

Population Council of India: Family Health

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Inaugural Address

by

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POPULATION COUNCIL OF INDIA

FAMILY HEALTH WORKSHOP  
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INAUGURAL ADDRESS

Shri Asok Mitra

Allow me to say how honoured I feel to be asked to inaugurate this Workshop.

2. It is no small satisfaction that discussion on family planning in this country is rapidly veering to an emphasis on the entire life style of a community. When the Demographic Advisory Committee was first constituted in 1958, I had the honour to be admitted as a member. Thereafter and through successive sessions of the Central Family Planning Board, I have been pleading for addressing the family planning movement more to specific styles of family formation in different parts of the country than to the simplistic and rather heavily publicity-oriented approach that has obtained so far. It has taken us long to realise that the small family norm depends not merely upon the husband and wife but the entire household and upon its economic and social functions. I have pleaded that a narrow clinical approach to contraception is beside the point in our society but that a multiple approach to the household must take precedence. We have seen in the last 12 years how the so-called motivational approach through a multiplicity of publicity gimmicks have tended to run wilder and wilder with no comparable gain to the family planning movement. Even our family planning campaigns have suffered from simplistic targets. Instead of expanding the cafeteria approach, we have veered from one campaign

to another. First, it was the rhythm method because somebody from outside advocated it; then we went for mechanical contraceptives; then for vasectomy and thereafter for tubectomy. Then suddenly we put all our energies into the IUCD, because somebody again from outside came and said that this was the answer.

In the meantime, we continued to neglect the infra-structure. In a country extra-ordinarily free from social or religious inhibitions and taboos, we ignored taking advantage of this freedom. We did not go ahead with primary or formal education for girls and women. We did not deliberately bend our energies on changing social mores on marriageable age. We let things drift on marriage, divorce and inheritance laws and we had no programmes of imparting sex education to very young, adolescent and adult age-groups. Although we passed very progressive laws in all directions, we did not take enough care to put them into practice. We did not think of expanding employment opportunities for women. Nor did we realise that one of the vital planks on which the small family norm rests is an extensive opportunity for employment for married women. We fondly believe that the life of a woman who ceases to bear children at 27 or 28 will continue to be the same as that of a woman who will continue to bear children up to her late 40's. It hardly occurs to us that if a woman stopped bearing children at the age of 27 and 28, she would certainly want to

do something socially and economically useful at the age of 34 or 35. Not to give her such opportunities at that age could very well bring about a major disruption in society. We talk of the small family norm and are still not prepared to face up to the problems of divorce, separation or single living, aspects of social ordering and revolution to which answers must be found.

4. The average Indian's span of life suddenly expanded quite immensely in the mid 50's as a gift of the national programmes for the eradication of epidemics, wasting diseases and malaria. As a result, even the meanest peasant's horizon of expectations expanded beyond measure when he suddenly discovered that he could expect to live beyond 25 years of age to about 40 and more. In the last decade and a half, we have seen how his appetite for acquiring durable assets like land, house, livestock, farm machinery, silo, transport and even durable consumer goods, has grown. He no longer feels that he must limit his ambitions because he is destined to die young.

5. This appetite, however, is still not matched by a spectacular improvement in infant mortality. The heavy rate of infant and child mortality that still prevails makes the Indian infant and child expendable and not a durable asset, even as the parent used to be until the 1950's. To the prevailing high rate of infant and child mortality must be added the growing spectre of female mortality. We know how the female ratio has been rapidly going down since 1872. Until about two decades ago, one would not be very far from the truth

if one contended that the proportion of females to males would be invariably higher in those communities where wives had to be bought with a dowry or where the matriarchal system prevailed owing to the value put on female lives. Where husbands had to be bought with a dowry, the proportion of females to males would be invariably adverse. But in recent decades, it looks as though female lives are getting to be as much of an expendable asset in communities where wives are bought as in communities where husbands are bought. This growing neglect of female lives as an expendable asset observable with particular persistence and in increasing proportions in the current century, is a matter of serious concern. The first results of the 1971 Census published by the Registrar General show that whatever female literacy we have in this country is largely concentrated in the urban areas. In a penetrating paper, Shri C.F. Sharma of the Registrar General's office has shown that of the 352 districts in the country which have rural populations, as many as 83 have less than 5 per cent literacy among rural females: [The test of literacy in the Indian Census has been defined as the ability to read and write with understanding in any language]. In another 58 districts, the percentage of literacy is between 5 and 7.5, and in still another 55 it is between 7.5 and 10. This means that in as many as 196 out of a total of 352 districts in the country, the percentage of rural female literacy is less than 10. The number of districts which have higher rates of literacy of 25 or above is only 35, which shows that the so-called expansion of education that we are talking of today is confined mainly to small pockets. The areas of the

