

**Population and Society**  
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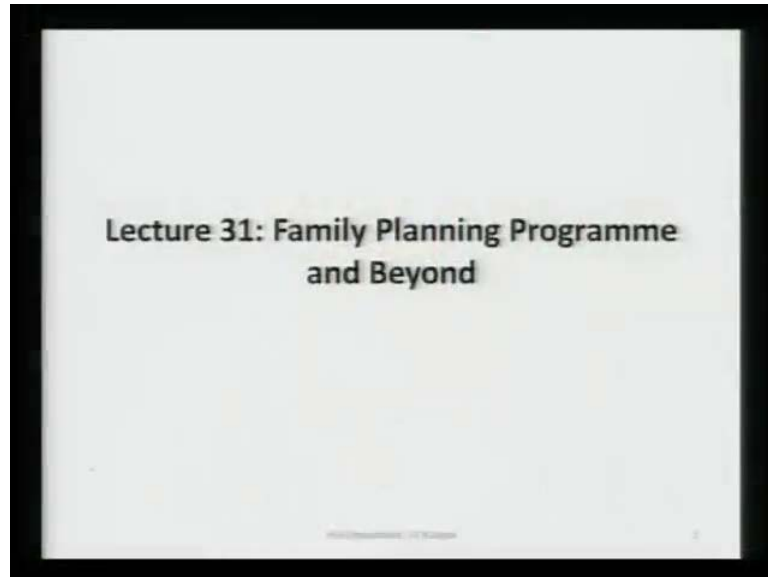
**Lecture No. # 31**  
**Family Planning Programme and Beyond**

Well friends, this is our third lecture on population policy. In the first lecture, I told you what we mean by population policy. Population policy - to recapitulate, population policy is a statement either about population size or growth or about some other component of population such as fertility, mortality, migration, marriage or social mobility, signed by the head of the state. Population policy means a formal policy statement by the head of the state.

And today most countries in the world developing have population policy except some countries in Latin America and Africa. In developed countries you have pro natal policies, because their population is a population growth rate rather is declining and some of them have had a total fertility rate below a replacement level as low as 1.2 or 1.3. Then in the second lecture, we dealt with the issue of how to study effectiveness of policy. You know after all on policies we spend lot of money crores of rupees is being spent in India on reducing fertility and on raising age of marriage etcetera. On communication, on contraceptives, on vehicles, on buildings, on salaries of staff, on so many things.

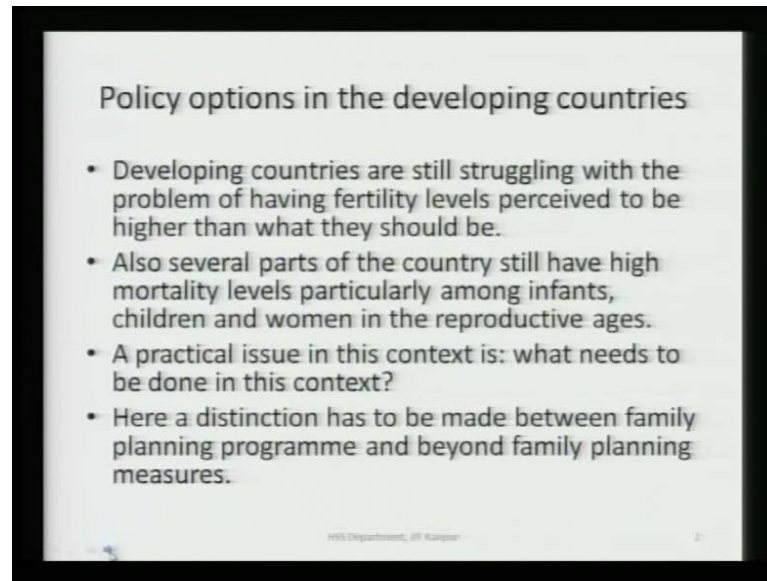
So, naturally the state would like to know to what extent their implementation of population policy is effective. And we saw that in studying effectiveness of policy there are lots of problems. Some are of the nature of lack of availability of right kind of data, reliable data, accurate data and some the judgment or the evaluation of effectiveness of policy depends on the measurements that you use. You will get one result if you use birth rate as the dependent variable and another result if you take total fertility rate or native production rate as the dependent variable.

Now today we will talk something more interesting a substantive issue. Not going into technical details we will talk about a substantive issue today. That before state what are the various policy options available to reduce fertility.



When we are talking of family planning programme and beyond obviously, we are not talking about migration, we are not talking about mortality, we are talking mostly about fertility. Although in case of India(s) population policy there is an increasing shift towards developmental variables. But, you cannot deny the fact that the main goal of population policy is to reduce fertility to bring it down to the level that, we can attain a native production rate of unity and our population becomes stationary. So, what are the options? As the title of this lecture itself shows, there are two options family planning and beyond family planning.

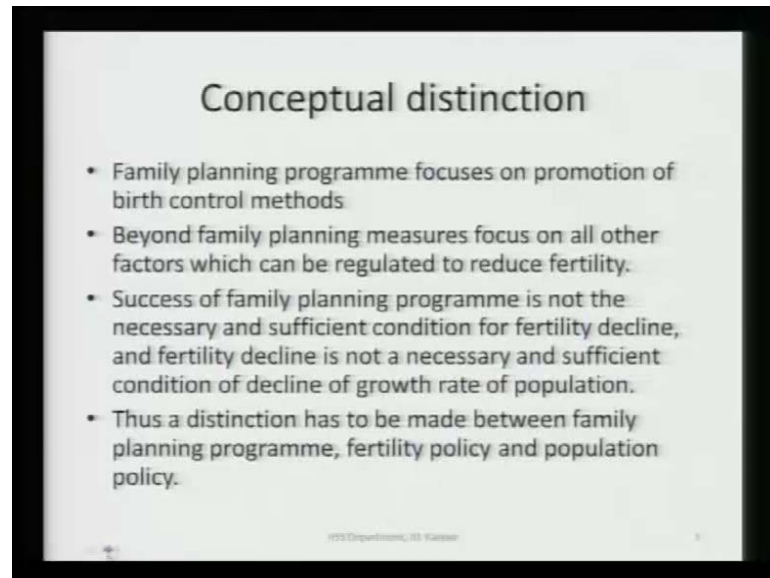
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The context of developing countries, most of them are still struggling with the problem of having fertility levels perceived to be higher. Then what they should be? Also several parts of the country still have high mortality levels particularly among infants, children and women in the reproductive ages. Fertility is the main problem having fertility levels higher than what are desired. In most countries today desired level of fertility is the replacement level of fertility 2.1. But, in developing countries most of them have total fertility between 3 to 5. Africa has more. In Africa also there are variations. Afghanistan has more, Kenya has more and there are success stories, there are failure stories and we also have high infant mortality.

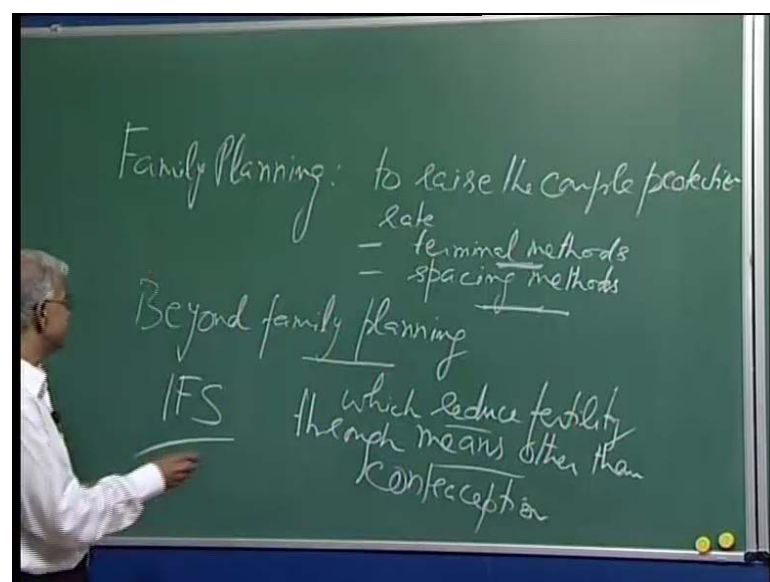
I think one day, when I was comparing developed and developing countries I told you that in some countries like Japan the chance of a child dying during infancy has come to a level of 2 per 1000 but, in our country still out of 1000 children 65 or more are dying in the very first year of life. So, we have goals regarding reducing infant mortality. And then women(s) issues are the top most issues in population policy today. India is one of those countries where maternal mortality ratio is one of the highest in the world, and then there are state wise or regional variations. So, a practical issue in this context is what needs to be done, here a distinction has to be made between family planning programme and beyond family planning programme. We will talk about this particular issue today.

