CONCLUSION

India is one of the few countries in the world, which has adopted family planning as a national programme. During the two decades, a commendable improvement has taken place in the indices of the country since 1961, both the birth and the death rates have declined substantially. However, the birth rate is still high though the death rate is low. (Table Nos. 5.1, 5.2, 5.3, 5.4 and 5.5). The gap between them, even in 1981 was yet as wide. In fact, this widening gap between the birth and the death rates increases the demographic growth rate. Migration too is having no significant influence either at the national level in general or even, at the state level, that is with particular reference to Bihar (Table Nos. 6.1 and 6.2) life expectancy at birth has also increased rising from 32 years in 1951 to 52 in 1981, the infant mortality rate has fallen from 183 to 140 in the last two decades (Table No. 1.15). Family planning had made a modest beginning with the first five year plan. During the second five year plan, an action cum-research programmes was initiated and family planning did take root. By the time third plan was half way through, a definite shift and intensification did take place in as
much as, now the emphasis came to rest on a vigorous educative approach to motivate the masses to accept a small family. The programme took a definite shape by 1965-66. Next came the three annual plans between 1966 and 1969 during which the infrastructure for programme was strengthened. The national family planning programme did acquire some sense of direction and commitment. Consequently when the fourth plan was well on its way, achievements though not par-excellence were nevertheless quite significant, and all because the infrastructure had taken shape, supplies and services had improved and above all, motivational efforts were bearing fruit. Still, there was much left to be done and shortfalls were also evident. Lack of trained personnel and a further lack of staff mobility were not the only black-spots, for placement of the infrastructure was also slow. As a result, the number of acceptors did not rise at all, and even IUD programme received a setback (Table Nos. 1.21, 1.22, 1.23, and 1.24). Particularly in rural areas, and all this more particularly because of fear of ensuing complications. However, the family movement had acquired a momentum, and there was no question of going back or giving up. The fourth plan even introduced the idea that an awareness of the demographic situation and its implications, be made part of school and college curricula. Then came the fifth plan, which provided increased facilities for the medical termination of pregnancy. This had its impact
on the birth rate. Migration, and even urbanization did play contributing roles. However, these factors are neither predictable nor quantifiable.

Given all this planning and now its success and now failures, we find a noticeable differential in the performance of different states. Thus backward provinces like Bihar did not make satisfactory progress under this programme. And in Bihar, the districts Purnia, Saharsa and Katihar were far behind in performance and achievement (Table Nos. 1.50, 1.51 and 1.52). To clear the backlog, and improve the performance, the state seems to be required higher financial and physical inputs.

Now in 1981 nearly 40-43 per cent of the country, and the state and also districts was below 15 years of age and about 7 per cent over 60 (Table Nos. 3.2, 3.4, 3.6, 3.8 and 2.10). However, the pattern of age structure of the population will undergo change in the future because of the decline in both fertility and mortality rates. However, the successes of population policy appears to be incomplete and partial.

With a view to bringing about a change in the pattern of marriage through legislation there could be some difficulty. The parliament alone can not successfully, bring about a change of perspective without the active help of society. Raising the minimum age to 18 for girls and 21 for boys for marriage has helped curb child betrothal or marriage of girls at puberty, yet cultural pressure
still remain strong. The early marriage factor is the most prominent feature of the state of Bihar, and these districts. It has been realized that it is difficult to change this pattern only through legislation. But Censuses show the mean age of marriage have risen. The proportion of infants in the 0-4 age group declined in 1981 because of a new awareness created by law and also by educative family planning programmes. As a result, the bale population of the state, and also of the districts has shown a down ward trend, so has the proportion of the married couples in the reproductive age group. (Table Nos. 4.2, 4.4, 4.6, 4.8, 4.10).

The state of Bihar in general, and its districts of Purnia, Saharsa and Katihar in particular, have not made much head way in family planning programmes (Table Nos.1.50, 1.51, and 1.52). The cultural variable like religion plays a very significant role, and generates a chain of resistance to family planning especially to sterilization and IUCD methods. However, Bihar is not the only glaring exception, for the obstacles to small family norms are not primarily technological but sociological also. Kingsley Davis clearly states this opinion, in his book, "The Population of India and Pakistan", Science and technology have helped lower the death-rate but birth rate still remains highly significant. Here it is necessary to include an intensive population education in school and college curricula, and extensive adult education programmes need to be initiated.
Again, in Bihar it is noticed that during the two decades, a remarkable improvement has taken place in general health condition, and that the districts of Purnia, Saharsa and Katihar are no exception. Both the fertility and mortality rates declined substantially (Table Nos. 5.2, 5.3, and 5.4). To begin with, the birth-rate was high and so was the death rate. Gradually the death rate dropped. However, the birth rate though on the decline remained comparatively high. So much so, that in 1981, the gap between the birth and death rates was very wide. This was true of both the state as well as the districts of the north east region. The gap raised the demographic growth potential. It is concluded that the birth and death rates in the state and in the districts mentioned before are not independent variables and the majority of married persons in the states and in the above districts did not accept family planning method due to social cultural pressure.

