GROWING NUMBERS AND STARTLING STATISTICS

If there is one issue that we all need to grapple with at the macro level, it is our growing numbers. More than a billion Indians. The world's second largest populous nation. And if we do not see the writing on the wall, we may soon ascend at the top, casting China by the side.

Seized of the issue, a little over three years ago, Mrs. Rajashree Birla, who spearheads all of our Group companies' Social Projects, mandated that we address this concern proactively in our Units. Our intent has been, and continues to be, to aid the Government in stemming the population tide, and in doing so, raise the country's human development index as well. When that happens India will occupy its rightful position in the hegemony of developed nations.

Passionately advocating our Mother and Child Care Project, not only internally, but in foras like FICCI, CII and the Rotary Clubs, Rajashreeji speaking with your editor, avers:

"We in India constitute 16 per cent of the world's population, and yet, we inhabit barely 2.4 per cent of the globe's land. We are a nation full of paradoxes and polarities. On the human development index, we rank at the lower end, almost 124th. That India lives in its villages is indeed a ground reality, housing more than 70 per cent of our one billion people. It is in the rural areas in India's interiors by and large, and in the urban slums, that over population is an issue.

I believe, we cannot address this problem in isolation. We have to look at a population stabilization strategy, based on a holistic and inclusive approach. Our model rests on four pillars - education, women and their development, their empowerment, maternal and child care, apart from sensitising men.

Take education, nearly 50 per cent of our population is not literate. Even though the Government has made impressive gains in education, nearly 69 million children in the age group of 6-14 are out of school. The literacy rate of women in our country at 54 per cent is barely higher than that of Sub Saharan Africa, where again, 53 per cent of women can read and write. Surprising as it may seem, even countries like Congo and Zambia have a 70 per cent plus literacy rate, while Tanzania, Madagascar and Rwanda are higher, at 66 per cent and 59 per cent respectively. In China, the proportion of women who can read and write is 76 per cent, while in Sri Lanka, it is 87 per cent. To my mind, if we can educate our masses and sensitise them to small families and children as a

Rajashreeji, receiving accolades from our Prime Minister, Shri Atal Bihari Vajpayee, and Mr. Lodha, Chairman-FICCI.

Smt. Uma Bharati presenting the FIMI Award to Mr. Patodia of Hindalco.

responsibility, we would have made a good beginning.

A RELATIONSHIP OF INEQUALITY

The milieu in which women live in our villages needs a transformation as well. Because of the lack of education and empowerment, relationships are based on inequality instead of mutual dependence. Girls are viewed as a burden and have to be married off the moment they reach puberty.

A study undertaken by the International Institute for Population Sciences in 2000, pegs the average age of girls at marriage as 16 ½ years. Since these girls hardly have any knowledge of birth control, nearly 60 per cent of them become mothers in the first year of marriage itself, that is, well before they reach the age of 19.

According to a UN Commission Report on the Status of Women in India in the year 2000, close to 300 women die everyday due to childbirth or a pregnancy related cause. More than 40 per cent of these deaths are in India's interiors. Only in Sub Saharan Africa are maternal mortality rates higher than ours. Likewise, the National Family Health Survey for the year 1998-'99 estimates 540 deaths for every lakh live births. Inadequate nutrition, over work, lack of control over fertility, lack of access to basic amenities – clean water, sanitation and health care, seem to be the death drivers.

THE DEATH OF GIRLS

Barely 42 per cent of the births in our country are supervised by health professionals. In the recent past, upgrading the knowledge and the skills of the "dais" have bettered the situation to some extent.

Regrettably, female infanticide is still prevalent in parts of the country as there is a marked preference for sons. While this happens in China as well, what is unfortunate is that even among the urban areas, as improvements in medical technology have rendered the determination of the sex of the unborn child easy, educated families recourse to it too. Look around U.P., Rajasthan, Bihar and Haryana, and you will find a mushrooming of ultra sound clinics in the rural areas too, apart from all major cities.

