

Ill Effects of Excessive Childbearing

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EDITORIAL

Since India gained independence nearly seven decades ago, policymakers and programme administrators have been concerned about the population's size and growth rate. Even in the decades before India's independence, several social reformers had expressed their worries, raising the concern that the country's astronomical population increase would strain its economy, agriculture, and capacity to feed its people. They thought that limiting population increase would aid in reducing and eventually eliminating the negative impacts of famines, diseases, and poverty. To free women from the "unfavorable impacts of excessive reproduction" on their health and the burden of unwanted children, several of them established family planning clinics in urban areas. After the subcontinent was divided into two nations, India's population was projected to be around 350 million. This figure was deemed enormous in comparison to practically every other country in the world at the time of independence in 1947.

The primary goal of India's family planning programme was to reduce fertility. The Indian government set method specific targets for the contraceptive techniques made available under the programme in the 1960's, taking into consideration the desired drop in the birth rate. The targets were then distributed to the states, who then distributed them to the field based functionaries. The programme had deadlines and was incentive based. Experts emphasized that simply having access to contraceptives does not guarantee their usage and that effective implementation needed competent equipment, which India lacked. Their advice, though, was disregarded. The sterilization programme was expanded throughout the same decade, and condoms were provided at a reduced cost *via* the distribution networks of for-profit marketing firms.

The goal of a birth rate of 25 was delayed by ten years, becoming a reality by 1983-1984. It was clear that the government could consider adopting compulsion when the then-health minister said in 1975 that India would have to imagine the unimaginable because if the population continued to rise, all gains would be undone. Ironically, India had declared that development is the best contraceptive just six months prior, in September 1974. During the emergency that was declared in June 1975, the center

did not exert compulsion, but it allowed the states the authority to do so if they so desired. It was advocated that sterilization was the best way to quickly reduce fertility. The states increased the official sterilization targets for 1976-1977 from 4.3 million to 8.6 million, while in reality, 8.3 million sterilizations mostly vasectomies were carried out. Despite opposition after the emergency was lifted, the Sixth Five Year Plan established the goal of increasing the Net Reproduction Rate (NRR) from an estimated 2.2 in 1980-1982 to 1 by 1996, or by more than 50% in 15 years.

According to the National Population Policy of 2000, TFR of 2.1 was to be reached by 2010 and population stabilization at 1.45 billion people by 2016. However, many nations have continued to focus on population control strategies, supporting and enforcing the two-child norm on some functionaries while paying little attention to the target free approach's goal and spirit. It has been challenging to shift the obsession with the population's unchecked increase. Since health is a state responsibility, the center has refrained from taking action because it is unable to exert much influence over the states. Although the official removal of contraceptive targets occurred in 1996, programme monitoring and assessment still highlight expected levels of accomplishment and frequently subpar service.

Policy makers and bureaucrats had and still have very little grasped of population growth, the dynamics of family planning use, and the socioeconomic and proximal causes of it. There is still a lack of understanding surrounding the idea of growth momentum and its implications.

In order to examine these crucial aspects of family planning, the book dedicates three chapters after recounting the history of the family planning programme. Most Indians, regardless of where they live, do not want to have more than two or three children, according to almost all household polls performed in the past 20 years. In actuality, the average intended family size stated by both men and women between the ages of 20 and 39, when they are most fertile, is just 1.9 children, which is below the fertility rate of replacement. Recognizing and upholding the reproductive rights of women and men, as well as providing services to assist them in achieving their reproductive goals, will play a significant

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role in determining the size at which India's population will stabilize, as well as its age and sex composition and distribution.

Contraceptive use increased in India from 13% in 1970 to over 55% in 2010, which has been linked to a decrease in birth rates from 45 to 21 per 1,000 people during the same time period. However, sterilization has played a significant role in the Indian family programme. Couples only use it once they have their desired family size, and occasionally even more. Additionally, there is a significant unmet need for family planning, particularly among young women who desire to delay their first pregnancy or spread out their children. The takeaway for programme managers and bureaucrats is clear: in order to support this population in achieving their reproductive goals, they need counseling, consistent access to contraceptives, and high quality services.

Exclusive nursing delays the restart of fertility; in other words, it suppresses ovulation and raises infecundability, just as the use of contraception and marriage, which have direct effects on fertility. According to studies, Indian women's average invulnerable period lasts about 10 months. However, it has also been observed that women have a tendency to totally breastfeed their children for a shorter period of time due to increased urbanization and employment. The book makes the case that reversible contraceptive methods should be encouraged within a few months of a child's birth in order to improve both the mother's and the child's chances of survival as well as their overall health.