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Research Article

Fading out of Neo-Malthusianism in India*

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Abstract

India was the first country in the world to introduce a government family planning programme on neo-Malthusian lines. Given the rapid population growth through the 1950s and 60s, neo-Malthusian thinking gained strong support both from the government and in civil society, and the family planning programme was gradually intensified. Population growth was considered as an impediment to economic development and the need to control this growth was strongly felt. Though there were dissenting voices, these were quite feeble, and neo-Malthusianism continued to receive broad support in spite of some setbacks to the official programme. However, before the turn of the century, strong evidence emerged that transition to low fertility had set in and was well in progress. The decline in fertility has since continued and large parts of the country have by now reached low replacement level fertility. The 2011 census also showed a substantial fall in the population growth rate. Alarmist views on population growth and fears of explosion are no longer commonly heard. Neo-Malthusianism has not been abandoned in India but is gradually fading out.

Introduction

Thomas Robert Malthus wrote his famous *Essay on the Principle of Population* over two centuries ago. Of course, the role of population size in the improvement of societies had been talked about for years but the essay brought the issue of population into prominence. Essentially, Malthus argued that population growth will outstrip the growth of food production and bring in vice and misery. The growth will be checked 'positively' by famine, disease, vice and consequent rise in mortality. The 'preventive check' of moral restraint, though desirable, did not appear feasible in a situation where passion between sexes is strong and Malthus rejected contraception as a solution. Though Malthus was severely criticised by and the arguments in his essay soundly rejected by many economists, population debates have revolved around what has been called the 'Malthusian thinking' or the 'Malthusian theory of population'.

The developments in the nineteenth century were not very kind to the Malthusian thesis. Though population grew during the century, the pace was slow; the population just about doubled through the century whereas Malthus talked of quicker doubling, in only 25 years. Moreover, the European populations generally prospered during the century, both within Europe and outside Europe in the new world and in Asia and Africa where they had begun to control huge territories and enormous resources. Yet, Malthusian thinking did acquire some followers and Malthusian leagues were established at several places.

The beginning of the twentieth century was no different. But Malthus's apprehensions of starvation and misery began to be taken seriously by social thinkers and reformers. Some reformers also began to promote contraception. The acceptance and promotion of contraceptive use to lower fertility became known as neo-Malthusian thinking, Malthusian because it accepted that consequences of rapid population growth will not be good for livelihoods but with the alternative of contraception to the positive and preventive checks in Malthus's essay, that was rejected by Malthus as immoral, now

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being advocated. Thus, fertility could be lowered without necessarily exercising moral restraint and this could be done in spite of strong passion between sexes.

Population growth was not rapid till the middle of the twentieth century. But the relatively peaceful conditions after the end of the Second World War, combined with medical advances, improved knowledge of sanitation and hygiene, activities of the World Health Organisation, and rise in food production led to a sharp fall in mortality and as a consequence, the pace of population growth quickened. There was global interest in the development of the decolonised countries broadly called the 'underdeveloped countries'. The United Nations, which had emerged not only as a peacekeeping organisation but also as one promoting development, initiated a number studies to understand the determinants and consequences of population growth. Following the Coale-Hoover work (Coale and Hoover, 1958), broad consensus emerged in the developed world that rapid population growth is responsible for the poor living conditions in the developing countries and hence efforts were required to be made to curb population growth by lowering fertility though there were dissents from the Soviet bloc, the Roman Catholic Church, and some other religious establishments as well as from some prominent economists. Popular writings by eminent scientists such as Garrett Hardin and Paul and Anne Ehrlich (Hardin, 1968; Ehrlich, 1968), forecasts of population growth rate in the developing world rising in the near future due to rapidly falling mortality, and the occurrence of food shortages in many countries strengthened the calls 'to do something' to slow down the population growth rate so as to prevent mass starvation and misery. A number of international organisations began to promote and financially support neo-Malthusian programmes, generally labelled as the 'family planning programmes' in the developing world and many countries, especially those from Asia, but gradually from Latin America and Africa, did introduce such programmes.

Neo-Malthusianism in India: The early phase

India was a classic case of neo-Malthusian programme and the first country to introduce such a programme as a national commitment in 1951. Even prior to independence, some social reformers had begun to create awareness about consequences of population growth, some women's organisations promoted contraception, and a few clinics were opened to provide contraceptive services. However, population growth was not an issue in India at the time. There was hardly any growth in the first two decades of the twentieth century, and slow growth in the third, at just about one percent annually, and moderate in the next two (Fig. 1). The Radhakamal Mukherjee Committee and the Sir Joseph Bhore Committee did take note of population growth and suggested promotion of birth control. But recommendations of both the committees were not implemented at the time. Besides, during the 1940s, the country suffered due to diversion of resources to the war, the Bengal famine, and partition accompanied by violence and massive cross border migration. The population situation was not very clear.

