

Subject: Recent media articles on India's Population Policy**Date:** Thu, 24 Feb 2000 00:47:13 +0530**From:** "DOLKE" <aaasn@nagpur.dot.net.in>**To:** "Medico Friend Circle" <mfriendcircle@netscape.net>

POPULATION AND POLICY RELATED NEWS ARTICLES

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'RISE IN POPULATION HAMPERS ECONOMIC GROWTH'

The Times of India News Service

KANPUR: Rise in population has led to slow rate of capital formation with minimum requirements remaining unfulfilled. In 50 years time, planning deficiencies have remained as they were applying breaks to economic growth. The need of the hour is to strike proper balance between population growth and better economic development.

This was the central theme of what state finance minister Harish Chandra Gupta said at Merchant' Chamber hall during inauguration of two-day national seminar on 'population and economic developments'.

Mrs Jyotsana Srivastava, wife of the finance minister, released a souvenir to commemorate the occasion. Mr Mahendra Swarup, executive director of Pepsico India Holding Ltd stressed on proper policy consensus and need for a vision for development.

Ms Malti Nigam, head and convener of the function, introduced the theme of the seminar and opined that population growing at disproportionate levels would prove to be a burden on the economy.

Chief speaker, Prof AK Sengupta, director, Population Research Centre, Lucknow stated that population policy should cater to the needs of urban areas but also to the needs of the rural folks. in the absence of adequate health facilities, lack of massive investments and inadequate infrastructures facilities prove a hindrance to economic development.

The seminar was presided by Prof KB Pandeya, vice chancellor, CSJM university. Various research papers were presented during the technical session. Director of Institute of Development Studies Jaipur, Dr Pradeep Bhargava, explored links between population growth and poverty.

<http://www.timesofindia.com/140200/14indi6.htm>

WHITHER FAMILY PLANNING PROGRAMMES?

NEW DELHI: As India's population races towards the one-billion mark, and is likely to double during the next 37 years, policy planners are still debating on strategies to stabilise the alarming growth rate.

While ironically India was the first country to realise the adverse effects of rapid population growth on social and economic development, formulate an official policy and launch a national programme of family planning in 1952 as part of the first five year plan, the target set then has not reached its demographic goals, say experts calling for an urgent need to make a dent in population.

``However, we have a broader population policy on the anvil which will be holistic without losing focus of the interventions in terms of reproductive health, safe motherhood and survival of infant and mother and at the same time taking into account the concerns of HIV/AIDS and sexually-transmitted infections,' ' says A R Nanda, secretary, department of Health and Family Welfare.

``The government is now contemplating to have a strong sort of mechanism

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with the highest political commitment with the induction of experts, NGOs both at the Centre and state levels,' he says. ``We need to balance the whole equilibrium between population, development and environment so that we can have a stable population,' says Neena Puri, president, Family Planning Association of India, an NGO.

By the middle of the next century, India's population is expected to rise to somewhere between 1.5 to 2.0 billion, depending on the pace of the decrease in the birth rate, say officials. Today women in India average about 3.5 children each during their lifetime, down from the 6.0 at Independence but an average of two children will be required to eventually bring population growth to zero. For this, there has to be a new paradigm shift from target to target-free approach, says Nanda.

``The goals set so far have been ambitious without thinking about infrastructure or its feasibility. In a programme like family planning what is most important is the process and not the target set,' says K Srinivasan, executive director, Population Foundation of India.

The International Conference on Population and Development (ICPD) held in Cairo in 1994 had recommended in its programme of action that family planning programmes in developing countries should not be viewed as a policy intervention measures for manipulating the fertility levels of the population at the macro level, says Srinivasan.

They recommended that family planning programmes should be viewed as an integral part of the programmes aimed at improving women's health, women's rights, reproductive health and gender equality.

Though India, a signatory to the programme of action has abolished contraceptive targets in its national family planning programmes from 1st April 1996, we are still grappling with questions caught as we are between strategies - one that goes straight into family planning, then the ICPD approach and third development and intersectorial, says Puri. A five-year review this year agreed on new benchmarks to measure implementation of ICPD goals covering universal education, mortality reduction and reproductive health.

Accordingly it was decided that by 2005, 60 per cent of the primary health-care and family planning facilities should offer the widest available range of safe and effective family planning methods, essential obstetric care, prevention and management of reproductive tract infections including STDs and barrier methods to prevent infection.

But experiences in contraceptive acceptance, after introduction of the target-free-approach in the states of Uttar Pradesh, Bihar, Rajasthan and Madhya Pradesh has proved disappointing with acceptance levels for instance in up at 50 per cent of the corresponding period when targets were in vogue, according to Srinivasan.

On the other hand such a drastic change in acceptance has not occurred in the southern states. Thus while the need for rapid increase in contraceptive use and reduction in the fertility levels is the highest in the four states, the policies and programmes are tending to slow down any efforts in this direction, he notes.

According to present estimates, Rajasthan will achieve total fertility rate (TFR) of 2.1 by the year 2048, which means that on an average each women will have two children in her lifetime, reports from the PTI bureau in Jaipur said.

The state's population which was 4.4 crores according to the 1991 census increased to five crore by the middle of 1996, according to the state's recently released population policy. But fortunately with an unmet need for family planning in the country, the reproductive health approach to family planning, which is the new paradigm recommended by ICPD, can fill the gaps, says Srinivasan.

Srinivasan suggests the ``birth- based-approach'', with the target group

being pregnant women and recently delivered mothers, where the contraceptive services will be geared to meet the needs of spacing and limitations of this group of mothers.

There is a need for shifting of target setting from the earlier focus on the achievement of nationally- stipulated fertility reduction goals to a focus on the coverage and quality of maternal and child health (MCH) care services and responsiveness to consumer demand, he says.

Conceding that there are many hurdles in achieving a stable population through the key sector of family planning, Nanda says countries like Malaysia, Indonesia, Thailand have experienced and done good things which are replicable in India such as in the setting up of self-help groups and maternity huts. Building up of self-help groups, and offering a whole package with literacy as the end result and stepping up of social marketing of contraceptives are urgent needs, says Puri. (PTI)

<http://www.timesofindia.com/150200/15indi5.htm>

TAKING STOCK OF THE POPULATION TIME BOMB

By Kalpana Jain

The Times of India News Service

NEW DELHI: Food requirements and health measures will be among the major challenges facing India as its population crosses the one-billion mark on May 11 this year.

What will make the task more daunting is that 17 million people will continue to be added every year to this population, till the current rate of growth slows down, said demographer K. Srinivasan of the Population Foundation of India, at a millenium conference on population on Monday.

The population is expected to stabilise only around 2026 and several states are projected to show a declining trend much later around 2051, experts attending the conference said. By 2051, however, the size of the population would itself be staggering: 1.646 billion, almost double the 1991 population of 846 million.

Minister of state for health and family welfare N.T. Shanmugam appealed to all sections to help reduce the population growth trend. ``Unless the will of all sections is summoned and all possible resources are harnessed, the current trend will lead India to become the most populous country by 2050 with a population of 15.2 million,' ' he said. Ironically, though policy-makers are aware of the enormity of the population problem, a population policy drafted by a committee under noted expert M.S. Swaminathan in 1994 still awaits final approval. Shanmugam said the policy was being finalised by the government.

While some states have managed to achieve a decline in fertility rate, many others have fared poorly. The minister said states like UP, Bihar, MP, Rajasthan, Assam, Haryana and Orissa would have to make special efforts to stabilise their population.

Several states are expected to enter a period of declining growth in a few years. Demographer P.M. Kulkarni, from the department of population studies, Coimbatore, in a paper presented at the conference, said the first to begin this turnaround is Tamil Nadu, followed by Kerala, Punjab and AP. West Bengal, Gujarat, Orissa, Haryana, Karnataka, Assam and Maharashtra will follow.

He has however warned that states like MP, Bihar and Rajasthan are expected to see population growth even beyond 2051. UP is projected to be the worst performing state with the highest population growth even in 2051.

UNFPA, in its population report, has estimated that the eventual lack of water for irrigation could cut India's grain production by 25 per cent. In sub-Saharan Africa and parts of the Indian subcontinent, which together contain about a third of the world's population, aquifers are depleting and so is the per capita crop land.

Meanwhile, estimates on consumption done by the M S Swaminathan Research Foundation show an increasing demand for foodgrain. A study presented at the conference says the household demand for foodgrain is projected at 180 tonnes for the year 2000. In another 20 years, this demand is projected to increase to 262 tonnes. The cost and effort to feed such a large population will pose a pressing challenge, it concludes.

<http://www.timesofindia.com/160200/16home5.htm>

POPULATION POLICY STALLS DELIMITATION The Times of India News Service

NEW DELHI: The Union cabinet on Tuesday announced the much-awaited population policy though without clarifying the sensitive issue of delimitation of Lok Sabha constituencies.

The policy, which has a special focus on health and education to achieve a stable population by 2045, includes freezing of the number of seats in the Lok Sabha at the current level of 543 - which is based on the 1971 census - till 2026. As per the original schedule, the number would have changed in 2001.

Government sources, however, did not clarify whether the decision meant that the number of seats allocated to different states can be changed (taking into consideration the population increase or decrease in individual states), while keeping the overall number at the present level. They also refused to say whether the government plans to bring a delimitation Bill after getting the population policy passed in the coming session of Parliament.

The issue is a sensitive one as southern states such as Kerala and Tamil Nadu, which have taken a lead in population control, feel that if the delimitation is carried out next year as per the original schedule, northern states will gain at least 40 seats. "The government should consult other parties before taking a final view on delimitation," said Prithviraj Chauhan of the Congress.

It is learnt that controversy delayed the approval of the policy, formulated as far back as 1994 by a committee under M S Swaminathan. After discussing it threadbare in three separate meetings, the present cabinet, in keeping with the suggestion of noted demographers, decided to freeze the number of seats till 2026.

The policy, while continuing with the two-child norm, takes a comprehensive look at issues determining population growth. Health care of mother and child, health and sanitation as well as compulsory education figure high on its agenda. It aims to achieve a reduced population growth through decentralised decision-making.

Its immediate, medium and long-term objectives will be reviewed regularly by a National Commission of Population chaired by the Prime Minister. Chief ministers, NGOs and public health professionals will be among the other members of this commission.

Union family welfare secretary A R Nanda told The Times of India that a detailed action plan has been worked out which will be followed virtually for the next 45 years but more intensively for the next 10 "crucial" years.

The action plan will have the following main features : * Self-help groups at village, panchayat levels comprising mostly housewives who will interact with health care workers and gram panchayats. * Elementary education to be made free and compulsory. * Registration of marriage, pregnancy to be made compulsory along with births and deaths.

The policy aims at overall development to ensure a natural fall in birthrate. Therefore, special packages have been woven in to take care of high maternal mortality or absence of health services in rural areas.

So, for routine delivery cases, maternity huts with the help of anganwadi workers will be provided in villages. For complicated cases which require transportation of the woman to the nearest centre, the policy proposes soft loans to start ambulatory services, Nanda said. The idea is to start a national movement which is not imposed from above.

The policy, in a significant move, also proposes starting the practice of Licensed Medical Practitioners (LMPs). They would be given intensive training to practise basic health care after completing their schooling, Nanda said.

The policy also proposes certain incentives: * Couples below the poverty line who undergo sterilisation after two children will be eligible for health insurance plan. * Also for couples below the poverty line who marry at the legal age of 21. * Cash incentive at the birth of a girl child as also to mothers who have their first child after the age of 19.

<http://www.timesofindia.com/170200/17edit1.htm>

THE FAMILY WAY

For years, people have wondered whether successive governments had really internalised the paradigm shift from a number-oriented to a people-friendly approach to population as articulated at the landmark Cairo conference in 1994. The confusion arose because every now and again a political worthy would come up with innovative suggestions to 'control' the unbridled reproductive propensities of the underprivileged. Even though the Vajpayee government has laid to rest many apprehensions with its new national population policy, vestiges of the earlier mindset remain. In seeking to postpone the population-based delimitation of Lok Sabha seats for another 25 years, the government is seeking to avoid sending the wrong signals to states which have lagged behind in putting in place enabling measures to reduce fertility levels.

While the Pandora's box of delimitation is best left unopened at this juncture, the issue of enlarging representation to reflect the aspirations of a growing population cannot indefinitely be postponed. By pushing through its population policy, the government hopes that the glaring disparities in fertility management between the large, populous northern states and their more successful southern counterparts will be narrowed, after which delimitation can be debated. In the meantime, there are several positive schemes in the policy, such as giving panchayats incentives to strengthen facilities to reduce infant mortality, promoting primary education, and providing creches and child-care centres.

However, while propagating the principle that once you take care of the people, population takes care of itself, a distinction is sought to be made between categories of people. The policy states that health insurance will be provided to those below the poverty line who undergo sterilisation after having two children. Implicit in this is a belief in the myth that it is the underprivileged who mindlessly go about producing children. Numerous studies have shown that even among the most backward and illiterate sections of the population, people are acutely aware of the need to limit their families so that their children can get the best possible quality of life. It requires no incentive or disincentive to convince people to have small families; all they need is access to quality health care, education and a choice of contraceptive methods.

Another discordant note is that of a special reward for women who marry after 21 and opt for a terminal method of contraception after the second child. Here, the onus for regulating the family size falls squarely on the woman despite the fact that most women have little say in the matter. Union health minister N T Shanmugam is on the right track when he says there has to be greater male involvement in planned parenthood, but the focus should also extend to bringing more male workers into the health service delivery systems. To expect the new policy to bring about any dramatic decline in population momentum would be unrealistic. A third of India's population comprises youth and even if they restrict their children

to two per family, the numbers will continue to grow for years to come. The challenge will be to persevere with non-coercive policies in the face of increasing numbers until replacement fertility levels are reached.

