

STERILIZATION PROGRAMME : ITS SIZE AND EFFECTS ON BIRTH RATE

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AN analysis of the attitudes of people towards family planning in rural and urban areas of the state of Bombay was attempted, in the section in Demography and Population Studies of the Gokhale Institute. The experience, therein, showed that people were inclined favourably to family limitation rather than to family planning and also that they preferred sterilization to other contraceptive appliances. Similar seems to be the experience in many other regions elsewhere in the country. The preference for sterilization was also acknowledged in the Family Planning Conference held at New Delhi in February 1959. Considering the peculiar social and economic conditions of the population concerned, the preference for sterilization seems understandable.

The necessity of putting a check on the rapid increase in our population is generally admitted. The difficulties in the economic development of the country due to the increase in population has been brought out convincingly by Coale and Hoover in their recent publication "Population Growth and Economic Development in Low Income Countries" and there is hardly any disagreement on the point. One therefore wonders whether, in view of the urgent need of a check on the size of population the preference for sterilization could be harnessed to bring about a significant lowering of birth rate.

When a population changes to a contraceptor population from a non-contraceptor one, very often the interest is in the extent of decline in the birth rate, besides that in the method of contraception. In the case of contraceptive methods other than sterilization the effectiveness is uncertain and it is difficult to calculate the likely extent of decline in the birth rate. It is much easier to do so in the case of sterilization which is almost 100 per cent effective.

But sterilization is an irreversible method as far as the surgical methods available at present are concerned. One has to be, therefore, very careful in determining the time when sterilization is to be advocated without harm to family life. It cannot be advised before getting a specific number of children. Contraceptive methods can be introduced at any stage of married life, for instance, even from the beginning. In sterilization, allowance has to be made for mortality among children and then ensure that one has a desirable number of living children. (It is for this reason that in the following discussion we deal with the number of 'living' children.) Considering the fact of high mortality rate among children steriliza-