

# Problems of Family Planning in India: Some Issues

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## Abstract

Focusing on the magnitude of family planning in India, it is necessary to strengthen all its aspects through government programs, and training given by NGOs or ASHA workers to mothers and families. Family planning also deals with the reproductive healthcare of the mother as well as preventing her from different kinds of disease. It helps to improve the quality of life of the mother, child, and family as a whole.

**Keywords:** family planning, NGOs, ASHA workers, government programs

## Introduction

It is estimated that India's population has been expanding at an unsustainable rate for a long. Probably there have been some sympathetic sources who analyzed India's population growth as somewhat stable but it is projected to surpass 1.5 billion people by 2030 and 2 billion people by 2050. In fact, it has already surpassed China & reached today i.e. in 2024 about 1.43 billion people. Such a huge population puts pressure on all types of resources in general and natural resources in particular leading to environmental degradation, poverty, and inequality. India consists of about 17% of the global population and has only 2.4% world's geographical area. Between 1901 to 1951 the population growth rate was about 1.33% per annum except from 1911 to 1921, when it was minus 0.03% because of the influenza epidemic. Between 1961 to 1981 the growth rate was 2.2%, then it gradually decreased. Before 1931 both death rates and birth rates were very high. Gradually things improved because of the following:

1. increased level of control over famines and epidemic diseases,
2. improvement in transportation and communication,
3. improvement in the productivity of Indian agriculture,
4. serious efforts on relief and preventive measures by successive governments.

However, after independence, many measures were taken through government policies and particularly the five-year planned target. In light of the above analysis, it is imperative to think and debate about family planning (FP) measures. Today death rate is declining, birth rate is also declining in specific areas. But FP measures are still a concern in India in general and rural India in particular. This paper is all the more relevant because of several bitter truths like terrible environmental crises, poverty & inequality. This paper has been devised out of secondary sources as well as primary sources, particularly through case studies. The interviews were taken between 2023 December to 2024 March.

The components of population growth include demographic component, natural component & socio-cultural component. The demographic factors include natural growth, i.e. birth & death rate & artificial growth, i.e. immigration and outmigration. Both migrations are linked with push & pull factors. The Natural components include soil, fertility, environment & region. The socio-cultural components include i) conscious restrictions like late marriage, better education, awareness, employment & aspirations, (ii) unconscious restrictions like incest taboo, widow remarriage protest, and taboo on grandparents procreating.

### High Birth Rate Concerns

There are many factors of high Birth rates in India, they are as follows

1. **Early marriage** - the girls marrying just after puberty (among Hindus it is called Gauna, after having one or two years of puberty) have produced more children because the fecundity time is quite lengthy.
2. **Pleasure** - Further in rural India, in the absence of entertainment facilities & opportunities and in the absence of electricity, people sleep early in the evening and their only pleasure is having sexual activities.
3. **Illiteracy** – Women's illiteracy in rural India is a major problem because she is only used as a sex object by their husbands who is considered as pati parmeshwar. Furthermore, the women lack knowledge about contraception & other family planning measures.
4. **Economic factors** - For the poor people, more children means additional hands to earn. However, it is unfortunate that these children remain literate & unskilled throughout their life.
5. **Preference of male child** - The desire to have a male child results in having more children because a male child is required for property inheritance & continuity of the lineage.
6. **Religious reasons** - People who are conservative & orthodox are opposed to family planning measures. It is believed that the birth of a child is due to the blessing of God. Therefore one can't take part in FP measures.
7. **Problem of mindset** - Generally, the male child or the son who becomes the bread earner for the family, inherits their father's behavior, i.e. giving birth to as many as children as possible.
8. **Poor status Women** - Wives have no control over their husband's sexual activity. Therefore, rural India has faced huge population growth in an unplanned manner.

**Causes of overpopulation-** They are :(i) Increased life expectancy, (ii) Average Annual birth rate of 42 per thousand in 1951-1961 decreased to 24.8 per thousand in 2011, (iii) Decadal death rate declined from 42.6 in 1901-1911 to 8.5 in 2001 to 2011.

In such a situation of a high birth rate, there is excessive growth of the population. It creates many problems such as the country cannot manage to provide nutritious food to its people. There will be extreme problems of space and housing. Unemployment grows & standard of living declines. Further slum formation in urban areas increases & results in bad sanitation. It also leads to an increase in crime. The problem is found more acute in rural areas where the majority of India's population lives. Therefore, to control the increase of population, population policies are made.