When planned development was introduced by the government of independent India, the population factor was taken into account and anticipating further rapid growth, the family planning programme was introduced; there was no explicit population policy but the policy was implied by the programme. A small family norm was promoted through posters, films, and speeches and contraceptive services were provided through outlets of the government health department. The programme was administered by the Ministry of Health of the Government of India. Initially, there was some hesitation in propagating contraceptives and natural methods were favoured but soon government clinics beginning to provide services of modern contraceptive. The network of primary health centres that was being developed at that time helped improve access to services. By the late 1950s India could be considered to have been well into the neo-Malthusian mode.

As the programme took roots, various strategies were tried out. Initially a clinic based programme, a cafeteria approach, with some choice of contraception, was adopted. Though tubectomies could be performed at some places, sterilisation essentially meant vasectomy; the IUCD and oral pills were yet to be developed. Sterilisation camps and a scheme to compensate poor acceptors of vasectomy for lost wages were introduced in some states and these innovations were

adopted soon in other states with the compensation being given to all acceptors irrespective of income which was often called 'incentive'.

Research on population, fertility, and contraceptive use strengthened in the 1950s; prior to that very few studies were conducted in India on fertility and contraceptive use. Large surveys, notably the Mysore Population Study, and the Couple Fertility Survey of the National Sample Survey, and a large number of small studies contributed to an understanding of the demographic situation in India. The Demographic Training and Research Centre established by the U.N. (which is now the International Institute for Population Sciences) became as a major training and research institution and the Ministry of Health began to support Demographic Research Centres in universities and institutions which undertook many research studies. There were some action research studies; the Calcutta, Singur, Ramanagaram, Lodi Colony, and Khanna studies were prominent in these. The research revealed that fertility was high, fertility desires were high, and contraceptive use was quite low, close to negligible. But as food production generally rose through the decade and per capita availability and real per capita incomes rose at a slow pace, though there was decline in some years, strong Malthusian pressures were not felt. However, there was realisation of mortality decline and demographers pointed out the strong likelihood of a rise in the population growth rate.

Strengthening of neo-Malthusianism

The 1961 census showed that the intercensal growth crossed 20 percent for the first time and the annual growth rate inched close to the 2 percent mark (Fig. 1). Now there was greater realisation of population growth and imminent pressure. The government programme was strengthened with more personnel roped in for propagating the small family norm. It was clear that the clinic approach had not made much of an impact and the extension approach, in which leaders were asked to promote family planning and grassroots workers motivated couples to accept family planning by personal contact, was adopted. Some incentives were given to motivators. Mass media were used extensively; this included radio, films, exhibitions, and folk performances. The publicity material addressed both macro concerns, about the country getting crowded, and micro concerns, about disadvantages of a large family or benefits of a small family. The red triangle symbolising family planning was seen everywhere, at health centres, in government offices, and on banners, posters and boards at street corners, on buses and trains. A goal was set to lower fertility substantially within a decade.

Around the middle of the decade, there was a major drought for two consecutive years and the economy was in distress. Real per capita income fell sharply, by over 5 percent, in 1965-66 and fell again in 1966-67 (Fig. 2), massive imports of foodgrains had to be made especially from the United States under the PL 480 programme, and the launch of the Fourth five-year plan that was due in 1966 had to be postponed.

Strong Malthusian pressures were now quite evident to the government and to the society as a whole. A broad consensus, that population growth had to be slowed down to prevent further fall in the levels of living, emerged. It was felt that the efforts so far in family planning were grossly inadequate and that the programme needed to be intensified. International pressures on India, and other developing countries, to institute neo-Malthusian programme built up. The U.N. sent advisory missions to India. A new contraceptive, Intra-Uterine-Contraceptive Device (IUD or IUCD), was introduced and sought to be popularised thereby augmenting contraceptive choices. A new Department of Family Planning was created within the Ministry of Health, which then became the Ministry of Health and Family Planning, a symbolic as well as bureaucratic act. The funding for the programme increased and more personnel were recruited. A major step towards intensification of the programme was the introduction of acceptor targets. Numbers of acceptors needed to meet the goal on fertility were set as the targets. These were distributed to states on the basis of population size and past performance. The states, in turn, distributed targets to districts and then on to family planning centres in hospitals and primary health centres. The centres assigned quotas to health workers for recruitment. This brought pressures on workers to motivate couples to accept contraception. The targets and quotas for sterilisation were taken more seriously than for other methods of contraception and at the time, sterilisation essentially meant vasectomy (commonly called '*nasbandi*') as tubectomy

