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The Family Planning Programme : Achievements and Prospects

The Family Planning Programme is now practically at a stand still. The extraordinary tempo with which it has been carried out during the Emergency has brought in its wake complaints of compulsion and coercion in the implementation of the programme and had its inevitable political repercussions. The new Government which took over towards the end of March, 1977, had immediately ordered a stop to all forms of compulsion and coercion in the implementation of the programme. The President, in his address to the Parliament on March 28, 1977, stated that "Family Planning will be pushed 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". Accordingly, the programme itself has been redesignated as a family welfare programme. In a statement of policy on April 28, 1977, the Union Minister of Health and Family Welfare reiterated that "this Government is totally committed to the family welfare programme and will spare no efforts to motivate the people to accept it voluntarily in their own interest and in the interest of their children as well as in the larger interest of the nation". He added, "family planning has, however, to be lifted from its old and narrow concept and given its proper place in the over-all philosophy of welfare. It must embrace all aspects of family welfare,

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particularly those which are designed to protect and provide the health of mothers and children. It must become a part of the total concept of positive health". The National Population Policy of April 1976, was in accordance with the above declaration, replaced by Policy on the Family Welfare Programme, announced on June 29, 1977.

2. As recommended by the Conference of State Health Ministers and State Health Secretaries held in April 1977, expected levels of performance were prescribed for the year 1977/78 but a subsequent meeting of the Health Ministers of newly formed State Governments held in July 1977, agreed that the Government of India would not insist upon the suggested levels of performance in respect of sterilizations. The suggested levels of performance for lUDs, Pills and Conventional Contraceptives, have, however, remained operative. Despite this, the performance reported for the nine months from April to December, 1977 was far below the proportionate expectations, notwithstanding the organization of two family welfare fortnights during October and December, 1977. The number of voluntary sterilizations performed during the period was only about 0.57 million against the annual expectation of 4 million ; the number of IUD insertions was only 0.18 million against the annual expectation of one million ; and the number of conventional contraceptive and pill users averaged 2.7 million against the annual expectation of 5 million. Compared to the performance during the corresponding period of the preceding year, the current year's performance was about 92 per cent less in the case of sterilizations, 54 per cent less in the case of lUDs and 20 per cent less in the case of the other methods. The only bright spot in this otherwise bleak performance was a 27 per cent increase in the distribution of pills.

3. As a result of the poor performance, the proportion of couples effectively protected under the family planning programme has declined from 24 per cent at the end of March 1977, to 23 per cent at the end of December 1977. The Central Family Welfare Council, which met in January 1978, took note of this and observed that "in the present circumstances the objective of reducing the birth rate to 30 per thousand by 1978-79 and to 25 per thousand by 1983-84 is unattainable". It, therefore, recommended revision of the demographic objective to a birth rate of 30 per thousand in 1982-83 and warned that "achievement of even this moderate goal is predicated on concerted efforts being mounted at all levels". In this context, it may be useful to look at the achievements of the programme in retrospect and review the prospects in the light of the current lull.

II

The family planning programme initiated in the first Five Year Plan was, to start with, a modest attempt to provide through Government hospitals and clinics advice on family planning to those who sought such advice. A few family planning clinics were set up for the purpose and for the training of medical and para-medical personnel. The emphasis was mainly on the rhythm method. The second Five Year Plan took a big step forward in expanding the net-work of family planning clinics, establishing family planning boards and creating of facilities for voluntary sterilization. The third Five Year Plan gave a central place to family planning and adopted an extension approach involving extensive mass education, intensive individual motivation, provision of facilities nearer the homes and involvement of popular effort. The infra-uterine contraceptive device was introduced. The subsequent inter-plan period witnessed integration of family planning with the maternal and child health programme, introduction of monetary incentives for the acceptance of sterilization and IUD and the establishment of a unit for the production of NIRODH. The Department of Family Planning came into being in 1966 as a separate entity.

