ADRESS
AT THE EGYPTIAN SOCIETY FOR POPULATION RESEARCH

By

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I am grateful to Professor Shafei for giving me the opportunity to meet the distinguished members of The Egyptian Society for Population Research.

It is a great privilege and pleasure for me to be in this great country, to work in this beautiful city, to renew old associations with many friends, extending in some cases over adecade and to meet new friends. I am greatly indebted for the kindness, assistance and affection extended to me in abundance.

I have been asked to speak on the Indian experience in the field of family planning. I speak with some hesitation, as it is difficult to keep pace with fast moving events these days anywhere. I have been away from India for several months now. My mind is fully occupied with the programme in the UAR. I may, therefore, limit my observations to a few general statements on the Problem, the Policy and the Prospects as I perceived them when I left India.

PROBLEM

Vigorous efforts are being made in India to raise the standard of living of every citizen through planned development within the framework of a democratic government, elected and maintained by the will of the people. The uncontrolled growth of population threatens the achievement of the objective of ensuring economic and social welfare to the masses of the Indian people. I may repeat a few facts, already known to many of you, to focus attention on the magnitude of the problem.

The high population growth rate is relatively a recent phenomenon. Upto 1921, the rate of growth had been insignificant. Between 1921—

1951, due to factors like control of epidemics and famines, improvements in public health measures, transportation and communication, science and technology ; there has been a considerable decline in death rates. The distinctive feature that has emerged is a low death rate (but the death rate is rel tively high even compared to some neighbouring countrios) and high growth rate. During this period the decennial growth rate increased from about 11—14 percent during 1921—1951 to a level of 25 percent, by mid 1960's. Although this rate is lower than the rate in some countries, the impact of the increased rate in terms of numbers is staggering. It consequently means addition of about 13 million persons every year.

The reduction in birth rate may be around 3.6 points from the level of 41.7. The average number of children born to women with unbroken marriages 47 years old and over in urban areas in different States during 1960 varied between 5.59 (Andhra) to 8.50 (Bihar). The age at marriage of the females is around 16 years. There are fertility differentials in different age groups, in respect of eduction of women and employment. The number of children to illeterate women and upto primary level was of the order of 6.6. The corresponding figures for women with middle and high school were 5.0 and 4.6 respectively. The number amongst women with University education was around 2.

The Indian population ismainly rural. Despite great advances in extension of literacy the illeteracy isappreciable. There are deeply rooted traditional, social and cultural values which favour large families, there are a variety of factors some favour the increase in fertility and others favour the decrease in fertility.

A number of problems related to population effecting the quality of life are emerging as for example like the movement of the population to the cities and over crowding them, etc. It can be readily appreciated that the increase, decrease or stability of the genetic quality in a population is mediated through fertility, mortality, migration and breeding patterns.

Consonguinity in a group studied in India show an incidence of a disorder of over 13 percent in male children which is responsible for haemolytic anaomia and jaundice following intake of certain drugs. In some others the incidence is as high as 38 percent.

Attention is now being paid to the integration of genetic facts with demographic structure and proccesses. Family Planning is

viewed as a scientific approach to deal with the problems of the family which contribute to the richness of life in a family.» Its purpose is to promote, as far as possible, the growth of the family as a unit of society in a manner designed to facilitate the fulfilment of those conditions which are necessary for the welfare of the family from the social, economic and cultural point of view. The major problem being one of rapid growth of population, the emphasis is (and rightly so) on the limitation of numbers.

POLICY

National policy identifies «the limitation of family as an essential and inescapable ingredient of deveiopment». It is an integral and essential element of overall «policies and programmes which would help in the attainment of economic self-reliance with adequate growth rate and aocelerate the process towards a socialistic society.» Population control and economic development are two interdependent facets of the same coin.

The above policy is reflected in :

(a) inclusion of family planning programme as a part of successive Five Year Plans.

(*b*) Formation of a Cabinet Committee with the Prime Minister as Chairmanr ;

(*c*) A Cabinet Minister in overall charge with a Minister of State guiding the programme ;

(*d*) Provision of increasing financial outlay eg. Rs 420 millions ($ 56 millions) during 1969—70 and Rs 3000 million ($ 400 million) for 1969—74.

We began the family planning programme with a weightage on clinics in the begining. A major shift came in 1963 when emphasis was laid on extension education. The guiding principles that gradually emerged were :

(i) Creation of social climate in which the need is felt by individual families and by groups of people ;

(ii) Knowledge that a small family norm is a value to each individual permeates into every mind ;

(iii) Provision of readily accessible services generally as a part of health services especially of mothers and children's health. An important consideration in establishing the norm of a small family is to improve the health and life expectations of children and their better care. Immunisation of infants, pre-school children, immunisation of mothers, combating nutrititional anaemia forming an important part of family planning ;

(iv) Identification of eligible couples and adoption of effective methods by them (maintenance of target couple register to keep record of all currently married women between the ages of 15-44 years with a view to find out their eligibility for family planning, cases of not using any method on account of sterility, wanting a child, due to ill health of husband/wife, husband away for a ong period, widowed, divorced, separated etc.)

