

**FORTY THIRD
ANNUAL CONFERENCE
OF
MEMBERS OF THE IIPA
(OCTOBER 31, 1999)**

**INDIA'S POPULATION POLICY : CHALLENGES
AHEAD AND STRATEGIES THEREFOR**



**INDIAN INSTITUTE OF PUBLIC ADMINISTRATION
INDRAPRASTHA ESTATE, RING ROAD, NEW DELHI-110002**

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INDIA

INTRODUCTION

India's Population Policy: Challenges Ahead and Strategies Therefor was selected as the theme for the Forty-Third Annual Conference of the members of the Indian Institute of Public Administration, which was held on 31 October 1999 in the auditorium of the Institute. It was understood that the Government of India would soon be coming with a policy document on Population Policy. We thought it proper to choose it as the theme so that it is deliberated upon throughout the length and breadth of the country through our regional and local branches.

The Group of Experts led by Dr. M.S. Swaminathan, which was set up to write the preliminary draft of the new Population Policy has stated that "if our population policy goes wrong, nothing else will have a chance to go right". I sincerely believe in this pithy statement though analysts may interpret it in their own ways. Population alongwith literacy, poverty and employment are the biggest problems that stare at us in face and they hang together. The crux of the matter is that we have to devise an optimum strategy to fight them simultaneously.

As is our standard practice, a faculty member is requested to write the theme paper. This paper is discussed in prelude conferences which are organised by IIPA's regional and local branches spread through the length and breadth of the country. Then, finally, the theme paper is discussed at the Annual Conference at the time of Annual General Meeting of the IIPA.

On my request, the theme paper, viz., 'India's Population Policy' was written by Prof. P.K. Chaubey who is a senior colleague in the faculty. The paper was discussed in prelude conferences held by thirteen regional branches and seventeen local branches. The outcome and conclusions of these conferences were presented in the Annual Conference by the office bearers of the respective branches. The Annual Conference sessions were chaired by Shri S. Ramanathan and Prof. (Smt.) S. Saroja, members of IIPA's Executive Council.

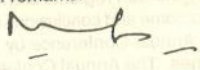
The paper written by Prof. Chaubey is quite comprehensive. It traces the history of attempts made in the direction of understanding, formulation and practice, both in pre-independence and post-independence period. It surveys and paraphrases all the policy documents. It also critically appraises them. But it also

deliberates on what one should expect in a policy document of this nature. The speciality of the paper is that it goes beyond demography and discussed threadbare various economic and political dimensions of the proposals made in Swaminathan Committee's preliminary draft and the Ministry's draft of the National Population Policy.

I think, I should mention a few salient points, he made. One, a National Population Policy should be truly national; it should carry the imprint of a policy by the people for the people and not of a policy by the state for the people. Two, while people have a population aspect which we want to tackle, population also has a people aspect through which it should be tackled. Three, which is in the context of a federal policy, a little forbearance and a little tolerance on the part of those states/communities that have done better, will pay rich dividends in the long run.

I express my sincere thanks to Prof. P.K. Chaubey who did a commendable piece and yet modestly called it a background paper meant to set the ball rolling. I am also thankful to other members of the IIPA who took interest and wrote papers for presentation either at the prelude conferences or at the Annual Conference. I am equally thankful to those who offered them remarks as well as to those who just gave patient hearing. I am sure our deliberations will set a chain reaction reaching far and wide and make people more enlightened in the matter. I wish all this leads to deceleration of birth rates.

Finally I should like to thank Shri S. Ramanathan and Prof. S. Saroja for having conducted respectively the forenoon and afternoon sessions of the Annual Conference and enlightening the audience with their presidential remarks.



 (M.C. GUPTA)
 Director
 INDIAN INSTITUTE OF
 PUBLIC ADMINISTRATION

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We should be able to get through empowering of women. It is a very difficult thing, because now-a-days they do not make any decision. In the rural areas, the girls do not make decisions about their marriage or having children. It is taken either by the mother-in-law or by the husband, who will decide whether they should have one child or four children. Women should be empowered to take such decisions. It is a goal which is very difficult to achieve, but we have to persist. We should have special incentives for those people, so that their husbands also cooperate, not to try to have a boy, but be contented with two or three girls. Like in some of the advanced countries, we should involve the lunbeds, so that they will inter-state the whole programme. They should be encouraged to come and attend the training so that they will understand the problem better. They should be equally involved. It is not only a programme beamed at the whole nation. The rural menfolk should be education so that they will cooperate in the matter. These are some of the salient points mentioned during the course of the discussion.

Now, it is my pleasant duty to propose a Vote of Thanks, first to the Institute, for having organised such a conference on one of the most important, critical topic. I thank the members for having attended the conference in such large numbers and given their views, which are illuminative and exhilarating. I thank Prof. Chaubey for his theme paper. Let me end with the hope that we will have nice conference covering very good subjects in the future.

P. K. CHUBEY

On behalf of the Institute and on my own behalf, I take this opportunity to thank Prof. S. Saroj for having chaired this session. I thank the members who attended the session, sat through the whole day, took part in the discussions or patiently listened to the speeches. I also thank my colleagues from the Institute, who have been patiently listening and caring to the requests and demands that were made by the members. I thank you all.

(The Members's Annual Conference then adjourned)

INDIA'S POPULATION POLICY: CHALLENGES AHEAD AND STRATEGIES THEREFOR

P. K. CHAUBEY

INTRODUCTION

India seems to be in the throes of adopting a National Population Policy. A policy was tabled in the Parliament more than five years ago in June 1994, presumably in the draft form itself. It could not be adopted. Nay it could not be even discussed. Then, the Ministry of Health and Family Planning also prepared a document with the title "National Population Policy" in November 1997. It did not become public. This document is based on the former one, which has been titled as Draft National Population policy.¹ These two documents contain the same material though with different emphasis on different components but they also differ in some fundamental ways. Yet it can be safely said that the draft has not been completely abandoned.

The Chairperson of the Drafting Committee², Swaminathan held that in exercises of this kind the process adopted is as important as the product. The process of preparation of a National Population Policy Statement could be, held the Chairman, an occasion for generating wide ranging debate and discussion and finally, consensus building. He lamented that time constraint did not permit the Group as wide ranging consultation as the Group would have loved. He also requested the Minister to adopt such process of consultation, as he would deem appropriate.

With this in view, the Indian Institute of Public Administration decided to deliberate upon the population issues primarily from the policy angle. This piece proposes to be a background paper. It tries to delineate the requisites of a population policy framework as well as to analyse the policies and programmes hitherto

¹ The page before covering letter mentions it as the Draft National Population Policy. The cover of the main document mentions it as National Population Policy.

² The officer memorandum dated the 19th July 1993 put the subject as Constitution of a Group of Experts for Preparation of Preliminary Draft of the National Population Policy. The GOE was asked to prepare a preliminary draft. It was fair indication that the Ministry would prepare a draft, which will be based on it. Bose, a member of the Group, thinks they were asked to write a draft, not a report.

followed. It also deliberates upon the issues that form part of two recent documents, which have both been titled "National Population Policy". One of them is clearly authored by the Expert Group on Population Policy (May 1994) and the other one is issued by the Ministry of Health and Family Welfare in November 1997. It deliberates upon the issues related to the three other documents, which bear word policy. The first two are in the pamphlet form and issued by the Ministry of Health and Family Planning/Welfare in April 1976 and April 1977 respectively. The third one is a section in the revised Draft Sixth Five Year Plan (1978-83) prepared under the aegis of the Janta Party Government. This third document makes reference to the interim report submitted by the Working Group on Population Policy, which submitted its final report in 1980. Thus, I discuss five documents in all. As India could never afford to be without a population policy even if it does not formally resolve/announce one. With a view of having a kind of completeness, I also discuss the policies/programmes pursued before announcement of a formal policy in April 1976.

What kind of a population policy should India adopt? This requires delineation of a population policy framework. In the next section I discuss the challenges that formulation of a population policy faces. In the still next two sections I discuss the developments in pre- and Post-Independence period in the direction of evolving a Population Policy. Then follow the sections in which the policy documents are discussed. I have taken liberty to paraphrase them before pursuing and analysing them so that a reasoned discussion could follow. In the last section, I try to dwell upon the strategies that the population policy should adopt.

ESSENTIALS OF A POPULATION POLICY

Definition and Scope

Policy is defined as a definite course or method of action selected from among alternatives and is supposed to guide and determine, in the light of given conditions, present and future decisions. Public policy is one that is pressed into the service of the community or nation. Public Policy, in other words, could be defined as the affirmation of the extent and scope of government intervention in societal affairs. In the present context of democratic dispensation, one could define Public Policy as the extent and scope of governmental intervention, through

legislative and administration actions, in societal affairs.³ Population policy should, therefore, be viewed as a set of governmental actions, legislative or administrative, which intend to influence, alter or modify some aspect of population. Aspects of population, which could obviously be addressed to by a Population Policy are the modifiable features of population stock and its vital processes and events. According to Bhende (1983, 84), population policy may include all interventions undertaken by governments to influence demographic variables, either directly or indirectly, in order to modify population phenomena.

Many would be willing to include any public action in Population Policy, which influences some aspect of population.⁴ Then, population policy will become synonymous with public policy in general (Eldridge, 1968, 381). On the other hand, some would just equate it with birth control. This other extreme too is not justified. Population Policy to play a useful role, that is to be serviceable, has to be neither too restrictive nor too expansive in scope. It has been well-pointed out by the UN (1971) that all governments design policies, adopt programmes, enact laws, which intentionally or unintentionally, directly or indirectly influence the components of population growth—fertility, mortality and international migration and internal distribution of the nation's inhabitants. However, such measures represent population policy when they are implemented for the purpose of altering the natural course of population.

Thus, a fiscal measure of transfer payment intending to influence, for example, fertility should be a part of population policy. Specific provisions of such measures will spell out whether they intend to encourage or discourage it. So will be the case of tax/fine/penalty, which can invariably be used as disincentive against fertility. In a federal set-up, the federal government makes certain fiscal provisions to influence the state governments with a view to making them try for fertility control, mortality control or migration, they should be deemed to be part of population policy. Similarly, if abortions are legalised through legislative acts

³ Policy is primarily a political matter and planning is a social technique. There can be a policy without plan, but not a plan without a policy.

⁴ Indeed, according to Titmus and Admel-Smith (1961), population policy is comprised of both direct and indirect measures, formulated and implemented by whole range of social institutions, including government which, whether intended or not, influence the size, distribution or quality of human population. Jain (1972) is right when he says that one may be inclined to treat policies of socio-economic development within the ambit of population policy, as population is all pervading element in all spheres of developmental activities.

with a view to, say containing population, the legislative measure become part of population policy. Or, if minimum age for marriage/consent is raised not for checking child abuse but for influencing fertility, it is part of population policy. Recently, the State of Rajasthan and Haryana have debarred the elected representatives at local governance level to have an additional child if they already had three or more children. Such measures have been taken with an expressed intent of modifying fertility behaviour of those who are supposed to be role models and thereby that of others. Naturally, they are all part of a population policy. Some people do try to categorise the measures in five groups: (i) demographic, (ii) economic, (iii) political, (iv) ecological/environmental, and (v) social.

Population Policy can be neither universal nor eternal. Two countries with same size of population and same rate of growth may find it prudent to pursue two different courses, one encouraging and the other discouraging further rise in growth rate, in the interest of their respective populations even though their cultural ethos are the same. There may be a number of reasons for diverse course of action, which may be grounded in geographic panorama or in demographic traits or even cultural practices on farm. A country, which pursues restrictive policies in one phase, may find also it necessary to reverse them another, which is markedly different. May even correct its own overdoing. No single set of policy prescription would be adequate for complex and diverse range of conditions.

It has further to be appreciated that though society consists of individuals, it is different than the sum total of individuals constituting it. There is no doubt that the society does inculcate certain values in individuals and they are guided by societal mores in pursuit of their interests. Further, though the state (or government) is an agency of the society for certain purposes, it often assumes an independent status and acts in an autonomous manner. The society, the state and the diverse individuals may view a given state of affairs in different ways and, therefore, may differ in their course of action. In the matter of population, it is possible that two sexes may view the situation differently. Imposed on these basic differences, which are possible even in a tiny (homogeneous) population, are those that emanate from a variety of diversities of languages, ethnicity, religious, occupations and classes in any real population existing today? For a pretty long

time we find a ubiquitous institution of family and another of private property, which have been having a great influence on population.

A policy is devised by a state when it is not satisfied with the state of affairs in a particular sphere. Many a time a policy is devised to ameliorate the conditions that pose themselves as a problem but at others, to chart a desirable course. For example, poverty alleviation programme may be viewed as the former whereas eugenics programme may be viewed as the latter. The basic distinction is that while the former is reactive, the latter is pro-active. Development programmes should in fact assume a pro-active posture. Unfortunately, they start with so much of delay that they tend to become reactive. Some analysts may try to make distinction between curative, preventive and promotive policies. Even if we start from a reactive position, we should try to invoke preventive and promotive components within its fold.