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What is the conceptual distinction between the two? As the term family planning itself shows family planning programme focuses on promotion on birth control methods. Family planning means, limiting family size. So, state policy regarding family planning means, all those things through which couples can be motivated to go for contraceptive acceptance.

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Now here sometime we make a distinction between two types of contraceptive methods - family planning methods and beyond family planning. The goal of family planning

policy is to raise the couple protection rate by popularizing two types of methods. One type of methods are called terminal methods. And another type of methods are called spacing methods. Terminal methods include surgical operations like male sterilization and female sterilization it is terminal because once a couple anyone of them, husband or wife has gone for terminal method like surgical operation, then the family size or the reproductive performance is terminated forever. There is no more chance in the reproductive period to produce a baby.

In spacing methods are those methods through which couples would like to create a spacing between two consecutive births. That somebody marries at the age of say, a girl marries at the age of 20 and may be because of cultural or parental pressures she produces a baby at the age of 24. Then the couple decide that let there be some gap of 4 years 5 years between this child and the next child then they go for spacing methods condoms, IUCD, oral pills, they come under spacing methods they can be used anytime or they can be stopped.

Beyond family planning refers to all those things, which reduce fertility through means other than contraception. What can be the methods, which reduce fertility through means other than contraception?

Now this is like raising age of marriage or raising education level or empowering women. The factors because of which their ideal family size or the number of children they would like to have decreases. Even things like reduction in infant mortality rate can be seen as part of beyond family planning measures. Once we have low infant mortality, once we have low child mortality, then the couple need not produce a large number of children.

Sometime in literature we say that there is a child survival hypothesis sometime couples produce more number of children than they desire because they fear that 1 or 2 or 3 of them may die. Since, infant mortality is high child mortality is high. So, 1 or 2 of them may die. If they produce say 5 children or 6 children they think that only 3 or 4 will survive. So, they produce more children than they desire.

So, if we reduce infant mortality or maternal mortality or child mortality. Then the couple the family is more sure of having two or any number of children that they want to have. Similarly, when education increases when women are more empowered, then

women can influence decision making in the family surveys after surveys have shown that women usually want lesser number of children than men.

That means women become decision makers then fertility will decline. Now, this empowerment of women through education, through raising their participation in work, by providing various kinds of skills among women and by reducing mortality among children and women we can reduce those compulsions because of which people produce more children than they need. This is what basically today(s) lecture is about.

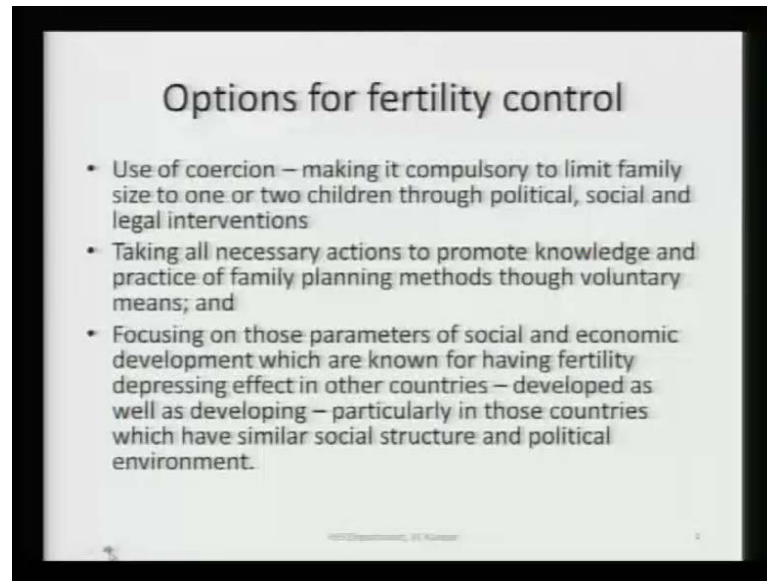
So, beyond family planning measures focus on all other factor which can be regulated to reduce fertility. All those factors, which can be influenced by state policy and which aim at reducing fertility level in the country, come under beyond family planning measures. Now, success of family planning programme is not the necessary and sufficient condition for fertility decline. And fertility decline is not a necessary and sufficient condition of decline of growth rate of population. We started our family planning programme in 1950.

But, our fertility did not decline our fertility decline in a big way. It started only after 1971. So, it is not that today you launch a family planning programme and immediately your birth rate will start declining. There are many factors on which birth rate depends it depends on age distribution, it depends on how many couples are using family planning methods, whether they are using terminal methods or spacing methods.

What is the efficiency of these methods? What is continuation rate? What is the age distribution? And how accurate or reliable your data? All those things. Similarly, fertility may decline but, it does not mean that the growth rate of population will decline. We have early talked about population momentum that decline in fertility will result in decline in growth rate of population only after a gap of decades and that is because the birth rate is also determined by the age distribution of population.

Thus a distinction has to be made between family planning programme, fertility policy and population policy. Most of the developing countries today have fertility policy, not the population policy. You cannot do much to size of population. Although, many states would like to have a smaller size of population than they actually have. But, there is nothing that they can do about reducing the size of population. We can only aim at reducing the fertility levels and through that the rate of growth of population. That in the future we should not grow at that fast rate at which we are growing.

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Options for fertility control. What are the options for fertility control? Use of coercion make it compulsory to limit family size to 1 or 2 children. Through political, social or legal interventions. Suppose parliament can pass an act by which it becomes compulsory to go for sterilization after two children. Then you have a coercive political decision.

And it is not that something like this is unthinkable during emergency time, when we went for doctor Karan Singh or what we call first population policy, some states like Maharashtra already passed a bill. In Maharashtra (( )) bill was passed in favor of compulsory sterilization after a certain number of children. Only thing that president of India had not given his concern to the bill. Otherwise we would perhaps had coercion in family planning, coercion in reproduction.

So then we also be some kind of social or legal interventions, directly infertility or indirectly. In China where you have a strong cadre of communists up to the grassroots level. There is not only the political or legal intervention of one child policy, even there is social through cadres, through communist party, through moral pressures there is coercion to go for one child in several provinces of China.

Now, taking all necessary actions to promote knowledge and practice of family planning, through voluntary means this is what our government is doing. We are not specially after the experience of emergency in which the then ruling party congress party lost parliament election on the issue of family planning. I think all political parties have

become careful and they cannot think of going for coercion ever. So, what they can do is to promote knowledge and practice of family planning methods through voluntary means.

What we say today is that, we are trying to cater to unmet need. Means, there are several couples there are lots of people in the country who do not want to produce any child more. They have already produce their wanted family size 2 3 4 whatever. Now, they do not want to produce any child more. But, still they are not using family planning methods. This is called unmet need. That they have a need, they do not want to produce any child more. But, they are not using contraceptive methods.

Then the issue is why? Do they not find a convenient method of family planning? Do they not know about all the methods of family planning? It is not easily available or there are moral reasons or social pressures not to use that method or cost or quality may be quality, they are not happy with the quality of methods available or they may think that there are some side effects. We have heard several such stories in our field work that people do not use condoms because there are all kinds of stories.

Now focusing on those parameters of social and economic development, which are known for having fertility depressing effect. In other countries developed as well as developing particularly in those countries which have similar social structure and political environment. These are the options. This third option is part of beyond family planning

Sir

Sir when we talk of political and social influences What do we relate this issue to religious factors and then may be people would be more influenced.