PERPETUATING MYTHS

Gender equality in terms of numbers remains a myth. The 2001 census reveals that for every 1000 men, there are only 933 women. Barring Kerala, in all the other states, the ratio of women to men shows a declining curve. Thus, in Haryana and Punjab, despite their affluence, there are only 861 and 874 women respectively per 1000 men. This, in itself, leads to several other social issues.

Over the years, the Government has and continues to focus on these concerns. But given the magnitude of the problem and the complexities of our country and against the backdrop of these major socio-economic paradoxes, I believe it is not possible for the Government to single handedly resolve the problem."

Given Rajashreeji's single-minded drive, Hindalco has been among the first of our Group Companies to have taken on the Family Welfare initiative.

For the exemplary work in this area and for a related women-empowerment project, the Planet Award for Excellence in Community Work was shared between Hindalco and Grasim's Harihar Polyfibers and Grasilene Division.

THE MOTHER AND CHILD CARE PROJECT – MAKING WAVES

Hindalco kicked off an integrated Mother and Child Care Project, primarily to ebb the population tide in locales that are close to their Plant. Hindalco has adopted 334 villages. In line with our Aditya Birla Centre for Community Initiatives and Rural Development's vision, their work revolves round education, healthcare, capacity building through sustainable livelihood programme and empowerment of people, land and watershed management.

Of these 334 villages, Hindalco's Mother and Child Care Project is currently on in

From left: Mr. B. S. Angadi, Mr. B. N. Agarwal, Mr. S. S. Maru, Mrs. Rajashree Birla, Dr. Armaity Desai, Mr. Ahmer Sultan, Mr. Shailendra K. Jain, Mr. B. R. Paramesh, Mr. Askaran Agarwala, Mr. R. K. Kasliwal.

144 villages. Their Project is geared towards:

- Reducing the maternal mortality and infant mortality rate.
- Providing need-based reproductive health services to the rural community.
- Motivating people to adopt small family norms.
- Improving the quality of life of people by providing community health care and,
- Ensuring the sustainability of our projects through community involvement.

Listen to Askaranji, Mr. R. K. Kasliwal and Mr. Ahmer Sultan's spiel: "We have evolved an innovative programme that seeks to popularize the small family concept through an unwavering attention on the mother and child. We launched our project in 1999, beginning with Renukoot in U.P. where Hindalco is housed, and in Jharkhand with our Mines Division. A year later, we extended the initiative to our Mines at Samri in Chattisgarh, and recently, in Silvassa in the Dadra and Nagar Haveli regions in proximity to our Foils plant.

We zeroed in on our Mother and Child Care Project in collaboration with the village authorities. They put forth the major difficulties that they encountered. Based on their inputs, we drew a blueprint.

We identified villages with a very high population as our starting point. We network with the District Health Department of Sonebhadra, the Uttar Pradesh Primary Health Centre, Muirpur and the ESI Hospital at Renukoot so that not only can we access their resources, but also get new ideas and can draw from their experiences. Working in tandem with them, we developed innovative awareness creation campaigns. These helped garner a lot of support for our project. We have recoursed to kathputli nritya or puppet shows, family welfare exhibitions, dramas, and the power of the mass media to take our message to the nook and cranny of the villages.

The themes of our plays include reproductive health care, HIV prevention, how pregnant women ought to take care of their health, the importance of breast feeding, and above all, helping eligible couples comprehend the need for family planning. To create interest and intensify involvement levels, we also organize healthy baby competitions and adolescent health awareness camps for school children.

Additionally, our team of rural development officers, lady doctors and para medical staff conduct weekly health awareness programmes. These activities have been instrumental in mobilizing community support and veering them towards a common goal, which is a "small family".

