

Social Aspects of Family Planning and the Nurses' Role

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I am very glad to meet you all today, for it is always a pleasure to meet persons who are dedicated to a cause or a vocation as you all are. I believe that you took up this arduous vocation because you had the call for it, willingly undergoing rigorous training, long hours and many anxious moments for others, otherwise, you would have chosen some one of the other less exhausting callings which have been open to women during the past years. I congratulate you on your choice and I am glad to see the recognition your work has begun to receive both from the government and the people.

Since Independence, as you are well aware, India has been committed to a process of intense and dynamic change in all spheres of life. To try and achieve a co-ordinated advance in all aspects, socially and economically; to raise the standard of living of the people so that they have a reasonable assurance of the basic necessities of life, e.g. food, health, education and employment. India is very backward in all these things.

We are coming to realise that the work you are doing, particularly in Public Health, is important and invaluable to the rebuilding of our nation. In the past, and even up to a point at the present, the curative aspect of your work was greatly stressed. Fewer things give greater satisfaction than to see that one's devoted labours, in co-operation with the skill of the physician or surgeon, have helped an ill and helpless human being to his feet again; I am sure that all of you have felt that satisfaction and thrill.

More and more the preventive aspect of medicine and health is gaining ground in India. Health, we realise, is not just mere absence of disease, but something more positive and vital. This is a field in which you can play a key role, for

it is your function to help eliminate avoidable diseases. You are aware that the Government of India has a scheme, aided by WHO, to eradicate malaria which takes a toll of about two million people a year in our country. They also wish to stamp out other epidemics. Your help is vitally essential to this work.

There has been a remarkable advance in medical aid and health measures during the last 30 years in India, and even though our health services, compared with those of other nations, are very inadequate. We have dramatically reduced our death rates, particularly our infant mortality rates from 176.2 per 1,000 in 1931 to 115.9 in 1951 i.e. by nearly 33 per cent, and they are fortunately still going down rapidly. This process of cutting the death rates by medical and preventive sciences is called the "scientific revolution towards health."

All these efforts to turn our nation into a healthy nation are very good and these efforts need to be accelerated with your help. But let us look at the other side of the picture. The greater the effect of our health measures, the greater becomes the gap between the birth and the death rates, and the greater is the increase in our population. This "upward spiralling of population trends" has been observed not only in India, but in Ceylon, Malaya, Jamaica, and the other under-developed countries where effective measures are being introduced to reduce deaths due to avoidable diseases. But these countries do not have our basic high population to start with. According to the Census of 1951 our population was estimated to be 356 millions and we were computed to be increasing at the rate of 4.8 millions a year. The latest calculated figures put our population to about 384 millions in 1956 and we are supposed to be increasing by

nearly 6 millions a year.

What are the social implications of this tremendous increase in numbers, as well as the large numbers of children? The Census of 1951 stated that the numbers of children from 0-14 years made up 38.3 per cent of the population! This proportion is calculated to have risen to nearly 40 per cent by 1956. Our eyes certainly support the figures for *India seems to be full of small children*. The children are our joy and solace but they are the economically unproductive part of our population, but for whom the necessities of life and other welfare facilities have to be provided. If we add the economically unproductive, females we reach the figure of 60.1 per cent of non-earning dependants! There are the 1951 census figures. So that it means that less than 40 per cent of the economically productive people carry the weight of over 60 per cent of the economically unproductive dependants! This high ratio of young persons and non-earning members, drain off the earnings of the supporting members for the absolute necessities of life, so very little savings can be effected, and the *per capita* income increases slowly.

One of the important aspects of the work of economists and demographers is to be able to calculate or "project" the productivity of a nation in respect of the economic gains and expenditure, or the levels of "livelihood patterns" within a foreseeable period of time. One such study by Drs. Cole and Hoover has just been published by the Princeton University, U.S.A. This study is very illuminating. The authors have tried to assess the probable

effects of the estimated decline in mortality, the result of stepping up of our health programmes during the next 30 years, its consequent effect on population growth and how this growth will be reflected in the various fields of education, social welfare, employment, and savings for higher economic productivity. They have calculated that if the population increase does not come down, by 1986 the population of India will reach the staggering figure of 775 millions, 40-45 per cent of whom will be children under 14 years of age!