**Population Policy :**

The population policy aims at the following-

1. Decrease in birth rate
2. Limiting the number of children in a family to one or two
3. Decrease in mortality
4. Creating awareness among the masses
5. Procuring necessary contraceptives
6. Enacting acts like legalizing abortions
7. Giving incentives as well as disincentives
8. Checking the concentration of population in congested areas, providing necessary public services for effective settlement in new areas, and relocation of offices to less populated areas.

The Indian government from time to time appointed various committees & sub-committees on population control. In 1940 a sub-committee on population was appointed by the National Planning Commission under the chairmanship of sociologist Prof. Radhakamal Mukherjee. It emphasized self-control & also recommended an increase in the age of marriage & discouragement of polygamy.

In 1943, the Bhore Committee was appointed by the government which criticized the self-control approach and advocated deliberate limitation of families. In 1952 a Commission for Population Strategy was created but most of the strategies remained unsuccessful. A Central Family Planning Commission was created in 1956 whose main objective was the implementation of FP measures through contraception. It also emphasized upon sterilization method. Finally, in 1976 The Minister of Health and Family Planning, Sri Karan Singh presented before the Parliament the National Population Policy which again emphasized upon implementing family planning measures.

It had the following features :

1. Raising the statutory age of marriage to 21 years for males and 18 years for females.
2. It offered financial rewards for using birth control.
3. It advocated to increase female literacy.
4. It also advocated to use of social platforms to spread awareness on family assistance programs.

But during emergency time (1975-1977) coercive strategies were employed, i.e. massive forcible sterilization took place under the leadership of Sri Sanjay Gandhi. People were very hostile to this approach. Those excesses became an important issue and the Congress lost the election in 1977. Then in 1980, Indira Gandhi returned to power but she became extremely cautious and unenthusiastic regarding her commitment toward FP. Then the National Health Policy enacted in 1983 was to move towards the goal of population stabilization while emphasizing on securing the small family standards through voluntary efforts. Then a Committee on Population was appointed in 1991 which gave its report in 1993, it recommended for creating a National Population Policy. The Prime Minister served as the Chairman and the Deputy Chairman of the Planning Commission was the Deputy Chairman of the Population Commission. In 2000, the National Population Policy came into existence. It aimed to bring down the maternal mortality rate to less than 100 per thousand live births and achieve widespread immunization of all infants against illnesses that can be prevented by vaccines. It also aimed to obtain a newborn fatality rate of 30 or less for 1000 live births.

It also aimed to adopt cross-sectoral working strategies, the medium-term goal was to reduce the total fertility rate (TFR) to replacement levels by 2010 (The TFR was to be 2.1 children per woman). The long-term goal was to stabilize the population by 2045 at the level that satisfies the demand of societal development, environmental preservation, and sustainable economic growth.

Unlike China, India has not been successful in family planning measures. China adopted 1 child per couple in urban areas and 2 children per couple in rural areas. They encouraged late marriage and late child birth. Those who violated the norms were penalized. But in India attitude of women towards FP is influenced by their education, age, income, socio-economic background, husband's occupation and working status, attitude of husband's family, and social sphere.

### **Analysis:**

From the above discussion, it is clear that family planning measures were not at all successful earlier. However, after 1975-77, people became aware about it. Then in the LPG era educational level went up and awareness regarding family planning practically went up. This will be more clear from the following reviews from secondary sources and case studies from primary sources.

1. Chako (2001) Surveyed 600 married women in 4 villages of rural West Bengal for examining determinants of contraceptive use among them. Chako's findings are: major factors that influence contraceptive use among married women in their reproductive years are the woman's age, the number of sons she has, her religion, and her village residence.
2. The National Family Health Survey 2015-16 – Despite many efforts contraceptive use in India did not increase much, i.e. from 52% in 2014 to 54% in 2019. The determining factors of voluntary family planning at different levels range from individual-level factors like level of education, fertility preferences, male child preference & exposure to media; household or family factors like spousal communication on family planning and autonomy; community level factors like caste, religion, & cultural norms to family planning & and system level factors like access to the health facilities, availability of method, cost, etc.
3. Nevaneetham et. al. say that family planning is a key means to achieve many of the sustainable development goals. The Uttar Pradesh government and its partners, like all other governments in the world, have made significant efforts to increase awareness, supply, and access to modern contraceptives. Despite progress, uptake remains stubbornly low. There has been a lot of evidence linking FP to a reduction in maternal mortality by reducing the likelihood of unplanned pregnancies, unsafe abortions, and the potential health risks of high parity and closely spaced pregnancies. Shorter birth intervals are associated with an increase in child mortality risk. Further less children mean better education and employment opportunities, both for women and children. The importance of FP is also captured in many UN Sustainable Developments, Goals, and Targets for 2030. They are 3.1 reducing the global maternal mortality ratio, 3.7 ensuring universal access to sexual and reproductive health care services, 5.6 universal access to sexual and reproductive health and reproductive rights. Analysis of demographic and health services in 52 countries between 2005 and 2014 revealed that most common reasons for not using contraceptives include fear of side effects, infrequent sex, and opposition to contraceptives from and others in contrast to lack of awareness, lack of access and cost were rarely reasons for unmet