(v) Mass communication re-inforcing, extension education, commercial distribution of condoms, Post-partum programme. Intensive district programme etc.

(vi) Broad-based education and training programmes ;

(vii) Research (bio-medicine, demography, communication, with emphasis on action research and feed back of findings in programme operation, and experimentation in various ways of programme operation ;

(viii) Evaluation — concurrent (simple reports and returns), KAP and fertility surveys, follow up studies, External agencies like Programme Evaluation organization of Planning Commission, United Nations Teams. in 1964, 1968 ;

(ix) Stimulation of social changes affecting fertility such as education and employment of women, increasing age at marriage,

TABLE 1

Statement Showing Expenditure *
on Family Planning Programme in India

Period	Expenditure (in million rupees)	
1951—56	1.45	
1956—57	0.87)	
1957—58	2.60)	
1958—59	3.15)	21.56
1959—60	5.10)	
1960—61	9.84)	
1961—62	13.93)	
1962—63	27.72)	
1963—64	21.72)	248.60
1964—65	65.23)	
1965—66	120.00)	
1966—67	133.80)	
1967—68	26535)	
1968—69	370.00)	
1969—70	420.00)	

The figures for 1965—66, 1966—67, 1967—68 and 1968—69 are estimated and that for 1969—70 as budgeted.

1 $: 7.5 Rs.

(*) Progress of the Family Planning Programme in India.

Ministry of Health, Family Planning works Housing and Urban Development, Department of Family Planning Government of India liberalisation of abortion laws ;

(X) Acceleration of economic changes so as to increase per capita income in real term and Modernization.

The aim to enable people to lead «a good life». The immediate objective is to reduce birth rate from 39 per 1000 to 32 per 1000 by 1974 and to 25 in another 5—7 years. The death rate of about 14

now is estimated to drop to 10 or 9. The growth rate from the present level of 2.5 percent to 1.5 percent in 10—12 years. It is felt that birth rate, death rate and consequential growth rates have to be determined for regions and subregions of sufficient homogeniety of conditions after systematic surveys and assessment of knowledge, use and practice. The reduction of birth rate depends on continued use of various methods by couples in the reproductive age group which in turn depends on many factors like efforts in terms of personnel their training status their own convictions, mobility, supplies, easily accessible services, in built evaluation system to detect the problems and solutions, organization etc.

TABLE 11

Couples in the Reproductive Age Group :
(Age of wife 15—44 years)

Period	No. of couples in the reproductive age group	Number of eligible coup les
1968—69	94,552,216	52,529,428
1969—70	96,903,134	53,835,000

Approximatly 90 million couples (1961) are in reproductive age group. (This figure is estimated as 97 million in October 1969).

The number ofeligible couples is obtained by multiplying the number of married women in ages 15—44 in 1968—69 by 5/9, which has been taken as a practical approximation for the proportion sterile, pregnant and not practising family planning due to ill health or desire to have a child, which factors render the women ineligible for adopting family planning methods.

The requisite level of acceptors in a group could be maintained where infra-structure was strong, guidance and supervision was

available, the community education work was extensive, there was leadership participation, the participation of satisfied and successful adopters emerged as an important ingredient. Monetering of rumours their channels and identification of dissatisfied users was equally important for taking remedial measures.

The Programme effects are being measured in terms of the number of births averted. The target setting exercises are being considered by expert groups including social scientists, administrators, demographers, economists.

PROSPECTS

An export committee on population projection for all India has worked out three sots of projections based on three alternative assumtions. According to the medium assumption on October, 1969 the population of India was estimated to be 540.5 million. The high level puts the figure at 725 million in 1981.

TABLE III

Projected Population (in million)*

Under alternative assumption

Assumption	1971	1976	1981
1 (High)	564	644	725
2 (Medium)	560	630	695
3 (Low)	555	616	667

(*) Regioter General of India :

It must be appreciated that r duction of birth rate takes time and even when large scale success is achieved the total population will be over 600 million higher than the present figure. In the absence of any efforts this figure may be over 700 million. The consequences of these numbers can be readily appreciated. In any case the swing already is appreciabld as shown by the number of births averted.

TABLE IV

Vital Statistics :

Birth Rate, Death Rate and Growth Rate :

Period	Birth Rate	Death Rate	Growth Rate
1941—50*	39.9	27.4	1.33 (%increase)
1951—60*	41.7	22.8	2.15 (%increase)
1961—65 a	41.0	17.2	2.38
1966—70 a	38.6	14.0	2.46
1971—75 a	35.1	11.3	2.38
1976—80 a	28.7	9.2	1.95

(*) Census estimates. (a) Estimates based on projections made by the Expert Committee on Population set up by the Planning Commission in 1964.

TABLE V

Expectation of life at birth. (In years)

Poriod	Males	Females	Overall
1941—50*	32.5	31.7	32.1
1951—60*	41.9	40.6	41.2
1961—65 a	48.7	47.4	48.1
1965—70 a	53.2	51.9	52.6

(*) Census Estimates.

