

Population Explosion

In the midst of political uncertainty and communal fury over the past decade, and particularly in the last few years, the problem of population explosion has been relegated to the background. Neither the social scientists nor the political parties or the government seem to think it necessary to focus attention upon what is surely the most crucial single problem facing the nation. There is no dearth of studies and views of the scholars to highlight the fact that India is falling behind in the race for economic development mainly because it has not shown much progress in controlling the population growth.

Increase in Population

India today (1991) accounts for 16.0% of the world population, as compared to about 15.0% a decade ago. It is the second largest country in the world, next only to China. The countries with dense population are China : 21.7%, USSR : 6.0%, and USA : 5.0%. India along with these three countries (China, USSR and USA) accounts for nearly half (48.3%) of the world population.

The scale at which India's population is increasing is simply mind boggling. When the total population of our country in 1600 was estimated to be 10.0 crore, it increased to 25.4 crore in 1871, 27.89 crore in 1931, 31.86 crore in 1941, 36.10 crore in 1951, 43.92 crore in 1961, 54.81 crore in 1971, and 68.51 crore in 1981. The preliminary estimate (Registrar General and Census Commissioner) is that on March 1, 1991, our population was 843.9 million (843,930,861 to be precise) (*The Hindustan Times*, March 26, 1991). Thus, while we added

39.68 million people to our population during the decade 1931-41, we added, 42.42 million in 1941-51, 78.14 million in 1951-61, 103.92 million in 1961-71, 137.02 million in 1971-81, and 158.74 million in 1981-91. While the net increase of population during the three decades from 1931-61 was 161 million, during the three decades from 1961 to 1991, it was 404 million. Or, when between 1921-51 the percentage of increase was 12.9, between 1961-91 it was 98.4. The addition of 158.74 million people in the 1981-91 decade means an addition of 158.74 lakh persons every year, or about 13.22 lakh persons every month, or about 44.09 thousand persons every day, or about 1837 persons every hour, or about 31 persons every minute. In comparison to this, the increase in number of persons per minute was 21 in the 1961-71 decade, 15 in the 1951-61 decade, and eight in the 1941-51 decade. This points out that whereas the rate of growth of population during the middle decades of the present century was moderate, now it is faster as well as alarming.

The disaster is that:

- Every sixth person on the globe today is an Indian, and by the turn of the century, every fifth living person will be an Indian.
- India adds about 10 lakh persons to its population every three weeks.
- Every year India adds to its population an equivalent of one Australia.
- Some time in the twenty-first century, India would overtake China as the world's most populous nation, with India's population reaching 1642.8 million as compared with China's 1,530 million (at present China's population being 1160 million).
- More than three times as many couples enter the reproductive span than those leaving it, with the fertility rate of the younger group three times higher than that of those passing out of the reproductive range.
- At the present rate of growth, life for most Indians would be unbearable—medical facilities would be impossible to provide, expenses on education, housing, etc. would be exorbitant, technical and professional education would become the exclusive prerogative of the elite, and the scarcity of food would plunge three-fifth of the nation below the poverty line.

The goal of containing India's population at the level of 950 million by the turn of the century has receded beyond redemption. No amount of jugglery with statistics, particularly in relation to the acceptance of contraception by couples, can wash away the harsh reality that we would be somewhere between one and 1.1 billion when we move on to the next century.

Causes of Population Growth

We may identify the following important causes for population explosion :

Widening Gap Between Birth and Death Rates

The average annual birth rate in India has declined from 41.2 per thousand during 1961-71 to 37.2 per thousand during 1971-81. In 1989, the birth rate showed a further decline. It was 30.5 per thousand in comparison to 31.5 in 1988. The death rate has also shown a similar decline from 19.2 per thousand during 1961-71 to 15.0 per thousand during the 1971-81 decade. In 1989, the death rate was 10.2 per thousand per year in comparison to 11.0 in 1988 (*The Hindustan Times*, December 27, 1990). According to the preliminary estimate of 1991 census, the birth rate is projected to decline to 27.5 and death rate to 9.4 during 1991-96 period. Thus, since birth rate has shown a marginal decline and the death rate has gone down rather sharply, the widening gap has increased our population rapidly.

For the past ten years, the average family size has stayed out at 4.2 children. If we add the annual figures of abortions (between 5 and 6 million) to the annual number of births (16 million) that take place in the country, we come to the shocking conclusion that in this age of family planning, one out of every five Indian women in the reproductive age group of 15-45 years is pregnant at any time.