<http://www.economictimes.com/160200/16poli01.htm>

CENTRE ADOPTS A NEW POPULATION POLICY

Our Political Bureau
NEW DELHI 15 FEBRUARY

In a move that is expected to give a boost to states to pursue population control measures, government today proposed a freeze on the number of seats in the Lok Sabha at current levels upto '26 as part of its new Population Policy.

The meeting of the Union Cabinet here today also endorsed the setting up of a new panel on population headed by Prime Minister A B Vajpayee to review the implementation of the National Population Policy 2000. The new three-pronged policy aims at population stabilisation by '45 and continues with the two-child norm, besides outlining 16 "promotional and motivational measures" to implement this vigorously. Among the measures identified for pushing the small family norm were community level incentives, and family welfare-linked health insurance schemes for families below the poverty line who undergo sterilisation after two children.

The cap on number of seats in the Lok Sabha is perceived as rectifying a lopsided policy by which states such as UP and Bihar - although they failed to match the population control goals as effectively as others such as WB, Tamil Nadu, Kerala and Andhra Pradesh - were allowed more Lok Sabha seats based on an increased population ratio. The move, according to the policy, was meant to allow states to "fearlessly pursue" the policy agenda.

While the immediate objective of the policy has been described as aimed at meeting the "unmet" needs for contraception, health care infrastructure, health personnel and integrated service delivery, the medium term objectives are outlined as aimed at bringing the total fertility rate to replacement levels (two children per couple) by '10 by a vigorous implementation of 'inter-sectoral strategies'. The long-term objective was described as aiming to achieve a stable population by '45, at a level consistent with the requirements of economic growth, social development and environmental protection.

The Cabinet's endorsement of the new population policy has received a mixed response from NGOs and health professionals. Although the move to cap the number of Lok Sabha seats upto '26 is perceived as a positive one, the "promotional measures" outlined for encouraging the new population policy vigorously have already invited sharp criticism. The proposal for multi-pronged 'promotional measures' to push through population control measures was mooted in the early-90s by M S Swaminathan (as chairperson of the panel on the draft population policy), and included measures such as debarring those with more than two children from contesting in elections, starting from the local bodies. Even allotment of ration cards was proposed to be based on the two child norm.

The proposals had come under stringent criticism by both health professionals and NGOs who contended that this was tantamount to penalising women whose options regarding number of children were socially limited, and that the measures sought to view health facilities for women in general primarily as reproductive health. Responding to this, Mr Swaminathan had later toned down his recommendations. Against this, the contention now is that by once again mooting "disincentives", the BJP-led government at the centre was violating the very norms laid down in the Cairo declaration on population control, to which India is a signatory, and which repudiated all "incentives" to implement population control, but focused instead on education and awareness campaigns regarding a better standard of living.

Health professionals and women activists from NGOs are of the firm view, based on past experience in states such as UP where the government employees used both coercive methods to falsify statistical records on the CPR (couple

protection rate) and earn 'rewards', that today's decision once again takes the focus away from increased budgetary provisions for overall health and social facilities to women, including those endorsing sustained nutritional norms for both mother and child, those aimed at controlling the infant mortality rate and those aimed at providing compulsory functional education for all children, particularly those in the weaker economic strata.

<http://www.timesofindia.com/180200/18mdel3.htm>

LAWS TO CHECK RISING POPULATION LIKELY SOON

By Sanjay Kaw

NEW DELHI: The Delhi government will set-up a panel of experts to suggest measures for framing stringent laws to curb the population menace in the Capital. The panel, to be headed by health minister A K Walia, will consist of doctors, lawyers and social workers. "Our main objective is to put a check on the population menace, which has been playing a havoc with the city's infrastructure," Walia told The Times of India on Wednesday.

He's right. The growing population has been the root cause of so many problems - water shortage, power breakdowns, encroachments and deteriorating law and order situation. The Capital's population has increased 26 times since Independence. It has now reportedly touched the 1.40 crore mark. The main reason for the increase is the influx of migrants from different parts of the country. Rough estimates show there is an influx of about five to six lakh people every year. Walia said the panel would also recommend measures to ensure that more people adhere to the "two children" norm. "We may give some incentives to such people," he added.

A private members Bill on similar lines has been moved in the Delhi assembly by deputy speaker Kiran Choudhry. The Bill suggests only those persons having one or two children should be allowed to contest the assembly and corporation elections.

The Bill had generated a major debate in the political circles. Sources said the Bill became controversial primarily because there are only 26 legislators in the 70-member assembly who are having one or two children. Delhi assembly speaker Prem Singh himself has eight children. And nine other legislators have more than five children.

The Bill states: "Every person and his spouse who, after a period of one year from the date of coming into force of this Act procreates more than two children shall not be eligible to contest the elections ... shall not be allotted any house under any housing scheme launched either by the government or any local authority... shall not be entitled to any loan provided by the Delhi government..."

Though the Bill was introduced in the House in April, it was not tabled in the subsequent monsoon session. And Choudhry had protested, saying, "By not bringing the Bill before the House, my rights as a private member have been abrogated." Walia said the panel would also study the Bill. "After all, we want to provide the best to our citizens . . . So, we should not play politics in matters which directly affect the common people."

<http://www.economictimes.com/180200/18opin04.htm>

FREEZING DEMOCRACY

PoliTalk / Narendar Pani

In freezing the number of Lok Sabha seats for the next twenty five years, the government has met the demands of states, like Tamil Nadu, that have been relatively successful in controlling their population. A fresh delimitation of constituencies would necessarily have given more seats to states that were lax in population control. By freezing the number of seats the government has chosen not to reward this laxity. But not rewarding failure is quite different from solving the problem. This move would have been a solution to the problem if the backward states had deliberately gone slow on population control in order to gain more seats in Parliament.

The freezing of the number of seats would then have removed this incentive. But it would take a very staunch conspiracy theorist to believe that this is the reason for the poor population control record of the backward states. It is not as if the performance of these states in other fields has been very much better. And there is little in the performance of the political leadership in these states to suggest such farsightedness. The lack of population control is more likely to be part of a general failure. Freezing the number of seats is then not going to make the lax states suddenly enthusiastic about population control. All that the freeze will mean, as long as the current inter-state variations in population control continue, is that the imbalances that now exist will multiply. And the extent to which representation in Parliament will be distorted must not be underestimated. It must be remembered that the current delimitation of constituencies was done for the 1977 elections on the basis of the 1971 census.

It is already nearly three decades out of date. And if the delimitation is postponed for another twenty five years, the constituencies will be based on population statistics that are over half a century old. That the constituencies in parliament do not accurately reflect population patterns on the ground is not a matter of academic detail. It has a direct impact on the quality of the democratic polity. As it is the backward states that are lax in population control, the freezing of constituencies will reduce the representation in Parliament of those belonging to the most backward regions of the country. This under-representation could lead to a further decline in their faith in parliamentary democracy. And with large parts of states like Bihar already under the rule of the gun, a further loss of faith in democracy can be expensive.

To view the matter entirely in terms of a conflict between states that have controlled their population and those that have not is also misleading. Some of the most glaring distortions occur within states. The changing population profile of a constituency is not influenced by the overall growth rates of population alone. It is also affected by migration. Most of our cities have grown with migrant populations settling down on their periphery. The population in the peripheries then grows much more rapidly than that of the inner cities. And it is this factor that causes the biggest imbalances in the size of constituencies.

The Outer Delhi parliamentary constituency has an electorate that is several times the size of New Delhi constituency. And this pattern occurs away from the capital as well. Uttarahalli assembly constituency on the outskirts of Bangalore is around ten times the size of Shivajinagar in the heart of the city.

These disparities in representation have a direct impact on the quality of urban life. The newly developing areas on the periphery of the cities are most in need of fresh investment in infrastructure. But as they are under-represented in elected bodies they are less effective in getting their demands met. This disparity is accentuated by schemes that offer fixed amounts to MPs irrespective of the size of their constituencies. And cities that surround themselves with a periphery of backwardness should be prepared for an increase in crime.

The price that is being paid to meet the demands of state governments that have a relatively better population control record is thus very high. But it is unlikely that political parties will recognise this reality. Political decentralisation still remains, by and large, confined to the level of the states as a whole protecting their interests. And as long as there is no political mileage in protecting the interests of each constituency, the distortions caused by faulty delimitation will be brushed under the carpet.

<http://www.timesofindia.com/200200/20busi2.htm>

NO REPRESENTATION WITHOUT STERILISATION
By Swaminathan S Anklesaria Aiyar

I was brought up to believe that democracy means representation of the

people. Our politicians seem to believe it means representation of condoms. This is the implication of the Union Cabinet's decision to freeze the allocation of Lok Sabha seats between states till 2025.

The allocation was due to be revised in 2001 to take into account changes in population. But Tamil Nadu and Kerala complained that a revision on the basis of population would reduce the number of Lok Sabha seats for southern states with good family planning records, and give more seats to northern states which had neglected birth control.

The Cabinet has accepted this logic, and so have all parties. The very lack of controversy seems scandalous to me. Democracy is about giving a voice to every citizen. It is not about population control. Every living person has a right to representation regardless of religion race or creed: can he or she be denied representation on the basis of family size? Instead of regarding representation in Parliament as a fundamental right of citizens, our politicians view it as a sort of Republic Day award for family planning performance.

No wonder our democracy is looking increasingly moth-eaten. The notion that freezing seats will penalise states that neglect family planning reveals a sad misunderstanding of the issue. Low population growth need not imply success in family planning at all. It can simply mean a high death rate. In 1981-91, Bihar population growth of 24.1 per cent was actually less than the national average of 24.7 per cent. Uttar Pradesh growth was only a bit above the national average at 25.5 per cent. These states have the highest birth rates, but also have such high death rates that population does not grow much.

So, basing Lok Sabha seats on population growth can, in the worst case, mean rewarding a state that kills off most of its babies through neglect. Just look at the accompanying table. It shows how little connection there is between population growth and the birth rate. The highest ever birth rate for the country was 48.1 per thousand in the decade 1911-21, yet population actually declined by 0.4 per cent in that decade because of mass deaths caused by Asian Flu.

The second highest birth rate was the all-India figure for 1921-31, yet population growth was only 11 per cent over the decade because of a high death rate. Kerala and Tamil Nadu boast that they have low population growth rates today, yet their actual rates in the 1981-91 decade--14.3 per cent and 15.4 per cent respectively--were far higher than the all-India average of the 1910s and 1920s, when birth rates went into the stratosphere.

So, whom does the freezing of Lok Sabha seats really penalise? It penalises the poor, especially those in the most backward states with the worst facilities. They have the largest families, not because they are stupid but because in states with high infant mortality it makes sense to have many children.

Besides, for poor families, many children represent a form of old-age security. The notion that UP and Bihar will respond to the freeze on Lok Sabha seats by promoting family planning is laughable. The move simply reduces the representation of the poor without providing any stimulus for social improvement.

India remains a country where a great many people, especially in the middle class, are convinced that force is needed to reduce fertility. This is plain wrong, and ignores evidence the world over. Dozens of developing countries have reduced their fertility rates without force or penalties, and this is true even of dirt-poor country like Bangladesh.

This neighbour of ours has reduced its fertility rate from 6.1 children per woman in 1980 to 3.1 children in 1998, which means it has now overhauled India (3.2 children per woman). So much for the RSS myth that Muslims do not practice family planning, and must be coerced into it.

The Indian fascination with penalties reflects a mind-set that Mao would have applauded but liberals like me deplore. Democracy began in America with

the cry, No taxation without representation. Indian politicians have put a new spin on this: no representation without sterilisation.

<http://www.timesofindia.com/220200/22edit4.htm>

A PEOPLE'S POLICY

Development Should Stabilise Population

By JAYANTHI NATARAJAN

Perhaps the most eloquent testimony to the priority accorded to reproductive and health rights of the community are the headlines which appeared in many national dailies reporting the cabinet clearance given to the draft population policy on February 15.

The issue of delimitation and the freeze on the number of Lok Sabha seats seemed to be the primary issue, and the population policy appeared to be piggybacking on the question of delimitation. Ironically, what should have received centrality of consideration was not even articulated as an issue.

Reproductive health, particularly that of women, is a basic human right, and it is absolutely vital that reproductive rights, along with 'empowerment' and 'development', should stand on their own, and be pursued as the foundation of a just and humane democracy, rather than be coopted as an effective strategy to achieve population goals. Such an approach would be more unkind than a continuing imperviousness to basic human rights and gender issues.

Utopian Democracy

>From the somewhat sketchy details that were made public, it would seem that the government seeks to initiate several sensible and positive measures to achieve population stabilisation.

It has been announced that the 'promotional and motivational measures' under the policy include linking of the disbursement of cash award for compliance with requirements regarding antenatal check-up, institutional delivery by a trained birth attendant, registration of births and so on. Further incentives proposed are special rewards for those who marry after the legal age, those who register the marriage, where the woman has the first child after she has reached 21 years of age, and those who adopt terminal methods of contraception after the second child.

There are also rewards for panchayats and zila parishads 'for exemplary performance' in universalising the small family norm, achieving reductions in infant mortality, promotion of literacy with completion of primary schooling and provision of creches and child care centres to promote participation of women in paid employment'.

And so the list goes on. The irresistible reflection follows that if panchayats actually managed to implement a fraction of the measures enumerated in the policy, India will achieve not just population stabilisation, but become an Utopian democracy, unparalleled in human history for the quality of life of its citizens.

