

Issues in India's Population Policy

THE Government's National Population Policy presented in Parliament on 16 April 1976 is a document of great importance and contains features that are unexceptionable. The best way of accepting the Policy is to discuss its several elements as widely as possible and from as many points of view as possible. The implications of the current levels of birth and death rates are here briefly discussed in the context of the policy statement and its immediate administrative follow-up.

It may be profitable to discuss the impact of population growth and programmes of arresting it at two levels : the national and the personal.

Let us begin by having a look at the dynamics of population growth as perceived at the national level. It is of the utmost national importance that the birth rate and, therefore, the growth rate should be brought down as speedily as possible. The end, expressed in the form of phased targets of reduction, would justify many compulsive means. In fact, unless a sense of national urgency is introduced in the shape of 'compulsive persuasion' in this direction, effective decline in the birth rate would have to wait too long to follow in the wake of economic and social development. There is no historically proven assured time path along which this sequence would proceed and so a nation cannot depend upon the inevitability of this assumed cause-and-effect relationship within a defined time horizon. So, as many demonstration

areas as possible should be opened up for public education, and the administrative policies that a number of state governments have adopted in requiring their employees to bring down the nuclear family size and keep it at a certain level are, in the last analysis, unexceptionable, particularly as government employees and their families are generally looked up to for emulation. What becomes a norm with them is considered worthy to be accepted by the rest. It must be remembered, however, that the lives of the lowest paid government employees are deemed by the life insurance world as better risks than persons similarly placed outside government and that infant and child mortality among them is usually less than among the general population on account of better access to medical care. But, so far as the vast bulk of the population is concerned, particularly at their low levels of income and precarious employment, nutrition, education and social welfare facilities, the message of compulsory sterilization after the arrival of the second or third child cannot but be fraught with legitimate fears bordering on panic or despair in the present state of things. A man who at the age of 67 would expect to see at least one son alive would normally have to father 6.7 children at current levels of mortality. At the ages of marriage now prevalent or even at age 18 for the bride, and in a situation of near universality of marriage before the age of 25-28, termination at lower parity of two or three, unaccompanied by a delay in the initiation of reproduction, will be less effective demographically than it would appear on the surface, because termination at a lower parity implies termination at an earlier age, reducing the length of generation and raising the period of fertility. Besides, at current levels of mortality the birth of only two children would give much less than a net reproduction rate of 1 at the national level; even three children would not give this rate; it would have to be nearer four than three. For India, it may be argued, there is no harm in aiming at an NRR less than one. India could do with a diminishing population. In fact, nothing could be more acceptable than a population, which after its inevitable rise in the next decade and a half, would slide back, through a very low birth rate to a level of population not much more than, say, 650 million by 2000. That is all right on the national level. But given near universality of marriage and the importance attached to children and continuity of family line, which family would with perfect equanimity contemplate the possibility of its line disappearing ?

It is often argued that a rapid fall in the birth rate will adversely affect income distribution to the detriment of the lower quintiles in the income range.

There will, for instance, be far fewer people in the lower quintiles to receive the benefits of subsidized food distribution, nutrition, medical and public health care, water supply, education, etc. But income distribution through such means as institutional credit facilities, assistance, etc. may directly improve on account of a decline in the birth rate. A decline in the birth rate will also assist income distribution in the other areas through improvements in quality and quantity of the subsidies and services, because it is unlikely that facilities once created will be reduced. Rather, there will be pressure for their expansion and improvement. Reduction in the growth rate makes improvements in the quality of services feasible. Rapid population growth in the fifties undoubtedly led to greater educational facilities to young and new entrants to the labour force in the sixties, which amounted to a substantial modernizing influence with valuable contributions to productivity. But these benefits are likely to be augmented if vested in a more mature and adult working force. Thus, a reduction of family size in the lower income households will very probably contribute to an improvement in income distribution, the family size in poorer deciles being usually larger than in the richer ones. At any rate, it will prevent deterioration. There will be several other major gains. A falling birth rate will reduce the number of young, low-earning, work-sharing competitors and eventually contribute to more skilled and higher wage earning labour force in a higher age bracket in urban as well as rural areas. This will augment contribution. A smaller birth rate will arrest the march toward landlessness and sub-infeudation. Thus, there appear to be more convincing arguments in favour of better income distribution through a falling birth rate than otherwise.

