

INSTITUTE OF CURRENT WORLD AFFAIRS

GSA-22

India: Family Planning II; with
additional information
on food supply.

25A Nizamuddin West.
New Delhi

17 July 1965

Mr. Richard H. Nolte
Executive Director
Institute of Current World Affairs
366 Madison Avenue
New York, New York

Dear Dick,

Two events worth reporting have taken place since I wrote last about family planning: The Indian Council of Medical Research has given its approval to the IUD (interuterine device) for use in India, and the Cabinet has created a new high command to put the family planning program rapidly into high gear.

The Council of Medical Research met in January to evaluate the results of research on the effectiveness of IUD's in India, research that had been stimulated by the success of IUD's in South Korea and Taiwan, where the conditions of peasant society were considered to be similar to those here. The Indian study involved 3500 women in fifty places and lasted two years, and the results measured up to expectations. Pregnancies among the test group of women using the IUD amounted to less than one per cent. Five per cent of the IUD's were expelled, but, doctors here tell me, many women will retain them when they are introduced a second time. In about five per cent of the cases, doctors removed the IUD because of complaints. These broke down as follows: removal for pain, less than one per cent. for excessive bleeding, three and a half per cent, and for 'other' causes, one per cent. The bleeding, had the IUD not been removed, might have subsided by itself, doctors say, and it frequently does not occur if the device is tried a second time. All this seems easily to justify the Council's opinion that "the IUCD (the Indians add a 'C' for 'contraceptive') is safe, effective, and acceptable and should be made available through all medical and health centres having requisite facilities." A family planning program based largely on the IUD still faces a major hurdle in the matter of personnel, however, for the Council has recommended that for the present only doctors, not para-medical persons like nurses and midwives, should introduce IUD's. More about this later.

The new high command, called the Central Family Planning Board, is comprised of the ministers of Health, Finance, and Information and Broadcasting, a member of the Planning Commission, the Secretary of the Health Ministry, and the Family Planning Commissioner. This group will operate as a semi-autonomous body within the government. And with the Finance Minister as the senior member and chairman and with the Health Minister also a member, both policy and financial matters will, it is hoped, be quickly settled. The Planning Commission has its representative on the Board to see that sufficient attention is given to family planning from now on and to see that the 200 million dollars that it has allocated for the program in the Fourth Plan period (1967-72) is effectively used--much of the money previously allocated has remained unspent. The Family Planning Commissioner is a new position. Its holder will have the rank of additional secretary in the Ministry of Health and will thus work directly under the Health Minister, largely freed from the toils of ministry bureaucracy. He will also be responsible to the new Family Planning Board, and it is intended

that he will be able to bring before the board any problems he has in making his program effective, including any disagreements with the Health Minister. The Family Planning Commissioner has not yet been chosen, although this was to have been done several weeks ago, Colonel B.L. Raina, the present director of Family Planning in the Health Ministry, will not get the job, I am told. A more forceful man is to have the job.

The new Central Family Planning Board and the new Commissioner will have a major task in using their power. An effective central supervisory organization will have to be created to coordinate both government and private family planning programs. The present organization has failed to do this, partly because it lacked direct authority over the states and private groups. The new organization will also not have command over either the state governments or private groups, but the new status of the Family Planning Board within the Union Government and the centralization of the power of the purse will give the Family Planning Commissioner a lever in his negotiations with them. At the same time, officials here hope, the financial demands of the states and private groups will be acted on more quickly and not be bogged down in the marass of the Finance Ministry as they sometimes have in the past. The overlapping efforts of non-governmental family planning programs should be easier to cure than the lethargy of certain state governments. In these cases, the Commissioner will have to work within the context of India's federal system, for family planning is presently considered a part of public health, which is a responsibility of the states. Yet if the Family Planning Board, the Finance Minister within his own ministry, and the Planning Commission member within the Commission choose to bring pressure to bear on a laggard state, the pressure would be nearly impossible to resist. During the past few years, however, with some exceptions, the states have shown more initiative in family planning than has the Union Government, according to Dr. Hugh Leavell of the Ford Foundation, and the Commissioner's first efforts will have to be made in New Delhi. The family planning organization that the government has envisaged for several years and that I was told^{was} to be in the process of realization (GSA-14) has remained largely on paper. At present, as several officials have said, "there doesn't seem to be anything moving" on the family planning scene.