Low Age at Marriage

Child marriages have been very common in our country. According to the 1931 census, 72.0% marriages in India were performed before 15 years of age and 34.0% before ten years of age. Since then, there has been a continuous increase in the mean age of marriage among both males and females. The mean age at marriage of females has increased from 13.1 in 1901 to 13.2 in 1911, 13.7 in 1921, 12.7 in 1931, 14.7 in 1941, 15.6 in 1951, 16.1 in 1961, 17.2 in 1971, and 17.6 in 1981.

Against this, the mean age at marriage of males has increased from 20.0 in 1901 to 20.7 in 1921, 19.9 in 1951, 21.4 in 1961, 22.2 in 1971 and 22.6 in 1981 (*Handbook on Social Welfare Statistics*, 1981: 50). Thus, though the mean age of marriage has been continuously increasing, yet a large number of girls even today marry at an age at which they are not ready for marriage either socially and emotionally, or physiologically and chronologically.

The infant mortality rate is directly related to the age of women at marriage. If we divide women in three groups in terms of age at marriage, namely, below 18, 18-20, and 21 and above, the infant mortality rate in each of these three groups in rural areas (in 1978) was 141, 112 and 85 respectively while in the urban areas, it was 78, 66 and 46 respectively (*Social Welfare Statistics*, 1981: 50). If we relate fertility rates with age groups, we find that as the age group increases, the fertility rate decreases. If population growth is to be controlled, marriage of females is to be preferred in 21-24 or 24-27 age groups than in 15-18 or 18-21 age groups.

High Illiteracy

Family planning has a direct link with female education, and female education is directly associated with age at marriage, general status of women, their fertility behaviour, infant mortality rate and so forth. According to the preliminary estimates of the 1991 census, the overall literacy percentage in India is 52.11 as compared to 43.56 ten years ago. The male literacy percentage is 63.86 while the female literacy percentage is 39.42 (*The Hindustan Times*, March, 26, 1991). Education makes a person liberal, broad-minded, open to new ideas, and rational. If both man and woman are educated, they will easily understand the logic of planning their family, but if either of them or both of them are illiterate, they would be more orthodox, illogical and religious-minded. This is evident from the fact that Kerala which has the overall literacy rate of 90.59% and female literacy rate of 74.8% (in 1991) has the lowest birth rate (22.4 per thousand) while Rajasthan's appallingly low female literacy rate of 20.84% (in 1991) gives rise to the third highest birth rate in the country (36.4%), the highest having been registered in Uttar Pradesh (37.5%) followed by Madhya Pradesh (37.1%). These statistical figures hold good for most of the other states too.

Religious Attitude Towards Family Planning

The religiously orthodox and conservative people are against the use of family planning measures. There are women who disfavour family planning on the plea that they cannot go against the wishes of God. There are some women who argue that the purpose of a woman's life is to bear children. Other women adopt a passive attitude: "If I am destined to have many children, I will have them. If not, I will not have them. Why should I bother about it".

Indian Muslims have a higher birth rate than the Hindus. According to a survey conducted among the Muslims by the Operations Research Group in 1978, although a majority of both male and female respondents were aware of modern family planning methods, they were either against using them on religious grounds or they lacked clear and adequate knowledge about them.

Other Causes

Some of the other causes responsible for the increase in population are: joint family system and lack of responsibility of young couples in these families to bring up their children, lack of recreational facilities, and lack of information or wrong information about the adverse effects of vasectomy, tubectomy and the loop.

Many poor women produce children not because they are ignorant but because they need them. This is evident from the fact that there are some 35 million child workers in our country. It has been explained in eighth chapter of this book (on "Child Abuse and Child Labour") that in the match-box and cracker industries of Shivakasi in Tamil Nadu itself there are about 75,000 child workers who are employed. Nearly 45,000 of them are below the age of 15 and nearly 10,000 below ten. The number is equally large in other states. If families stop those children from working, their family funds will be ruined.

Effects of Population Explosion

The growth of population has a direct effect on the living standards of the people. This is why, despite our spectacular progress in the agricultural and industrial spheres since Independence, our per capita income has not risen appreciably. The appalling over-crowding of our cities (which like cancerous growths are mushrooming unchecked with slums proliferating) has brought about a virtual breakdown of transportation, electricity and other services. It has also led to the rise

of crime and an increase in conflict in the urban and the semi-urban areas. All this has been directly fuelled by the addition of about 16 million people every year. If the population continues to increase at this rate, in a few years from now, we will have an army of unemployed, hungry and desperate people who will threaten the very foundations of the social, economic and political systems and institutions of the country. All sectoral demands have a numerical dimension. Whether it is education, employment, health, housing, water supply or any other sector, the perennial question is for how many? Even for the present population of 843.93 million (in 1991), it is futile to think of jobs for all or shelter for all or health-protection programmes for all by 2000 A.D. especially when another 200 million people would have been added and, hence, need to be accommodated.