II

Let us now have a quick look at the current picture of birth and death rates. It seems very likely that the rate of population growth in India reached its peak in the decade of the 1960's: a simple rate approximating 2.5 or a compound rate of 2.24 per cent per annum. There is very little evidence that India ever reached the exceptionally high fertility rates of certain Latin American and the African, or even some of Asian, countries, particularly in the current century. On the contrary, the uncontrolled fertility record of the population of this country has been quite moderate but fairly constant over a long period of time. The constancy of the age structure bears testimony to this basic feature of India's population.

It is rather the behaviour of the death rate that has made the difference between slow and rapid growth in India. This rate is still high—the crude death rate is still around 17 per thousand and the infant mortality rate, around 125 for the country as a whole, and their desirable rapid fall to a level of less than 10 and less than 60 per thousand respectively could still create a new record of growth for India. For, supposing the crude rural and urban adult and infant mortality rates in India fell to Kerala's level of today, the resultant growth rate would, for the better part of decade, be around 2.5 to 2.6 simple, despite the current trend of decline in the birth rate and even despite the impressive targets set by the current vigour of the sterilization campaign. The crude growth rate could, therefore, still pose anxiety for the country, but what seems of greater hopeful certainty is the definite, even if small, decline in the birth rate since the late 1960's, and particularly since 1970. Once the decline begins to 'work' for a large fraction of the population, it continues to 'work'. Once the population learns how to bring down its birth rate, it finds it difficult to unlearn it. It will get more difficult to be born than to die.

A brief recapitulation of the trends of birth and death rates for the period, 1950-1970, or rather 1946-1970, will be in order. The first valid thought is that the demographic transition in India should have followed closely on the heels of the onset of the demographic gap. The demographic gap, or the widening of the distance between the birth rate and the death rate, started in 1921, but more stridently only after World War II, reached its peak around 1966-67. The demographic transition, or the process of narrowing of the gap between the birth and death rates until they attain low and fairly stationary levels, may well have commenced at this latter point, that is, 1966-67. This is about the safest way that the situation may be summed up.

What will continue to worry this country longer than the birth rate is the death rate. The death rate has not declined as steadily as one would have expected since the late fifties. On the contrary, it has shown occasional tendency to rise in certain years. The optimism that the Census Actuary of 1961 expressed by assuming that life expectancy at birth would continue to increase at this rate of 0.9 year per year has not been justified. In the present state of mortality in 1967, we would be lucky if this rate reached a level of 0.7 to 0.8 year per year. Even if the crude birth rate should fall at the rate of one point or more per year in the coming years, it would not be practical

to expect it to continue indefinitely if the crude death rate, and, particularly the infant and toddler mortality rates, continue to rule so high.

The first major improvement in mortality occurred in 1921-31 and continued till 1951 with the virtual banishment of famine and the blunting of countrywide epidemics and endemics. The second accelerated stage of improvement came in the early fifties with the taming of malaria and other wasting diseases, of the control of other major infections, and with the general improvement in incomes, nutrition, employment and the economic infrastructure, notably communication, which facilitated quick and cheap transfer of food. As a result of these two stages, the birth rate, yet uncontrolled, gained its full force.

Although it is difficult to say with any certainty by exactly how many points the birth rate fell between 1960 and 1974, even the most conservative estimates are willing to agree that there has indeed been a fall, particularly since the second half of the sixties. The 1971 change in the age structure bears evidence to this phenomenon.