Let us take present figures so that there can be no dispute about figures being inflated. Let us consider food, housing, education, health and employment.

The Census Commissioner stated in 1951, that the *per capita* cultivated land has been going down, from 111 cents in 1921 to 84 cents in 1951, while in the interval our population had increased by 1088 lakhs. It is true that we can get much more food by intensive scientific cultivation, and we hope to do so either by co-operative farming or by other means, but that again takes time, in the meanwhile children continue to be born. Even our caloric intake of food is about 2,000 calories per day as against 3,000 in the more advanced countries. As regards clothing, our total consumption of cloth is 18-20 yards of cloth per head per annum.

But it is in the public welfare section that our teeming population comes in the way of rapid development.

Education. Let us take education for example. At present, the largest single current non-defence expenditure is on education, receiving nearly half of the development allocation, while social services accounted for one-sixth of the expenditure. Enrolment of the students is only 50 per cent of the 6-11 years group and 20 per cent of the 11-13 years group. The total expenditure on this group alone amounts to billions of rupees. We hope to provide at least primary education to all our children. According to M/s Cole and Hoover the expenditure on this group of primary school children alone will

be 20-25 billion more rupees during period 1956-86. You must have read the other day that the Union Education Minister stated that in the Third Plan, provision will be made for providing primary education for 171 lakh girls and 92 lakhs of boys between 6-13 years=262 lakhs or practically the population of a small country.

Other types of social welfare expenditure would likewise be much larger if even the essential and welfare services, poor as they are, were to be kept to the present level but had to be provided for a larger population.

Health Services are another field in which additional children would probably increase the total needs disproportionately.

Housing. Though housing can wait, yet all the cities are "bursting at their seams", to use a colloquial expression, and millions of rupees are necessary to build urban houses at a cost the people can afford to rent.

Employment. It is in respect of gainful employment that our overwhelming population impinges heavily on our development. Mr. C. D. Deshmukh, then Finance Minister, stated that 4 million new jobs had been created by the First Plan, but that 7 million people had joined the labour market due to the natural increase in population and the backlog of unemployment would have to be carried over to the Second Plan. Under the Second Plan, 7-8 millions of new jobs will have been created, but the backlog of the unemployed plus the new young arrivals in the labour market will alarmingly outstrip the employment facilities created. Shri Shantilal Shah stated the other day, that in Bombay State alone, the educated unemployed formed 37 per cent of the total unemployed.

We have only to look round to see the numbers of people for whom no employment can be found, and who feel frustrated because of that. In spite of all our plans of rapid industrialisation, expert opinion of Indian economists and others, is that unless something is done to stop the deluge of birth rates to reasonable proportions, we may

find it difficult to keep, let alone consolidate, the gains we have already made in the various fields.

You will ask me, what have nurses got to do with all this? This is a matter for the economists, demographers and the politicians, let them deal with their own problems! Why am I telling you all this? It is to remind ourselves of enormity and urgency of the problems facing all of us, lay people, nurses, government and economists. Nurses have a good deal to do with this problem, particularly those of you who are public health nurses, and even the others. You are trained, intelligent women who help the people to keep their health, and who can by persuasive propaganda help them to realise that children can and should be had by choice, and not by blind chance; that God has given us intelligence to use in this field as we are trying to use it in other fields; to help change the motivation of the people quickly and effectively so that they can be helped to help themselves in this vital respect as you are helping them in regaining and keeping their health. Why is it that the President of the Family Planning Association, Smt. Dhanvanthi Rama Rau, after a life time of social service, is devoting herself exclusively to Family Planning work? It is because she has come to realise that over-population is the crux of many of India's problems. Why is it that Smt. Durgabai Deshmukh, the Chairman of the Central Social Welfare Board, is so greatly interested in Family Planning? It is because she realises that Social Welfare alone will not help our people to attain better standards of living. Why is it that Rajkumari Amrit Kaur, our former Union Minister for Health, who was against contraceptive birth control in the beginning, favours it now? It is because she has come to realise that the health measures which she had helped to institute, and which are now beginning to take effect, are causing and will cause a tremendous increase in our population which will nullify all efforts of the people and the government to raise the standard of health and welfare of

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