

FAMILY WELFARE IN INDIA
OR
FAMILY PLANNING AND ITS NEED IN INDIA
OR
BIRTH CONTROL MOVEMENT IN INDIA
OR
COMPUSORY FAMIL YPLANNING

Essay No. 01

“Children have more need of models than of critics.”

— Joubert

India is a big country. She attained her independence in 1947 after a long struggle. The country was divided into two parts. When the National government headed by Pandit Nehru took over, the situation in the country was very bad. Partition of the country followed by bloodshed and arson, left the country ruins. Unemployment, poverty and starvation stalked the land. The population of the country continued to increase day-by-day. The government, therefore, decided to launch a massive family planning programme in 1952. A propaganda drive was launched to educate the people to adopt family planning. Various family planning centers were opened all through the length and breadth of the country.

But all these did not produce the desired result. Statistics reveal the magnitude of the problem. The census figures of 1931 revealed that the population of India during the period 1947 to 1980 equalled the population of a big country like the U.S.S.R. The annual increase in India's population is roughly equal to the population of Australia. The population figures crossed the staggering 1000 million mark in 2001. The entire country seems to have been shocked by this rate of increase in the population of the country. We are already on the road to becoming the most populous country of the world. That would be nothing short of national catastrophe or disaster.

Experts feel that if population continues to grow unchecked, India will soon be facing doom and gloom. Unemployment will rise to staggering heights. Urban violence born out of increased cut-throat competition will touch a new height. Every breath of air will be badly polluted and every drop of water will be contaminated with poisonous matter. It would become almost impossible to provide even basic amenities of life to the people. Traffic on the roads will grind almost to a halt. Garbage disposal will become an impossibility and life would become a hell. It will really be a very sad day.

The problem of increasing population must be solved on an urgent basis. But coercion or compulsion cannot work in a democratic country like India. The people will have to be properly educated and inspired to adopt and accept the family planning programme. Unless the problem of ever-increasing number is solved, our Five-Year Plans will not raise our standard of living. No plan for employment can succeed in its absence. The food problem will remain as it. So, for the future prosperity of the nation, every effort must be made to solve it. Family planning is a crying need of the hour in our own country. It is a problem that concerns each citizen. It is in our interest to adopt family planning. It is a happy sign that India is the first country to have formulated a national population control programme. The government is now leaving no stone unturned to educate the people to go in for small families. Several incentive schemes have been launched to popularize family planning schemes and contraceptives are being distributed either free of cost or at a subsidized rate.

No government can afford to go slow in the matter of family planning. It would be simply suicidal for the country. A propaganda drive has been launched to impress upon the people that family welfare is a very useful programme. The radio, the television, the newspapers and the entire media have been geared up to propagate family planning. There is a good response. A family has also started planning their families. It is hoped that the people of India will soon come to understand the importance of this programme and they will take to it voluntarily in true spirit. Then and then alone can the country march forward. If we do not plan our families, we will perish.

Essay No. 02

Family Planning

India is a vast and developing country. India's population 850 million is the second largest in the world. It is increasing fast in comparison to the dwindling and depleting resources. By the turn of this century, it would increase to 2000 million people. It shows an increase of about 2.4 percent. Consequently, the experts have

started sounding warning bells. This population explosion has created many serious problems. More population means high pressure on our resources of food, employment, housing, clothing, education, etc. With the laudable advancements in science, medicine and health-care, the mortality rate has come down considerably, but the rate of birth continues almost the same. It makes effective family planning measures a must. In the absence of control on population all our Five-Year Plans and developmental schemes are bound to be a failure.

Family Planning is aimed at not only reducing birth rate but also at better health, family welfare and care for the children and mothers. To achieve these goals a broad-based mass education and motivation programme is being earnestly pursued. It is wholly a voluntary programme and is an integral part of the overall strategy of growth covering health, maternity and child care, family welfare, women's rights and nutrition.

The family planning programme in India was launched officially in 1952, but the birth control movement is older than that. The first two birth control centers were established in Karnataka way back in 1930. In those days birth control was not talked about so frequently and freely. But there was no such thing as government sponsored organized family planning. However, there was a good deal of consciousness among the educated and enlightened people in the country that contraception facilities should be provided for the interest and welfare of a happy family life to those who wanted them. During the First Five Year Plan the family planning was introduced. During Second Plan again it was on a modest scale with a clinical approach. During the Third Plan the whole programme was reorganised and a fully-fledged Department of Family Planning was established at the Centre in 1966. In the Fourth and Fifth Plans, the programme was given high priority. Consequently, the programme underwent great expansion, consolidation and integration. For disseminating knowledge about family planning and welfare all means of communication including mass media and inter-personal contact were extensively used. Since then every method is being tried to make the norm of small family popular and acceptable. Population education has been introduced in the formal school and university systems in the country. The Sixth Plan provided a sum of Rs. 1,010 crores for these programme.

These programme are implemented through the state governments for which cent percent central help is given. In rural areas, the family planning and welfare measures have been further extended through a network of primary health centers and sub-centers. Maternal and child health care and immunisation are also a part of this programme. Voluntary organisation and private medical practitioners are also associated with it to make the maximum use of available resources for optimum results.