The Union health minister has been quoted as saying that the main philosophy behind the policy was that population 'control' could be better achieved by improving the lot of those below the poverty line. And therein lies the rub -- population stabilisation should evolve out of and be the result of development instead of development being used as a tool to achieve population stabilisation. Nothing could be more callous or harmful to the aspirations of the most vulnerable sections of our society than such an approach.

The minister has also called upon states to 'fearlessly pursue' the small family norm, thus incorporating a dangerous element of coercion into the initiatives planned by the government. History has shown us that apart from being a violation of the freedom of choice, coercion in achieving the small family norm is a self-defeating exercise.

Further, population policies, in order to be truly sensitive, should take a holistic view of society and not view those who live below the poverty line as mere targets of population 'control' policies. Significantly, the very first time that the World Bank made an explicit reference to women was in the context of a 1977 population speech which called for expanding poor women's earning options in order to 'delay marriage, increase intervals between child bearing episodes and foster sensible decisions about child bearing.' (World Bank, 1981). Indian policy planners should be careful not to fall into the jargon trap of vested interests, but should try to work towards a gender blind and equitable society where population stabilisation will seamlessly emerge as a consequence of development.

Chauvinistic Belief

The government has not revealed the full text of the draft population policy, but has merely talked about '16 promotional and motivational' measures to achieve the small family norm. The measures in themselves are unexceptionable -- even praiseworthy. However, it is absolutely vital for the country to review the background, goals and context in which these initiatives are situated, and generate a national debate on this all important issue. It is, therefore, incumbent upon the government to initiate a wide ranging national debate on this subject, and gain the benefit of the views of experts and ordinary people alike, with particular reference to NGOs who have been doing wonderful work in this field. If this is not done, the population policy will be nothing more than meaningless rhetoric seeking to achieve impossible and illusory goals.

There is a totally unnecessary air of secrecy about the whole exercise, giving rise to avoidable suspicion about the contents of the full text. While the 16 measures announced so far are positive incentives, even though the context is vague and unrealistic, it is equally important to ensure that disincentives, coercion or gender discriminatory measures find no place in the policy.

It has been our bitter experience that women have often been made the target of population stabilisation policies, and have suffered greatly because of the poor quality of care, and sub-standard conditions under which these programmes are operated. On the other hand, government-sponsored population measures rarely focus on male contraception, because of a widespread chauvinistic belief that contraception will affect virility. Thus, there is a strong and legitimate requirement that the population policy should not be used against the interests of women or the minorities, and it is important for government to reassure the country on this score.

Welfare Language

Finally, it is somewhat worrisome, that very important words and concepts in this area are being casually tossed around without a proper appreciation of what they really mean. For example, in the words of expert Gita Sen, 'The three catchwords of the above approach -- unmet need, reproductive health, and women's empowerment require careful content analysis of their meaning and implication for policy and programme'. If they continue to be used as loosely as they are at present, then even well-intentioned steps taken in this regard, will prove counter-productive. This is evident from the fact that the welfare language used increasingly in statements of population policy objectives is rarely translated into concrete health goals.

For the population policy honestly to address the challenge of human rights and women's empowerment, it is absolutely essential to base all the initiatives on the 'ethics of voluntarism, the human rights of individuals, and the reproductive rights of women'. Until this happens, the debate will continue.

Subject: NPP

Date: Mon, 3 Apr 2000 23:45:17 +0530

From: "DOLKE" <aaasn@nagpur.dot.net.in>

To: "Medico Friend Circle" <mfriendcircle@netscape.net>

Dear friends,

Ravi Narayan sent me a xerox copy of the NPP 2000. Sridhar has also offered the same. Later I received the original document from MoHFW. And now I have the soft copy as a 191 KB PDF file. Let me know if you need the same.

Arun

= = = = =

Arun Dolke

"Sakshi", 18/7 Ujwal Nagar, Wardha Road, Nagpur - 440 025 India

Tel. : (91-712) 260709

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Medico Friend Circle (MFC) - eForum

<http://www.geocities.com/Paris/2893/mfc/mfc.htm>

Send email at mfriendcircle@netscape.net to unsubscribe MFC eForum.

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<http://www.timesofindia.com/310300/31edit4.htm>

Accent on Services

A People-friendly Population Policy

By SAROJ PACHAURI

At long last, India has a National Population Policy that was approved by the Union cabinet last month. Several earlier efforts were thwarted for a variety of reasons. The most significant was that led by the Swaminathan Committee that submitted a policy document to the government in 1994. The latter was widely debated but was eventually buried unceremoniously. The report was prepared shortly before the International Conference on Population and Development (ICPD) at Cairo. At that time, the pre-Cairo discussion and dialogue was at its peak in India. It espoused 'pro-poor, pro-women and pro-nature' sentiments and incorporated many of the concepts subsequently articulated at ICPD.

Soon thereafter, the government began translating within the national context the programme of action articulated at the ICPD. The first significant step was taken in April 1996 when method-specific contraceptive targets were removed nation-wide. The second major initiative was to launch the Reproductive and Child Health Programme in October 1997. In February 2000, the National Population Policy was approved by the Union cabinet and tabled in Parliament in March.

India now has a stated policy to sanctify significant changes already underway. It must endorse concepts currently being implemented nationally. In keeping with this mandate, the policy document states: "Stabilising population is an essential requirement for promoting sustainable development with more equitable distribution. However, it is as much a function of making reproductive health care accessible and affordable for all, as of increasing the provision and outreach of primary and secondary education, extending basic amenities including sanitation, safe drinking water and housing, besides empowering women and enhancing their employment opportunities, and providing transport and communication."

Stable Population

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The immediate policy objective is ``to address the unmet needs of contraception, health infrastructure, health personnel, and to provide integrated service delivery for basic reproductive and child health care.''

The medium-term objective is ``to bring the total fertility rates to replacement level by 2010, through vigorous implementation of inter-sectoral operational strategies.''

The long-term objective is ``to achieve a stable population by 2045, at a level consistent with the requirement of sustainable economic growth, social development, and environmental protection."

While the emphasis on unmet needs and infrastructure development is appropriate, it is unclear how the replacement level fertility or zero population growth will be achieved within the stipulated time periods.

To pursue policy objectives, 14 national socio-demographic goals have been specified which primarily incorporate efforts to improve reproductive and child health and include development goals, including free and compulsory education for girls and boys. Twelve strategic themes are delineated to enhance decentralised planning and implementation, convergence of services at the village level, meeting unmet reproductive health needs and addressing the needs of disadvantaged and unserved populations, and mainstreaming Indian systems of medicine. Operational strategies and action plans have been developed for each theme. However, these can at best provide ideas for developing decentralised action plans.

A very significant move has been to freeze up to the year 2026, the number of Lok Sabha representatives, on the basis of the 1971 census. This is indeed a necessary step for India where there are significant differentials in fertility reduction, and also other socio-development indicators within regions and states, especially between the North and South. For example, a growing concern in Tamil Nadu has been that it would be punished for doing well in contrast to states such as Uttar Pradesh that would benefit although they have performed poorly. This move aims to signify high-level political commitment and provide an incentive to accelerate fertility reduction in states where the pace of decline has been slow.

Corrupt System

The issue of disincentives has been debated in recent months. A proposal had emanated from a discussion during a National Development Council meeting in December 1991, following which a committee set up by the Planning Commission made the recommendation to enforce a two-child norm on MPs and members of the legislative assembly. This issue was discussed during December 1999 but the 79th Constitutional Amendment Bill that had been introduced in the Rajya Sabha in December 1992 was shot down. This Bill had suggested disqualifying prospectively anyone with more than two children to be elected to either House of Parliament. There was little political support for this Bill. The government should be congratulated for resisting the pressures to include disincentives in the new policy.

However, several 'promotional and motivational measures' are to be implemented at the community and individual level. Unlike in the past, these incentives are not just for sterilisation but have been linked to poverty, delayed marriage, ante natal and delivery care, birth registration, the birth of a girl child and immunisation. Cash incentives and health insurance for individuals as well as rewards in the form of roads, schools, etc to panchayats and zilla parishads are proposed. There is, however, serious concern about how these incentives will, in fact, be implemented through weak and often corrupt systems.

The new policy is significant in that it has been endorsed at the highest level which should generate the political will to carry forward a programme

that is already in place through an unstated policy. It is important to have a national policy that can provide an overarching framework for state-level policies and programmes. During the past few years, several states such as Rajasthan, Madhya Pradesh, Andhra Pradesh, Uttar Pradesh, Gujarat and Maharashtra have either put in place or have begun to design state-level population policies -- which is 'putting the cart before the horse'.

Loss of Credibility

As population numbers remain a concern for India, the policy document has articulated demographic goals. There is, however, an effort to balance the twin objectives of reducing fertility and promoting reproductive health. The document articulates the importance of reproductive health and choice and the need to promote partnership between government, NGOs and the corporate sector. Stating the importance of addressing reproductive and sexual health needs of adolescents is an important first step. But adolescents have several other needs which should be addressed holistically. There is a mention of male involvement in terms of enhancing the use of vasectomy and condoms but a lack of clarity on the need to conceptualise the issue of promoting men as responsible sexual partners, husbands and fathers to improve the reproductive health of women and men.

Improving quality of services is implicit in the policy document but should be central to the agenda. Poor service quality in the public sector is closely linked to the current lack of accountability within the system. Recent years have witnessed a growing disenchantment with public sector services resulting in a loss of credibility of the government's programme. How the reproductive and child health programme is implemented will necessarily depend on how the health system functions. Whether and how inter-sector coordination is achieved will depend on how effectively government ministries work together. Clearly, institutional mechanisms must be put in place to translate the rhetoric of policy into reality.

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Pro-Poor Issue (updated monthly)

Elections in India and the Poor

The ICPRD formulated an agenda for poverty eradication and good governance based on the insights assimilated from three planned interactions with 16 Members of Parliament, and, 20 Civil Society leaders working with some four million poor in different parts of the country. The agenda for poverty eradication and good governance included the following issues as a matter of priority:



Gender equity in development, in view of their equal right to development, in view of the increasing pressures on them to contribute to the family resources, and, in the context of widespread bias against their equal participation in the socio-economic development processes,



Universal Employment, in view of the low rate of employment expansion, i.e., 2 percent with 7 million persons joining the ranks of the unemployed each year), and, in view of the widespread unemployment and underemployment in the rural sector,



Primary Health, since 135 million people in India lack basic health care facilities,



Population Stabilization, with India expected to have a staggering 1.7 billion people by 2001 surpassing China in this regard,



Safe Drinking Water, since 226 million people in India lack access to safe drinking water rendering themselves vulnerable to various kinds of diseases and debilities,



Access to Sanitation facilities, since 70 percent of the population lack access to these services,



Enhanced credit access to the poor to enable them to initiate micro-enterprises for self-employment, and



Good governance and public accountability since centralized, bureaucratic and high cost governance leads to instability and unrest.

It had circulated the agenda among the various political parties with the hope that such priority issues will find places in their Manifestoes issued at the time of the General Elections in early 1998 or the elections to some of the State Assemblies in the last quarter of 1998. It had hoped that the political processes would demonstrate adequate sensitivity to the minimum basic needs of the more than 320 million poor, among whom two-thirds are women.

The ICPRD initiated a study of the social and economic goals of the various political parties contained in their Manifestoes on both the occasions to support interactions on what the political processes promised to the poor people.

While all parties participating in the political processes, including the elections, are national level institutions despite the current concentration of some of them in specific geographic regions, the following analysis has been confined to the Manifestoes formulated by the Bharatiya Janata Party, the Indian National Congress, and the Janata Dal. There is no intention to deliberately exclude the Manifestoes of the other political parties; the time constraint has forced the organization to undertake analysis of the Manifestoes of the three political parties. The ICPRD proposes to expand such analysis in the near future and organize a comprehensive discussion on the issue of poverty eradication and good governance as reflected in the manifestoes of all the political parties.

-
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 -  [Poverty Eradication](#)
 -  [Food Security](#)
 -  [Empowerment of Women](#)
 -  [Population Policy](#)
 -  [Good Governance](#)
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 -  [Non-governmental organizations](#)
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-



The Economic Reforms

Most parties appeared to have accepted the inevitability of the Economic Reforms; their focus lay largely in areas and measures which could protect national interests, and, safeguard the interests of the poor and those unable to participate in the Open Market processes.

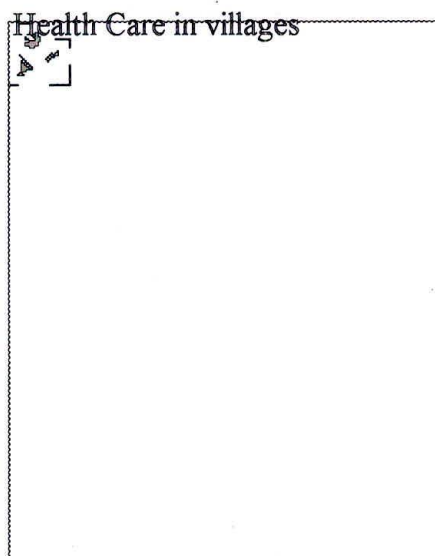
The Janata Dal, for example, records that "India has accepted globalization in principle as part of its general policy of economic reform." It adds a note of qualification by stating that they prefer self-reliance in meeting the country's basic requirements and looking to global economy "only to supplement our own resources". The Bharatiya Janata Party believed that the reforms needed to be "properly strategized from the standpoint of broader national interest and rationally phased in". It made a distinction between "procedural reforms" (rectification of laws, etc.) and "policy formulations" (e.g., policy on insurance, pension funds, etc.).



Poverty Eradication

A perusal of the three manifestoes reveals that there appears to be a substantial consensus on the issue of poverty eradication in the period of what has been variously characterized as the New

Economic Policy, Globalization of the Economy, Liberalization, and the Reforms Process.