Several scholars have attributed part of this fall to a rise in the age of marriage, but other scholars have cogently argued—and I am more inclined to agree with the latter group than with the first group—that the fall has been due largely to the effects of the family planning movement which began to build up around 1956. A large fraction of the decline in the birth rate since the second half of 1961-71 must have occurred in the urban areas. Furthermore, the level of the urban birth rate is distinctly lower in the 1970's than that of the rural birth rate, and this difference together with a declining trend in the rural birth rate marked a definite departure from the one that obtained even as late as 1967. The fact of overall decline in the birth rate is no longer in dispute. Thus, it would appear that in 1971 India emerged and has since then continued to be, on the downward trend of fertility, although the trend is far from steep, or indisputably firm. In any case, the process has begun and this is the most important point.

But the gain can be considerably thwarted and even nullified if mortality, especially infant and toddler mortality, does not decline rapidly. It is indeed on the assurance, (firmly perceived as a permanent and dependable trend for which again an appreciable time lag is inevitable), that the continuing decline

in infant and child mortality is a settled fact, that an enduring edifice of diminishing fertility can be built up at the individual family level. The current infant and toddler mortality, unless brought down sharply, could yet offer a stiff backlash to the birth rate and push up the latter or at least resist its further fall. A low mortality level is the best guarantee of a low birth rate keeping on a firm downward course. The state of mortality will thus continue to cause anxiety and may yet prove to be the Achilles' heel of India's policy of reducing population growth.

III We should pause to consider the likely impact, at the

We should pause to consider the likely impact, at the level of the household, of a rapidly falling birth rate without a concomitant rapid fall in death rate, particularly infant and toddler mortality rates, and without a rapid improvement in the employment situation. The benefits of a declining population growth rate at the national level are too well-known and self-evident to merit repetition. The advantages of such a declining fertility rate are, however, far from being so self-evident to the average household in the lower quintiles of the income and asset scale. To this group the economic value of an extra child is very great while the cost of rearing this child is marginal.

A large family size is still looked upon as an asset by the vast majority of households in this country. First, as a means of acquiring more earners in the family each of whom will augment the total income of the family, however marginally. Second, as a means of sharing household chores and family enterprise from very young ages to release the adults to try for fuller employment and higher wages. Dr. A. K. Reddy of the Indian Institute of Science, Bangalore, maintains that a poor household needs as many as 4.5 children to forage and collect fuel by way of brushwood, leaves and twigs and dung just to meet its very modest domestic energy needs. Third, as a means of insurance, continuity and abundant caution against loss of family members through death which can come suddenly at all ages particularly at infancy or at young ages. On the assumption that the probability of a son being born of a pregnancy is 50 : 50, and having regard to the high prevailing infant and toddler mortality, a couple has to have a statistical minimum of 4.5 children to assure the survival of a son beyond childhood. Fourth, as a means of sustenance, help and company in old age. Fifth, as a means of satisfaction of various kinds largely in the absence of other means of satisfaction in such

stages of poverty. Sixth, as a benefit whose value is great but whose costs by way of maintenance, upbringing and education, are hardly perceived at all, for a child can with a little luck start earning as early as 7 or 8. Few people at their levels of poverty, in rural and urban areas, can afford to remain unemployed for even a whole week. As a result, population growth and the increasing size of the labour force have led to worksharing and a perpetuation of low income levels. It is really difficult for a poor family, to whom an extra child is the only cheap capital asset that it can think of, to perceive (a) how a smaller family is going to improve its lot, because of the very limited scope for improvement, (b) how less children will lead to greater savings for itself and for the nation, because there is little scope for saving through higher earnings, (c) how fewer children can mean anything but a distinct lessening of its strength in the struggle for existence. More children, especially sons, still mean a net inflow of wealth from children to parents over lifetime. The message of family planning thus threatens a radical restructuring of the traditional Indian household economy without a concomitant restructuring of the national economy. This is the unresolved conflict that the programme of family planning faces today and will face for an indefinite length of time until at least work is assured for every adult on a level of remuneration, health and comfort that will be at least minimum envisaged by the late Pitamber Pant. A large family to the vast majority of households is still perceived as very much of an asset, even as it is a dire liability to the present economy and future development of the country.

