Suggestion To Check The Population
CHAPTER-8

SUGGESTION TO CHECK THE POPULATION

DEVELOPMENT IS NOT POSSIBLE IN INDIA UNLESS THERE IS POPULATION CONTROL

Human development is concerned with the well being of people, and the belief that people are the most valuable resource of any country. There is also an increasing understanding that population is not just about numbers but about people. India is committed to the upholding the principle of equality concerning all its citizens. The common agenda of both development and population related concern is the welfare of people, and this was clearly highlighted in the International Conference on population and development at Cairo (1994), and is an integral part of the vision of the Nation Population Policy (2000). Population control is only concerned with number and is devoid of any concern for the human being or their well being has been rejected as being anti people. It has been clearly demonstrated in India that the most efficient way of ensuring the health and well being of people is to adopt a comprehensive approach including social, economic and political deprivation, addressing health and family planning needs through efficient, affordable and quality services and ensuring women

1 Population Bulletin Vol. 61, No. 3 by Carl Haub and O.P. Sharma.

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empowerment.

INDIA IS GOING THROUGH A POPULATION EXPLOSION

There is a common perception that the number of persons in India is growing at an uncontrolled rate and term population explosion is often used to describe this growth. Fortunately this is not true. Over the last two decades the rate of growth of India's population has come down considerably and most couples now opt for smaller families.

But India is like a very fast train which has applied its brakes. It cannot stop immediately even through the brakes have been applied because of 'population momentum'. The number of young person are very large and even if each of these couple were to produce only two children. It will take up to two generation for the impact of the slow down to be clearly visible.

GOVERNMENT POLICY SINCE 1938

A sub committee on population in 1938 was set up by the National Planning Committee appointed by the Interim Government. In 1940 the National Planning Committee, in its resolution said inter alia, that in the interest of social economy, family happiness and national planning, family planning and a limitation of children are essential and the state should adopt a policy to encourage these.

A Separate Department of Family Planning was carved out in [290]
1966 in the ministry of health in order to strength the population control programme. A modified National Population Policy was announced in 1977 in which viewed the Policy "as an integral part of education, health maternal and child health etc. and stressed the voluntary nature of the family planning program". In 1983 the Government announced a National health Policy which adopted the recommendation of the working group on population policy as the long term demographic goal of the country. The version of India's population policy in 1986 views family planning in a broader perspective of child survival, women's status and employment, literacy and antipoverty efforts.

The ministry of Health of Family Welfare decided in 1991 to impart a "new dynamism" to the programme by devising innovative strategies. This led to the development of an action plan for revamping family welfare programmes in India. The ministry of health and family welfare in 1993 appointed an expert group under the chairmanship of Dr. M.S. Swaminathan to draw up a draft population policy for consideration by parliament.

WOMEN ARE THE MAJOR TARGETS OF FAMILY PLANNING PROGRAMMES IN INDIA

FAMILY PLANNING

Family Planning Programme in India started way back in 1951 with a clinic-based approach. In the third five year plans, Extension

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Education Programme was adopted with a view to teaching the virtues of a small family. Later come the intra-uterine contraceptive approach which started from 1 April 1996 focusing on improving reproductive and child health are facilities and discarding the earlier target-oriented approach has given a new lease of life to the Family Planning endeavours.

Women are the major target of Family Planning Programme according to the National Family Health survey conducted in India the most widely used method of Family Planning is female sterilization, which is accepted by 67 percent of current user as against male sterilization of 3 percent. This signified that Family Planning Programme has largely remained a women-centered programme. Reluctancy of men to use permanent method, frequent fertility etc. Compel women to accept family planning methods have eroded their health. The lack of quick referral services by the family planning service provider made women to carry the physical and psychological trauma arising out of sterilization and Intra-Uterine Device (IUD) insertion. Further, in some cases they have also to bear the ire of husbands, in laws and even the society in case of conception arising out of failure of vasectomy. Customarily, women are neglected and also in many cases denied of their own reproductive health rights. The condition of
illiterate women belonging to lower castes, classes and religiously orthodox communities and is rural areas is more precarious.