Yes, there is a fear among parliamentarians that certain religions in our country mostly Muslim and even Catholic Christians they are not in favor of population control. This I do not agree with position. But, there is a fear among parliamentarians. What is true that Muslims at large may not accept sterilization as family planning methods. And unfortunately in our family planning programme most of the users are of female sterilization. Muslims do not accept sterilization at least in our country. In Bangladesh they are using sterilization. But, in our country there is a feeling that use of sterilization



is against Islam. Prophet does not permit us to interfere with body for the purpose of limiting family size. But, I would say that this is more of a fear.

So, because this fear many politicians hesitate even to make statements strongly in favor of family planning. They think that if they do so then Muslims will not vote for them. Similarly, Catholic Christians they are also against birth control methods. Catholic Christians are more in favor they are not against the idea of limiting family size but, they are against artificial birth control methods. So, they will say that if somebody wants to limit family size then they can go for raising age of marriage, celibacy, not marrying.

### Abstinence

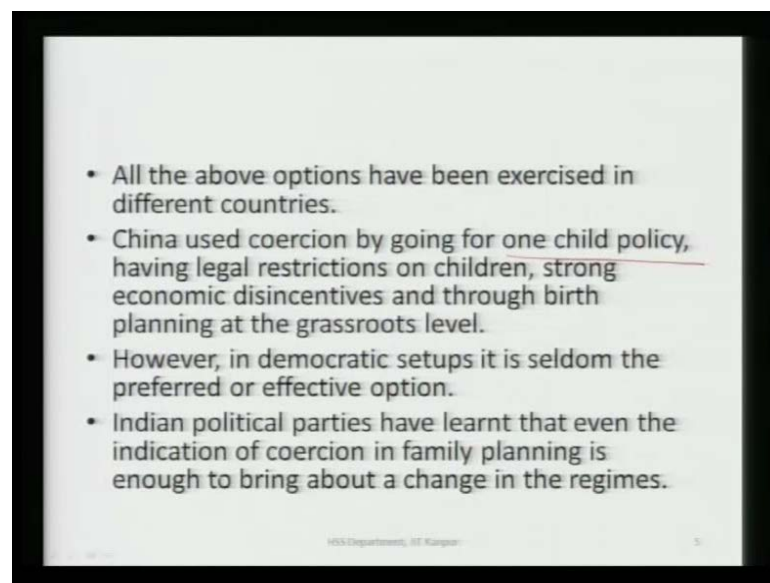
Abstinence or withdrawal abstinence and withdrawal which come under natural methods are accepted by Catholic Christians. But, other method artificial or modern methods are not accepted. Last month we had some discussion I was talking to the chief executive of (( )) in Delhi and I was telling that you do one thing, in place of talking to politicians individually and convincing them about the need for them to make statements in favor of family planning, you make presentations of demographic situation about their constituency.

Let us, go to a states and districts in the country to different parliamentary constituencies and at least a price the parliamentarians Hindus, Muslims, Sikhs, Jains, anybody about the demographic scenario in the parliamentary constituency. Tell them about birth rate death rate infant mortality rate everything. And I am sure that all parliamentarians would be interested in uplifting the socioeconomic and demographic situation of their constituency.

Once they know I believe that it will be possible policy makers or experts like us to seek support of parliamentarians. Once they understand the things. Maybe they may disagree regarding various methods of family planning or other thing. But, they will generally support they will realize how important it is for their parliamentary constituency to make socioeconomic development and how important the issue of population is in general socioeconomic development and the CEO of (( )) Mister Amarjit Singh a senior I A S officer he agreed with this and (( )) population stabilization foundation. They are now going for creation of demographic and socioeconomic material for different districts in parliamentary constituencies.

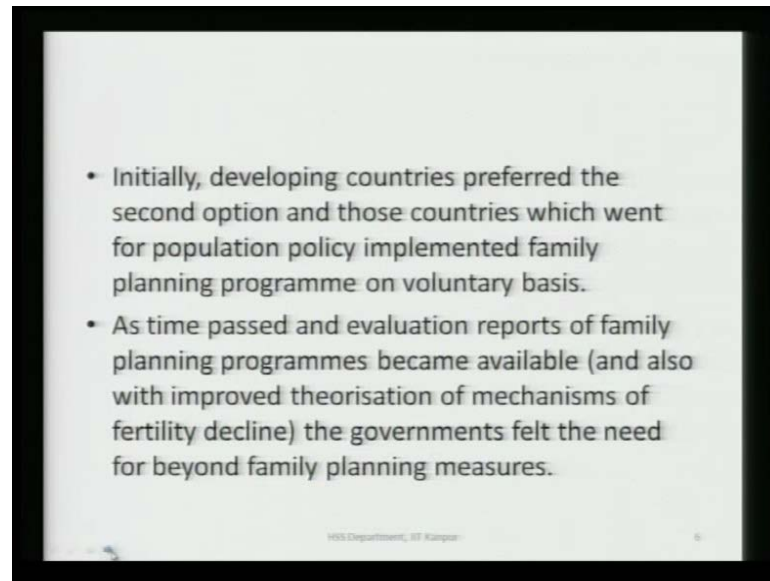
Also we discussed that there is a need to organize demographic seminars for parliamentarians. Some parliamentarians like Mittal have already been doing this and these kinds of seminars can be promoted. Make the parliamentarians more aware. Make the MP(s) MLA(s) and heads of (( )) institutions elected representatives of (( )) institutions aware of the demographic and socioeconomic milieu scenario in their constituency. I am sure there is something, it is possible to seek their cooperation. They may not agree with the specific methods or specific strategy but, it is possible to get their cooperation in implementing the family planning program in a broader sense.

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So that is because in democratic setup like India, the option that china exercises you know one child policy at times it means, that if you produce a second baby, then every month from your salary 10 percent is deducted towards maintenance of the child or the damage that you have done to welfare of society. 10 percent from your salary will be deducted. And if you produce a third baby then you can be send behind the bars. You are in prison. But, in India in democratic setup like ours we cannot but, many things are possible Indian political parties have learned that even the indication of course, done in family planning is enough to bring about a change in the regimes.

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But, initially developing countries preferred the second option. Means beyond family planning. There will be no opposition to beyond family planning obviously if you go to any community Hindu, Muslim, Christian, Sikh, Parsi and you tell that you want to provide education to their girls what should be the opposition. You tell that you want to increase a nutrition level or health level among girls and women, you want to reduce anemia you want to distribute iron and folic acid tablets, what can be religious or principled opposition to that?

So, the developing countries prefer the second option means beyond family planning. And those countries which went for population policy implemented family planning program only on voluntary basis. That though in order to satisfy unmet needs those who want to use family planning methods those who are mentally ready for this or for whom methods are available they can go for family planning, others can use beyond family planning.

Now, as time pass and evaluation reports of family planning programs became available. And also with improved theorization of mechanisms of fertility decline the governments felt the need for beyond family planning measures. Actually one day we will talk about national population policy 2000. You will find that national population policy 2000 is all about beyond family planning. Today our position is that, we will provide necessary facilities, we will provide facility of you know we will follow cafeteria approach we will

provide all facilities we will provide condoms, we will provide oral pills, we will provide sterilization facilities, all facilities and let the couples decide. If there is unmet need let the couples decide what they want to do. But, we will not go for any kind of coercion and there is an agreement about beyond family.

Actually you said that the population stabilization there are two method Family planning and beyond family planning

Yes

You also mentioned that India even though the India's now the first country implementing this kind of planning

Yes

Family planning up to 1970 there are not much decline in the fertility. But, after 70(s)

Yes

It will be cost of the secondary what is any study conductor why from 1970(s) there is a mark changes in the fertilities any it is because of the secondary reason or

May be globalization

Tenth five year plan somewhere I read a statement, there are three major causes of high growth rate of population in India today. High mortality means, infant and child mortality. There is 20 percent contribution of that then unmet needs.

That there are many couples who want to use family planning methods but, they are not using. Either because they are not available or the available methods are such that people are not happy with them. 40 percent and the remaining 60 percent is due to age distribution of population. Now, you can disagree with 20 20 60 this ratio but, the fact is that in India behind high growth rate of population, we are still having high growth rate of population.

Our sample registration scheme shows that it is about 1.5 percent, which is high. This is so, 1.5 percent is 1.5 partly because mortality is high. If you reduce mortality, then many more couples who would like to use family planning methods it is high 20 percent high.

