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Book Review

Implementing a Reproductive Health Agenda in India: A Beginning, edited by Saroj Pachauri. New Delhi: The Population Council, Regional Office for South and East Asia Region, 1999.

AS a follow-up of the ICPD goals and Plan of Action, the Government of India decided to translate the ICPD agenda and, consequently, launched a "reproductive and child health" programme from October, 1997. With the basic questions as to what has been the process of implementing the new policy, and what progress has been made since India proposed a paradigm shift in its policy in mind, although a little too soon, the Population Council's South and East Asia Regional Office decided to bring out a volume as a modest attempt to understand the various issues involved in this respect. Through a set of nineteen contributed papers by experts in the fields and a detailed introductory chapter by the editor, the volume brings together a number of important initiatives that are at different stages of development in the country. It provides an analysis of the fertility transition in India, the outcome of removing method-specific targets that had driven the family planning programme in India for several decades; the design of new methodologies, indicators and processes for monitoring and evaluating decentralised programmes; mechanisms to enhance women's empowerment and, the financial and human resource needs for implementing the reproductive and child health programme. In addition, efforts to forge new partnerships for effectively operationalising the programme, as well as to promote advocacy for making the paradigm shift a reality for India, are discussed (p. xix).

The contributed papers in the volume are organized within three broad themes:

(1) implementing reproductive health policy; (2) reaching neglected population groups; and (3) addressing reproductive health problems.

Implementing Reproductive Health Policy

Anrudh Jain sets the pace by examining the nature of fertility transition in India. He examines the huge disparities in gender equity, levels of fertility and education and concludes that women's education and fertility decline has a positive relationship; i.e., fertility declines sharply with education, and where fertility levels are low the gap narrows. This finding has

been oft repeated by researchers in this area. Now, the National Population Policy 2000 has laid specific emphasis on girls' education so as to speed up fertility decline throughout the country.

Method-specific targets were removed nationwide in April 1996. Their sudden and abrupt removal was a dramatic change, a change that shook the system, particularly at the grass-root level. While the removal of the targets (basically sterilization) was a necessary first step for changing the emphasis from number of sterilizations and IUD insertions to a focus on quality of services; their sudden withdrawal without preparation and without putting in place any alternative monitoring system caused considerable confusion at the field level. Consequently, many people questioned why targets were removed? What was the impact of removing targets? What was the effect on birth rates and would the programme lose momentum under the target-free approach? Khan and Townsend analyse seven case studies to examine state level experiences that indicates that: (1) eighteen months after targets were removed, implementation of target-free approach varied considerably across the country. In some states the target approach, in some variant form, was still functional. (2) Most of the states would have preferred a gradual approach to the withdrawal of targets. (3) The consensus of senior state officials was that the target-free approach should be continued and problems in implementing the new policy should be addressed on a priority basis (pp. xxi f). One can easily see that many officials in the states were not happy with this top-down approach.

On the basis of interviews and focus group discussions with the clients in Tamil Nadu and Rajasthan. Visaria and Visaria found that immunization services, prenatal check-ups, visits of health workers to the villages, and mothers' meetings to discuss wide-ranging issues had all significantly increased over the years in Tamil Nadu, while, although improvements have begun in Rajasthan as well, but at a slower pace than in the former state (p. 105). Health care providers in Tamil Nadu enjoyed a better status than they did when they provided family planning services alone.

There are two papers related to monitoring and evaluation of the new thrust of the family welfare programme. In examining the issue of decentralized planning and monitoring Nirmala Murthy raises several questions regarding (1) clients satisfaction, (2) increase in the range of services, (3) whether locally determined targets reflect local needs, whether planning and management responsibilities been decentralised, and whether the community involvement encouraged with decentralisation. She concludes that the concern for quality and client satisfaction have become very important part of the whole programme,

According to Pathak, Ram and Verma Rapid Household Surveys have been undertaken to monitor the programme's success at the district level. They conclude that the new monitoring system is a marked departure from the earlier top-down system. They also foresee that various states in India might eventually emphasise different monitoring indicators because their needs and priorities may differ significantly.

India implemented a population (growth) control policy for about four decades that was a top-down, bureaucratic, target-driven system. Keeping that perspective in mind Anjali Nayyar advocates for the urgent need to change the mindset of all concerned constituencies, that is, decision-makers at the Centre should send signals to the states to complement media initiatives

with advocacy efforts with the government, NGOs, panchayats, and the people as the programmes are currently implemented and the draw lessons from those experiences.

Dileep Mavalankar has reviewed the current situation regarding training, supervision, accountability and performance appraisal of programme functionaries. He argues for making systematic changes to improve the programme management. Mavalankar proposes a comprehensive approach for human resource management including work ethics if client-centred, gender-sensitive services are to be implemented.

Reaching Neglected Population Groups

It is noteworthy that the programme implementers have generally ignored the needs of adolescents and men. There is a growing realization that their involvement is critical to achieve the reproductive health goals. Health services for adolescent girls have special significance in India where there is strong son preference and where adolescent pregnancy is the norm.