The fourth Five Year Plan gave family planning the highest priority and made it a time-bound target-oriented programme. A cafeteria approach was adopted in order to make all possible methods of contraception available to the clientale. An intensive district and selected area approach was initiated, a post-partum programme was sanctioned in selected hospitals, and a large scale programme for the commercial distribution of NIRODH was set in motion. This period witnessed the organisation of a series of mass vasectomy camps and the enactment of the Medical Termination of Pregnancies Act, 1972. The fourth Plan adopted the objective of bringing down the birth rate from an estimated 39 at its beginning to 32 by its end and to 25 by the end of the fifth Plan. It envisaged 15 million sterilizations and 4 million IUD insertions for the purpose but achieved only 9 million sterilizations and 2 million IUD insertions. The number of conventional contraceptive users at the end of the period was only 3 million as against the target of 10 million envisaged. As a result, the fourth Plan ended up with a birth rate of over 35 per thousand of population.

The fifth Plan adopted, therefore, the more modest objective of bringing down the birth rate to 30 per thousand by the end of the fifth Plan and to 25 by the end of the sixth Plan. It accordingly envisaged 18 million sterilizations, 6

million IUD insertions and 10 million conventional contraceptive users for the fifth Plan period and advocated a greater measure of integration of family planning, maternal and child health and nutrition programmes. A National Population Policy was adopted in April 1976, covering certain constitutional, political, social and economic aspects related to population control. It suggested *inter alia* systems of incentives and dis-incentives for the promotion of the family planning programme and left it to the states to adopt legislative measures wherever deemed fit, to enforce the small family norm. Several states brought into force certain systems of incentives and dis-incentives and some even formulated legislative measures but none was finally adopted. The manner in which the programme was implemented in some of the states during the Emergency gave rise to complaints of compulsion, coercion and force leading finally to the withdrawal of all compulsive and coercive measures and the restoration of the principle of voluntary acceptance. As a back-lash, the programme, which attained an unprecedented peak level of performance in 1976-77, came to grinding halt in 1977-78. Despite occasional efforts to push up the programme through family welfare fortnights, the performance so far in 1977-78 indicates the prospect of its turning out to be the lowest since 1966-67, possibly lower than even in 1973-74, when it had a similar set back after the mass vasectomy camps of 1971-72 and 1972-73.

Looking back at the performance till the end of 1976-77, one could view the cumulative achievement of 27.2 million sterilizations and 6,7 million **IUD** insertions over the period as impressive. The achievement is all the more significant as hardly one million sterilizations were performed by the end of 1964 and **IUD** was not then in the picture. It was in 1965-66 that the sterilization performance picked up a little, bringing up the cumulative total to about **1.5** million. The inter-plan period of three years (1966-67 to 1968-69) and the fourth Five Year Plan which followed, added 13.4 million sterilizations. In comparison, the first three years of the fifth Plan accounted for 12.3 million sterilizations. The year 1976-77 alone contributed 8.3 million sterilizations as against the erstwhile peak performance of 3.1 million in 1972-73.

The IUD, which started with a highly promising performance of 0.8 million insertions in 1965-66 (higher than the sterilizations performance of that year) kept up the promise for another year with a performance of 0.9 million in 1966-67 but thereafter experienced a steady decline. The fourth Plan period recorded a total performance of 2 15 million insertions as against the perfor-

mance of 2.87 million during the preceding four years. The first three years of the fifth plan, witnessed a slight pick up with a total of 1.82 million insertions, thus averaging about 0.6 million per year as against 0.5 million per year during the fourth Plan and 0.7 million per year during the initial four years.

The number of conventional contraceptive users is never accurately known. Estimates have been made from year to year on the basis of reported quantitative distribution and assumed annual requirements. The equivalent number of users, as it is described, rose from about 0.3 million in 1963 to near about a million in 1968-69 and to about 3 million by 1973-74. The figure dropped to about 2.5 million in 1974-75 signifying a steep fall in the commercial distribution of NIRODH due presumably to a rise in the sale price. The number of users, however, went up to 3.5 million in 1975-76 and 3.7 million in 1976-77.