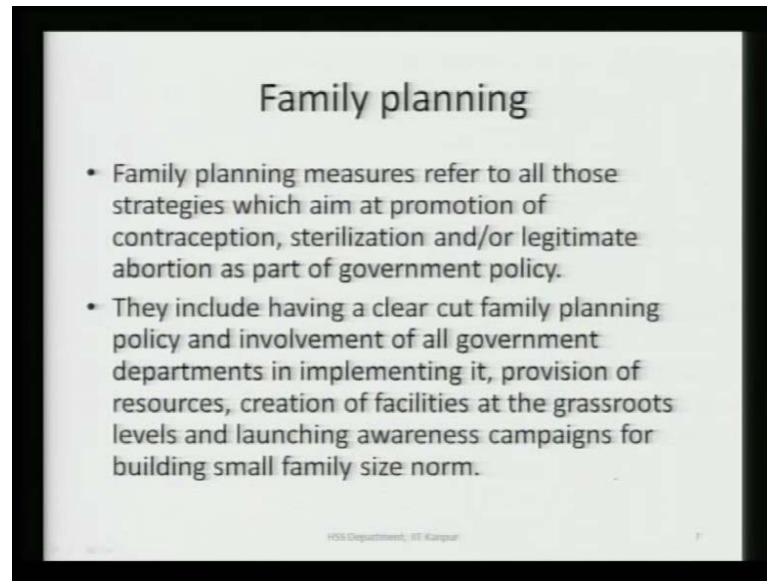
Because there are above 20 percent. Now, percentage of such couples has declined recently. But, what it meant that there are about 20 percent couples given a method of their choice they would use family planning methods and so the birth rate can be reduced and there is 60 percent contribution of age distribution. Which means, we are going in the right direction. You know our total fertility rate has already come down to 2.5 and there are several states in the country where total fertility rate has gone below the replacement level.

We have been talking about this in not only in Kerala but, even in Himachal Pradesh and in other states U P, Bihar you know northern states Madhya Pradesh, Rajasthan where fertility is high. Total fertility of those women who are high school passed even in these states those who are high school pass among them fertility has gone to replacement level.

So, that means the problem lies more with age distribution. Suppose no there is no further increase in couple protection rate. Suppose, there is no further improvement in unmet needs even then as time passes you will find that birth rate of the India will continue to decline. So, there is 60 percent contribution of age distribution and it is because of this you know this realization that we are on the right path and the future of birth rate will depend more on the age distribution of population.

As our average age of population median age of population will go up India is the youngest country of the world with median age of 24. As our median age will increase proportion of children is declining proportion of old is not increasing at that fast rate we have what we called demographic dividend today. So, as time will pass and our average age will go up, even without further improvement in family planning statistics our birth rate is going to decline.

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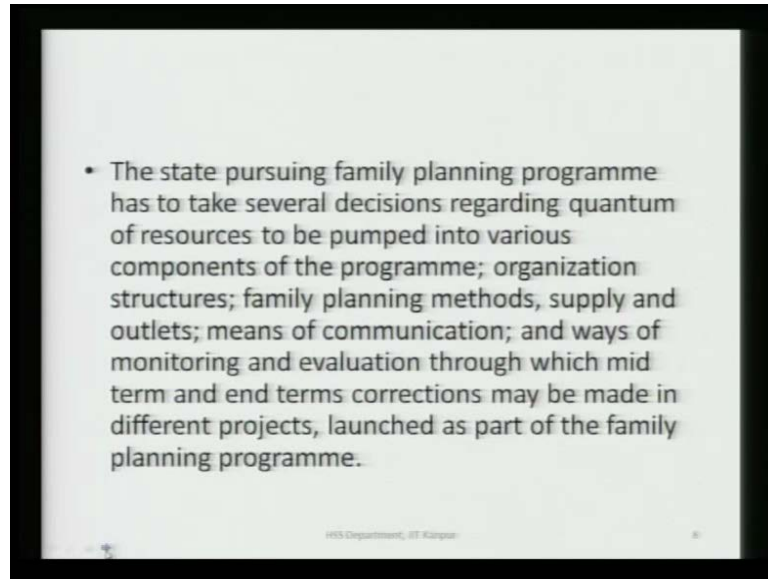


Now family planning measures so, we have already discussed what this slide says that family planning measures referred to all those strategies which aim at promotion of contraception sterilization and or legitimate abortion. Yes, abortion is another major point abortion is also part of family planning program under certain conditions. In India we say that we have a liberal policy towards abortion. It is not that it is legal in the sense that any woman desiring to have abortion can always go for abortion under certain conditions we permit abortion.

So, that is also part of family planning programme. There are countries India and Pakistan and it showed that in Japan abortion was the major reason behind demographic transition. In India at least statistics do not show that but, there are reports that there are lots of illegal abortions going on and among Muslims among whom family planning practices are low, the practice of illegal abortions seems to be quite high. But, these are unconfirmed reports small surveys here and there.

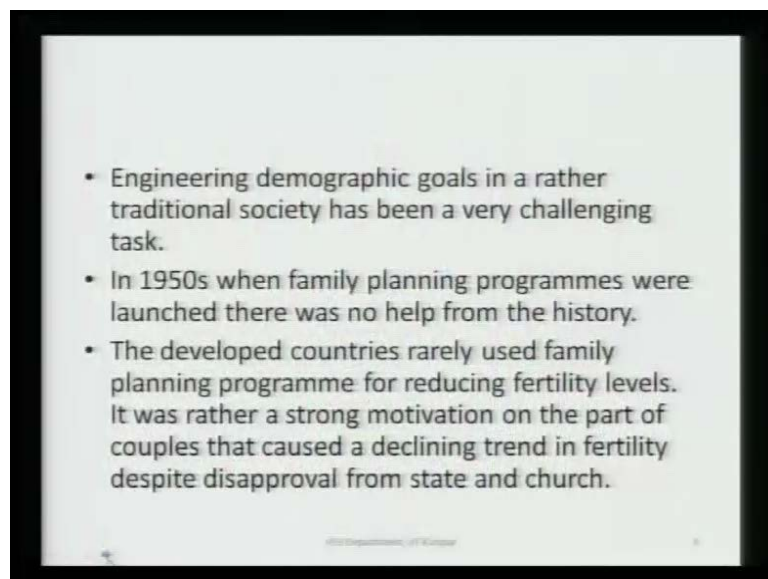
Now, they include having a clear cut family planning policy and involvement of all government departments in implementing it provision of resources, you have to provide resources for propagating family planning, creation of the facilities at the grassroots level, primary health centers, sub centers, (( )) workers we are distributing facilities through (( )) workers now. We are using them for motivational purposes and launching awareness campaigns for building small family size norms.

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The state pursuing family planning programme, has to take several decisions regarding quantum of resources to be pumped into various components of the programme. Organization structure, methods, supply, outlets, communication, ways of monitoring and evaluation through which midterm and end term corrections may be made in different projects launched as part of the programme.

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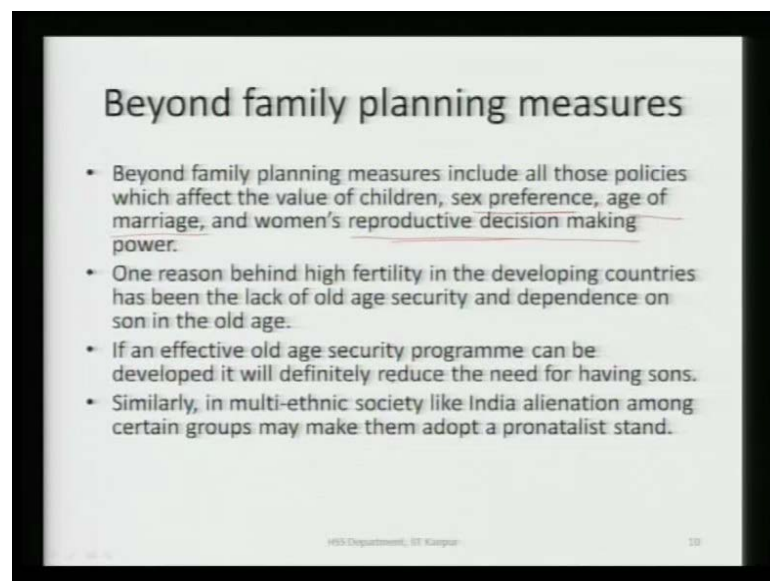


Engineering demography goals in a rather traditional society has been a very challenging task. In 50(s) when family planning programmes were launched there was no help from

the history. India was the first country so, we did not know what kind of programmes succeed in what kind of setting. The developed countries rarely used family planning programme for reducing fertility levels. They may laugh at Gandhian theory of population. We discussed Gandhian theory of population one day at length and we were find it to be quite unrealistic and laughable at many people may find Gandhian theory today laughable.

