

**POPULATION AND FAMILY PLANNING POLICY:
A Critique and a Perspective
Paper Presented at the International Conference on Population and Development, Cairo,
September 1994**

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The Department of Family Welfare, of the Central Govt. says, "The Family Welfare Program in India is being promoted on voluntary basis as a people's movement in keeping with the democratic traditions of the country. The program seeks to promote responsible parenthood, with a two-child norm - male, female or both - through independent choice of the family planning method best suited to the acceptor. For conveying message of small family norm to the masses, motivational, educational and persuasive efforts are made without any resort to any form of coercion" (Family Welfare Program in India - Year book 1989-90, Department of Family Welfare, GOI, New Delhi, pg. 48).

This is how the government views its family planning program, which it never tires highlighting that it was the first official program of population control in the world! I have deliberately begun with the above quote because not only is it full of lies but it also drives in many home truths about the governments' perceptions.

RETROSPECT

The Official Population Policy and Program is based on the Malthusian belief that poverty in the 3rd world countries is due to the large population of these countries. Each Five Year Plan (5 YP) in India has thus never failed to comment that India's development or growth has been the best possible with the given resources but uncontrolled population growth has acted as a retrogressive force. Thus, each 5 YP raised substantially allocations for the Family Planning program in the hope that the fruits of development were not eaten away by unchecked population growth. (Note: In India the term family planning has the same meaning as population control.)

Further, India's Family Planning program has been almost wholly directed by international pressures. In the initial years (fifties and early sixties) when the program was truly voluntary in nature it operated mainly through FPAI with substantial assistance and influence from IPPF, FPA of Britain and the Population Council.

When these efforts failed to elicit any significant acceptance of Family Planning, pressures were exerted on the Government of India to take a larger interest in checking population growth. Ford Foundation took the initiative and helped the Government of India in changing the approach from a 'clinical' and voluntary one to a camp approach with a more aggressive attitude and the introduction of incentives. Thus from an expenditure of Rs.22 million in the second 5 YP the allocation was enhanced to a whopping Rs.270 million (actual expenditure Rs.249 million) in the third 5 YP to accommodate this new approach which continues upto the present. And today the eighth 5 YP has allocated Rs.65, 000 million for the Family Planning program.

Table 1 gives plan-wise expenditure on the Family Planning program and the achievements made. The achievements have definitely not been worth it considering the last column in the Table. Today the cost of improving the Couple Protection rate by one percent is about Rs.3 billion (or US \$ 100 million). The yield from an alternative investment, say better maternal health services in rural areas, social security for school going children, etc. will be more productive.

TABLE 1 : EXPENDITURE AND ACHIEVEMENT IN FAMILY PLANNING

	Family Planning Expenditure		Family Planning Performance			Cost of Increasing CPR by 1% at Current prices (Rs. Million)
	Current Prices (Rs. Million)	1990-91 Prices (Rs. Million)	Sterilizations (Lakhs)	IUD's (Lakhs)	CPR % of couples	
Five Year Plan						
First	2	20	---	---	---	---
Second	22	220	1.53	---	0.2	---
Third	249	2075	13.73	8.13	2.7	99.6
Plan Holiday (3 years)	705	3920	43.92	20.57	7.9	135.6
Fourth	2844	12400	90.04	21.49	14.7	418.2
Fifth	5166	13600	147.17	24.95	22.4	670.9
Sixth	13952	27900	174.44	71.72	32.1	1438.3
Seventh	33292	45885	237.44	213.53	43.3	2972.5
Eighth	65000 (Budget)	65000	---	---	---	---

Note : 1. The 1990 prices have been calculated by using the purchasing power index of the Rupee from CMIE's Basic Statistics.

2. The last column has been computed by dividing the first column by the difference of CPR of each plan period with its preceding period. Example: for the 3rd Plan $Rs.249 / (2.7 - 0.2) = Rs.99.6$.

Sources: Family Welfare YearBook 1989-90 and Eighth Five-Year Plan and Eighth Five-Year Plan.

Further it is well known that the Couple Protection Rate (CPR) is a highly suspect figure. Correlation of CPR with fertility rates clearly shows that something is wrong, that a high CPR in a given population doesn't necessarily mean that fertility is declining. Many studies in India have amply demonstrated this. For instance, an increase in sterilizations does not necessarily mean that fertility will decline because it is well established that acceptors of sterilization have on an average a completed family size of 4 to 6 living children, with at least 2 sons. This only makes a mockery of the target oriented Family Planning program! Thus, the cost of raising the CPR could be much more than what we have computed.

