Population Studies
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Lecture - 09
Population and Family Welfare - I

Friends, in the previous lecture on population policy, I said that policies are developed by government in response to problems that society is faced.

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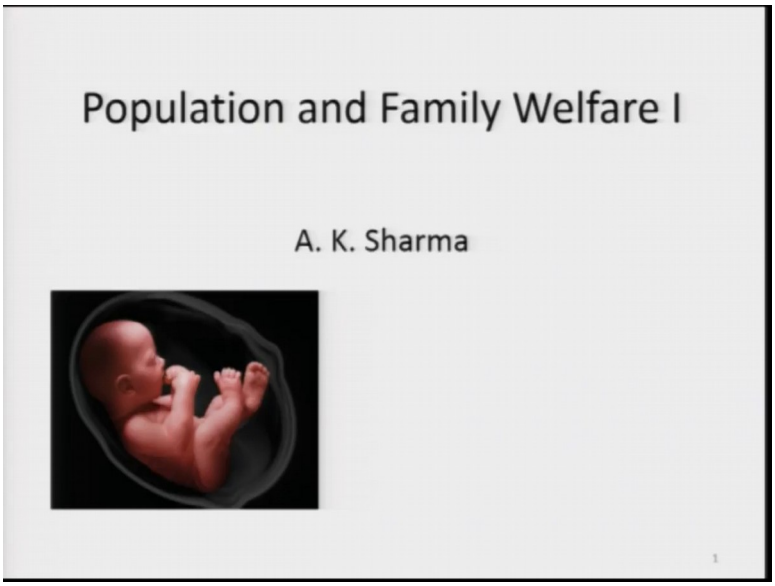

In the developed countries they are concerned about the aging of population because of long and significant decline in fertility going beyond going below the replacement level and the problem of migration mainly immigration.

Now, in less developed countries and India is part of less developed a euphemism is often with developing countries. So, in developing countries or less developed countries like India, the problem of population policy focus on high fertility. So, these two lectures now will focus on family welfare program in India.

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Family planning program aims at raising awareness of methods of birth control. Because initially in 1950s when the family planning program was started due to traditional reasons, institutional reasons, socio economic regions people had high fertility and the average family size at that time was around 8 and people attributed children to God's gift and did not know whether something can be done to limit family size.

So, first and foremost point in any family planning program is to inform the people that it is in their hands to decide how many children they should have and after raising awareness of methods of birth control then it comes to behavioral change communication or communication strategies on the part of government which aim at changing people's behavior.

So, first is awareness or knowledge or information second is behavior and thus the program aims at limiting family size in conditions of high fertility; obviously, we need family planning program only in those countries where fertility is high in todays developed countries or more developed countries, fertility decline without having any family planning program and that was because of peoples own motivation.

They realized that a small family is in their interest, it is in the interest of children and therefore, despite often resistance from the state and also resistance on the part of the

church on their own by using natural methods of family planning, they controlled family size.

So, India that way was the first country to launch an official family planning program in the world and it is started with some program that we will see what did Government of India do and now it ends up with human rights or reproductive rights approach rather than direct intervention in reproduction.

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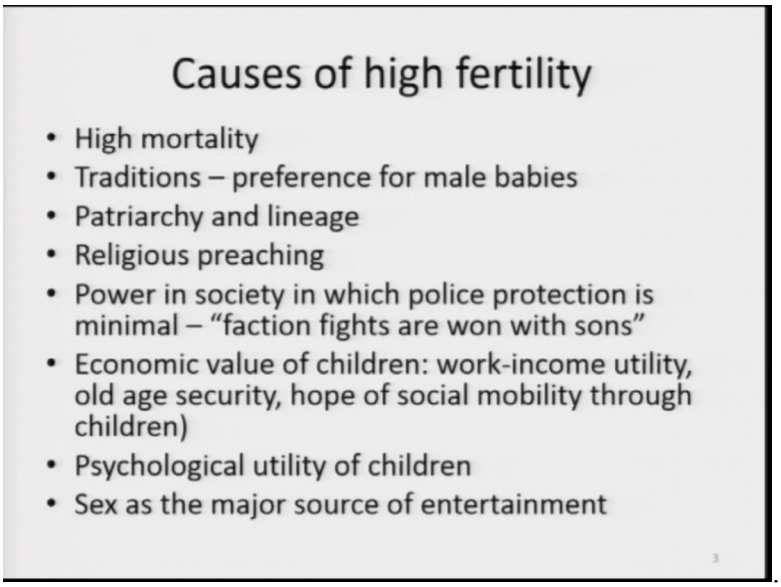

Friends, when we talk of family planning in India we also have to look at the causes of high fertility because these causes need to be confronted directly.