It has been calculated that for every addition of about 135 million people in our country, we will require 1.35 lakh primary and middle schools, 10 thousand higher secondary schools, 50 lakh primary and middle school teachers, 1.5 lakh higher secondary school teachers, 4000 hospitals and dispensaries, 1500 primary health centres, two lakh hospital beds, 50 thousand doctors, 25 thousand nurses, 20 million tonnes cereals, 25,000 metres of cloth and 2,500 million houses (*India Today*, September 16-30, 1979 : 53).

What do these figures predict? The countdown for India's great leap into the twenty-first century has begun. In the beginning of the 1970s, there was light and hope. Then came the darkness in a biblical reversal in 1980s. Population explosion, militancy and separatism gathered momentum. Matters touched rock-bottom as the decade of 1980s staggered to a close and we entered the decade of 1990s. What has the 1990s in store for us? Our country has to either come to terms with the highly competitive world economy or go bust. India will be looking for a Gorbachev in the next decade who chose restructuring (*perestroika*) and opening up (*glasnost*) and tried to save his country. We also want a leader who can be bold enough to take up the issue of controlling population explosion seriously. Unless India can find such a leader, its future is doomed.

Population Policy

A 'policy' is a "plan of action, statement of aims and ideals, specially one made by a government, political party, business company, etc." It guides the present and the future decisions. 'Population policy' in its narrower sense, according to UNO (1973 : 632) is "an effort to affect

the size, structure and distribution or characteristics of population". In its broader range, it includes "efforts to regulate economic and social conditions which are likely to have demographic consequences". Dorothy Nortman (1975 : 20) describes the narrower meaning as 'explicit policy' which affects directly the population characteristics, and the broader meaning as 'implicit policy' which affects the characteristics indirectly, sometimes without any explicit intention.

Any public policy, including population policy, is a step towards the future and an attempt to achieve desired goals. As such, it is to be laid down in terms of goals, the past and present trends towards the achievement of these goals, social conditions accounting for the direction and intensity of these trends, projections for probable future, and alternatives likely to be achieved most in reaching the desired goal(s). This means that the policy (population) has to be associated with participants, values or goals, institutions and resources.

We may suggest two types of population policies: (a) the anti-natalist policy which aims at discouraging the growth of the population, and (b) the distributional policy which deals with the distributional imbalances of the population. The National Academy of Sciences has discerned population policy as one (a) which influences the demographic processes according to a pre-set objective (for example, encouraging people to move from urban to suburban areas), and (b) which will cope with the demands created by the demographic processes (for example, providing basic facilities to people in suburban areas).

The population policy of a developing country like India has to aim at: (i) decreasing the mortality, (ii) creating awareness among the masses, (iii) procuring necessary contraceptives, (iv) enacting laws like legalising abortion, and (v) giving incentives as well as disincentives. On the other hand, it has also to aim at (a) checking the concentration of people in congested areas, (b) providing necessary public services for effective settlement in new areas, and (c) relocation of offices to less populated areas.

Once the need for the population policy is realised, it has to be framed by appointing various committees and commissions for studying and advising and consulting experts. It has then to be implemented through various programmes and then evaluated from time to time.

India's population policy is the direct result of (a) the total size of the population, (b) a high growth rate, and (c) the problem of uneven

