.

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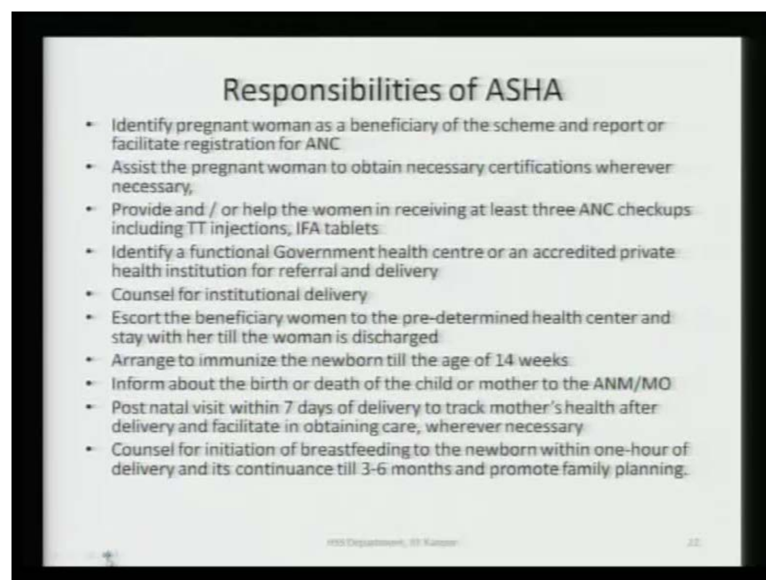

So, let us also see what are the responsibilities of ASHA? identify pregnant woman, assist the pregnant women to obtain necessary certifications wherever necessary, provide and or help women in receiving at least three ANCS anti-natal care checkups, including tetanus injection, IFA iron and folic acid tablets. Identity a functional government health center or an accredited private health institution for referral and delivery; council for institutional delivery, tell women that give ANS and tell women where they should go at the time of child birth, also escort the beneficiary women to the predetermine health

center and stay with here till the woman is discharged.

Arrange to immunize the newborn till the age of fourteen weeks, inform about the birth or death of the child or mother to the ANM and medical officer. Post natal visit within seven days of delivery, to track mothers health after delivery and facilitate in obtaining care wherever necessary. Council for initiation for breastfeeding to the newborn within one hour of delivery which is very vital to save the child from infection. And it is continuous till 3 to 6 months and promotes family planning. You know breastfeeding has been seen, researchers have shown that breastfeeding acts as a kind of contraception.

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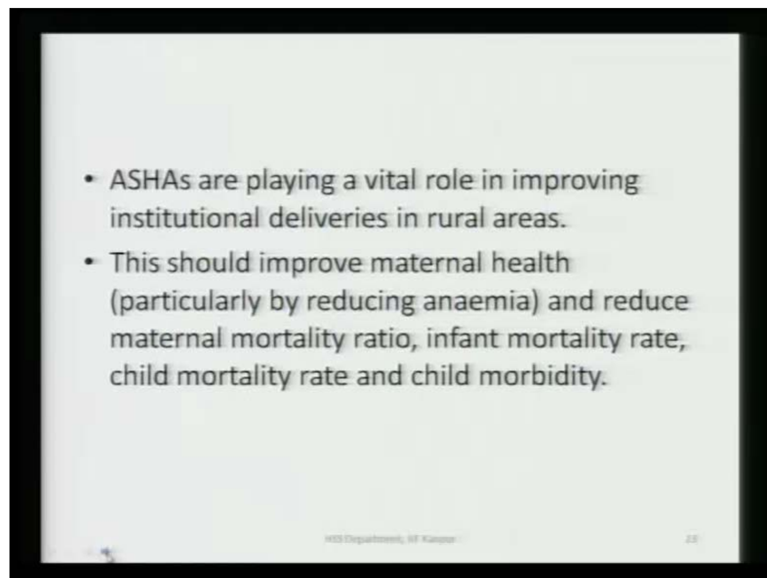

So, promote breastfeeding and ASHAS are playing a vital role in improving institutional deliveries in rural areas, there is no doubt about it, that the main cause maybe money. But this is a fact researcher done during last six months and one year they have shown that the proportion of institutional deliveries has increase significantly. I am myself seen in several field visits that the numbers of deliveries at PHC at CSC in government hospitals are increasing tremendously. The reason maybe money and maybe if you withdraw the money incentive amount for this, then the institutional deliveries may again suffer. But the fact is that after NPP 2000 and appointment of ASHA and through the provision of incentives and a national rural has mission the proportion of institutional deliveries has

gone up.