One reason was high mortality, infant mortality, under five mortality they were high and people thought that if they want a certain target number of children they have to produce double or triple of that; then tradition and due to cultural, religious, traditional preferences for male babies which was associated with patriarchy and the issue of lineage that your lineage continues through your sons and not through your daughters.

Religious preaching all religions not only Hindu religion, but all major world religions stress on having a son. Then in village society in India where police protection is minimal people believe that faction fights are won with sons and having 2 sons means having 4 lattis this is what village people tell in fieldwork. Then there was also economic value of children work utility people children worked on parents family farms and in

poor families also without farms without farming facilities in the communities of artisans labourers more number of children meant that when they grow up they take up different types of economic activities may be low income activities, but ultimately contribute to family purse.

Children were needed for old age security they are still needed for old age security though some time it may be a myth and old people in rural sector may not actually have old age security and depend on their sons in the old age they continue to work. Till they can they continue to work there is nothing like old age some researchers have shown, but still there is a myth and there is a hope that in old age or in a period of crisis their sons will help them.

Hope of social mobility through children and then psychological utility of children, children look good boys girls sons daughters and some people also say that because there was no other source of entertainment in rural life. So, sex was another factor in having more number of children.

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What did Government of India do? In 1952 with a very very cautious approach Government of India started family planning program with Gandhian approach, which meant that people are told about importance of limiting family size, but there is no

discussion explicit discussion of different methods or different ways they can adopt to do this.

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The approach; obviously, failed and in 1951 to 56, we had clinical approach a large number of clinics were opened in different hospitals in different parts of the country expecting that people couples especially women will come to clinics avail services and consultancy.

When this clinical approach also did not work and censuses is showed a rising growth rate of population then the state thought that people must be made aware and people must be motivated to do this to limit family size and so, a number of change agents were appointed in different parts of the country at the village level, at the block development level, panchayat level and this is how community extension program started. Then IUCD approached in 1965, Mass vasectomy camp 1972 to which I referred in one of the previous lectures by doctor by Krishnakumar an IAS officer in Ernakulam district of Kerala.

Then was the period of emergency which is very significant and first population policy draft was issued by Doctor Karan Singh in 1976 then Janata government policy came in 1977 and National Population Policy in 2000, then in 2002 National Health Policy was announced which had many points common with the National Population Policy of 2000 and nowadays we are under the influence of millennium development goals and sustainable development goals policies and reproductive health and human rights approach.

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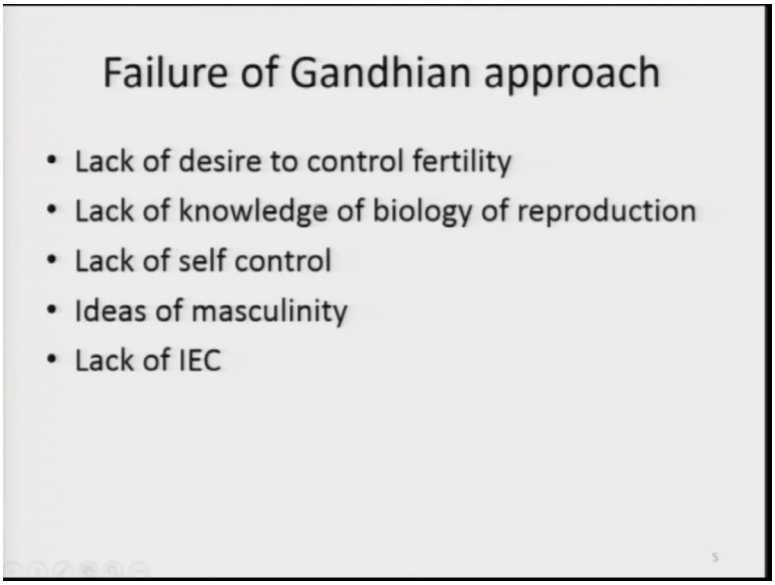

Why did Gandhian approach fail? Because there was no desire to control fertility among people, fertility was natural and there was no desire; lack of knowledge of biology of reproduction when I was PhD student and I that was my first research in fertility and family planning and I found that in the rural areas, I conducted my fieldwork in Etawah district of Uttar Pradesh, people had no idea of biology of reproduction. They had myths wrong ideas and their ideas were based on the observations of their domestic animals.

So, when they do not have the idea of biology of reproduction, how can they use say coitus interrupters or rhythm or say period method to limit family size. So, that was another reason why Gandhian approached failed, then lack of self control we talk of self-control it is a value, but in practice where is self control? So, then idea of masculinity leading to increased coitus frequency and lack of information education and communication.

