

CHAPTER-IV

FAMILY PLANNING PROGRAMME AND PLAN PROJECTS

Family planning programme in India was adopted as an official programme in the early 1950's and it was recognised in the Third Plan after the publication of the 1961 Census results which showed a higher growth rate than anticipated. In the beginning of first Five Year Plan the health panel of the Planning Commission appointed a Committee to report on population growth and family planning programmes. The Family Planning Research and Programme Committee set up sub-committees to look into various aspects of the problems and to institute surveys on fertility, mortality rates and so forth. Apart from the need for family limitation, family welfare was also emphasised by the research committee.

Since 1951 India has been tackling its population problem through a series of Five Year Plans, each of which has successively given more and more importance to it. Sufficient budgetary provisions have been made in each plan projects to fulfil the ultimate goal of family planning and family welfare. The outlay and expenditure on family planning and family welfare programme over different plan projects in India has shown in Table No.5.

TABLE No. 5

OUTLAY AND EXPENDITURE ON FAMILY WELFARE
WELFARE PROGRAMME OVER DIFFERENT PLAN
PERIODS IN INDIA¹

Period	Outlay (In lakhs of Rupees)	Expenditure (in lakhs of Rupees)
First Plan 1951-56	65.00	14.50
Second Plan 1956-61	497.00	215.00
Third Plan 1961-66	2,697.60	2,486.00
Inter Plan 1966-69	8,293.00	7,046.40
Fourth Plan 1969-74	28,576.20	28,443.00
Fifth Plan 1974-78	28,562.22	40,898.08
Sixth Plan 1978-80	22,800.62	22,606.59
Seventh Plan 1980-82	14,000.00	13,421.88
1981-82	15,500.00	16,848.38

The First Plan (1951-56) allocated 65 million rupees for family planning. The First Plan emphasised field research

1. Source : Family Welfare Programme in India, Year Book, 1980-81, New Delhi, Department of Family Welfare, Ministry of Health and Family Welfare, Government of India, 1982, p. 62. Quoted by Agarwal S.N., 'India's Population Problem', p. 222.

with a view to identifying values, norms, customs and beliefs concerning child-bearing. The natural method of family planning (the Thhythm Method) was considered to be the most appropriate for the Indian masses, and this method was propagated. The final version of the First Plan reiterated that the pressure of population in India is already so high that a reduction in the rate of growth must be regarded as a major desideratum. The First Plan was limited to discover effective techniques of family limitation and making them popular.

The Second Five Year Plan (1956-61) allocated 497 million rupees. It was pointed out that a high rate of population growth was bound to affect adversely the rate of economic advance and living standards per capita. A national programme of family planning began to emerge for the first time in the Second Plan. During this Plan period, both at the center and in the State arrangements were made for the execution of the family planning programme. A Director of Family Planning was appointed in the Central Government and family planning officers in the States. Centers for research and training were set up. The objects of this national programme educating people so that they look to contraceptives serving eligible couples through rural and urban centers, training personnel and research. The salient features of the family planning programme during the Second Plan period were as follows :

- 1) Vigorous publicity through posters, films, pamphlets, slides and exhibits.
- 2) Involvement of local bodies, voluntary organizations and honorary family planning workers.
- 3) Assistance to augment the existing staff of health institutions and hospitals.
- 4) Distribution of contraceptives through medical and health centers.
- 5) Introducing family planning in the normal courses of medical colleges and at the same time providing short-term training and orientation courses.

The Third Five Years Plan allocated 2,697 million rupees for family planning and family welfare. This plan was the first phase of an intensive development period which was expected to cover fifteen years from 1961 to 1976. The objectives of this plan were -

- i) to lay solid foundations for self-sustaining economic growth,
- ii) to provide avenues and opportunities of employment to all those seek it and
- iii) while narrowing economic and social disparities to ensure a minimum level of living to every family in the country.

It was decided that these objectives could not be achieved without family planning programme. The immediate aim of the scheme under the Third Plan was to reduce the birth rate to 25 per 1000. The methods of achieving this goal were to popularise such family planning methods as were acceptable to the masses; to further social changes which were likely to effect fertility such as raising the marriage age of women, improving their status, education, employment opportunities, education of children, abolition of child labour and to accelerate basic economic changes so as to increase the per capita income in real term.

In 1963 the programme was reviewed and organisation strengthened to achieve two basic conditions essential for the reduction of fertility i.e. to awaken the consciousness in the mind of each individual that it is desirable for him to have a small family both in his interest as well as in the interest of the community to which he belongs and to acquaint each individual with contraceptive methods and to make them readily available.

At the end of the Third Plan there were 3,676 rural welfare planning centers,² 7,081 rural sub-centres and 1,381 urban welfare centers to provide supplies, services and advice

2. Bahadur, K.P., 'Population Crisis in India', p. 110.

on family planning. 28 centers were established for training in which 7,641 trainees took regular courses and 34,484 short term courses. The number of rural centers and sub-centers were increased to 4,326 and 22,826 respectively at the end of the Third Plan and urban centers from 1,381 to 1,797.

During Third Plan period the Indian Council of Medical Research approved mass utilisation of IUD (Inter-auterine device) and sterilization and amongst conventional contraceptives, the condom. A factory for producing loops was established at Kanpur and for manufacturing condom at Trivandrum.

