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### *Letters to the Editor*

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#### **National Family Welfare Programme: Too Little, Too Late**

Dr. Ghosh's presentation and discussion of the new National Family Welfare Programme, with its main focus on the 'target free approach', makes interesting reading(1). One gets the impression that such an approach and some other wishful measures might succeed whereas the results of previous efforts have been woefully inadequate.

Although a National Family Planning Programme was initiated in 1951 nobody seems to have taken it seriously except slogan makers. A number of catchy slogans kept on appearing over the years and much enjoyment was had by all. The Government did precious little about it until the Emergency days of Mrs. Gandhi. The excesses of the implementation of sterilization measures were exploited by the politicians, sensationalized by the media and greatly exaggerated by word of mouth, and the resulting widespread condemnation by all and sundry virtually killed the family planning programme. Since then, political parties, various organizations, and other groups have steered clear of the family planning issues. Occasional comments in the newspapers have kept on pointing to the ill effects and dangers of the huge population but their warnings have fallen on deaf ears. I quote from an editorial in the Times of India, dated January 23, 1997—"many politicians are not averse to the unchecked proliferation of a deprived and dependent underclass which they can tap for votes. Having understood the value of this readi-

ly available electoral cannon fodder, successive Governments have conveniently shelved family planning".

There can be no doubt that the huge and increasing population of the country is directly related to poverty, disease, poor education, unemployment, environmental degradation and an overall low quality of life. The population of India is increasing by 16 million every year and is likely to gallop to 1260 million by the year 2016. Such a colossal number will put unbearable strains on the country's resources including the basic requirements of water and food, what to say of shelter, education and development.

Universal education and primary health care are undoubtedly the key to a successful family planning programme, as indeed for various other health programmes. Both will, however, take many years to achieve, again partly because of a rapidly increasing population, "—a target free approach with 'people's participation is the right strategy and requires everyone's enthusiastic support and participation'(1). If that were forthcoming, almost any strategy would be successful. Various components of the new approach are commendable and would undoubtedly be effective over a period of a few decades. But the time is fast running out and more appropriate and innovative measures will have to be considered.

It seems blasphemous to mention that an element of persuasion might have a role in the approach to tackle the steep increase in population. The concept of incentives is basically sound. Even the poor and ignorant understand the language of more direct rewards. An imaginative implementa-

tion policy ensuring transparency and openness would avoid the earlier "excesses". A national political consensus and media support will be crucial, without which every effort will be infructuous. Fear psychosis and misinformation must be countered by appropriate educative measures. Even Dr. Ghosh writes "the insensitivity and lack of empathy—had to be seen to be believed" (this statement would be equally applicable to the outpatient departments of any of the large Government hospitals in Delhi and other cities); "Because of monetary considerations, some doctors are supposed to have performed several hundred laparoscopic sterilizations at one session."(1).

The country must address basic issues such as raising the age at marriage, improving female literacy, removing mortality and nutrition differences between sexes and raising the status of women (and a host of others). Most of these will remain distant dreams unless the increase in population is controlled first.

The burgeoning population creates a bottomless pit into which all inputs disap-

pear. Strategies to achieve population control must take into cognizance the gravity of the situation. We can learn from the success of several Asian countries. Urgent efforts need to be made on an entirely new scale. Both long as well short term measures must be instituted. Some of these might sound drastic and subject to criticism by local or international "experts". However, we need not necessarily look at our problems through western eyes and our actions must solely be guided by our own interests. Professional bodies have a responsibility to assist the policymakers to take correct decisions rather than adopt a posture of acquiescence and acclaim soft options.

**R.N. Srivastava,**

*Professor, Department of Pediatrics,  
All India Institute of Medical Sciences,  
New Delhi 110 029.*

#### REFERENCE

1. Ghosh S. A paradigm shift: A new approach to the National Family Welfare Programme. *Indian Pediatr* 1997; 34: 41-46.

#### Reply

There is no doubt that India's population is increasing at a phenomenal rate (18-20 million per year) and is projected to increase to 1.26 billion by the year 2016. India's birth rate in 1995 was 28.3 but the four large states, Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh (referred to often as BIMARU states) as well as Haryana and Assam had rates above this; Uttar Pradesh with the highest rate of 34.7. Total

fertility rate (TFR) varies from 2 in Kerala to 4.8 in Uttar Pradesh. Overall TFR has dropped from around 6 children per woman in 1970 to 3.4 children in 1992-93. The share of the four large states of population in 1991 was 41%. It is obvious that whatever development efforts are being made get dissipated. Because the earlier strategies (targets, incentives, state awards, *etc.*) were, not giving the anticipated results, the Government decided on a paradigm shift—something that most demographers, social scientists and health scientists had been