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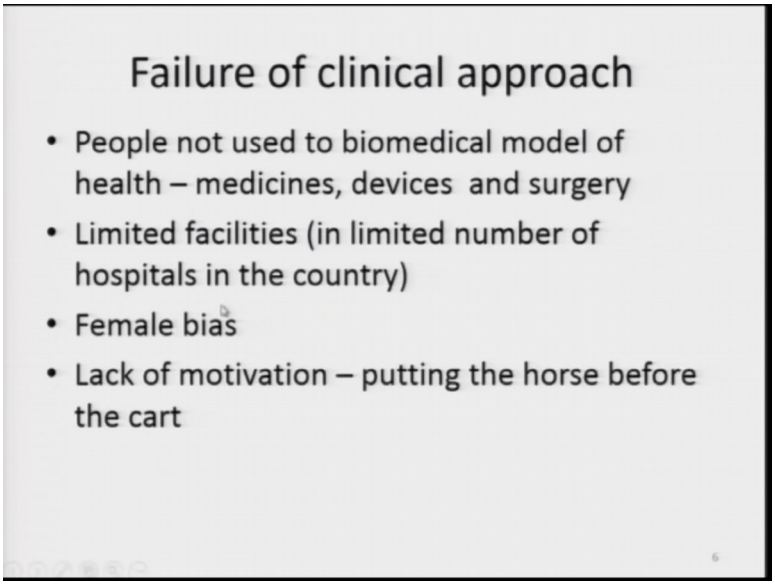

Clinical approach failed because people were not used to biomedical model of health medicines, devices and surgery facilities were also limited all the hospitals did not have the facility the program was started with limited money, in limited number of clinics were opened there was also a female bias. Now female bias means most of the clinics provided they were in womens hospital and provided consultancy and facilities largely to women, while the major decision making power in Indian family rests with males.

So, if you develop a program for women that has a lesser chance to succeed. Now things are changing, but in 50-60s and even now in a large number of cases decision all major decisions at the household level economic, social, cultural, relational are taken by males or jointly in consultation with female. So, this female bias of the program also led to failure actually attention should have been paid more to men and it was men who required motivation without lack of motivation it was like putting the horse before the cart.

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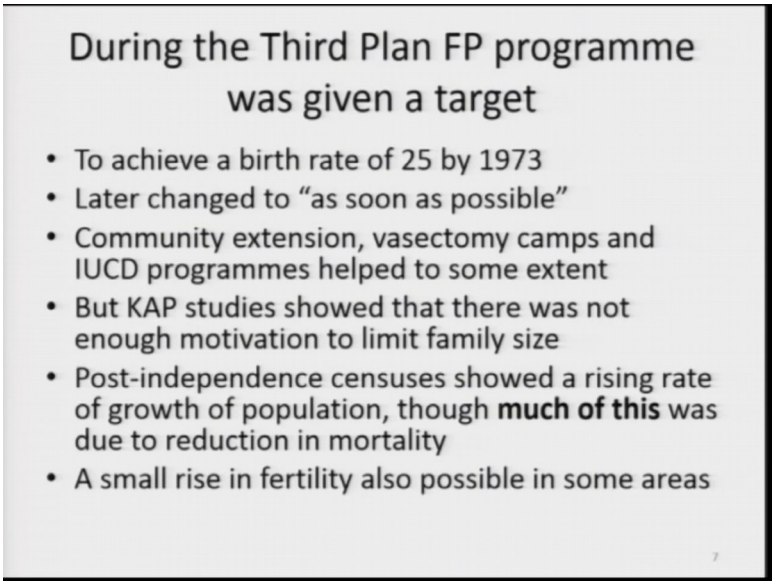

During the third plan, family planning program was given a target. The target in 1973 first time was to attain a birth rate of 25 by 1973 later it was changed to as soon as possible. Then community extension; community extension approached vasectomy camps and IUCD programs also helped to some extent. But KAP studies showed that there was not enough motivation to limit family size knowledge, attitude and practice. means KAP studies conducted in 60s 70s continued up to 80s and even now NFHS and annual health surveys provide us information about ideal family size, it is rationale and attitude towards family planning, knowledge of family planning and so on.

So, these surveys had shown that there was not enough motivation to limit family size; post independence censuses showed therefore, a rising rate of growth and some researchers hypothesize that in the early phases of development there is also a possibility of a slight rise in fertility rate.