was not yet popular nor easy to perform in primary health centres; this approach became controversial especially when pressures were applied on couples to accept sterilisation in order to achieve the quotas (for a critique of the target strategy, see Bose, 1987). As a result of general awareness about population growth, non-governmental organisations also contributed to the neo-Malthusian efforts. Some industrial establishments provided contraceptive services to their workers and also to others. A few voluntary social service organisations supplemented advocacy, motivational, and service efforts of the government programme by opening birth control clinics, organising sterilisation camps, and provided additional incentives to acceptors. The Family Planning Association of India expanded its network and went into rural areas as well. A group of industrialists, led by J.R.D. Tata established the Family Planning Foundation of India (later renamed as Population Foundation of India) for advocacy and research in family planning.

In 1967, Dr. Sripati Chandrasekhar was appointed as Minister of Health and Family Planning. Dr. Chandrasekhar was a well known demographer and a staunch neo-Malthusian. He was in support of compulsory sterilisation and though no such measure was introduced in the programme the neo-Malthusian programme as a whole was strengthened. Dr. Chandrasekhar piloted the Medical Termination of Pregnancy Act 1971 which liberalised induced abortions when hardly any country outside the Soviet bloc allowed abortions so liberally. Though the act was introduced as a health measure, and not a family planning measure, and was recommended by the Shah Committee (Government of India, 1967), it is difficult to believe that such an act could have been passed at the time in the absence of the neo-Malthusian atmosphere then prevailing in India.

The 1971 census revealed a further rise in the growth rate with the annual rate going above two percent. While mortality had declined, fertility had not followed suit. There was a rise in the age at marriage and this did have some fertility depressing impact but marital fertility did not fall much. The economy was in a bad shape during the first few years of the decade; there was a huge influx of refugees from Bangladesh followed by the war, and droughts recurred. Real per capita income declined in three of the four years after 1970 with a cumulative fall of four percent between 1970-71 and 1974-75 (Fig. 2). There were shortages of food and various other goods and high inflation, well over 10 percent in two consecutive years. In public discourses, population growth was painted as the villain for this depressing situation. Globally too there was clamour for the developing countries to show stronger political will to take measures to control population growth. Some analysts even went to the extent of writing off India as a hopeless case, a society about to collapse (Paddock and Paddock, 1967). The Malthusian ghost was now looming very large and threatening. There were doubts about the success of family planning programmes in general (Davis, 1967) and specifically of the Indian programme (Mamdani, 1972). A survey commissioned by the Ministry of Health and Family Welfare showed that in 1970 barely 10 percent of couples of reproductive age used any contraception (Operations Research Group, 1971). The programme was intensified with focus on sterilisation. Following the lead of the mass sterilisation camps at Ernakulam in Kerala, other states also organised large camps for sterilisation, mostly for vasectomy but the camps provided services for tubectomy as well. International support for India's programme increased with the World Bank providing large assistance through the India Population Project (initially in Uttar Pradesh and Karnataka and later in other states).

But when the countries of the world gathered at Bucharest in 1974 for the World Population Conference, India joined the chorus 'Development is the Best Contraceptive'. The rich countries were called upon to support development efforts of the poor countries which would, in turn, lead to lower fertility and consequently slow down population growth, instead of preaching the poor countries about population control. This reversed the direction of the neo-Malthusian causation, from population growth impeding development to development contributing to reduction in the growth rate. However, the Bucharest stand appeared to be primarily to score points over the rich countries. Many developing countries including India did not give up their neo-Malthusian programmes but actually strengthened these and some countries that had not hitherto introduced such programmes did so. It was clear that merely telling the rich countries to support development was not likely to increase the flow of developmental assistance from them substantially; the poor counties had to fend for themselves and

had to take steps as felt to be necessary. In other words, the Bucharest position did not imply losing faith in neo-Malthusian programmes.

