

**Population and society**  
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**Lecture No. # 33**  
**The First Policy Statement**

Well friends, we are discussing population policy of India. In the last lecture, I talked about, how did population policy of India grow after independence. That it was in 1952 that our country launched official family planning programme first time in the history of the world. There was no other country before India to launch an official family planning programme. And that also means that the country had to learn from its own experiences, it is own errors, strengths and weaknesses. There was no other experience in developed countries or developing countries to fall back upon. Gradually, we have also seen that the policy of India has passed through a number of stages. We began with a very cautious and a slow approach, what we called Gandhian approach in family planning, which emphasize natural methods and basically the idea of population control.

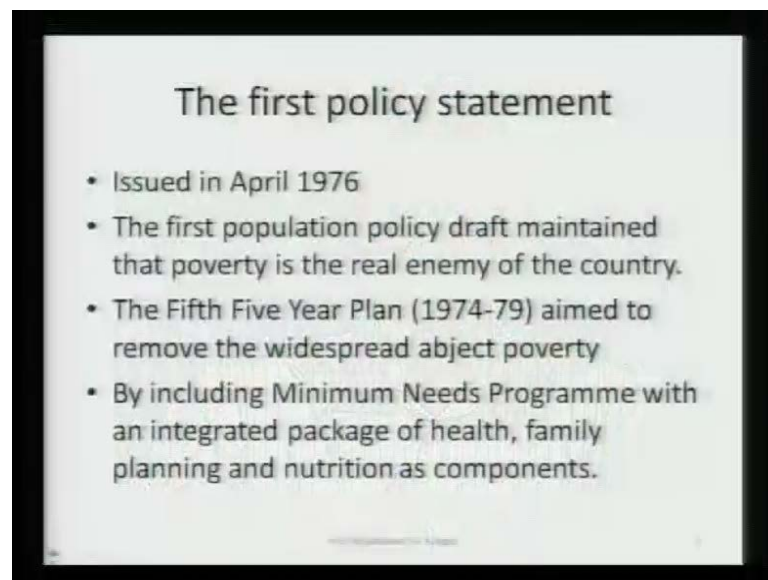
Then we went to a clinical approach whereby a number of clinics were opened and health facilities in urban and rural areas. And to begin with rupees 65 lack was year marked in the first five year plan for the purpose of opening of these clinics. When it was found that the clinical approach is not working because people were not coming to clinics, they were not motivated, they were not aware the family size decision, not subjected to rational decision making. So, it was though that we must go for some kind of extension education. And a point change agents in the form of grass woods workers in urban and rural areas who will go door to door and talk to people about the need to limit family size advantages; and ways of doing this at the national level, at the regional level, at the community level, at the household and individual level, why should they limit family size.

After this starting with Ernakulam district of Kerala by a very dynamic IAS officer mister Krishna kumar, we started having experimentation with mass vasectomy camps. And initially, the camps were quite successful and gradually we moved towards what we

call today cafeteria approach. By cafeteria approach means, that we must provide all possible terminal and spacing methods by terminal I mean, sterilization vasectomy and tubectomy and by terminal I mean condoms, IUCD, oral pills, injections and also traditional methods of rhythm and withdrawal and let the couples decide according to their needs. It can be assumed that initially, as soon as their marriage is over. The couples may like to produce one or two children and then go or one child and then go for spacing methods and sometime they produce their second child or maybe if they need three then their third child and then they go for terminal methods.

So, there is a room for every method at different stages in life cycles and accordingly couples can choose. So, the government of India must include all the methods traditional, modern and in modern both terminal and spacing methods leave it to couples to decide which methods to use. In between we have also seen that during emergency time sterilization was stressed. And in one or two years time, the number of acceptors of sterilization went up exponentially which was largely due to coercion and target oriented approach, which boomerang. Subsequently, then when Janata party came to power in 1977 another policy was announced.

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Now, today I will just introduce the first population policy statement which was issued by doctor Karan Singh in 1976, who was at that time a minister of health and family planning. I have brought policy statement in the original form; I will read that and

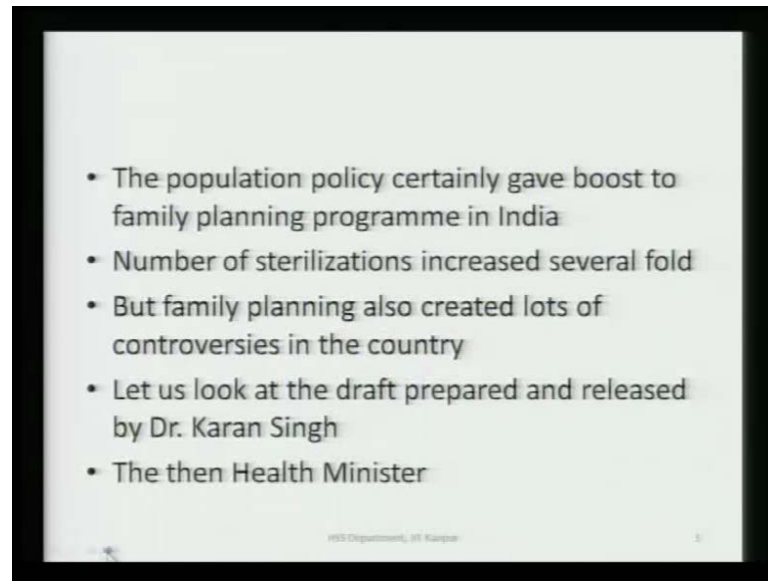
comment on that. The purpose is that you can show, how complicated it is to develop a policy like population. So, the policy has to deal with why, why do we need population policy? What are the goals of population policy? How can those goals of policy be achieved? What is to be done for that if you need extra data, research, cooperation from other departments? All these things are discussed in the policy document.

