

REPORT ON PROGRAM OF WORLD POPULATION DAY, 2019, INDIAN PUBLIC HEALTH ASSOCIATION

An academic program was held on the occasion of “**World Population Day 2019**” held on 11th July 2019 at SSKM organised by Indian Public Health Association. This was inaugurated by Prof Raghunath Misra, MSVP, IPGMER and SSKM hospital. Dr Sanghamitra Ghosh, Secretary General, IPHA mentioned the need of this kind of multidisciplinary program on population control and contraception usage. Dr Mausumi Basu, Associate Professor, Community Medicine, gave the vote of thanks.

The first session was by Prof Suman Roy, who mentioned the often-forgotten link between contraception and human rights. He mentioned about the evolution of human rights issue and mentioned the current stance of WHO regarding this.

This was followed by an interactive session by Dr Rivu Basu, Assistant Professor. He mentioned about the fact that population in fact is decreasing over the last 50 years, except in certain pockets, discuss about some determinants of Fertility rate.

A panel discussion was held where the panel consisted of eminent economist, gynaecologist, public health specialist and journalist and human rights activist. This was moderated by Dr Sanjib Bandyopadhyay, Assistant Professor. It focused on various issues of Theories of population, impact of its increasing trends, Family planning, the unmet need and the role of health care provider.

Eminent Economist Dr Zakir Hussain mentioned that United Nation projected that in the year 2027 India will over-take China in terms of population. In the year 1798, Malthus proposed the population theory which was proved wrong in long term markets. Industrial revolution and urbanisation has widened the gap between rich and poor, increased inequalities, fall in standard of living and generation of slums. inefficient distribution became the culprit rather than low productivity.

In the year 1985, Partha Dasgupta stated that, Disaster is not something the poorest have to wait for it is occurring now only. Amartya Sen also stated that famine are not related to over population but is very much related to improper distribution of food. He also mentioned that, though Total fertility rate has fallen, and has reached replacement level but still population will be increasing for 40-50 years, after that only TFR will start falling.

This macroeconomic perspective was followed by deliberation of Dr Somajita Chakraborty, eminent gynaecologist. She said that NFHS records of Bihar show, TFR is decreasing in rural areas among illiterate and poor population where it shows an increasing pattern in urban areas among literate and rich population, standard theories can't explain this.

Comparison of data of NFHS 1 and NFHS 4 were made to show where we stand. At the time of NFHS 1 only 18% of women were stopping their reproduction after having two children and a total 27% has stopped

with two or less than two children, where as in NFHS 4, 41% completed there family size with two children and for total 60% it was two or less than two children.

West Bengal attained the replacement level fertility sometimes around 2005-06, but its rural area (covering 71% of the total population as per 2011 census) was still away from the goal. According to the latest survey NFHS 4, the journey in state is complete with all levels showing a fertility well below the replacement level. Its marital fertility is even lower than Kerala and Tamil Nadu. The reason of West Bengal to have higher TFR (1.8) compared to Kerala (1.5) is the difference in marriage pattern of two.

In proportion of married women in each five year age group between 15 to 49 in West Bengal are made similar to those of Kerala. Its TFR would have been 1.2 instead of 1.8. Unlike Kerala, the fertility decline in West Bengal is mainly engineered by the family planning program and that too largely by spacing method. The contraceptives used in West Bengal involves around the pill and sterilisation use.

Effective counseling helps women/couples to adopt family planning, choose a method of their choice and use it correctly and consistently till they want protection from unwanted pregnancy. More satisfied users lead to more demand of family planning methods.

Sterilisation came to stay as most dominant method of acceptance, it accounted for more than three forth of contraceptive use in the country. The issue of quality care and service provided by a program begin to receive attention. Consiquently changes were made to promote use of modern spacing method in the country.

Human rights activist and journalist Dr Swati Bhattacharjee next mentioned about the sad state of quality control in contraceptive counseling. She mentioned that many women are not counselled about the methods, though this exists in pen and paper, and that has lead to gross violation of human rights.

Dr Shabana Roze Chowdhury added experiences from Uttar Pradesh, showed that health workers did not want to help people out with family planning practices as they got a very less incentive for that and more for a delivery. It was also observed that people who were illiterate, poor, residing in rural areas hardly used family planning methods. Whereas rich people residing in urban areas used emergency contraceptives repeatedly. Also, the decision-making power for use of contraception was not in the hands of women but was in her mother in laws. Maternal and infant mortality were reaching peaks. Hardly health workers attended monthly meetings.

Also, system was lacking, in proper counselling methods. A lot were unaware of other alternatives of family planning and side effects of various methods. Use of male contraception was again a big issue.

These problems could only be addressed if service care provider, policy makers and community equally participate in this. The deliberations were followed by interactive discussions, in which the gender issues and contraceptive usage again came into light, as a cause of poor uptake of vasectomy by men. The event was concluded by a vote of thanks by Dr Sanghamitra Ghosh, Secretary General, Indian Public Health Association.

Compiled by

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