These perceptions are far more real and important to the majority of our households than the supposed benefits of small families. Large scale forcible attempts to reverse these perceptions, without adequate, concurrent preparation through persuasive communication and economic policy may even jeopardise the basis of household enterprise in India on which so much of the stability of the economy and the strength of the social fabric, rests. This stable economy and this social fabric rest on traditionally nurtured attitudes toward children and the sacredness of existing and labouring for children, as a result of which labour in the Indian household acquires its relevance and legitimacy mainly as an unavoidable necessity of supporting children and seeing them grow. If this main purpose is taken away, the *raison d'etre* of household economy at the micro level is virtually taken away unless other group or corporate ideals of a more material, social and collective economic and political nature, dedicated to the production of a different set of social and economic

goods than children, are made to take its place speedily enough. The robbing of this purpose by what may be perceived as no better than an arbitrary fiat from the state is liable to leave the family not only with a void but in fear, despair and even resentment.

Nor does the argument of greater savings arising from a smaller family and, through them, of a higher level of prosperity appear convincing enough to the average householder. The effort of keeping alive has through long ages been geared to the number of mouths to feed. If there are fewer mouths to feed, enterprise in the family, either through family production or wages earned, is likely to drop and adjust itself to the needs of existing members. Savings, which the bulk of the population have never seen in their lives, or, even if they have, have seen only to be instantly wiped away by the money-lender or mortgagor, is a concept which is so unfamiliar that it will take a whole lot of propitious circumstances over a sufficient period of time to be widely perceived or commonly acknowledged. If there are fewer babies, even on the assumption that family enterprise will not be consciously pegged down because there are fewer mouths to feed, unsatisfied demand for foodgrains and other bare necessities is so great, that the savings will largely go toward hitherto unsatisfied minimal, let alone optimal, consumption.

The argument of the possibility of scraping domestic savings on the national or macro level for capital investment and renewal is hardly sustainable at least in the short run of the next twenty or twentyfive years, that is, until the first greatly reduced crops of children enter the labour force. The proportion of population in young adult ages 15-34 will reach new peaks in the next twenty years. In the next twenty or twentyfive years, a great deal more of financial, material and manpower investment will have to be made on improving the demographic quality of the population-health, medical care, nutrition, education, training, technology, organisational infrastructure and employment-before higher rates of domestic household savings from the lowest three quintiles of the population, available for national investment, can be thought of. It would be wholly wrong to imagine that a quick and rapid drop in the birth rate would immediately relieve the public exchequer of expenditure on such public consumption items as public health, medical care, nutrition and social welfare programmes and education. On each of these counts public expenditure is bound to increase from their present low levels of quality and coverage to ensure a minimum demographic quality to the population that alone will be a guarantee of sustained voluntary decline in the birth rate.

Had the economy grown at a much higher rate together with decline in mortality and improvements in public health, education, welfare services and employment, and kept very much ahead of the rate of population growth, so that the difference between the two would be readily perceived by even the lowest deciles of the national income range, then the desirability of savings as a plausible and effective alternative to more children would have been self-evident to the poorer households, and would have served as a powerful 'communicator' of the family planning message. But since this has not happened and since, on the other hand, the remainder of this decade and the whole of the next, will probably have seen the highest rate of growth to labour force entrants, a vigorous family planning drive to the relative neglect of other social and public health services, education and employment creation, would be viewed by the family more as an instrument of cutting off its means to more income, than as a vehicle of augmenting the latter. This might have very depressing effects on family enterprise, particularly in smallholding agriculture, which employs or can afford to employ very little hired labour, or in self-owned business like household industry, processing, traditional or modern crafts, or certain services run on the household basis. These adverse effects, apart from substantially depressing the national rate of growth, would have more serious effects on the climate of enterprise and positive outlook towards production and productivity which is nationally of even greater moment than the rate of growth itself.

