

IMPACT OF CHANGING NATIONAL POPULATION POLICIES ON FEMALE STERILIZATION†

by

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Introduction

National Population Policy of 1976 stated that simply to wait for education and economic development to bring about a drop in birth rate is not a practical solution of our population problem. The Government, therefore, formulated a target-oriented time-bound programme to check the rise in population by introducing the element of compulsion through disincentives for the couples having more than 3 children, irrespective of their sex (Centre Calling, 1976). But many problems arose in implementation of this policy (Mehta and Pathak 1977).

In the present study, effect of implementation of the national population policy are enunciated by examining family planning performance of Greater Bombay, before and during the imple-

mentation of national population policy with that after the change in same policy made by the present government. To get a greater insight in the process of these changes, family planning performance of a peripheral centre, Prabhadevi Municipal Hospital is also studied and compared with that of Greater Bombay, for the corresponding periods.

In Table I are shown the figures from 1971 onwards. Since 1971 acceptance of tubectomy shows a gradual rise upto 1975. In 1976, national population policy year, there was a sharp rise in the number of tubectomy acceptors, and 1977, the year in which disincentives of national population policy were withdrawn, there was a steep decline in the acceptance of tubectomy. Almost same trend was shown by Prabhadevi Municipal Hospital also. In another index, number of tubectomies per 100 live births, also showed a similar impact of changes in population policy on family planning programme. This index shows that in 1977, female sterilization in Greater Bombay had fallen even below the 1971 level.

It can be safely concluded from this table that in 1976, due to strong disincentives of national population policy, more people were enforced to accept sterilizations, but as soon as these disincentives

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TABLE I
Yearly Distribution of Tubectomies and Proportion of Tubectomies Per 100 Live Births

Year	Greater Bombay		Prabhadevi Municipal Hospital	
	No. of Tubectomies	No. of Tubectomies per 100 live births	No. of Tubectomies	No. of Tubectomies per 100 live births
1971	19405	11.81	636	14.78
1972	21242	12.66	604	13.79
1973	22127	12.26	626	13.67
1974	23183	12.95	562	14.64
1975	28394	15.77	660	18.45
1976	37925	19.86	740	25.12
1977	22364	11.67	510	17.22

were withdrawn, they at once became indifferent to family planning which resulted in a drastic decline in acceptance, reflecting the rebound phenomenon to the element of compulsion.

Exactly similar picture is seen if all India figures (Table II) are compared for

Table III shows that due to the element of compulsions through disincentives introduced in 1976 many women of higher parity had to undergo sterilization. But in 1977 when disincentives were withdrawn, these women refused sterilization thereby causing a drastic fall in the number of sterilizations. In view of the high

TABLE II
Yearly Distribution of Tubectomies

	All India		Greater Bombay
1975-1976	1236417	1975	28394
1976-1977*	2061297	1976	37925
1977-1978**	740211	1977	22364
Percentage decline from 1976-1977 to 1977-1978	60%	Percentage decline from 1976 to 1977	43%

* 25 per cent of the total acceptors of sterilisation.

** 85 per cent of the total acceptors of sterilisation.

the years 1975, 1976 and 1977. In fact the drastic decline in 1977-78 amounted to 60% while in Greater Bombay it was 43%. This sharp decline would not have occurred if people were rightfully motivated and not compelled. Dr. Karan Singh estimated 5 million sterilizations would have been done without extra pressurization (People, 1978).

infant mortality, still the fear of children survival exists and this is the main impediment to acceptance of small family norms. This fear coupled with their aversion to compulsory sterilization can be illustrated by the fact that in 1976, 15% of eligible women escaped sterilization by giving false family size (Mehta and Pathak 1977).

TABLE III
Yearly Distribution of Higher Parity Women Who Avoided Sterilisation

No. of living children	1974	1975	1976	1977
3	(32489)* 88.65%**	(32333) 84.94%	(38127) 67.28%	(32879) 81.35%
4	(20225) 80.05%	(20338) 76.69%	(22202) 42.72%	(16053) 63.11%
5 Plus	(21365) 81.66%	(21391) 82.59%	(17462) 61.66%	(12248) 77.85%

* Total number of deliveries.