The document also includes statement on politics, political institution. And you know the politics is required because you know if there are regional differences in growth rates of population because some states do better. Than the representation of those states on parliament is going to reduce and to ally the this fear something has to be done about fixing representation of different states on the basis of some baseline population, this is all this policy document includes.

So, this first population policy statement was issued in April 1976. You may call it the first population policy statement or you may just call it statement issued by minister of health and family planning. It was not signed by president of India and in that sense it is not a formal policy statement of government of India. The first population policy draft maintained that poverty is the real enemy of the country. So, the goal was clear. What is the aim of having population policy? The aim of population policy is to fight the continuing high levels of poverty. Then the document must also tell something about the relationship between poverty and population growth. It says that the fifth five year plan 1974-79, aim to remove the widespread abject poverty.

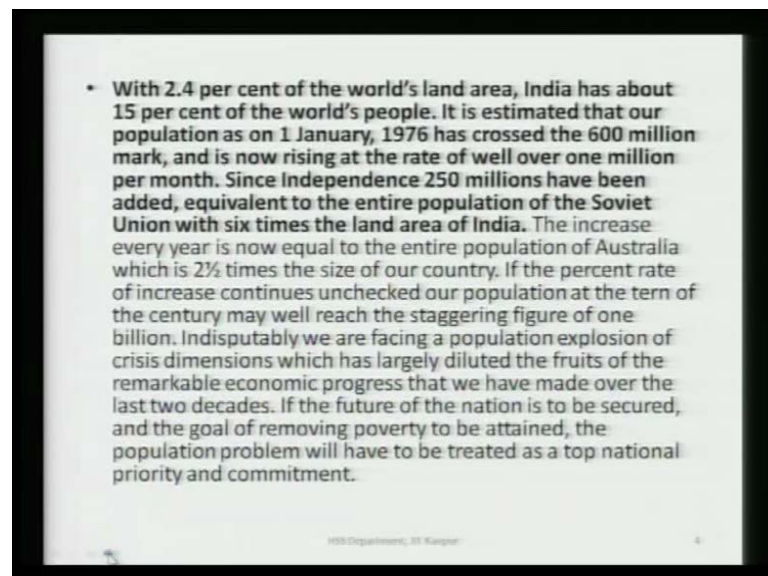
You see there are two terms, widespread and abject. Widespread means that in India poverty is not confined to any small pocket in some small region of the country it is widespread. It is a wide spread in all the states, it is widespread across social groups, across different religious communities, linguistic groups, poverty is everywhere. And it is abject, which means that the condition of people living below the poverty line is really bad, pathetic; it is abject poverty, it is not poverty in a relative sense in a relative sense, you have poverty everywhere. Using the relative definition of poverty, you can show that there is poverty even in Japan or United States or Sweden or Denmark, but in our case poverty is abject because the condition of poor people is very dismal.

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Now, by including minimum needs programme with an integrated package of health, family planning and nutrition as components, our policy was aiming at removal of poverty. The statement says that the population policy certainly gave boost to family planning programme in India. The number of sterilizations increased several fold I have shown some numbers in the last lecture, but family planning also created lots of controversies in this country in that context.

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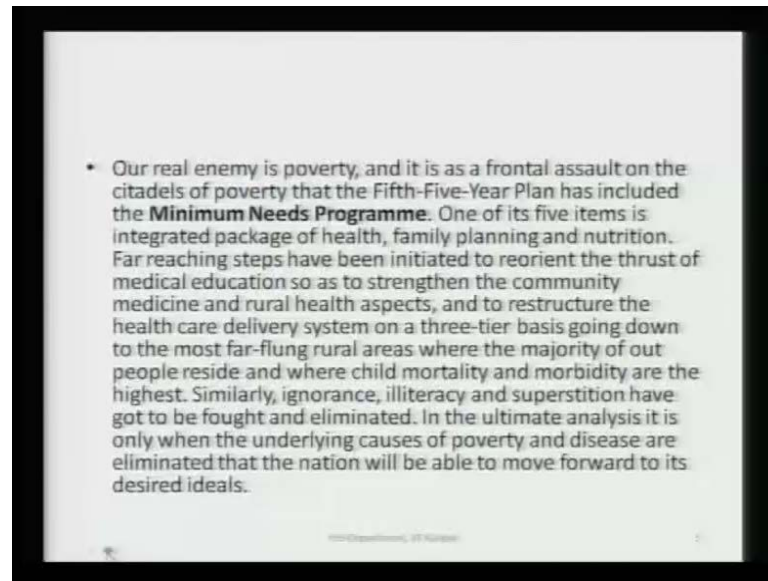