The symbol for mass media publicity was adopted a red inverted equilateral triangle. 172 mobile publicity vans were devoted exclusively to family planning. Mass education programme was undertaken through hoardings, bill-boards, wall-posters, paintings, comic books, newspapers and television where it was available. Thus the highest priority is given to family planning in the Third Five Years Plan where men were paid fifteen rupees and women twenty-five rupees to who undergo sterilization operation.

The annual inter plan period (1966-69) allocated 8,293 million rupees for family planning and family welfare. The Third Plan give stress to fulfil the objective of stabilising the growth of population over a reasonable period which

was the very center of planned development.

The Fourth Five Years Plan (1969-74) allocated 3,150 million rupees. This plan viewed population not only from the point of economic development, but also from that of social change. It was decided that under Indian conditions, the quest for equality and dignity of man requires as its basis both a high rate of economic growth and a low rate of population increase. The limitation of family is an essential and inescapable ingredient of development. During this plan period the pills were introduced for birth control, after carrying out studies on pilot project by the Indian Council of Medical Research, keeping in view the aim to reduce the birth rate to about 32 per thousand population by 1973-74 from the present 39. It was proposed to set up the target of sterilization and IUCD insertions and to widen the acceptance of oral and injectible contraceptives. A large scale scheme of distribution of condoms was started free or a nominal price of 5 paise for three pieces through family planning centers and through private marketing organisations. Mass education through cultural media, extension education and population education was introduced. In research programmes the emphasis was given on the bio-medical aspect i.e. reproduction, biology and human reproduction, demographic communication, KAP, (Knowledge, attitude and practice) studies and fertility surveys.

Maternity and child health services were completely integrated with family planning e.g. immunisation of infants with DPT, nutritional programme etc. In March, 1971 the President of India, in his address to Parliament has said,³ "The results of the 1971 census came as a reminder that family planning programme has to be pushed forward with greater vigour." During Forth Plan period condoms and sterilization expressed satisfactory report from various sections of the community throughout India.

The Draft Fifth Five Year Plan (1974-79) included family planning in the context of the National Minimum needs programme. It accorded a high priority to population control, and based the demographic projections for the Plan period on certain assumptions regarding a reduced growth rate, a birth rate declining much faster than the death rate and an effective family planning programme. The Plan asserts the basic objectives to be economic self-reliance and removal of poverty. It was assumed that the higher the rate of growth of population, the lower is the rate of growth per capita income corresponding to a particular rate of growth of national income for all these reasons, the objectives of removal of poverty calls for more effective restraints on the growth of population. The Fifth

3. The Fourth Plan Mid-Term Appraisal, Vol. II, Government of India, Planning Commission, December, 1971.

Plan incorporated the National Population Policy which reiterated, "The policy envisages a series of fundamental measures raising the age of marriage, female education, spread of population values, family norms, strengthening of research in reproductive biology, contraception, incentives for individuals, groups and communities and permitting State Legislatures to enact legislation for compulsory sterilization."⁴ But national population policy, especially compulsory sterilization through legislation was criticised by various sections of the community throughout India on several grounds. The Government of India in his address to Parliament⁵ on March 28, 1977 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. During 1977-78 year the name of 'family Planning programme' was changed to 'Family Welfare Programme'. Another important event took place during 1977-78 was the passing of the child marriage Restraint (Amendment) Act, 1978 which raised the minimum age of marriage from 15 to 18 years for girls and 18 to 21 years for boys.

4. Government of India, Planning Commission, Fifth Five Year Plan, New Delhi, 1976, pp. 14-15. Quoted by Bhende and Kanitkar, 'Principles of Population Studies', p.554.

5. Agarwal S.N., Op.cit., p. 230.

With the recommendations of the 'Working Group on Population Policy', the Government declared the objectives of the Family Welfare Programme in Sixth Five Year Plan (1980-85) as follows :⁶

1) To adopt long-term demographic goal for reducing the net reproduction rate.

2) To reduce average size of family from 4.2 children to 2.3 children.

3) To reduce birth rate per thousand from the level of 33 in 1978 to 21.

4) To reduce infant mortality rate per thousand from about 129 in 1978 to 60 or less.

5) To reduce death rate per thousand from about 14 in 1978 to 9.

6) To protect the eligible couples with family planning from 22 percent to 60 percent.

Indian Planners think that family planning involves a change in the norms, attitudes and values of the people, so that they come to prefer small families in place of the traditional large ones. But unless there is a change in the main aspect of the traditional way of life, it will be difficult for people to change their attitudes and start favouring small families. Family Planning, therefore, must precipitate social

6. Ibid, p. 238.

change. India cannot wait either for a substantial increase in per capita income, or for a near universal education of the masses to bring about a decline in fertility. Both are likely to take a number of years, which India can ill-afford because during that period the population might more than double itself. Hence the Government is depending upon a large-scale 'motivational' campaign to bring about the necessary change in the attitude, outlook and values of the people.

Family planning is a gigantic operation which requires the cooperation of medical doctors for providing service, social workers for motivational work, demographers for evaluation and target-setting, economist for undertaking meaningful cost benefit studies, social scientists for obtaining more reliable and recent data dealing with attitudinal and motivational study require for change in infra-structure of society and administrators for implementing family planning programme at minimum cost. According to Agarwal S.N.⁷ "Family is multidisciplinary in nature and there is urgent need for different disciplines coming together on a common platform and giving of their best to solve this important problem."

7. Ibid, p. 226.