This was clear when India's first explicit National Population Policy in 1976 was announced by Dr. Karan Singh, the Minister of Health and Family Planning. The policy statement acknowledged the role of development in lowering fertility but then categorically stated:

"*Nonetheless, it is clear that simply to wait for education and economic development to bring about a drop on fertility is not a practical solution. The very increase in population makes economic development slow and more difficult of achievement. The time factor is so pressing, and the population growth so formidable, that we have to get out of the vicious circle through a direct assault upon this problem as a national commitment*" (Ministry of Health and Family Welfare: 1977, p.171).

Thus, the Bucharest prescription, though not disowned, was rejected for being 'not a practical solution'. The policy did include raising the minimum age at marriage for women and men to 18 and 21 years respectively (this called for amending the Child Marriage Restraint Act) and placing emphasis on female education. But in addition to these, it came up with several strong neo-Malthusian measures. The incentive for acceptors of sterilisation was graded by the number of living children an acceptor has, higher incentive to those adopting sterilisation after two children than those adopting after three children and further lower incentive to acceptors with four or more children. It was proposed to link 8 percent of central aid to states to performance in family planning. Involvement of all government departments in the family programme was also proposed. The last two measures induced all government departments, including the revenue department which is powerful especially in rural areas, to engage actively into the programme; until then, family planning was essentially the responsibility of the health department. Moreover, parliamentary representation was proposed to be frozen at the 1971 level until 2000 (this required a constitutional amendment) and linking central aid to states to 1971 population so that states which do well in controlling population growth do not lose the number of members in the national parliament (*Lok Sabha*) and financial support from the central government. The policy also took note of the demand for compulsory sterilisation but was rather guarded on it leaving the decision to states advising some caution in this regard.

The government machinery went all out to implement the family planning programme. In addition to the policy measures noted above, two factors contributed. First, since June 1975, India was in a state of internal emergency and during this period, there was censorship of press, criticism of government programmes was not permitted and thus the administrators could implement the programme without fearing any public criticism or opposition. Second, the Youth Congress led by Sanjay Gandhi which had become a powerful organisation and could dictate terms to governments included family planning in its programme ('five-point programme'). Governments in states, especially those ruled by the Congress party, became overenthusiastic in implementing the programme and achieving the sterilisation targets, some achieved the annual targets within a few months, then raised the targets on their own, and tried to achieve these. Officers of various government departments implemented the programme rigorously either voluntarily or under pressure from the government; the top civil servants at the district (District Collector/District Magistrate/Deputy Commissioner) and at the state level (Chief Secretary) were given the responsibility for the programme. In the process, there were strong pressures on workers to achieve sterilisation targets, coercive tactics were adopted and over eight million sterilisations were performed in one year (for comments on the emergency period programme, see Pai Panandiker et al. 1978; Gwatkin, 1979).

The reaction to the coercive tactics was swift. The Congress party, which was in power during the emergency (and before that), lost the 1977 parliamentary elections in which compulsion in sterilisation had become a major issue. The Minister of Health and Family Planning in the new government, Raj Narain, who had very strongly condemned the coercion in family planning categorically ruled out any compulsion. There was change in nomenclature; the programme now became Family Welfare Programme and the Ministry, the Ministry of Health and Family Welfare, and 'targets' became 'guidelines'. Greater emphasis was placed on reversible methods rather than sterilisation. In actual implementation, pressure tactics were no longer employed and the programme

personnel refrained from aggressively motivating couples to accept family planning. But in spite of the revulsion at coercion, the issue of population growth was not abandoned and the neo-Malthusian policy as such was not given up. The policy statement of the new government made this very clear:

"This government is totally committed to the family welfare programme and will spare no efforts to motivate the people to accept it voluntarily in their own interest and in the interest of their children as well as in the larger interest of the nation" (Ministry of Health and Family Welfare, 1978: p. 173)

The programme did suffer a setback as there was public resentment of the tactics, especially of the pressures for vasectomy, the acceptance of which fell steeply. The Congress government which had returned to power within three years affirmed commitment to family welfare on a voluntary basis but categorically rejected any compulsion (as can be seen from the interview of Mrs. Indira Gandhi: Chhabra, 1981), the programme was not implemented as vigorously as before; family planning had then become a hot potato for politicians. However, as some of the aversion that had set in due to the intensification of 1976 waned, acceptance of contraception gradually increased. But there was little demand for vasectomy, which was identified with earlier coercive approach, and instead, tubectomy came more to be adopted more commonly. Acceptance of reversible methods also increased; a new IUD, the Copper-T replaced the Lippes' loop, and oral pills had now become widely available in the government family planning clinics. The 1981 census again showed a growth rate over two percent, there was drought in 1979 with real incomes falling steeply, and the concern about rapid population growth persisted. Voluntary organisations continued their family planning programmes and advocacy on the population issue. A group of parliamentarians, the Indian Association of Parliamentarians on Population and Development, joined the advocacy efforts.