contraceptive needs. In India, husbands and relatives, in particular mother-in-law, heavily influenced the fertility decisions made by women in regard to number of sons and timing of sterilization.

### Case Studies:

CASE STUDY 1- LK, an urban-based professional working in a multinational company, is about 37 years of age. His wife is also working in the same multinational company and belongs to the same age i.e 37 years old. They had an enjoyable love marriage where both their parents and siblings attended the marriage function 7 years back in 2017. They gave birth to a daughter in 2019, which was unplanned. Before that, they experimented with contraceptives with full awareness, but LK says he could never enjoy having sex with his wife using contraceptives. It is a severe restriction on natural enjoyment. However, after the birth of the first child in 2019, which was a cesarean birth, because of unplanned intercourse, his wife again was impregnated leading to a severe problem that happened in 2020. On the doctor's advice, it had to be aborted. Had they used contraceptives, such a situation could have been avoided. Then again, the lady conceived and gave birth to a second child in December 2023. Subsequently, she had a tubectomy operation, which did not have any side effects and now they are enjoying their married life perfectly.

CASE STUDY 2- PA about 40 years old, works as a class IV employee in the city in a private firm. His wife is a saleswoman in a shop. They have three daughters and one son, all born in a span of 10 years. They intermittently used contraceptives but not regularly. On asking why they could not adapt the two-child norm, PA replied that they wanted a son. Therefore, they went for a fourth pregnancy after three daughters were born. Then the fourth one is a male child who is about seven years old.

In this manner, the above two cases show that people are not much interested in using contraceptives. Men are not interested in vasectomy operations. Men would always want their wives to undergo the family planning operation. Among the people who have premarital intercourse, they use oral contraceptives. In such a case, a woman is always doubtful about its side effects. The medical researchers have proved that oral contraceptives have side effects i.e. they can cause cervical cancer in women.

### How do Oral contraceptives influence cancer risk?

Naturally occurring estrogen and progesterone stimulate the development and growth of some cancers (e.g., cancers that express receptors for these hormones, such as breast cancer). Because birth control pills contain synthetic versions of these female hormones, they could potentially also increase cancer risk.

In addition, oral contraceptives might increase the risk of cervical cancer by changing the susceptibility of cervical cells to persistent infection with high-risk HPV types, the cause of virtually all cervical cancers (National Cancer Institute (.gov)).

Cervical cancer develops in a woman's cervix (the entrance to the uterus from the vagina). Almost all cervical cancer cases (99%) are linked to infection with high-risk human papillomaviruses (HPV), an extremely common virus transmitted through sexual contact (World Health Organization).

Women who have used oral contraceptives for 5 or more years have a higher risk of cervical cancer than women who have never used oral contraceptives. The longer a woman uses oral contraceptives, the greater the increase in her risk of cervical cancer. One study found a 10% increased risk for less than 5 years of use, a 60% increased risk with 5–9 years of use, and a doubling of the risk with 10 or more years of use.

However, the risk of cervical cancer has been found to decline over time after women stop using oral contraceptives (National Cancer Institute (.gov)).