Features of its stock and rates of its vital processes may characterise dynamics of a population. Population Policy is supposed to influence the vital processes of natality and mortality as also of nuptiality and migration. Here nature mingles with human ingenuity. All societies have been devising institutions and practices regarding each of them as well as one in relation to another. Certain varieties of births were encouraged and others were discouraged. So was the case with death. Similarly, all societies and all communities thereof have devised elaborate marriage laws. All societies did have laws on territorial movement of people.

Earlier, it seems they were exclusive provinces of individual communities and if at all they invaded, they were invaded by religious institutions. Now, in many of these areas, the state has also ventured to make laws. In fact, as the state assumed the role beyond policing or as the state was asked, one could say, to delve into other areas beyond policing, it started venturing also into those areas which it thought are directly related with welfare of people. State appears to think that it should not only act as per the dictates of the people but should also monitor their actions in their own interest. All philosophers would not agree with this assertion.

In fact, there are people to deny any population problem. They hold population problem, which is held responsible for sluggish growth and existence of poverty, as a symptom of some deeper malaise. This deeper malaise is exploitative relationship

between classes. They hold that exploitation is reduced to poverty and poverty is explained in terms of overpopulation. Overpopulation, according to them is a misnomer for imperfect social organisation. The protagonists (and imposters) of this view hold that a policy designed by a class state would always be suspect in the eyes of the masses.

A democratic polity has, therefore, an enormous task of evolving a policy, which is backed by a consensus, if not unanimity. It should be an exercise in synchronizing the views and interest of family with those of the society and state.

Basic Framework

A policy statement is expected to explicitly specify its aims, provide some analysis in terms of broad contours of the problem, if there is one, and the measures whether legislative or administrative, whether putative or punitive, for achieving the aims. Some would wish to include in it the effecting mechanism as well. A population policy statement should, therefore, specify whether it is the size, the sex composition, the age structure, or regional distribution or a combination of them, which it aims to influence and the extent to which it wants to do so and the rationale wherefor. It should also state the measures through which it seeks to achieve the ends and should show, if possible, that it does so without jeopardising other ends which too matter in the welfare of people which it ultimately seeks to promote.

Approaches Regarding Rights

The state has to convince itself and show to the people that infringement of certain rights, which it may entail, is in the interest of protection/promotion of other rights. It simply cannot afford the arrogance of omniscience, omnipotence and omnipresence. It has been seen that state came to rescue when society failed to adjudicate justice. It has also been found that it came to rescue when market failed in provision of certain goods, public and merit. Therefore, there is case for its intervention when society fails to deliver goods through its communal processes.

However, does it always do justice to the role it assumes or is assigned to it? There are many people to deny it. They may be divided in their opinion for the state failures. Some would question its omnipotence. Some would find problem with its class character. Some would find the problem just with bureaucracy.

Coming straight to the demographic events, we find that the most controversial of them is that of birth and then marriage and then migration. As regards death, there is almost universal acceptance that it should be postponed indefinitely. Of one could of course assert the right to die or to be killed in case of severe, intolerable pain or even in sheer disgust. State has, in general, been denying it. Society has been mandating it. But compared to it, other events are far more complex for resolution. I, however, choose to discuss rights related to birth.

Let there be a society which encourages prolificacy. Let state find it problematic at some point of time. May be improvement in mortality conditions which it encouraged, increased the procreation potential of the society. It wishes to pursue restrictive natality policies. There are two broad approaches, which are recommended for implementation. One is called the coercion approach. In its extreme form, it recommends penalties to be imposed on parents after a given number of children. The other is known as the *laissez-faire* or voluntarism approach. It suggests no more than providing means of family planning and, thus, respects the right to choose. There may be schemes of incentives for following state norms and disincentives for not following them.

Let me start with a quotation from late Judith Blake, who was internationally acknowledged sociologist and demographer. She wrote in 1972:

If the aggregate outcome of individuals' fertility differs from what a well founded collective judgement would identify as in the best interest of those same individuals (and of the broader society of which they are part), a potential case exists for collective action aimed at modifying fertility behaviour.

Fine, there exists a case for collective action provided the collective judgement is in the best interest of the same individuals whose interest it proposes to serve. Further, there is no way one could assert that interest of broader society would be equivalent to that of individuals. Still further, in a multi cultural stratified society, it would be a folly to turn blind eye to the empirical reality. And then, the collective judgement has to be well founded. Lack of food, lack of education, lack of employment and lack of housing are all put at the door of population. People are less than fully convinced.

To the extent that such a disjunction is the result of individual choices that reflect desired fertility, Blake further stated, policy interventions seeking to modify aggregate fertility are apt to be seen as violations of the principle of voluntarism. Such 'coercive' policies are deemed inherently costly and often, on principle, simply beyond the pale, she held. But, finally she held, posing the policy issue as a choice between voluntarism and coercion is flawed.

Blake dismissed both the coercion approach and the *lassiez-fair* approach as flawed on empirical ground. She points out that individual voluntarism does not exist. Reproductive behaviour is under stringent institutional control, and that this control constitutes, in most societies, a coercive natalist policy. Hence, an effective anti-natalist policy, she holds, will not necessarily involve an increase in coercion or a reduction in the 'voluntary' element in reproduction, because individuals are under pronatalist constraints right now. She goes on arguing, people make their choices in an institutional context that severely constrains them not to choose non-marriage, not to choose childlessness, not to choose only one child, and even not to limit themselves solely to two children. If we can gain insight into the coercions and restraints under which we currently operate, it may become more obvious, she concludes, that an antinatalist policy can be one that is more voluntary – allows a wider spectrum of individual choice – is presently the case. So, one has to gain insight into coercions and restraints under which we currently operate. But more important point that she makes is that the state shall act as the liberator of individuals from the shackles of the society/family. Some of us would view it as dangerous. In some of the political philosophies, it seem there exists nothing between the state and individuals.

Blake obviously over-reads the pronatalist constraints imposed by societal institutions. Societal institutions did encourage procreation but not undue prolificacy. Society encouraged pronatalist ideas in the interest of family and the society. But there were many obvious restrictions on marriage-remarriage practices, which put effective checks on number. However, there may be a case where collective judgement stands against a group aggregate of individual choices say about *sati* or a case of induced suicide. In such cases, the society at large may use the agency

of state for correction/redressal. But by and large society-made institutions by their very nature are more acceptable to the people than are state-made ones.

Without arguing further what Blake had to say, I pose the complex issue in the following manner. Who has the ultimate rights: Individual, Society or State? One may say that it would depend upon the sphere. When rights of two persons (neighbours or partners) come into conflict, someone or some agency has to come for policing. The same would be the case when someone wrongly asserts the right, forgetting the norms and mores set by the society. In case of the people who have yet to arrive, their rights are protected by the norms. Some communities assert the right of foetus to be born. Between the mother (the present) and the unborn (the future), if there has to be made a choice, it is the mother who is given preference. It is not obvious that for the collectivity of future, some lives of the future could be sacrificed. In some societies the people philosophised, in the interest of society some just born could be sacrificed. Our societies though had many checks on sex and thereby on birth, did not promote blanket abortion. In order to reverse the norms, a patient education is needed. Education not imposition may be more correct approach in such a sensitive matter.

Individuals/couples were taught by societal/biblical injunctions to multiply, be fruitful for a very long time. That might have been indeed the need. They were so indoctrinated in the interest of preserving society. There are instances when state promoted pro-natalist policy. Many European countries do it today. Augustus is on record to have enacted such legislation. Axis powers equated number with power and prosperity and, therefore, promoted pronatalist propaganda.

Infecundity in our societies used to be a curse. If today a virtue has to be made of it, a serious thought has to be given about its implications for the institution of family. New institutions of thought need to emerge.

But why did Gandhi or Malthus oppose artificial methods of checking birth? Or even our first Minister of Health, Rajkumari Amrit Kaur? They were fully convinced that sex is meant for procreation, not recreation. If the parents desire procreation, we have no rights whatsoever to deny it. Children have not come as byproduct. Though half-convinced, they accepted natural rhythm method of safe

period and abstinence. While they did not fully share the views of Goodwin or Marx, they thought the Mother Earth could provide for everybody's needs but not for anybody's greed.⁵ Irrespective of number.

Who has the right to choose the size of family, the number of children? The parents or the state? In China, which in antiquity promoted pro-natalist policies, in last quarter of the century the state asserted its right to the number of children for the parents.⁶ It succeeded too. Later, it learnt that it overdid and partly retraced. The success in the sphere of area partly owed to success in many other areas of social and economic spheres. For example, female literacy is pretty high and work participation ratio of women in non-agriculture pursuits is also very high. The society was itself getting prepared when the state chose to impose new norms. But their centralized polity did play a great role. Yet, even if one justifies the end, one may not readily agree with the means adopted thereover. In modern phraseology, one would say that right product produced wrong way.

They have also done a good job for the security of the old. But can state homes for the old be substitute for family which have performed the role of production unit and that of a school and training centre besides the emotional harbinger? It is a moot question.

These days intellectuals are instead talking of right to choose size, right to choose method of family planning, right to make informed choice about contraceptive, right of man vs. woman not to get sterilized, right to safe sex, right to safe sex without fear and so on. One will have to consider these in any case.

Age at marriage is considered to be an important proximate determinant of actual fertility. Europeans used to marry late. A good proportion of European women did not marry at all though widow remarriage was not a taboo. When they went America, they started marrying a little early. Need for larger family and/or climate might have contributed to it. In societies of the East, India and China, marriage was and is universal among the female. They married young. In India, there was a practice of child

⁵The whole debate could be around the *pachbootas* of population, technology, resources entitlements, and standard of living.

⁶ Even in 1963 when we fumbling between two or three, Zhao Enlai opted clearly for two. They coined the slogan one is not too few, two is just right and three is too many. They asserted, 'one is the best and two is the limit'.

marriage too. Earlier, age for cohabitation was raised by an act for age of consent. Another state intervention came in 1929 with a view to improving the condition of the girl. Then, after independence, a law was enacted in 1978. While earlier acts were meant to improve the conditions of girl child, in the later one the idea of restricting the number of children was lurking. The earlier one was not enforced at all, the later one is also lax in enforcement. Why? Enforcers are not convinced or they find it difficult to enforce? After all secularisation of marriage laws is not very old even in Europe.

Contents

Since state is an agency in the service of the people, it should prepare a policy, which has a semblance of policy by the people, for the people. It has to be a national policy rather than a state policy. There is no denying the fact that the population aspects of people are important from the angle of welfare of people. But people aspect of population cannot be ignored. Kautilya says:

In the happiness of his subjects lies the king's happiness; in their welfare his welfare. He shall consider as good only that which pleases him but treat as beneficial to him whatever pleases his subjects.

May be today's society is too complex for the subjects, that is the people, to fully understand the intricacies of many a relationship. Then, it becomes the duty of the state to properly educate the people as a teacher, who is appointed by the society, does to his students. Individuals and communities have right to education in the matter and the education of right kind. It should not just be knowledge but education, which includes the former. It may have to be generated through dialogue and participation. Intellectuals are again talking of communication skills. They find fault with information-education-communication system. Clearly they are talking only about methods. That they have but more important is population education and more than that population policy education.

What should constitute population policy education? Just population problems! NO, all possible simple aspects: health, nutrition, literacy, sanitation and hygiene as also reproductive biology in the simplest manner. Then, of course, problems that

large size population can create but not in frightening manner. Environmental degradation, pollution, mal-urbanisation could form the agenda. Education for the child, jobs for the youth and care for the old could be easily discussed. Education is different than coaxing, cajoling, coercing or brainwashing.

State attempts to modify the behaviour of micro units through direct means and indirect means. People have given it this right. Education through mid-day meals and fertility control through education, are examples of indirect means. Influencing fertility through reduction in mortality, particularly of the infant and children is again an example of indirect means. Raising the age at marriage through enactment of law is an example of direct means. It attempts to do so through incentives and disincentives. Education through mid-day meals is an example of incentive. So is the provision of stipend for child labour withdrawn. We have provision for cash compensation for those who go for sterilisation. We also pay to the motivator and the staff of the family planning department. It has been stated that though this method has been quite effective, incentives just compensate for the wages lost, travel cost and cost of medicine, dressing, etc. To the ultra poor in some states, there have been offered some other benefits too.

Look at the asymmetry with privileges with those people who are in the employ of the organised sector. Special casual leave, extra increment, loans at reduced rate of interest, priority in number of other things. The people, who want to limit their family size and see distinct advantage in limiting it, have manipulated the state rules in their favour even in this small area. If one were to calculate the total bill on this count, one would wonder if it were a good proportion of what is explicitly spent on family planning.