Let us look at the draft prepared and released by doctor Karan Singh the then health minister, it begins like this. The opening paragraph of the policy is this, with 2.4 percent of the world land area, you know India as far as land area is concerned, India has 2.4 percent of the world's land area. But in terms of population, it has 15 percent of the world's population. Which means that the density of population in India is much higher than in many other countries developed or less developed. Then the document says that it is estimated that our population as on first January 1976 has crossed 600 million mark and is now rising at the rate of well over 1 million per month. Since independence, 250 millions have been added here, some kind of rhetoric is involved. And doctor Karan Singh says that since independence 250 millions have been added, which is equivalent to the entire population of the Soviet Union with 6 times the land area of India.

This shows the gravity of the situation of population growth. The increase every year another rhetoric, the increase every year is now equal to the entire population of Australia, which is two and half times the size of our country. If the percent rate of increase continues unchecked our population at the turn of the century may well reach the staggering figure of one billion. At that time in 1976, he was worried sufficient if enough action is not taken to control population our size might reach one billion by the turn of the century. It has actually reached in 2001, our population was more than one billion, but at that time in 1976 when doctor Karan Singh was talking in these terms that was only to show the gravity of the situation. And using rhetoric to make his communication effective, he was saying that our population is exploding at a very high rate and something has to be done immediately. So, he writes indisputably we are facing a population explosion of crisis dimension which has largely diluted the fruits of the remarkable economic progress that we have made over the last two decades.

So, because we are our population is growing very fast. So, to some extent it neutralizes the advantage of economic development. If the future of the nation is to be secured and the goal of removing poverty to be attained, the population problem will have to be treated as a top national priority and commitment.

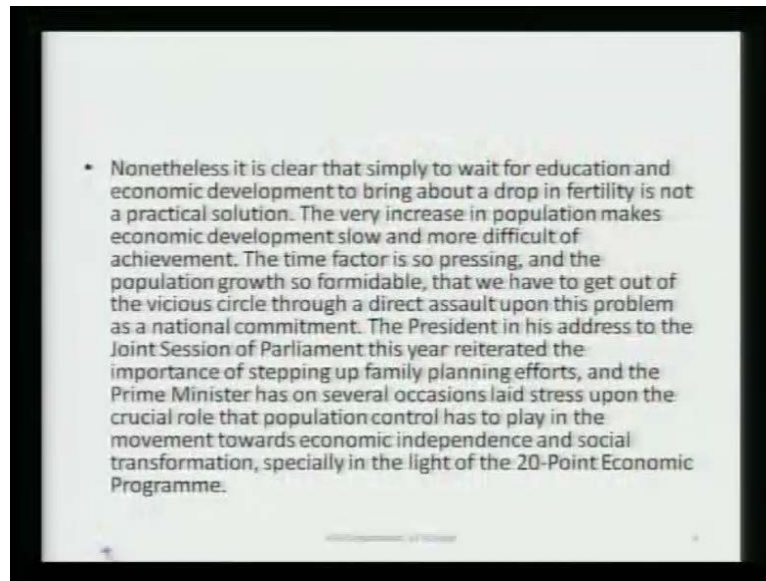
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Second Para, our real enemy is poverty and it is as a frontal assault on the citadels of poverty that the fifth five year plan has included the minimum needs programme. One of it is five items is integrated package of health, family planning and nutrition. Far reaching steps have been initiated to reorient the thrust of medical education so as to strengthen the community medicine and rural health aspects, and to restructure the health care delivery system on a three tier basis going down to the most far flung rural areas where the majority of our people reside and where child mortality and morbidity are the highest. You know there are urban rural differences and the rate of mortality and morbidity are found to be highest at the village level.

Similarly, ignorance, general ignorance as well as ignorance of family planning methods illiteracy and superstition have got to be fought and eliminated. In the ultimate analysis it is only when the underlying causes of poverty and disease are eliminated that the nation will be able to move forward to it is desired ideals.

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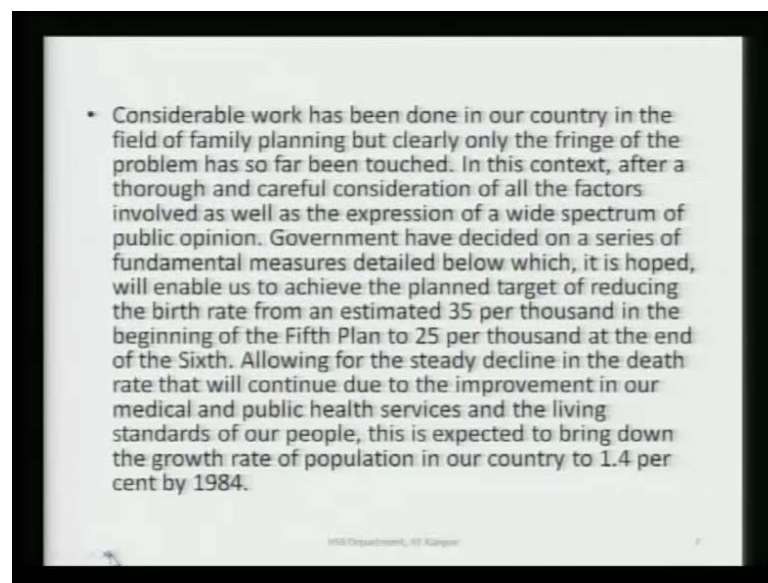
Now, the logic continues even in the tenth five year plan it was said that the 20 percent contribution to rate of growth of population is by high mortality, because when mortality is high, when child mortality is high then in order to have say x number of children couples must produce more than x number of children. In some cases, some children may die and they are replaced by other children and in some other cases thinking that some children anyway die people produce more children than they actually need. Then it goes to then nonetheless it is clear that simply to wait for education and economic development to bring about a drop in fertility is not a practical solution.