** Proportion of women who avoided sterilization.

The main consequence of the persuasion of the national population policy experienced, is the total indifference of the eligible couples shown towards family planning (Table IV).

TABLE IV
Indifference of the Eligible Couples Towards Family Planning
1977-1978 (Post National Population Policy Year)

Ante-natal Clinic Patients	Prabha-devi Municipal Hospital	Rajawadi Municipal Hospital
1. Refused sterilization	53%	55%
2. Refused after prior consent	26%	25%
3. Accepted sterilization	21%	20%
Total eligible women	100%	100%

In 1977, because of the change in the policy, 50 to 55% outright refused sterilization and nearly 25% changed their mind after giving prior consent; as a result only 20% eligible women underwent sterilization in the post partum period.

This excessive hostile attitude of the people towards family planning, drove motivators to the point of disinterest. It is substantiated by the Survey carried

out at Rajawadi Municipal Hospital, MTP Clinic, where 53% of eligible women were not even told about sterilization or any other contraceptives at the time of their last hospital delivery in various hospitals in Bombay.

Moreover, social norms of Indian male dominated society also make women reluctant to undergo sterilization without having at least 2 male children. This tendency has remained unchanged till today as shown by average number of male children of sterilization acceptors in Greater Bombay. In 1972 it was 2.42 while in 1977 it was 2.50.

This discussion shows that Family Planning Programme has been very adversely affected by the change in population policy of 1976. Now the question arises, whether this change has affected number of acceptors only or the quality of programme has also gone down. To assess the qualitative changes, trends in average age and number of living children of tubectomy acceptors were studied (Table V). It is observed that there is no significant change in the mean age of tubectomy acceptors of Greater Bombay as it fluctuates between 29.89 years (1976) and 33.38 years (1974). Although in 1976 mean age was lowest, the difference from preceding and succeeding years was 1.15 to 1.13 years. In case

TABLE V

Yearly Distribution of Tubectomy Acceptors According to Mean Age and Average Number of Living Children

Year	Greater Bombay		Prabhadevi	Municipal Hospital
	Mean Age	Average No. of living children	Mean Age	Average No. of living children
1972	31.5	4.71	32.3	4.79
1973	31.5	4.24	33.0	4.40
1974	33.38	4.03	31.54	4.15
1975	31.04	3.59	31.35	3.90
1976	29.89	3.58	30.74	3.63
1977	31.25	3.59	29.88	3.54

of Prabhadevi Municipal Hospital after 1973 there is a consistent decline in the mean age, of tubectomy acceptors although decline from 1971 was only 2.42 years. Among the tubectomy acceptors the average number of living children also shows a declining tendency but it is almost constant after 1975. In case of Prabhadevi Municipal Hospital there is a consistent decline in average number of living children too.

These observations indicate that the quality of programme has not yet been effected. But there is a possibility that if this trend of disinterest, hostility and neglect continues, the programme will soon adversely be effected in this area also.

In conclusion, it can be said that though the number of sterilizations has considerably dropped due to the change in policy, the age and parity of the women undergoing sterilization has not changed significantly. To prevent further deterioration in the family planning programme, greater efforts on the part of administrators are needed to motivate the women by educating them for the benefits of

small family norms. Help in this respect can be taken from national voluntary agencies. The red triangle must remain as a potent symbol—not of an uneasy past but a committed present.

Summary

In 1976, Government of India, introduced National Population Policy, to help limit family size, by introducing disincentives for couples, having more than three children, irrespective of their sex. The policy formulations and its implementation were not preceded by any suitable motivation or ascertainment of the preparedness of the people. Thus this socially sensitive programme was interpreted by the masses as coercion. On removal of the disincentives by the present Government, the suppressed resentment of the people towards family planning methods is reflected in total indifference to any dialogues for any methods of fertility control, even in urban area.

The clear message is that educating people is an important prerequisite for their acceptance of family planning.

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