**FAMILY PLANNING METHODS AND WOMEN'S HEALTH**

India is first among the countries which adopted an official family planning programme, as early as 1950. However, fifty years later this has not prevented the population touching the one billion mark. It is obvious that despite good intentions and concerted efforts we have failed in controlling our population. Considering the seriousness of the situation it is appropriate to introspect and ascertain as to what went wrong. The problem, through very complex, can be discussed under two headings:

(i) the available method for contraception

(ii) the users

It is obvious now that there cannot be an ideal contraceptive, suitable for everybody. A careful choice has to be made among the current available methods, depending on the gender, country, socio-religious and cultural practices. According to available information the most accepted methods are the two terminal methods, vasectomy in the case of the male, and tubectomy in case of the female, these are methods

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of choice for all those who have completed their family size and to use them is a conscious decision made by the couple. The next most commonly used methods are the barrier method, still popular in spite of a high failure rate. The other methods such as the use of contraceptive pills, intrauterine devices and injectables are used by a relatively small percentage of the population\(^5\). It is also evident that except for the barrier method and vasectomy there are no methods available for male contraception, in contrast to the variety of methods available and in use for the female. Does this mean that the available methods are not adequate for the requirements and this inadequacy is the reason for uncontrolled population growth? The answer is firmly in the negative.

The available methods are more than adequate but what is lacking is the will to use them. This brings in the philosophical question as to what is meant by will and why the will is not there. It is for this reason that it was mentioned earlier that the issue of the user is a complex one. The user are both male and female, and with limited options available to the male, the entire burden of limiting the family is shouldered by the female. However, except for a miniscule percentage of the female population, the majority are passive participants in the

process with no decision-making capacity. It is in this context that population control was given a new dimension, namely reproductive health which to a large extent centres around the female. The concept of reproductive health recognizes the diversity of the special health needs of women before, during, and beyond child bearing age, as well as the needs of men and the quality of life of the people involved. Considering this new emphasis, it is evident that population control programme and reproductive health go hand in hand and are interdependent.

Why was there a shift to reproductive health from the much-advertised Family Planning Programme? As mentioned earlier the success of family planning is closely linked with the reproductive health of the women. To quote the words of eminent clinical endocrinologist and reproductive biologist, Dr. S. Roy: "Reproductive health includes human health, safe motherhood, women's development, child health and development, adolescent sexuality, adolescent education and health, effective choice of family planning prevention and management of reproductive disorders, infertility, STD's genetic disorder and reproductive health care of aged person.

It has been well documented that several factors influence reproductive health of women starting from their health during infancy, childhood, adolescent nutritional status and status in the family. It is
common knowledge that despite claim of progress in the nation the girl child is still neglected in many communities the opportunities for education and medical care are unsatisfactory and these have resulted in adverse effect on the general health and well being of women. It needs to be emphasized that an important factor which has considerable influence on woman's reproductive health, is the age at which the first child is born. In spite of all the laws that exist girls are still married much earlier than the stipulated age and this has an adverse effect on physical development; they are exposed to the risks of teen-age pregnancy, for which they are not prepared both psychologically and mentally. As a consequence of repeated childbirth they are exposed to a very high risk of ill health and death.

It should also be noted that in spite of all the regulation, there are several practices which hinder the overall development of women. Female infanticide is a still a common practice; there is a high dropout rate of girls from School. Women are discriminated against right from the cradle to the graves and even before they are born. Due to the preferences for a male child, technologies like amniocentesis, reused for sex determination followed by female infanticide. A closely linked problem with women's health, development, and empowerment is the problem of child health, child survival and child development. High rate of child death also result in high birth rates, leading to a vicious
cycle associated with rapid population growth and increase in maternal
morality and morbidity.

The child who survive in spite of the adopted development into a
child with poor health is malnourished and often is unwanted. When
children reach adolescence a very critical stage in human development -
the lack of information an adolescence and sex-education result in
children who display deviant behaviours. If not convoked at the right
time, the problem of juvenile delinquency could result in these children.

It is evident from the above, that the control point in this is the
woman's health, be it general health or reproduction health. This is
possible only when she has the opportunity for education, which will
provide her with a decision-making capacity, which is the key to the
rest of her development and future. Coming back to the question with
which we started, what is wrong to our population control programme
is that unless the status of women in society is improved there is no
hope of curtailing our population growth. The women alone should
decide what method to choose, when to choose and how many children
she wishes to have. Her status in a society is the key to the success of
the population control programme in India. Having indentified the
problem, the obvious question to ask is what is the solution? Are we in
such a situation that there is no hope? With the population crossing the
one billion mark and birth rate hovering around 3% the situation is still grim.