You know although as said in the previous paragraph growth rate of population would depend on education and health and on our success our efforts in reducing mortality, but we cannot wait for that. Removal of illiteracy or reducing child mortality to the levels of the developed countries may take a long period of time two decades, three decades, four decades. And in these two, three or four decades, the population of India can it is already exploding he said and it can grow tremendously and wipeout all the efforts made towards reducing mortality or illiteracy.

So, the very increase in population makes economic development slow and more difficult of achievement there is a two way relationship between development and population. And therefore, you have to act on both, development and population simultaneously. The time factor is so pressing and the population grows so formidable

that we have to get out of this vicious circle through a direct assault upon this problem as a national commitment. There is a vicious circle more poverty more population more population more poverty and we have to attack therefore, on both the sides. The president in his address to the joint session of parliament this year reiterated the importance of stepping up family planning efforts, and the Prime minister has on several occasions laid stress upon the crucial role that population control has to play in the movement towards economic independence and social transformation, specially in the light of the 20 point economic programme.

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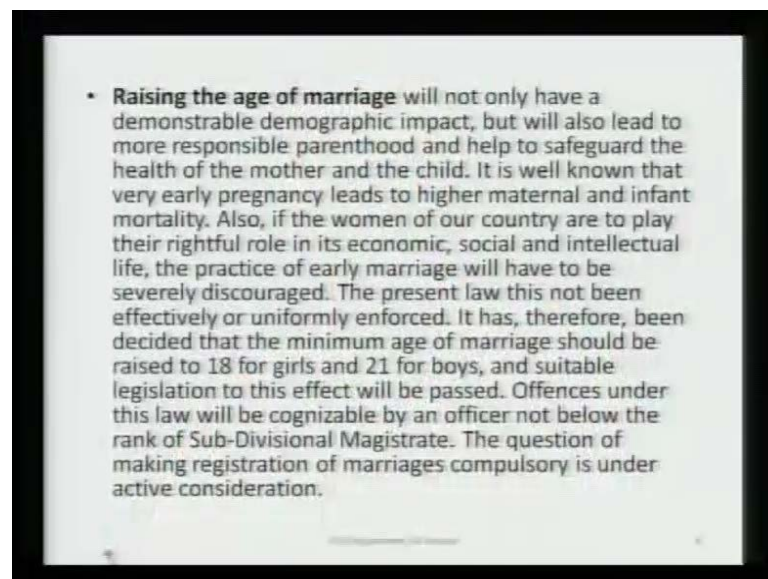
Then it talks about fixing targets. It says that considerable work has been done a number of measures have been taken. We can plan to achieve the target of reducing the birth rate from an estimated 35. According, to his estimate birth rate of India in 1976 was around 35 per 1000 population, a level of 25. So, 35 to 25 we had to achieve a reduction of nearly 10 percent in the birth rate of the country by the end of the 6 5 year plan. Allowing for the steady decline in the death rate that will continue due to the improvement in our medical and public health services and the living standards of our people, this is expected to bring down the growth rate of population in our country to 1.4 percent by 1984. You see how ambitious this target was, we are not able to achieve this 1.4 which was to be achieved by 1970; 1984 even till now. And as we have seen the SRS bulletin of October 2009 gave us a growth rate of more than 1.5 percent. But at that time in 1976, this was the target fixed by that the health minister. Now, how to achieve this?



So, in the first part they say that the land area of India is small, population size is big and every year we are adding millions of people and they talk of Australia and Russia just for comparative purposes to leave the impression that population of India is growing fast and has a crisis dimension. Then they say that, there is a relationship between development and population the root cause of high population growth in India is lack of development, lack of literacy, lack of health facilities, but there is a two way relationship. And we cannot wait to see reduction in growth rate of population till the time level of literacy has gone up or level of infant mortality or child mortality has come down. So, we have to act at both the fronts on both the fronts simultaneously this was the logic.

Now, how to achieve this, how to reduce fertility and the target, the target was fixed the target was to reach the birth rate of 25 by the end of 6 5 year plan and to achieve a growth rate of population of 1.4 percent.