Most political parties believed that eradication of poverty could be speeded up through efforts aimed at employment generation. The Bharatiya Janata Party, for example, preferred to look at poverty beyond its "calorific value" and include within its ambit "factors that dilute the quality of life such as illiteracy, lack of sustained employment, malnutrition, lack of shelter, safe drinking water, sanitation and health care". It lamented the fact that the issue of employment generation had so far been treated "as a by-product and not the main goal of development". It called for emphasis on "sectors which offer large potential for employment, including small-scale, artisan-based and rural industries, infrastructure, housing (urban and rural), construction, agriculture, wasteland development and forestry, and, labour-intensive production". The Indian National Congress proposed to continue its earlier practice of a multi-pronged strategy including building physical and social infrastructure, Employment Assurance Scheme to provide guaranteed employment in 120 of the poorest districts of the country, access to credit for working women and women entrepreneurs, etc. It favoured special and immediate policy attention and investment focus for employment-intensive economic policies. The Janata Dal favours a policy that would "maximize employment generation through intensification of agriculture and allied occupations and development of agro-based and other small scale industries and physical infrastructure in the rural areas on the one hand, and, deploy the industrial infrastructure for production of mass consumption durables and machines on the other." It thus feels that a close integration of modern industry, small scale industry and agriculture is critical to the employment generation process. The Janata Dal prefers to make the right to work a fundamental right by implementing Employment Guarantee Schemes all over the country.

The other issue which has found common articulation relates to the role of the specialized employment programmes - the IRDP, JRY, NRY, etc. The Indian National Congress favoured a function-specific view of the anti-poverty programmes: the IRDP to be a programme for creation of assets and the JRY a programme for wage-employment generation. The Bharatiya Janata Party prefers their redesigning with a view to increasing their coverage and effectiveness.

Most political parties have demonstrated sensitivity towards the needs of the informal sector in terms of its productivity levels, access to technology, credit and marketing.

The Bharatiya Janata Party favoured a national agenda for the Bhagidair sector (the in-incorporated sector) which contributes "nearly 50 percent of national income in manufacturing sector, a share of 60 percent in the construction sector, a share of more than 75 percent in the transport sector, nearly 90 percent in the trade sector, more than 80 percent in hotels and restaurants, and, nearly 100 percent in the business and other services like that of a doctor, lawyer, accountant,

goldsmith, plumber, porter, mechanic, electrician, tailor, barber, carpenter, driver, priest, cook, musician, and, in the crafts and professions". It favoured enabling actions by the financial institutions for this sector, social security for this sector, tax deductions for the traditional commitments of this sector, and, a national level law to guard against state excesses. The party believed that this sector had "the greatest potentiality to attack unemployment, poverty and hunger".

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Food Security

The political parties recognized the need for food security to ensure removal of hunger from all parts of the country. such removal of hunger has been seen not just in terms of availability of foodgrains, but in the need for purchasing power with the people to acquire food items on the one hand and the effectiveness of the Public Distribution System to ensure supplies of essential commodities at the desired time periods. The Bharatiya Janata Party, for example, favoured a recasting of the agricultural policy to increase food production.

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Empowerment of Women

All the political parties favoured removal of discrimination against women, establishment of gender equity through creation of new mechanisms for social, political and economic advancement of women, and, reserved representation of women in the national policy-making processes. The political parties favoured property rights for women, equal opportunities in matter of employment and promotion, equal wages for equal work both in organized and unorganized sectors, women's partnership in the management of community assets and properties in rural areas, expanded access to micro-credit, area-specific and job-specific self-employment schemes, stricter laws to deal with molestation, rape and dowry, campaign against child prostitution, etc.

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Population Policy

The political processes have recognized the risks involved in having large population levels in the country. The Manifestoes clearly outline the fears of a billion level of population by the year 2001 and articulate resolve to check the growth rate through increased awareness, improved access to family planning services, using the development contraceptive, etc.

The Bharatiya Janata Party proposes to formulate a National Population Policy in the framework of the reports of the National Development Council and of the Swaminathan Committee. Other measures include incentives to those who adopt the two-child norm (including "high incentives" to those who opt for the "single-child" norm), reduction in infant mortality rates, promotion of women's

education, employment and empowerment, introduction of family planning methods which allow women greater freedom of choice without imperiling their health, and, enhance the age of marriage. The Indian National Congress is concerned at the addition of 1.5 crore people to the country's population each year. It favours a "more determined effort in north India and in the 150-odd districts where fertility declines are taking place at a very slow pace.

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Good Governance

The political parties recognize the need for good governance. Most parties favour creation of small states, introduction of regional development councils in remote and difficult terrains, administrative reforms to facilitate just, progressive and participatory administration and implementation of socio-economic development programmes. Jammu & Kashmir, and, the North-eastern states have received special attention from most political parties; the parties favour a development-oriented approach to the problems of insurgency and militancy on the one hand and support to mutual understanding and negotiations. The development programmes include forestry, tourism, handicrafts and other employment-oriented industries for the north-eastern region.

However, there are differences in perception as well. The Bharatiya Janata Party, for example, favours Constitutional Reforms through a Commission to comprehensively review the Constitution of India.

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Right to Information

Transparency in and accountability of the functioning of the governmental processes has also attracted attention of the political parties.

The Bharatiya Janata Party, for example, spoke of three specific measures aimed at this end: these included (i) enhancing public access to information to the maximum extent possible, (ii) reviewing laws and regulations concerning accountability, and, (iii) introducing social audit of development programmes, especially in rural areas. The Indian National Congress favours A Freedom of Information Act to end the culture of secrecy and to ensure openness in administration.

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Panchayat Raj

The revival of the institutions of local self-governance with the 73rd and 74th Amendments to the Constitution of India has been hailed by most political parties as a step to concretize decentralization of planning and development management. However, parties appear to vary in their

approach to issues aimed at strengthening such institutions.

The Bharatiya Janata Party, for example, favours grant of greater autonomy to such institutions by making them financially self-reliant. The Indian National Congress accords seminal significance to the Panchayat Raj Institutions by viewing these as "the first tier of democracy", as against the popular view of such institutions being the third tier of democracy. It attaches considerable significance to the mass base of democracy facilitated by emergence of nearly 30 lakh people's representatives at the grassroots, 10 lakh of whom are women, participating in governance processes. It is a bit more concrete in its approach to strengthening of the local bodies; it favours transfer of all rural development funds (currently at around Rs. 8,000 crores per year) directly to Zilla Parishads and other Panchayat institutions. Apart from providing funds to the Nagarpalikas, it favours development of municipal bond market as a way of raising resources. The Janata Dal favours a focus on the Gram Sabhas and City/Town Ward Assemblies in the planning process and its implementation.

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Non-governmental organizations

Most political parties favour NGO roles in "social mobilization" and in the "implementation of all development programmes". The Indian National Congress favours review of FCRA to reduce control over development-oriented and professionally-managed NGOs.

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The Process of Converting Promises into Reality

The substantive agreement on broader contours of poverty eradication and good governance leads one to believe in two possibilities; one, the political parties really mean business about these two issues, and, two, most such statements are holy sentiments that are routinely articulated and rarely pursued by vigorously by the political processes. We believe that the first option represents the reality.

Where do we go from here. Should we initiate social audit sector-by-sector and build pressure in favour of pro-poor policy making and programme implementation? Should we create situations by which more parliamentary time is devoted to these two issues? Should we plead for the weakest link in the current political beliefs: the under-nourished Panchayati Raj institutions, particularly at the level of the Gram Sabha and the Panchayat Samitis? We invite your suggestions.

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Your Contribution and Suggestions

Your Name

Your E-mail address

Topic of Interest

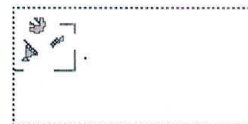
Your Contribution / Suggestions concerning
the abovementioned topic

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Trip.com. Where would you rather be this summer?

Subject: Maharashtra Population Policy

Date: Thu, 27 Apr 2000 23:10:42 +0530

From: "DOLKE" <aaasn@nagpur.dot.net.in>

To: "Medico Friend Circle" <mfriendcircle@netscape.net>

Dear friends,

Here comes the Maharashtra Population Policy Statement. It's heartening to learn that the govt. has adopted an interdisciplinary approach. Let's become part of it (NGO participation is ensured in several committees) and make it meaningful.

Arun

= = = = =

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MAHARASHTRA POPULATION POLICY STATEMENT VISION 2010

I. NEED FOR POPULATION POLICY

The State of Maharashtra, located in the western part of India, belongs to the category of relatively better-developed states of the country, whether viewed from the point of view of literacy, urbanization or various other socio-economic indicators. Although the state has done well in the area of family welfare, it is characterised by uneven development amongst its regions. There exists vast regional discrepancy with regards to implementation of the population programme. Further, despite overall socio-economic improvement the progress in vital indicators has not been very impressive. For eg although Maharashtra was at par with Tamil Nadu in terms of Crude Birth Rate (28.5 and 28.8 respectively) and TFR (3.6 and 3.4 respectively) in 1989. It was much behind Tamil Nadu in these indicators in 1993. The current level of TFR in Maharashtra is 2.7 per women, which is much higher than the replacement level fertility of 2.1 required to initiate the process of population stabilization. The Technical Group on Population Projections constituted by the Planning Commission, Government of India projected that Maharashtra would be able to achieve replacement level fertility only by 2008 - 2009. This does not mean that Maharastrians are either not aware of the programme or are not willing to accept it. On the contrary, there is universal awareness regarding Family Planning amongst eligible couples and there is an unmet need for family planning services in the state (NFHS, 1992-1993) even amongst the poor. This reveals that people of the state do not want more children but are not using family limitation practices. If the existing unmet need is converted into demand and unwanted pregnancies are avoided, it would be possible to achieve TFR 2.1 in the year 2004.

Further, following the mandate of ICPD, Maharashtra wants to change the

focus of the Population Programme from a population control taraget oriented approach of reducing numbers to developing programmes designed to address the reproductive health needs of couples, especially women. With this in mind, the state decided to draft a population policy - Vision 2010.

II. MISSION

The mission of the Population Policy is to achieve Population Stabilisation at the earliest by improving the quality of life of its people through reducing the glaring regional im -balances in socio-demographic characteristics and providing good quality need based services to couples especially women.

III. OBJECTIVES

The main objective of the Population Policy is to reach a TFR of 2.1 by 2004. For this, contraceptive prevalence must increase from the present rate of 61 (NHFMO) 1998 percent to around 65 percent by 2004. With focus on young couples and spacing methods. Steps would also need to be taken to ensure that the Infant Mortality rate is reduced from the current level of 49 to around 30 by 2004. The maternal mortality rate would also need to decline from the current level of 320 per 100000 live births to around 100 by 2004.

The Population policy also aims to promote gender equality in all spheres of life including family and community life. It would aim to improve the low status given to the girl child and safe guard her rights. The policy would also attempt to empower women to become equal partners in the development process by enhancing their role in decision making and improving their status.

IV. BROAD STRATEGIES

The Population policy can be implemented through a set of broad strategies, which would provide guidelines for designing of programmes. Maharashtra's Population Policy envisages two broad sets of Strategic Initiatives. One, Immediate Strategic initiatives, which would be required to achieve replacement level fertility by 2004. These would include: Effective Management of the family welfare programme; Involvement of key stake holders like the Panchayati Raj Institution, Cooperatives, NGO's, Corporate Sector in programme implementation and Inter - Departmental cooperation. The other set of initiatives would be the long term strategies required to stabilize population growth and would include broad developmental goals like enhancing the status of women and bringing them into the main stream. The specific strategic initiatives that will guide and direct implementation of Maharashtra's population policy are:

A. Improving Management Of the Population Programmes to provide need based services.

(i) Decentralising planning and programme Implementation

In order to promote population policies in the context of social equity and development an Expert Group on Population policy set up by the Government of India in 1993 suggested a radical shift in planning process by adopting the principle "think, plan and act locally and support nationally". Maharashtra's policy endorses this. This has been facilitated by the 73rd and 74th Constitutional Amendments, which have made the establishment of elected Panchayats and Nagarpalikas mandatory. The planning tool suggested for the grass root level by the expert group on population policy is a Socio Demographic Charter for use at the village , town or city level like the

five year plan at the central and state level. Each Panchayat and Nagrapalika will be encouraged to prepare a socio- demographic charter for their village/town with the twin goal of priority setting in meeting the unmet minimum needs of the local population and achieving harmony with nature by promoting the conservation and sustainable utilisation of natural resources. The Socio- Demographic Charter would give scope to the elected members of local governments to prioritise their unmet minimum needs and develop a feasible strategy for meeting them within a stipulated time frame.

(ii) Integrating Reproductive and Child Health Services in the Population Programme

The goal of the Family Planning Programme will be redefined to provide comprehensive reproductive health services to enable couples meet their reproductive health goals by determining freely and responsibly the number and spacing of their children. The programme will give serious consideration to the following reproductive health elements:

- Strengthening babe motherhood services.
- Provision of safe abortion services,
- Assurance that Contraceptive Services are delivered safely,
- Prevention, diagnosis and treatment of RTIs and STDs,
- Services to address sexual and reproductive health needs of adolescents,
- Strengthening child health services especially neo- natal care,
- Encouraging men to take responsibility for family planning and reproductive health, and
- Providing women-centred gender sensitive services
- Increasing age at marriage
- Provision of care for the elderly

(iii) Improving quality of care and increasing client focus

Reproductive health programmes will be designed to address client's needs. An important implication for their implementation would be to provide quality of services from the users perspectives. This will help to bridge the gap between providers and users of services. The programmes will be redesigned to address the different needs of men, women and adolescents in different stages of their life cycle.

