CHAPTER - 5

FAMILY PLANNING AND POPULATION POLICY
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To help persons of low-income-group we must have some effective schemes to induce them to prefer a smaller number of children and adopt family planning. The greatest obstacle in the way is their illiteracy besides some caste and religious considerations that are deeply rooted in them.

Family planning is an attitude towards the size of the family and includes various measures like regulation of crude birth rates, proper spacing between children, child care and other schemes of family welfare that improve the quality of life in different ways. It has its social justification in as much as it redeems the womenfolk from unwanted motherhood and improves their health and standard of living. In a less developed economy like ours, family planning is a dire economic necessity for the country as a whole. It is thus a matter of concern not for the individuals alone, but for the states as well.

Family planning has been used as an important device in most of the countries in the world to regulate the number of pregnancies resulting in child-birth. Family planning had its beginning in India as an official movement in 1951 and has continued since. The family planning programme is the oldest National programme and has experienced
many ups and downs during its more than three decades of existence. In the beginning, the programme generally concentrated on voluntary sterilisation.

In the year 1965-66, it was given higher priority and efforts were made on a large scale for IUD (intrauterine device) insertions. Reports about its side effects were that it tended to scare away the Indian women. In 1968, another scheme for the use of 'Nirodhi' was taken up and Nirodhi social marketing programme was started to serve self condoms at a subsidised price through established retail outlets. Between 1971 and 1973, sterilisation camps were organised throughout the country but later on these were discontinued. With a view to expediting this programme, the Medical Termination of Pregnancy Act was introduced in 1971. In 1976, however, under the then Prime Minister, Mrs. Indira Gandhi’s 'emergency' programme, sterilisation camps were set up again to stress the need for family planning in India with a view to solving its economic problems. The Government of India pressurised the State Governments to take up the programme seriously. Some states tried to please the centre by allotting district-wise quotas of sterilisation operations and offered a variety of incentives for that purpose. More than eight million male and female sterilisations were performed during the year 1976-1977. Quite a few officers in certain states used force in the name of emergency to complete their
quotas. This seriously affected the Indian family planning programme. Coercion was also reported in some states, resulting in general apathy towards family planning in the rural masses. The excesses of the family planning programmes were the main cause for the defeat of the Congress (I) Government in the general elections of March 1977. The Janata Government which came to power, while feeling the need of family planning to check the rise in population, announced elimination of coercion in family planning and gave it the new name of Family Welfare Programme. The Janata Government remained in power for a small period of less than three years, during which the plan made no headway worth the name.

The achievement in the field of family planning during the years 1975-76 and 1976-77 were spectacular. In 1974-75, the total figure of sterilisation performed was 1.35 million, whereas this figure rose to 2.65 million in 1975-76 and to 8.11 million in 1976-77. Several states in North India and North-Eastern India, whose achievement in the year 1974-75 was between 13.2 per cent and 35.6 per cent showed increase between 224.3 and 374.3 per cent in 1976-77. This sudden upsurge was the result of targets fixed by the State Governments on certain service classes including school

1. The statistics of the family planning programme quoted in this section are based on the following official reports:
(a) Government of India, Ministry of Health & Family Planning, Family Welfare Planning in India: Year Book, 1974-75, New Delhi, Dept of Family Planning (undated),
teachers, Lakhpals, Gramsevaks and others. The enthusiasm
of the machinery led to excesses in certain cases during the
period of emergency, and involved a number of departments of
the State Governments.

The internal political dissensions in the Janata
Government necessitated premature election in 1980 and the
Congress (I) Party which had lost the elections in 1977 again
came into power in 1980. Since the return of the Congress
(I) Government in power, concern has again been shown to
check the increase in population and incentives and concessions
have been announced for persons voluntarily adopting family
planning. There is neither any compulsion nor any coercion.
The Government of India has laid down certain guiding
principles for the development of the family planning progr-
ammes. These are:

- The community must be prepared to feel
  the need for family planning so that the measures
  provided therein may be accepted, when the occasion
  arises.

- Parents alone must decide the number of
  children they want and realise their obligations
  towards them.

