

### CHAPTER-III

#### HISTORY OF FAMILY PLANNING IN INDIA

India is the first country in the world which has adopted population policy favouring to family planning in 1951 on national level. But before it do so a number of social reforms, thinkers and voluntary organizations had desired the government to adopt a policy of population control as a measure to protect the health of the mother and child. A significant aspect of demographic analysis of any population is the study of knowledge, out look and practice of the population regarding family planning. Reduction in national fertility of population depends to a large extent upon the proportion of people who have been practicing family planning effectively which in turn is directly related to adequate knowledge of and favourable out look among the masses towards family planning. Such kind of study, of knowledge, out look and practice of family planning, besides presenting factual information of the present situation to planners, policy makers, critics, medical and other professionals, public and participants in the family planning programmes, becomes useful as an evaluative instrument to assess the impact of family planning programmes. It provides the bench work data against which any further progress in the knowledge, outlook and practice of family planning can be gauged by subsequent survey of a similar nature. As an evaluative instrument for measuring the progress of family planning programmes, a study of knowledge, out look and practice

of family planning offers an excellent and unique opportunity to social scientists to observe individuals, groups and societies in transition, and to understand the fundamental processes of social change.

The history of family planning in India can be categorically classified into two periods i.e. pre-independence period and post-independence period.

#### FAMILY PLANNING IN PRE-INDEPENDENCE :

The first systematic attempt to collect demographic information through censuses in India was made possible during 1865-1872 by British Government in India. However, first synchronous census was taken in 1881 and since then census has taken after every tenth year. Sir Herbert Risely, Sir Edwin Gait, K. Davis and Prof. Hutton served as Census Commissioners in India. They tried to collect demographic information on educational, economical, anthropological, occupational and social basis.

The first book on population problems in India was published by Wattal, P.K. in 1916. He made an analytical interpretation of population on the basis of census figures and discussed India's population as a 'problem'.

Prof. Raghunath Dhondo Karve was the first individual in India who put his thoughts into action and opened a family

planning clinic in Bombay in 1926. But orthodox spirit of those times did not approve of it and took away his professorship.

On Governmental level, Mysore Government opened a birth control clinic in 1930 and two years later i.e. in 1932 the Government of Madras opened a family planning clinic in the presidency.

In 1932 the All India Women's Conference passed a resolution in its meeting at Lucknow that 'Men and women should be instructed in methods of birth control in recognised clinics.'

The Indian National Congress appointed a National Planning Committee under the Chairmanship Jawaharlal Nehru in 1935. This Committee strongly supported family planning and made a recommendation that "in the interest of social economy, family happiness and national planning, family planning and a limitation of children are essential and the State should adopt a policy to encourage these."<sup>1</sup>

On December 1, 1935, the society for the study and promotion of family hygiene was founded with Lady Cowasji Jehangir<sup>2</sup> as its first President.

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1. Quoted by Shah K.T. (Ed.) 'Population', p. 174.

2. Bhende A.A. and Kanitkar Tara, 'Principles of Population Studies', p. 526.

In 1936 the first Indian Population Conference was held under the auspices of the Lucknow University. At this conference a paper entitled 'Future Growth of India's Population' was presented.

In 1936 a course in family planning was conducted by Pillai, A.P.

The Indian statistical Institute, under the directorship of Mahalanobis, P.C., had developed an interest in population problems and had begun collecting data on fertility through sample surveys in 1937.

Radhakamal Mukerjee published a book 'Food Planning for Four hundred millions' in 1938.

In 1940 Sapru, P.N.<sup>3</sup> successfully moved a resolution in the Council of States of Indian Parliament for the establishment of birth control clinic in the country.

The Health Survey and Development<sup>4</sup> Committee appointed by the Government of India in 1943 under the Chairmanship of Sir Joseph Bhowe recommended that provision should be made to open birth control clinics in various Government hospitals to protect the health of the mothers.

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3. Agarwal S.N., "India's Population Problems", IIIrd Edition, p. 215.

4. Ibid, p. 215.

In 1944, the then Department of Education, Health and Lands set up the 'population data' committee under the Chairmanship of Yeatts, W.M. to advise the Government of India on the available data relating to growth of population.