Easing of neo-Malthusian pressures

The continuation of high population growth rate clearly showed that fertility decline, if any, merely made up for the fall in mortality. In the absence of a good civil registration system, estimates of fertility were not available in the past, and except for indirect estimates for intercensal periods based on the census data. But since the 1970s, direct annual estimates of fertility were provided by the Sample Registration System and these showed that, after some decline in the mid-1970s, the Crude Birth Rate (CBR) had stagnated around 33 per thousand and the Total Fertility Rate (TFR) around 4.5 for quite some time (Registrar General, 2008). This did raise Malthusian concerns. However, some decline was seen in the late 1980s. Moreover, a few states, notably Kerala, Tamil Nadu, and the small state of Goa, had showed large declines; both socioeconomic development and the programme efforts were credited for this (Srinivasan, 1995). Household surveys in Kerala and Karnataka also showed desire for fertility regulation and contraceptive use among many couples (Caldwell et al. 1982; Zachariah, 1984; Rao et al. 1986). Thus, fertility regulation was seen to be feasible. Besides, the economy was in a fairly good shape during the 1980s; real per capita income generally rose and did not fall in any year during the entire decade in contrast to five years of negative growth during the 1970s. The Malthusian pressures had somewhat eased by the end of the decade.

Though the 1991 census showed a growth rate of over two percent, and 1991-92 was a bad year for the economy, there was no panic. The Government of India constituted an expert group chaired by the eminent agricultural scientist Dr. M.S. Swaminathan to recommend a population policy. Internationally too population explosion was no longer feared and alarmist voices on population growth were not now strident. At the scholarly level, Ronald Lee provided a brilliant synthesis of Malthusian and Boserupian thinking (Lee, 1986). While rapid population growth was not supported, the coercive tactics employed in some family planning programmes came in for criticism. Besides, it was felt that women were being targeted in various family planning programmes and the burden of fertility regulation fell disproportionately more on women. Issues of reproductive health and human rights assumed prominence. The United Nations organised the International Conference on Population and Development (ICPD) in Cairo in 1994. Both the ICPD and the Expert Group (commonly known as the Swaminathan Committee) looked at population in a holistic manner, gave importance to reproductive health, gender equity, and categorically ruled out any compulsion in family planning (U.N. 1994; Expert Group on Population Policy, 1994). Reproductive goals were to

be decided by couples and individuals and societies were to help them achieve these rather than governments or programmes setting goals for couples. The ICPD also opposed any contraceptive acceptor targets or quotas for providers; the Swaminathan committee also opposed method specific targets.

However, among policy makers and the society as a whole, there was ambivalence on abandoning the approaches the programme had adopted till then. The population growth rate had not yet declined and this did bother many. The realisation that fertility has begun to decline and mortality decline had kept the growth rate from falling was not widespread as the evidence on fertility was more of a technical nature. The official contraceptive acceptor statistics and the implied couple protection rates did not enjoy high credibility.

The last issue was cleared in 1995 when the report of the first National Family Health Survey (NFHS), India's Demographic and Health Survey, was released (IIPS, 1995). India had not participated in the World Fertility Surveys of the 1970s and, except for the Operations Research Group surveys, no nationwide survey had covered attitudes towards childbearing and contraceptive use and fertility behaviour and contraceptive prevalence for long. Immediately after the publication of the principal report, the NFHS made the data files (with identities of respondents blanked) available to researchers, a remarkable and probably the first ever such move by a large survey in India, facilitating detailed analysis of various aspects of fertility and health especially maternal and child health. The findings of the studies based on the NFHS were quite revealing. First, fertility had declined in all parts of the country though regional variations were evident. On the question on desired family size, responses such as 'as many children as possible' and 'up to God' were not common. Clearly, fertility was 'within the calculus of conscious choice' in the sense of Coale (1973). Most couples did desire to regulate fertility and contraceptive practice was widespread. Besides, while the popular perception among urban elite was that large sections of the society continue to desire and have a large number of children, the survey showed that all sections of society, including the illiterate, the rural, and the poor, accepted fertility regulation, adopted contraception and experienced fertility decline, though there were clear differentials. The survey also found that there was huge unmet need for contraception; thus while often the low acceptance of contraception was blamed on low desire for fertility regulation among Indian couples, and 'motivation' was a major component of the family planning (welfare) programme, the large unmet need showed a failure of the service component of the programme. Thus, even without further 'education', 'motivation', and 'pressure', fertility could be reduced if the contraceptive need was met.