- People should be approached through the
  media they respect and through recognised and
  trusted leaders, without offending their religious
  and moral values and susceptibilities.

- Family planning services should be made
  available to the people as near to their doorsteps
  as possible.

- These services have greater relevance and
  effectiveness if made an integral part of the maternal
  and child health programme.
According to an estimate, about 28 per cent of the Indian couples were using family planning devices. The success achieved by the implementation of the family planning programmes during the period 1980-85, may be discerned from Table 5.01.

### Table 5.01 Achievements of Family Planning During 1980-85

<table>
<thead>
<tr>
<th>Year</th>
<th>Sterilisation (million)</th>
<th>I.U.D. (million)</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>22.00</td>
<td>7.90</td>
</tr>
<tr>
<td>1980-81</td>
<td>3.00</td>
<td>0.80</td>
</tr>
<tr>
<td>1981-82</td>
<td>4.00</td>
<td>1.10</td>
</tr>
<tr>
<td>1982-83</td>
<td>4.50</td>
<td>1.50</td>
</tr>
<tr>
<td>1983-84</td>
<td>5.00</td>
<td>2.00</td>
</tr>
<tr>
<td>1984-85</td>
<td>5.50</td>
<td>2.50</td>
</tr>
</tbody>
</table>

The efforts made up to March 1984 show that at least the birth of about 609 lakhs children has been restricted. The Ministry of Health is of the opinion that in the last ten years women have shown interest in family planning and the programmes thereunder have been accepted. The number of women consuming birth control pills in 1984-85 was 9.3 million as against 5.5 million in

1983-84. This certainly is an encouraging feature. An appreciable number of womenfolk also underwent sterilisation operations. The number of such operations since the beginning of the plan has gone up to 38 lakhs, while in 1980, it was only 12 lakhs.

Although the Indian family planning programme has made gains over the past few decades, the country's population continues to grow at a steady rate of about 2 per cent per year with a population of almost 700 million recorded in the 1981 census, and it is apprehended that India's population would reach the figure of one billion by the year 2000. The relatively poor socio-economic setting in India has been making it difficult to promote family planning for many years.

The need for adoption of family planning measures is essential for the country as a whole. The poor and the low-income-group people, especially in our country, should adopt family planning measures to check population increase and control the birth-rate. Both from the point of view of the individual and of the country's economy as a whole, a large population results in lowering the standard of living, bringing down the already low per capita income and increasing unemployment. Apart from these immediate problems,


a large and growing population poses problems for the future. The development process is rendered, if not futile, at least extremely difficult. Any attempt to improve the per capita income is neutralised by the rapid rise in numbers. Thus the importance of the adoption of family planning programmes becomes all the greater. This requires emphasis on motivation and awareness of family planning programmes among people, especially the poor and the low-income-group people.

Our economy has certain peculiar features of its own. A majority of Indians living in rural areas, have little education. So "limit the size of families" movement has touched only a small fraction of the population. The masses are still averse to limiting the size of their families. They are still guided by orthodox beliefs. To them, birth of a child is a gift from God, which may not be refused. The use of devices to prevent pregnancy is a sin and an interference in the scheme of nature. Even those who want to limit their families fail to do so because of lack of suitable contraceptives. The contraceptives currently available are unsuitable and unreliable. In many cases they have proved harmful. Sterilisation does not solve much problem. In many cases it has given birth to psychological disorders. That is why people fear being sterilised. Preference for male issues is also responsible for the large size of families. Many couples with a number of daughters do not adopt family planning devices in expectation of having
a male issue to continue the family line. They are ready to have quite a number of daughters, if only they could be blessed with a son. Religious scriptures of the Hindus say that a person without a son has no place in heaven. It is mentioned that unless the funeral rites, especially Kapal Kriya, is performed by the son, the man will not achieve Moksha (salvation) after death. Our cultural traditions also favour a good number of sons. 'May you bathe in milk and have seven sons' is an age-old way of blessing the near and dear ones.