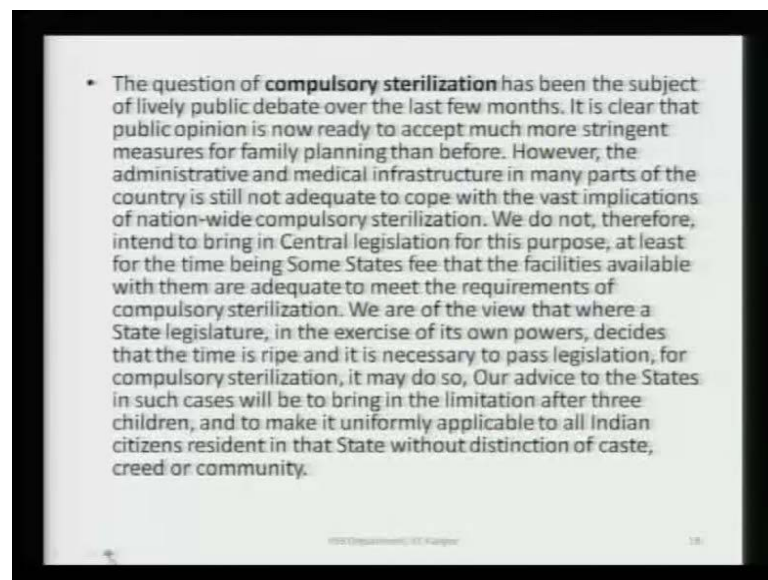
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The first step toward this was raising the age of marriage. Why raising age of marriage is important? Because as they say that this will not only have a demonstrable demographic impact, but will also lead to more responsible parenthood, raising age of marriage is a goal in itself. It is a goal not only to break down the birth rate, but it is a goal in itself, it leads to responsible parenthood and helps to safeguard the health of mother and the child. Due to low age of marriage illiteracy high fertility more women were suffering from ill health, malnutrition various kinds of syndromes of infection and malnutrition.

It is well known that very early pregnancy leads to high maternal and infant mortality. So, low age of marriage is responsible for high maternal mortality, India has one of the highest values of maternal mortality ratios it is also responsible for high infant mortality. Also if the women of our country are to play their rightful role in it is economic, social and intellectual life, the practice of early marriage will have to be severely discouraged. They fix a target kind of they say that the legal minimum age of marriage for girls would be 18 and for boys it would be 21. A very noticeable part of this similarly, in the west Bengal, yesterday I found that menstrual regulation pills they call MRPS and abortion are becoming quite popular among the poorer sections of society and among Muslims so it is a matter of research. That means, if MRPS are acceptable to people, then there is a need to do research on MRPS which are safe and with minimum of side effects.

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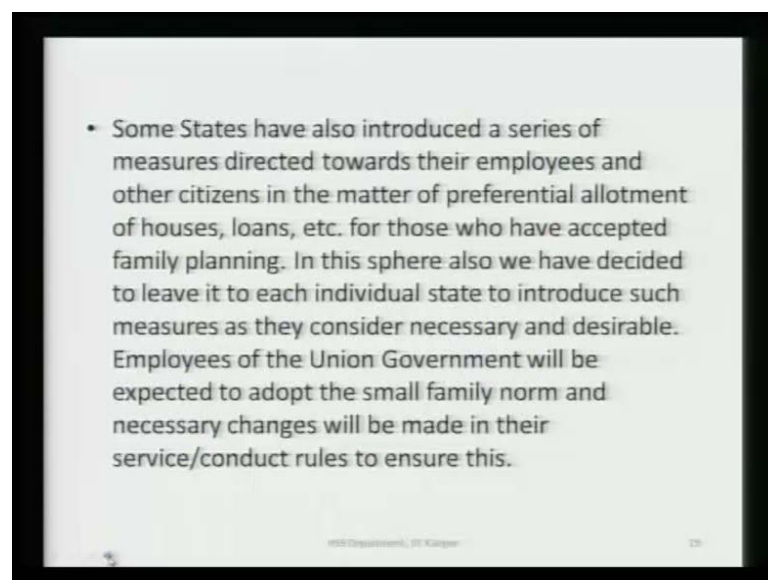
The most sensitive part of this population policy was this paragraph, which talks about compulsory sterilization. And which actually created problems for progress of family planning programme doctor Karan Singh write that the question of compulsory sterilization has been the subject of lively public debate over the last few months. It is clear that public opinion is now ready to accept much more stringent measures for family planning than before.

I think he was mistaken, this was his assumption which proved to be wrong. And I remember that at that time director of IPS Mumbai had actually want the health minister

not to go for compulsory sterilization. However, the administrative and medical infrastructure in many parts of the countries still not adequate to cope with the vast implications of nation-wide compulsory sterilization. We do not, therefore, intend to bring in central legislation you see this paragraph means that the community is ready to accept compulsion in sterilization. If the government of India is not going for compulsion right now, it is simply because they do not have facilities in hospitals to sterilize so many people. Millions of sterilizations will be required in short period of time. If you make such a law, if you make sterilization compulsory and due to lack of facilities they did not make it compulsory. But they said that wherever in states where they think that it is possible to sterilize so many couples at short notice with the Lovell demand then they can go for it.