The Swaminathan Committee report was passed on from desk to desk within government departments and essentially remained in cold storage and, with changes in government, the development of a new population policy shifted to back burner. The recommendations of the Expert Group were not implemented for quite some time. While compulsion as such was ruled out after 1977 and by and large coercive methods were not employed, the administrators were hesitant to drop targets. However, international aid organisations began to bring pressures to drop targets (Donaldson, 2002) and targets were formally discontinued in 1996 though many administrators were reluctant to do so and targets continued in many states informally (Visaria and Visaria, 1998).

Finally, in 2000, the new population policy, National Population Policy 2000 (NPP 2000), was announced (Ministry of Health and Family Welfare, 2000). The policy was influenced by the Swaminathan Committee report and the ICPD as it was expected to be. The policy affirmed "the commitment of government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning services" (point A.6, p.2). Though the voluntary nature of the programme was emphasised in the 1977 statement (by the government that came to power after the emergency) and targets were at least formally dropped in 1996, the message was now clear. Further, the immediate objective was "to address the unmet need for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for basic reproductive and health care" (Point B.7, p.2). The policy had health goals which were stated in quantitative terms, on infant mortality, maternal mortality, immunization, institutional deliveries, and on schooling. This does suggest reduced emphasis on purely neo-Malthusian approaches. However, reducing fertility to

replacement level by 2010 was listed as the medium-term objective in the policy document. Besides, another goal was stated as: 'Promote vigorously the small family norm to achieve replacement levels of TFR (Box 2, item 13, p.3)' and policy document further stated: "It is imperative that the reproductive age group adopts without further delay or exception the 'small family norm', for the reason that about 45 percent of population increase is contributed by births above two children per family" (Point 9, p.4). The language here is clearly neo-Malthusian, note the words and phrases 'vigorously', 'imperative', and 'without further delay or exception'. Moreover, in spite of the criticism received by the programme for excessive emphasis on sterilisation, some promotional measures for acceptance of sterilisation or terminal methods were included (see Point 46, items iv and v). Besides, it was made abundantly clear that a small family meant a two-child family thus prescribing a goal for a couple rather than couples setting their own reproductive goals as recommended by the ICPD. Thus, while the NPP 2000 included broad population and health objectives, neo-Malthusianism was not given up. There was change but continuity too.

Following the announcement of the policy, the programme continued as in the recent past. There was no coercion, at least none reported on a notable scale. Targets were not set nationally but at places some ad-hoc targets were adopted. For some time, expected level of achievement was computed in place of targets but pressures to achieve these were not applied. Compensations to acceptors continued but these hardly mattered given the high demand for regulation. While addressing unmet need for contraception was identified as the immediate need, this did not require any special efforts other than those already in place. The NPP 2000 had listed a number of operational strategies. Most of these related to health services and were extensions of existing services. Special groups including adolescents did receive greater attention than in the past. The NPP had proposed new structures the principal of which being the National Commission on Population. This was constituted in 2000 and again reconstituted in 2005. The secretariat of the commission based in the Ministry of Health and Family Welfare provides technical inputs to the programme, and has commissioned making population projections. But the Commission as such has not been very active; it has met only three times in 15 years.

Fading out of neo-Malthusianism

The 2001 census, conducted a year after the announcement of the NPP 2000, showed the population crossing the one billion mark and only a small decline in the population growth rate; the decline was too small to be perceived, the average annual growth rate was 2.14 percent during 1981-91 and 1.95 percent during 1991-2001 and the intercensal increase from 1991 to 2001 was a shade over 20 percent (Fig. 1). The continuing high growth did cause concern in some circles. But by this time there was irrefutable evidence that fertility transition was in progress in India and contraceptive use was widely prevalent. Soon after 2001, many states joined Kerala, Tamil Nadu and Goa in achieving replacement level low fertility. Further, the second and third rounds of the NFHS clearly showed sharp fertility decline and moderate or high contraceptive prevalence in all regions and all sections of population (IIPS and ORC Macro, 2000; IIPS and Macro International, 2007). Awareness of contraception among couples of reproductive age was now near universal and demand for fertility regulation high. This was confirmed by other surveys including the District Level Health Survey. It was clear that, if unmet need was met, fertility will reach low replacement level in most of the country (Mohapatra, 2010). There was awareness of a decline in child mortality, the necessary factor for fertility decline (Dyson, 2010). Most couples desired to regulate fertility, preferred a small family, two or three children (a non-negligible proportion even preferring one child) were aware of the means of regulation and willing to use one of these. A number of field investigations (for a review, see Kulkarni, 2011) also showed that the decline in desired family size was attributable to high aspirations couples had about their children and consequent quality-quantity trade-off considerations as theorised by Becker and Lewis (1974). These were, thus, the couples' own reproductive goals (as called for by the ICPD) and not dictated by the programme. Education and motivation of the kind practiced earlier was no longer required.