distribution in rural and urban areas. Since our policy aimed at 'enhancing the quality of life', and 'increasing individual happiness', it acted as a means to attaining a broader objective of achieving individual fulfilment and social progress. Initially, the policy framed in 1952 was *ad hoc* in nature, flexible, and based on a trial and error approach. Gradually, there was more scientific planning. The sub-committee on population appointed in 1940 under the chairmanship of Dr. Radha Kamal Mukherjee by the National Planning Committee (appointed by Indian National Congress in 1938) laid emphasis on self-control, spreading knowledge of cheap and safe methods of birth control and establishing birth control clinics. It also recommended raising the marriage age, discouragement of polygamy, and an eugenic programme of sterilizing persons suffering from transmissible diseases. The Bhore Committee of 1943 appointed by the government criticised self-control method and advocated 'deliberate limitation of families'. After Independence, a Population Policy Committee was created in 1952 and a Family Planning Research and Programmes Committee in 1953. A Central Family Planning Board was created in 1956 which emphasised on sterilizations. During the 1960s, a more vigorous family planning programme was advocated for stabilizing the growth of population over a reasonable period. When earlier, it was assumed by the government that the family planning programme had enough motivation among the people and the government was only to provide facilities for contraception, later on it was realised that people needed motivation and masses had to be educated. The primary objective of the Fourth Five Year Plan (1969-74) was to reduce the annual birth rate to 32 by 1974 and family planning was given high priority. The Medical Termination of Pregnancy (MTP) Act was passed in 1971. The Fifth Five Year Plan integrated family planning programme with maternal and child health programmes. In 1976, the Government of India announced a population policy, ratified by the Lok Sabha, of reducing the birth rate to 25 per thousand by the end of the Sixth Five Year Plan. However, during the period of Emergency, coercive measures were used to sterilize the people which gave the family planning programme a set-back. After 1980, the government has been more careful in implementing the programme.

Family Planning

India was the first country to evolve a government-backed family planning programme in 1950s when the rest of the world was not aware

of the problem. Today after 40 years, India is trailing behind in population control. During the notorious Emergency regime between 1975 and 1977, the political leaders and many of their cronies and government officials and policemen shouted themselves hoarse advocating sterilization. They concocted ambitious programmes and carried them out against popular wishes and even used such harsh and coercive methods for sterilization that today one is reluctant to talk of family planning to the populace. The concerned officials have been scared away from it. The experts have jettisoned hopes of reaching the targets. In fact for all practical purposes, the country is without an effective programme or an effective target. Political parties studiously skirt the subject, and election campaigns are conducted without a word of it. What was once a highly dramatic political issue has suddenly become taboo.

In 1977, 'Family Planning' was rechristened as 'Family Welfare' and tasks beyond its competence embracing all aspects of family welfare, including improvement of women's educational level, were included in it. In family planning, India adopted the UNFP formula of delaying the first child and spacing the subsequent birth(s).

The methods adopted in family planning are sterilization, vasectomy, loop, pill, withdrawal, rhythm, sheath, and diaphragm. The sheath and the pill seem most popular among the high socio-economic groups, the withdrawal method and the sheath among the middle socio-economic groups and sterilization is preferred by people belonging to the low social strata. Operations for planning are not very popular among the socially well-placed, as this group is exposed to other methods of birth control. A good number of women use more than one method, depending on the circumstances, availability and the mood of the moment.

Measures Adopted

Officially mobilized in 1951, only 147 family planning clinics were established during the First Five Year Plan period (1951-56). Another 1949 clinics were added on during the Second Five Year Plan (1956-61). The outlay of the expenditure rose from Rs. 15 lakh during the First Plan to Rs. 21.6 crore during the Second, and Rs. 3,250 crore during the Seventh Plan.

Of the various methods of family planning, the government depends more on the 'camp approach' which relies implicitly on the district authorities applying pressure on their officials to intensify the

sterilization campaign (mostly male sterilization). The government sets targets for different states and districts and adopts persuasive, monetary, as well as coercive measures to achieve the targets. The highest rate of target achievement (190.9%) was in 1976-77 when the sterilization programme was ruthlessly and brutally implemented during the Emergency period. The achievement rate of sterilization targets in different years has normally varied between 42.0% and 64.0%. The highest rate of achievement in 1976-77 has been described as 'Sanjay Effect' which was the result of coercion, cruelty, corruption, and inflated achievement figures. Sanjay Gandhi laid emphasis more on the sterilization method than on the IUD (loop) method or conventional contraceptives (condoms). The worst victims of the cruelty and brutality of Sanjay Gandhi's (the president of Indian Youth Congress) methods were the Harijans, peons, clerical staff, school teachers, innocent rural people, hospital patients, jail inmates and pavement-dwellers. This brutality through family planning (sterilization) method ultimately led to the fall of the Indira Gandhi government in 1977.

The Primary Health Centres established in villages are also engaged in family planning programmes. They perform two specific functions: providing services to the people and disseminating information about these services in an effective manner in order to motivate the people to accept family planning. At present, there are about 10,000 Primary Health Centres and nearly one lakh sub-centres in villages. Nearly half a million medical and para-medical persons are engaged in it, besides half a million part-time village health guides.