By providing good quality, need based services it is hoped that 14 percent currently married women in Maharashtra who have an unmet need for Family Planning Services can be approached to adopt contraception enabling Maharashtra to attain TFR 2.1 by 2004.

(iv) Reducing Regional Imbalances

Maharashtra has the highest percentage of urban population. A large proportion of this population lives in slums, which have inhospitable and unhygienic living conditions due to poor sanitation facilities, unavailability of clean drinking water and poor health care services. Similarly, a fairly large percentage of Maharashtras Population is tribal. Tribal populations suffer from high infant, child and maternal morbidity and mortality and hence need special attention. Smaller villages having less than 500 Population also need to be given focused attention. The policy would design specific programmes and implementation strategies to meet the needs of disadvantaged groups like urban areas, especially slum dwellers, tribals and smaller villages thus reducing the striking regional imbalances in socio-economic development and demographic indicators.

(v) Training of service providers

Service providers will be trained to enhance their counseling and technical skills to improve quality of services provided. Service providers will also be trained to be sensitive to gender specific needs and issues to help cater to women's specific needs of reproductive health.

B. Involvement of Panchayats, NGOs and the Private Sectors

The involvement of Panchayats in the population programme can greatly help to introduce location specific concerns and make the programme a people's movement. The involvement of panchayats, especially women members will increase attention towards the specific problems of women and children who represent the sections most vulnerable to ill health and disease. Panchayat members can aim to improve women health by changing social attitudes and behavior practices towards health of women and girl children through continuous dialogue, information and education.

The Maharashtra Government, hence, aims to involve Panchayati Raj institutions as partners in implementing the population programme. The government will also actively encourage the involvement of private institutions in its efforts to expand the reach of reproductive health services. The involvement of voluntary agencies will contribute in creating demand for high quality services and stimulating community involvement in providing these services.

If Population Stabilisation efforts are to be sustained in the long run they need to be owned, planned and implemented by local communities using resources mobilized from within the community. Hence community participation will be a guiding principle for Maharashtra Population Programme.

C. Inter-departmental Coordination

In the past health and development programmes have been vertically administered, there is hence an urgent need to horizontally integrate these programmes. This is because inter- sectoral linkages are needed for coordinating and promoting a synergy of efforts to ensure programme effectiveness as well as for minimizing duplication and ensuring effective utilization of resources. A major thrust of Maharashtra's policy is to broaden the population agenda by promoting inter-sectoral coordination and involvement of several Government Ministers, especially those responsible for Women and Child Development, Youth Affairs, Panchayats, Education, e.t.c. At the users level also, convergence of services is required because most often services are provided by the same provider at the peripheral level.

Thus, to achieve its vision of 2010, Maharashtra's population Policy has recognized the close linkages between social and health issues in population control and adopted a synergistic approach based on needs of the people especially women.

D. Integrating Population and Development efforts for Population Stabilisation

The long term strategic initiative required to stabilize Maharashtra's population are the broad development goals like enhancing women's status by investing in their education, creating a climate in which women can exercise their rights freely, Incorporating gender concern in all developmental programmes, promoting progressive social practices to help women move away from their stereotype roles and bringing to the mainstream, women's issues in development by identifying their limitation and needs and integrating them into the planning process. This would be done by designing special

schemes to provide gainful employment to women and involve them in decision-making roles.

V. IMPLEMENTING MECHANISM

For effective Implementation of the Population Policy, an appropriate structural mechanism needs to be put in place. This Mechanism will not only help to ensure Political and Social Commitment but also result in support from bureaucrats and administrators who are actually responsible for programme implementation. A strong commitment from bureaucrats and politicians will help to work in coordination with other development departments. In Maharashtra the following institutional mechanism has been suggested.

A. State Population and Development Commission.

This will be the apex body responsible for reviewing and adopting policies consistent with the states socio- economic and demographic goals. The commission will be headed by the Chief Minister of the state who would be the Chairperson of the Commission. The Chief Secretary to the Government of Maharashtra will be the Member secretary of the Commission. The Commission will have as its members;

- (i) Ministers of Department, of Education, Health and Family Welfare, Medical Education, Women and Child Development, Finance, Rural Development, Urban Development, Youth affairs, Environment, Tribal Welfare and Planning, Public Works department and Social welfare department.
- (ii) Leaders of Opposition Parties
- (iii) Member from a leading NGO
- (iv) Representative from a womens Organisation
- (v) Representative from the Corporate sector and
- (vi) Population Scientist
- (vii) Two eminent personalities

B. Steering Committee on Population

The steering committee will coordinate and monitor implementation of the Population Policy under the Chairmanship of the Chief Secretary. It will be responsible for the initiation of innovative programmes and schemes for population control, enhancing the status of women and reaching out to the unreached. Thus, this committee will help to achieve the objectives of the policy by working in close coordination with partner departments. The Secretary Family Welfare will be the member secretary of the committee. The committee will have as its member's secretaries of relevant development departments, representative from an NGOs community/religious leader and a renowned demographer

C. District Population and Development Committee

In order to horizontally integrate the programme and achieve convergence at the district level and below the District Population and Development Committee would be established under the chairmanship of the Collector. It would have as its members, heads of all development departments at the district level, representative of NGOs and other prominent personalities. The CEO will be the member secretary of the committee. The Committee will oversee implementation of the population Programme at the district level and below.

National Population Policy, 2000

Swaminathan to Shanmugham

As the country gets ready for the 2001 Census of India, the prospect of confronting the new population figures which will reflect the differential growth rates of population among the states has prompted the Vajpayee government to present, at last, the new population policy.

ASHISH BOSE

India's quest for population stabilisation began in 1951, with the formulation of the First Five-Year Plan. After five decades of planning, including a centrally-sponsored family planning (remained as family welfare) programme, population stabilisation still remains an elusive goal. The National Population Policy announced by N T Shanmugham, union minister of state for health and family welfare on February 15, 2000, states that the long-term objective of the policy is "to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development and environmental protection". In the long run, population stabilisation will be the culmination of about 100 years' efforts of a highly bureaucratic programme notwithstanding periodic pronouncements by successive governments about the vital need for making family planning "a people's movement".

The fundamental question is: can the government generate a people's movement? It should be obvious that it cannot. International donor agencies, disillusioned by the largely unsuccessful implementation of India's family planning programme are enchanted by NGOs but India's recent experience shows that most of the NGOs are elitist organisations, far removed from the people: they are basically DONGOs – donor-driven NGOs who will collapse as soon as the foreign money is withdrawn, and GONGOs – government-driven NGOs which are captured by bureaucrats or their wives and quite often by the wives of ministers. These organisations too are far removed from the masses. What should we do then? If neither the government

nor the NGOs can set us on the path of population stabilisation, should we look to other mechanisms like the one suggested by an Expert Group on Population Policy headed by M S Swaminathan, the famous agricultural scientist and environmentalist who, in the report submitted to the prime minister in May 1994, had recommended an independent Population and Social Development Commission which "will function in a manner similar to other commission of Government with executive powers such as the Atomic Energy and Space Commissions".¹ The report also suggested that the proposed commission "will be headed by a full-time chairperson who will be an eminent social worker or a professional respected in the country for commitment to the cause of population stabilisation and social development". It further stated that the proposed commission "will take over many of the responsibilities now borne by the Department of Family Welfare of the Government of India. The funds available...will be credited to a Population and Social Development Fund."

The Swaminathan Committee's report has remained in cold storage since 1994. Successive prime ministers asked the top bureaucrats to examine this report but they were dead against dilution of the bureaucracy inherent in the recommendations. They were willing to accept other recommendations of the report like endorsing the "national socio-demographic goals for the year 2010" but firmly rejected any effort to restructure the department of family welfare or give greater financial autonomy to states to run the 100 per cent centrally-sponsored programme. Successive health and family welfare ministers were too weak to assert themselves

or influence the prime minister. In this process of examining the Swaminathan Committee report, the government of India wasted six years, during which period India's population increased by over 100 million.

It is indeed a dramatic situation: We want almost 100 years (starting from 1951) to stabilise the population and we added 100 million people while the bureaucrats and ministers were engaged in 'examining' Swaminathan Committee report. What about the price tags? The budgetary allocation for family planning in the First Five-Year Plan (1951-56) was Rs 65 lakh. In the budget for 2000-2001 just presented to parliament, the budget for family welfare is Rs 3,520 crore (the department of family welfare is demanding a doubling of this figure to implement the new Population Policy). In short, the expenditure on family planning /welfare has risen at a much faster rate than the growth of population.

Shanmugham provides for a whole range of monetary incentives which are called "promotional and motivational measures" in the new policy document. Following are a few examples:

- Reward panchayats and zila parishads for exemplary performance in universalising the small family norm, achieving reductions in infant mortality and promoting literacy with completion of primary schooling.
- a) Department of Women and Child Development awards a cash incentive of Rs 500 at the birth of a girl child, to promote care and survival of the girl child, up to two children.
- b) Department of Rural Development has a Maternity Benefit Scheme to award a cash incentive of Rs 500 to mothers who have their first child after 19 years of age, up to the birth of the second child. In future, disbursement of this cash award will be linked to compliance with ante-natal check-up, institutional delivery by trained birth attendant, registration of birth and BCG immunisation.
- c) Couples below the poverty line, who undergo sterilisation with not more than two living children, will be eligible for a health insurance plan, involving hospital insurance not exceeding Rs 5,000/- (for the children and the couple), besides a personal accident insurance cover for the spouse who undergoes sterilisation.
- d) Couples below the poverty line will be rewarded if they marry after the legal age of marriage, register the marriage, have their first child after the mother reaches the age of 21, accept the small family norm and adopt a terminal method after the birth of the second child.

- e) A revolving fund for income generating activities by village level self-help groups, who provide community level health care services.

It is worth recalling that the Swaminathan Committee had clearly stated that "incentives in cash or kind given by the central and state governments for the acceptors of contraception as well as to motivators and service providers will be discontinued".

During the deliberations of Swaminathan Committee, I took the view that foreign 'kubuddhi' (bad advice) to which some of our bureaucrats and politicians succumbed was responsible for injecting cash incentives in our health delivery system which resulted in widespread corruption. My definition of corruption included cooking of data for showing 'progress' of the family planning programme. I believe that social transformation cannot be brought about by an advertising approach backed by increasing cash flows, unless we tackle fundamental problems affecting our economy and society. My diagnosis of India's population problem focusing on four key states of Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh (my acronym BIMARU has now gained wide acceptability) where economic, social and political backwardness have perpetuated their demographic misery, remains valid and every exercise in statistics done by India's decimal-point demographers only strengthens my thesis which I conveyed to the then prime minister in 1985 through my acronym BIMARU (in the Hindi dialect of eastern Uttar Pradesh it means 'sick').

From Swaminathan to Shanmugham is a long story of political procrastination. In fairness to the bureaucrats, I must say that the new population policy does reflect a sincere attempt by the senior bureaucrats to spell out a policy within the four walls of bureaucracy. The department of family welfare is headed by a highly competent bureaucrat who conducted successfully the world's second largest census in 1991. One may ask: What is the role of politicians? The National Population Policy, 2000 states:

The 42nd Constitutional Amendment has frozen the number of representatives in the Lok Sabha (on the basis of 1971 Census levels), and is valid until 2001. In order to enable state governments to fearlessly pursue the agenda population stabilisation, this freeze must be extended until 2026.

It was this clause which attracted the attention of the media and has aroused

considerable controversy. It may be recalled that Swaminathan Committee had recommended:

As of now, the seats in parliament and legislatures are frozen till the year 2001. Consistent with the goals of this policy, it is proposed to extend the period of freezing of seats up to the year 2011.

As the country gets ready for the 2001 Census of India, the prospect of taking note of the new population figures which will reflect the differential growth rates of population among states, and in particular, the sharp contrast in the growth rates of Kerala, Tamil Nadu, Andhra Pradesh and Karnataka in comparison with the Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan (what we call the North-South Demographic Divide) assumes very great urgency. The Vajpayee government has suddenly woken up and announced a new National Population Policy and has en-

dorsed at least one recommendation of the Swaminathan Committee but extended the date to 2026 instead of 2011 for the freeze.

The necessary constitutional amendment will have to be passed by parliament. If this is not done, Uttar Pradesh will be rewarded with 100 seats in Lok Sabha (instead of 85) and all the southern states will lose a number of seats, reducing their political leverage. The Vajpayee government's concern for this political safety net is understandable. Leaving aside the well-being of our politicians, one may ask: What about the economic well-being of one billion people? [27]

Note

- 1 All quotations from Swaminathan Committee report are from the full reproduction of the report in the following publication: Ashish Bose, *India's Population Policy: Changing Paradigm*, BR Publishing Corporation, New Delhi, 1996, pp 197-228.

Impact of Cyber Vandalism on the Internet

The series of crippling cyber attacks in the second week of February not only forced the closure of a number of important web sites for hours, but also made a serious dent in customer confidence in internet based e-commerce. Can a voluntary, industry-led programme keep the internet open, free and secure without help from governments round the world?

C SATAPATHY

The second week of February saw a series of crippling cyber attacks on a number of prominent internet companies. On Monday, February 7, the *International Herald Tribune* carried an article titled 'Storing Secrets on a Home Computer Is Like Telling Hackers, Help Yourself' and side by side another article titled 'Free Services on Web Can Assess and Fortify Computer's Defences'. Ironically, the same day Yahoo, the busiest web site of the world and also one of the most sophisticated and well-secured, was shut-down for about three hours because of cyber attacks. On Tuesday there was a similar attack on Buy.com, an e-commerce site that sells computers and electronic products online. The same afternoon, eBay, a leading online auction web site, was

incapacitated followed by almost simultaneous attacks on Amazon, the biggest e-commerce web site, and CNN.com, the news service web site. On Wednesday, the attacks shifted first to ZDNet, a media web site that provided high technology news, and then to E*Trade, an online brokerage web site. There was possibly an attack for a short time on another brokerage site Datek Online, but the site has denied that it was attacked. Finally on Wednesday night, web portal Excite@Home became the ninth victim of such attacks.