In certain parts of the land, the family which has the largest number of sons is deemed to be the strongest and considered capable of dominating other families in which the male numbers are fewer in number. Thus it is very common for such families to keep on having more and more children until they get a good number of sons, not less than two in any case. How can we blame these innocent people when such a great politician as Chairman Mao of Chian insisted that a bigger population would make China more strong.6

These religious and cultural values prove to be obstacles in the way of the adoption of family planning measures. The opposition of the masses to the methods and measures of family planning adopted by the Government of India in the year 1975-76 during the emergency, brought the

downfall of the government. In this context it is relevant to quote Frank W. Notestein, the noted demographer, who predicted as early as February 1971: "There is scarcely a country in the less developed region of which it cannot be safely predicted that such efforts at coercion would be more likely to bring down the government than the birth-rate."

Family Planning Attitudes

My enquiry regarding family planning attitudes of the lower-income-group people in the city of Kanpur has revealed the following note-worthy facts:

(a) The younger females largely expressed preference for a male child as indicated by the answers to the question: "Do you believe one must have a son?" About 96 per cent of the couples believe that one must have a son mainly to carry on the family line and support the family. Obviously, the desire for additional children was negatively related to the number of surviving children. The socio-demographic compositions of such women revealed that a majority of them belong to the middle or higher castes and have some pretensions to education.

(b) Women belonging to the lower-economic and lower-caste groups expressed preference for the large-family norm and consequently desired a large number of children.

(c) The desire for a large size of the family was due to their experience of high child mortality. Child mortality has been found to be low among urban-born children as compared with those born in the rural areas. This may be due to the impact of somewhat better living conditions among urban workers and the availability of medical facilities to them.

(d) There is also a significant influence of the advanced marriagetageable age of couples. The rise in marriagetageable age has been possible because of non-availability of suitable partners and other modern influences. A majority of women consider the ideal age for marriage between 15 and 18 years for girls. Caste and religious considerations were pressed into service in defence of this view.

(e) Educational attainments have helped in increasing the marriagetageable age for girls. With the advancement of higher education, the age of marriage has risen. Female education seems to have exercised a larger influence on the age of marriage than the education of males. In respect of the age of the male at marriage, literacy or education has not been found to have exercised a significant influence.

(f) The female respondents, in the middle-caste Hindu families of the group under survey preferred 4 to 5 children with an interval of 3 to 4 years between births.
The question relating to family planning were regarded as delicate. Women in general and even men fought shy of replying to the queries. Only about 10 per cent of the people surveyed, reported to be using family planning devices and other methods to control births. The adoption of abortion as a method to prevent birth, was not favoured on religious and health grounds. Even those who had some inclination in its favour expressed that abortion should not be resorted to frequently and should only be adopted in the early stages of conception before life is formed.

On the whole, the lower-income class in Kenpur is attached to religious and cultural values and favours large families. As a result the family planning programme has had very little impact upon them.

India's population is increasing rapidly and as a recent government report points out 36.9 per cent people live below the line of poverty. The problem of the growth of population has further become serious because of the recent fall in the death-rate. This has created more problems, for example under-nourishment, food crisis, unemployment, etc., which are threatening the national economy. In the circumstances, a new line of approach is needed to induce the poor and the low-income-group people to adopt family planning practices. Our country was the first country in the world to take notice of the population

explosion, and the Government of India accepted family planning as a means to bring down the birth-rate. It is generally agreed that the crude birth rate dropped from over 40 in the early 1960s to about 34 in 1976-81.  

The attitude of the married couples towards family planning has not been uniform. The views about the size of the family differed according to a survey carried out on a national basis by the Organisation Research Group in 1970. It revealed that about 9 per cent of the married couples considered one or two children ideal, 52 per cent of the married women considered 3 or 4 children to be the ideal while about 12 per cent considered 5 as the ideal number. The remaining 27 per cent women said that they had not given any serious thought regarding the size of the family and believed that it is a God-given gift to be happily accepted. The report further pointed out that the average number of ideal children decreases with educational level and urbanisation. A depth analysis carried out by Sharma and Jain has indicated that not only sons but also a fair representation of daughters is desired, and a majority of


women prefer to have children of both sexes.11

In the light of above views of low-income-groups of people on family and family planning, a perusal of the population policy would be beneficial.