Progress Achieved

After the First Five Year Plan, the following Five Year Plans gave increasing priority to the programme but it was only in 1968-69 that the decline in the birth rate became noticeable. The birth rate which stood at 41.7 per thousand in 1961 came down to 39 per thousand in 1969. The Fourth Five Year Plan (1969-74) had set the target of reducing the birth rate to 32 per thousand by 1972-73. But the target fell short by seven points. At the end of 1974, the birth rate was 38 per thousand. In 1981, it came down to 37.2, in 1986 to 32.5 and in 1989 to 30.5. When the percentage increase during the decade 1941-51 was 13.3, it increased to 21.5% during 1951-61, 24.8% during 1961-71, 24.6% during 1971-81, and 23.5% during 1981-91. The achievement of the targets has been disastrous almost in all fields. The number of sterilizations has fallen; there is decline in the number of IUD (loop)

insertions; and there is fall in the use of number of conventional contraceptives. Today, the effort has altogether slackened to the extent that Dr. Ashish Bose, a noted demographer of our country, in his talk on 'Indian Population in 1990s' on February 8, 1991 at Delhi said "family planning programme has completely failed in the country and entirely a new approach is needed for its success".

The progress in containing population growth has been extremely slow as is evident when we compare it with China which has avoided the birth of 200 million children since 1970 through a vigorous family planning programme and brought the 'fertility rate' down to 2.5 from 5.82 among eligible mothers (the average number of children a woman will have during her child bearing years of 15 to 49) (*The Hindustan Times*, November 19, 1988). China adopted the norm of one child per couple in urban centres and a ceiling of two children per couple in rural areas, with several incentives for the planned child as also the parents. Those who violated these norms were penalised. The planned child was given special allowances till the age of 14 for education and upbringing, and the couple were provided with land for building a house or for farm machinery. A major component of the programme in China is encouraging late marriage and late childbirth. In 1988, China had a population of 1,080 million (against 820 million in India) with birth rate of 23.26 per thousand (against 31.5 in India), death rate of 7.1 per thousand (against 11.0 in India), and a national growth of 16.16 per thousand (against 20.5 in India).

Attitudes Towards Family Planning

The idea of family planning has been sold to the average Indian woman. The attitude of a woman towards family planning is influenced by education, age, income background, husband's occupation, woman's (working) status among other factors. In terms of age, it has been found that the percentage approving of family planning decreases as the age group increases. But the acceptance is about two-thirds even among the older age groups. This clearly shows that the great majority of Indian women approve of family planning, irrespective of age. A survey conducted by Khanna and Varghese (*Indian Women Today*, 1978) on Indian women's attitudes to family planning showed that the percentage of women who did not approve of family planning was less than 10.0 in the 15-24 age bracket. The figure increased with age to reach 36.0% in woman above 45 years. The researchers also discovered

that while women enamoured of tradition chose to resign themselves to 'fate', the young, educated and more informed showed a deep concern for the size of the family.

This author also conducted a survey in 1981 in seven villages of Jaipur district on "Awareness of Rights Among Rural Women". During the survey, 753 married women (belonging to 18-50 years of age group) and 733 men were questioned on family planning. To the question pertaining to the optimum number of children a couple should have, 7.0% females answered they should have as many as they want, 63.5% wanted 2-3 children and 29.5% desired 4-5 children. Against this, 60.9% males were of the opinion that a couple should have only 2-3 children, 27.8% were in favour of 4-5 children, and 11.3% wanted the couple to have as many children as they desired. Thus, about two-third respondents (66.0%) were in favour of 2-3 children only.

Further, 25.0% of the female respondents were not in favour of using any methods of family planning, 45.0% were fully in favour, and 30.0% favoured family planning methods with a few conditions and reservations thrown in. Of the 566 women who were fully or partially in favour of family planning, 43.3% were actually using some methods to control their family size. The reasons given by the remaining 321 women for not using a contraception were: their husbands did not permit the use of any measures (42.4%), they wanted one or two more children (25.2%); they had crossed the child-bearing age (15.0%); the required contraceptives were not available in their villages (6.5%); they did not have sufficient knowledge about the usage of contraceptives (5.0%); they had no means to dispose off contraceptives after the use (2.8%); and they wanted sons as they only had daughters (3.1%).

It was also found that 9.4% of the respondents (females) were in favour of abortion and 90.6% were against it. Another 2.7% had even undergone abortion. All this shows that women want to control their fertility and men also want to plan their families. It is also necessary to give them the required information, education and means to do so through medical, para-medical, social and community institutions and workers.