The successful testing of the IUD in India and its official approval by the Indian Council of Medical Research seems to have removed the last technical barrier to a successful mass population control campaign for India. The IUD is not only easy to manufacture and to use, it overcomes many of the problems that render more common contraceptives ineffective in a peasant society. Yet the IUD is not a wand that will magically reduce the birthrate by the 40 or 50 per cent thought necessary to avert economic disaster in the country. The IUD still has to be placed in the uterus, and, as I have said, the Council of Medical Research has recommended that this be done only by doctors—a view that seems to be supported, for the present, at least, by most doctors and officials concerned with the family planning program. And the problem is not simply to find the doctors, but to find the women doctors because peasant women and the less educated among city women will not go to a male doctor about gynecological matters. Moreover, women doctors, with few exceptions, practice in urban, not in rural, areas. The problem, therefore, is two-fold: to train women doctors for a mass IUD program and then to get them into the countryside where 80 per cent of the population lives.

The government is attempting to solve the problem in several ways. In the first place it is going ahead with the IUD program in the cities where there are the necessary women doctors and where women more often go to hospitals for childbirth or to clinics for routine care, thus making it easier to reach

them with birth control information and devices. The government is also concentrating on the cities in the hope that word of the new technique will spread to rural areas, operating on the theory that many innovations in society begin in cities and then are adopted in the countryside. The present goals of the IUD program, according to Health Minister Sushila Nayar, are one million devices in use by the end of this year and two million by the end of next year. During the next year it is also hoped that the country's 81 medical colleges will be teaching students about contraceptive methods in general and how to introduce IUD's in particular--a program, sans IUD, of course, that should have been established long ago but wasn't. The government, via the Health Ministry and the semi-autonomous Family Planning Institute, is also beginning to train doctors throughout the country in the use and introduction of IUD's. Less than two hundred, if that many, have been trained so far, according to an official of the Family Planning Institute.

The biggest problem, how to get the necessary number of women doctors into the countryside, is still being thought about. Leaving apart women doctors already practicing, India's medical colleges now graduate about 1000 women yearly. How can they be mobilized? Several states, say press reports, have offered doctors incentive payments, both payment for each IUD introduced, and payment of bonuses for taking up rural practice. Compulsory service in the family planning program, especially by young women medical graduates, is also being considered. (A 'graduate' doctor in India means a person who has finished medical school and has had, in addition, one and a half to two years internship and residency.) Several Indian and one American authority that I've talked with think this is the only way out. With the number of medical graduates, including women, steadily increasing (2000 women yearly in five years), it should be possible to have 5000 women doctors 'in the field' by the end of the Fourth Plan (1972), according to one authority here. This would mean one woman doctor in nearly every community development block. A nurse and a mid-wife to assist these doctors could easily be trained, I am told. And with such a program the entire country could be blanketed by the family planning program. Pending this achievement, a "good program" could be got going in six months by mobilizing available personnel, according to this authority. "They can do it, if they really want to," said one American doctor; "let's hope that they will."

Except in the controlled testing of the IUD involving the 3500 women, there is still little information about the public response to this new device, but what news there is, is good. Several American and Indian doctors in the family planning program have told me that they expect the IUD to be readily accepted and much easier to popularize than any other contraceptive. In Gujerat recently, according to Doctor Leavell, a number of women went to a clinic in the morning for IUD's. Their reports so encouraged other women in the village that more women, who had not been scheduled for introduction, went to the clinic in the afternoon and requested IUD's.

The IUD presently being used here is Lippes Loop, designed by the American doctor, Jack Lippes. The Population Council of New York, through the local Ford Foundation office, has donated to the Government about 600,000 of them; and the Indians now have plans for their local manufacture. It was hoped that the loops would be in production by mid-May, but several technical miscalculations by Americans and Indians prevented the realization of this over-optimistic schedule. If all goes well the loops may be in production here by September. Their manufacture here has had, and will have, no effect on the overall effectiveness of the family planning program, for they can, being so small and light, be easily imported in large quantities should the need arise.

In sum, it appears that with the tool and the organization decided on, what the family planning program really needs is the will to make it work. The Hindustan Times in an editorial not long ago said, "Our family planning programmes have in the ultimate analysis suffered from one grievous defect: they have lacked a sense of direction and purpose." The Indian Express has given its opinion that a family planning program needs "more rapid mobility than the bureaucratic machine with its endless train of slow moving files is capable of". Both, it seems to me, are correct analyses. The sanction and intended use of the IUD and the creation of the new high command may be the turning point. Yet there is little evidence that the government even now is taking the population problem seriously enough. And so for action, decisive action, we are, as nearly always in India, waiting, still waiting.