But, we must not forget the fact that in the developed countries it was by using Gandhian theory only that their fertility declined. There was opposition to use contraceptive methods both from church and state. But, the motivation to limit family size was so strong for the reason of social mobility that people on their own use natural methods of family planning and reduce fertility.

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Now, beyond family planning measures include all those policies which affect the value of children. There are lots of researches on value of children. Psychologists have contributed more to this field. We want child because child has a value. And there are so many types of values of children there is economic value, there is psychological value, there is cultural value, the religious value, spiritual value, there are many values of children.

Old age security is a value that you depend on your sons in the old age that is a value. Psychologist say that you extend your ties with the larger society by having children



there is may be more self esteem many psychologist have related value of children or family planning or fertility practices to need for power, need for achievement, need for affiliation, locus of control.

So, there are issues of values of children. Then there is sex preference in India we have sex preference, age of marriage and women's reproductive decision making power. This age of marriage, if there are lots of studies to show that if age of marriage is raised to this level what will be the reduction in birth rate in the country?

That is obvious, once you raise age of marriage then the reproductive span reduces and other factors remaining same in the same proportion in which reproductive span reduces. We can assume that birth rate will also reduce. If somebody marries at the age of 13 then from 13 to 49 so much of time is available for reproduction. And if you truncate this left hand side of the age distribution of marriage, then obviously the time available for reproduction is reduced.

A woman will marry at 25 or 30 she will have a smaller time for reproduction. And unfortunately in India, although we have a law regarding minimum age of marriage. But, that is not implemented roughly 50 percent of all the marriages in the country are still taking place below the legal minimum age of marriage. Less in South India, more in North India. But, that is the case.

So, if we can use beyond family planning measures. Raising age of marriage, raising women's decision making power, how can we raise women's decision making power? How can what can state do to raise women's decision making power in family? You see in rural development programmes like giving Indira (( )) house. It is only for those living below the poverty line. But, the provision says that if you want to apply for a house under Indira (( )) then the house will be constructed in the joint ownership in the names of both husband and wife.

So, far in our country status of women was low and women did not have property right. But, today when you have given them property right, that the new house is constructed under joint possession of husband and wife or if there is land redistribution among schedule cast and schedule tribe. You give land in the name of both husband and wife then the power of wife in the family goes up.

In survey these days we find several instances among schedule cast and schedule tribes in which husband is uneducated or may be primary pass and women is middle pass or high school pass. She has more decision making power, for anything related to interaction with society in laws consult their daughter in law more than their son. About son they will (( )) what does he know? he's an illiterate person. But, they have a (( )) daughter in law who is educated who is middle pass or high school pass. So, this beyond family planning measures are raising decision making power of women.

One reason behind high fertility in the developing countries has been the lack of old age security this is another fact. And dependence on son in the old age. If an effective old age security programme can be developed, like old age pension we have old age pension, we have family benefit scheme. There are so many rural development schemes and all promote old age security. We have insurance policies for in formal sector workers.

So, through these programme old age security or social security programmes also need to have sons can be reduced. Similarly, in multi ethnic society like India alienation among certain groups. There are theories, there are statements, then Muslims want more children. Because they think that right now they are only 14 or 15 percent of India's population. If they will have more children then someday they will surpass Hindu. But, they think so, because they feel aggrieved they feel alienated or marginalized.

If you create an atmosphere in which there is no difference between Hindu and Muslim in opportunity structure if as a Muslim you are as say for you have as many opportunities as Hindus have, then why should they fear of having only a minority status? If there are no developmental differences between minorities and majorities a Sikh does not feel so. Sikh is also a minority Muslims are at least 15 percent.

Sikhs are only 2 percent but, Sikhs do not have this feeling. In this table to make this issue of family planning and beyond family planning more clear.

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TABLE 9.1: FAMILY PLANNING AND BEYOND FAMILY PLANNING MEASURES TO REDUCE FERTILITY

Family planning measures	Beyond family planning measures
A clear contraceptive policy and direction	Female literacy and school enrolment
Adequate resources for FP programme	Raising age of marriage
Effective organization	Empowerment of women
Training	Effective reproductive health facilities
Sensitize political leaders and religious leaders	Social security/old age security
Incentives and disincentives	Reducing child mortality
Information, education and communication activities	Health insurance for children
Creation of facilities for abortion, sterilization, IUD	Schemes to affect sex preference
Creating trust	Fighting regional and social class disparities
Facilities for recanalization after sterilization	Welfare of minorities

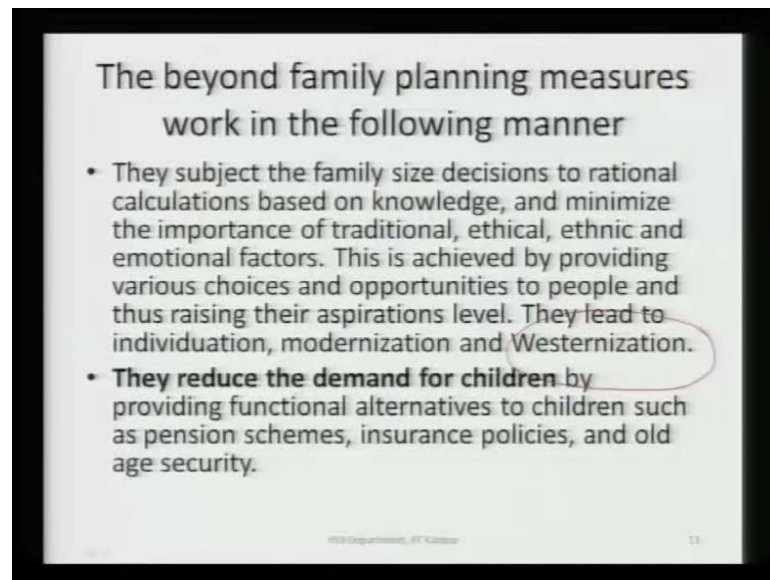
I have written some points in the form of a table as a family planning programme. A policy regarding contraception, adequate resources, effective organization, training of health staff, training of grassroots workers, sensitizing political leaders incentive and disincentive incentive and disincentive means, that when somebody goes for sterilization then some incentive money is given that is incentive there are disincentives in central government or in state government there are many facilities like maternity leave, care leave which are given to you or L T C which are given to you only when you have two children if you have more than two children then no facilities given for extra children that is disincentive to produce more children information, education and communication creation of facilities for abortion so, that women do not have to go for illegal abortion and creating trust in the programme then facilities for recanalization. Now, one problem with sterilization is some people are afraid that suppose the children that they have die and they have been sterilized then what will happen.

So, you have to create a facility of recanalization must be made more easier you know that at the local hospital I would say even at the PSC level there should be facility for recanalization so, that if some unfortunate couple losses all the children they have then they can go for recanalization after sterilization and they can produce more babies.

Beyond family planning includes literacy, age of marriage empowerment, reproductive health facilities, old age security, child mortality, reducing child mortality, health

insurance for children, schemes to affect sex preference in our country many couples produce more children just because they want to have more number of sons the gender disparity, if gender bias can be removed from society that will also affect your total family size then regional and social disparities and welfare of minority you know Jains are minority but, Jains do not feel in need to become majority in this country why because Jains are the wealthiest of all the minority, Sikhs are the wealthiest of all the minority so, if Muslim if the Hindu Muslim differences in opportunities, in education, in participation, in government services, in formal in formal sector you know all kinds of differences between the two communities can be removed that will go long way to motivate Muslims to go for family planning, any question?.

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**Yeah** sir that sex preference thing is there we can focus into that one social issue like dowry.