Issues in Federal Polity

In a federal polity, policy formulation is indeed tough. It has been decided in our polity that allocation of grants through Planning Commission and devolution of tax revenue and duties through Finance Commission shall take into consideration population of states as on April 1, 1971 till 2001. The proposal to extend this arrangement till 2011 is afoot. The logic is that it will act as incentive for the state to contain the population growth. Instead of rewarding for containing mortality, which is no less an important aspect of population policy, they are being punished. They could reduce the

growth by not concentrating on mortality! Further, when the state of, say U.P. grew with much smaller rate than did the state of say Kerala, was it rewarded? A little patience and a little tolerance are always needed in a federal policy. And of course, educating the people who bring forth such arguments. If one were to calculate rate of decline even in fertility instead of growth, the scene would change. A state should not be expected to so calibrate the vital processes that they satisfy any damn formula that is invented.

Mechanism

What administrative mechanism will do the job in best manner, is of course an issue of a policy design. Normally, it is not spelt out. People have often suggested that we should have a Population Commission. Recently constituted Group of Experts in its preliminary draft proposed instead a Population and Social Development Commission, presumably under the belief that population and social development are so inter-mingled that it is impossible to segregate them. Then, what shall the Planning Commission do? Will it confine to economic development? They say, no. This new commission will not duplicate, nor shall take away any of the activities that Planning Commission does. It shall replace the Department of Family Planning. It also talked of a Population and Social Development Fund as well as of a Cabinet Committee on Population and Social Development to be headed by the Prime Minister. Down the line at state and district levels too, it has made suggestions.

The short point is that efficacious mechanism have to be thought of.

Challenge

Population Policy is a complex issue as it may encroach upon many social institutions, practices, and customs, traditions and laws, which are not yet dysfunctional in the eyes of people. In a democratic polity, its formulation is all the more difficult. It has to be so conceived that family interests do not conflict with societal and national interest. While societal and national interests are promoted, that of the family as an individual case as well as of the institution is protected. It has to be so articulated that its pursuance is pressed by the people to be ultimately in their interest, if not immediately. The task is indeed daunting, as many rights of the individuals, couples and families may seem to be infringed/compromised.

Pre-Independence Developments

The story of birth control, if not family planning, goes back to the second decade of the century. Pyare Kishen Wattal advocated birth control in his book. The Population Problem in India published in 1916. Nobody took him seriously. In fact the population of the then India rose by only 1.2 per cent during the decade 1911-21. One Raghunath Dhondo Karve, a Professor of Mathematics in a college run by Christian Missionaries, had to resign his job because he had opened a birth control clinic. That happened in 1925. Thirties saw lively debate on whether India was an overpopulated country.⁷ Not all but many opined, not. They argued that the demographic transition is taking place along the lines it took place in several European countries. But the educated elite started accepting birth control practices. The Government of Mysore under the Maharaja opened a birth control clinic in 1930. In 1931 the University of Madras accepted the proposal to impart instruction in methods of conception control. In 1932, the Government of Madras agreed to open one birth control clinic in the Presidency. To quote a Government of India document, *India : A Reference Manual* (1985), they were the first anywhere in the world. In the same year, All India Women's Conference at Lucknow recommended that men and women should be instructed in methods of birth control in recognised clinics⁸. 1935 saw the founding of the Society for the Study and Promotion of Family Hygiene with Lady Cowasji Jehangir as the President. In 1936 Dr. A. P. Pillai started a family planning clinic (Kurup, 1994, 49) and conducted birth control training course (Bhende and Kanitkar, 1984, 45). In 1939, birth control clinics were opened in UP and CPA resolution for opening of birth control clinics was successfully moved in the Council of States in 1940. However, at the end of the day, the Woodhead Commission, inquiring Bengal Famine of 1943, stated that a fall in birth rate would tend to follow rather than precede economic development and a deliberate state policy with the objective of promoting birth control among the masses was impracticable (*ibid*). It is important to note that Bhore Committee, appointed in 1943, supported the

⁷For details, see S. N. Agrawala (1977), Chapter 12.

⁸For the debate, see Benoy Kumar Sarkar (1936), *The Sociology of Population*.

promotion of family planning to prevent the risks to the life of mother and child and to promote availability of contraceptives in the country.⁹

What about the opinion of the leadership which was waiting to assume power after independence? It was that the State should adopt a policy to encourage family planning and a limitation of children as it is essential in the interest of social economy, family happiness and national planning. This is unambiguously stated by the National Planning Committee, which was set up by the Indian National Congress in 1938.¹⁰ Infact, Subhas Chandra Bose urged in his presidential address to the Indian National Congress in Tripura that public attention be drawn to the problem of increasing population which would have to be tackled in the long period programme of a free India. It is worth noting that term family planning, which is not just birth control, originated in the volume edited by K. T. Shah and most probably came from Jawaharlal Nehru. Nehru, though champion of restricting growth of population, did not favour the view that our economic problems cannot be solved without radical population reduction. He considered it a wrong approach and a way of escape (Bose, 1996, 15).

Post-Independence Development

India is accredited to be the first country to have recognised the importance of a population policy and intended to lower the rate of growth through conscious design. She chose to make population a strategic part of its very first development plan (1951-56).¹¹ Population Policy, though not announced formally, took

⁹ Bhore Committee (1943) is reported to have recommended : (i) governmental control over the manufacture and sale of contraceptive, (ii) public assistance in research for a safe and effective contraceptive, and (iii) continuous study of the population problem and related factors.

¹⁰ K. T. Shah was the secretary of the National Planning Committee. In his name all reports were published. This one refers to report on Population.

¹¹ The Draft Outline of the First Plan, published in July 1951, recognized the population problem in its section on 'Population Pressure : Its Bearing on Development'. It said, 'The increasing pressure of population on natural resources (which must be limited) retards economic progress and limits seriously the rate of extension of social services, so essential to civilized existence. A population policy is therefore essential to planning' (p.16). The final version of the Plan dated December 1952 was released in March 1953. It held, 'The pressure of population is so high that a reduction in the rate of growth must be regarded as a major desideratum' (p.23). However, the latter had a sober view. It categorically stated that it is not possible to judge whether or not an increase in population is favourable or unfavourable to development. But in the short run, it continued, in view of the shortage of capital equipment a rapidly growing population is apt to become a source of embarrassment (p.18).

the shape of family planning, not of just birth control, and was to be executed through the Ministry of Health.¹² Barbados and China followed in 1956 (Salas, 1984).

In the beginning of the planning it was recognised that a rapidly growing population would be more a hindrance than of help in raising standard of living of the people. But the gravity of the problem was little understood. True, it was mentioned that population control can be achieved only by the reduction of the birth rate necessary to stabilise the population at a level consistent with the requirements of the national economy. This could be secured only by the realisation of the need for family limitation on a wider scale by the people.¹² The growth experience of the forties, which gave us a little smaller growth rate than experienced in the thirties, was uncritically accepted by the Planning Commission to continue in future.¹³ In fact, for the perspective extending over three decades, the same rate of growth was assumed. Bose and Narain (1986) are sore over the fact and think that one could do so for the plan proper but not for the perspective if the Census Actuary was not of much help. Serious demographers like Kingsley Davis (1951, 82) had suspected potential for fertility to rise in future because of loosening of traditional institutional checks due to modernisation and concluded that substantial decline of fertility seemed to be unlikely unless rapid changes not now known or envisaged are made in Indian life. Even on account of reduced mortality for which there were a good number of programmes in the plan itself, acceleration in growth could be expected. It was recognised by the Second Plan that the effect of improvement in public health and in the control of diseases and epidemics is to bring about an almost immediate increase in survival rates.

¹² Rajkumari Amrit Kaur was the Minister of Health. She was a princess by birth, a spinster by choice and a dedicated Gandhian. She preferred to promote the natural rhythm method of birth control. Nehru is on record to written to Gulzari Lal Nanda that the Government is not committed to the policy or the views enunciated by Amrit Kaur (letter no. 4354-PM dated September 10, 1952, quoted by Bose, 1995, p.15).

¹³ The twenties, thirties and forties gave us 11.0, 14.2 and 13.3 per cent rise in population. The actual rate of the twenties should be a little higher as underenumeration is suspected in view of the noncooperation movement. Partly for this reason and partly for the reason of overenumeration in some of the provinces, the actual rate of the thirties should be little lower. The forties but for Bengal famine of 1943 in which 15 to 30 lakh persons died, were free from major famines or epidemics which used to take a big toll.

The family planning programme is a centrally sponsored programme. It is almost exclusively financed by the Union Government and implemented by the state governments. To begin with (that is, in April 1952) a Family Planning Cell was created in the Planning and Devolvement Section of the Directorate-General of Health Services. It is often remarked that it was the courage, conviction and wisdom of Jawaharlal Nehru¹⁴ that he introduced the idea when the topic of family planning was considered a taboo.

It was in March 1956 only that a Director of Family Planning was appointed and a Central Family Planning Board, created with Lt. Col. B.L. Raina as the first Director. In 1959, a Mudaliar Committee was formed. The recommendations of this Committee were not of much help as it did not recommend anything for the out reach facilities even for health.¹⁵

During the first two plans (1951-56 and 1956-61) the programme was reportedly pursued modestly with a clinical approach. It was urban-centred and elitist in nature. The stress lay mainly or research in the field of motivation, communication on the one hand as on identifying values, norms, customs and beliefs concerning child-bearing (Bhende and Kanitkar, 1982, p.457) and demography and reproduction physiology on the other along with provision of clinical services. It was conceded by the Government they the clinical approach could be expected to reach only a relatively small fraction of people and could not be expected to make much impact on birth rate (Ministry of Health, 1959, p.15). While the First Plan made a provision of mere Rs. 65 lakh only Rs. 14 lakh were actually spent. Second Plan made a provision of Rs. 497 lakh of which hardly 216 lakh were actually spent. The approach is said to have suffered from three major biases, viz., medical, middle-class and feminist. To quote Agarwal (1977, p. 121)

¹⁴ Those who influenced Nehru, say Mahadevan and Sumangala (1994, 21), included people like J. R. D. Tata, Durgabai Deshmukh, Lady Dhanvanti Rama Rao, R. A. Gopalaswami and other members of the sub-committees. Their reference is about 1952. There is a lot of mix-up. These Committees were most probably are those which were set up by the National Planning Committee in 1938. Their work was of course published in 1949 only. Did Nehru need to be influenced? He realised the value of population control. But he did believe it should not be used as scapegoat. Further, he might not have agreed on the methods suggested by people like Tata, as he was a thorough democrat. He wanted to take people along. So, Tata had felt that Nehru was not interested in controlling population rise.

¹⁵ Mudaliar was clinical expert. The committee had no social scientists. So, it presumed demand and concentrated on supply and quality of family planning services.

Family planning through clinic approach has been viewed as a medical programme, directed by medical personnel and dealing with medical problems. The middle class bias was due to its moralist tones. The feminist bias was because the programme was mostly aimed at women and a majority of the workers in this programme were females. Very little effort was made to reach family planning information to males.

The results of 1961 Census surprised, rather disturbed, everybody as the growth rate of population during the 50s far exceeded those of 20s, 30s and 40s. In the Indian demographic history 1921 is said to be a great divide. The year of 1951 can truly be said to be a small divide (Chaubey, 1986) as it marked the beginning of the so-called population explosion. During the period of the 50s while the death rate decline by five points, the birth rate went up by couple of points. In comparison to expected 13-14 per cent rise, the actual rise came out to be more than 21 per cent. For the Planning Commission, it was a shattering experience. It accepted that its hope to double the 1950-51 level of income per head by the middle of the Fifth will not be realised even if succeeded in attaining sustained growth of six per cent per annum. It noted that the growth during the 50s of about 7.7 crore was almost equal to that two previous decades (8.2 crore). It further pointed out that,

The greatest stress has to be placed in the Third and subsequent Five-Year Plans on the programme of family planning. This will involve intensive education, provision of facilities and advice on the largest scale possible and widespread popular effort in every rural and urban community. In the circumstances of the country, family planning has to be undertaken, not merely as a major development programme, but as a nation-wide movement which embodies a basic attitude towards a better life for the individual, the family and the community.

The programme was therefore reorganised during formulation of the Third Plan. The clinical approach was supplemented by extension approach under which the message, services and supplies of contraceptives were taken to the people. Raina emphasised the need to strengthen the extension approach,

which while accepts the principle that the power inherent in a group itself to bring about changes in deeply-rooted practices among the members of the group, is greater than the influence of individual instruction by outsiders, adopts an educational approach to bring about changes in the knowledge, attitude and behaviour. In short, emphasised Raina in his Report for 1962-63, three conditions are needed for success with 90 per cent married adults, which are (a) group acceptance, (b) knowledge about family planning, and (c) easy availability of supplies and services.