In 1939, the "Birth Control World Wide"<sup>5</sup> in Uttar Pradesh and 'Matru Seva Sangh' in Ujjain, Madhya Pradesh established birth control clinics.

During 1940 Smt. Ranu Datta<sup>6</sup> toured the country extensively with objective of organising birth control campaigns on behalf of the Family Planning Association of London.

By 1940, the society for the study and promotion of Family Hygiene had changed its name to the Family Planning Society, incorporating the Birth Control Clinic of the Bhagini Samaj in Bombay.<sup>7</sup>

It is clear that prior to independence family planning programme was in operation during 1935 to 1944. But it was restricted to the westernised community in the cities. British rulers of the country were not interested in formulating any population policy for India, nor were they in favour of the

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5. Bhende, A.A. and Kanitkar, 'Principles of Population Studies', p. 526.

6. Ibid, p. 526.

7. Ibid, p. 526.

birth control movement. The absence of support from the British rulers to the birth control movement was firstly, because in their own homeland the birth control issue was itself controversial and secondly, because the general policy of the British was to keep away from any measures which would be considered by the Indians as an intrusion on their own traditions, customs, values and beliefs. According to Chandrasekhar, S.<sup>8</sup> "Till the early twenties the British measured the prosperity of their rule, to some extent, by the magnitude of the net addition to India's population. The degree satisfaction over and the justification of the British rule in India was directly in proportion to the substantial increase in the population that the census revealed every decade."

VIEWS OF PROMINANT PERSONALITIES TOWARDS GROWING  
POPULATION OF INDIA AND FAMILY PLANNING :

National leaders, intellectuals, thinkers and social reformers were very much anxious about growing population of India before and after independence. They have expressed their views on public platforms on various occasions. Some of them have recommended the Government to adopt policy of birth control.

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8. Chandrasekhar, S., 'Population and Planned Parenthood in India,' p. 75.

The impact of M. Gandhiji's views on birth control was based on ethical and moral grounds. He said that by means of abstinence you must try to bring down population. He did not want so many people brought into existence who could not be cared for properly. He said,<sup>9</sup> "I want limitation of population but the method which we should adopt is the method of abstinence, austerity and self control." He believed that individuals must be self regulated, self controlled, but in view of the circumstances of the world he acquiesced in social regulations, prisons, police etc. He taught us to resist evil by non-violence. He said, 'if you cannot resist evil by non-violence, cowardice is worse than violence.' On the ethical and moral grounds, Gandhiji was against any artificial means of contraception but advocated self control or bramhacharya and rhythm method i.e. a avoidance of sexual union during 'unsafe' periods. He said that the union is meant not for pleasure but for bringing forth progeny.<sup>10</sup>

According to Rabindra Nath Tagore,<sup>11</sup> "The birth control movement is a greater movement not only because it will save women from enforced and undesirable maternity, but because it

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9. Mudd, Stuart, "Population Crisis and the use of World Resources", pp. 147-149.

10. Chandrasekhar, S., "Population and Planned Parenthood in India", p. 50.

11. Mudd Stuart, "Population Crisis and the use of World Resources", p. 144.

will help the cause of peace by lessening the number of surplus population of a country..... In a hunger-stricken country like India it is a cruel crime thoughtlessly to bring more children to existence than could properly be taken care of....I believe that to wait till the moral sense of man becomes a great deal more powerful than it is now and till then to allow countless generations of children to suffer privations and untimely death for no fault of their own is a great social injustice which should not be tolerated.\*

Pandit Jawaharlal Nehru<sup>12</sup> is of the opinion that, "there are many other things coming in the way of the standards being raised but one is obviously the growth of population which tends to keep down the standards necessary. So that whether it is from a political, economical or social point of view, all these problems drive us to the conclusion that we must take up this question of family planning and press it forward with vigour and with intelligence....I have no doubt that vast numbers of people in India would welcome family planning and population control from every point of view.

Dhanvanthi Rama Rau,<sup>13</sup> who has been rendering exemplary service to the cause of family planning in India, has said,

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11. Ibid, p. 144.