+ + + + +

Department of Further Amplification

That India ought to reduce its population growth rate with a birth control program, no one would dispute. Nor would anyone doubt that the primary reason is the shortage of food. Some foreign observers and Indian officials, however, do doubt that there is any great urgency in the matter. They doubt that disaster is possible, or even likely, and they doubt the necessity of 'declaring war on population' in India. So I decided to take another look at the food supply situation to see if urgency should be the mood of the hour to minimize the danger of the nation facing critical food shortages in a few years. The evidence shows that urgency, to put it mildly, I think, is needed, and that large increases in food production and a large decrease in the population growth rate must be achieved in a few years. Here is some of the evidence that convinced me.

India's food grains production (which includes rice, wheat, other cereals, and pulses--several varieties of lentil-like beans) was reckoned at 57.6 million tons in 1951. The nation's population was then nearly 362 millions. In 1961 food grains production had reached about 79 million tons, having jumped ahead and fallen back in alternate years during that decade. During 1962, 1963, and 1964 production hung static at approximately this level. This year, described to me by an Agriculture Ministry official as a 'good to normal year', production is expected to be 87 million tons. The population now is close to 480 millions. This year's production amounts to a 3 per cent annual growth (compounded annually) from 1951 to the present. The nation's population growth rate is estimated to be 2.4 per cent. Thus over a 14 year period, food grains production has stayed just ahead of population growth, but in several bad years and in 1962, 1963, and 1964 it fell below the 3 per cent and, in fact, even failed to keep up with the growth rate of the population.

Since 1955 government imports of food grains have grown larger and larger. In 1964 they amounted to 8 per cent of the nation's total production. Although one purpose of grain imports was to build up buffer stocks against bad harvests, the government was unable to do this. The harvests were already so inadequate that nearly all imports went directly onto the market to prevent grave shortages. The government did use the grain to prevent wild price rises,

but it could not prevent major rises, and the wholesale price index for food grains rose from 112 in 1963 to 150 in September 1964 (Ministry of Agriculture figures). The country's utter dependence on imports last year is best illustrated by a statement in the Agriculture Ministry's Review of the Food Situation, published last April. Commenting on grain imports, it said that Canada and Australia had given India 250,000 tons of grain "to enable this country to tide over the serious situation created by the strike of longshoremen in U.S. Gulf and Atlantic ports". Added to this is the matter of cost. The share of India's foreign exchange used for grain imports in relation to the value of all imports, according to the Ford Foundation, has risen from 2.3 per cent in 1955-56 to 16.2 per cent in 1963-64. India is at present going through its most serious foreign exchange crisis in years, so serious that it has had to cut down on fertilizer imports for next year. Admittedly, most of the wheat and nearly 40 per cent of the rice India imports is bought from the United States with rupees under Public Law 480, so the country won't starve for lack of foreign exchange. But rupees are still money and grain imports are costing the country a great deal.

In 1963-64 India produced 36.5 million tons of rice and imported 644,000 tons. In the same period wheat production was 9.7 million tons and wheat imports were 5.6 million tons. Production of other cereals and pulses amounted to 34 million tons, and as few of these crops are grown outside India they could not be easily supplemented by imports. This year, according to a Ministry of Agriculture official, the government will import between 6 and 7 million tons of wheat and 800,000 tons of rice. Thus India is importing nearly 40 per cent of the wheat it eats. So far as rice is concerned the percentage is much smaller, but at the same time the country has already imported more rice than it could reasonably expect to find available on the world market. There are, it seems, only about 8 millions tons of rice for sale yearly on the world market and most of this is regularly bespoken. A Ford Foundation agricultural economist has written that India would have difficulty in procuring much more than 500,000 tons of rice yearly, and officials in the Agriculture Ministry agree. Yet rice imports were over 600,000 tons last year and are expected to go up to 800,000 this year. Hence all the rice India wants to import this year or some year soon just may not be available on the market.