After the approval by the Central Family Planning Board in October 1963, the new approach was launched. While earlier the coverage was confined to urban population, now the rural area was also targeted. Only extension approach could reach the people dispersed over more than 5.5 lakh villages and more than 10 lakh habitations. But according to an assessment by Visaria (1976, p.1187), the approach continued to be clinical one till mid-60s. It was only in the late 60s that organisation of the Family Planning Bureaus in different districts and the appointment of family planning welfare workers, auxiliary nurse midwives and family planning health assistants in the primary health centres and sub-centres was completed. It is, therefore, not correct to say that the programme did not succeed. A number of reasons for limited success have been given. First, appointment of health workers in many states was considerably delayed. Second, they were not adequately trained in the extension work. Third, medical doctors who were the leaders of the team could not properly guide the health workers. Fourth, adequate researches were not carried out to find out most appropriate method of conveying the message and/or most acceptable content of the motivational message. As with passage of time, targets were added in the scheme, the administrators became more interested in the visible achievement. Extension, which requires time in putting across message, was found to be an arduous task. It is worth noting that Mukherji Committee (1963) was very helpful in improving/strengthening infrastructure. It recommended: (a) an additional for every PHC, (b) one health assistant for every 20000 population, (c) two health visitors for every community development block, (d) one mobile health and family planning unit for every district, etc. The most important recommendation that he made was the constitution of a Programme Implementation Committee at district level with the Collector as chairman (Mahadevan and Sumangala, 1994, 23). This is the mechanism still working.

The Third Plan intended to spend Rs. 2,697 lakh and actually spent Rs. 2,486 lakh. As indicated earlier, the programme was re-organised and made target-oriented on the basis of a report of sub-committee. Mass camps for sterilisation were also organised. It is reported that the first vasectomy camp in the world was organised by the Government of Maharashtra in 1961 where 1,400 men were sterilised in three days only.

Before proceeding further, let us note that during the three annual plans put together, a sum of Rs. 70,46 lakh was spent out of allocation of Rs. 8,293 lakh. During the Fourth Plan (1969-74), a sum of Rs. 28,576 lakh, through annual provisions was made available and Rs. 28,443 was actually spent. The Plan originally put the figure at Rs. 33,000 lakh. The Fourth Plan felt that major part of investment and national energy and effort might be used for merely maintaining the existing low level of living standards.¹⁶

BEGINNING OF A STATE POLICY

With Indira Gandhi in power, a full-fledged Department of Family Planning was created in the ministry which itself was redesignated as the Ministry of Health and Family Planning. The Central Family Planning Council with the Minister of Health and Family Planning as its Chairman was also set up in 1966 to review the progress of the programme and to make policy decisions. A Cabinet Committee of Family Planning with Prime Minister in chair was also constituted, which was supposed to give policy clearances and proper besides reviewing the progress.

Here is the need to narrate in brief the chequered history of the period between middle of 60s to the middle of 70s. In July 1967 the Chief Ministers met in New Delhi to discuss the matters pertaining to the family planning programme. The Chief Minister of Maharashtra was congratulated as his cabinet had recommended (presumably to the Union Government) immediate legal and constitutional steps to make vasectomy or tubectomy compulsory in the case of all citizens, irrespective of caste or creed, who have three or more children. There was, it is reported, a general consensus in favour of drastic measures to control population growth. They included (a) raising of marriage age (b) liberalization of abortion laws, and (c) compulsory sterilization after three children.

¹⁶ Government of India, *Fourth Five Year Plan, 1969*, p.391.

However, these drastic measures did not find favour with the Small Family Norm Committee of 1968, which deliberated upon the basic considerations in the propagation of the small family norm. It had

In our democratic society, individuals are free to take decisions regarding their family size. There is no place for coercion or compulsion of any kind. The structures of the society, the social mores and cherished values have to be respected. The idea of small family does not have to come in conflict with the religious and sentimental susceptibilities of the individual or the society and no new problems need be created in the process of its adoption as a practicing ideal by the people. The accent has to be on persuasion and education to secure the willing involvement of the people.

The responsibility of the couples to their children and society at large has to be invoked. In a large measure, appeals about the happiness and welfare of the family and children have to be made so that individuals may perceive a small family to be primarily in their personal and family interest. The incentives and disincentives that may be adopted should avoid creating controversy or opposition to the idea of the small family.

The results of 1971 Census were still more baffling. The population grew by almost 25 per cent over the 60s. The Fifth Plan, which had benefit of having the 1971 census data, revised the target date for achieving birth rate of 25 by 1980-81 to 1983-84. It proposed an outlay of Rs. 51,600 lakh in the draft document. The camp approach was re-introduced a big way. Dynamic collectors of Ernakulam District of Kerala (S. Krishankumar) and Thanjavur of Tamil Nadu (T.V. Anthony) showed the way. These camps which has support from people's representatives as well as industries, wore festival look and thus dispelled clouds of secrecy, suspicion and embarrassment. This could not be replicated year after year partly for negligence on the part of doctors. For example, in the District of Gorakhpur, 11 persons died after vasectomy operation in a camp. In the report of the Ministry, the decision to discontinue the camp approach on a massive scale on a regular basis was made clear. It was feared that this approach

might turn counterproductive despite record success. At the risk of a decrease in the number of acceptors in the short-term, the approach was almost abandoned.

After five years abandonment of mass camps, during the period of emergency, in September 1975, the Union Minister of Health put a poser in a symposium on 'Bucharest: A Year After' whether we can think of statutory limitation on family size. The Prime Minister did say on some occasions that Government might have to initiate some steps, which may not be liked by all. At others she said that some personal rights might have to be kept in abeyance for the human right of the nation—the right to live and the right to progress. 'Political support' poured in a large measure. It was suggested that population control through family planning could be introduced as a directive principle in the constitution and the same could be protected from the provisions of fundamental rights. Support from academic too was not found completely wanting. Some suggested for direct frontal attack on a war footing, as well could not wait for indirect methods of literacy and income to show the results. But it was in no way ubiquitous or universal.

However, many new things took place during the period of the Fifth Plan. Indira Gandhi was unseated from the membership of the Parliament by a judgement of Allahabad High Court on 12th June 1975. An internal emergency was clamped on the nation on the night of 25th June 1975. The next morning Prime Minister spoke to the nation over All India Radio. On July 1, she announced her 20-point programme in a broadcast to the nation, which did not include population and literacy. Population control and literacy were to become part of 4-point programme of Sanjay Gandhi, younger son of the Prime Minister, who was at that time a Member of Parliament and a leader of the Youth Congress.

NATIONAL POPULATION POLICY I

In these tumultuous days, the first formal policy document 'National Population Policy-Statement' was issued. The Union Minister of Health and Family Planning, Karan Singh, presented it on 16th April 1976 at the joint meeting of the central councils of health and family planning. The document mentions about the poverty removal, which was chosen for frontal attack in the Fifth Five Year Plan. It mentions about Minimum Needs Programme, which includes an integrated package of health; family planning

and nutrition as well as about steps that were initiated to reorient medical education with a view to strengthening community medicine and rural health aspects. It also mentions about restructuring of health care delivery system so that child mortality and morbidity in rural areas is effectively curbed. It holds that we cannot wait for education and economic development to bring about a drop in fertility. It suggests for a direct assault through a series of fundamental measures to effect a decline of 10 points in the birth rate from 35 in the beginning of the Fifth Plan (1974-75) to 25 by the end of the Sixth Plan (1983-84). It will mean, it says, achieving a rate of growth of 1.4 per cent per annum as death rate will continue to fall steadily.

Population Policy Statement

It may be mentioned that, by implication, this document suggests that there existed a population policy and this one is the new population (para 18) and that, in its assessment, the past approaches were somewhat urban-elitist. The new policy, it asserts, is much more imaginative and has vigorous rural oriented approach. Specific contours may be listed below :

1. Legislation raising the minimum age of marriage from 15 to 18 for girls and from 18 to 21 for boys was proposed. It was pointed out that it would lead to responsible parenthood and safeguard the health of mother and child, besides having demonstrable demographic impact. It will also enable women to play their rightful role in economic, social and intellectual life of the country.¹⁷
2. Compulsory registration of marriage was said to be under active consideration.
3. Constitutional amendment for freeing the representation in

¹⁷ It appears that at some point of time the age of consent of girl for cohabitation was just 10 years. It was raised to 12 towards the end of the 19th century. Now it stands to be 16. The minimum age for marriage was fixed at 14 with the passage of Sarda Act, which aimed at preventing child, widowhood and pre-mature childbirth. It was raised to 15 by the Parliament in 1955. Now, it is 18. Given the weakness in the birth registration system and the resulting problems of identifying a person's age, it may be difficult to enforce it. But its educational advantage may not be denied. See Visaria (1976) Recent Trends in Indian Population Policy, *Economic and Political Weekly*, Vol. XI, Nos. 31-33, p.1139.

- the Lok Sabha and State Legislatures until 2001 was also proposed¹⁸
4. Population figures for 1971 will continue to be used until 2001 for determining the quantum of grants-in-aid and devolution of taxes and duties.¹⁹
 5. Eight per cent of the central assistance to State Plans will be made against the performance in the area of family planning.
 6. State Governments will be urged upon to concentrate on female education at least upto middle level and child nutrition and make adequate provision for these programmes.
 7. Awareness of population problem, realization of their responsibility and virtues of small family were proposed for educating the younger generation through education channels.
 8. Monetary compensation for loss of wages, incidental expenses and inconvenience was raised substantially from May 1. The Union Government will pay to the respective State Government per acceptor of sterilization according to the number of living children. It was to be Rs. 70 for acceptors with four or more children, Rs. 100 for those with three children and Rs. 150 for those with two or fewer children.
 9. Details of group incentives for variety of bodies of medical profession, for Zila Panchayat Samitis, teachers at various levels, labour organizations were to be worked out.
 10. It was conceded that a family planning programme could not succeed without support of voluntary organizations, particularly those of youth and women, for its promotion.
 11. Donations for this purpose would be fully exempt from taxation.
 12. Special attention would be given to research in reproductive biology and contraception.
 13. It was stated that though public opinion was now ready for much more stringent measures for family planning than before, the administrative and medical infrastructure was lagging

¹⁸ Visaria (*ibid.*) think that these provisions would eliminate any hesitation on the part of state in implementing the family planning programme with full vigour. There are two problems here. One, when international agencies treat us in this manner, we feel like resenting. Two did we compensate the states which had very very low rates of growth in earlier decades.

¹⁹ See Government of India, Ministry of Health, Family Planning and Urban Development (1968) Small Family Norm Committee Report, pp. 73-77. Reported in Visaria (1976), p. 1201.

- behind to cope with the implications of nation-wide compulsory sterilization. States with adequate infrastructure could go for necessary legislation allowing for three children, which should be uniformly applicable to all citizens.
14. Government servants should be motivated through preferential treatment in many fringe benefits such as disbursement of loan, allotment of house – etc.
 15. A multi-media motivational strategy would be ushered in. Attempt would be made to move from somewhat urban-elitist approaches of the past into much more imaginative vigorous rural-oriented approaches.

An Appraisal

Before appraising the provisions in this document, we would like to state that this posture stands out diametrically opposite to the one adopted by India, at the first International Conference on Population in 1974 in Bucharest. Which was that development is the best contraceptive.

One can debate each of the provisions and see lurking draconianism in some of them. No evidence, empirical or otherwise, was given to support the statement that the public opinion was now ready for much more stringent measures. Was the readiness a pan-Indian phenomenon? In case people were ready, where is the question of stringency?

In this backdrop, Maharashtra tried to adopt legislation for compulsory sterilization in August 1976, barely after six months. However, it did not receive the President's assent. Haryana and Punjab, which were contemplating such legislation held back. Karnataka and West Bengal also decided not to go for it at least for the present. But the statement about the readiness of people to accept 'much more stringent measures' was enough to prompt our officials to go for quick results through rough and ready administrative pressure and semi-compulsory tactics. In some places, politicians did encourage them to do so. The then Maharashtra Health Minister has been reported to have said, 'We have tried every trick in the book and now we have come to the last chapter' (1977 Gulhati). Whatever its pretensions, the policy was analyzed to have followed a compulsory approach.

In 1968, the amount paid to the acceptors varied in different states from Rs. 10 to 30 for vasectomy, from Rs. 15 to Rs. 30 for tubectomy and from nil to Rs. 7 for IUD insertion. In certain mass camps the money was much higher because of donations received

from other domestic and foreign sources. At the time of announcement of the policy, Union Government used to pay the State Government a fixed sum of Rs. 45 for tubectomy, Rs. 35 vasectomy and Rs. 8 for IUD insertion. The State Government were free to allocate the money between the acceptor and the canvasser/motivator, para-medical staff and the doctor as also to supplement resources. While the distinction between vasectomy and tubectomy has been done away with, there is no incentive for IUD insertions. The cost of drugs/ dressing could be recovered from this amount. To some extent, the increased amounts merely offset the raise in minimum wages and rise in prices. The quantum of compensation, it has been found, does matter in acceptance of family planning, particularly among the poorer sections.