12. Ibid, p. 145.



"planned parenthood has been recognised as an important factor in preventing unhappiness and misery by providing married couples with the knowledge of safeguarding unwanted pregnancies, and spacing births in a manner that will result in the maintenance of the good health of the mother and child and imposing on the parents the responsibility of providing the basic requirements of healthy living to which each child is inherently entitled."

While inaugurating Third International Conference on Planned Parenthood at Bombay, organised by Family Planning Association of India in 1952, Dr. S. Radhakrishnan has stressed the need of birth control and planned parenthood. In his inaugural address he said,<sup>14</sup> "...if you subject women to frequent child births you will be guilty of cruelty to human beings, you will be making difficult, marriages which otherwise might have been successful. If, therefore, your attention is to safeguard the health and happiness of family life you must determine the time of child birth, space the arrival of the children. I take it, to determine this, is to plan of family. If, therefore, your main interest is to secure the health and happiness of both mother and children, if your main interest is to bring down the infant and maternal mortality in this country which is so ruinous, it is essential for us to adopt a system of

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14. Ibid, pp. 146-149.

family planning, ....in the name of social welfare of both parents and children." "With reference to declaration of human rights Dr. Radhakrishnan said that, "The Declaration of Human Rights has been adopted by the United Nations and UNESCO....we wish to provide for children all facilities of food, clothing, shelter, medicine, education etc. We have committed ourselves to this doctrine of human rights. ...people are not prepared to accept as axiomatic, poverty, misery, starvation and the like. We are committed to a social welfare state. It is our aim in this country to see to it that our children are given every kind of facility to grow into healthy, happy and responsible citizen of our community. We are not even with our present population to give that kind of assistance to our people.

The question is sometimes realised whether it is not true that God sends children into this world and we should not interfere with the will of God. In this context Dr. S. Radhakrishnan said that if God has given us any intelligence, he has given it to us to be used. Intelligence is a Divine gift anticipating consequences and planning with special relevance to the facts. These are things which are called upon to adopt because the human mind is a gift of the Divine. Civilization is a progressive control of nature. Man is given intelligence to adapt himself to the environment. God is not an external despot. He is there in the inner most depth of our being and when the still, small voice prompts us, asks us to use our intelligence in a

fair minded, objective, honest way, we are using the gift of God for purposes of human welfare. That is how we have to employ our intelligence to achieve human welfare.

While explaining the limitation of population Dr. Radhakrishnan has further said that "if we realise human standards there will be a fall in the birth rate, by application of modern science and technology we can improve the world's yield of food, so that the increase of population will never out turn the subsistence level. If we only change our economy, if our whole social structure is altered, then we can go producing as many as we please with no disastrous results. But these are long term remedies. Our need is desperate, the claims of humanity appeal to us, and it is essential that we should do something for regulating population. The drift of nature is excessive production. The poorer we are, the more ill-nourished we are. Sex is the only indoor sport open to us, and large families are produced. It is poor people that produce large families and not the rich ones." In relation to marriage and birth control Dr. Radhakrishnan said that marriage has got its own justification apart from parenthood because we are allowed to use sex for purposes of mutual satisfaction without any expectation of producing offspring. If the purpose is not wrong this is no ethical or spiritual harm done, and it is the purpose which determines the use or abuse of modern inventions."

In the interest of social economy, family happiness and social health various social reformers and intellectuals stressed the need birth control before and after independence. But it was not possible during British regime due to colonial and imperial policy adopted by British Government in India. However, after independence Government of India gave priority to family planning activity on national level.

**FAMILY PLANNING PROGRAMME  
AFTER INDEPENDENCE :**

As we know that India ranks second in the world population with an area of 2.4% of the total land area of the world. India has to support about 14% of the world population.

The impact of the population problem on resources is alarming. Public health measures have led to a decrease in the death rates. Expectation of life has increased. But the rate of the increasing population seems to threaten us to run fast to remain at the present level of living. The Planning Commission<sup>15</sup> has, therefore, stated that, "The objective of stabilizing the growth of population over a reasonable period must be at the very centre of planned development. In this context the greatest stress has to be placed in the Third and subsequent Fiver Year Plans on the programme of family planning."

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15. Release by the Information Service of India, August, 1962  
Ibid, pp. 155-161.