The average Indian, according to a press article written a year ago, eats three-fourths of what he has a right to expect. The per capita consumption of food grains last year, says the Ministry of Agriculture, was 15.7 ounces, including imports. In calories, this amounts to an intake of about 1200-1400 daily. This is the lowest number of calories an Indian can eat and still live, but on such a diet he does not have the energy to work. The average Indian today has a calorie intake of about 2000 a day—the grain he eats supplemented by a little milk, the value of cooking fats (often clarified butter), and a few vegetables. Some of the lower caste, poorer persons I've talked with in villages are eating more grain a day than this; their calorie intake is adequate (The minimum necessary for basic health and the strength to do a full day's work is about 2500 calories, according to FAO.), but their diet is unbalanced and in the long run unhealthy. And, of course, because some individuals eat more than the statistical average, others eat less. It would seem at first, then, that if the growth rate of agricultural production keeps up with that of the population, if there are no bad harvests, and if imports are maintained at present levels, Indians could continue to eat as they do today, badly but not yet starving. These are a lot of 'ifs', but let's go on.

Unfortunately, however, a variety of other factors aggravate the food situation. The demands on the food supply are greater than simply the number of mouths to be fed. The principal source of this augmented demand is the

increased money in circulation as a result of the government's development programs, the growth of private industry (and especially goods and services), and the huge injection since 1962 of defense expenditure. Economists here, both Indian and foreign, calculate this at about 1.2 per cent. Adding this to the population growth rate of 2.4 per cent, they arrive at 3.6 per cent as the total 'demand' on the food supply. Economists explain the 'demand' aspect of pressure on food supply, as separate from pressure on account of population growth, this way: In 1961-63 the average annual income was estimated to be Rupees 326 per person; now it is thought to be about Rupees 360 (\$75) per person. Net per capita income from 1952 to 1962 increased by about 1.5 per cent a year and during the past five years the increase has probably been greater. Consumer studies indicate, according to the Ford Foundation, that for every one per cent rise in per capita income, the demand for food rises by 0.6 to 0.7 per cent, and one of the Ford Foundation's economists estimates that Indians will demand 8 per cent more food in 1970 than they did in 1961. This is simply because most Indians have long been hungry and when their income rises they spend the money on food. Individuals who earn less than the national average of Rs. 360 a year spend 80 per cent of any additional income on food. Even persons earning Rs. 500--1000 a month, a high salary, relatively speaking, in India, spend 60 per cent of any additional income on food. In the United States, so I'm told, the equivalent income group would spend only 20 per cent of additional earnings on food.

Changes in eating habits occurring over the years and those brought about recently by the rise in cash incomes has also increased pressure on the food supply, particularly on certain foods. One reason for wheat being in such short supply, for example, is the increase in wheat eaters. In Mrs. Wiser's village and in others I've met families that years ago made their chappaties of other grains and now use wheat flour. High income families, according to agricultural economists, tend to eat more wheat, but less total food grains, as their earnings rise. Low income families, as their earnings rise, say these authorities, change the emphasis in their diet from coarse grains to rice and pulses--both items being particularly hard to get, either on the world market or in India.

There is yet another source of pressure on the food supply. The food scarcity, of course, does not affect everyone uniformly. The more well-to-do can buy food on the black market or when prices have risen beyond the means of others. Yet the major imbalance comes from the makeup of the country's population. About 20 per cent of Indians live in urban areas, the other 80 per cent live in the country--10 per cent in various occupations and 70 per cent producing food for the market. These peasants have traditionally been underfed because only a few of them had land enough, or used modern agricultural methods, to produce much more than a minimum diet. Now agricultural production is increasing with the use of modern methods, the spread of irrigation, and so on. But the peasant who grows more is also eating more. And he is also less likely to sell grain for cash after the spring harvest and buy back with wage earnings in the autumn because of rocketing prices. As a result, much of the increased grain production, as I explained in the newsletters on the village, is staying in the villages and is not reaching the market and therefore urban areas. So far as city dwellers are concerned, this lessens the grain available to them, thus increasing the pressure on the existing supply. The Agriculture Ministry's Review of the Food Situation notes that "a distinctly lower proportion of production is now being marketed for urban consumption" and calls this a significant feature emerging in the nation's food economy. This trend adversely affects the landless laborer and the poor peasant in the villages, but it means even greater hardship in the cities, where it could produce dangerous food crises. During

the past year the number of food riots in urban areas seems to have increased, and even Mrs. Pandit, Nehru's sister, and another major Congress leader were hooted down in Indore a couple of months ago by a crowd made angry by food shortages. Because of exaggerated urban shortages, the government may even have to "compel the peasant to feed the cities", an official of the Ministry of Agriculture told me recently--although I'm sure it would be most reluctant to take a step so fraught with serious political consequences.