And then he says our advice to the states is such cases will be to bring in the limitation after three children. So, they also specified that if compulsory sterilization has to be adopted it has to be adopted after three. And make it uniformly applicable to all Indian citizens residents in that state without distinction of cast, creed or community. This was very this was very ambitious goal, doctor Karan Singh did not realize the sensitivities of religious communities and people regarding this compulsory sterilization.

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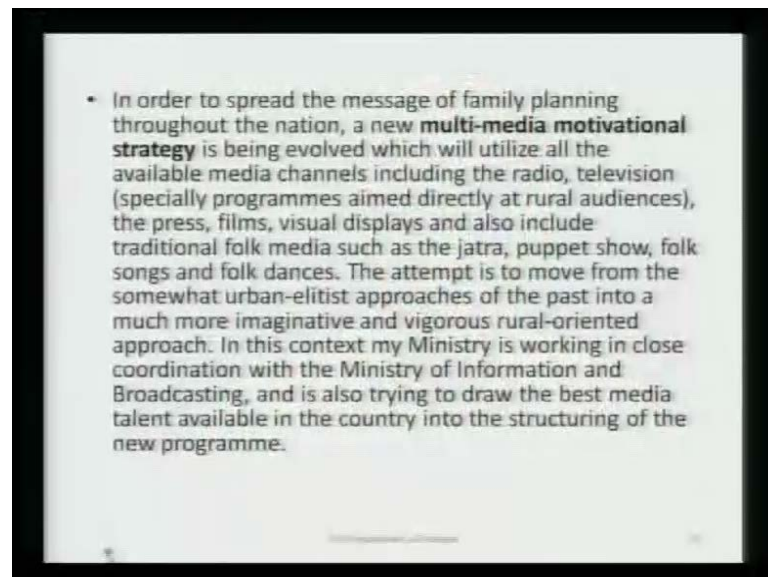


Some states have also introduced a series of measures directed towards their employees and other citizens in the matter of preferential allotment of; this is also a kind of

incentive, individual incentive for employees of central governments and employees of state governments.

So, in this fear also they say we have decided to live it to each individual state to introduce such measures. It is in the form of like somebody goes for sterilization after two children an increment maybe given, preference in allotment of house building advance or vehicle advance you know or various other types of perks preferences will be given to those employees of states which have accepted family planning, which in those days meant acceptance sterilization.

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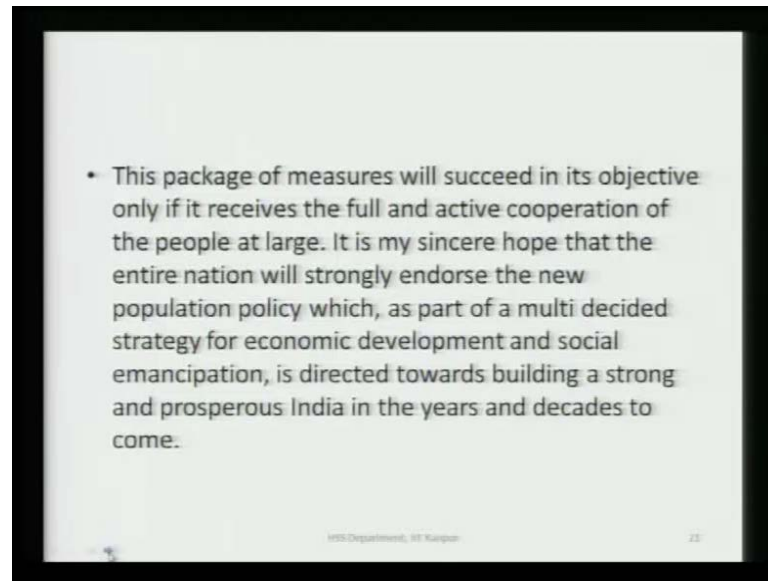


Regarding communication the policy document says that we require a multimedia motivational strategy means, we require involvement of mass media, folk media, traditional media, radio, television and jatra, puppet show, folk songs and folk dances means all media.

So, we cannot rely on interpersonal communication through change agents or on the policy of extension educational loan, we must involve all kinds of media. So, multimedia motivational strategy has to be adopted for awareness campaign. And the document also says that the attempt is move from the somewhat urban elitist approach so far we have had an urban elitist approach of the past into a much more imaginative and vigorous rural oriented approach for communication. Because it is mostly in rural area that people hold traditional views regarding family size, regarding contraception, they have rumors, they