One can question the idea of payment in view of the fact that practice of small family norm is in the interest of the acceptor. True, but the case for incentives rests, argued Visaria (1976, p. 118-9), on their role in (a) giving a push to the hesitant potential acceptor to help them overcome conservatism, fear and procrastination and compensate for costs as well as in (b) the economic costs and benefits of having more children. The actual compensation, argued he further, is far lower than the net social cost of rising an additional child. In fact, the society is not at loss so long it does not pay more than the net social cost. Finally, the quantum of incentive has been found to impact on the decision in favour of acceptance though counterargument that people do not accept sterilization for the sake of paltry sum of money.²⁰ The system of incentives is far more preferable to compulsory sterilization law, argued Visaria, as it allows individual to retain his freedom. This policy did away with discrimination between two forms of sterilization. The substitution of vasectomy for tubectomy could therefore be expected.

Government employees were to be given a better deal. Central Government employees were allowed special casual leave for 14 days for non-puerperal tubectomy and six days for vasectomy. A similar policy was recommended to all employers' organizations. Government later on worked out a variety of incentives and disincentives for their employees. While there are irritants in their implementation, they are far superior to those allowed to the poorer sections.

²⁰ In numerous articles D. Banerji and others have argued about the pitfalls of incentive schemes. They equate incentives with bribes and find the system fraught with misappropriation, cheating and other forms of corruption. Others argued about the misreporting about the actual number of living children.

Population Policy Restated

Elections were held in March next year. People were so unhappy with emergency experiences that they voted Indira Gandhi out of power. Compulsory sterilization tactics adopted by many state governments added fuel to the fire, Janata Party came to power. Within a month in April 1977, it announced another policy. The document was titled 'Family Welfare Programme - A Statement of Policy'. The phrase family planning was replaced by family welfare though the president in his address to the Parliament on March 28 had used the same phrase family planning. He stated that 'family planning will be pursued vigorously as a wholly voluntary programme and as an integral part of a comprehensive policy covering education, health, maternity and child care, family welfare, women's rights and nutrition'. According to Grewal (1977), the departure with the former is in terms of: (a) ruling out compulsion or coercion of any sort in implementation, (b) laying new stress on welfare aspects, and (c) encouraging community participation.

The document distinguished between terminal method of sterilization, which is suitable for those couples who have reached the optimal family size and other methods, which are suitable for spacing between births and thereby for health of the mother and children. All methods, it said, ultimately help in reduction of family size. The government pledged to promote all methods of contraception with equal emphasis, leaving the couple to choose from various methods available. This has been called the cafeteria approach. Though there shall be no slackening of efforts in this direction, it emphasised, motivation and persuasion will be through education.

An Appraisal

The final point that was made that compulsion would be ruled out for all the time to come. Even this date this continues to be a major plank. All other elements such as those related to raising of age of marriage, providing monetary compensation, women's education, freezing of population at 1971 level for purposes of allocation of grants and devolution of taxes and duties, group incentives and reproductive research, were retained. In fact, if one studies para by para the two documents, one will be astonished to find but for a few words many paras in the two documents read alike. So much so para 13 of the April 1976 document and para 12 of the April 1977 document both combine the involvement of voluntary organizations and rebate on income

tax without much reason. Both talk of monitoring and review at least once a year by the Union Cabinet.

Further, these provisions show that the document was not just family welfare programmes as its title suggests. It should verily be called population policy document.

Population Policy Reformulated

As the document prepared by Janata Government was titled candidly as Family Welfare Programmes – A Statement of Policy, they owed to give a population policy as well. The Planning Commission set up a Working Group on Population Policy in October 1978 with V.A. Pai Panandikar as Chairman. Based on its interim report, which set a long-term goal of approaching a NRR of one on an average for the country as a whole by 1996 and by all the states by 2001,²¹ it wrote the section in the revised draft of 1978-83 plan.

Referring to the view highlighted by the Bucharest Conference that 'development is the best contraceptive', it says that there are many development strategies which can ensure long-term development and small population growth simultaneously. Accepting that the relationship between development and population is not precise in the period of transition, it asserts that the horizon of a population policy cannot be less than 20 to 25 years as there is considerable gap between reduction in growth. Reduction in fertility does not immediately results in reduction in birth rate. If the birth rate does not reduce sharply in the perspective period, the hoped for transition from growing to stable population will recede indefinitely. Our efforts on both the fronts have to go together.

It takes a look at regional variation in birth rates and death rates. Since fertility decline set in since 1965, it makes comparison of fertility declines during the decade 1965-75 with several other developing countries and declares our performance as moderately satisfactory.²² As the urban proportion of population did not

²¹ It implied a birth rate of 21, a death rate of 9 infant mortality of 60, and couple protection rate about 60 per cent. While it could mean 90 crore population, 14 crore couple of which 8.4 crore needed to be protected, it was pointed out that it would take another 50 years or so for the country's population to stabilize.

²² Zachariah and Patel (1984) convincingly established that total fertility rate in 1980 was the lowest amongs the countries with the same or lower level of socio-economic development, as measured by per capita income, infant mortality, female literacy and the like. The decline during the period of 1961-81 was accounted for; they showed, by the increase in family planning practice (90 per cent) and the balance by the increase in age at marriage. Decelerating in decline in birth rate in late 70s, they explained, owed to increase in women of childbearing age.

change much, which, it felt, was result of lack of any policy of urbanisation, it suggested that population and urbanisation policies must be harmonised. It also discussed the implication of high dependency ratio in terms of feeding, clothing and housing for those who scarcely contribute anything and finding productive jobs when they enter labour force.

Population policy, it however stated, should not to be too narrowly conceived in terms of population control; it must deal with overall developmental issues and provide a framework for long-term planning but must reflect concern for individual's dignity, needs, and aspirations. The real challenge before the policy is one of creating necessary motivation along with meeting the demand for family planning services. Motivation depends on an effective communication strategy. Despite communication efforts through extension, audio-visual material, charts, posters, wall paintings, leaflets and specialized campaigns for say nirodh or mala-D, the attitude of common man continues to be passive and rate of adoption rather poor. There must have been something amiss in our communication strategy. It assessed that the efforts were sporadic, isolated and erratic and therefore ineffective. Extension which is by far the most important channel, suffered because of: (i) enormous load on extension worker, usually ANM or FPW, (ii) their poor training and motivation, (iii) non-ready availability of inputs/contraceptives of proper kind.²³ The Planning Commission opined that the primary reason for dismal performance of communication had been non-adherence to the basic principles of communication. Added to it, it said, was absence of market research. The communication problem in this area is, it felt, infinitely more challenging as compared to other areas. According to it, there are three quite clear reasons: (i) economic payoffs are not apparent, (ii) use of contraceptive is not yet built into Indian family system and social structure, and (iii) in many cases and situations, small family norm militates against economic interests.

It holds that though the link between education and fertility is known but a precise relationship is yet to be established. There has to be a threshold. More than that such changes in our educational system have to be brought as will create awareness about problems and will produce manpower of those skills which present stage of development require.

²³ In fact, it has often pointed out that there is a kind local mismatch between demand and supply.

Status of women will play a crucial role in population policy. Pointing out that higher participation level in work force in itself would not do the trick as many analysts suggest for we know that a large number of rural women work for pretty long hours that impair their health but still have a high fertility rate. One possibility of the change in their social and dependency conditions, it thinks, is through shift from agricultural occupations to non-agricultural ones. The experience in Kerala and Gujarat affirms it'; it pointed out.

Basing on Working Group's classification of the states according to performance as measured by couple protection rate, the Commission seems to suggest that a realistic population policy should take into consideration wide regional disparities and formulate different strategies. In poor performance states, building infrastructure, in moderate performance states, strengthening of services and in good performance states, maintaining tempo, may be the strategies. Even where sterilization is viable, it is possible that some regions prefer vasectomy and some tubectomy. Let them choose as they wish.

Involvement of the state governments in overall policy package is of vital importance. Nowhere, it says, decentralisation of effort is more important than in this field. But involvement of non-governmental agencies is also of fundamental importance. In its assessment the programme is far too dependent upon the Government and its official machinery. Opportunities for involvement of representatives, voluntary organizations and individuals have to be created. A long-term population policy has to be based on the community's own organizational efforts, its awareness of its needs and its duties.

One assessment of the Committee's work was that they wasted their time in debating the targets and fixing $NRR=1$ while they ought to have revised and updated 1976 policy.²⁴

NATIONAL POPULATION POLICY II

The story runs briefly as follows. A Committee on Population was appointed in 1991 by the National Development Council under the Chairmanship of K. Karunakaran, which recommended that a National Policy on Population should be formulated by the

²⁴ Countries such as Afghanistan, Bangladesh, Burma, Indonesia, Iran, Iraq and Pakistan had lower fertility declines and countries, such as Hong Kong, Taiwan and Thailand, had higher fertility declines. It is worth noting that the former set has predominately Muslim population and the latter are small.

Government and adopted by the Parliament. After its endorsement by the National Development Council in 1993, the Ministry of Health and Family Welfare (Department of Family Welfare) constituted a Group of Experts by a notification on the 19th July 1993 for preparation of a preliminary draft of the National Population Policy.²⁵ The distinguished group of experts headed by agricultural scientist M. S. Swaminathan submitted its draft report dated 21st May 1994 on 23rd of May 1994 to the minister and in the last week of May to the Prime Minister.²⁶ The Chairman noted that time constraint to the Group did not permit a wide ranging consultation while a member mentioned financial constraint as well.²⁷ The Group however did a professional job. This draft policy was tabled in the Parliament in June 1994. It seems that the draft could not be taken up for discussion. One member of the Group had feared that ruling party could pass the buck to a Standing or Select Committee. That however did not happen.

More than five years have passed since then and four Government have changed hands, we have still to have this National Policy on Population as adopted by the Parliament. Now the fifth Government has taken over the charge. As a matter of record, there exists a document with title National Population Policy dated November 1997, which is largely based on the draft prepared by the Group of Experts. It does not yet have any status, statutory or otherwise. We have information that it was discussed with experts at least a few times. It came before the cabinet for consideration. We may just indicate that draft policy wanted certain goals to be accomplished by the millennium end! Further it thought it was being introduced in the year of historic transition in the evolution of political instruments capable of enabling people in villages and towns to guide and shape their own destiny, which it was not to be!

In order to distinguish the two documents we call the first as the preliminary draft as this is what the Group of Experts was asked to prepare, and the second as the draft because till the day adopted it remains draft only.

²⁵ Such a suggestion was made by the Parliament at the time of adoption of National Health Policy 1983.

²⁶ The Group included in it a scientist Vasant Gowariker, two activists Ababai B. Wadia and Devaki Jain, three demographers K. B. Pathak, Pravin Visaria, and Ashish Bose, a media personality Bhaskar Rao, and a retired bureaucrat T.V. Antony. A public health expert J. P. Gupta who was then the Director of the National Institute of Health and Family Planning, acted the member-secretary.

²⁷ Ashish Bose (1996, 5) holds that the petty bureaucrats were not impressed by the appellation of Expert Group and did impose all kind of restrictions.

Preliminary Draft

It has been indicated time and again by a member (Ashish Bose) that this Group was not asked to submit a report but to prepare a draft Policy. Only correction we would like to make is that they were asked to prepare a preliminary draft policy. And the Group did so. The writers of the (preliminary) draft claim that there is effected a shift in paradigm in the policy stand. It is claimed to be: (a) pro-nature, (b) pro-women, (c) pro-poor, and (d) pro-democracy. They claim to have focussed on linkages between population, ecology, economy and social development. They also claim that the draft takes a holistic view of the population problem and that the solutions offered are also of a holistic nature. A member of the group feared that the Ministry (and the Department in particular) might find the recommendations going over their heads and would even reject them (Bose, 1996, Chapter 2). The Planning Commission, according to the member, might see it as an exercise for rike (ibid.)

The draft is divided in two parts: part A- Policy Framework and Part B- Implementation. The latter part is again divided in two parts: I. New Structures and II. Other Measures. The members of the Group were not content with merely formulating a policy framework but went into details of a matching implementation strategy, which was spelt out in 13 heads. The draft finds the present arrangement of dispensation wholly inadequate and therefore recommends (i) a new structure called population and Social Development Council and (ii) a new financing mechanism through Population and Social Development Fund.