The ratio of vasectomies to tubectomies has varied considerably over the years. To start with, tubectomies were more popular accounting for as much as two-third of the total sterilizations. As the sterilization performance picked up this proportion went down to as low as 10 per cent in 1967-68. Thereafter, with the introduction of the Post-partum Programme, the percentage of tubectomies went up substantially and varied between one-fourth and one-third during the period 1969-70 to 1971-72. The mass vasectomy camps which followed brought down the proportion of tubectomies to one-sixth in 1972-73, but the subsequent withdrawal of the camp approach, pushed it back to around one half in 1973-76. The Emergency performance of 1976-77 with its emphasis On vasectomy brought down the proportion of tubectomies to about one-fourth. The current year's emphasis on voluntary sterilization, together with the backlash relating to vasectomy in particular, has again reversed the position; tubectomies account for about four-fifths of the current performance of voluntary sterilizations.

So far as conventional contraceptives are concerned, the condom has always enjoyed the pride of place. Commercial distribution of NIRODH has generally accounted for about one-third of the total distribution. The proportion, however, varied from year to year from about one-fourth to two fifths except during 1972-73 and 1973-74, when the commercial distribution was about as high as the free distribution Foam tablets, which occupied the second and an important place to start with, lost in popularity over the years and are apparently of no consequence at present. Oral pills, the controlled distribution of which was introduced in 1974-75, has since picked up and the average number of

users, has risen to about 67 thousand during the first nine months of 1977-78 as against 53 thousand during the corresponding period of 1976-77.

The achievements of the family planning programme are said to have been largely confined to the urban areas; statistics do not support this view. The rural-urban break-down of the reported performance is generally based on the location of the centre rather than on the residence of the acceptor. Since rural acceptors often go to urban areas for operations rather than the other way, the reported percentages of rural performance are presumably underestimates. Even these underestimates show that the rural performance has gone up from an average of less than 60 per cent of the total during the period 1966-67 to 1970-71 to over 65 per cent during the period 1971-72 to 1975-76 in the case of both sterilizations and IUD insertions. These percentages are, of course, lower as compared to the 80 per cent concentration of the population in rural areas, but still they can be viewed as quite encouraging.

It is often said that the minority communities are against family planning. An analysis of the sterilization and IUD acceptors by religion shows the following:

	Period	*Hindus*	*Muslims*	*Christians*	*Sikhs*
Percentage of Population	1971	82.7	11.2	2.6	1.9
Percentage of sterilization acceptors	1968-69 to 1971-72	89.1	5.3	1.3	1.9
	1972-73 to 1975-76	87.2	6.6	2.4	2.3
Percentage of IUD acceptors	1968-69 to 1971-72	83.2	6.3	2.0	4.
	1972-73 to 1975-76	83.2	6.7	2.3	5.9

While the proportions of Hindus and Sikhs among family planning acceptors are higher than their corresponding proportions in the population, the proportions of Muslims and Christians are comparatively low. It is significant, however, that the latter have improved appreciably over the last decade.

Information on the age-distribution of the acceptors by the age of the wife (even in the case of vasectomies) has been collected and compiled annually since 1973-74. These distributions show a remarkable stability in the mean age notwithstanding small variations in another related indicator, the proportion below 30 years of age.

Year	*Mean age*			*Percent below 30years of age*		
	Vasectomy	*Tubectomy*	*IUD*	*Vasectomy*	*Tubectomy*	***2UD***
1973-74	32.7	31.9	29.9	33.4	37.6	51.6
1974-75	32,8	31.8	29.8	33.1	37.9	52.8
1975-76	32.7	31.8	29.3	32.8	37.9	55.3

These data reflect a higher mean age than what was assumed in the past for purposes of impact calculations.

The number of couples currently protected has been calculated every month by taking into account the entire past performance and applying certain attrition rates for ageing and mortality in the case of sterilisations and taking into account expulsions or removals in the case of IUDs. The current users of conventional contraceptives and oral pills are added to complete the picture. Applying to these figures certain assumed method specific use-effectiveness ratios, the number of couples effectively protected are estimated. These in relation to the estimated number of eligible couples with wives in the reproductive age group 15-44, provide the percentage of couples protected. As of 31st March, 1977, the number and percentage of couples currently protected under the family planning programme are given below.