IV

We may conclude by briefly considering what appears to be a major administrative implication of our current implementation programmes.

As Visaria and Jain say, 'vasectomy has long been seen in India as the most effective and inexpensive means of promoting family limitation', and vasectomies and tubectomies have been the mainstay of the reduction in the birth rate that has been statistically manifest particularly since the middle of the sixties. Even so the pursuit of sterilization, as the instrument of choice for bringing down the birth rate, adumbrated in the Health Minister's National Population Policy Statement of 16 April 1976, will have to be tempered with a great many other considerations. Careful analysis of sterilization performance since 1956 has shown that it has heavily relied on the lure of compensation and motivation money and often traded on the poverty, precarious economic condition and even the helplessness and backwardness of particular popula-

tions and geographical areas. Apart from the untoward occurrences at Turkman Gate in Delhi, and at some places in the Uttar Pradesh and various other States, on which the Prime Minister, the Health Minister and their Cabinet colleagues have repeatedly had to make restorative statements both in Parliament and on public platforms and to virtually reprimand State Governments on their overzealous behaviour, such a thrust on sterilization as the national instrument of reducing population growth may at the lower levels of functioning tend to run independent of the development and democratic processes and eventually get the better of both.

No one would disagree with that part of the Health Minister's Population Policy Statement of 16 April 1976 which says that "to wait for education and economic development to bring about a drop in fertility is not a practical solution." In fact, everybody would agree that the two efforts should proceed concurrently and synergise each other. The Policy Statement in its para 15 says, "the administrative and medical infrastructure in many parts of the country is still not adequate to cope with the vast implications of nationwide compulsory sterilization. We do not, therefore, intend to bring in Central legislation of this purpose, at least for the time being." One is left, thus, to speculate on the extent of mobilization of resources that is possible from dipping into development programmes and personnel. The paragraph goes on to say, "some States feel that the facilities available with them are adequate to meet the requirements of compulsory sterilization. We are of the view that where a State legislature, in the exercise of its own powers, decides that the time is ripe and it is necessary to pass legislation for compulsory sterilization, it may do so. Our advice to the States in such cases will be to bring in the limitation after three children, and to make it uniformly applicable to all Indian citizens resident in that State without distinction of caste, creed or community." Experience with the Malaria Eradication Programme showed that the programme began to suffer when the staff were called upon to assist in the primary health centres and the family planning programme. The kind of mobilisation and time target that are envisaged in the paragraphs, 4, 15 and 10 ("It is essential that all ministries and departments of the Government of India as well as the States should take up as an integral part of their normal programme and budgets the motivation of citizens to adopt responsible reproductive behaviour both in their own as well as the national interest.") are possible only if the entire development personnel are pressed into service to the partial neglect of their avowed duties.

That a great deal of drafting of personnel from other nation building activities to the family planning programme will be inevitable, will be plain if we reflect that the latter is an area that demands experience of the official set-up as well as of approaching target populations. This cannot be expected of fresh recruits and persons identified with delivery of development programmes will be more acceptable in the field of family planning than novices.

That the staff of most branches of development, from agricultural extension and village level worker to the school teacher, have been involved in certain States and have been charged with family planning as a major concern, is common knowledge. As an initial mobilisation and impact for the universal dissemination of the programme, little exception could be taken even to such a step for a certain brief period, but if development programmes stand in danger of relegation to second priority on account of continued diversion of staff and effort, then such neglect is bound to backlash, particularly in the fields of productivity, mortality and education, the unhindered progress and even acceleration of which is so central to the long-term success of the family planning programme itself.