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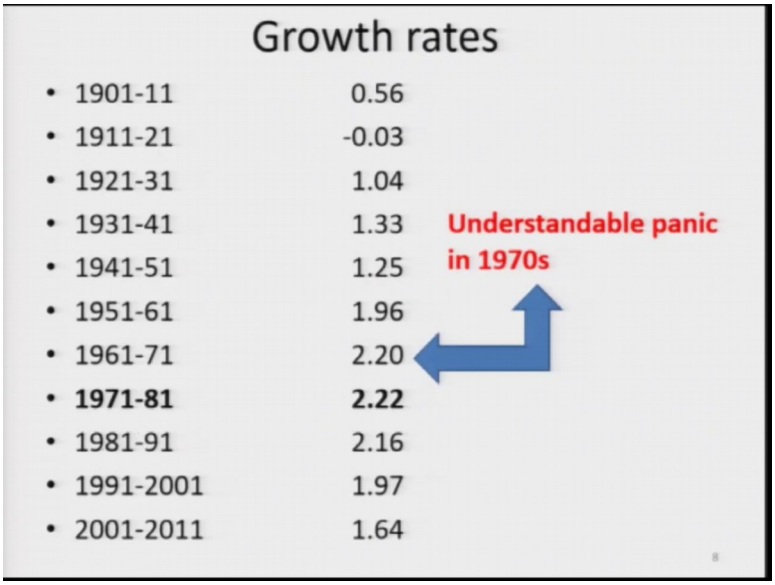

Now, look at the figures of growth rate from Indian censuses these figures are given for a period 1901 to 2011 the last census.

Initially 1901 to 11 the rate of growth of India's population was 0.56 and the subsequent period 11 to 21 it declined to minus 0.03. This decline was largely because of the influence of influenza epidemic which took into it is grip the whole of north India. Then in 21 to 31 when conditions improved and there was no serious epidemic like malaria or anything then the growth rate increased to 1.04; that means, some beginning of the second stage of demographic transition started. Then 1.33 then 1.25 41 to 51 is affected by independence and partition of the country, lot of migration on the border took place and the net rate of growth of India's population was 1.25.

Then 51 to 61 when family planning program started and 10 years of program was already in existence the rate of growth increased to 1.96. This is what shows that there was no knowledge no motivation to limit family sizes. So, there was a panic and in 76 when Doctor Karan Singh wrote the first draft of the policy the rate of growth had increased to 2.2 percent per year. Then 71 to 81; however, was the census decade which recorded highest rate of growth of population after that rate of growth starts declining the last census gave a growth rate of 1.64.

Although, I would say that this growth rate is slightly deceptive and it is more because of a younger age distribution of population rather than high fertility. Initially when growth rate is 1 it is due to high fertility, now 1.64 this is more due to younger age distribution and not due to high fertility. Emergency time lot of coercion was used for which Ashish Bose and other people used a term Sanjay effect.

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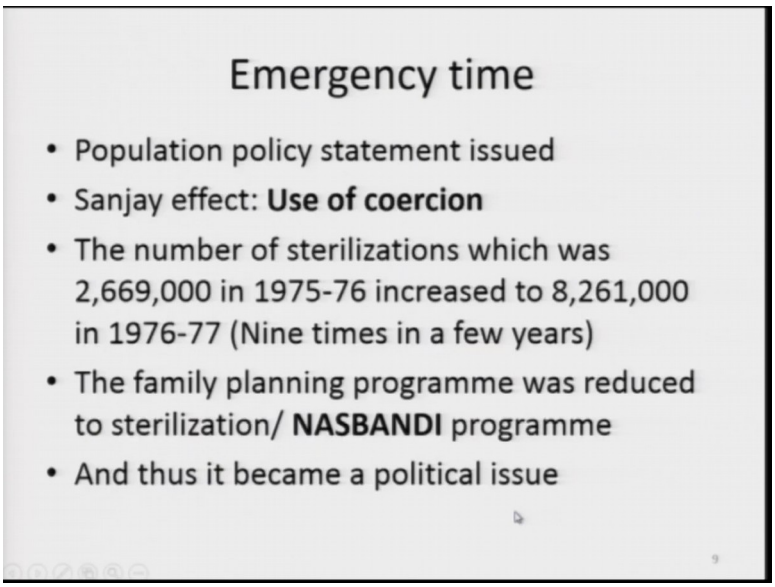

The number of sterilization which was 2,669,000 till 1975 76 increased to 8,261,000 in 76-77 without coercion such an increase and actually in a few years time it increased by 9 times. Now this 9 times increase is a clear evidence of coercion and the program was reduced to sterilization program and it became a political issue.

