

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."<sup>(1)</sup>

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.

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#### REFERENCE

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#### 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 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

urging for a long time. This of course is not a magic bullet and will require a great deal of organization, easy access to health services, training, monitoring, active participation of the health professionals and above all the active participation and involvement of the community.

Data from the 1981 census identified 90 districts where birth rate was above 39. All of them had four things in common: a high birth rate, low age at marriage of girls, low female literacy and a high infant mortality rate. Needless to say that most of these districts were in the BIMARU states, but even Kerala had one such district. In Madhya Pradesh, Andhra Pradesh, Bihar and Haryana proportion of girls 15-19 years who were married was over 40%. It is obvious therefore, that all these parameters are related. The situation is made worse because of the low status of women and mortality and nutrition differentials between sexes. The high correlation of total fertility rate (TFR) with gender related development index (GDI) and human development index (HDI) indicates that higher the human development and gender related health development, lower will be fertility. Therefore it is naive to expect that by some magic wand or coercion, birth rate will come down dramatically while other parameters remain the same. They all have to be tackled simultaneously.

Even though there are indications that contraceptive protection rates have increased and a substantial proportion of women want to delay or limit their future child bearing, the population growth will continue because the potential mothers who will give birth to children in the next 20 years are already born in a high fertility regime. Of the anticipated increase of about 329 million in the country in the next 20

years, about half will take place in the four BIMARU states. What is important is to make services available to them in a client friendly manner. At least 20-30% of TFR is accounted for by unwanted births. Many women in desperation resort to abortion by untrained persons resulting in infection, maiming and even death. Unfortunately all the emphasis for limiting the family size is on women. Male methods account for only 6% of current contraceptive use. This must change and both men and women should have easy access to services. Family planning services are a part of health services. Antenatal services in Kerala reach out to 96% of pregnant women while the figure is only 30-35% in some of the large Northern states. It is obvious therefore that there are great differences in access to family planning services as well. As mentioned earlier, high birth rate and high infant mortality go together, and unless death rates can be reduced birth rates are not likely to come down. Here again the health professionals especially pediatricians have an important role to play. The success story of TamilNadu where fertility is now below replacement level is the result of better awareness, better access to health services, better development infrastructure, emphasis on education, *etc.* It was one of the first states to abolish targets and incentives.

Dr. Srivastava rightly mentions raising the age of marriage, improving female literacy, removing sex differentials, *etc.* as important but adds that these cannot be achieved unless population growth is controlled first. Experience and statistics have shown that all these have to go hand in hand to achieve a stable population and a better quality of life.

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