VALUE-ADDED SERVICES

A focused attention on the mother and child has also aided us in our attempt to popularize small families. To do so, three tier family welfare centers have been set up that cater exclusively to them. These encompass clusters in villages to the blocks in the

districts, and end at the Hindalco industrial township level. Mobile labs and mobile medical vans with state-of-the-art facilities are a boon to the villagers as women can easily access these services. Alongside, we have literally arranged for health care services at their doorsteps with our doctors moving from house to house. Basically, villagers gravitate to our rural medical camps and rural health melas, as these assure them of good health-care facilities.

Mobile village level clinics, manned by lady doctors and nurses, are a regular feature and the team provides need based services to couples. We have undertaken treatment of sexually transmitted diseases and reproductive tract infections, besides attending to infertility problems.

Our survey brought to light the fact that more than 60 per cent of the women did not receive any medical attendance or advice during pre and post pregnancies, and less than 50 per cent of the pregnant women received the required doses of tetanus toxoid. More than 80 per cent of the deliveries were conducted at home. Therefore, we began pre-natal and anti-natal care services.

Simultaneously, we concentrated on immunization of children as we discovered that with children succumbing to diseases, many couples chose to have larger families.

During our interaction with the villagers, the fact that most of the villagers were ignorant about modern spacing methods came to light. They looked upon family planning as confined to sterilization and were afraid of it. Our doctors dispelled their unfounded fears, educating them in the process too.

Such couple-friendly services, which were non-existent earlier, have gone a very long way indeed in making our project welcome among the villagers.

Providing easy access to family planning services and distribution of contraceptives, assuring its regular supply has also bolstered our collective efforts. At regular intervals, contraceptive delivery units manned by community-based workers in the adopted villages, have been a boon to the people.

SENSITISING MEN

Sensitising men to the entire process was a difficult task in the beginning. Given their demographics and mindsets, getting them to accept the importance of small families was a challenge. With constant persuasion backed by excellent services, and our awareness campaigns, we were able to convince at least a section of the

populace on viewing bringing children into this world and nurturing their wives in a manner that they remained healthy, as a responsibility.

SETTING A RECORD

To assess our work, we engaged the Government's Family Welfare Committee and the Xavier Institute of Social Sciences (Ranchi). Their findings strengthen our belief that we are on the right track, and that our engagement continues to be meaningful.

THEIR STUDY INDICATES

- The maternal and infant mortality rate has fallen by nearly 50 per cent from 9.5 per 1000 to 4.8 per 1000. That is most rewarding.
- The percentage of women who line up for antenatal checkups has soared from 18 per cent to 79 per cent.
- More than 85 per cent of the total population of children below 5 years - viz., 27,519 children, has been immunized against diphtheria, BCG, measles, polio and vitamin A deficiency.
- As the village dais were provided with an extensive training in delivering babies safely, more than 70 per cent of the births have been smooth. The birth rate has been reduced from 4.7 per thousand to 3.2 per thousand.
- While Reproductive Tract Infections were successfully treated, 4,197 STD cases were cured.
- The acceptance of family planning measures in the 144 villages has been much higher than before, with almost 80 per cent of the population coming into our project fold.

Between 1999 and 2002, we have been able to reach out to nearly 27,000 of the 39,000 couples of childbearing age, in a total population of 2,25,000, in the 144 villages, which is our Project's geography. We have been able to mobilize funds in excess of Rs. 308 lakh for our project, of which, our contribution is nearly Rs. 100 lakh.

To implement our project in as smooth a manner as possible, we garnered the involvement of the villagers. Much encouragement was given to the local populace to form Family Welfare Committees. In these Committees, we persuaded them to have a large representation of women too. At fortnightly meetings, the teams review the programme. Such a bottom-up approach has been a boon. It has given a tremendous sense of project ownership to the villagers. What more can we ask?

After we achieve our goals here, we will move over to the other 200 villages, in phases. Hopefully, we should be able to replicate our success story here too."

- (The team conversed with Dr. Pragnya Ram.)