

CELEBRATING THE GIRL CHILD ALSO

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The recent Regional Conference on Health, Population and Social Development held in Chandigarh under the auspices of the Population Foundation of India (PFI) ended on an optimistic note that a socio-cultural movement in the country is now in the offing to begin celebrating every child-birth as an event which would in time signal the arrival of a new generation of Indians who would do their country and society proud. At long last the specter of population explosion that had been haunting the Indian planners ever since 1950 is now gradually receding and the social activists engaged in demographic concerns can now look up to reordering their priorities to begin a new series of advice to different states according to the stage of demographic transition that each state in the Indian Union may find itself in.

It was felt that this transition was likely to be multi-dimensional and broadly would have four distinct directions which were capable of multiplying as the transition progressed in each state. These could be stated as (i) new health issues such as rapid increase of problems of caring for the old due to longer life expectancy (such as in Kerala), child obesity due to lack of exercise to children leading to diabetes (nearly all over the country) and concerns relating to extending “health for all” due to greater health seeking behavior of the emerging population; (ii) new emerging reproductive and child health issues which would need to be addressed in tune with the demographic transition that each state may find itself in; (iii) the new socio-cultural responses that would become necessary to address the old prejudices in order to smother them and sublimate them to make way for an inclusive mindset conducive to social harmony. This would in turn call for a multidimensional approach to social discourse on population issues with special emphasis on also celebrating the arrival of a girl child in every family and last but not the least (iv) the legal issues arising out of the implementation of the Pre Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act or PNDT Act in short, the resort to Medical Termination of Pregnancy Act as means of family planning and the efficacy of the system of compulsory civil registration of every birth and death to deal with female foeticide. An interesting input came from a representative of a participating state government that an attitude of pro-active state intervention in population issues could have negative fallouts in the sense that the role of civil society would tend to get subverted in the long run and strangely, the civil society representatives in the conference seemed to disagree with this point of view. This article would explore these ideas one by one beginning from the last point relating to an attitude of pro-active state intervention and its perils.

The Sample Registration Survey (SRS) figures released by the Registrar General of India every year have been revealing for the first time after India’s independence that the rate of growth of population began to decline continuously after 1996. This happens to coincide with the change in the policy adopted by Government of India in relation to the Family Welfare (FW) programme with effect from that year i.e. adoption of a TARGET FREE approach to the sterilization (vasectomy and tubectomy) programme including the methods of contraception such as oral pills, IUCD, condoms etc as against a top-down-targeted approach to these methods adopted ever since the Family Planning (FP) programme was initiated in the first decade after independence. The new approach stressed on determining targets for the field workers (in consultation with them) on the

basis of Community Needs Assessment (CNA) starting from the community at the hamlet level, the target for each worker adding up to the revenue village, the Panchayat, the block, the district and the state according to the worker's jurisdiction, thereby granting them autonomy in their functioning. This bottom-up approach was in sharp contrast to the then prevailing practice of irrationally imposing targets top down uniformly from the Government of India on the basis of the population of a given administrative unit.

It may be of interest to quickly go over the various phases through which the FP movement in the country passed from an entirely clinical approach in the first two decades with the slogan HUM DO HAMARE DO. The main emphasis in this phase was to target the male population in the reproductive age group by fixing targets of vasectomies to be performed on the basis of the population of an administrative unit such as the states, the districts, the development blocks etc. This phase was characterized by quality work on the part of doctors in adhering to strict standards of surgical procedures etc but in terms of numbers of vasectomies performed they were few and far between to have any impact on the rate of growth of population and the targets set were seldom met. The decade of seventies saw a change in the strategy of implementation in the FP movement with the districts becoming the focus of attention. Each district was encouraged to hold FP camps in selected months of the year to suit the farmers and a camp was organized keeping in mind the highest standards of surgical procedures with a team of doctors working round the clock during the camps. Each case of vasectomy was treated like a VIP from beginning to the entire follow up right through the week after the surgery till the stitches were removed. Each camp was able to perform tens of thousands of vasectomies with each case of even a minor complaint being addressed at the level of the district magistrate.