The family planning programme launched by the Government of India is really a culmination of efforts of a large number of people over several years. The National Planning Committee, under the Chairmanship of Prime Minister Nehru, formed by the Indian National Congress in 1935, strongly supported family planning. The Health Survey and Development Committee appointed by the Government of India recommended provisions of birth control services but mainly for health reasons. But soon after independence momentous decisions were taken to raise the standard of living of the people. Hence the Government of India appointed a Planning Commission in March, 1950. It may be pointed out here that India was the first country in the world to adopt family planning as a nationwide programme. The only model that was available for this purpose was the one used by the planned parenthood organizations in the west, which set up family planning clinics and those who needed family planning were expected to take the fullest advantage of these facilities. Moreover, the planned parenthood model leans heavily in favour of services for women rather than for couples. It also leans heavily on medical personnel. But this clinical approach was not considered suitable for India. Hence, Government of India adopted extension approach to family planning after independence. Government of India has developed family planning programme as an action research

programme on an extensive scale. Efforts were made to set up an organisational base over which to build a four fold programme i.e. education, service, training and research.

In the field of organisational set up Central Family Boards were formed in various States and under each State Board District Committees were formed, with the assistance of Government of India. Family planning officers were appointed at various levels in each State.

At the national level three expert committees were formed under the Union Ministry of Health, viz. Demographic Advisory Committee, the committee on scientific aspects of family planning of the Indian Council of Medical Research (which deals with the medical and biological aspects) and the Communication Motivation Action-Research Committee. Apart from these committees Ad-hoc Committees are formed for special subjects like oral contraceptives, competition and awards etc.

In the field of education, an attempt was made to collect information of factors which were responsible for community attitudes, beliefs and behaviour pattern to identify natural group leaders and use them as channels of communication and to test and prepare basic materials and methods for the mass community groups and individuals. The studies at Ramana-garam, Delhi and Bangalore did not seem to have adequate

knowledge of physiology of human reproduction and family limitation. Some studies showed that they did not have a sufficient strong motivation to continue an initially accepted method. Well designed studies without education programme did not yield the desired results. This led to the formation of the Family Planning Communication Action Research Programme.

The Ford Foundation has offered assistance for communication research and training. The general goals of this programme are to provide better understanding of the basic factors which influence the acceptance of family planning and the use of this understanding plus the educational knowledge and skills already available to develop a more effective family planning programme.

The methods which are being used to promote the movement vary in scope from simple talks with friends and neighbours to group meetings, film shows, advertisements and more elaborate family planning clinic services. Among the methods which have been used one which has appeared to be of a considerable value is family planning orientation camps. After a number of pilot studies with orientation camps which have turned out favourably, the Government of India recently has offered financial help and assistance for the holding of such camps throughout India.

Honorary Family Planning Education leaders have been appointed. Such group leaders help considerably in creating the background of acceptance of family planning. They address meetings, arrange group discussions, motivate people, mobilize public opinion and form a network of local voluntary groups in different places to carry the message. They have done a valuable work in spreading the message of family planning. They received enthusiastic and exhorting response from the concerned people. A stage has been reached where such leaders may be appointed at the various levels. The Government of India had proposed to appoint voluntary family planning workers called as 'Parivar Kalyan Sahayaks' in each village.

In the field training, training programmes began with ad-hoc courses. There are training centres directly under the Government of India and also regional training centres under the State Governments. A Touring Training Teams are being posted to each State. They should be fully utilised for training doctors and medical auxiliaries in their respective stations.

In the field of services, a start was made with research of safe periods, soon after foam tablets were offered. Now all available methods including sterilization are implemented at village level through organizing special camps. The decision to accept one or the other methods is left entirely to the discretion of the individual family. The point of view of



conscientious objectors is respected and appreciated. The programme is developed as a peoples programme with Government assistance seeking the cooperation of all parties and religious groups and steering clear of religious, ideological and political controversies. The demand for contraceptives has increased considerably, at one time heavy demands created a shortage in supplies orders had to be placed abroad in bulk. Their manufacture in the country has been expedited. Foam tablets, jellies and sheaths are now manufactured in India. The number of rural and urban family planning centres and other medical and primary health centres are giving advice to concerned people regarding family planning. Such advisory centres are being increased in every tribal and rural areas.