largest rural female illiteracy, i.e. less than 5 per cent, belong to Jammu & Kashmir, Uttar Pradesh, Rajasthan, Bihar and Madhya Pradesh. These are the worst regions which also claim the bulk of India's population, but large tracts of Haryana, Maharashtra, Andhra Pradesh, Mysore and West Bengal are not very far behind. In the summer of this year, a rather amazing Sterilisation Fair was organised in Ernakulam. The results exceeded all expectations. Against an original target of 20,000, as many as 60,000 sterilisations were accomplished. The organisation of the Fair was exemplary in all detail and what was most impressive was the enthusiasm with which the populace welcomed it. People who witnessed this Fair enthusiastically imagine that such an event can be repeated in all districts of India. Possibly it can, but these enthusiasts may well be forgetting a basic fact that there is no district in Kerala with a crude rural female literacy rate less than 53. If the age-groups 0-8 and 50 and above were excluded, this rural female literacy rate in Kerala would exceed 80 per cent. Then again, Kerala has long been the home of Marumakkathayam where women command a price which men must pay. These conditions do not obtain elsewhere in India and these to my mind are crucial. But even in Kerala, the sex ratio for females per thousand males has been steadily going down since 1951.

6. At the beginning of this year, Dandekar and Rath published their monograph Poverty in India. They arrived at the conclusion that for all India, 30 per cent of the rural population and about 47 per cent of the urban population are below the desired calorie intake. Even if we allowed for the defects of the original consumption surveys,

inasmuch as a large amount of homegrown vegetables or locally raised animal proteins did not perhaps go into the accounting, for example in Kerala, yet the dimensions were alarming by any standards. The authors concluded that if the past trend continued in the coming decade, the overall growth in income and consumption would be much smaller than that assumed in the Plan perspective and the nutritional status of the population would decline. The magnitude of the problem emerges in another way in the fact that at present there would be about 27 million families with roughly 110 million people among them who operate between 5 to 30 cents of acres of land per capita. The 1971 Census count has put the number of agricultural labour in India at 47 million. On the assumption that a family of agricultural labour would consist on an average of five and that the wife too works in 50 per cent of the families, the total population subsisting on agricultural labour in India would be about 150 million. These populations at any rate, if not those above them, cannot afford to pay for any but what food is grown on the spot and processed locally. This explains why most farmers in India store their cereals in the shell and bring out only those quantities from their small bins that they will eat during the week. For such a population, it will be a far cry to embark on a programme of discovering new sophisticated unconventional foods which would involve processing, packaging, transport, warehousing, wholesale and retail outlets and profit cuts which the traffic would not bear.

7. The history of nutritional research in India of which we can be quite proud, proves conclusively that what plagues this country is

really a food gap rather than a protein gap and our strategy in India should be to promote intake of foods including cereals and pulses and legumes in adequate quantities and on saving food values to the maximum in whatever Indians eat. The problem boils down to a deficiency in calorie intake and this is of great significance. Protein intake through cereals and small quantities of pulses and vegetables and very occasionally other proteins which otherwise would have been considered adequate becomes inadequate in the face of this calorie inadequacy as the protein is used for the purpose of providing energy. For if the food intake is deficient in the amount of calories needed for the body, the protein in the food intake is broken into to provide the calorie deficiency first before it starts performing its legitimate function.

8. The first and foremost programme in this country in the field of nutrition will thus still continue to be the programme of the Green Revolution, multiple cropping and intensive cultivation of high yielding varieties of cereals. On any showing, the national emphasis must continue for a long time on raising the per capita income and consumption of the lowest 40 per cent of the population by such programmes as will enable them to produce, buy and consume more food on each day of their lives. This means that the major emphasis of the Plans must be not only on intensifying and enlarging those sectors of national development that have already been identified and are being supported but on providing more employment and assuring more purchasing power at least to the lowest 40 per cent of the population in rural and urban areas. This alone can provide the most enduring base for any worthwhile programme of nutrition. Otherwise, whatever may be the



investment by way of direct nutrition programmes will go into a leaking bucket because a population without purchasing power for staple food will not be able to sustain such programmes on its own.