If because of that we prefer male children in a family rather than girls like more number of girls more number of dowry the parents have to give its like.

Social usage of dowry

Yes

Socially dowry would influence general (( ))

Yeah

That is

So we can focus on that thing rather than making a policy of sex preference because that is the main reason or issue behind that sex preference thing in India I think.

You have an interesting question but, my position on this would be my hypothesis, that because of dowry couples are not trying to maximize number of sons

No

But, because of dowry there is a gender bias

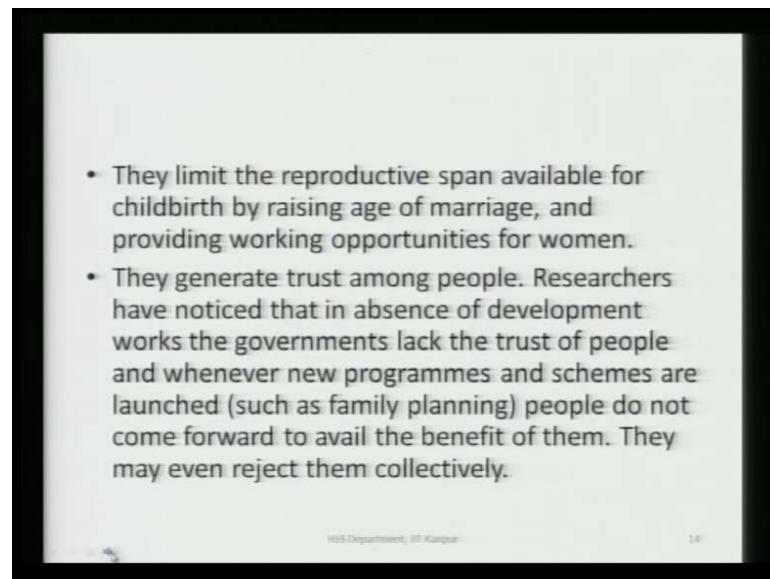
Yeah

So, what dowry is doing that because of dowry people do not want to produce a girl, a girl child in our latest survey in Kanpur district we found that there about 20 percent couples who do not want a girl child at all a significant proportion of couples I think around 18 percent of all the couples at some stage or the other have gone for sex determination test and in all those cases in which they found that the child to be born is girl, they have also gone for female feticide those who have come to know that the child to be born is son none of them goes for spontaneous none of them goes for induced abortion or feticide but, once they know that the child is daughter, girl then they are going for abortion. So, this is **this is** affecting our society adversely in another way by reducing juvenile sex ratio

Sex means, proportion of girls in age group 0 to 6 but, dowry because of dowry I do not think that people want to have more number of sons, they know that from dowry **dowry** is there in our society and dowry is cause of mental anxiety **anxiety** among so many middle class people but, parents also know that dowry may raise social standing but, dowry does not help them economically, most of the time what they get in dowry is spent in marriage expenditures and if the if anything is left it is taken away by daughter-in-law or son nobody has become rich I do not think that people become rich by taking dowry but, those who have to pay dowry in their mind there is lot of anxiety about that, parents of daughters you are worried about this aspect but, as parents of sons I do not think you are very hopeful of raising your elevating your economic status when dowry will come.

So, beyond family planning measures they subject that the family size decision to rational calculations based on knowledge and minimize the importance of traditional ethical, ethnic and emotional factors this is achieved by providing various choices and opportunities to people and thus raising their aspirations level make them modern they lead to individuation, modernization and westernization. Westernization has been found to be a major factor in reduction in ideal family size in our country independent of education or anything else these factors reduce the demand for children.

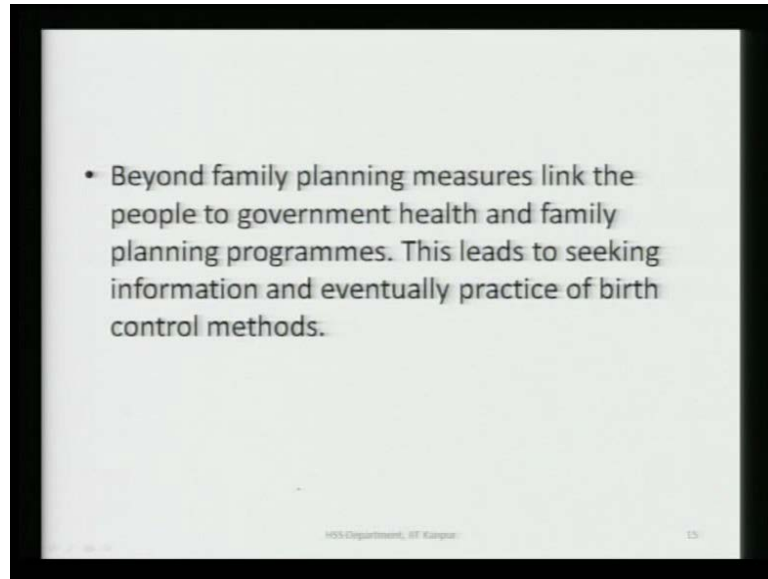
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They limit the reproductive span available raising age of marriage they generate trust among the people researchers have noticed that in absence of development, the government lack the trust of people and whenever new programmes and schemes are launches people do not come forward to avail the benefit of them.

I will give you an example from our own field work recently in connection with study of p p h we visited some villages around Kanpur.

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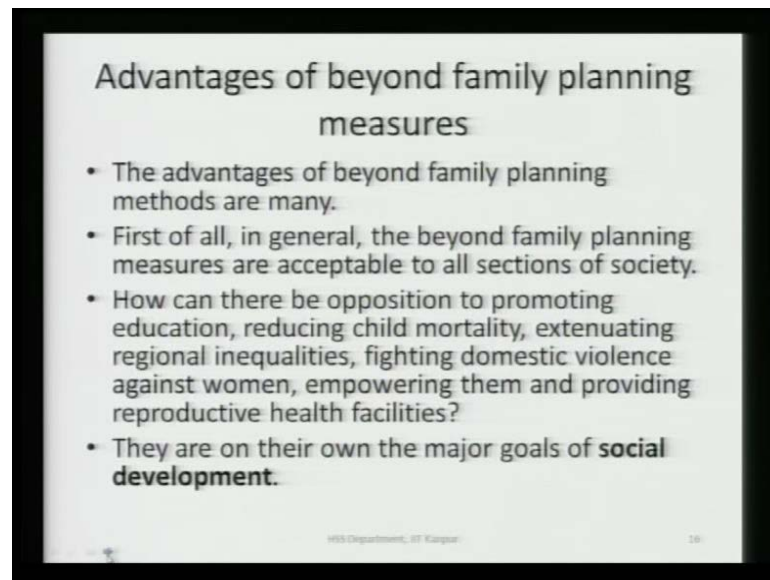


And we learnt that although from the village as a whole most women are going to health facility for child birth but, in the small Muslim ward you know that small segment of village in which Muslims reside nobody is going to health facility for child birth why it is not that they will not get proper treatment but, the fear because of lack of credibility of health administration, health programme in the minority community they are not going for health facility ,they are not going for child so, lack of trust in certain communities or casts or sections of society marginal sections of society can be reason for not using facility.

Then beyond family planning measures link the people to government health and family planning programme, this leads to seeking when a women is taken to health facility for child birth you can also talked that is an opportunity to talk to her about advantages of having small family or and that is the best time when you can motivate a woman to go for a sterilization.

Because she just currently undergoing the pain of child birth if you tell her that you are suffering so much and you should not have any child more she will be more willing to go for a sterilization at that time.