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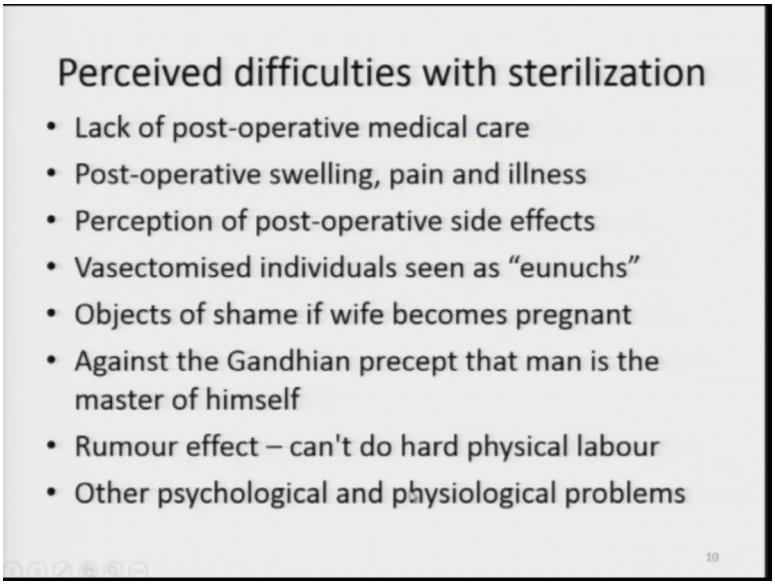

There were a lot of difficulties perceived with sterilization, lack of post operative care post operative swelling, side effects and lots of rumors and problems if wife becomes pregnant and the Gandhian precept among many that man is the master of himself and does not require external methods and rumors like people cannot do hard physical labour and people in ignorance started attributing all kinds of problems physical problems to sterilization after it was performed.

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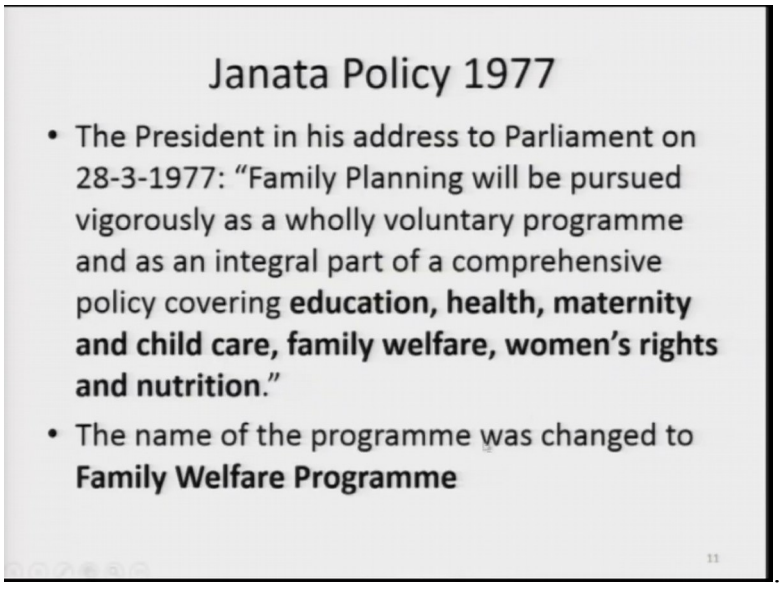

So, in 1977, when Janata party came to power first thing they declare was that family planning will be pursued vigorously as a wholly voluntary program and as an integral part of a comprehensive policy covering education, health, maternity and child care family welfare, womens rights and nutrition and the name of the program was also changed from family planning to family welfare targets were removed and cafeteria approach was used.

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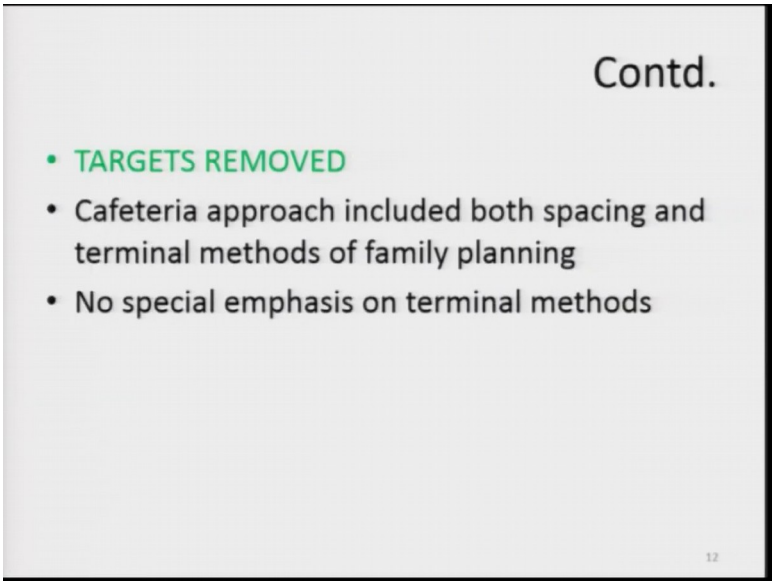