9. The second most important direction in which effort must be concentrated and which is likely to yield results more substantial than even direct investment programmes on expectant and nursing mothers, infants and pre-school children, is the improvement of environmental sanitation in villages and towns, the safeguarding and assuring of drinking water supply, safe and proper disposal of sewage and wastes and a universally enforced immunisation programme of tetanus for expectant mothers and against smallpox, the enteric diseases, diphtheria and tuberculosis in infants and very young children. These preventable diseases take a bigger toll of human efficiency and human lives than the gravest malnutrition, and their prior removal is bound to reduce the incidence of malnutrition sharply, and bring it within the realm of practical politics. It is possible that a determined potable water supply programmes for the 3,000 urban areas and 550,000 villages will mean immeasurably more enduring nutritional dividends than the most assiduously pursued feeding programme. Rigorous enforcement of the adulteration laws will be a cheap way of assuring nutrition beside which many of the current programmes must appear rather 'precious' and far less rewarding. The unfinished public health revolution deserves to be completed to confer the full benefits of the positive nutrition programmes, and if I may say so, the family planning programme. Incidentally, it is on the instrumentality of the public health and sanitation machinery and the

immunisation network that the worthwhile nutrition programmes of the country can be made to ride piggy-back with the greatest economic efficiency and the maximum economy of human effort.

10. Several important studies have yielded valuable insights into the twin problems of nutrition and family planning. The Khanna Study by John Wyon and John Gordon has demonstrated that there is a compelling difference in the rate of child death beyond six months between those children who had not received solid food and those who had, even where the food causes digestive difficulties and weanling diarrhoea. Any solid food during these months is immensely better than none.

11. Dr. Shanti Ghosh of Safdarjang Hospital has argued that the answer to the problem of malnutrition in this age-group lies partly in the more effective use of the locally available inexpensive foods in proper combinations. Education is the most effective instrument in this field and not necessarily the physical lack of food for the infant at this age cannot take more than 75 to 100 gms of cooked solids. Contrary to popular notions, this knowledge is extensively lacking even among the middle level and upper and educated classes. This knowledge has to be conscientiously and deliberately imparted to women for whom the importance of a certain level of primary or formal education cannot be over-emphasised. Best results may be achieved when this education is re-enforced by a universal programme of immunisation of the expectant mother and the infant child against tetanus and the communicable diseases supported by programmes of combating intestinal pests and parasites. The Khanna Study and studies by other authors, particularly by Carl Taylor, Shanti Ghosh and C. Gopalan have explored programmes which have the promise of yielding enduring

results. These lie in the area of family planning.

12. Studies in Punjab have shown that among the programmes likely to make a profound impact on the health and nutrition of school children in the long run, the family planning programme which aims at limiting the family size to three children, is extremely important. The level at which the births are limited is largely determined by the felt need of a surviving son. This level is still high throughout India because 30 per cent of the children do not survive the first two years, the single cause of mortality being malnutrition. The crisis period can be clearly defined between the child's sixth month and the 24th month.

13. Gopalan has observed how an analysis of admissions to paediatric wards shows that out of 700 cases of severe protein-calorie malnutrition only 39 per cent of stricken children belonged to birth orders 1 to 3 as against 61 per cent of birth order 4 to 6. It was significant that in spite of the general preponderance of children of the earlier birth orders among general admissions to the hospital, a great majority of cases of malnutrition occurred among children in the latter birth orders. In another field study concerning 1400 preschool children, Gopalan found that while 32 per cent of children, belonging to birth orders 4 and above, exhibited various signs of malnutrition, only 17 per cent of children of earlier birth orders showed such evidence. The heights and weights of pre-school children showed negative correlation with family size. Even allowing for normal distribution of children of the two birth orders in the community, this data would show that 62 per cent of all nutritional deficiency in pre-school children was encountered in children of birth orders 4 and above. This would suggest that even under the current

economic and living conditions, if it were possible to limit family size to three children, that itself could bring down the incidence of malnutrition in all pre-school children in India by about 62 per cent. The prospect would improve still further if one took into account the impact of country-wide family planning on the general economic status and the food resource position of the country.

14. As I said at the outset, it is very heartening that an integrated approach to the problem of family planning is rapidly taking shape in the country. Health, nutrition and family planning are now viewed as facets of a single task of preventing waste and improving the nation's resources and productivity. There is a growing realisation that the answer does not lie in single target programmes but always in a package that should incorporate family planning, maternal and child health, immunisation, watersupply improvements and possibly other aspects of rural development. What is more, the task is one of overturning a traditional society to another social order based on different values of education, knowledge, relationships, employment and leisure. The task seems to lie in evolving packages of programmes in which the relations could be demonstrated between inputs into the economy and the expansion of output; relationships that would be manifest not merely to the sophisticated sociologist or economist but to the villager himself.

15. I have great pleasure in inaugurating the Workshop.