A survey was conducted on attitude towards family planning in 1970 in Vellore city of Tamil Nadu and its surrounding villages by Rao and Inbaraj. In all 2,426 persons were interviewed with the intention of finding out whether they considered it within the power of the couple to control the number of children. Around 37.0% replied in the

affirmative and 41.0% replied in the negative (*The Journal of Family Welfare*, June 1970 : 20-22). Of those 899 persons who considered it possible, 46.6% considered it possible through family planning measures, 37.5% through control on self, while 15.9% did not point to any specific method. When they were asked whether they themselves were in favour of family planning, 64.6% said 'Yes' and 25.4% said 'No'. The reasons given for the hostility to family planning methods were: that it was harmful to the women, it went against family economy and against god's will and constituted unnatural behaviour. However, it remains that seven out of every ten persons were in favour of family planning which points to the fact that people today are not very traditional in their beliefs and values.

A study made in 1965 by the National Institute of Community Development covering 365 villages in 16 states and 43 districts and 7,224 respondents also revealed that 51.6% were in favour of family planning and 23.7% were against it (Balakrishna and Narayan Murthy, *The Journal of Family Welfare*, December, 1968 : 42).

Khanna and Varghese's survey showed that the acceptance of family planning is directly related to education. As many as 40% of women with primary school education or below did not favour family planning. If education level increases to even the middle school level, the percentage drops to 14.0%. This shows that education brings about a drastic change in the attitude to family planning. If the woman remains unexposed to family planning methods, she continues to be conservative and holds on superstitious beliefs and fears.

Informal education also affects the practice of family planning methods. Many young women are in favour of family planning but do not know how to go about it. The illiteracy of the husband also acts as a barrier because they remain unconcerned about planning the family.

Since illiteracy is found more among the poorer section of our society, it is seen that women with low education in the lower strata are more reluctant to accept family planning methods. Their contention is that since they have no money to fall back upon, their only hope of survival is their children's income. An average Indian couple is not satisfied with less than three children. Time and again, studies in various parts of the country have revealed this fact. A few years ago, a large scale survey covering some 32,000 respondents sponsored by the Ministry of Health and Family Welfare came to the conclusion that most couples want not only three or more children but they also want that two of them should be sons (*The Hindustan Times*, November 5, 1987).

The encouraging feature is that though the older generation is inclined towards passive helplessness, they want their daughters to have fewer children and adopt birth control methods. In the rural areas it has been observed that a woman with six children now compels her married daughter to undergo an operation to stop childbirth after her third delivery. In the urban areas especially with the breakdown of the joint family system, many women in nuclear families face difficulties in bringing up children. Servants are a problem and there is no help from the in-laws or one's own mother. Housing is often a problem and commodities are scarce. No wonder that urban women in the younger age group favour family planning methods which allow them to devote their attention to their careers.

Though a large number of women approve of family planning; only half of them actually practice it. Khanna and Varghese's survey revealed that the lower the social strata the more ignorant a woman is about family planning methods. From over 75.0% usage of contraceptives in the high socio-economic strata, the percentage came down to 56.0% in the middle and dropped to 19.5% in the lower socio-economic group in their survey. This becomes very significant when we consider that women in the low and middle strata need to be more effectively covered by family planning methods than those who are economically better off.

Evaluation of the Programme

Family planning in India has come to a standstill. In fact, the programme is moving backward as today (in 1991) we are producing 31 children every minute in comparison to 21 children per minute in 1971 and eight children per minute in 1941. This stagnation is bound to wipe out all the effort that has been made since 1952. Though it is true that the couple protection percentage has gone up steadily from 22 to approximately 35 in the last 12-15 years, it should be asked who are these couples who are supposed to have obtained protection? The answer is principally those who have had three or more children and who have already done their part of the damage to the two-child family norm.

The question that is being asked is: If it took 19 years for the country's birth rate to dip by 6.3 points (from 36.8 in 1970 to 30.5 in 1989), how many years will it take to bring about a drop of 9.5 points so as to realise the birth rate target of 21 set for the turn of the century?

The official calculations of the Health Ministry point out that it is the four larger states of Uttar Pradesh, Bihar, Madhya Pradesh, and Rajasthan with high fertility levels which have to bear the cross. These four states together hold 40.0% of the country's population. The birth rate in these states was much above the national average of 31.5 per thousand population for 1988 (the birth rate was 37.5 in Uttar Pradesh, 37.1 in Madhya Pradesh, 36.4 in Rajasthan and 36 in Bihar). Surprisingly, the targets of sterilizations set for these four states are much lower than what their population size should warrant. For example, when the target of Uttar Pradesh (with 138.76 million people according to the preliminary estimates of 1991 census) was 6.5 lakh sterilizations for 1987-88 and the target for Bihar (with 86.33 million people in 1991 (*The Hindustan Times*, March 26, 1991) was 6.0 lakh sterilizations, the target for Tamil Nadu (with 58.4 million people in 1991) was 5.60 lakh sterilizations, and the target for Andhra Pradesh (with 63.5 million people in 1991) was 6.0 lakh sterilizations (*The Hindustan Times*, June 2, 1988). Unless these four states improve their performance level, containing the population may continue to remain a big problem for the country.