This limitation of sterilization was realized at the end of third 5 YP itself but it still continues to constitute the largest accepted method of Family Planning. At the end of the third 5 YP a United Nations team pressurized the Indian government into initiating a very large scale IUD program at the cost of other health programs "The Directorate of Family Planning should be relieved from other responsibilities such as maternal and child health (MCH) and nutrition. It is undoubtedly important for family planning to be integrated (it had been integrated with MCH in 1963) with MCH in the field, particularly in view of the 'loop' program, but until the family planning campaign has picked up momentum and made real progress in the states, the Director General concerned should be responsible for Family Planning only. This recommendation is reinforced by the fear that the program may be otherwise used in some states to expand the much needed and neglected Maternal and Child Welfare services" (UN Advisory Mission, Report of the FP Program in India, NY, 1966).

The IUD campaign did not shape up as anticipated and was more or less a failure. Mainly because its prime concern was fulfilling targets and that the necessary medical and social backup support and followup was not available to women. In fact an Estimates Committee of the Lok Sabha (Parliament) was critical of the blind acceptance of foreign advise, "The Committee regrets to note that the IUCD program was formulated and implemented on the advise of foreign advisors without analyzing its pros and cons and without exercising an independent judgement on its suitability in Indian conditions and without establishing any proper infrastructure for the same. The Committee suggests that a critical evaluation of the foreign assistance rendered so far be undertaken" (Thirteenth Report of the Estimates Committee of the Lok Sabha, 1971-72, pg. 191).

Since the third 5 YP Family Planning has occupied a central place within the public health sector. Whatever programs have been designed the Family Planning objective has always been kept in the forefront. Thus under the Minimum Needs Program (MNP), started during the fourth 5 YP, the health sector received assistance to expand the rural health infrastructure (PHCs and SCs) so that the network for Family Planning work could be expanded and made closer to the people. The Community Health Volunteer (CHV) Scheme, though garbed as a barefoot doctor scheme, ultimately became an adjunct of the Family Planning program. In the 6th and 7th 5 YP the child survival and safe motherhood programs, undertaken with international support and guidance, intended for reduction in IMR and MMR, had the objective of Family Planning as got demonstrated in implementation of this program whereby all women getting registered for antenatal (ANC) and postnatal care (PNC) were subjected to a hard sell of Family Planning leading to declining acceptance of ANC and PNC by mothers and newborns! This obsession with the Family Planning program has discredited the entire effort put into building up a network for primary health care in the underserved rural areas. All the investment in the health sector in rural areas thus remained grossly underprovided and underutilised because of the pushing of F.P. target, by the health and other staff.

The above historical brief is important to understand how Family Planning as a program was built up and how it's obsession with target has led to the destruction in the credibility of the rural health services.

A NEW PERSPECTIVE

It is important to note that the official Family Planning program is directed largely at the rural population. In the urban areas the State does not have to exert pressure on the people to pursue a small family norm. The pressures of urban living induce higher acceptance of contraception.

Basically the rural-urban difference arises out of the fact that children among agricultural families are assets whereas for urban dwellers a liability.

Why Fertility Remains High?

The small and marginal peasant and the landless laborer constitute 80% of the rural population and most of which exists at the subsistence level. In rural India, employment is largely confined to the months beginning with monsoon and ending with Diwali - this is the kharif season on which most of our agriculture is dependent. These five to six months hold the maximum employment potential. The more working hands that a household has the greater its chance to avail of employment opportunities that are limited seasonally. The greater the number of family members who are able to seek gainful employment the larger the amount of savings a household will be able to generate to tide them over lean (employment) seasons. Secondly, family labor is an important means of saving costs of production for subsistence

farmers. Even children make their contribution to household productivity by contributing their labor to household maintenance that frees adults (the working age-groups), especially women, to participate more in income generating activities. Children contribute not only to housework and in caring of younger siblings but also as a helping hand in home-crafts, cattle rearing, fetching fuel and water, as farm labor on family holdings and quite often as paid workers. Therefore, in a predominantly subsistence agricultural economy family labor assumes a highly significant place if advantages from production are to be maximized for the household; and as a consequence high fertility becomes a necessary associate.