It should be rated that although 89% of the people favour the use of contraceptive, only 45% account for actual users. Thus more than 50% of the people have yet to be covered with the available methods. As mentioned earlier, the education status of women and the age at which they are married has a direct relationship to compliance with contraceptive usage. Also due to the fear of problem of child survival, there is a fear of adopting terminal methods. Considering the present rates of maternal morbidity and child survival these fear are justified. However, it should be possible to educate people about other effective methods like copper IUD, oral pills, injectables and steroid hormonal contraceptives. Finally, there is still no effective method for male contraception other than vasectomy, which is a terminal methods. Thus there is an urgent need to develop newer, more effective, suitable methods of contraception for the male.

The key to successful implementation of the family planning programme is the effective communication skill providers who motivate potential users. The job of the field worker will be much easier if he or she can convince people that contraception is a better opinion
than the risks faced due to repeated pregnancy. Considering the large percentage of illiteracy in rural areas, there is an urgent need to improve the literacy rates particularly that of the women. There is also an immediate need to improve the conditions of primary health care centres which are the nodal points for any reproductive health activity. Due to the lack of basic as well as transportation facilities in case of children. A national consensus has to be arrived at to uplift the facilities of the primary health care centres so that maternal and child mortality is reduced, if not totally prevented. It has been well documented that the uncertainty of child survival is the one reason which drives people to have more children as a means of security for old age in India.

PROMOTIONAL AND MOTIVATION MEASURES FOR ADOPTION OF THE SMALL FAMILY NORM

(1) Panchayats and Zila Parishads will be rewarded and honoured for exemplary performance in universalizing the small family norm, achieving reduction in infant mortality and birth rates and promoting literacy with completion of primary schooling.

(2) The Balika Samridhi Yojana run by the department of women and child development, to promote survival and care of the girl child, will continue. A cash incentive of Rs. 500 is awarded at the birth

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child of birth order 1 or 2.

(3) Maternity benefit scheme run by the department of rural development will continue. A cash incentive of Rs. 500 is awarded to mothers who have their first child after 19 years of age, for birth of the first or second child only. Disbursement of the cash award will in future be linked to compliance with antenatal check up, institutional delivery by trained birth attendant, registration of birth and BCG immunisation.

(4) A family welfare-linked health insurance plan will be established, couples below the poverty line, who undergo sterilization with more than two living children, would become eligible (along with children) for health insurance not exceeding Rs. 5000, and a personal accident insurance cover for the spouse undergoing sterilization.

(5) Couples below the poverty line, who marry after the legal age of marriage, register the marriage, have their child after the mother reaches the age 21, accept the small family norm and adopt a terminal method after the birth of the second child, will be rewarded.

(6) A revolving fund will be set up for income generating activities by village-level self help groups, who provide community-level health care services.

(7) Creches and child care centres will be opened in rural areas and urban slums. This will facilitate and promote participation of women in paid employment.

(8) A wider, affordable choice of contraceptives will be made accessible at diverse delivery points, with counseling services to enable acceptors to exercise voluntary and informed consent.

(9) Facilities for safe abortion will be strengthened and expanded.

(10) Products and services will be made affordable through innovative social marketing schemes.

(11) Local entrepreneurs at village level will be provided soft loans and encouraged to run ambulance service to supplement the existing arrangements for referral transportation.

(12) Increased vocational training schemes for girls, leading to self-employment will be encouraged.


Soft loans to ensure mobility of the ANMs will be increased.

The 42nd constitutional amendment has frozen the number of representatives in the Lok Sabha (on the basis of population) at 1971 census levels. The freeze is currently valid until 2001\(^8\) and has served as an incentive for state governments to fearlessly pursue the agenda for population stabilization. This freeze needs to be extended until 2026.

**INDIAN GOVT. USES POPULATION CONTROL INCENTIVES**

- Hyderabad, February 5, 2003 — A government project in the Indian state of Andhra Pradesh is to give credit to rural health workers based on their success in persuading couples to have less children. Meanwhile due to the abortion and infanticide of baby girl in the country, thousands of men are without brides in rural India\(^9\).

- The programme, to be carried out initially in the district of Nalgonda, Khammam, Nizamabad and Karimnagar, will be that couples who are married will receive congratulatory card from the government including 'family planning' propaganda. The project is being implemented by Andhra Pradesh social

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marketing, a non profit arm of Hindustan latex limited, one of the largest contraceptive manufacturers in India, which is in turn funded by USAID.

