



# World Population Day

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July 11, 2017

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In commemoration of the **2017 World Population Day**, the Asian Forum of Parliamentarians on Population and Development (AFPPD) is pleased to share excerpts from an interview with Hon. Mrs. Viplove Thakur, Member of Parliament of India and AFPPD Standing Committee Member on Gender Equality and Women's Empowerment. The theme for this year's World Population Day is **"Family Planning: Empowering People, Developing Nations."**

Access to safe and voluntary family planning services is essential for gender equality and women's empowerment, and the well-being of all communities. According to the United Nations Population Fund (UNFPA), it is estimated that 225 million women globally are using unsafe and ineffective family planning methods to avoid pregnancy. The majority of these women live in 69 poorest countries in the world.

In this interview, Hon. Mrs. Thakur spoke to us about family planning programs, challenges and progress in India over the past years, as well as ways forward for the second most populous country in the world. India's population more than doubled during the period of 1960-2000. By 2015, it surpassed 1.3 billion, and now reached 1.34 billion in 2017. The country is currently home to 17.8% of the world's population.

## BACKGROUND

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### **Hon. Mrs. Viplove Thakur**

*Member of Parliament, India and Vice-Chair of the Indian Association of Parliamentarians on Population and Development (IAPPD)*

Hon. Mrs. Viplove Thakur is an active and vocal champion on women empowerment issues in the Indian Parliament, carrying the legacy of her parents in politics. As former Minister of the State of Himachal Pradesh, she has worked hard to empower women in Himachal Pradesh and stood against violence on women. Previously, she was a member of the Hindi Salahkar Samiti of the Ministry of Commerce and Industry, a member of the Hindi Salahkar Samiti of the Ministry of Health and Family Welfare, and an active member of the Sub-Committee I which examines the functioning of All India Institute of Medical Sciences (AIIMS) of the Committee of Health and Family Welfare. From 2008 to 2009, Hon. Mrs. Thakur was also a member of the Committee on Government Assurances.

## INTERVIEW

July 5, 2017

**In 1952, India became the first country in the world to initiate a family planning program. Could you briefly tell us about family planning program in India today and how they have changed over the decades?**

India was the first country that formally brought population size into the equation of development. The evolution of family planning programs in India can be broadly seen at four stages. During the first stage, the program emphasized promoting a “small-sized and planned family” among communities to lower population growth rates. It was mainly run by the government with limited involvement of the voluntary sector. During the second stage in 1975, the program shifted its focus towards maternal and child health. Funds also largely shifted from family planning to acquiring vaccines for children and mothers, and creating ante-natal care services.

This pattern continued until the third stage when the International Conference on Population and Development (ICPD) was held in 1994. Due to the comprehensive nature of the ICPD agenda covering issues beyond reproductive health, some funding started to be diverted from family planning programs to others. This slowed down contraceptive use in India. However, at the fourth stage, the Ministry of Health and Family Welfare launched a welfare initiative called the National Rural Health Mission in 2005. This initiative focused on 18 states initially, and eventually extended to all the states. The initiative aimed to provide Indian people with effective health care, including reproductive and child health care, emphasizing better health infrastructure, equal access to health services, and community involvement. The overall assessment of the program suggests that India has made substantial achievements, but our goals are yet to be achieved.

**What are some lessons learned from India in the areas of reproductive health?**

*In my view, there is a need for raising greater awareness on family planning and reproductive health services and healthy practices. The mass*

*media has a role to play. But we should also use more inter-personal communication opportunities to convince mothers on the availability and benefits of reproductive health services.*

This could be done by local volunteers who are trained in counseling and who know the women living in the area and make frequent contacts with them. We have such programs called ASHA and AWW in India. Second, among other challenges we face, for instance, many pregnant women do not seek institutional delivery services as there is nobody at home to take care of their other children. To address this issue, we have trained birth attendants for low-risk home delivery. Third, I would also like to stress that ante-natal, post-natal and child immunization services should be provided at doorsteps on certain pre-determined days. Reliable communication channels are critical to inform women of the dates when such services are available.

**What are the key challenges in terms of local implementation of family planning programs? Could you comment on any challenges in your constituency in Himachal Pradesh?**

The Family Welfare Program in India is a centrally-supported program with limited inputs from individual states. Therefore, a program in each state, including Himachal Pradesh, has similar components although implementation differs from state to state.

*Among the key challenges, I would like to highlight the need to raise awareness on family planning methods and increase women’s acceptance of ante-natal care services, institutional deliveries, and post-natal care.*

Emergency contraceptive methods and injection methods have recently been added to family planning program services. The Government of India has acknowledged these challenges and started to address them. However, more work remains to be done to achieve the desired results.



*Hon. Mrs. Viplove Thakur (MP, India) chaired the session on Women's Political Participation at the 11th Women Ministers and Parliamentarians Conference in November 2016 in Bangkok, Thailand. (Photo: AFPPD)*

**Although its fertility and population growth rates have reduced over the years, India is still expected to overtake China as the World's most populous country by 2024. How is the Government addressing this matter?**

One overall strategy is to focus our efforts on six specific states and 146 districts that are lagging behind most in implementing family planning.

The Government is focusing on certain measures such as expanding contraceptive choices, strengthening post-abortion services, raising awareness on birth-spacing methods, and involving the private sector through social marketing schemes.

The Government also acknowledges its global commitments including the ICPD Programme of Action. Some states have included "small family" as an eligibility criterion for contesting local elections. These states include Andhra Pradesh, Odisha, Maharashtra, Rajasthan, Bihar, Gujarat, and Uttarakhand. Such laws have also been upheld by the Supreme Court of India while the National Human Rights Commission has objected to it.

**How can Indian parliamentarians improve their role in advancing sexual and reproductive health rights (SRHR)?**

We, Indian parliamentarians, play an important role in strengthening the Family Welfare Program and promoting its services. As they are accepted by the program staff and their constituencies, the Parliamentarians' involvement can influence both program service providers and clients.

Parliamentarians need to be sensitized on various program services in order to advocate for SRHR in the Parliament.

They can conduct regular visits to health facilities and keep in touch with officers of such facilities to ensure quality services. They can inform their communities of the availability of the services as well as their rights to these services, and encourage them to develop a plan of action. The IAPPD is playing a role in this regard, but in a somewhat limited way due to resource constraints.