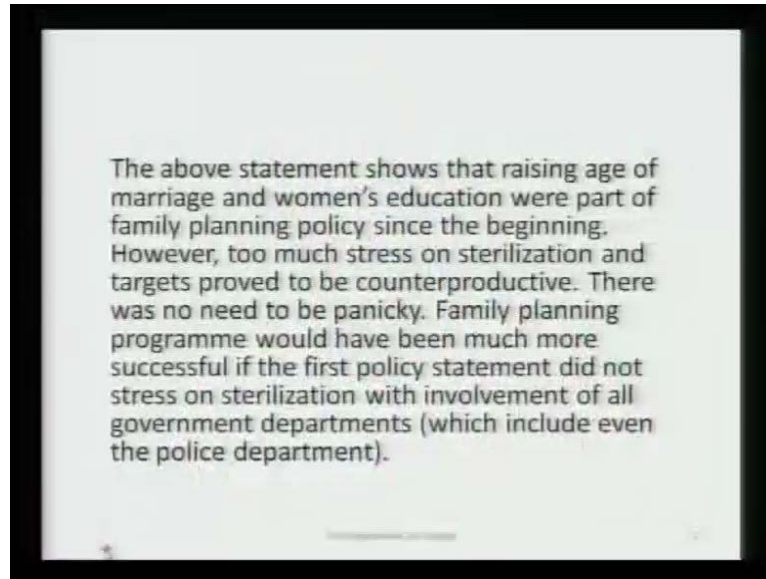
have fear of various side effects, they have the problem of lack of access to family planning methods. So, the documents says that in this context my ministry is working in close cooperation, in close coordination with the ministry of information and broadcasting and trying to draw the best media talent available in the country into the structure of the new programme.

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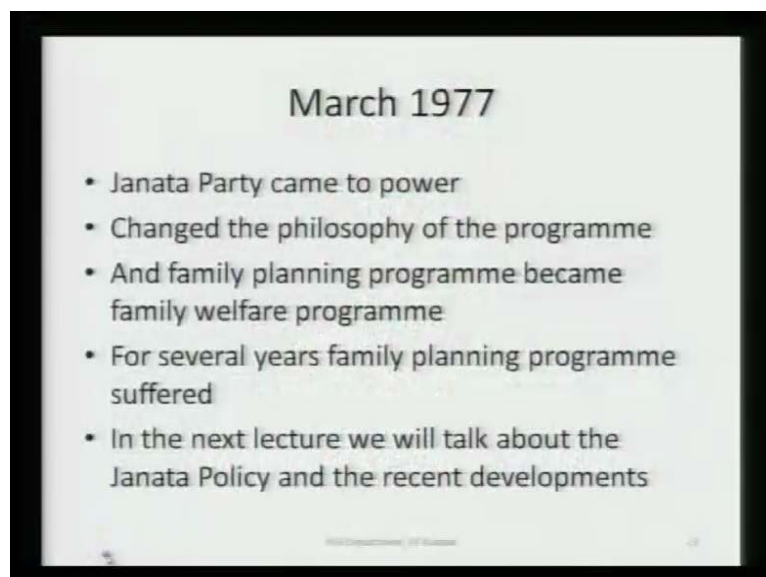
Now, this package of measures will succeed in its objective only if it receives the full and active cooperation of the people at large. It is my sincere hope, doctor Singh says that the entire nation very strongly endorse the new population policy which as part of a multi faceted strategy for economic development and social emancipation is directed towards building a strong and prosperous India in the years and decades to come. Now, this whole document shows that raising age of marriage and women's education were part of family planning policies since the beginning.

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However, too much stress on sterilization and targets proved to be counterproductive. There was no need to be panicky; you know doctor Karan Singh was afraid of reaching one billion, we have already reached one billion and the country survive it. Family planning programme would have been much more successful if the first policy statement did not stress on sterilization with involvement of all government departments, which include even the police department. If you include police department in motivating couples to go for sterilization, you can imagine what can happen and this is precisely what happened.

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So, there were elections and congress party lost parliament election which was forced largely on the issue of family planning. And when Janata party came to power then march 1997 nearly one year later another population policy document was issued, the philosophy of the programme was changed and even the name of the family planning was changed. Now, it became family welfare programme. So, earlier till the congress regime then the programme was called family planning programme, its name was now changed during Janata party regime it was changed to family welfare programme.

The change of term from planning to welfare itself created an impression that now the attention is shifting from compulsion sterilization to voluntary acceptance of contraceptive methods. But as a result of that for several years family planning programme suffered. If you look at statistics of acceptance of not only sterilization, but all methods of family planning including IUDS, pills, condoms; you find that there was virtually no acceptance of family planning in the following years. And in now in the next lecture, we will talk about Janata policy and the recent particularly about the national population policy 2000. Document issued by doctor Karan Singh in 1976 not only tells us about the thinking of the planners at that time, but this also raises issues of choice, research, awareness campaign and intersectoral or interdepartmental coordination. It is, I think sufficiently provocative and I am sure that you have several questions in your mind maybe you can ask one or two of them and I will try to answer.

Thank you sir, actually, before I useful an informative lecture, this gave me clear cut picture of the this national population (( )). In thus, in this policy doctor Karan Singh mentioned some message for effective for regulating the population policy. For the of this for me I am very much impressed with three factors, one is the raising age of marriage another compulsory registration of marriage and another is the monetary incentive or common (( )) sterilization this regard to the first one that is the raising the age of marriage and compulsory registration of marriage. Till here they did it is not only it this raising the age of marriage has not only demographic in back, but, also their responsible pair enough compulsory registration also (( )).