➢ The Times of India report that under the project, 12 NGOs have been identified to train thousand of health worker on how to motivate couples to take up condoms, the pill and the IUD among other birth control methods. Performance incentives for the workers who ensure couples adopt the birth control methods include radios, refrigerators, cell phones and jewelry.

➢ Dr. Jack Wilke, President of the International Right to Federation told lifesite that offering incentives for population control often leads to coercive practices. "Such incentives have in some areas in the part and could in this situation lead health officials to be coercive in their push for couples to use abortifacient contraception, sterilization and abortion", he said.

➢ Meanwhile abortion of body girls and female infanticide have wreaked havoc with the proportion of women in the country leaving thousand of men unable to find brides. the BBC reports that men have taken to 'buying' wives from outside their communities.

➢ Dr. Wilke told lifesite of the efforts of the government to step sex-
selective abortion and female infanticide. However he noted that the with the dowry system and the practice of brides being totally lost of their families of origin, the prejudice against the girl child will be difficult to defeat.

Since independence in 1947 policies and plans drafted by leaders of free India were aimed at overall improvement in the living conditions of its citizens.

As 80% of country's population inhabited the most under developed rural areas of the country obviously more impetus was given towards their upliftment. Industrialization of selected urban areas attracted people to move to these centres which indirectly provided some help to rural economy. Despite many efforts and execution of policies and plans two large and challenging problem remain; those of poverty and population growth. These two problems are yet to be solved by Indian republic if they want to achieve status of a real developed, self sufficient nation.

Other than and in addition to the policies and plans taken up by the government I suggest following measures which if adopted shall undoubtedly curb this alarming population growth of our country —

1. The programme has mainly in hindi belt areas it seems that proper funding of capital and government resources was not
2. Panchayaths and Zilla Parishads ought to be involved to influence decision makers in rural families to adopt a positive attitude towards the program.

3. Guaranteeing jobs to one child family or decent schooling for those amongst the poor who do restrict their family size.

4. To avoid dependency on children for the future old age pension health care and disability insurance to the poor may be strictly ensured.

5. When voluntary persuasion failed, woman could be taken by force to a government birth control clinic for an abortion or sterilization procedure.

6. Government should encourage NGO's which are well organized to promote and spread government plans and policies among rural population.

7. Rural health centres should be adequately strengthen to provide free assistance and treatment to the couples who are using family planning devices or have undergone sterilization or vasectomy operation.
8. Literacy derive to create awareness regarding benefits of small family among the rural women to be taken up by the government with the help of NGO's working for women empowerment.

9. There should be strict agency to monitor the government policies, plans, etc. and submit its report to the concern department or ministry regularly.

10. Special benefits should be given to the poor families who are having one child. If the family is having a girl, she should be given permanent government jobs or other financial benefits.

The above suggestion if implemented will go a long way in curbing the threat of population explosion. It has to be done very quickly because time is running out and don't have any option to all.

Conclusion

India population is growing rapidly intense, so as soon as possible take a measure. The Indian government executed a National Family Planning Programme in 1951, but failed. Population has not still decrease. India has many people as compared with to land area. Also, India is famous for the inequality between the men and women. Because a few persons use condoms, a large number of IUD users are
deceptive. A curve for Indian population, first the government will establish a national population stabilization fund. Second, an illiterate female give an education. Third, minimum age of India women is 21 instead of 19. Finally, new contraception, such as acting injectables and implants proclaim. Therefore, a population explosion lay down from a strong scheme. I disagree with India government solution.

First, life is important even baby, it is most basic thing. It is natural for parents to be attentive to their children. Especially, female foeticide and infanticide are a manifest absurdity, nothing is so valuable as life.

Second, India parents need to labour force. Because it is importance of children as a part of the family economy in LDCs (Less Development Country) children are one of method that parents make money. For example, if parents go to work, children work domestic affairs. An elder brother/sister takes care of a younger brother/sister, or they do farm work with their parents. Third, if children live a large family, they will learn many things. For example, they practice people skill with their brother and sisters. Also, younger children are studies a basic knowledge by their elder. It is both interesting and instructive.

India's population growth is a cause of worry, but the problem is...
not one without solutions. But regulation will not help solve the problem. The sense of responsibility should come from within every individual. While the educated male should change his attitude towards his female counterpart, granting her the dignity which is due to her, there is also an urgent need to change the status of the millions of underprivileged, illiterate women who are discriminated. Unless they are involved in the decision making process, there is little hope for the future.