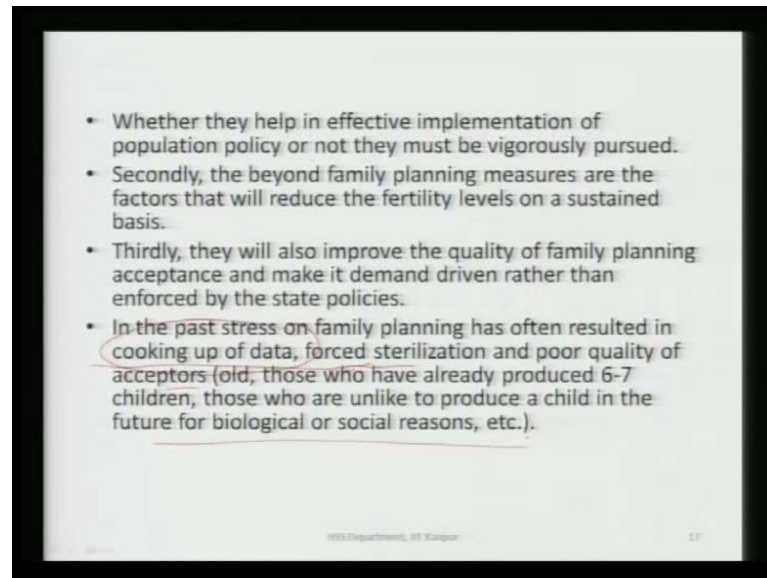
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Advantages of beyond family planning measures are, that first of all the beyond family planning measures are acceptable to all sections of society. Nobody as such no lemma as such will oppose vaccination program here and there some small people may be local religious leaders may oppose but, there will be no larger scale opposition to education or vaccination immunization or status of women. No Muslim leader I am not heard of any Muslim leader saying that IAY house should not be constructed in the joint names of husband and wife. How can there be opposition to promoting education, child reducing child mortality, extenuating regional inequalities, fighting domestic violence against women, empowering them and providing reproductive health facilities, they are on their own the major goals of social development. In Bihar where domestic violence against women is at the top, suppose you **you** take a policies to fight against domestic violence to mitigate this thing there will be no serious and no opposition from social leaders, religious leaders, political leaders, teachers and that can be done.



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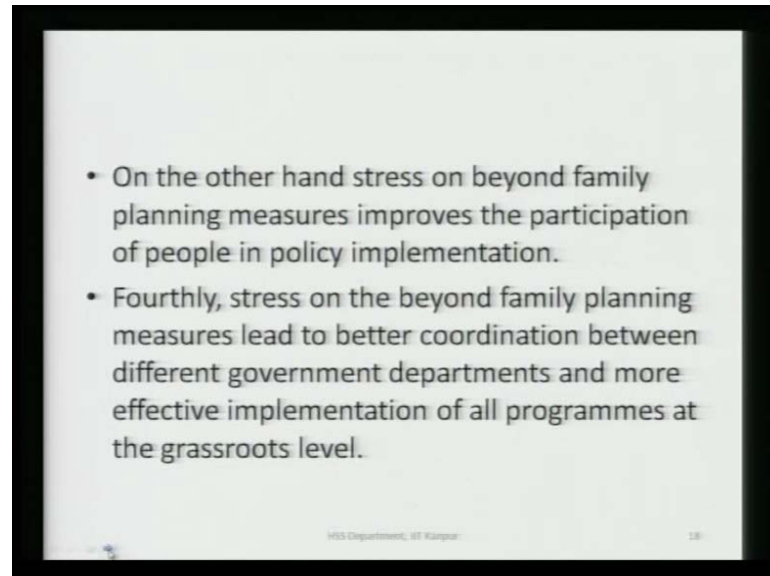


Whether they help in effective implementation of population policy or not, they must be vigorously pursued. Family planning or population control is not **not** the only goal of beyond family planning, on their own their value avail things. Secondly the beyond family measures are the factors that will reduce the fertility levels on a sustained basis. Thirdly they will also improve the quality of family planning acceptance and make it demand driven rather than enforced by state policies, in place of coercion there will be more of demand for family demand for family planning methods will also increase in the past stress on family planning has often resulted in cooking up of data.

We **we** know I think I entered this field of population at that time when we are target oriented approach, when I was doing my p h d field work we had target oriented approach and I had lots of stories from field staff from grassroots workers how the cooking up of data was going on fortification of data later some evaluation studies showed that actually the names and addresses of acceptors of sterilization which were reported by primary health centers or district level health facilities were fake lots of fake cases a very high percentage of fake cases came because of target orientation in sterilization and poor quality of acceptors you are sterilizing old people during emergency time when sterilizations were done at railway stations old people were sterilized those who have already produced 6 or 7 children what will be its impact on population growth no impact fortification, poor quality and those who are unlike to

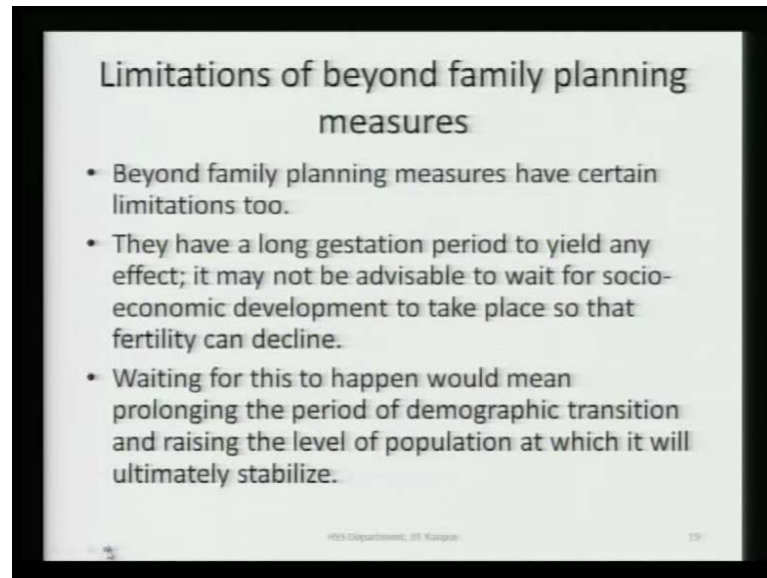
produce a child in the future for biological or social reason they have not produce a baby during last time 10 years and your sterilizing so, that affect the quality of acceptor.

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On the other hand stress on beyond family planning measure improves the participation of people in policy implementation. Fourthly stress on the beyond family planning lead to better coordination between different government departments and more effective implementation of all programmes health programme, rural development programme, education programme, department of social justice all kinds of programme welfare education.

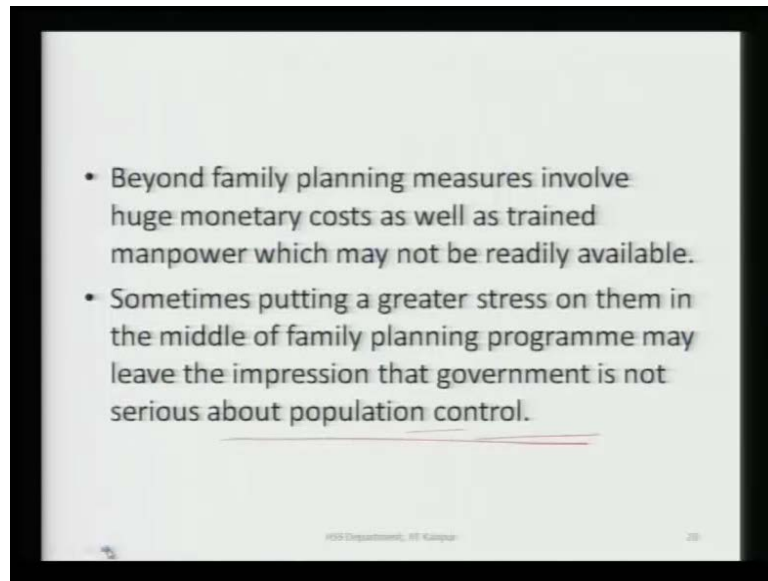
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But, there are limitation also otherwise we will not talk about family planning at all we will just restrict ourselves to beyond family planning.

The limitations are that beyond family planning measures have a long gestation period, it will take some time before yield results it is not that you raise education level today that you reduce dropout rate among girls today and next year you have a lower birth rate, it will take some more time you sterilize a woman next year you will not produce a baby but, you send her to school the result in terms of reduction in birth rate will be much later it may not be advisable to wait for socioeconomic development to take place so, that fertility can decline. Actually this was the starting point of doctor Karan Singh's policy statement in 76 that we cannot wait already our population as is the critical dimension and we cannot wait, waiting for this to happen would mean prolonging the period of demographic transition and raising the level of population at which it will ultimately stabilize.