And this should improve maternal health particularly by reducing anemia and reduce maternal mortality ratio, infant mortality rate, child mortality rate and child morbidity.

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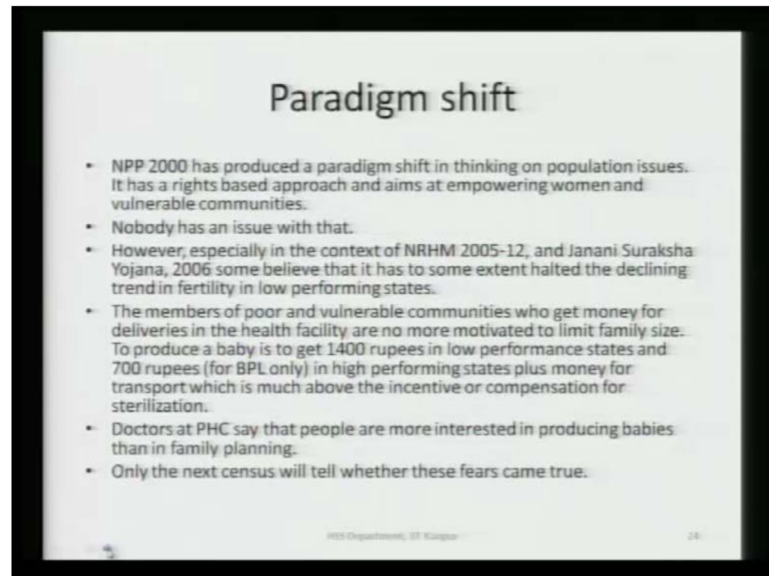

So, there is a paradigm shift, nobody has an issue with that in the context of NRHM national rural health mission 2005-2012 and Janani suraksha yojana, incentive for bringing women to hospital for child birth. The situation certainly improved to produce a baby is to get 1500 rupees in low performance states and 7000 rupees in high performing states plus money for transportation. But we have also seen doctors at PHC saying that people are more interested now in producing babies then in family planning. Suppose you get 400 rupees for sterilization and 1400 rupees for child birth it make rational to go for child birth, only the next census will show whether fertility is increasing or decreasing.

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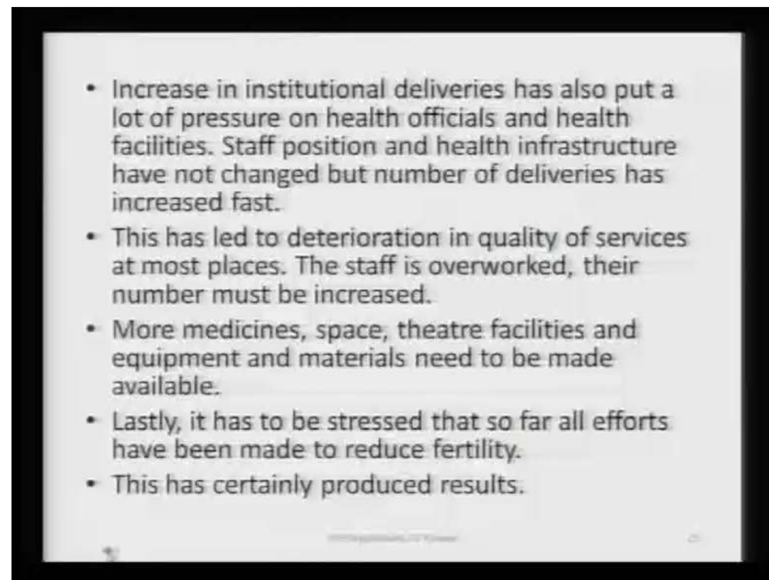

It will decrease, we know it is decreasing, increase in institutional delivery has also put a lot of pressure on health officials and health facilities. Where you find no medicine, no beds over that the staff members are overworked, new staff positions have been release. So, the same number of people is involved in general health facilities and also in child birth. So, the pressure of work on health staff has increased and this might have led to deterioration in quality of services at most places. The staff is overworked and their number should certainly, we increase more medicine space theater facilities, equipment and materials need to be made available. There is some improvement in these factors also, but not the commensurate improvement, there rate advice, child births have increased.

At the same rate this facilities have not increase lastly it has to be stressed that so far all efforts have been made to reduce fertility, this has certainly produced results.