Which means that people are told about all the existing methods of family planning spacing and terminal method, spacing when they want to create a space between two children terminal when they do not want any child more, but there was no special emphasis on sterilization or terminal method, people could use any method the purpose is to reduce family size that is all.

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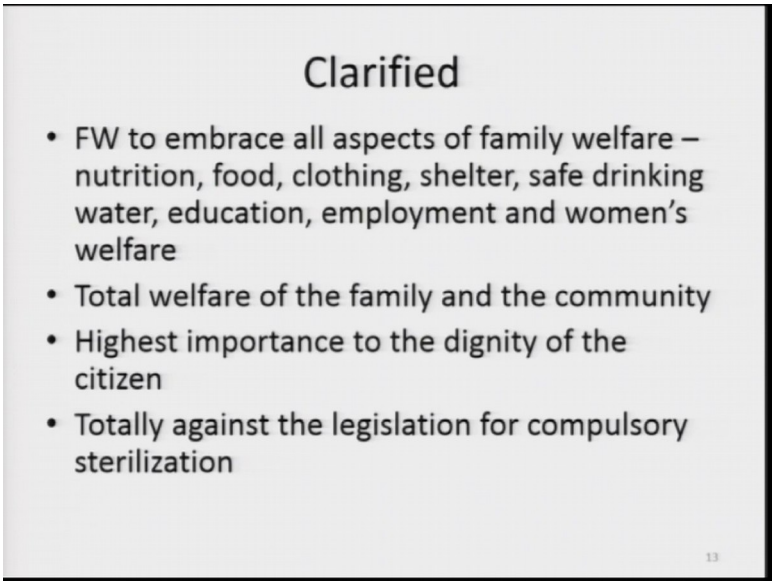

It was clarified that family welfare has to embrace all aspects of family welfare means nutrition, food, clothing, shelter, safe drinking water, education, employment and women's welfare, it became a welfare program that is why name was changed from planning to welfare.

Total welfare of the family and the community was the aim and not simply sterilization or reducing family size. Highest importance was given to the dignity of the citizen and the program now was against the legislation for compulsory sterilization.

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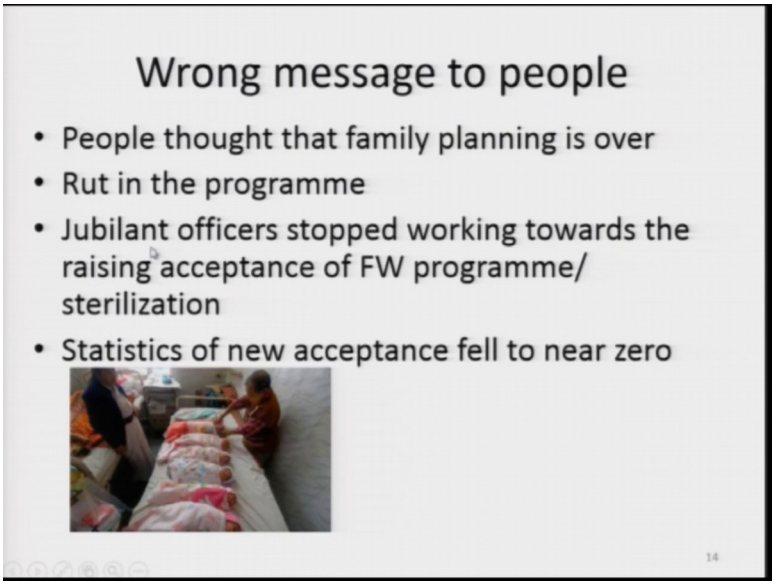

This certainly sent a wrong message to people and people thought that family planning is over. There was a rut in the programme and jubilant officers stopped working toward the raising acceptance of family welfare program especially sterilization and acceptance statistics of family planning fell to near 0.