By far these attacks were the most serious in the history of internet which not only literally closed down these important web sites for hours but also made a serious dent in customer confidence in the internet-based e-commerce itself. If these sophisticated web sites could not ward off cyber attacks on themselves, how are they going

HP 3:6



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India defends new population policy, says no coercion involved

Feb 17 2000 18:39 IST

NEW DELHI, Feb 17 (AFP) - India on Thursday defended its new population control policy, saying there was no question of using coercion in its implementation.

"There will be no coercion, no force," A.R. Nanda, the head of the government's family welfare department, told reporters.

"The policy will be based on informed consent and democratic principles," Nanda said.

The new programme, which was cleared by the cabinet on Tuesday, offers incentives to couples having no more than two children.

The world's second most populous country with nearly one billion people, India has had some disastrous experiments with family planning.

A sterilization programme launched in the late seventies was widely abused by doctors who received financial incentives to perform vasectomies and often forced men to have the surgery.

Nanda said the government's medium term objective was to bring down the total fertility rate to two children per couple by 2010 and thereby achieve a stable population by 2045.

"Within four to six years if at least 30 percent of the contraceptive needs are met then total fertility rate can be brought down to 2.1 by 2010," Nanda said.

Since independence in 1947, the fertility rate has been cut from six births per woman of child-bearing age to 3.5.

The new population policy will be placed before parliament when it starts its budget session next week.


"There has been a paradigm shift in the policy. There will be an integrated service delivery system by way of self-help groups which will cover all the villages," Nanda said.

The government will need 60 billion rupees (1.4 billion dollars) in the next two years to implement the policy.

"Earlier the funds used to be dispersed by the federal governments and there were bureaucratic hurdles. But that will change now," Nanda said, adding that the government planned to give more attention to demographically backward states such as northern Uttar Pradesh, Bihar, Rajasthan and Haryana.

India's population grows by 30 a minute, 1,815 per hour, 1.3 million per month and 15.7 million a year -- close to the population of Australia.

If Uttar Pradesh, with a population of 156.9 million people, were an independent nation, it would be the world's fifth most populous.

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nation, it would be the world's fifth most populous.

India was the first country in the developing world to initiate state-sponsored family planning in 1952 and, on the surface, the official figures suggest some measure of success.

But a declining death rate has seen India's population grow by two percent annually since the 1960s. As a result, the population has almost tripled from the independence-era figure of 350 million.

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Date: Tue, 2 May 2000 10:08:36 +0530
From: "nhpp" <nhpp@bol.net.in>
To: "thelma narayan" <sochara@vsnl.com>


May 2 2000

Dr Thelma Narayan, Coordinator, CHC.

Dear Dr Thelma

Here is something which I thought might interest your team. I will welcome your comments.

Regards, Sincerely, D Banerji.

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March 12 2000

THE VOICELESS AND THE NEW POPULATION POLICY

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Where is the voice of the voiceless in the newly devised National Population Policy (NPP)? As one who has found himself on the other side of the barricade after very carefully analysing the making of the infamous Family Planning Programme of India since its inception in the early 1950s, this sums up my comments on the NPP. The bureaucrats, the technocrats and the political leadership and the ubiquitous foreign consultants, seem to live in a make believe world of their own, deciding what is good for the voiceless. Considering the class structure in the country, this should not be very surprising. The 'fight' against the rising population is a fight between the 'classes' and the 'masses'.

It reminds me of a very pertinent incident that took place some forty years ago. A family planning worker was 'motivating' a villager by telling him '*Baba, nasbandi karwale* (Baba, get your self vasectomised). He asked *Kyon, babuji?* (Why sir?). The reply was : *Abadi barhne se sara desh doob jayega* (the country will be drawn by population growth). Baba observed *Woh to acchi bat hogi, Babuji. Abhi to hum he doobe hue hain; tum bhi hamare saath doobo!* (That will be good a idea, sir. Till now only we were drowned; now you also drown with us!). This has been the voice of the voiceless. But the powers that be was not prepared to listen to such unpleasant comments. Another familiar observation to justify the sterilisation programme was to say 'that family planning must be implemented vigorously, even ruthlessly, if so warranted, because otherwise the fruits of development will be eaten away by the rising numbers'. These people never paused to ask the simple question: who had been eating the fruits of development during the past fifty years? A tempting inference from this unease of the ruling class will for the voiceless to use population growth as the ultimate weapon to wrest their legitimate rights on their share of fruits of development from their oppressors.

This relation of population and a just social order was recognised by progressive thinkers during the freedom struggle, like Gyanchand, as early as in 1937. In the preface to his book, *India's Teeming Millions* he observed:

'Population problem is important and has to be dealt with, but only a neo-Malthusian propagandist without an understanding of its essentials can maintain that for its solution all that is necessary is to popularise birth-control on a national scale. The population problem, I have made it fairly clear in this book, is the problem of remaking of a derelict people. Its solution depends upon a complete and radical

reconstruction required by the needs of the situation and cannot be carried out without making control of population an integral part of the whole scheme of construction.'

The contrast between the thinkers of our freedom movement and what was implemented by those who took over political power after India gained Independence could not have been sharper. Egged on by consultants from organisations like the Ford Foundation, the new political rulers took the role of 'neo-Malthusian propagandists', as was feared by Gyanchand in 1937. The rulers of independent India got frightened by the spectre of rapid population growth. Their class compulsions came in the way of what Gyanchand had called 'making population control as an integral part of the whole scheme of construction'. As they had been reluctant from the very beginning to deny the masses their due as enshrined in the Constitution,

they apparently came to the conclusion the masses should be made to accept a birth control drive without undertaking the associated task of 'programme that the task of 'remaking a derelict people.'

Unfortunately and grimly ironically for the derelict people, who had no voice in shaping their destiny, the rulers almost deterministic ally followed the footsteps of the British colonialists. The new rulers too concluded that such a (hatchet) job of 'sterilizing people on a large scale be better handed over to the bureaucrats, who carried a long British 'heritage' of imposing the will of the rulers on the hapless masses. Coercion of the people in various form became a routine in the implementation family planning in democratic India; this did not come in the way of the rulers and of their mentors from abroad in passionately swearing by their undying commitment to upholding human rights of all the people. Masses of people of independent India became the 'target' for sterilisation of its 'own' government. It took a more menacing form for the voiceless when, in 1967, the ministry of health was bifurcated into departments of 'health' and 'family planning' and the latter department was handed over to bureaucrats to enable them to apply their well tested methods of getting the 'results'.

Ignoring the crying need for allocations for fulfilling such constitutional directions to the state to as to provide free and compulsory education to all the children between ages 6-14, 'protect and promote health nutrition of all the people' and ensure provision of employment, the Government of India and the Planning Commission assigned over-riding priority to this bureaucrat-driven, target oriented sterilisation drive. The allocations for family planning shot up from a mere Rs 6.5million in the First Plan to a colossal Rs 65,000million in the Eighth Plan - a 10,000 fold increase.

However, despite all the efforts, the population of the country grew relentlessly: census figures show that it grew by 109million during the sixties; it went up by 137million in the seventies; and it shot up by 160million in the eighties. The population of the country rose from 351million in 1951 to one billion at present. A cynic can exclaim: greater the allocation, greater is the population growth! The expected growth during the nineties is also to be around 160million. This is despite taking recourse to mass sterilisation camps, use of more overt physical force to vasectomise more than nine million people during the Emergency period of 1975-76 and adopting the abhorrent tactic of denying people access to services at government health institutions, if they could not show evidence of sterilisation. The excesses committed to impose sterilisation of people during the Emergency period will go down as the darkest chapter in the history of independent India; the overthrow of the perpetrators of such deeds by the long suppressed, predominantly illiterate voiceless people will down as a golden chapter in that history.

In addition to waste of huge quantities of resources of a desperately poor country like India, the preoccupation with the implementation of the birth-control drive and consequent neglect of other health services has had a devastating impact on health services system, particularly the rural health services in India. The family planning programme 'hijacked' the health services. The result was that neither of them could yield the results for which they were planned. As a consequence of the depredations caused by the family planning for over three decades and a half, the state of health services has touched such a low point that even injection of huge amounts of resources to atone for its long neglect will not be found adequate. The malady has corroded the vitals of the health service system; the entire system of

organisation and management is in a shambles. Family planning stands out as the darkest and the biggest blot in the landscape of the health services development of the country. ||

The family planning programme thus inflicted three major blows to the country: it repeatedly failed to yield the expected results; a huge quantity of resources was wasted in its implementation; and, it dealt a devastating blow on the health service system of the country from which it will take a long time to recover. These ill-effects were pointed out to the political leadership, the programme authorities, the academics, particularly demographers and planners and the personnel from involved foreign agencies by those who chose to be 'on the other side of the barricade'. The political leadership, including those who called them Marxists in the Parliament as well in the states ruled by them, looked the other way, when the plight of the voiceless was pointedly brought to their attention.

Expectedly, the bureaucrats, who in any way were mere 'birds of passage' in the department of family planning, were never held accountable for their wrong decisions. As the bureaucrats were mostly novices in this complex area before they were assigned the top post in the department of family planning and the average period of their stay in the department was well below two years, it is unreasonable to have any expectations from them. But, then why were they given so much of authority by their political mentors? The ultimate accountability is thus basically a political one - that of the minister incharge, the cabinet, the National Council for Health and Family Planning, the National Development Council, the Planning Commission and finally, of course, of the Parliament. How far have they fulfilled their obligations?

In discussing the process of formulation of a national population policy for a vast and a complex country like India, it is necessary to take into account at least three major considerations:

- i. Policy formulation is a highly complex academic exercise. First and foremost it is a political process, which sets the trend for the other processes involved in the exercise. Inputs from cultural anthropology, sociology, social psychology, demography, contraceptive and health technology, public administration (including management), are some of these processes. Relevant data from these different disciplines then had to be processed together to find the best policy frame that fits into the political intent.
- ii. It should be logical that before one sets out to give shape to a 'new' policy, one gets together the earlier efforts made in this context, analyse at least the major ones among them and, if these ideas do not find place in the new policy document, give justification for not agreeing with them.
- iii. A new policy must be based on a thorough analysis of the past experience in India and elsewhere, if that is found relevant to explain the recommendations.

It is futile even to look for a semblance of effort made by the department to take into account the issues referred to in the foregoing three sets of considerations. One feels much more than cynical - it causes a deep rooted sadness - to go through the document as presented in the January-February, 2000 issue of the *Health for the Millions*. It is a supreme irony that this very number contains my column of 'Voice for the Voiceless' under the heading *Decaying Health Services and Increasing Suffering of the Voiceless*

The NPP narrates as many as 14 'socio-demographic goals' and follows it up by setting out 12 'strategic themes' and mentions that 'for each of the strategic themes, specific operational strategies are described in an 'Action Plan'. It is not known what these unstated action plans are.

One can find almost all the items listed in the socio-demographic goals and the strategic themes either in the Indian Constitution or in the early Five Year Plan documents or in the National Health Policy document of 1982. There is little to show that the authors of NPP have come to a conclusion that this time the 'Action Plan' they have in mind will deliver the long, long delayed services to the long suffering voiceless people of the country. Significantly, the authors have chosen to ignore the recommendations of the Swaminathan Committee of 1994 or what the then Prime Minister Rajiv Gandhi presented in his inaugural address to the International Population Conference, held in New Delhi in 1989. They ought to have given reasons why they did not think that the Swaminathan Committee's idea of having a supra-ministerial National Commission on Population, headed by a highly qualified and respected person, who

has executive power and who has a rank of cabinet minister, reporting directly to the Prime Minister, was not acceptable to them. The same committee also recommended merger of the departments of family planning with that of health to form a composite ministry. The authors give no reason for rejecting these recommendations. Worse still, the Swaminathan Committee submitted its report in 1994. Some of the most respected scholars in this field were members of this Committee. In their enthusiasm, they were visualising a parliamentary debate on the report. No such debate took place. A copy was placed in the Library of the Parliament! The fact that the report has been collecting dust all these six years and that it apparently failed to impress the authors, speaks volumes on the way the bureaucracy works in our country.

A similar, if not a worse fate meted the 1989 policy framework propounded by the then Prime Minister Rajiv Gandhi. He had made some eminently sensible points: no single central pattern of family planning; formulation of Zonal programmes, depending on specific socio-demographic situations; providing family planning as a part of an integrated development package; and decentralisation of family planning administration. It is an awe inspiring demonstration of power by the bureaucracy that they non-challantly ignored the policy perspective of no less a person as the Prime Minister of the country, what to speak of the Swaminathan Committee. After some minor changes, the union cabinet has used its collective wisdom to put its seal of approval to the New National Population Policy based on ideas that flow out of one-track minds of bureaucrats.

Very enlightening indeed!

DD
Dr. D. Joshi.

HP 3:8

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SPECIALS**Centre adopts a new Population Policy**

Our Political Bureau
NEW DELHI 15 FEBRUARY

In a move that is expected to give a boost to states to pursue population control measures, government today proposed a freeze on the number of seats in the Lok Sabha at current levels upto '26 as part of its new Population Policy.