But you know that even though India there are of so many law legally so that marriages for men it is 21 for women's it is 18 and also the marriage should be registered. But and then after lot of I think in this is now 2010, but how to what extent it is effective in India. So, I think it means that till even though we have low it is effective the laws or not

strict. Should be he also mentioned that cognizable, should be considered as a cognisable one it means that it should be treated we should treat the verities of people ask hooks under non bail able warrant I think they are even though we have law, but laws are not much effective. I think that is the the second in the monetary incentives for sterilization. I think it is the, there is the lot of ethical issues.

In that he also mentioned that if you have an monetary compulsion or incentive for sterilization mainly focus on the poor people. You know that in Indian context poor people or the females are you see, you mean that we are utilizing or exploiting their ignorant in this family planning, I do not know I think little bit skeptical thinking about the ethical aspects or moral aspects of we are utilizing exploiting the we are giving monetary (()). Mainly, focus on the poor people and females that these two things that I am little bit (()).

You are right, regarding the issue of age of marriage this is true that we have not been able to implement this law. Subsequently, it became a law it is illegal. Today it is illegal to a raise for daughters marriage at age less than 18 and son's marriage is at age less than 21. And we have lots of data, we have census data, NFHS data, data from other surveys to show that nearly fifty percent of all the marriages of girls are still taking place below the age of 18. And there are regional variations there are state wise, district wise variations, variations according to social groups. You see this is because partly deals with the problem of government that as long back in Asian drama Gunnar Myrdal said that Asian states are soft states they are not able to implement, but, they want to implement. So, willingness to do something is one thing and ability to do that thing is another thing. Due to poor governance or strong will or you know strong apparatus to implement their policy they are not able to do that.

But as a student of sociology, you known that societies run by certain norms and norms we include folkways, we include moose for traditions, customs and enacted law is just one part of the norms of society. Enacted law has to be more progressive, it is a law concisely developed representing the collective will of people or at least collective will of a state. But this is just one part of the normative structure it is not everything. And we know that whenever there is a conflict between moose of society, customs or traditions of society and enacted laws. Then customs and traditions are followed enacted laws take a back seat. You see we have enacted law regarding bribe regarding corruption we have



laws in the domain of terrorisms, secessionism rioting we have so many laws in say so many fields. But in no field you can say that laws are 100 percent effective, but at the same time you can also not underplay the importance of law.

Law is a vehicle of change and law raises people consciousness, law gives a direction, law presents a goal before the state machinery police judiciary, and also create sometimes some fear in mind. Imagine if there is no fear of getting apprehended for accepting bribe what will happen or if there is no law regarding getting capital punishment for murder what can happen. So, law is there, but there is no society in which enacted laws 100 percent effective so that applies to age of marriage also. But there is no doubt that age of marriage is rising, it is rising partly because of this enacted law and partly because of social economic development and urge among people all sections of society to educate their girls and also a desire among girls their parents to send them for jobs education for jobs, education for decent marriage.

In several communities at the time of marriage now they prefer an educated girl. So, for the marriage reasons, for the reason of jobs, for making them independent, for empowerment of girls, women, education is spreading fast and government is also doing a lot in providing facilities for education. Opening of more schools, colleges, primary, secondary, tertiary at all levels.

Regarding this compulsion sterilization and incentives actually, the problem with doctor Karan Singh, prime minister Indira Gandhi and her cabinet colleagues and many experts at that time was that they got frightened by seeing that the population of India is continuously growing at rate more than 2 percent per year.

And there was also perhaps pressure as record show, there was also a pressure from international community to check the population growth rate. And in that panic what feedback they were getting from consultants, some consultant not all consultants, experts, educated people, cabinet colleagues, politicians some people in the party involving in ingratiation and accepting everything that the leader says he got the idea that there is a general will to implement compulsion in sterilization. That those who are responsible people, the people who are responsible enlightened committed to national cause they are using family planning methods others are not using.

He did not realize that if somebody is using family planning methods or limiting family size it is not because of greater nationalism or commitment economic development of the country, but for personal reasons. Therefore, personal reasons social mobility reasons or what we call social capillary theory. For entirely one's own personal reasons of familiar reasons household reasons one was using family planning method. They thought that time has come to take stringent measures in family planning, they immediately thought of incentives because incentives were work. Starting from Ernakulum in mass vasectomy camps in IUCDS incentive had work in tribal areas and in those days 100 rupees was a big amount.

So, in tribal areas if you tell somebody that you will get 100 rupees, you will get rice, you will get paddy and it is a small operation sometime people did not fully understand even implication of this sterilization operation and they came for sterilization for the sake of that money. So, they thought that in some areas this will motivate couples to come for a sterilization. But yes this raises several ethical questions, those ethical questions were certainly ignored as though they were buying fertility of poor people, backward poor, rural, tribal people and they suffer. So, the family planning programme suffered, congress party suffered and the programme collapsed that was a mistake on their part.

This assumption was a mistake and people were not ready to go for compulsion in sterilization, Muslims are still not ready. And Muslims would still not accept actually even others will not compulsion is unethical, nobody will accept compulsion. And especially among Muslims were in their perception in India, sterilization is against the religion. And if somebody's sterilized then the last prayer after somebody's death cannot be held. So, there will be lot of resistance, if you go for sterilization in the community. Thank you.