Method	*Couples currently protected*		*Couples effectively protected*	
	Millions	*Percent*	*Million*	*Percent*
Sterilized	22.06	27.1	22,06	21.1
IUD	1.65	1.6	1.57	1.5
CC and OP	3.69	3.5	1.87	1.8
Total	27.40	26.2	25.50	24.4

Since March 1977 the numbers protected under the various methods have come down slightly; the percentage of couples effectively protected as of 31 December 1977 is estimated to be about 23. This is due to the fact that the performance, both in sterilization and IUD, so far this year has been less than what is required to counteract the attrition, and the fall in the use of conventional contraceptives from the level reached the preceding year.

Estimates of births averted have also been worked out every month by applying to the age-distribution of the estimated number of couples effectively protected, the corresponding age specific marital fertility rates derived from the National Sample Survey (1958-59) and as adjusted upwards to conform to the general fertility rate derived from the Population Census, 1961. These-estimates show that upto 31 March 1977, about 29 million births were averted : 21.2 million by sterilization, 4.7 million by IUD and 3.2 million by conventional contraceptives and oral pills. This number continues to grow notwithstanding the current lull in the programme; it will continue to grow even if nothing further is done, as a result of the continuing effects of the sterilizations and IUD insertions already performed. It is in fact estimated that as a result of the performance achieved upto March 1977, over 76 million births will eventually be averted by the end of this century. The number of births averted annually was below one million up to 1967-68, 1 to 2 million during 1968-70, 2 to 3 million during 1970-73 and 3 to 4 million during 1973-76. During 1976-77, it was over 4.5 million and this year, it is expected to be much higher.

The Department of Family Welfare also estimates the resultant birth rates, which for 1976-77 is 34.3; this is corroborated surprisingly by the estimated SRS birth rate of 34.3 for 1976. On the same basis, the birth rate is expected to be below 33 in 1977-78. These estimates are based on the parameters which have so far been used on the basis of certain assumed age-distribution of acceptors. The methodology adopted so far for the calculation of births averted and resultant birth rates including the parameters is under revision and the revised estimates are expected to be brought out in the near future.

III

The Central Family Welfare Council's observation that the target of reducing the birth rate to 30 per thousand of population by 1978-79 is unattainable is based on the realization that even if a million sterilizations and half-a-million IUD insertions are performed this year and the number of CC and OP users

pushed up to 3 million, the birth rate next year will still be higher than the expected rate for the current year. Even the maintenance of the 1966-67 protection would require about 1.1 million sterilizations and 0.6 million IUD insertions and a step up of the CC and OP users to about 35 million. The Council has also noted that the projected changes in the demographic structure are unfavourable to the desired reduction of the birth rate. Two facts are noteworthy in this connection. First, the proportion of women in the reproductive age-group (15-44), which has declined from 21.2% in 1961 to 20.7% in 1971, would increase gradually to 22.0% by 1981 and 24.6% by 1991 as a result of the post-war reductions in mortality. Second, the decline in the percentage married among women in the reproductive age-group, from 85.0 in 1961 to 82.9 in 1971 could be carried forward by extrapolation, to 80.2 in 1981 and 79.6 in 1991. This does not take into account the proposed raise in the minimum age at marriage for girls from 15 to 16, the effect of which will have to be watched.* These structural changes in the population affect the birth rate in opposite directions. The net balance of these effects, which has till recently been favourable, is turning unfavourable and is expected to worsen over the next two decades, with the result that even if the age-specific marital fertility rates remain unchanged, the crude birth-rate based on the age-specific marital fertility rates of the fifties and the changing age-cum-marital structure would increase from 40.17 in 1977-78 to 41.37 by 1982-83, that is by 1.2 over five years. In planning for reducing the birth rate, one has to contend with this factor. The Council has, therefore, suggested a modest objective of bringing down the birth rate from the expected 33 in 1978-79 to 30 by 1982-83. It has rightly pointed out that even this modest objective call for considerable effort for the achievement and it has to be translated into the corresponding operational goals.

An exercise carried out in the Department of Family Welfare and presented to the Council indicates the magnitude of the effort needed to attain the said objective.