Various studies have highlighted that the services of Primary Health Centres (PHCs) in the rural areas are grossly underutilized. In states like Uttar Pradesh, Bihar, Rajasthan and Madhya Pradesh, where the need is more pronounced, utilization is less than 15.0%. Countless studies have made the point that in villages only the media which answers the people's questions instantaneously can help in family planning. The Block Extension Educators and the Health Assistants have been assigned only this role. But significantly, inter-personal communication is very small.

What should be our objective and method of family planning propaganda? One important suggestion is that our slogan should be "Third child should not be born and no child after 35 years of age". These are the two options which are entirely within the control of the couple. This type of propaganda linked with improving the standard of living, provision of better education, and health guarantee of (two) children and improved services for the health of women/mothers will put the couples in a frame of mind where they would themselves be anxious to work for this objective. Money incentives cannot be a motivating factor. The money may be incentive for the campaigner to motivate the couple but not for the person undergoing sterilization.

The then Minister of Health and Family Planning, Dr. Karan Singh, had presented before the Parliament in April, 1976 the National Population Policy framed after prolonged and intensive consultations with governmental and non-official organisations, academic institutions, as well as eminent demographers and economists. This policy covered a wide spectrum of programmes including raising the statutory age of marriage, introducing fiscal incentives to states which perform well in the field of family planning, paying special attention to improving female literacy, public education through all available media (radio, television, press, films), introducing direct monetary incentives for adoption of vasectomy and tubectomy operations, and a new thrust towards research in reproductive biology and contraception. Though this policy was endorsed by the Parliament, it was planned at a time when the Emergency was in operation. As stated earlier, there were so many excesses in the sterilization campaign under the leadership of Sanjay Gandhi, the President of Indian Youth Congress, that it came to be regarded with hostility by the people. The programme was so over-zealously and insensitively implemented in some of the north Indian states that during the election in 1977 after the Emergency, these excesses became an important election issue and the Congress lost the elections at the Centre, so much so that for the first time after 30 years after Independence, a non-Congress party became the ruling party in the country. When in 1980, Indira Gandhi returned to power, she became extremely cautious and unenthusiastic in reviving her commitment to the family planning programmes. Since then the policy of almost all governments in the states and at the centre has been so lop-sided that the growth rate of population which was expected to have fallen below the 2.0% mark, is still around 2.35%.

Some scholars present optimistic blueprints to check the population explosion in coming years. One point usually made is that our country has many untapped resources which, if properly developed, will sustain even three times the present population. The second point urged is that industrial growth, economic development and increase in exports will take care of poverty, unemployment, and the increasing population. Both these views are rather naive and unsound. What is useful and important for any country is the goods and services actually available and not likely to be available to meet the needs of the population. With the present political instability in the country, with the ruling parties laying focus on power rather than the 'community development' and with increasing casteism, parochialism, regionalism, and linguism, how

can we expect our power elite to take an interest in development and modernization and/or tapping the untapped resources ?

Measures Suggested to Control Population Explosion

Division into zones and Regions

The continuing population explosion in our country calls for some soul searching. The government is aware of the magnitude of the problem and considers the alarming population growth as the biggest challenge facing the nation as well as the government. But the 1976-77 experience of the government in adopting serious measures to achieve the set targets in the field of family planning has made all the following governments very cautious.

There is, however, still time to act. A recent study (in February, 1990) by two population experts of the Operation Research Group at Baroda has shown how the problem could be tackled. On the basis of the fertility pattern, they have divided the country's 350 districts into 16 zones and four regions. They have identified districts and zones which reflect the positive impact of family planning on the fertility rates, the areas where fertility rates have remained low despite hardly any family planning efforts, and those regions which are the hard core areas where the maximum effort is needed. The 1990 survey has pointed out that the areas of high fertility are Arunachal Pradesh (birth rate being 35.2), Bihar (34.4); Haryana (34.8), Madhya Pradesh (35.1), Uttar Pradesh (37.0), and Rajasthan (33.9). This region-wise approach is expected to help in correcting the lacunae in the implementation of the family planning programme.