Then came the year 1975 when all of a sudden district magistrates began to be coerced to adopt fair or foul means to achieve the impossible targets that began to flow from Government of India. Cinema halls began to be encircled to round up people to be taken straight to the operation table for getting a vasectomy nick and then to be driven away to make way for the next victim. Cinema halls across the country went deserted to avoid such a fate and in 1977 when Parliamentary elections were held the ruling party was decimated in North India and considerably weakened in the South. The new political formation that came to power at the center immediately changed the name Family Planning to Family Welfare and the programme content underwent some fundamental changes with considerable emphasis on health of mother and child. The programme suddenly acquired a human face. The other fallout not entirely humane was a shift in sterilization from vanishing vasectomies to tubectomies and the programme began to hunt the prospective female candidates for tubectomies to achieve the targets of sterilization. The story of targets being met year after year with little or no impact on the rate of growth of population is now well known, leading to an obvious conclusion that the figures of achievements were being fudged with immunity by the states to avail the Government of India's cent per cent grant for targets met, led the latter to adopt the target free approach in 1996 after the International Conference on Population and Development (ICPD) held in Cairo in 1994.

The steady decline in the SRS figures year after year relating to the rate of growth of population since then only go to confirm that the change in policy by Government of India in 1996 was a step in the right direction. It is strange that the critics of the target

free approach are unable to see the absurdity of top-down approach to the fixing of targets which they seem to be beholden to, thereby compromising the quality of the family welfare services which would concentrate on meeting the targets (to avail Government of India grants for the targets met) instead of concentrating on client satisfaction. The point regarding the perils of a policy of pro-active state intervention has clearly emerged from this narrative. The state policy would best be such as to enable a couple in the reproductive age group to be able to decide how it would like to plan its family and the state system should provide an efficient delivery mechanism to enable the family planning services to perform at their optimal best without invading the privacy of each couple. It must be remembered that the sensitivity relating to maintaining the privacy of every couple in this most intimate of human relations was an important part of the training of FP workers when the programme was launched way back in the First Five Year Plan in 1950.

The New Health Issues:

Kerala is an example of a state which is witnessing the demographic transition very close to a stage of stabilized size of population. The number of aged persons is increasing rapidly with a totally changed spectrum of disease burden falling on the health-providing system whether in the state sector or the private sector, along with the socio-cultural aspects of looking after the old family members by the nuclear families. Similarly the incidence of obesity amongst the children, due to a progressively sedentary life style being adopted, as a status symbol of prosperity, is making them diabetic leading to a decline in their longevity. A doctor made bold to assert that it is for the first time in human history that people are going to see their children die during their own life-time. The health seeking behavior of the population has also undergone a drastic change with economic prosperity and increase in longevity and the increased disease burden due to newer strains of viruses of different kinds invading the rapidly urbanizing conglomerations, has greatly complicated the health scenario. This coupled with the states aiming at providing “health for all”, has imposed a greater responsibility on the health-providing system which would have to be addressed effectively in future with the help of progressively ascending investment in public health.

The Emerging Reproductive and Child Health Issues:

These issues are going to change as demographic transition of different shades get underway in different states in order to rearrange their priorities to choose out of the various strands and components of the entire strategy of population stabilization as it has evolved with the National Population Policy 2000. That policy emphasizes the sovereign right of each couple in the reproductive age group to decide for itself the means it would like to adopt to limit its family size. The nationwide surveys carried out in the last decade have established that the need for a small family is now universally accepted and the paradigm shift which came about after the Cairo Conference on ICPD in the realm of population concerns has underlined the significance of the role of women in this area. In this context the statistics of sex ratio in different states acquires special significance, and this happened to be the burning concern in the Chandigarh Conference organized by PFI

for the three states of Punjab, Haryana and Himachal Pradesh. The high incidence of female foeticide in Punjab and Haryana and the tendency to have one son to inherit the family property in order to prevent its fragmentation, have led to the demographic situation of a very adverse sex ratio in these states. Himachal Pradesh was in contrast doing very well in nearly all the demographic parameters which herald a situation of a stabilized size of population in the near future in that state. The change in the mindset of people in Punjab and Haryana to enable them to successfully address the prejudices against the girl child could only come about when this problem is addressed on all possible fronts such as education, women and child development, medical and health, culture and so on so forth involving the state departments concerned also along with civil society activists in a proactive manner with optimal synergy, to trigger a social reform movement to enhance the status of women in these societies.

