

Family Planning in India: Is it Anti-women?

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Sterilisations are a part of India's national scheme of combating population growth. The rationale behind these initiatives is to achieve economic growth through population control. However, many argue these programs have been unfairly targeting women.

In news: Family Planning and Reproductive Rights

Placing it in syllabus: Governance

Dimensions

- Need for a Population Control
- Sterilization program under earlier governments
- Sterilization Program today and Gender Bias
- Other better methods to control Population

Content:

Need for Population Control

- Population stabilization and sustainable development are critical determinants of human development and improvement in quality of life.
- India, the second most populous country in the world, has no more than 2.5% of global land but is the home of 1/6th of the world's population.
- Population of India is quite large and rapidly increasing.
- One percent growth rate means an addition of 1 crore people every year but actually speaking 2 crore persons are being added every year.
- Economic Survey 2018-19 notes that India is set to witness a "sharp slowdown in population growth in the

next two decades”.

- The prevailing high maternal, infant, childhood morbidity and mortality, low life expectancy and high fertility had been a source of concern for public health professionals right from the pre-independence period.
- The technological advances and improved quality and coverage of health care resulted in a rapid fall in Crude Death Rate (CDR) from 25.1 in 1951 to 6.2 in 2018.
- In contrast, the reduction in Crude Birth Rate (CBR) has been less steep, declining from 40.8 in 1951 to 20 in 2018.
- Therefore demographic transition had resulted in the annual exponential population growth of over 2%

National Population policy, 2000:

- The National Population Policy (NPP) 2000 aims at stable population by 2045.
- The essence of the policy was the government’s commitment to “voluntary and informed choice and consent of citizens while availing of reproductive health care services” along with a “target free approach in administering family planning services”.

The following national socio-demographic goals were formulated to be achieved by 2010:

- To address the unmet needs for basic reproduction (contraception), child health services, supplies and infrastructure (health personnel).
- To make school education up to age 14 free and compulsory and reduce dropouts at primary and secondary school levels to below 20 per cent for both boys and girls.
- To reduce infant mortality rate to below 30 per 1,000 live births.
- To reduce maternal mortality rate to below 100 per 100,000 live births.

- To achieve universal immunization of children against all vaccine preventable diseases.
- To promote delayed marriages for girls, not earlier than age 18 and preferably after 20 years of age.
- To achieve universal access to information/counseling, and services for fertility regulation and contraception with a wide basket of choices.
- To achieve 80 per cent institutional deliveries and 100 per cent deliveries by trained persons.
- To achieve 100 per cent registration of births, deaths, marriages and pregnancies
- To prevent and control communicable diseases, especially AIDS and sexually transmitted infections (STIs).
- To promote vigorously the small family norm.
- To integrate Indian Systems of Medicine (ISM) in the provision of reproductive and child health services, and in reaching out to households.

The document stated a special strategic theme for underserved population—slum population, tribal communities, displaced migrant population and adolescents. NPP 2000 had identified a separate strategic theme for the aged persons for their health care and support.

Sterilization program under earlier governments

- India is the first country to have a state-sponsored family planning programme, with a special focus on sterilisation.
- Sterilization Camps are a part of India's national scheme of combating population growth.
- The rationale behind these initiatives is to achieve economic growth through population control. Under Indira Gandhi's rule in the 1970's, large-scale sterilisation was carried out focused on men.
- To achieve quotas, even the childless, poor, young men,

were forced to undergo sterilisations.

- More than 6 million men were sterilised, igniting large-scale protests and the eventual downfall of Gandhi's rule.
- The failure of this initiative led to the discontinuation of the program, only to be reintroduced in 1977.
- This time the scheme had a change in its structure that ensured it doesn't meet the fate of discontinuation. This time, the scheme was focused on women.

Sterilization Program today and Gender Bias

- Female sterilisations have become the main focus for India's family planning programs (now called, 'family welfare').
- 96% of all sterilisations are the ones that women have undergone.
- In 2012 itself, more than 4.6 million women were sterilised.
- The invisibilisation of men from family planning has resulted in women bearing the entire responsibility for birth control.
- Till date, thousands of women have been hospitalised, put on mechanical ventilators, and even died, because of these sterilisation camps.
- As per a report by the **National Family Health Survey**, most men believe that contraception is a woman's business, and they have got to do nothing with it.

Other better methods to control Population

Population explosion is a social problem and it is deeply rooted in society. So efforts must be done to remove the social evils in the country.

Minimum age of Marriage:

- As fertility depends on the age of marriage. So the

minimum age of marriage should be raised.

- In India the minimum age for marriage is 21 years for men and 18 years for women has been fixed by law.
- This law should be firmly implemented and people should also be made aware of this through publicity.

Raising the Status of Women:

- There is still discrimination to the women.
- They are confined to four walls of the house. They are still confined to rearing and bearing children.
- So women should be given opportunities to develop socially and economically. Free education should be given to them.

Spread of Education:

- The spread of education changes the outlook of people.
- The educated men prefer to delay marriage and adopt small family norms.
- Educated women are health conscious and avoid frequent pregnancies and thus help in lowering birth rate.

Adoption:

- Some parents do not have any child, despite costly medical treatment. It is advisable that they should adopt orphan children.
- It will be beneficial to orphan children and children couples.

Change in Social Outlook:

- Social outlook of the people should undergo a change.
- Marriage should no longer be considered a social binding. Issueless women should not be looked down upon.

Social Security:

- More and more people should be covered under-social

security schemes.

- So that they do not depend upon others in the event of old age, sickness, unemployment etc. with these facilities they will have no desire for more children.

Popularising use of Contraceptives

- The use of other contraceptive methods such as condoms, pills, etc., have to be encouraged and made accessible to all.

Inclusion of men in population planning

- To take steps towards a safer, and more reliable approach of family planning is to recognise the role of men as well.
- Men account for a total of 5.9% of the usage of family planning methods (condoms and sterilisations).

Popularising Family Planning:

- This method implies family by choice and not by chance.
- By applying preventive measures, people can regulate birth rate.
- This method is being used extensively; success of this method depends on the availability of cheap contraceptive devices for birth control.

Mould your thought: Are family planning measures in India discriminatory against women? Give reasons for your observation.

Approach to the answer:

- Introduction
- Write about focus on sterilisation
- Discuss the problems associated with sterilisation
- Mention other alternatives
- Conclusion