Searching for New Contraceptives

The search for a new, inexpensive, easy to use and harmless contraceptive has not met with dramatic success so far. Though pills have come to be accepted in a big way and this method is catching on in Haryana, Madhya Pradesh, Punjab, West Bengal, Gujarat and Orissa, it is necessary that Indian herbs also be thoroughly investigated for their effects. Pursuing vigorous investigation of the health status and dietary habits of some of the tribals in Andaman and Nicobar Islands, among some of whom the fertility rate is found to be extremely low, might provide the needed solution.

Controlling Early Marriages

There is a direct relationship between age of marriage, size of family and attitude towards family planning. One study in Kerala revealed that the average age of marriage went up in mid 1970s. In 1969, the number of married women in the age group 15-19 years was 30.0% where as in 1974 it dropped to 14.0%. For those in the 20-24 age group, the decline was from 73.0% in 1969 to 56.0% in 1974 (*India Today*, March 1-15, 1980). Sociologically, this is an important reason for the dramatic decline in birth rate in Kerala. Raising the marriage age is, thus, bound to reduce the family size in other states too. This only requires creating the necessary public awareness.

The problem of changing social norms is extremely difficult. In the rural areas, the number of children, particularly the number of sons is considered important as they are regarded as potential providers in old age. The adult education measures might create the required awakening in these areas too.

Economic Development

Economic development may prove to be the best contraceptive. We have to go for quick population control at any cost on sheer economic principles of supply and demand. To balance any economic equation, we can either increase the supply which depends on both financial and material resources, or reduce the demand which depends on the number of people asking for varied services and commodities. For example, on the supply side, in housing alone an annual outlay of Rs. 3,000 crore would be required to build three million houses for the 16 million people added to country's population every year, assuming that we require only Rs. 10,000 to build one small house. But if we tackle the same problem from the demand side and prevent the annual addition of 16 million to the population through an effective population control strategy, the demand for three million houses or Rs. 3,000 crore required per year for constructing the houses will disappear. (Ahluwalia, 1987). Thus, working for the supply is as good as preventing the demand. This is balancing the supply and demand at no cost. And this is the no-cost solution we are looking for. What applies to housing also holds good for education, jobs, transport and health sectors. Tackling each problem from the demand side will have an enormous pay off.

This approach has another important dimension. If we tackle the problem from the supply side, it will increase the demand *per se* in other sectors. For example, if we increase the number of houses, it would increase demand for cement, bricks, wood-material and electrical goods. But if we approach the problem from the demand side and reduce the number of houses needed, the pressure in all sectors will be relieved. With 31 births every minute or about 16 million births every year, the demand for money and materials in sectors like education, transport and welfare, will so increase that in ten years' time the situation will cross the point of no return and incalculable and irretrievable damage will be done to the country and its economy.

Conclusion

The population policy of our government should aim not only at controlling the unregulated human growth of numerical strength (population explosion) but also at checking the unregulated movement of population and the increasing concentration of people in the urbanised areas (population implosion), and providing adequate living space and attractive environment to heterogeneous mixture of people (population displosion). These goals have to be jointly linked with the formulation and implementation of policies aimed at population regulation and planning for harnessing both natural and human resources. Thus, only population growth *per se* may not be perceived as a problem but its relation with the availability of resources may be viewed with great concern (Misra, 1980: 272-73).

Family planning needs to be salvaged from the morass into which it has drifted. For this, the programme has to look inwards and treat itself as a development input in its own right. In fact, development is the best method of controlling population growth though the reverse is also true that high population growth is a sure recipe for slow, if not negative development. A variety of measures will have to be introduced to put the family planning campaign back on its feet. Compulsion will not work; only persuasion will succeed. Legal measures may help, but what is urgently required is social awareness and involvement to create responsible parenthood.

What is to be stressed most in achieving a commensurate demographic effect is promoting spacing method instead of over-emphasising on sterilization in the family planning programme. About three-fifths (57.1%) of the married women in our country are under the age of 20 years and already mothers of two or more children. We have

to check the phenomenon of "children producing children". This could be achieved only by promoting spacing methods and marrying girls after 21 years of age.

In addition to its important role in checking the population explosion, family planning will help to improve the general status of women. A woman who has a large number of children to support and who goes through repeated deliveries spends more time as a mother and a wife and is confined to the four walls of her home. She cannot play any role in the community and the society, unless she is able to limit her family to a reasonable size. Family planning will improve not only family welfare but will contribute to social prosperity and individual happiness.

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