Sociological Issues:

States like Punjab, Haryana and Rajasthan which have historically been for long victims of internecine warfare and which have prided themselves for their manly vigour have had a tradition of prizing a male progeny in preference to a girl child, because the male would in any case be killed sooner or later in some skirmish either due to external aggression or some feud with a neighbouring chieftain. Changing this mindset nurtured for centuries in the past is not going to be easy and the social activists engaged in this area of social engineering must take into account the susceptibilities of people in these states while going about their mission to bring about change. The social discourse which needs to be initiated to bring about the necessary change in the mindset would have to contend with all the lewd and uncultured vocabulary that casually goes on at the level of people to assert their point of view to counter efforts to change their established mindset which they happen to cherish. This is where a multi-dimensional, multi-sectoral approach to social engineering in states undergoing similar demographic transition would need to be initiated both by civil society and the public sector in conjunction, to generate maximum synergy. The goal of such efforts would be to engender a mindset which would begin celebrating the arrival of a girl child also in each family as heralding the entry of goddess of wealth and prosperity Luxmi in the family. Taboos such as a daughter cannot light the funeral pyre of the deceased parents (giving mukhagni) or that old parents cannot stay with their married daughters need to be got over in order to minimize the significance for son-preference. These social mores have been engrained over centuries when they were perhaps relevant in the past, but now leading persons in such societies have to come forward to set examples so that others who may not be having the courage to go against the established traditions can make bold and help in modifying them.

The Emerging Legal Issues:

It has been mentioned earlier that the desirability of a small family has been well accepted in India by nearly all sections of society, but the traditional preference for a male child had by the decade of nineties of the last millennium introduced strange distortions in the prevailing social practices putting a premium on sex determination of

the foetus prior to a child being delivered by a pregnant women. To counter this tendency Government of India promulgated the PNDT Act to come into effect from 1996, whereby sex determination before birth through ultrasound machines was made punishable. The implementation of this Act has come in for sharp criticism due to many legal and procedural lacunae. The significant input which came in the Chandigarh Conference was that each machine should be legally mandated under the rule making powers of the executive to maintain automatic records of ultrasounds performed, to be made available for inspection by the prescribed authority. This would effectively rule out any subversive activities to pander to local social pressures in return for a consideration. This coupled with an effective system of compulsory civil registration of births and deaths would go a long way to minimize chances of foeticide which apparently is being resorted to at the cost of the girl child. Yet another sensitive issue of a pregnant woman seeking abortion in the early stages of her pregnancy who has often to take resort to the services of quacks at great risk to her health and life came up for discussion in Chandigarh. In this context it was asserted that the MTP Act promulgated in the seventies of the last century had made safe abortions on the grounds of the woman's health possible. It was felt that the distortions in the implementation of this Act over the last few decades too need to be reviewed.

Conclusion:

The population stabilization movement known by different names during the last fifty years has always stressed on networking of all the agencies of civil society to address the concerns relating to population explosion in India. These agencies can be named as the state, the voluntary groups, the corporate sector, the different religious, social and cultural groups, the different caste panchayats, social activists of all hues and intellectuals ready to 'walk the talk'. The optimistic note on which the Chandigarh Conference concluded seemed to suggest that there was now a fresh need to galvanize civil society to set right the distortions that may have crept in into this movement during its passage over the last half a century. This mobilization would have to be organized with the help of all these agencies, to begin celebrating every child birth instead of the state viewing it as a curse on the one hand and every family rejoicing it on the other. The need to take care of the nutrition available to each child in the first five years in every family would be the paramount responsibility of the state to ensure that their brains and physical growth are not starved for essential nutrients. We need to remind ourselves that signs of population explosion in India are now only visible in the metropolises, the state capitals, the district towns and mushrooming urban conglomerations due to rural-urban migration which has to be addressed by strategies different from those required for population stabilization. This trend of rural-urban migration is leaving quite a few villages deserted to the great detriment of the concerns relating to food security of the country. How would such a peoples' movement as recommended in the session on the media's role during the Chandigarh Conference be set into motion? Could the Population Foundation of India take the lead in this direction? The theme could be “ **Ladka Ladki Aik Saman, Dono Ko Ho Vidya Dan**” with all the other relevant issues relating to population stabilization skillfully woven into this theme.