With the household still as the main production unit in India the family bonds and traditional socio-cultural practices have remained intact. Extended family households or extended family relations make the cost of raising children negligible because the down payment (cost of pregnancy, child birth, upbringing etc) of having children is very low as the cost and responsibility of raising children is most often shared in such families.

Further, such a family structure invariably encourages early marriages because the newly weds do not have to set up a separate home nor have they to bear the responsibility of rearing children on their own. Thus, an early age of entry into marriage and an absence of contraception practice (a practice which such a family structure discourages) results in an extended fertile period for the woman leading to high fertility. Also, in such families the status of women is low. Women are not allowed to take advantage of educational and employment opportunities outside the home and village. As a consequence they are married at a younger age; the gap between their age and their husbands' is wide, resulting in a relationship of total subservience, one of which is an uninterrupted series of births for which the only regulating mechanism are socio-cultural practices that may exercise some control over coital frequency. Another reason for low age at marriage in India is that the female child is considered a burden as long as she remains unmarried and, therefore, parents seek an early marriage. Also in such a family system women are sought at an early age as daughter-in-law so that they can be moulded easily into the new family and share its burden of drudgery and family maintenance with other women folk of the household.

The role of education in raising consciousness of a people, and especially of women is undisputable. The subsistence nature of the economy prevents the majority from seeking education, especially at the secondary level and beyond. When women do not receive education they are married early, and that too to someone eight or ten years older, and have to take on household responsibilities without adequate development of a mind of their own. As a consequence they become a cog of the patriarchal social structure alienating themselves from their own self as well as from the collective woman, their sexual and reproductive function being outside their control. Education liberates women from this vicious circle to a large extent and consequently they can also seek productive employment (non-domestic). Working women find child bearing a burden as it has serious economic consequences eroding their independence by engaging them in child-raising. The end result of this (when the woman has the choice) is a greater willingness to accept contraception and a small family norm. In fact our interviews with rural and tribal women in various studies have brought forth the fact that these women desire to control their own bodies and reproduction but the social structure prevents it. In a patriarchal structure (and especially so in a backward society) the control of womens' sexual and reproductive function vest with males for whom production of children, especially sons, is viewed as a reaffirmation of their superiority and control. Therefore fertility control becomes the function of the social structure itself. It is ironical that inspite of this women constitute the main target in population control programs.

Another reason for high fertility in India is the nature and structure of the workforce itself. As indicated earlier agriculture involves a very large majority of the workforce and we have seen how this within the given setting contributes to a high fertility rate. Related to this is the fact

that opportunities for non-agricultural work are not growing at a fast enough pace. A runaway development of the non-agrarian sector generates population mobility and displacement, denting and eventually splintering family ties and traditional bonds. But this has not happened in India. Infact, the industrial labor force even in a metropolis like Bombay has organic links with the countryside that helps retain tradition and alongwith it values supportive of high fertility. The living conditions in urban-industrial centers (slum and street dwelling) indirectly contribute to retention of old value systems because they (living conditions) don't provide a security and sense of permanency to the migrant. As a result he seeks comfort and security back in his village, the city becoming only an extension of his rural-scape. Therefore, even the non-agricultural worker in India does not, most often, have a small family. Besides, overall poverty, high infant mortality, poor health, education and housing facilities and a total lack of non-family based social security makes an overwhelming majority of Indians, and their counterparts in rest of the third world, opt for a family size that in the long run is beneficial for the family's survival and growth.

Our policy makers fail to see these basic socio-economic facts and continue to be influenced by Father-Malthus and his descendant experts from the West, and design programs and allocate resources which do not produce expected results, in this case reduced birth rates.

Is there a Population Problem?

The Malthusians believe in the resource constraint theory and hence are obsessed with the exploding population bomb in the 3rd World. Does reality support this ? If viewed superficially one can hear the bomb tick (to make it visible every major city has a population clock on which millions of rupees have been spent, the PMs office has a clock donated by UNFPA and Doordarshan every morning alongwith Vande Mataram reminds us of this growing menace!).