(*a*) Estimates based on projoctions made by the Expert Committee on Population set up by the Planning Commission in 1964.

TABLE VI

Statement showing the estimated number of births prevented*
In India
Due to Family Planning Programme from 1961 to 1968—69

Year	Estimated number of births prevented in the year (in thousands)
1961	32
1962	53
1963	86
1964	114
1965	209
1966—67	524
1967—68	898
1968—69	1,417

(*) Family Planning Department :

A varied estimates of saving been made. It was proposed to conduct cost analysis studies to have a precise picture.

Some areas in India have shown marked reduction.

The Plantations of the Assam Branch of Indian Tea Association is a notable example.

TABLE VII

Live Birth Rate, Death Rate and Growth Rate in the Plantations of the Assam Branch of the Indian Tea Association

Year	Enumarated Population	Coverage Per cent	Live Births	Birth Rate	Deaths	Death Rate	Gr. Rate Per cent
1960	670,986	84	29,105	43,4	8,657	12.9	3.1
1961	731,412	91	32,415	44.3	9,337	12.8	3.2
1962	685,264	84	28,642	41.8	9,002	13.1	2.9
1963	702,738	87	27,999	39.8	9,262	13.2	2.7
1964	750,008	93	28,971	38.6	10,220	13.6	2.5
1965	757,368	93	26,949	35.6	9,836	13.0	2.3
1966	756,032	96	23,588	31.2	9,424	12.5	1.9
1967	714,963	91	18,295	25.6	8,396	11.7	1.4

All methods are offered in India. The choice is of the user entirely voluntary with no compulsion whatsoever. The methods in common use are storilization, condoms and IUCD.

In the begining there were more female sterilization than male then there was swing in the sex ratio.

TABLE VIII

Achievements in Family Planning

1. Sterilization Operations Since 1956 :

Year	Number of sterilizations
1956	7,153
1957	13,736
1958	25,148
1959	42,302
1960	64,338
1961	104,585
1962	157,947
1963	170,246
1964	269,565
Jan.1965— March 1966	670,823
1966—67	887,368
1967—68	1,839,811
1968—69	1,664,064 (Provisional)
1969—70 (up to Aug.)	380,293 (Incomplete)
Total since inception (up to August 1969)	6,297,379
Rate per 1000 population :	11.7

TABLE IX

IUCD Insertions Since 1965

Year	Insertions
1965—66	8,12,713
1966—67	9,09,726
1967—68	6,68,979
1968—69	4,78,328 (Provisional)
1969—70 (up to August)	1,36,464 (Incomplete)
Total since inception (up to August 1969)	3,006,210
Rate per 1000 population.	5.6

Methods for simplifying the operation both in males and females and for making it reversible are in progress with encouraging results.

Intrauterine device insertion had steep rise but then a little decline. It is picking up again.

TABLE X

IUCD Termination Rates

(Per 100 Insertions)

Duration	Expulsion	Removal	Pregnancy	Total Termination
6	4.5	6.3	0.4	11.2
12	8.7	13.6	1.1	23.4
18	11.2	23.1	2.3	36.3
24	16.6	27.4	2.3	46.3

Murty, D. V. R, Mohapatra, P. S. and Poabhaka, A. K. *Analysis of data on IUCD cases*, New Dolivi, Central Family Planning Institute, 1967.

The cases are being analysed carefully. The position for retention is almost, the same as in many countries. The Tohape copper were device seems to be promesing. Trials had not started when I left India.

TABLE XI

Distribution of Conventional Contraceptives

Yearly Progress

Year	Condoms	Diaphrams	Jelly Cream Tubes	Foam Tablets	Conventional Contraceptive Users
1963—64	8332373	108136	298623	6131351	297613
1964—65	14411669	120745	298053	9776842	438903
1965—66	23810482	205466	392710	6667602	582141
1966—67	16438012	77438	419710	9912408	464605
1967—68	24489324	30101	347970	5064876	475236
1968—69	51188107	69944	325648	3983308	847791
1969—70	24012063	7903	112214	1254724	370910

Large seale field trials on pills are in progress. The comparative data show the user of pills are in the lowest age groups have lowest parity but are in high educational and income groups.

The ways and means to keep the level of use high in the low income and low educational categories are under consideration.

TABLE XII.

Some Characteristirs of Aceeptors

Methods	Median age of Woman		Living Children		Literacy		Family Income	
	Cases	Age	Cases	Number	Cases	Percentage Literate	Cases	Percentage with less than Rs. 100 a month
Vasectomy	74,453	37.7 wife of case	68,134	4.5	21,261	45.1	3,374	61.1
Tubectomy	30,965	31.6	26,207	4.7	11,595	36.9	1,590	66.1
IUCD	132,071	29.5	129,814	4.0	9,512	45.5	1,652	22.3*
Ocals	1,856	28.4	1,800	3.3	1,856	71.1	1,856	26.6*

* Refers to a single conducted in Bombay city.

The overall prospects are bright. There is confidence that by mobilization of skills and methods already available and by harnessing skills of extension education and Mass communication it will be possible to moderate fertility in the forseeable future.