Framework of the Policy

It reason that sluggish decline in the growth rate owes to a significant extent to more rapid decline in the death rate including infant mortality rate than that in birth rate. It points towards uneven progress among different states as regard different parameters of population stabilization like total fertility rate, death rate, infant mortality rate and life expectancy. It thus finds wisdom in unity in national population goal but diversity in implementation strategies and therefore structure the policy on the basic premise of thing, plan and act locally and support nationally. It notes negative signals about discrimination against female sex in terms of infant mortality, literacy, enrollment and drop-out, teenage pregnancy, low birth weight, violence and above all decline in sex ratio and positive

signals of political and social empowerment. Then it recommends for a new beginning in integrating gender equity in plans for health and family welfare so as to arrest and reverse the decline in sex ratio. It further notes that life styles of both wealthy nations and wealthy people everywhere are not sustainable and are threat to the Ecosystem's biological diversity. It therefore pleads for recognition of the limits to the human carrying capacity of the supporting eco-system. Pointing out that combination of age-structure and levels of fertility and mortality poises for continued growth for next few decades despite continuing fall in birth rate, there is urgent need to march towards achieving a TFR of 2.1 by the year 2010. This will be possible only through an enabling environment and empowerment mechanism.

What a population is, if not healthy? And health should mean a state of complete, physical, mental social well-being, not mere absence of disease or infirmity. Adoption of this holistic approach to health requires speedy and effective implementation of the minimum needs programme. This will generate an enabling environment where all people can experience a healthy and productive life.

Steps for enabling environment and empowerment mechanisms should go hand in hand. It proposes mechanisms for empowering: (i) governments, (ii) communities and (iii) families, with a view to achieving family welfare goals. They are enumerated below :

- (a) Culture of joint responsibility of the couple in all matters related to the family to be nurtured through various steps including the removal of gender bias in textbooks, media and public services. Decision on contraception services to be voluntary and based on informed choice.
- (b) Panchayats and Nagarpalikas to be encouraged to prepare socio-demographic charter for their respective village/town/city. The charter to have specific goals, after discussion among people in the area, for population stabilization as well as the steps the community plans to eradicate social evils like dowry, child marriage, female foeticide and infanticide, female and male illiteracy. The charter to include a blueprint for action and the financial and technical support needed.
- (c) Each district to have a broad-based District Population and Social Development Committee with representation of all the

stakeholders, including mass media. The Committee with Zila Parishad chairman (or a reputed local social worker) as head to include MPs, MLAs, and Councillors of MCs and MPs in the District. The Committee to be responsible for coinvergence and synergy among all programmes of population containment and social development, whether government or non-governmental.

- (d) Each State to have a State Population and Social Development Committee with people's representatives from different political parties, professionals, representatives of women organizations, youth organizations and other non-governmental organizations, and mass media. Who to head? The Committee to promote convergence of programmes and to monitor availability of acceptable contraceptive technologies and services. The Committee also to prepare a socio-demographic charter for the state, which is based on local level charters. State Cabinet also to have a Standing Committee on Population and Social and Development. State Legislature to receive and annual report on Population, Gender Equality and quality of life Improvement. State to strengthen and restructure the administration entities with a view to achieving goals of population stabilization and family welfare, in harmony with the principle of linking authority and autonomy with accountability at task level implementation.
- (e) The Nation to replace the present vertically structured family welfare programme with decentralized democratic planning through Panchayats, Nagarpalikas and State Legislatures. Ten commandments to follow for this purpose:
- (i) Maternity and Child Health and Family Planning Services to be merged with health with a view to promoting a concern for total health which involves, *inter alia*, catering to gynaecological and sexual problems, safe abortion services and reproductive health education. Health package to include attention to AIDS. Emphasis to shift from curative approach to prevention and control approach.
- (ii) No targets to be fixed for specific contraceptive methods by the Union and State Governments except that of national average of TFR of 2.1 by 2010 but availability and accessibility and quality of services to be ensured.
- (iii) Practice of incentives to the acceptors/motivators/service providers to be discontinued. All moneys from the govern-

- ments and bilateral/international agencies to be credited to a population and Social Development Fund. The Fund to be utilized for fulfilling critical gaps in effective implementation of local, district and state level charters with a view to ensuring proper match between goals and resources. Status of the girl child and adverse sex ratio to be improved through innovative schemes. Special attention to be given to areas and states with high TFR and IMR.
- (iv) The Life Insurance Corporation to be asked for drawing up suitable schemes for group health insurance for workers in the unorganized sector and their families. Organized sector to mandatorily provide for such group insurance.
- (v) Efforts to be made to eliminate before the end of century all discrimination against women. Only two months now in hand before the century closes! Media/Ad. Agencies to develop a gender code to eliminate glorification of violence and vulgarity. Steps to provide special care for the girl child and the adolescent girls through enrollment, skill formation and income generating capacity, which in turn, will be conducive to raising of marriage age and adoption of contraceptives based on informed choices.
- (vi) Wholehearted participation of the people to be evoked in population stabilization measures on the basis of shared perceptions and goals. Voluntary and non-governmental organisations to be fully involved in policy, planning and implementation of all programmes related to population stabilisation and social development and to be given necessary authority and autonomy to be innovative in socially relevant ideas, subject only to financial accountability and ethical norms.
- (vii) Planning Commission and Population and Social Development Commission to jointly work out a new set of sustainable human development indicators for the purpose of monitoring and evaluation.
- (viii) Research on biomedical and social sciences relevant to population stabilization to be strengthened. Ethical aspects of field testing of new contraceptive technologies to be thoroughly examined. Young scholars to be attracted to work on population issues, particularly on building indigenous knowledge systems and practices relevant to health and family planning.

- (ix) Information, Education and Communication (IEC) to be strengthened with a view to enabling informed choice of methods, which will in turn, sustain the motivation. Population, family health and sex education to be imparted as part of syllabi at different levels of education with a view to crystallizing the concept of responsible parenthood and safe sex. Decentralized locally relevant use of media of communication to be used for carrying messages effectively at the grassroots level. Motivation of field workers in social sector departments to be strengthened for the purpose. Support and participation of all sections of opinion, including religious leaders, practitioners of all systems of medicine, professional councils, to be enlisted.
- (x) Question of migration, internal and international, to be studied in depth in all aspects including proliferation of slums. Growing problem of AIDS to receive particular attention.

The constitution of a statutory Population and Social Development Commission is contemplated. It is patterned along the lines of action-oriented Commissions like those of Atomic Energy or Space and not like Planning or Finance Commission or even Public Service Commissions or University Grants Commissions. Planning Commission will continue to play its effective role of formulation of five-year plans and long term perspective plans with holistic view as it does now. This Commission is needed to provide mechanism and structure for effective coordination at different levels of a multidimensional task, which the task of population stabilization is.

Though village/town charters will be the main instruments of implementation, certain national socio-demographic goals for the year 2010 have been listed. They are :

1. Universalisation of primary education, reduction in the dropout rates in primary and secondary schools, abolition of child labour, priority to primary health care.
2. Reduction in the incidence of marriage of girls below the age of 18 to zero.
3. Increase in the percentage of deliveries conducted by trained personnel to hundred.
4. Reduction in maternal mortality rate to less than 100 per lakh of live births.

5. Universal immunization of children against Tuberculosis, Polio, Diphtheria, Whooping cough, Tetanus and Measles. Reduction in the incidence of diarrhoea and acute respiratory infections.
6. Infant Mortality Rate to go down to 30 and Child Mortality Rate to reduce sharply. Incidence of low birth-weight babies to go down sharply.
7. Universal access to information on birth limitation methods. Full choice for planning their families.
8. Universal access to quality contraceptive services in order to lower the TFR to 2.1.
9. Containing AIDS and STD.
10. Full coverage of registration of births, deaths and marriages.

Implementing Structures

At the national level a committee, a commission and as fund is contemplated. State could adopt similar structure keeping in view their specifics. A Cabinet Committee on Population and Social Development, which will take the final decisions and provide the necessary political and policy guidelines, would have the Prime Minister as the Chairperson. The Ministers for Health, Finance, Human Resource Development, (Social) Welfare, Information and Broadcasting, Rural Development, Urban Development, and Environment shall be other Members. The Deputy Chairman of the Planning Commission, Member incharge of Health and Family Welfare in the Planning Commission and the Chairperson of the Planning and Social Development Commission shall be the standing invitees to its meetings.

The Population and Social Development Commission shall have a full-time Chairperson who shall be an eminent social worker or a professional respected for his/her commitment to the cause of population and social development. While the Chairperson shall have the status of a Union Cabinet Minister, the Commission shall have executive powers extended to Atomic Energy and Space Commissions. There shall be four other full-time members with the status of Minister of State who shall divide among themselves different tasks to be performed. The tasks are indicated in the document. The full-time members will be eminent professionals in their respective fields. In addition, the Secretaries from the Ministries of Health, Finance and Human Resource Development and the

Secretary of the Planning Commission will serve as ex-officio members. The Commission will administratively be under the charge of the Prime Minister. The staff of the Department of Welfare shall be absorbed in the Commission, excepting those members whose services are more appropriate to integrated health services. The Commission will recruit additional staff, particularly specialist consultants.

The Commission shall not duplicate the work of Planning Commission but shall play a complementary and supplementary role in the area of population and social development. It will service the Cabinet Committee on Population and Development.

There shall be created a Population and Social Development Fund, which will be operated by the Population and Social Development Commission. It will receive funds from the Government of India (including the sum at the moment being spent on incentives), bilateral donors, foundations, multilateral donors and UN agencies (including UNFPA), corporate and cooperative sectors, voluntary contributions from RIs, and (NRIs) foreign nationals. Generous contributions are expected. Suitable tax incentives are also contemplated.

Under the guidelines approved by the Cabinet Committee, the Commission will operate the Fund. The Commission will promote cost-sharing and self-help methods so that programmes continue to be sustainable and replicable and we are not left high and dry when the foreign support is withdrawn. The first call on the Fund will be the consolidation of the gains already achieved. From the point of view of the allocation, other priority tasks will be research and development, information-education-communication, training at all levels primary health care and improvement of the quality of services. Improving the capabilities of the members of panchayats, nagarpalikas and zilla parishads will be accorded high priority. So will be the case for empowerment of the women members. Regional Media Resource Centres will also be supported financially. So will be the voluntary organizations.

The administration of the fund will be characterized by speed and transparency, without loss of rigour and sense of priority in examining proposals and sanctioning projects.

Each State Cabinet will have a similar committee on population and social development. Other structures with suitable modification could follow at the state level. Zilla Parishads will constitute similar District Population and Social Development Committees.

Other Members

The paradigm shift from target-oriented approach of a centrally sponsored vertical programme to people-oriented decentralized approach calls for, according to the Group of Experts, restructuring of the Ministry of Health and Family Welfare. As the new scheme envisage one single health care package of Maternal and Child Health, Family Planning and other programmes being run at present centrally-sponsored schemes, services components of the two department of the Ministry will be merged. As most of the work of the Development of Family Welfare gets transferred to the PSD Commission, the Department and therefore the post of the Secretary gets abolished.

While the service staff of medical and para-medical personnel will continue to provide services in the rural and urban areas under state governments, there will be an effective programme for induction, promotion, continuing education, training and orientation from all levels, right from the Chief Medical Officer (CMO) of District to the grassroots level functionary at the primary health centre and sub-centre. The CMO in each district, who should have public health training and orientation, will also prepare a district profile of morbidity, mortality and fertility. The credibility of the programme will be improved through screening and aftercare service.

To begin with our programme promoted barrier methods for women. Then some leading medical experts and administrators promoted the vasectomy for men as a terminal method. Then came female sterilization. As it was safe, one-time procedure and freed the acceptor from further action for limiting the size, it became prevalent. Now more tubectomy operations are performed giving a feeling that there is a kind of discrimination. Men should come forward, is the refrain in the preliminary draft, for both terminal methods and barrier methods.

Normally terminal method is adopted by those couple who have already three four children. So long early marriages take place, spacing methods should be available and accessible to young couples. This will augur well for their health, of next generation as for containment of population. Besides barrier methods, hormonal methods are also being promoted which may have side effects. Before introduction, safety, effectiveness, reliability and acceptability have to be tested. Fortunately, we have requisite set-up. Full information about each of the devices regarding safety, efficacy, likely side effects and procedure of use along with counselling for a

particular couple, should be provided for real success.

Information-education-communication is considered to be inadequate and too centralised. While the National Commission for Population and Social Development Commission will establish quite a few Media Resource Centres with credible information, the State Committee on Population and Social Development will take up the task of state-specific strategies on ICE. Local level government NGOs will be involved in implementation and follow up. As the role of interpersonal communication is vital in this sphere the health providers have to be suitably trained. Equality has to be ensured between men and women in ICE complex whether it is in print (including textbooks) or electronic media. Curricula at various levels of the educational system, formula and nonformula, should encompass population issues and aspects related to family life and reproductive biology.

The draft has rightly pointed out that the identification of family planning with contraception/sterilization has limited the perspective of the family welfare programme and created a negative image in the minds of the people. With a view to enlisting a broad spectrum of political and public support, it is essential that this image be erased. Instead, there is need to create a positive image by equally emphasizing higher age at marriage, literacy, education, reduction of infant mortality, increasing birth spacing, desirability of having a planned and small family and even management of infertility.