Food scarcity produces high food prices--unless the government rations all food and controls all prices. And price rises again put pressure on the food supply for the richer can afford to buy and the poorer can't, and so go hungry. When food grains are short, persons turn to other foods, and the unusual demand for these also puts great pressure on what might normally be an adequate supply. Last year's increase in the price of nearly all foods caused a great deal of hunger and discontent in cities. To some extent, the government has been able to offset this by selling PL 480 and other imported wheat in its own 'fair-price' shops. But this costs the government rupees and increases its foreign exchange expenditures. Also, wheat that has to be sold to feed the people and to help keep prices down cannot be stored as a buffer against bad harvests.

Food is scarce, so grow more. Agricultural production is growing, and developments like prolific hybrids and increased irrigation should prove to be foundation stones for even greater production. Peasants are accepting, even seeking, changes to a degree that would never have been dreamed a few years ago. The demand for fertilizer, for example, has far out-reached production. But, the agricultural economists point out, providing 545 million persons with food in 1970 calls for a huge increase in production, and this means, says a Ford Foundation authority, the existing amount of irrigated land must be doubled and annual fertilizer production increased by 13 times. The manufacture of insecticides is at present very low, and storage facilities in the country are inadequate to large-scale production. Many other things will have to be done, such as greatly increased agricultural credit to small farmers and improved extension services. Economic or other incentives will have to be found to encourage farmers to produce more. Few doubt that India will be able to do all this given the time, but a Ford Foundation economist, much respected in the Ministry of Agriculture, I am told, does not think that agricultural production (especially in food grains) can during the next five years equal or exceed the approximately 3.6 per cent growth rate needed to keep up with the population growth, the demand on the food supply resulting from the increase of money in circulation, and other causes. And unless domestic grain production greatly exceeds the 3.6 growth rate, the country will need proportionately greater amounts of imported grain in 1970. Perhaps it will need more grain than the world market can supply, or than the country can afford, or more than its ports can handle.

One more thing should be said about food supply. India's harvests are very much at the mercy of the weather. In the United States harvest predictions based on planting are accurate within plus or minus 1.5 per cent. Because of floods, storms, frost, and drought, harvests in India can vary plus or minus 9 per cent, say authorities. So next year's crop could be 95 million tons or less than 80 million. And in either case the population will be 10 to 11 million more than it is now. The risk is fantastic. India does not have enough food for its people now. Responsible authorities think it probable that the food gap will be wider in 1970 than it is now. Small wonder that some of the strongest advocates of population control are agricultural specialists. They have no doubt that in addition to increasing agricultural production as rapidly as possible, the birth rate must be lowered by at least 40 per cent in five years.

If agricultural production is not markedly increased and if the government fails to establish a successful birth control program, what will happen? No one, I think, can even guess. But the danger may not be what is commonly thought of: famine. Those who doubt that a food crisis is possible or likely in India usually say, 'Famine, No!', and pass on to other matters. They may be right; if they mean by famine shades of 1897, or 1943 in Bengal, swollen-bellied children and corpses in the fields and by the roads. The danger today may be different. Hunger in the future--although a few thousands may die unnoticed, India is so big--may mean lingering survival, life but no work. This could occur if there was little food or because food in the shops cost so much that few could afford to buy. Even in this bumper year prices are already beginning to rise and the government is reported to be very concerned about the price situation for the remainder of the year. Yet the greatest danger may come before the crippling hunger. Indians, if my reading of history is correct, will not riot over most 'social causes', but they may riot over a caste offence, an insult by Muslims to Hindus or vice versa, over a gut issue like language, and over food. Hunger bred violence last year and I shouldn't be surprised if it did so during the next few months. Also, it seems, food scarcity brings other issues, potentially inflammable but dormant, to the surface. Discontent from hunger may lead to many things. If India ever gets so hungry, 'crash' remedies and police may not sustain political stability and democratic government. Chances are this will never happen. But faced with the possibility, the government should not be complacent, or fritter away its meagre allotment of time. The IUD received official sanction last January; officials were talking in December about the necessity for a new command structure to make the family planning program work. During the six months between then and now India produced about five and one half million more mouths to feed, and still 'nothing is moving in the family planning program'. How much longer will it be before the program begins functioning effectively? The minutes count.

Yours sincerely,



Granville S. Austin

Received in New York July 23, 1965.