Now all the three conditions prescribed by Coale (1973) for transition to low fertility were met. Fertility was within the calculus of conscious choice, small family was felt to be advantageous, and efficient means of regulation were available with the family planning programme providing free contraceptive services. Demographic forecasts factored this in and it was clear that the pace population growth was bound to slow down. Of course, population momentum would cause some growth. Besides, some regions lagging in fertility transition would experience high growth for some more time but now there was confidence that eventually these regions too will complete the transition and reach a low level of fertility. Various population forecasts for India now showed the population reaching a peak of 1.6-1.8 billion and then beginning to decline before the end of the twenty-first century. While during the last century, India's population more than quadrupled, it was not expected to even double through the present century.

There was now awareness of the concept of demographic dividend (Bloom et al. 2003) and there were discussions and debates on this in policy circles and in media in India (James, 2008). While some misconceived the dividend as the effect of population growth (rather than of sharp fertility decline) and argued that growth has been a good thing, overall there was no panic about consequences of rapid population growth.

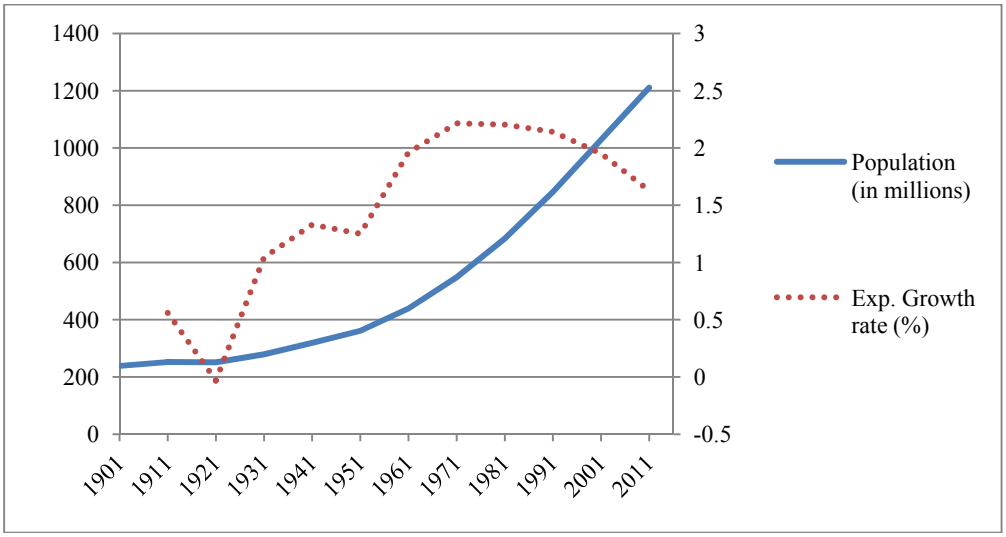
This was seen in various steps taken by the government. In terms of programme implementation, reproductive health services in rural areas got subsumed within the National Rural Health Mission launched in 2005 (and now in the National Health Mission). Soon the Department of Family Welfare was merged with the Department of Health. The emphasis given to family planning in the top bureaucratic structure for four decades was now quietly dropped. This was suggestive of phasing out of neo-Malthusianism at the governmental level. There have been other indications of this. In 2008, the Government of India introduced a provision of child care leave for female employees. While child care leave was intended to prevent withdrawal of women from the labour force to care for children, it also served as a pro-natalist measure in countries with low fertility. This would have been thought to be unwise in a neo-Malthusian atmosphere. The decision of the government to take such a step clearly showed that there was no apprehension of a rise in fertility. Moreover, the fact that the measure did not come in for criticism in media showed that the society as a whole did not consider it inappropriate in the prevailing situation.