The draft appreciates a new legislation whereby one-third members on the panchayats have to be women and another one-third from the weaker sections of the community. Upgradation of their knowledge about the issues through continuous orientation programme is the need of the hour. However, initiatives should be left to the people to help themselves through interaction, participation and voluntary efforts. This will help reduce their dependence on the government. It contemplates that management of primary and community health centres dispensaries and hospitals will be passed on to the panchayati raj institutions.

Expressing concern for women and children, it holds that all programmes aimed at improving the lot of the girl child, adolescent girls and women will be reviewed, streamlined and strengthened. Efforts will be made for universalization of female literacy and higher enrolment upto secondary level. Similarly, misdirected use of technology for prebirth sex determination with a view to avoid a

female child through amniocentesis, chorionic villus biopsy and other tests will be declared illegal. Public opinion and social pressure has to be built up against such practices. Sex education and premarital and marriage counselling will also be introduced for promoting responsible parenthood. Every effort will be made to reduce unsafe abortions, which are normally performed by unqualified persons leading to high morbidity and mortality among women. For this purpose primary health centres and community health centres will be adequately equipped.

Circumstances necessitating child labour will be addressed squarely while the process of abolition of child labour will be accelerated. Adopting of orphan children will also be promoted.

The dynamic of population growth and the concept of responsible parenthood will be inculcated in the youth that will continue to dominate the demographic scene for decades even by number. Youth organizations such as NCC, NSS, Scouts and Guides will be harnessed for activities related to population and social development. Medical students will be involved in district health and population profile.

A climate of partnership between government and voluntary and non-governmental organizations will be created. After mutual consultations, criteria will be developed to identify such organizations as will be eligible for financial and technical support. Indices for accountability and monitoring and evaluation will also be developed.

It is interesting to read the contemplation of service rule in government sector. It is said that the employees of all levels of government as well as of public sector undertakings must give lead in adopting the small family norm. The service rules in the central and state governments are contemplated to be so modified as to ensure compliance of small family norm. All who marry before 21 in case of male and 18 in case of female will be debarred from recruitment. To promote small family, promotion policies, will also be suitably modified. Entire organized sector should take such steps that these relatively better off classes adopt the norm. The army and para-military forces may be involved, if and wherever feasible, to serve the cause of health and population stabilization on the pattern of Ecological Battalions as they have better appreciation of the small family norm and better opportunities to adopt it.

The Population and Social Development Commission will

take steps to review and evaluate independently, objectively and scientifically the ongoing programmes under its jurisdiction and will seek assistance of eminent experts of demography, public health, reproductive health and social sciences. The recently introduced MIES will be extended all over the country as the sub-centre ANMs who are overburdened with maintaining several registers, which are properly maintained. Time to time field surveys will be necessary to generate data on birth, death, maternal and infant mortality rates and age at marriage, at block and district levels. The SRS conducted by the Office of the RGI is not adequate to generate such data even at the district level. The Commission can take up the task of data collection. Yet it is necessary to see data collection and estimation is decentralized at state and even district level with proper format and proper manual to eliminate any bias on the part of investigators.

It is pointed out that Child Marriage Restraint Act already exists. The Union Government will enact a comprehensive Marriage Registration Act. But judging from the experience of Compulsory Registration of Births and Deaths Act, it is conceded, it would be unrealistic to rely on legislation alone. Therefore, it will be fit area where panchayats and nagarpalikas will do better job. Data on births, deaths and marriages will be collected through decentralized approach under general guidance of the PSDC.

Though international migration as a proportion of total population is small, at local and sub-regional level migration as well as illegal migration might create serious problems with far reaching implication. The census cannot give any estimate of illegal migration. A suitable mechanism will be established in the office the PM and a senior level officer will be entrusted with the task of confidential assessment of illegal migration on yearly basis so that effective steps could be take to deal with such problems.

As population data will go on assuming ever increasing importance, it is said, the Office of the Registrar General will be upgraded as the Department of Census, SRS and CRS, under the Ministry of Home Affairs. The post of RGI will also be upgraded. An autonomous Governing Council with experts as members will appointed to oversee the technical aspects of the conduct of Census, SRS and CRS. As the task of census enumeration and collection of inter-census data and that of tabulation and analysis are equally massive, responsibilities will be bifurcated. The Department will be responsible for collection of high quality data;

the work of tabulation and analysis requiring considerable technical expertise will be entrusted to the Planning Commission and suitably coordinated with the NSS and CSO.

The PSDC will augment the financial resources for research and training in population dynamics including that is basic and theoretical and has long term perspective. All concerned institutes, particularly IIPA, NIHF, SIHFWs, PRCs at various universities and research institutions, will be given autonomy and fullest academic freedom in order to generate an environment of creativity, original thinking and sensitivity to social concerns. Biomedical research, including traditional and frontier technologies, will also promoted with effective coordination with ICMR and ICSSR. Research projects will be fairly distributed over the country. While fullest cooperation of professional association will be sought in research and training programmes, proposals, involving foreign collaboration will be examined by the PSDC, which will arrange dialogues between the concerned scholars for a free exchange of views, prior to taking decisions on such proposals.

The enactment of laws debarring prospectively persons who do not adopt the two child family norm from contesting elections for local bodies, according to the Group of Experts, reflects political commitment. The Group thinks that there should be a code of conduct, which enjoins on all elected representatives of the people, from Parliament to voluntaries adopt it, as they will be role models for the public to emulate. It proposes to keep seats frozen in Parliament and legislatures till 2011 instead of 2001 in consistency with the goals of this policy. There is no proposal however with respect to population criteria used in devolution of taxes and duties by Finance Commission and allocation of grants in aid the by the Planning Commission.

Appraisal

The preliminary draft in a linear extension in the evolution of our philosophy of population policy. Asserting that population and social development hang together, it leaves nowhere where it had chance to keep the two together. Environment, poverty and gender equity are other facets brought into bold relief. It gives good scope for the local polity to handle the issues with support from the national level outfit. Sometimes it becomes difficult to discern whether the preliminary draft is about population policy or social development

policy or democratic policy. No matter, for the ultimate aim is welfare. The need for pursuing demographic goals through grassroots democratic institution, as underscored by the Group, cannot but be cheered.

A philosophy cannot be substitute for a policy. It cannot be far removed from the existing reality. Draft writers are not supposed to put it in their agenda. They are also not supposed to commit the policy makers on whose behalf they write. The creation of a Commission and a Fund may deserve consideration, deliberation, discussion and debate. But their acceptance is a bit doubtful.

According to one opinion, represented by Mahadevan and Sumangala (1994, 33), the preliminary draft does not go in depth requirements of the greatest problem of India, *i.e.*, rapid population growth and offers no effective and time-bound strategies. For it, they blame the composition of the Group. Neither the Chairman was an expert on population nor were most of the members!

Draft

One can argue that this draft document has been drawn on the basis of the draft National Population Policy prepared by the earlier referred to Group of Experts headed by M. S. Swaminathan because the first paragraph and the last paragraph of the two documents are the same. They both share the same vision for the nation as is reflected in the goals set for the year 2010 except for minor changes in language and emphasis. The latter document make them precise but avoids reference to abolition of child labour and priority to primary health care in the goal number 1. Reference to diarrhoea and acute respiratory infections is avoided in goal number 5. Reduction in child mortality rate is omitted in goal number 6 probably because other components do take of it. Word AIDS is omitted from the goal number 9. Rest of them is the same but for minor language tightening. Otherwise they spell different ideas.

This document starts with achievements in terms of reduction in infant mortality rate, crude death rate and maternal mortality rates, increase in life expectancy at birth of both male and female, decline in crude birth rate and total fertility rate and increase in couple protection rate. It gives the figures for 1996 in many as it is written November 1997. In addition, it gives immunization status. See the Table below.

Indicator	Year	Past Level	Year	Current Level
Infant Mortality Rate	1951-61	146	1996	72
Crude Death Rate	1951-61	22.8	1996	8.9
Maternal Mortality Rate			1991-92	4.4
Life Expectancy at Birth (Male)	1951	37.1	1996	61.5
Life Expectancy at Birth (Female)	1951	36.1	1996	62.9
Crude Birth Rate	1951-61	41.7	1993	27.4
Effective Couple Protection Rate	1970-71	10.7	1996	46.5
Immunization Coverage:				
TT (for pregnant women)	1985-86	40	1995-96	79
BCG	1985-86	29	1995-96	96
Measles	1985-86	44	1995-96	81
DPT	1985-86	41	1995-96	90
Polio	1985-86	36	1995-96	91

NOTE : Figures are in standard units.

Then it states that the family planning programmes are estimated to have averted about 200 million births thus far, the growth rate of population has not substantially reduced. Sharing with the parent document, so to say, despite decline in birth rate growth rate of population did not reduce substantially because of sharper decline in death rate. They both refer to uneven progress amongst State in population stabilization and contribution of the four large States of Uttar Pradesh, Madhya Pradesh, Bihar and Rajasthan. But this document holds that they constitute 42 per cent of the country's population, the earlier one suggested they contributed 42 per cent of the net increase in country's population during 19181-91! But it is the present document, not the earlier one, which makes use of pet theme of Bose that "if the performance in these four states remains weak, it cannot become optimum for the nation". Both agree that there has to be unity in national population goals but diversity in implementation strategies. Based on the national policy framework each panchayat, nagarpalika, zila parishad and state needs to development a blueprint for action based on integrated attention to health, education and environment with sensitivity to gender (and poverty) issues. But this document avoids mentions of the basic premise of the policy in draft statement which is thank, plan and act locally and support nationally. It avoids referring to shift in approach/paradigm, which the draft writers are fond of reiterating.

While this one refers to largeness of population and overpopulatedness of the country, the earlier one refers to the large-

ness of addition. Both of them write, "It is high time that the limits to the human carrying capacity of the supporting Eco-systems are recognized". But while the former one also refers to unseasonable life styles of the wealthy nations and wealthy people everywhere, the latter exclusively refers to largeness of population for adverse impact on environment in terms of diminished wild life, shrinking forest cover, reduced water bodies and unacceptably high pollution level. The latter one also makes reference to overcrowding in medical and educational institutions, burden in excess of capacity on transport, communication, housing and large unemployment along with social harmony and public order.

While the former mentions that no targets for specific contraceptive methods would be set, the latter one informs that they have already been abolished.

Both contemplates that incentives in cash or kind for acceptors (and motivators) will be given up (discontinued) as reason, the latter document, they do not work in the long run and distort the responses of the individual couples. What else do we wish? Draft writers would like this sum to be credited to the PSD Fund. This document would say that the community incentives at panchayat/municipal ward level will be introduced on a meaningful scale, under which the units with exemplary performance (assessed on the basis of incidence of birth, infant mortality and maternal mortality) will be rewarded by payment of special sizeable grant annual for investment in infrastructure and for women's empowerment.

The role of information-education-communication is well accepted as the only way for increasing motivation. It notes on a positive note that ICE efforts have thus far succeeded in creating knowledge (i) of basic population issues, and (ii) about contraceptive methods. However its efforts are further needed to promote male sterilization, which is not only low but on decline, stop sex determination in the womb and female foeticide, raise age at marriage, promote immunization and rehydration treatment, which too are less than total. Further these efforts, it is conceded, tend to be at national and regional level and therefore with limited effectiveness. They have therefore to be supplemented by locally relevant and locally acceptable efforts. The need for a more decentralized and locally relevant use of media including folk media is emphasized to carry the messages effectively at grassroots level. Integral linkages with the TLC, which is said to have mobilized local

population, are contemplated to make literacy and family welfare mutually benefit. District level broad-based mechanisms involving concerned government functionaries, NGOs, opinion leaders, Panchayati Raj Institutions and Nagarpalikas will be provided financial resources for designing and carrying out IEC efforts within the district by utilizing local and folk media in an optional manner. Beginning will be made from the weekly performing districts. Involvement of community organizations like DWCRA groups, Community Development Societies and Mahila Swasthya Sangh will be ensured in the intradistrict ICE effort.

The ideas are similar with regard to use of sterilization by older couples, promotion of spacing methods for younger couples, wider choice through counselling and information about methods, after-care service, etc. There is also made explicit mention of IUD and oral pills, management problems in weakly performing states, emergency contraceptive service for the women subjected to forced sex/unwilling to carry pregnancy.

Nothing that NGOs are now being associated more and more with policy formulation, programme implementation and monitoring. The strong point of NGOs, it is stated, is their flexible procedures, their rapport with local people and their ineffectiveness. Their services will be extensively availed for monitoring availability of services and user services. They will be encouraged to take up projects/programmes for addressing the needs of the people, which may not be addressed by government programmes. Small NGOs will be associated with the mother NGOs on regional basis.