The programme is being vigorously pursued and a great amount of money is being spent to popularise family planning measure among the men and women of reproductive age group. Under these measures nirodh, oral pills, etc., are freely distributed at various hospitals, dispensaries, health centres and urban centres including those run by local bodies and voluntary organisation. Further nirodhs are being sold through a network of lakhs of retail shops by many leading consumer goods marketing companies. Thus, millions of couples in the reproductive age group 15-44 are being protected by one or another of the approved methods of family planning.

The programme of medical termination of pregnancy through well-trained doctors and well-equipped approved hospitals is also implemented. It helps the family planning and birth control programme as it provides a legalized abortion in cases of contraceptive failures. Improved facilities for sterilisation and tubectomy operations exist now at a number of hospitals, dispensaries and primary health centres. Special camps in rural areas are also organized for this purpose.

Financial and other incentives are also given to the people voluntarily undergoing these operations. Research activities are going on in the areas of demography and communication action in various research centres in different states. Similarly, bio-medical research in the field of reproductive biology and fertility control is being done in the leading medical research institutes of the country.

The family planning programme in India depends upon its voluntary acceptance by the people. During emergency some drastic and coarsive steps were taken to curb the population which resulted in the overthrow of Mrs. Indira Gandhi in the next general elections. Therefore, it has been made totally a voluntary programme. To approach over 15 crore literate and illiterate couples in the reproductive age group, living in urban and remote rural areas, a broad-based mass education and motivation programme has been launched. Sixty percent couple protection in the reproductive age group is the target to be achieved by the end of the year 2000.

Essay No. 03

Family Planning

Family Planning has been adopted as our national policy and a lot of money is being spent on it. Yet we are far from achieving our targets. India's population is increasing fast in comparison to its dwindling and depleting resources. This rapid growth of our population has resulted in a very high pressure on our resources of food, employment, housing, clothing, education and alleviation of poverty. With the phenomenal advancement in science, technology, medicine, health and physical-care, the mortality rate has come down considerably but the rate of birth has not

come down commensurately. In the absence of effective control and check on our population, all our Five-Year Plans and developmental schemes are bound to fail. As a result, about half of our population has been living below the poverty line. Millions of our fellow citizens are deprived of basic necessities of life while the gap between the rich and the poor has been increasing.

In spite of huge campaigns and well-organized propaganda, the advantages of a small family have not been accepted by the masses. India consists mainly of villages and rural population. About 80% of its population lives in villages. They are mostly ignorant, uneducated and superstitious. They still regard children as gifts from God. They believe in luck and fate and believe that every newborn child brings its own luck. As such, they cannot be motivated to have planned parenthood with 'two children' norm. The much-desired people's participation in the family planning and welfare programs is not there. The majority of rural masses have yet to accept the various contraceptive methods of family planning and family welfare.

It is in keeping with our democratic set-up that the family welfare program is a voluntary one. People are free to choose their own methods of family planning that suit them best. People are being involved in the movement through social institutions, voluntary agencies, social workers and people's representatives. It is good that no coercive measures are adopted but lack of people's involvement to a desired level has been a real source of concern to the people behind the movement. It is high time that some mildly drastic steps are also taken to curb our ever-increasing population. Unless and until we have proper check on our population growth, it is almost impossible to improve the quality of life and standard of living. The program of family planning needs to be vigorously pursued.

During the Emergency some drastic and coercive measures were adopted, which were resisted by the people. They also resulted in the overthrow of the government, headed by Mrs. Indira Gandhi, in the general election. Therefore, it has been made totally voluntary. The program includes maternal and child healthcare, their nutrition and family welfare. The various schemes related to family planning and welfare is implemented through the state governments, for which the Centre provides complete assistance. There is a network of primary health centres and sub-centres, in the villages of the country to popularise the movement. The number of these centres is being increased further. Nirodhs or condoms, oral pills, contraceptive jelly, creams, etc. are being distributed free of charge through these health centres and other agencies. These are also available at subsidized rates at various retail outlets, chemist shops and pharmaceutical establishments.

Much improved sterilisation and tubectomy operation facilities now exist at various hospitals, dispensaries, and primary health-centres throughout the country. Special camps and campaigns are also being organised in villages and towns for

this purpose. Financial and other incentives are also given to the people who voluntarily undergo these operations. Research activities are going on at Family Welfare Training and Research Centre, Mumbai, Central Health Education Bureau, New Delhi, All India Institute of Medical Sciences, Delhi in the areas of demography, reproductive biology and fertility control. In order to provide maternal and child health-care services to more and more women and babies, the post-natal programme has now been extended to over 1000 hospitals spread in villages and towns all over the country.

The raising of the minimum age of marriage to 18 for girls and 21 for boys, coupled with the legalization of termination of undesired pregnancies have been steps in the right direction. The family planning and welfare programme in our country was launched officially in 1952 and since then, there has been commendable progress. There is a good deal of consciousness among the educated urban people about family planning and use of contraceptives and yet we can learn something more from China in this respect.

No doubt there is much and appreciable awareness among the people about family planning and mother and child healthcare. More and more people have come to realize the many positive advantages that are there in a small and well-planned family, and yet there is still a vast gap between awareness and acceptance of the various measures of family planning. To bridge this gap there should be a number of incentives and disincentives. A useful and progressive family planning programme should necessarily seek the help of more and more voluntary agencies, social workers, panchayat-members, village medical practitioners, caste elders, religious groups and village nurses and dais. What we need is an integrated and methodical approach to the problem.