**Population Policy**

A population policy is a deliberate effort on the part of the Government to change the size and composition of the country's population. Such an approach relates to several aspects of the population problem, like genetic quality, growing infertility, sex ratio, distribution of the population over the country, etc. The population policy is a part of social policy and relates to the whole fabric of social life and social change.

The increasing millions at an alarmingly high rate in the population of India became a matter of concern with the intellectual elite of the country. Much before independence, Pyarey Kishen Wattel published his book 'The Population Problem in India,' in 1916, in which he advocated family planning. The Indian National Congress set up a National Planning Committee under the Chairmanship of Pandit Jawaharlal Nehru, in 1935. This Committee found that the unrestricted increase in the population adversely affected the standard of living and the economic progress of

the country. It recognised the need of family planning and limitation in the birth of children and recommended self-control, cheap and safe methods of birth-control, raising of the marriage age and discouragement of polygamy, besides sterilisation of persons suffering from transmissible diseases. 12

The British Government, in the pre-Independence period, however, did not formulate any population policy for India. It was for the first time after independence that the National Government felt the need for reduction in the rate of population growth. The population issue had engaged the attention of the Planning Commission from the beginning of the First Five Year Plan (1951-56). In the draft outline of the First Five Year Plan, it was mentioned: The increasing pressure of population on natural resources (which must inevitably be limited) retards economic progress and limits seriously the rate of extension of social services, so essential to civilised existence. A population policy is, therefore, essential to planning. 13

It was, however, in the Fifth Plan, that a National population policy was incorporated. On 16th April, 1976, the then Minister of Health, Karan Singh, announced the National population policy. The policy was announced

after years of discussion and consultation at different levels. It was for the first time that the problem of the increasing population was analysed and solutions were thought of to be laid in a long term policy. K. R. Narayanan while declaring the policy stated that "if the poverty in the country is to be removed and the country is to be developed, then top priority has to be given to the population problem". He was worried at the number of 60 crores in the population of the country on 1st January, 1976, which showed an increase of 25 crores in the figure since independence. The increase in population per year was equal to the entire population of Australia. He felt that "without an effective control on population, the war against poverty and unemployment could not be successfully waged." The National Population Policy mentioned various methods to check the increase in population and suggested means of implementation as given below:

(1) 1971 Census as Basis of Plan Assistance

The distribution of the central funds by way of grants and aids to the different states in the form of plan aid, distribution of central taxes, etc. was to be done on the basis of the 1971 census till the year 2001. Thus the states which would not implement the family planning programme successfully would have to take the burden of the

increase in population on their own heads. Prior to this plan, the states could get additional aid from the centre in proportion to the increase in population. Thus according to this important decision the states, during the period upto 2001, would not get additional aid for the increase in population.

(ii) **1971 census was also made basis of Representation in Parliament and State Assemblies**

One of the subjects for the discussions was that the representation in Parliament and State Assemblies following family planning programme remained the same, whereas it increased with regard to those states where there was increase in population. To avoid this anomaly, it was decided that the representation in Parliament and State Assemblies would be the same as existed under the 1971 census.

(iii) **Special Central Assistance to State Plans**

The policy also declared that 8 per cent of the central aid to the states would be given on the basis of family planning.

(iv) **Women's Education Expansion and Child Nutrition**

The National Population Policy mentioned the importance of the increase in women's education and the welfare programme for the upbringing of the children. This could effectively control the increase in population. Stress
was laid on special attention to the extension of the women's education programmes by the States. Consciousness and awareness of the need of family planning in the youth was to be included through education.

(v) Increase in Marriageable Age

Increase in the age of marriageable persons was considered to be of vital importance to check increase in population. There had been sharp increase in the population of the country due to early marriages. Therefore the policy provided an increase from 15 to 18 years in the case of marriageable girls and from 18 to 21 years in the case of marriageable boys. The policy declared that enactments and ordinances to achieve this end would be framed. The question of registration of marriages was also seriously thought upon.

(vi) Greater Monetary Motivation

The policy provides greater monetary facilities for the purpose of motivation of family planning. Rs. 150/- were to be given for sterilisation to a person having two or less children, Rs. 100/- to a person having three or less and Rs. 70/- for a person having four or more children. Sterilisation facilities on a larger scale were advocated.