The contraceptives are offered free as well as at subsidised rates. Those who receive contraceptives free can contribute to a 'welfare voluntary contribution box' which can be kept in each clinic. Funds thus collected can be utilised for the welfare of mothers and children. All types of contraceptives can be distributed free in rural areas. Sheaths can be issued by non-medical personnel and foam tablets can be distributed through public health nurses, health visitors and auxillary nurses. It has been recommended that the family planning services should form an integral part of the medical, health and welfare services. National Extension and Community

Development Organisations are gradually covering the entire country and each block will have a primary health center.

The Central Family Planning Board recommended the inclusion of a sterilization operation in the family planning programme, on the merit of each case, after careful examination by a qualified doctor, with the consent of both husband and wife. In hospitals and institutions where facilities exist the Government of India, have sanctioned extra personnel to strengthen the staff of some of the hospitals directly under them, and the grant of special casual leave, not exceeding six working days to Government servants who undergo a sterilization operation. It has also offered assistance to State Governments to strengthen the staff of hospitals upto the taluka place for sterilization operation, for training and for medical units. The number of sterilization operations conducted since 1956 as per information available is as follows :

TABLE No.4

SEX-WISE BREAK UP OF STERILIZATION OPERATIONS <sup>16</sup>  
PERFORMED DURING 1956-1975

Year	Number of Sterilization	
	Vasectomy	Tubectomy
1956	2,395	4,758
1957	4,152	9,584
1958	9,189	15,959
1959	17,633	24,669
1960	37,596	26,742
1961	63,880	40,705
1962	112,357	45,590
1963	114,621	55,625
1964	201,171	68,394
Jan. 1965 66 (March)	576,609	94,214
1966-67	785,378	101,990
1967-68	1,648,152	191,659
1968-69	1,383,053	281,764
1969-70	1,055,860	366,258
1970-71	878,800	451,114

16. Source : Table D-2 Family Welfare Planning in India, Year Book 1974-75, Government of India, New Delhi, p.54 quoted by Bhende A.A. and Kanitkar Tara, 'Principles of Population Studies,' p. 542.

TABLE No.4 (Contd...)

Year	Number of Sterilization	
	Vasectomy	Tubectomy
1971-72	1,620,076	567,260
1972-73	2,614,263	508,593
1973-74	403,107	539,295
1974-75	609,132	739,913

The Director, Indian Council of Medical Research has requested all members of the Advisory Committee on scientific aspects of family planning. Officers in-charge of the Indian Council of Medical Research Institute, Universities, Administrative Medical Officers and Medical Association and Societies in India to send research schemes for consideration on

(i) development of suitable oral contraceptives either synthetic or extracts from indigenous plant material, (ii) development of more effective local contraceptives, (iii) follow up sterilization cases both male and female to investigate possible after effects in such cases, (iv) investigation of the mechanism of spermatogenesis and ovulation fertilization and cytological studies, (v) other studies in the physiology of human reproduction such as fertility, (vi) development of studies of human genetics and (vii) investigations in sterility.

The much delated subject of the use of progestational steroids has also been considered. An expert committee on oral contraceptives makes recommendations to the Government of India regarding the action that may be taken for their research and use in the country. This committee has made various recommendation in the application various contraceptives. Demographic Training and Research Centers, Ford Foundation and population council are giving valuable guidance and assistance in implementation of family planning programme in India. A study of contributory Health Scheme Clinics Patients of Delhi shows that using contraceptives under clinic guidance is possible to reduce expected pregnancies by 80%.<sup>17</sup>

The progress made so far is significant and encouraging, but it was a beginning during first two plans. The results achieved are not only due to the efforts of the governmental and non-governmental organisations but to a great extent due to the acceptance of the programme by the people. To make family planning a way of life of the people requires a great deal of future effort and participation of the people, which is gradually increasing. The task of planning and development is enormous. Government of India has dedicated fullest attention to implement the family planning programme as a peoples programme from Third Five Years Plan.

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17. The Family Planning Programme in India released by the information Service of India, August, 1962. Quoted by Mudd Stuard, Ibid, p. 160.