Further, more than 40-42 per cent of the population of these districts, is below 15 years of age. Also, about 7 per cent of the population of these districts was over 60 years. This obviously should raise the dependency ratio of these districts (Table Nos. 3.6, 3.8, 3.10).

But, the family planning efforts notwithstanding their failures have after all caught up and because of a well-directed movement, the age-structure of the population
both of the state of Bihar, as well as of its north east region has substantially altered. As a final consequence, ultimately the total dependency ratios, both at the state, and the district level, will have come down. However, the bottlenecks and shortfalls shall have to be attended to with greater care, seriousness, and plan. Otherwise the fact that the movement has caught on, may by itself not prove a sufficiently effective force.

SUGGESTIONS

Population explosion is a world-wide phenomenon

"The Power of population is indefinitely greater than the power in the earth to produce subsistence for man" (Malthus 1959). Malthus stated "the dismal theorem that an equilibrium population can only be achieved by increasing mortality, mainly through misery and starvation, provided fertility can not be decreased".¹ A similar view also noticed earlier, has been expressed by Kingsley Davis who thinks the logical approach to improving the Indian living standard would therefore, be to slow down the growth rate. Also

that demographically speaking, there are only three ways of doing this - by raising the death rate, encouraging emigration, or, lowering the birth rate. The first one is against humanity, and in any case, no one would like to die. No government would accept it as a population policy. The second unjust and impractical for no country would like to absorb the emigrants population. No sane government can adopt it as a matter of policy. In any case, it is a mere palliative and not a solution. But the third suggestion can also be immoral for it kills the coming generation through birth-control but opinions differ on this points, and birth control has been accepted by most countries of the world as a national population policy, and India too has taken its cue. Population experts have warned India asking to be in real earnest and in great hurry indeed. An year adds an Australia to India in demographic terms, and therefore India had better set-up before it becomes a veritable nightmare. The census reports a very high birth rate, and a comparative low death-rate. This makes it mandatory that the birth rate be brought down through deliberate effort and a massive family planning programme. Some demographers have suggested that a minimum of 1.5 million sterilizations need to be done each year, to keep the birth static.

2. Davis, K., op. cit., p. 223.
Now the 1981 Census shows that present sterilization programme is to a certain extent futile. The expenditure was huge but the progress not as considerable at all. This is because every year, approximately 70 lakh girls enter the reproductive age group, which makes a sterilization target of 70 lakh to 1 crore mandatory. To achieve this and bring down the fertility rates, population and even sex education should be imparted throughout the country keeping of course the cultural ethos in mind also.

Scholars suggest that limiting the number of issues to three per couple, may help bring down the birth rate down by 33 per cent. Therefore they advise that sterilization should be made compulsory after the third child.

Now Kavoori, the Director, Family Planning Foundation, suggests that breast feeding, spacing methods, the age at marriage, and woman status be made the essential criteria to help formulate all future population perspectives including the one year for the seventh plan. Recently, Kavoori's Foundation also appointed a task force, under the chairmanship of Dr. M.S. Adise Shiah to study the population issues for the seventh plan, has also made certain suggestions, a few of which are given below:

(a) reduction in the growth of population from about 2 per cent to around 1 per cent by the end of the seventh plan so as to reach an NIRR of 0 by 1995.

(b) the CBR should be brought down from 35-37 to 28-29.\(^5\)

(c) infant mortality should at least be reduced by 30 per cent that is reduced from 114 to 80.\(^6\)

(d) nearly 50 per cent of the births occur after the parents are 30; this proportion should be reduced to 20 per cent.\(^7\)

(e) girls should not be married before 20, and after 30 years of age. In other words the idea that there be no issues before 20, and none too after 30 should be popularised.\(^8\)

(f) a two-child family limit be made the ideal.\(^9\)

(g) spacing be taken up as an active programme.\(^10\)

(h) forging children should be compensated as any other potential loss.\(^11\)

(i) the legal and social status of women, and their participatory role both as girl's and wives should be given special attention, with particular care bestowed on their health education, employment opportunities and working condition.\(^12\)

Now, past plans have without doubt, made quite a considerable family planning efforts. However, despite these efforts, Indian population registered annual growth rate of 1.3 per cent in the 1950s, 2.2 per cent in the 1960s, and 2.25 per cent in the 1970s, and the 80s.