(vii) Group Incentive Scheme

The employees in the health services, teachers, district and panchayat committees, labour organisation and cooperative societies were required to follow up group incentive programmes and work for family planning as a movement. Other voluntary institutions were also expected to help family planning schemes.
(viii) **Enforcement of Compulsory Sterilisation at Central Level**

It was considered in the policy that the time was not ripe for having compulsory sterilisation at the central level. Yet the states which had sufficient means were permitted to have compulsory sterilisation provided the scheme was not to be operated on the basis of caste, religion or community. The states were free to grant facilities as they thought proper to motivate family planning.

(ix) **Mass Medical Campaign**

The Government decided to make use of all public media of information in making popular family planning programmes. Special programmes on family planning were to be broadcast through the Radio and Television Centres. The media of the film was also to be utilised and the programmes to be encouraged through folk dances and folk music.

The Fifth Plan also laid down targets. It was stated that "a target for a birth-rate of 25 per thousand and a population growth rate of 1.4 per cent by the end of the Sixth Plan Period is accepted and these targets are expected to be reached. 15 The 20-point programme which was formulated to lend impetus to the policies of the

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Government in the development of the country, emphasised the growth of voluntary family planning as a movement.

In the inaugural address of the first national meet of the Members of Parliament on 15.5.1962 the then Prime Minister, Mrs. Indira Gandhi, remarked that fresh life be infused in the family planning body. She declared the firm intention of the government to carry out the family planning movement on a voluntary basis and without any coercion.16

The Sixth Five Year Plan stated that the object of the family planning programme would be to give encouragement to ways and means to restrict the population and propagate the idea of the small family being voluntarily accepted by the people. The aim was to reduce the birth rate from 1.67 to 1.0 per cent by 1995.17

Much importance has also been laid on family planning in the Seventh Five Year Plan. It specifically mentions special care for keeping the population static, as a weapon for the general development of the country. Public awakening, spread of literacy, informative sources, education and other media are to be geared up as a means to secure the objective and support is to be sought from

17. Ibid., p. 29.
non-government bodies as also from the representatives of the public. 18

Thus the policy of the government to reduce the birth-rate is by way of providing facilities for proper health care and spreading family planning on a wide scale. The policy in its implementation primarily requires the understanding and nation-wide recognition of the need and importance of family planning. To make the programme popular, a revolution in the outlook and conscientious approach to the problem by the public at large is essential. Only then can a solution to solve the gravest of the grave problems — the population problem — be achieved. Without this, all efforts on the governmental level may prove futile. This truth has been realised while formulating the Seventh Five Year Plan. But a new vision is required in implementing the policy to make it more effective in producing the desired results.

The Government’s population policy for the present, seems to be confined to limitation of numbers only and only, is represented by the official family planning programme. The slogans Hum do Hemare do, Chota Parivar Sukhi Parivar and Doosra Bachha Abhi Nahin Teesra Bachha Kabhi Nahin, give a concrete and complete picture of the country’s present population policy.

18. The approach of the Seventh Five Year Plan, p. 3-23.
The family planning programme in India also envisages voluntary acceptance of one or the other method of contraception through the process of education and motivation. Under a cafeteria system, pick and choose options of the fertility control devices will be made available to both men and women at family planning clinics in the rural and urban areas managed by the health services network. While the couple is free to choose any of the approved methods, available either free or at subsidised rates, the cafeteria approach is somewhat circumscribed by the advice of the doctors and the requirements of the couple. It is expected that nearly 25 items for the pick-and-choose method would be made available to men and women to check the baby boom in the country.

The demographic study shows that family planning has found more favour with the educated middle class families residing in the cities than with the general masses. The low-income-group people, whether they live in cities or in villages, have not yet taken to the idea. This is primarily because of the lack of education and proper appreciation of the hazards caused by the increasing number on the development of the country. With the general masses and the low-income-group, the increase in number in the family means an increase in hands earning livelihood. This fact has been mentioned earlier in this chapter and is the result of my own impressions gathered from my survey of the Low-Income-Group in Kanpur.