Asserting that the example set by the leaders prominently influences the behaviour and response of the individuals, particularly in India. The goal of population stabilization cannot be achieved unless the Family Welfare Programme becomes a national programme and just does not remain a government programme. Leadership in all professions including politicians, artists, creative writing, industrialists, engineers, has to come forward to adopt small family norms. It will set in a virtuous chain extending through executives and employees in government and corporate sectors to average citizens.

Family Welfare Programme is a 100 per cent centrally sponsored programme though implemented by the State utilizing their infrastructure. The finances for the programme are provided exclusively from the Plan budget. The allocation for it has varied from 1.1 per cent to 1.8 per cent of the total public sector plan outlay

during different plans. The Committee on Population appointed by the National Development Council (Karunakaran Committee) had recommended an allocation of 3 per cent of the total public sector outlay for family welfare for ensuring an optimum level of coverage and quality for family welfare programme. This level of funding is assured in this document. When does it begin?

While the draft promised effective programme for induction, promotion, continuing education, training and orientation at all levels and chief medical officer finds special mention, this document talks of creation of network of state level and district level of training institutions for medical and para-medical staff. These training institutions would be systemically assisted for improving their capability and effectiveness. An important point that the document makes is that training effort will be made to bring an attitudinal change in health worker from dispensers of inputs to providers of services. Local bodies will be prominently involved in the training programmes for promoting a shared perception about family welfare needs and for acquiring ownership in the programmes.

Sharing the concern of the preliminary draft about discrimination against women, including female foeticide, it informs about enactment of Pre-Natal Diagnostic Technique Act, operative since beginning 1996. It sees good prospects in recent resurgence in the movement for empowerment of women and nation-wide attention to gender issues. However, it refers to low nutritional status of women, which make them prone to adverse RCH outcomes like complications during pregnancy/delivery, low birth weight of child and post maternity morbidity, and promises to make all efforts to facilitate improvement in nutritional status of families, particularly of women.

Nothing that reliance has continued to be placed in the past only on the modern system, it assures that fair encouragement in all kind of manners with a view harnessing their potential shall be made in the area of RCH. Safe delivery and abortion services will be provided through trained persons.

Reproductive rights are human rights and reproductive health refers to the status of complete physical, mental, and social well-being, not just absence of diseases in matters relating to reproductive system, functions and processes. Reproductive health therefore implies satisfying and safe sex life and capability to reproduce with freedom of decision about when and how.

Appraisal

The draft prepared by the Ministry has accepted the basis philosophy and goals. But it has summarily rejected the mechanism of execution.

Perhaps the Ministry was at leisure to do the piece and did not have to accommodate sentiments and sentences of the members. This draft is definitely a better draft. But it is less than radical. It does not overthrow the present structure. It only extends and strengthens.

Strategies

Human population has never been an easy thing. Sometimes we bothered about its size, sometimes its sex composition, sometimes its age structure and sometimes its division between rural and urban segments. At present, we seem to be bothering about:

1. Our size which is considered too large,
2. Our sex composition which is considered unfavourable to women,
3. Ageing of population which is being made out to be an important issue, and
4. An urban population which is concentrated in slums of metropolised.

Added to it is low nutrition level of a large section, shortening the height over generation and impairing the stamina and intelligence otherwise. Some may raise the question of ethnicity as some of the ethnic groups may be on their way out. Others may worry about minorities, which may be growing at higher rate than the average. We shall however not all cover possible dimensions and aspects which a comprehensive police should consider. The two drafts we discussed in the preceding paragraphs are that way quite exhaustive. We shall take up only crucial aspects of consideration.

Not in distance past, high fertility and high mortality levels used to produce a population of stable size, with low life expectancy and young age structure. Then, continuing high fertility and declining mortality levels started giving us exploding size, with rising life expectancy and younging age structure. Now, we are heading towards a situation of lowering fertility and stable mortality levels, producing increments of high absolute number and slightly ageing structure and high life expectancy.

While our efforts for education and health have not to slacken, vigorous efforts to provide productive life to young and adult and security to the old will have to be made. Efforts at housing, safe drinking water, nutrition, recreation, etc., may have to be redoubled.

With this national scene, there will be regional and local scenes, which will require extra attention. Their population growth may have to be slackened. BIMARU states are stated to need extra attention. Later, some 90 districts were identified for extra efforts. There will also be sections and strata, which will require extra attention. Their population may have to be slackened. Mukherjee (1976, 31-54) has delineated four strata in terms of social-structural hierarchy, each of which requires different kinds of motivation. The unpropertied poorest with submarginal existence need more working hands though they do not worry for security or after life. Survival of their children may reduce wastage of reproductive capacity. Next in line people with some property desire not a large family but one with four-children producing couples. They care of the present day as well as security of bread in old age. The third is what he calls traditional elite constituting landed aristocracy and business aristocracy. Expansion of business, prestige of society and assurance of after-life make them seek large families. Then there is modern elite composed of materially comfortable couples who are neither worried about security in the present and old age nor burdened with large properties to look after. Whether there is any family planning propaganda or not, they are ready for so-called modern cultural values of small family. In fact, the modern elite couples in India have been using contraceptive since 1930s. It will not be too much an assertion if we say that our policy suffers from sociological weakness because the policy makers belongs to this very category. The little realize the rationale behind the behaviour of other strata. We have to shed off complex of our enlightenment and their ignorance.

It is well recognized that communication and education has to be made convincing about the necessity and desirability of small families. But efforts in other spheres are likely to pay off better for these are the people, belonging to the lowest stratum, who see no future for themselves or for their progeny. Then, how does it matter whether family is small or large? A ray of hope has to be generated and this is a tall order.

Reduction in infant mortality has started giving results. Female literacy, rather education beyond primary level, is likely to

yield good results in terms of reduction in fertility. Female employment in non-agriculture pursuits has also shown good results in reduction in fertility. The efforts should be taken up not only as strategic instruments but also as ends in themselves. We have to improve the quality of our people and quality of their life. We have also to transform the economy.

Widow remarriage does increase our birth rate. But shall we not promote it? We should. Sati Burning, foeticide and infanticide all decrease our population; can we therefore resort to them? No, Because these are the values which make the society human.

There is no point in future raising of legal marriage age. Enforcement of what exists would be enough. Normative laws enacted by state work in individual cases, not in cases in mass phenomena. Moreover, the reasons must have existed for marrying young. Irish history of the century before the potato famine teaches some lesson. Compared to English lords, Irish peasants behaved so differently. As against universal late marriage, they married young. As against high proportion of non-marriage in the Western Europe, they opted for universal marriage. As against smaller families in Britain, they had large families.

The major instrument employed by population policies has been the programme of family planning. About half of all the couples in the world now use contraception. But identification of population police with family planning, which is one instrument and affects only one aspect, has done a great damage. And identification of family planning with sterilization has compounded it. In future design of strategy even at the risk of a little extra rise in population, such pitfalls have to be avoided. It seems our approach had been too biological.

Concentration of population producing diseconomies of scale and congestion will have to be considered somewhere in our overall national economic and planning and urban planning. The inter-policy interaction will produce the synergy required. To some extent we did achieve it by interacting health (maternal and child) with reproductive health and family planning.

Harnessing the peer group and concentration on the sensitive, impressionable minds with still a ray of hope will go a long way. Lest they frustrate our goals the economy should open scope for them. At local level their participation in political activities and development activities is the need of the hour. Women agency, which is being used at subdued level, will pay rich dividends in

future. Women volunteers working in rural areas with womenfolk confide that once convinced women can play a great role in limiting the family size.

A lot of studies have pointing out that there exists a lot of variation between states as regards fertility, mortality, infant mortality and maternal mortality on the one hand and literacy, particularly female literacy, female work participation rate in non-agriculture pursuits, on the other. Performance in terms of couple protection rates is similarly quite varied. Four BIMARU states followed by Orissa and Andhra Pradesh were recommended for extra efforts. For more than a decade, it was discovered that in 1984, the district of Guntur in high birth rate state had lower birth rate than the district of Trivendrum in low birth are state of Kerala. It allowed the identification of 90 districts with high fertility for special programmes with high inputs. What missed out was to discover the factors, which made a backward district to have lower birth rate. It is definitely not a case of impairment. This kind of benchmarking is the needed research activity. No doubt in such cases, resource paucity should be more then met by the national kitty.

Yet it cannot be emphasized that only local efforts with national/state catalyzing should however be the dominant strategy.

Our policy should also not reflect overarching, paternal attitude on the part of state and national government. For example, people's representatives at one level have put fetters on those at another level in couple of states. Zila Parishad's jurisdiction is much bigger than a MLA's constituency but the latter not only advises but also asserts his rights to bind the former. This attitude is not good in taste for those who cherish democracy. Surprisingly, the Expert Group, headed by Swaminathan, which otherwise champions the cause of democracy, has accepted such a legislation as political commitment.

Similarly, the Group of Experts has also considered representation of people in Lok Sabha according to population at the level of 1971 as national commitment. It is bad in taste and faulty in logic. In Delhi itself while one Members of Parliament represents five lakh people, another repreesents 25 lakh. This provision infringes people's rights to be adequately represented. Those who were born were born not on their own choice of parents, constituency or country. They do not become unequal because of sin committed by their parents.

Population criteria adopted by devolution formulae of the

Finance Commission and allocation formulae by the Planning Commission use 1971 population. This is again faulty. Population transition has its own logic; it is not just you as a state, choose and get. If the nation has failed in its own reckoning, shall it permit to be discriminated in the comity of nations on this count? To put in contrast, growth rate of population of UP will take quite some time before it slackens while Kerala's rate of growth has considerably slackned. It is reported to be doing much well than many provinces in China. One may recall that during the 50s, rate of growth of population of Kerala had exceeded that of UP. So did many of good performers of today. Why did not we freeze it at 1961 level? This policy is discriminatory in approach. It has to be resisted. The states, which did well in reducing mortality rates, should be patted and rewarded rather than admonished and punished for not having enough in reduction of birth rate. After all population policy has not to be narrowly conceived in terms of birth control. It is surprising that the Group of Experts, which otherwise championed the democratic rights of locals and initiatives on their parts, hailed such decisions as national commitments and extended the date of such discrimination from 2001 to 2011. A little patience and a little tolerance are the hallmark of a fraternal policy, which we call federal governance.

On small matter of incentives and disincentives, a lot has been said. It is good that individual incentives are being suggested for replacement by group incentives. But compare the largesse being doled out to the employees in the organized sector, particularly the public sector, in terms of extra increments, promotion, rebate in interest rates on house building advance, etc, for following small family norms with paltry sums offered to simple folk for it. It seems that the writes of policies have manipulated things in their favour in this shpere as in others. It is clear that their own calculations would have permitted them to opt for a large family.

On another matter of substantial significance, which is related to the involvement of non-governmental organizations and voluntary associations, every body seems to be in agreement. There is a problem. Many of these are now multinational. Many are pan-India phenomena. They have money. They get money from international agencies and national governments. But they are getting as formalized as governmental agencies. But for the national form of ownership, the difference between them is diminishing. They are forced to follow all those inefficient practices, which have been

plaguering our government agencies. If they circumvent them, they are likely to be faked ones.

Last but not the least beyond the pale of legislative, political, and economic instrument, let us deliberate on the mechanism to achieve what we wish to. The Group of Expert has suggested three things at the national level: (a) A Cabinet Committee on Population and Social Development, to be headed by the PM Commission, (b) A Population and Social Development Commission, and (c) A Population and Social Development Fund. These suggestions imply that population is inseparable from social development. Social development can be seen as both as an end in terms of quality of life and as a means to control population. Social development has been separated from economic development under the belief that it is not concomitant of the latter. The belief seems to be that autonomous changes that took place in history and caused reduction in birth rate, cannot be turned into an instrument. Or at the minimum, it will not be as efficacious. Given that what it is, can we recommend such things? There are people who believe that, given the importance of the matter, a cabinet committee would be a good. There are people to believe that an organization, preferably a commission headed by a professional, would also be good. It is pointed out that success in some scientific fields, such as atomic energy, space, and defence, basically owes to the fact that scientists led such organizations. As M.G.K. Menon points out, administrators who are dedicated, committed, and intelligent and understand the rationale behind the functioning of these agencies ensure the right of support. And the Commission will need their services. But why should we insist on a separate fund? There is no reason to be apprehensive on that count. Moreover, according to some people, there has been no dearth of funds for the cause. Then, there is suggestion that expenditure on health and other population related activities would be raised to the tune of three per cent of the GDP.

There is no doubt that grassroot governing should take up the implementation of many of packages of information and education. They can play an important role in health and family planning administration. Their empowerment generates a lot of a hope.

Finally, it is necessary to realize that a national population policy has to be a truly national policy, not just a state policy. It should give a semblance of a policy for the people by the people.

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