---

5. Ibid., p. 244.
6. Ibid., p. 244.
7. Ibid., p. 244.
8. Ibid., p. 244.
9. Ibid., p. 244.
10. Ibid., p. 244.
11. Ibid., p. 244.
12. Ibid., p. 244.
At this rate, our population will soon cross the billion mark by the end of this century. The average annual rate of increase, in our per capita income, during the 30 years since 1950, has been only 1.4 per cent. There is thus an urgent need for us to adopt a more vigorous population control policy. In this context, it may be said that China, the most populous country in the world, has kept down population growth within 1 per cent a year. India is advised to consider China targets and strategies. Further, Indian society and culture considers the male issue as an asset. Parents under circumstances need some kind of a surrogate, which is at once psychological, cultural and financial, to be a fit substitute for the son they forge, and provide them a sense of security and understanding. Only an offspring can provide.

The age at marriage should be raised in order to lower the birth-rate. The government of India in 1929 enacted the Child Marriage Act (1929) also called the Sharda Act, which put the age at marriage for girls at 14, and boys at 18. This has now been raised, making it mandatory that the girl should not be less than 18 years and the boy not less than 21 at the time of marriage. It is though that this would bring down the accelerating birth-rate. Malthus was the first to suggest late marriage, as a measure, to lower the pressure on land. Two factors help bring down the birth-rate. The first aims at shortening
the reproductive span from 15-45 to 20-45. The second tends to rely on the maturity experience and above all, the education of women, which together will help them reach the right decision about the number of children, they should after all have.

True, legislation by itself may not raise the age of marriage particularly in the rural areas and among slum dwellers in the city, but it is hoped that follow-up action through education, propaganda and public opinion may help make the intention and spirit of this legislation a success. With this hope in mind, the government is advised to raise to 20, the age below girls should not be married.

Now early marriage is the general practice in India. But this has to be discouraged to prevent a population explosion. The age at marriage for men should also be put at 24, because men are found to be reproductively most active between 15 and 19 years. Early marriage should not only be discouraged they should in fact be banned. Even Prof. Hingorani appears to support the view that girls should be married only between 20 and 25 years and that married women, between 20 and 30, have only two issues:

"For the girls age between 20-25 years is appropriate for marriage as by them growth is fairly complete, though some who for academic reason have delayed it further, may not have really suffered much because of the delay. Between 20-30 years is best for women to have their two children and preferably the first one should be born between 20-25 years, as every thing is favourable
for the first delivery during that time, though for any particular reasons if it is to postponed then with good care results can be almost as good."

Further, changes in fertility behaviour are possible only through education at all levels. Notwithstanding the fact of the use of coercive methods by government machinery, the family planning drive did prove to be a failure in the past. The obvious conclusion is that education is an essential pre-requisite for the programme. Only education can bring about attitudinal and behavioural changes particularly in a society like ours, removing the hinderances to family planning, and also regulating reproductive behaviour. Education, therefore should be made compulsory for all at least upto high school and its curricular should give to population and sex education. In fact a whole course on health education, and family planning programmes should be introduced at the high school stage to help Indians know the nation's problems, and realize after that the desireability of having a small family.

Even industrialization and urbanization can help reduce the birth rate, because indirectly they affect the level of fertility, and improve the devices. Therefore, we should urbanize and industrialize the country side, so that people understand the fact that a small family ensures

material prosperity and happiness. This will have an obvious effect on the level of fertility, for it shall people naturally inclined to have smaller families due to which family planning devices will become popular. In fact Kingsley Davis considers an alternative measure to lower the birth rate.14

Also a low socio-economic status is one of the important factors which makes the birth rate high. In accessibility to education, and the need to have more children to help earn more money, compels people to offer resistance to various family planning measures. Therefore to improve receptivity to family planning programmes socio-economic condition of the Indian masses ought to be attended to, and bettered. They should be provided the means and the opportunity to attend schools and colleges, so that they may understand the real nature of their own and the country's problem that they shall then become persuaded and convinced that small families are the only solution to India's economic ills, which will obviously lead to a low fertility rate.

These apart, the several drawbacks and obstacles, in implementation of the birth-control programme itself, should at once be attended to, and immediately be removed. Thus there is often a delay in the allocation of funds, and even

shortfalls in expenditure. Also, supply of material and equipment is often late and even scarce. Even trained personnel particularly women, are not available. Medical facilities and health services very often do not seem to available. The infra-structure is invariably deficient, and needs to be strengthened. Scarcity of transport is also one major factor, especially in the rural area. These deficiencies should not be allowed to become variable bottlenecks. Given a more smooth functioning, and oiled machinery the targets set will not only be achieved, they shall also be surpassed.