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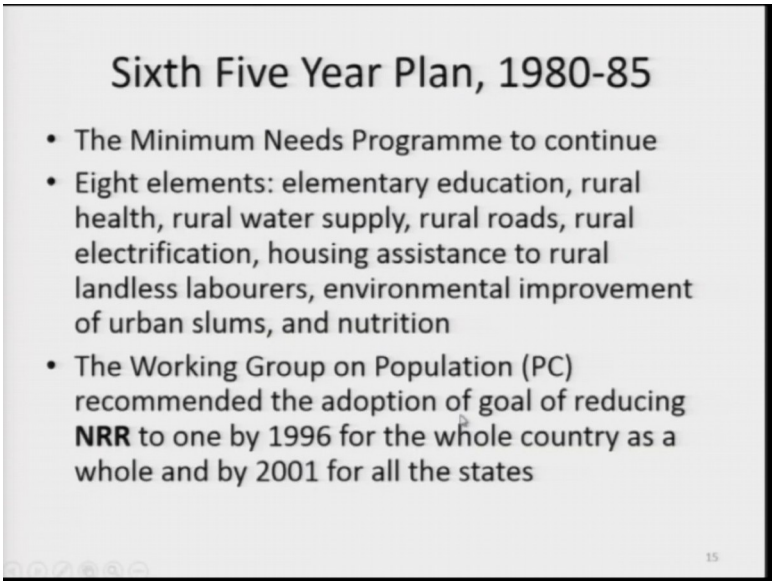

Now, in six five year plan, 1980 to 85 the program was revived and it was said that the minimum needs program will continue which has 8 elements elementary education rural health, rural water, rural roads, rural electrification, housing, assistance to rural landless laborers environmental improvement of urban slums and nutrition.

The working group on population recommended the adoption of goal of reducing NRR to one by 1996 for the whole country as a whole and by 2001 for all the states of India. NRR we will define NRR in the next lecture, this means that if NRR of 1 is achieved then on the average under the prevailing conditions of fertility and mortality a woman is producing one daughter in lifetime.

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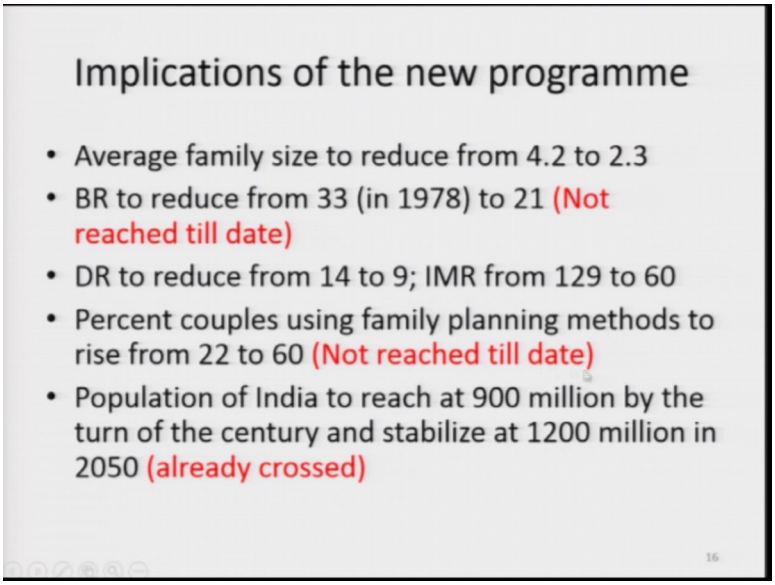

Implications of the new program that average family size is to reduce 2.3, birth rate to 21 death rate to 9, infant mortality rate to 60, percent couples using family planning methods to 60 and population of India to reach at 900 million. Now even today in 2019 none of these goals except average family size has been achieved average family size of 2.3 has been achieved, but that is only recently.

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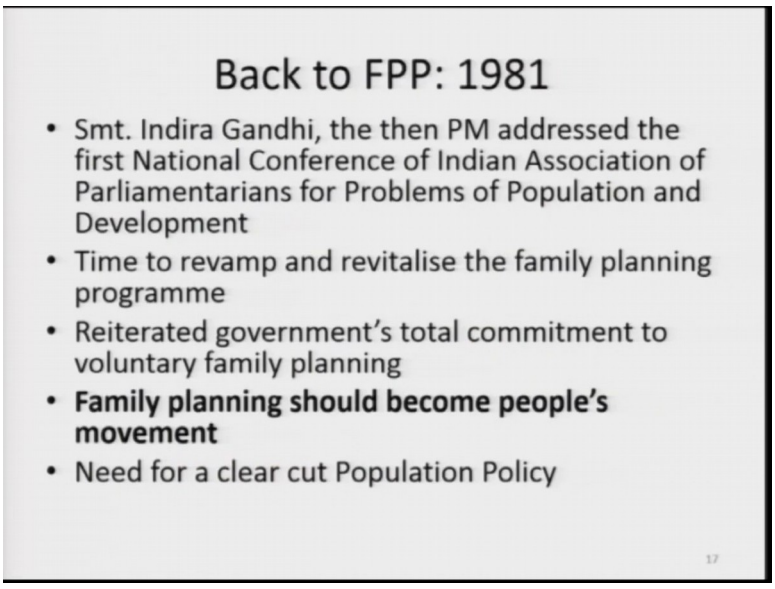

In 1981 we back we were back to family planning program and Srimati Indira Gandhi the then prime minister addressed the first national conference of Indian association of

parliamentarians for problems of population and development that time had come to revamp and revitalise the family planning program.