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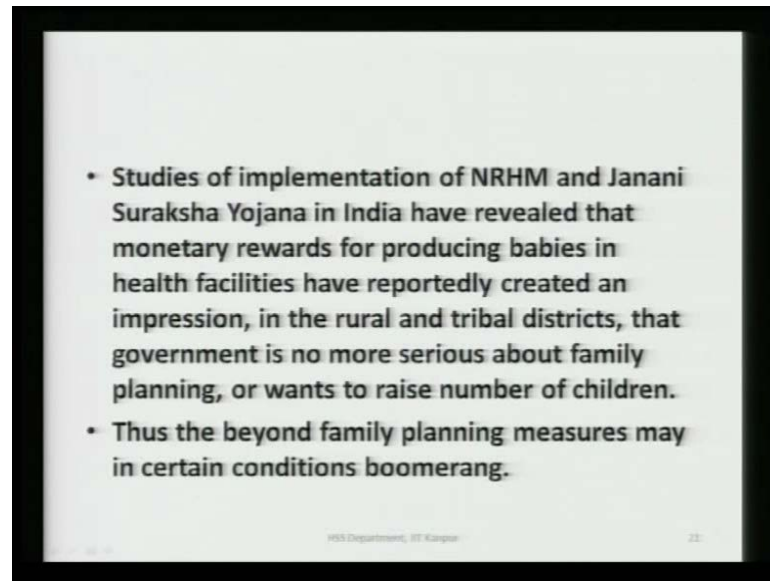
That today with family planning suppose it is stabilizing at 1.5. Now, without family planning just with beyond family planning measures it may stabilize sometime may be it will take longer time but, it may stabilize at 1.8 billion India Indian state afford to have 1.8 billion people,

Beyond family planning measures involve huge monetary cost as well, as trained manpower which may not be readily available school teachers, (( )) ,doctors, nurses, (( )) you have to **you have to** fill vacant positions, you have to provide mobile vans, you have to provide medicines, all those things so, that raises the cost of the program. Sometimes putting a greater stress on them in the middle of family planning program may leave the impression that government is not serious now, already we are facing this problem surveys recently the last time I went for the field work that was in Rajasthan 2 or 3 months back under (( )) and the doctors were saying that because women are getting 1400 rupees for producing a baby and they get only 400 rupees for sterilization so a producing a baby becomes more rational for them and the (( )) a beyond family planning measure intended to reduce maternal mortality rate which is a very lofty ideal, you are trying to reduce maternal mortality ratio by reducing p p s that is very good thing but, the moment we start giving 1400 rupees for institutional delivery.

Then you are making institutional delivery more attractive than sterilization for sterilization a rural women or a tribal women will get four hundred rupees, for producing

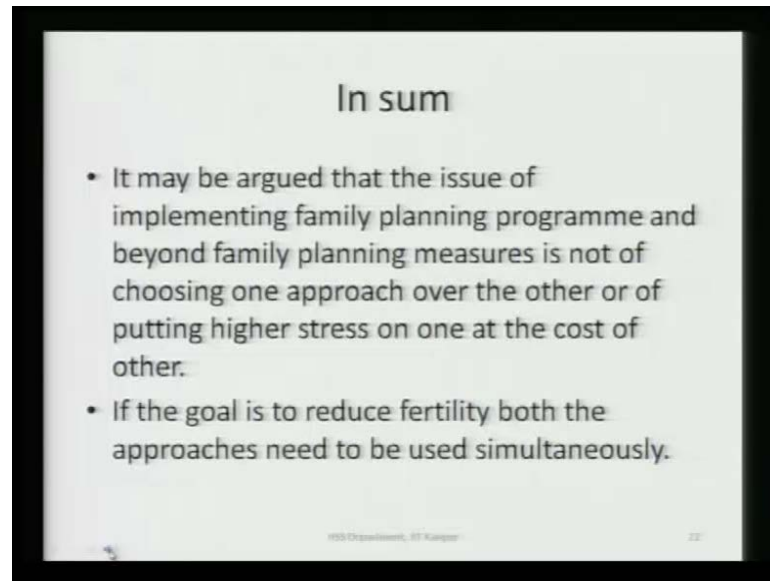
a baby they will get fourteen hundred rupees and it leaves the impression in the minds of rural poor or tribal's that government is no more serious about family planning that days of population control are gone and now, perhaps we should produce government is giving us money means, government wants us to produce more children that can boomerang sometimes beyond family planning measures can boomerang.

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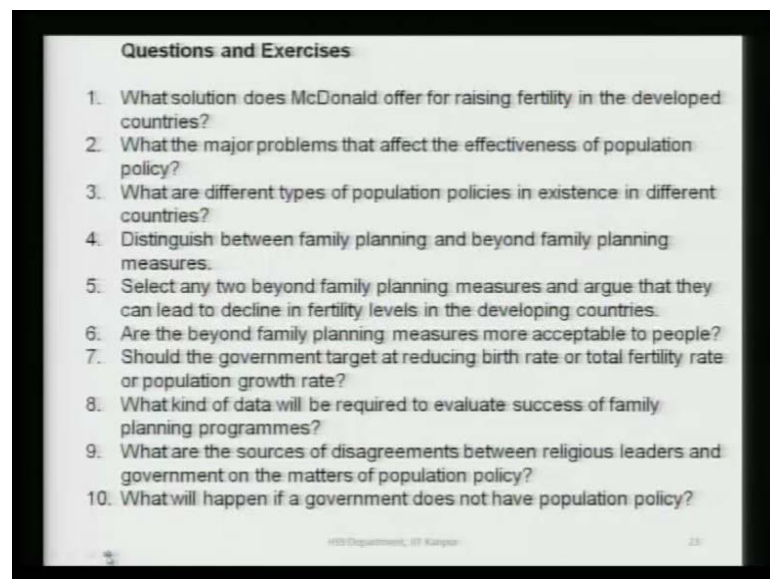
Studies of implementation of NRHM national rural health mission and (( )) in India have revealed, that monetary rewards for producing babies in health facilities have created an impression in the rural and tribal districts that government is no more serious about family planning or wants to raise number of children. Thus the beyond family planning measures may in certain conditions boomerang.

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I think we **we** have some time you can ask your question otherwise to sum of it may be argued that the issue of implementing family planning programme and beyond is not of choosing one approach over the other or putting higher stress on one at the cost of other if the goal is to reduce fertility both approaches need to be perceived simultaneously, in place of my giving you some question.

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Let me ask, if you have some question in mind in your mind which I can respond to one quick question

Sir, when we talk of applying both the approaches do we allot? You know should we have focus on either rural population or urban population and create different approaches rather than having a universal approach,

Trying to use both the approaches everywhere.

Everywhere

The feeling is based on statistics of unmet needs age distribution the feeling is that beyond family planning is required more in the rural areas

Rural areas

Because in urban areas age of marriage has already gone up

That is why I said

In urban areas ideal family size is already lower, in urban areas contraceptive prevalence rate is already higher. So but, beyond family planning because it relates to social development you cannot apply it selectively

Selectively

To some states or some people of course,, you can say that there are some lagging, regions, communities, caste social groups and you have to focus more there

But, in social development you cannot discriminate against others, you have to provide education to all you have to provide health facilities to all so, beyond family planning measures are for all family planning are also family planning measures are also for all but, urban areas have already come up to some level. So, we have to focus more on providing facilities in the rural areas

But in urban sector there is also, some sector where.

Yes

This when is should be promoted.

Slums

(( ))

I think you have

(( ))

Slums in your mind.

Yeah

Yes, in squatter settlements and some of the cities have very large proportion of slums

Yeah

City like Calcutta

Yeah

Mumbai

Mumbai

You know up to in some cities up to 60 percent of the total population is living in slums

Yeah

And condition of slums is not better, than the condition of rural areas and therefore, on the pattern of NRHM

We also have to provide facilities to urban areas, focusing on slums and these kinds of squatter settlements

And also migration

And migrant

Yeah

Most of the new migrants in informal sector are living in slums

Yeah



So, we have to focus on them

Mostly in Calcutta lots of people from Bangladesh

Yes

(( )) so

Yeah refugees

Yes.

Bangladeshi.

Thank you sir

I suppose that they distinction between the two approaches is clear

Clear

Thank you.