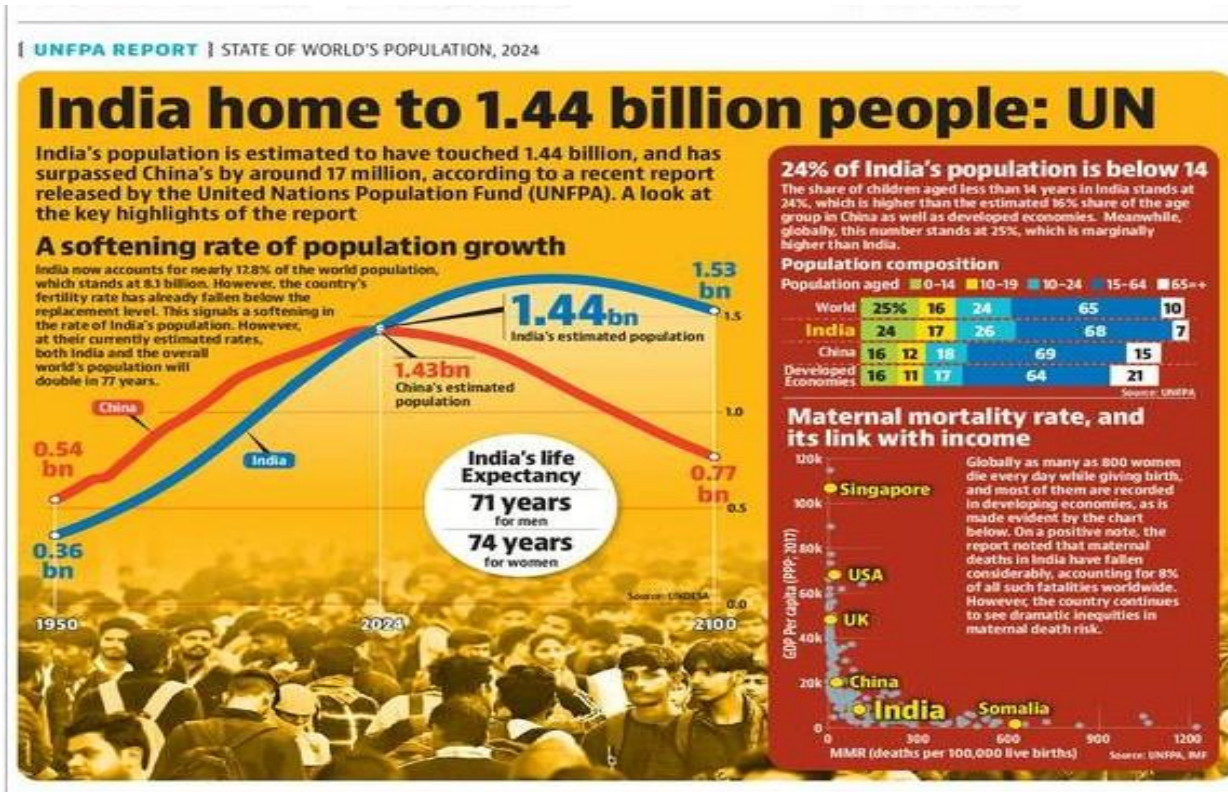
Researchers have proposed multiple ways that oral contraceptives may lower the risks of some cancers, including

- suppressing endometrial cell proliferation (endometrial cancer)
- reducing the number of ovulations a woman experiences in her lifetime, thereby reducing exposure to naturally occurring female hormones (ovarian cancer)
- lowering the levels of bile acids in the blood for women taking oral conjugated estrogens (colorectal cancer) (National Cancer Institute (.gov)).

Today most people are aware of these types of side effects as they use smartphones and find it out through google.

## CONCLUDING OBSERVATION

The (UNFPA) says that good sexual and reproductive health is a state of complex physical, mental, and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so. To maintain one's sexual reproductive health people need access to accurate information and the safe, effective, affordable and acceptable contraceptive method of their choice. They must be informed and empowered to protect themselves from sexually transmitted diseases. ([WWW.UNFPA.ORG](http://WWW.UNFPA.ORG))



However, in India, UNFPA's above ideas are not much of use in a majority of cases. It may be of some use among the rational educated and aware citizens of urban India and certainly not rural India. In a recent

report of UNFPA on the state of world population in 2024 (Hindustan Times, April 2024, Lucknow), India has about 1.44 billion people and has surpassed China's population by about 17 million. By the end of the century, i.e. 2100 AD, India's population will reach 1.53 billion only, if stringent FP measures are implemented. In comparison, China would reduce substantially to 0.77 billion in 2100 AD. Today India's life expectancy is 71 years for men and 74 years for women. In this manner, it is clear that FP measures are a must for all Indians and a strong awareness program with an increase in education would lead to the use of rational FP measures by the Indians.

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