The stark poverty, malnutrition, illiteracy, high infant and maternal mortality all tend to indicate that we don't have enough resources to give basic amenities to all. Hence with a smaller population the given resources would have been better distributed. Sounds' pretty convincing! The question here is what is a smaller population? What is the quantum of resources that each person should consume? How should the population size be measured - in terms of land: person ratio, in terms of agricultural production, in terms of energy / resource consumption etc.? The developed countries hate these 'dirty' questions because if we start answering them the population bomb myth is exploded.

For instance, if resource availability is a constraint then population should be measured in terms of resource consumption. Vasant Pethe, an eminent Indian economist has constructed a paradigm which shows that population growth is not the cause but rather the effect of poverty the blame of which he puts on the inequitous international economic order. He has calculated that if population size must be measured in terms of resource consumption then USA's population will not be 250 million as measured by the census but 25,000 million because the average U.S consumer uses resources 100 times that of the average world consumer. Hence by this measure India's population would be about one-third of its census count or just about 300 million !

One is not arguing here that resources are not limited. One is aware of that but what we want to establish is that the numerically larger 3rd world population is not the one responsible for depletion of especially the non-renewable resources. Infact, this question was surreptitiously glossed over at the Rio Earth Summit held in 1992. It is time that we said NO to this numbers mania and demand that people in the under developed countries be viewed as a resource for development. If the West must insist on counting numbers in under developed countries then they should not object to counting of their consumption volume (by saying that consumption is a personal matter). The United Nations in that case must complement the population policy

initiatives in countries, which the west regards as population bombs, with a policy for consumption in the wasteful West. Like targetted growth rates for fertility and reproduction there must be targetted ceilings for consumption of goods and services in the West. In the global context both (the population policy and consumption policy) must go together. *If this complementarity is not acceptable then the entire focus on the population issue must be shifted to investing in people. If peoples basic needs and aspirations - employment, housing, education, health, old age security, etc. are provided for people will naturally become more socially responsible. If people are **given** a stake in the system they will **have** a stake in the system.*

So, now we know where the population problem lies!

Can we change this Perspective?

The Indian state is sold over to the population bomb perspective. How do we bring about a change in this? What follows is not a prescription for change but only issues that, if highlighted, could contribute to efforts to bring about a new perspective.

Firstly the 'population problem' should not be viewed in a single country's context alone. One has to place it in the context of the global economic order. Resource generation, distribution and use should be the focus of such a perspective. It is not a simple economic question but a strongly political one.

Secondly, one must question the aggressive and imposing stance of agencies from the West to chart out population policies and design FP programs in 3rd World countries. The West views the large and growing population of the underdeveloped countries as a threat to their own survival. For instance, their own technologies are Capital intensive, which cannot be adopted on a large scale in under developed countries because it would exacerbate the unemployment problems. Therefore the only way the West can dominate is by reducing numbers in these countries so that their (West's) technological dominance stays intact and the vicious cycle of dependence is perpetuated. Hence the West is obsessed with population control. But their ideas emerge from an understanding from within their own socio-cultural and politico-economic system and hence are doomed to failure in societies, which are very different. In India most rural development, health and FP programs have been designed with foreign assistance and almost all have either failed or have generated contradictions with a new series of problems.

Thirdly, following from the above mentioned, the local socio-cultural, economic and political conditions are important determinants of peoples' actions. Why they accept or not accept a small family norm most often has very sound reasons, as we discussed in an earlier section. One cannot impose a FP program from above if it conflicts with peoples' reasoning. Only changes in their socio-economic conditions (for instance, the professional middle class in India) which change their *objective reality* will ultimately change their reasoning vis-a-vis family size. India's flirtation with open coercion during the "Emergency" demonstrates how no amount of hard sell or force can change human behaviour. The focus should thus be on changing the objective reality.

Fourthly, the ultimate determinant of change in reproductive behaviour is acceptance of contraception. Only a radically changed objective reality will bring about this acceptance. Until then the State's efforts with regard to reproductive behaviour should be limited to assuring that *safe contraception* is freely available to those who feel the need to control their reproduction. This changed perspective will greatly improve the image of the public health sector, especially in the rural areas and restore the faith of the people in primary health care

services whose credibility has been thoroughly damaged due to the obsession with the numbers mania under the family planning program.

To conclude, we would like to emphasise that there is an urgent need to evolve a new global understanding on the issue of population and development. *Let us not count people. Let us invest in them.*