The meeting of the Union Cabinet here today also endorsed the setting up of a new panel on population headed by Prime Minister A B Vajpayee to review the implementation of the National Population Policy 2000. The new three-pronged policy aims at population stabilisation by '45 and continues with the two-child norm, besides outlining 16 "promotional and motivational measures" to implement this vigorously. Among the measures identified for pushing the small family norm were community level incentives, and family welfare-linked health insurance schemes for families below the poverty line who undergo sterilisation after two children.

The cap on number of seats in the Lok Sabha is perceived as rectifying a lopsided policy by which states such as UP and Bihar — although they failed to match the population control goals as effectively as others such as WB, Tamil Nadu, Kerala and Andhra Pradesh — were allowed more Lok Sabha seats based on an increased population ratio. The move, according to the policy, was meant to allow states to "fearlessly pursue" the policy agenda.

While the immediate objective of the policy has been described as aimed at meeting the "unmet" needs for contraception, health care infrastructure, health personnel and integrated service delivery, the medium term objectives are outlined as aimed at bringing the total fertility rate to replacement levels (two children per couple) by '10 by a vigorous implementation of 'inter-sectoral strategies'. The long-term objective was described as aiming to achieve a stable population by '45, at a level consistent with the requirements of economic growth, social development and environmental protection.

The Cabinet's endorsement of the new population policy has received a mixed response from NGOs and health professionals. Although the move to cap the number of Lok Sabha seats upto '26 is perceived as a positive one, the "promotional measures" outlined for encouraging the new population policy vigorously have already invited sharp criticism. The proposal for multi-pronged 'promotional measures' to push through population control measures was mooted in the early-90s by M S Swaminathan (as chairperson of the panel on the draft population policy), and included measures such as debaring those with more than two children from contesting in elections, starting from the local bodies. Even allotment of ration cards was proposed to be based on the two child norm. The proposals had come under stringent criticism by both health professionals and NGOs who contended that this was tantamount to penalising women whose options regarding number of children were socially limited, and that the measures sought to view health facilities for women in general primarily as reproductive health. Responding to this, Mr Swaminathan had later toned down his recommendations.

Against this, the contention now is that by once again mooting

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Against this, the contention now is that by once again mooted "disincentives", the BJP-led government at the centre was violating the very norms laid down in the Cairo declaration on population control, to which India is a signatory, and which repudiated all "incentives" to implement population control, but focused instead on education and awareness campaigns regarding a better standard of living.

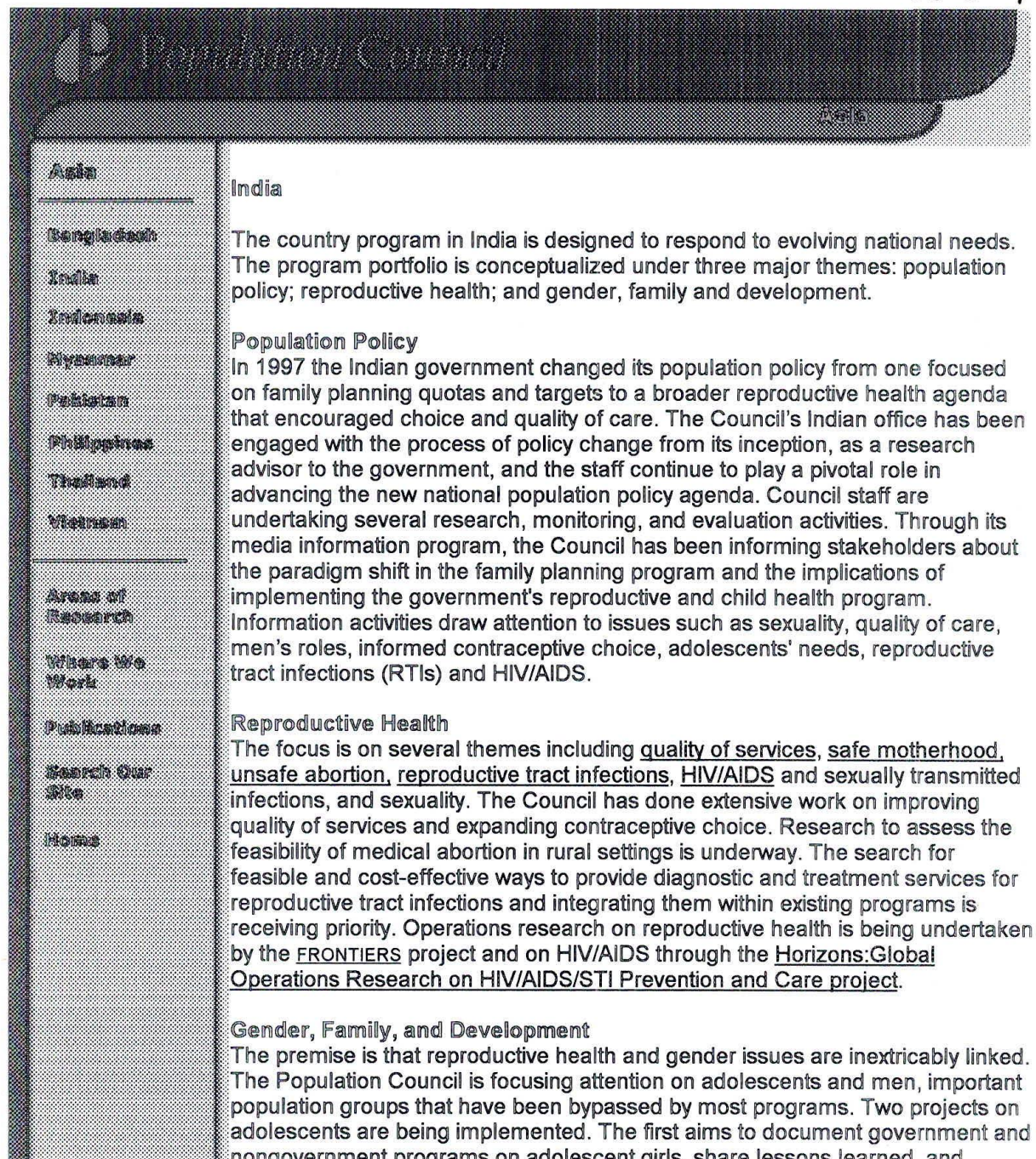
Health professionals and women activists from NGOs are of the firm view, based on past experience in states such as UP where the government employees used both coercive methods to falsify statistical records on the CPR (couple protection rate) and earn 'rewards', that today's decision once again takes the focus away from increased budgetary provisions for overall health and social facilities to women, including those endorsing sustained nutritional norms for both mother and child, those aimed at controlling the infant mortality rate and those aimed at providing compulsory functional education for all children, particularly those in the weaker economic strata.



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The screenshot shows the Population Council Asia website. The header features the Population Council logo and the word 'Asia'. A navigation menu on the left lists various countries and research areas. The main content area is titled 'India' and contains detailed information about the country program, including population policy, reproductive health, and gender, family, and development.

Asia	India
Bangladesh	<p>The country program in India is designed to respond to evolving national needs. The program portfolio is conceptualized under three major themes: population policy; reproductive health; and gender, family and development.</p> <p>Population Policy</p> <p>In 1997 the Indian government changed its population policy from one focused on family planning quotas and targets to a broader reproductive health agenda that encouraged choice and quality of care. The Council's Indian office has been engaged with the process of policy change from its inception, as a research advisor to the government, and the staff continue to play a pivotal role in advancing the new national population policy agenda. Council staff are undertaking several research, monitoring, and evaluation activities. Through its media information program, the Council has been informing stakeholders about the paradigm shift in the family planning program and the implications of implementing the government's reproductive and child health program. Information activities draw attention to issues such as sexuality, quality of care, men's roles, informed contraceptive choice, adolescents' needs, reproductive tract infections (RTIs) and HIV/AIDS.</p> <p>Reproductive Health</p> <p>The focus is on several themes including <u>quality of services</u>, <u>safe motherhood</u>, <u>unsafe abortion</u>, <u>reproductive tract infections</u>, <u>HIV/AIDS</u> and sexually transmitted infections, and sexuality. The Council has done extensive work on improving quality of services and expanding contraceptive choice. Research to assess the feasibility of medical abortion in rural settings is underway. The search for feasible and cost-effective ways to provide diagnostic and treatment services for reproductive tract infections and integrating them within existing programs is receiving priority. Operations research on reproductive health is being undertaken by the <u>FRONTIERS</u> project and on HIV/AIDS through the <u>Horizons:Global Operations Research on HIV/AIDS/STI Prevention and Care project</u>.</p> <p>Gender, Family, and Development</p> <p>The premise is that reproductive health and gender issues are inextricably linked. The Population Council is focusing attention on adolescents and men, important population groups that have been bypassed by most programs. Two projects on adolescents are being implemented. The first aims to document government and nongovernment programs on adolescent girls, share lessons learned, and influence policy to address adolescent girls' needs. The second focuses on first-time parents. Research is being undertaken to understand adolescent parents' experience of first pregnancy, their attitudes regarding delaying first and second births, the information needs of adolescent parents, and the role of family members in reproductive decisionmaking.</p> <p>Research is underway to understand how reproductive health decisions are made by men, including men's roles in women's decisionmaking and identifying mechanisms to encourage the positive involvement of men. A current project aims to: (1) study and collate information on the role and responsibilities of men in sexual and reproductive health; (2) undertake research on selected priority issues that have program and policy relevance for India; and (3) organize a program of education and dissemination to build a constituency for this neglected field of work.</p> <p>Human and Institutional Development</p> <p>A strong underlying effort in all Council programs is to strengthen professional and institutional in-country capacity. Several modalities are used to achieve this objective, including a small grants program to train young professionals in social science research on reproductive health, programs for postdoctoral fellows and</p>
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interns, and partnerships with national training and research institutions.

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Also see:

- [Frontiers in Reproductive Health](#),
- [Horizons: Global Operations Research on HIV/AIDS/STI Prevention and Care](#),
- [Safe Motherhood](#),
- [Abortion](#),
- [Emergency Contraception](#),
- [Men's Roles](#).
- [Implementing a Reproductive Health Agenda in India: The Beginning](#), 1999 and [news release](#),
- [Population Briefs](#), Vol. 5, No. 2,
- [Improving Quality of Care in India's Family Welfare Programme](#), 1999; and [news release](#).

This page updated on
May 10, 2000.

Exploding Committees HP3:10

Jayanthi Natarajan, the feisty and outspoken, media-savvy face of the Tamil Maanila Congress has been minister of state for civil aviation and parliamentary affairs, both fairly heavyweight subjects. But she has never really been known to espouse development or women's issues on a national level. So it came as a bit of a surprise when her name was included in the newly-formed jumbo National Population Commission. On World Population Day, Jayanthi Natarajan speaks to **Lalita Panicker** about the rationale for the Commission and why population policies have not really made a significant difference so far.

Why do you think you were chosen to be in the National Population Commission, particularly since you have never taken up this issue at the national level?

I think I was chosen because I have been actively spreading awareness among my colleagues. I have also been involved in this subject in my state of Tamil Nadu where development is the final goal and population stabilisation its fall-out. Population stabilisation is closely linked with women's empowerment and Tamil Nadu has shown that this is the way to go. It must be a tough task spreading awareness among your colleagues.

You see people are not aware of the dimensions of the issue. Many politicians still talk in terms of control but this does not mean that they are not receptive to new thinking. They get a little startled when I say that people must be encouraged to have children but what they must be concerned about is the quality of life for them.

Do you feel we are over the negative connotations that the Emergency gave to the issue of family planning, this being 25 years after the event?

No, we are not fully over it. Compulsory sterilisation has wounded the people's psyche in such a deep way that things will still take time to set right. It was really such a major setback.

You are part of a 140-member Commission on Population. Do you really feel that such a mammoth commission is needed to tackle the issue?

I would have been happier if it had been smaller. Nevertheless, I am happy it was constituted at all, I am never pessimistic.

Do you really think that packing the Commission with all sorts of people who have never actively contributed to this issue will be productive?

We need all kinds of people. We need to draw everyone into the discussion. Even those less involved. But this could also mean 'death by commission'.

I do hope not but I must say the government itself has shown very little interest in the issue so far. Till date, it is not really aware of the issues involved and despite the best efforts of people like me, Parliament has not even discussed it. Most ministers in this government still talk of incentives and disincentives. This is a death blow to the programme. I find a complete lack of commitment at the highest level. But this government formulated the population policy, so it has done something constructive.

The commission should have been set up before the policy. There was no reason to rush through with it but then the government did so because it does not really care one way or another.

So the room for manoeuvre is limited, is it?

Yes, this will be a problem. I was taken by surprise by the speed at

Fears have been expressed — after the one billion mark was crossed — about population becoming a burden on scarce resources. Do you agree?

No, people themselves are our greatest resource. I think we have plenty of resources to go around, but it is unevenly distributed. What we need is help every Indian born realise his or her full potential.

How successful have we been in realising the goals set at the historic Cairo conference?

Well, we have certainly become a lot better at speaking on the issue, but there I feel the matter ends. You can see that it is when it comes to actually empowering women that our government becomes paralysed. The women's Bill is still pending for lack of consensus but you don't see that happening in the case of the insurance Bill.

The government has announced a new policy on women, we already have a youth policy and a population policy. Don't you feel there is a lot of overlap among these?

This has become a government of policies and committees. So there will be overlap. The population policy itself, as pointed out earlier, has been around for a while. But so far little has been done. The problem we face is that even existing policies and legislations have not been acted on, in the meanwhile new ones are framed. This only creates confusion and it does not

make for effective governance or management.

How do you explain the success of Tamil Nadu in population stabilisation when it has had less than stable governments?