Finally, the 2011 census revealed that the population growth rate has fallen significantly, to 1.6 percent, and for the first time since 1951, the intercensal increase fell below 20 percent. There could now be no doubt that India has turned the corner. Fertility has reached close to low replacement level; in 2013 the TFR was 2.3 in the country as a whole, at or below replacement level in over half the country, and below 3 in all the large states except Bihar and Uttar Pradesh (Registrar General, 2015). According to the medium projections of the latest U.N. publication on population prospects, India's population is not likely to reach 1.8 billion (U.N., 2015). Unchecked population growth and population explosion are no longer the issues in media and in public discourses. Further, with the knowledge that fertility has declined to a low level and the global experience that fertility rarely rises in a sustained manner after reaching a low level, debates on whether population growth is desirable or not have become irrelevant. Future population growth in India is not expected to be large anyway. There is now hardly anything for the government and civil society to do to check population growth except to make quality fertility regulation services universally available.

To sum up, India entered a period of moderate neo-Malthusianism soon after independence and the family planning programme was launched to check rapid population growth. The country went into a full blown neo-Malthusian mode especially in the 1960s and 70s. This was fuelled by population growth at an annual rate exceeding two percent coupled with economic distress including frequent food shortages. Fears of population explosion came to be commonly expressed in public debates and also in government statements. The tactics employed to check population growth by regulating fertility became controversial and some, particularly the element of coercion, had to be abandoned especially after the emergency period disaster. Yet the neo-Malthusian mood persisted for some more time. Evidence of fertility decline, some slowing down of the growth rate, and good economic growth weakened the Malthusian pressures initially in the 1990s and further weakened these after the turn of the century. In the process, there have been changes in the programme strategies

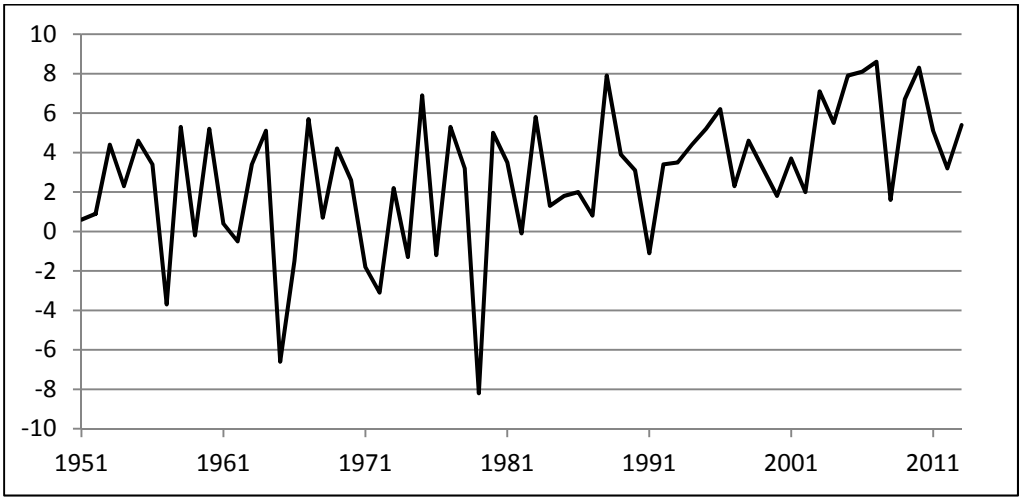
and some practices abandoned though the programme as such continues. Couples do not need to be motivated or persuaded, and certainly not pressurised, to regulate fertility and accept contraception, they are doing so or intend to do so anyway and the main challenge now is to meet their need. Population explosion is no longer talked of and severe food shortages not feared. Moreover, the economy appears to be doing well, with no decline in income seen in any year since 1991-92 (Fig. 2). There is well-founded confidence that the population crisis has been successfully tackled. The atmosphere in the country, in official circles, in media, and in the society as a whole, is no longer alarmist on the population issue and there is no clamour for strong measures for population control as was the case during the 1960s and 70s. The once ubiquitous red triangle has become nearly extinct. Neo-Malthusianism has not been formally abandoned or discarded but simply been allowed to fade out, and wisely so.

Fig. 1: Trends in Population Size and Growth, India, 1901-2011



Source: Based on data from Registrar General (2013).
Scale on the left: Population (In millions); scale on the right: Exp. Growth rate (%).

Fig. 2: Trends in Annual Growth Rate (%) in Per capita Income, India 1951-2013



Source: Based on data from Ministry of Finance (2015).

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