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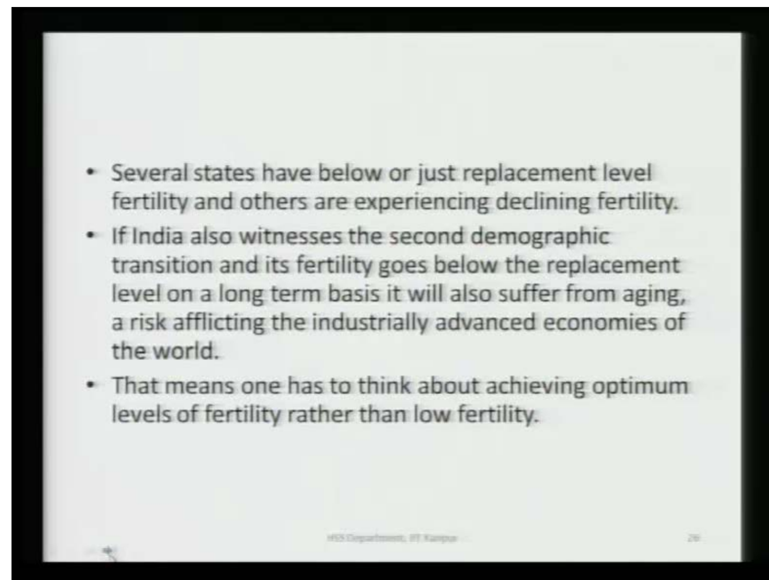

Several states have below or just replacement level fertility, others are experiencing decline, and if India also witness is the same second demographic transition and it fertility goes below the replacement level on a long term basis, it will also suffer from aging a risk afflicting the industrially advance economies of the world. That means right from now, we have to think about achieving optimum levels of fertility rather than low fertility. I think time has come when we should not only talk about achieving lower level of fertility, but we should also think of having optimum level of fertility in the long run.

China is, this china is facing this problem, china now due to almost three decades of replacement or below replacement level fertility they have old population, they have distorted sex ratios, problem of women empowerment, raising age of population. Now, china is thinking whether the policy of deemphasizing family planning programme, can lead to higher levels of fertility and bringing the fertility level back to at least replacement level. In the recent issue of population and development review there is an article on this, some people think that if population policy is change fertility in china can again go up, some other think that due to modernization and social economic development, it is now impossible for fertility to raise further.

Even if family planning programme or cultural or government policy to limit family size,

how to held this one? Child policy something is done, if you do not have one child policy, any more even then the level of fertilities unlikely to go up. So, these are the things that our NPP 2000 and they say, I think you can ask one or two quick questions, one some question which comes to your mind.

Actually it is a national population policy (( )) cohesion or pressuring this sterilization or mix family planning. So, I think in the last calls, I think you said that mass vasectomy plays a very much crucial work for the population (( )). So, these kinds of drastic change in the approaches a population, whether is how? How it effect the effectiveness of population regulation? There can be whether.

I understand you are saying that before NPP 2000 sterilization was the main method of family plan and doctor Karan Singh even emphasized. In Janata policy they said that we will put equal emphasize on all methods, but the fact remains that for sometime family planning acceptance declined, went almost to zero level and then gradually picked up. But even when it picked up after Janata policy, when on paper all methods were equally emphasize, the fact remains that sterilization was the main method of population control. And even after NPP the recent data produced by national family health service and other related service, district level, state level national level, show that even now sterilization is the main method of family planning.

I think something has to be done about it and what can be done? You have to as the on paper the policies say's that you must increase involvement of males in population control programme. And involvement of males means going, if you, if couple decide to go for terminal methods then increase the percentage of male operations; vasectomy, which is not happening, which is not happening because of rumors, because of social structure, because of various types of fears in peoples mind. So, there is a need to attach on the patrifocal, patriarchal nature of social structure, there is also a need to provide comprehensive information about sterilization methods. And other methods of family planning, and there is a need to create perhaps more incentives and disincentives for male sterilization or for spacing methods.

Somehow government of India thinks that spacing methods are not so effective and

spacing methods are also the methods which can be withdrawn anytime, once somebody has gone for terminal method, then you are sure that for the entire life the chance of conception would not exist. In case of spacing people may drop out by changing climate more in favor of social justice for women and through education, information by providing comprehensive education to people. And especially this HIV issue, HIV you many control population, by popularizing, by even emphasizing or by coercion people to go for sterilization, but you cannot check HIV aids through sterilization.

For HIV aids you have to popularize condoms as so spacing, popularization of condom will not only help you in population control, it will also help you in arresting the spread of HIV epidemic. And the government is gradually realizing this thing and popularizing this particular method of population control more not only for population control or reducing fertility, but also for arresting RTI STI including HIV aids. Let us see what happens in future? Thank you.