The reason is an extremely dedicated bureaucracy. The people have also responded magnificently. Great men like Kamaraj placed a lot of emphasis on literacy and later MGR took up the mid-day meal scheme. These have helped enormously.

What needs to be done to translate population rhetoric into reality?

We must stress on the quality of life. By this I mean during pregnancy and childbirth. We have unacceptable figures of maternal and child mortality. We now know that compulsion does not work. In fact, this approach is dangerous. I was shocked the other day to see officials and politicians in AP saying they would not give people wells if they did not undergo vasectomy. Women have no say in family size and we have to empower them to change. Only then can we hope to achieve population stabilisation.



"The population policy is a lovely document which can be framed and hung on walls. If we had concentrated on women's empowerment and literacy, we would not be in the mess we are in now."

which the policy came about. Now it will be difficult for the Commission to incorporate changes which are contrary to the policy. But do you have a problem with the policy itself?

Well some parts of it deal with disincentives. The population policy is a lovely document which can be framed and hung on walls, but it does not have a concrete plan of action. If we had concentrated on women's empowerment and literacy, we would not be in the mess we are in now.

Ministries which deal with women and health are never very sought after, you yourself stayed away from them when you were in power. Is this not part of the problem?

Yes, indeed, in the Gujral government I was in defence. I begged him to give me a health or women portfolio but he did not. The statements made by Renuka Choudhary, for example, have been detrimental to the population issue. Do you agree with slogans like 'one is fun'?

I certainly do not agree with such slogans.

N. Pop. Policy file - 66
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SUMMARY RECORD OF
JOINT UNFPA - FORD FOUNDATION
PLANNING MEETING OF NGOS ORGANIZING REGIONAL MEETINGS

New Delhi, 23 September, 1993

Welcoming the participants, C P Sujaya said that health and population issues affect all of us and this was an excellent opportunity to initiate a nation wide dialogue. Dr Saroj Pachauri and Ms Ena Singh traced the background of this effort and located the problem in the national and international context.

Background:

Some NGOs had an opportunity to participate in Prep Com II in May, 1992. Reviewing their participation most of them opined that the Indian NGOs did not have sufficient opportunity to think through the issues with their colleagues. Many NGOs had met for the first time in New York. Participants were invited to come up with practical suggestions to promote information exchange on Prep Com and ICPD, especially in promoting meetings of NGOs and sharing information. There was a general consensus that regional meetings of NGOs should be facilitated in order to generate wide debate on health and population issues. There was also a suggestion to organize thematic meetings on key issues. It was felt that many NGOs were unaware of the accreditation process and that these regional meetings would enable more NGOs to accredit themselves. Responding to this request, Ford Foundation and UNFPA jointly decided to facilitate regional meetings of NGOs on women's health and population issues.

While the preparatory process for ICPD has provided the immediate opportunity to initiate a broad based debate, one of the main objectives of the regional meetings is to kindle a renewed interest and also bring together three related yet seemingly exclusive constituencies - namely:

- i Health professionals primarily concerned with Maternal and Child Health MCH. Over the years the "M" went missing and therefore a safe-motherhood campaign was started.
- ii The population community, who have been more concerned with birth rates and demographic targets. They have used FP as a major vehicle to control numbers. By and large this constituency concerned about the human element - for them the individual needs are compromised for a "larger goal". In India, women have been the main victims of such an approach.
- iii Women's organizations, activists and feminists have been more concerned with a holistic approach. They have been arguing for

a women's health approach to family planning and contraceptives - and have thus been in the forefront of a struggle to acknowledge the root causes of high fertility, namely poverty and powerlessness. They have therefore emphasized a life cycle approach.

There has been increasing polarization between the feminists and the population lobby. The population radicals are less concerned about individual rights and are preoccupied with macro trends. The feminist radicals emphasize the need to recognize human rights, and women's reproductive rights as pre-conditions to any coherent FP strategy. There is, however, a large group of individuals and organizations who fall somewhere in between. The coercive and abusive face of FP has also alienated a large section of society. Similarly, there is a universal demand for the right to full and complete information, to make informed choices and a need to ensure quality of service.

ICPD provides a good opportunity to articulate key issues in an international forum - using the internal process of nation-wide dialogue to highlight critical issues, and in turn, utilize an international forum to lobby for change at the national level.

Logistics of the regional meetings:

- | | |
|----------------------------|---|
| SEWA, Ahmedabad - | They plan to hold their meeting on October 16 and 17 in Ahmedabad. Theirs will be a meeting of grassroots workers, NGOs, activists, some journalists and officials. In addition to other general issues, this meeting will focus on occupational health and the pressing needs of rural women. |
| VHAI, M P | They plan to focus on people working at the level of the panchayat and will invite social action groups. The dates have not been finalized. |
| VHAI, Himachal - | Have not yet planned the regional meeting. Dates not finalized. |
| FPAI, Punjab and Haryana - | They plan to focus on quality of FP services, status of women in Punjab and Haryana and the need for sex education. They will invite NGOs and interested persons from the government. Meetings are to be held in three phases: October 12, '93 - Punjab, October 15, Haryana and November 3 or 4 or 5, '93 a joint meeting in Chandigarh. |

- YUVA, Maharashtra They plan to invite a wide-cross section of organizations and individuals. They will try to give all major constituencies a chance to explain their point of view. They do not expect a consensual outcome - but will definitely try to create a common platform. They plan to invite government officials in the concluding plenary. The meeting will be held in Bombay after November 15, '93.
- URMUL, Rajasthan Within their broad framework of sustainable livelihood, health and education - the regional meeting would try to articulate poor women's concern about health care. Their meeting will be held from 1-3 November, '93.
- VHAI, UP Three meetings will be held in UP. The first one will be on November 28-30, '93 in Varanasi, to be followed by a meeting in West UP around November 1st week and in the hills in mid- December.
- PSS, Delhi They plan to invite a very wide cross-section of people and organizations - especially NGOs and women's groups. This meeting will be held in Delhi from December 13-15, '93.
- IWID, T. Nadu Their focus will be on the control of sexuality and fertility of women and the role of the state. They plan to invite NGOs working in the area of women's development and health. This meeting will be held from 29-30 November, '93.
- RUSEC, T.Nadu There was a lot of interest in the sharply declining fertility rates in Tamil Nadu. In this context, it was felt that a special meeting of women working at the village level will be convened in order to get their view of the FP programme and women's access to health care. RUSEC will organize them in two stages the first in late October / Early November and the latter in early January.
- Madhyam, Karnataka Madhyam is coordinating the meeting which is being convened by the Forum for Women's Health in Karnataka. In addition to the general issues concerning women and health, they plan to focus on the ongoing Norplant trials. Dates are yet to be finalized.

- | | |
|-----------------|--|
| CINI, Orissa | They plan to organize the meeting on 24-25 October, '93 in Bhubaneshwar. |
| CINI, W. Bengal | This meeting will be held on 1-2 December, '93 in Calcutta. |

It is proposed to organize a few thematic meetings after the regional meetings. The topics / themes would be decided on the basis on the extent of interest and the range of issues that emerge from the regional meetings.

Key issues identified by the nodal NGOs:

Dr Sundari Ravindran initiated the discussion and requested all the participants to outline the main issues that concern them. This discussion, she said, would enable all the nodal NGOs to identify key issues that could be the focus of discussions in the regional meetings. Given below is a comprehensive listing of issues tabled by the participants. They have been classified for convenience.

1. Systemic or Macro-issues

- Initiate an unlearning process - in order to enable policy makers to acknowledge the fundamental causes of ill health, high fertility, high mortality - urgent need to move away from popular cliches and formulae.
- People's priorities versus priority of the State
- Ray of hope through Panchayati Raj - but decentralization should go hand in hand with financial resources.
- Women seen as "baby producing machines to be controlled" who are a "hinderance to development" - which is the root cause of anti-people / anti-women policies.
- Development has destroyed the traditional systems and spaces available to women - for example, the systematic decline of the institution of Dais - traditional birth attendants.
- Impact of structural adjustment policies on peoples health.
- Need to fight against linking population control with IMF conditionalities.
- GATT, intellectual property rights and indigenous knowledge systems.
- Need for different constituencies to talk to each other and try and work towards an agreed agenda.

2. Reorienting the planning process

- Respect people's knowledge and their ability to make choices.
- Poor women have no say in decision-making process
- Poor women's concerns not reflected in policy
- Life cycle approach.

- Population is not the root cause of under-development - need to look at consumption patterns - "one child per family in the South but two cars per family in the North"
 - Food security important part of policy.
3. Information
- Media's role in projecting issues and pushing "population control"
 - Advocacy at the macro level.
 - Awareness of STD and AIDS to go hand in hand with information on contraceptives.
 - Women's access to full and correct information
4. Accountability
- Sensitize policy makers and devise mechanisms for monitoring services.
 - Locate responsibility at each level - who is responsible for what - diffused accountability systems need to be changed.
 - Exploitation of health personnel at the service end of the health delivery system - sexual and other forms of harassment of female health workers, burden of a target-driven system on the morale of the health worker and need for a support system - especially when field workers are harassed, raped or abused.
5. Quality of care
- FP as it is affecting us in many ways - women are humiliated and angry. Need to bring quality of care issues in the forefront of national consciousness. The very act of discussing FP does not give it credibility - it is necessary to make the system acknowledge where it is going wrong and make it bend.
 - Unsafe and illegal abortion - major cause of maternal mortality. Need for safe abortion facilities.
 - Privatize FP and social marketing of contraceptive to improve access and promote quality.
6. Demand for comprehensive services
- Alarmed over gradual shift from a comprehensive approach to primary health to compartmentalised campaign for FP, STD/AIDS.
 - Important health issues neglected
 - TB and Malaria ignored
7. Targets and incentives
- Impact of target-oriented approach - the real face of FP
 - It is not enough to remove targets - but the system should be made to treat other diseases, ensure safe motherhood and general health care.
 - Careful look at existing range of incentives and disincentives and its impact.

8. New contraceptive technologies
 - Introduction of new technologies need to be publicized and monitored.
 - Need to campaign against the introduction of Norplant and other contraceptive technologies into the FP programme.
 - Ethics of trials.
9. Male responsibility in FP
 - If MCH and FP are together where do men go for FP?
 - Recognize decision makers are men - need to focus on male responsibility.
 - Policies and programmes targeted on women, need to shift focus on men.
 - Information and education of adolescent boys.
 - Focus population education and family life education on men and boys also - in the context of their changing roles.
10. Supportive legislation
 - Whole issue of choice - need for child care, maternity benefits.
 - Recognize reproductive role of men.
 - Need for part-time jobs.
11. Fertility control, women's empowerment and reproductive rights
 - Women are trapped in a no-choice situation - between high fertility [no access to safe contraception] and fertility control approach of the government.
 - Locate fertility control in the context of women's control over their bodies - empowering women to take control of their lives
 - Women's health approach - and a life cycle approach.
 - Women's health in women's hands
 - What is a women-centered approach and how to make it a decentralized process
 - Increasing incidence of abuse of adolescent girls
 - Declining health status of women - compare grand-mother, mother and daughter
 - Women, work, double burden and occupational health.
 - Alarming increase of sex determination facilities followed by abortion of female foetus, female infanticide and neglect of female children.
 - Need to guard against appropriation of words like reproductive rights and stripping it of its essence.

Meeting Venue and dates			
Dates	Organizer	State	Venue
October 12	FPAI, Chandigarh	Punjab	To be decided
October 15	FPAI, Chandigarh	Haryana	Yamuna Nagar
October 16-17	SEWA, Ahmedabad	Gujarat	Ahmedabad
October 24-25	CINI, Calcutta	Orissa	Bhubaneswar
Nov'ber 1-3	URMUL, Bikaner	Rajasthan	Lunkaransar
Nov'ber 3 or 5	FPAI, Chandigarh	Punjab + Haryana	Chandigarh
Nov'ber 1 wk	VHAI,	UP	To be decided
Nov'ber 1 wk or December	RUSEC, Madras	T Nadu	To be decided
Nov'ber 15-16	VHAI, Patna	Bihar	Patna
Nov'ber 3 wk	YUVA, Bombay	Maha'stra	Bombay
Nov'ber 28-30	VHAI, Varanasi	UP	Varanasi
Dec'ber 1-3	CINI, Calcutta	W Bengal	Calcutta
Dec'ber 10-11	Madhyam, B'lore	Karnataka	Bangalore
Dec'ber 13-14	PSS, N Delhi	Delhi	New Delhi
Dec'ber 20-21	IWID, Madras	T Nadu	Madras
Dec'ber 3 wk	VHAI,	UP Hills	To be decided

VHAI, Madhya Pradesh and Himachal Pradesh have not yet finalized their dates.

Note: All the nodal NGOs are requested to communicate the exact venue and any change in dates / venue immediately. Names and addresses of the nodal NGOs are attached.

Information on change of dates / venue may be sent to the following:

1. Dr. Mira Shiva, Head of Division, Public Policy
VHAI, Voluntary Health Association of India
Tong Swasthya Bhavan, 40 Institutional Area
Near Qutab Hotel, New Delhi 110016
2. Dr. Saroj Pachauri / Dr. Michael Koenig, Ford Foundation, New Delhi
3. Ms. Ena Singh / Ms. Vimala Ramachandran, UNFPA, New Delhi

Journalists expressing interest in covering these meetings :

4. Ms. Usha Rai, Indian Express, Bahadurshah Zafar Marg, New Delhi 110001
5. Ms. Kalpana Sharma, The Hindu, Bombay

Member of the National Committee for the formulation of the Population Policy :

6. Ms Devaki Jain, Institute of Social Studies Trust, 5 Deen Dayal Upadhyay Marg, Above Theatre Crafts Museum, New Delhi 110001.