Year	*Sterilization*	*IUD* (millions)	CC *and OP*	*Birth averted* (millions)	*Resultant birth-rate*
1978-79	4.0	0.6	4.0	4-71	32.95
1979-80	4.5	0.8	4.5	3.33	32.29
1980-81	5.0	1.0	5.0	6.05	31.51
1981-82	5.5	1.2	5.5	6.85	30.75
1982-83	6.0	1.4	6.0	7.72	30.02

Account has also not been taken of recent evidence of an increase in (he age-specific marital fertility rates, specially of the younger age-groups.

Thus, with a total of 25 million sterilizations, 5 million IUD insertions and an annual average of 5 million CC and OP users, all that can be expected is a reduction of 3 point in the birth rate. Whether a performance of this magnitude can be achieved in the present circumstances is, however, still an open question. The Council recognised that the realisation of the revised demographic objective involved the achievement of certain operational goals in terms of voluntary sterilizations and acceptance of other contraceptive methods and re-emphasised the need for fixing such goals with specific reference to each state, with due regard to its demographic situation. It also reiterated its firm view that there should be no compulsion or coercion of any kind in the implementation of the programme. How these directions would work in practice remains to be seen.

The experience of the first nine months of the year 1977-78 shows that about 75 per cent of the voluntary sterilizations performed during the period have been reported from the four southern states and two western states. Among the rest only Orissa has had some substantial performance to its credit. The absence of any appreciable progress in the other states is bound to dampen the interest of even those who have been doing well. The Statement of Policy on the Family Welfare Programme announced in June 1977, however, retains some of the desirable features of the National Population Policy of 1976 such as linking up the allocation of central assistance to state plans, devolution of taxes and grant-in-aid assistance to state plans to the state's performance of the family welfare programme. The former has no immediate impact and may not therefore, bring about an immediate response from the states which are lagging behind. The latter has also not so far been implemented, but if it is done with determination, all the states may take up the programme seriously and fulfil their obligations to the nation.

The Council has also revived interest in "imaginative incentive schemes". The desirability of incentives for the adoption of family planning has been well recognised but not much could be done because of the heavy expenditure involved in all such schemes. Apart from the monetary compensation, which continues to be in force, incentives designed to provide long term benefits in kind which do not involve much of an additional expenditure could be thought of. The Council did not refer to any dis-incentives as such dis-incentives invariably lead to hardships. The schemes of incentives and dis-incentives evolved by the various states during the Emergency have led to considerable harassment

and generated considerable criticism of the governmental policies. Any new system of incentives, therefore, needs to be carefully thought out.

Other policy measures often suggested such as improvement of health services, education of women, and economic development in general are long term programmes, not expected to produce immediate results. The gravity of the population situation is, however, such that it calls for immediate action. Involvement of voluntary organisations is another suggestion which is often put across but the coverage of the voluntary organisations operating in the field is so limited that government can not obviously divest itself of its responsibility. The prospect thus seems to be on the whole somewhat uncertain for the immediate future and it is perhaps unwise therefore to speculate about the long term prospects.

Recently, suggestions have also been made for the promotion of other methods of contraception. It is notable, however, that in terms of long-range protection and effectiveness in the prevention of births, a sterilization is rated 18 times as effective as a year of conventional contraceptive usage, 9 times as effective as a year of oral pill usage and thrice as effective as an IUD insertion. If the sterilization programme is to be stopped altogether, the present coverage of 22 million couples covered under the sterilization programme will naturally dwindle rapidly. Considering the decline in the popularity of IUD, the lack of progress in the usage of NIRODH and the slow progress of the oral pill, it appears well-nigh impossible even to fill the gap, not to talk of promoting further progress in the couple coverage to the desired extent. Sterilization, which is the most convenient, carefree and effective method of contraception, and which has been gaining wide acceptance all over the world, will, therefore, presumably have to stay as the main feature of the family planning programme in India for a long time to come. Spacing methods may be effective in bringing down the birth rate when the total fertility rate is comparatively low, but when it is as high as 5 or 6 emphasis on the adoption of terminal methods is perhaps inevitable.