She reiterated governments total commitment to voluntary family planning. So, she was cautious and with the term voluntary with family planning, but family planning became a value in administrative circle once again. It was said that family planning should become peoples movement and there is a clear cut need for a population policy.

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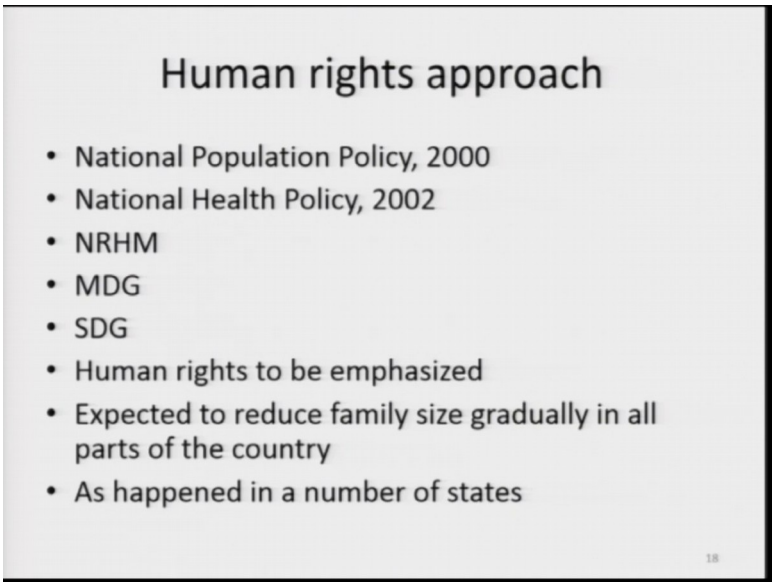

This policy was announced in 2000 approved by president of India, then National Health Policy in 2002, National Rural Health Mission was started with the special emphasis on reducing maternal mortality rate by providing all kinds of reproductive health facilities, knowledge to rural women and bringing them to nearest health facility for delivery.

Millennium development goals, sustainable development goals, human rights you can see that these very use of these terms shows that we are moving away from old concept of family planning with emphasis on just reducing number of children and we are moving more towards welfare and for two reasons I would say this is the correct approach one reason that our total fertility rate means number of children per woman has already declined to 2.2.

Our goal initially was 2.3; it has already declined to 2.2 and if my calculations are correct I would say our net reproduction rate has already gone below 1.0. So, from that

perspective we do not need to spend money on family planning program and if growth rate is high it is simply because the fear issues as time passes and our age distribution becomes older as is the case we developed countries that long and persistent decline in fertility leads to aging then our birth rate will also fall and growth rate will become 0.

And second thing that India of 2019 is not same as it was in 1950. People are more aware, people are more cautious they plan, they think about themselves, they are modern, they have orientation for time they think about their children's mobility and irrespective of caste, community, region my understanding is that everywhere people are worried to have small number of children and the main reason is that the they know now that for the development of children education is very important and education is expensive.

So, it is not that old argument that poor people produce more children because they think that children will bring some money and add to family purse is no more true. People are worried about children, they want to secure their future and educate them they know that without education their children are not going to get decent job. So, and they also know that education is expensive quality education is expensive. Nobody really wants to send children to government school right from the beginning in rural areas also may be of a poor quality, but there are private schools and people want to send their children to English medium schools and they charge fees and stationery and books and copy.

Despite government provisions for supply of many of these things freely and scholarships, fellowships to children belonging to below poverty line; today almost all the children get some or other kind of scholarship or benefit from government, but despite this if you want quality education for your children that is nothing. So, people are becoming aware. Still I would say that program is required and the target of couple production rate of 60 is not yet reached.

So, there is a need to do more research in contraceptive methods and develop more safe. I would say that there is a need to develop more injections which can give a guarantee to protect a woman for 1 year or 2 years without having side effects. Many of today's methods are known to have side effects and are not acceptable. So, more research into reproductive biology and contraceptive technology is required ok.

Thank you.