By examining the valiant efforts of pioneering NGOs implementing community based programmes, Masuma Mamdani draws attention to the problems faced by the married and unmarried adolescents and provides insights into the approaches employed by the NGOs. She explores the special risks to adolescents of early marriage, unwanted pregnancy, abortion, malnutrition, HTV/AIDS and sexually transmitted infection.

Research of HIV/AIDS and sexuality over the past several years has highlighted the inadequacy of strategies that target only women. Saraswati Raju, in her paper, analyses men's roles in reproductive and sexual health matters by drawing upon the experiences of NGOs working with men in poor rural, tribal and urban slum communities. While men have been included in programmes aiming to improve women's health within the existing paradigm of gender relations in which men's roles are defined in traditional ways, NGOs are undertaking a variety of innovative and creative programmes that can provide important lessons. Raju's examination of government policy, however, shows scarce recognition of men's roles. There is little mention of male's responsibility, if at all, in government documents. Raju argues that unless efforts are mainstreamed within public sector programmes, men's involvement in reproductive health will remain a marginalised issue. At this point one may raise the question as to why the studies are restricted to lower sections of the society? What role men from middle and upper crust of the society play in promoting or limiting the spread of HIV/AIDS?

Addressing Reproductive Health Problems

There are several reproductive health problems including HIV/AIDS, reproductive tract infection, safe motherhood and abortion that need urgent attention.

It is understood that presently India has more HTV positive persons than any country in the world. Radhika Ramasubban, in her paper traces the development of efforts to address the HIV/AIDS problem and draws attention to serious gulf between the rhetoric and reality. She examines the problem within the country's political and socio-cultural context and looks at the impeding and fostering factors. Taking the case studies from Tamil Nadu and West Bengal, Ramasubban underscores the importance of designing programmes to respond to local context,

needs and opportunities. She makes a case for bridging the gap between women's powerlessness and the uncharted terrain of men's sexual behaviour; between AIDS control measures and primary health care facilities; and between health policy formulation and its implementation.

In 1992 the government launched a well conceptualised programme that was designed to promote partnerships within government bureaucracies, as well as with NGOs, the corporate sector and other players. According to Geeta Sethi, a comprehensive plan was formulated to decentralise authority to the states; establish sentinel surveillance system; promote condom use; rationalise blood safety; and initiate hospital infection control procedures. Although well conceived, the denial of the problem and the near absence of political will resulted in poor implementation of the programme, and the country lost precious time because of a faltering programme that never took roots. There has, however, been a revival of the national programme efforts from 1996 onward woven around safe motherhood, child survival and safe sex. The National Population Policy 2000 has stressed the need for promoting greater integration between the management of RTI and STI and the National AIDS Control Organisation. With this one should hope for a greater success of governmental efforts.

Verma, Bhende and Mane discuss the NGO response to HIV/AIDS. Their focus is on women's need in this regard. They examine a variety of innovative strategies employed by NGOs to involve and mobilise communities and provide health services. Deriving lessons from the interventions targeted at adolescent girls and boys at the community level and within schools and colleges, the authors conclude that NGOs working in this area are broadening their agenda.

Masuma Mamdani reviews several community-based studies relating to reproductive tract infection (RTI) that have drawn attention to the magnitude of the problem. She discusses the conflicts in grappling with the problem and suggests that while government should draw upon the NGO experiences, it should also build its own knowledge since there are no simple, viable and universal solutions.

Unsafe induced abortion is an important but preventable cause of maternal mortality. The link between family planning and abortion being fundamental, effective contraception is an important means of preventing unwanted pregnancy and preventing the need for abortion. In the absence of safe contraceptive backup, women will continue to be forced to employ unsafe means for terminating unwanted pregnancies. Khan and his coauthors review the literature on abortion in India. They refer to wide gulf between demand and availability of safe abortion services. To eliminate unsafe abortion practices the authors find lack of trained staff all over the country and a wide social distance between the service providers and the users as the major impeding factors.

Addressing Challenges into the 21st Century

The editor of the volume, Saroj Pachauri, says that reproductive rights cannot be realised if gender disparities continue to prevail. If policies that promote social justice, women's empowerment and reproductive health can converge; if NGOs, governments, activists and researchers can together promote advocacy initiatives; and, if these growing networks can raise the resources and influence macro-level policy, only then can reproductive rights agenda

become a reality for India. Consequently, advocacy efforts should be enhanced to promote an understanding of the paradigm shift focusing on reproductive and child health on the one hand and safe motherhood on the other hand. This paradigm shift has tremendous implications because it calls for a change from top-down, male dominated, bureaucratic, target driven programme to client-friendly, gender-sensitive services that respond to people's needs.

The tremendous input by twenty-seven authors/researchers and the editor of the volume has provided deep insights regarding the various issues relating to the family welfare and reproductive health of women. With the paradigm shift in population policy since 1996 and with the adoption of new National Population Policy 2000 one expects that there would be the desired social change in the country. The volume provides the direction in which the government, the NGOs and the people at large should move for a successful implementation of the new agenda. This work would be very helpful to the policy implementers to understand the lacunae in their work and the way the NGOs efforts should be integrated in the programme. This volume would also be a great help to the researchers in this field.

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