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## Population and Development A Sociological Perspective

### The Scenario

AS the sun sets in Ratanpur, a remote village in North Gujarat, Motilal and his wife look on helplessly as their young son of two years lies thin and wasted, a victim of the sudden onslaught of diarrhoea. Medical facility has not made its in-roads to this remote place, and the couple's best efforts have failed to alleviate the child's misery. The end comes soon, mercifully, at the break of dawn. Futility is writ large on the faces of the parents—for those who care to see it.

Amidst the squalor in one of the urban slums, in the once princely state of Baroda, the quiet night air is rent by the lusty cries of a new born infant. Shanti, after a long and difficult labour, falls into an exhausted sleep, but not before her eyes register disappointment at the sight of yet another baby girl. The infant sleeps on contented, unaware of the lack of welcome that would have been the 'birth right' of a son.

In the bustling metropolis of Bombay, while life moves along its predestined course for the masses, a dramatic change awaits those who are boarding the Boeing 747, bound for New York. Among the few tourists and businessmen, the majority of those on board come under the nomenclature of "migrants." Hope and the achievement of a longed for goal, coupled with trepidation on embarking on a new way of life, is the keynote with the latter group.

What do the above three single, isolated events have in common with each other, if anything? Do they form a pattern with in the vastness of a country? Taken singly, one would answer in the negative. But take each event raised to the nth degree in each country, all over the globe and what emerges are the

commonplace, yet interlinked events, known demographically as mortality, fertility and migration respectively. Commonplace, certainly, yet it is the interplay of these very events which cause dramatic changes in a nation's population influencing its economy and development.

The interaction of these components, especially those of fertility and mortality, has been responsible for the very rapid population growth that marked the post-World War-II era, especially in India and other Third World countries.

### **Demographic Transition**

To explain this population growth, demographers have a theory of demographic transition. The theory postulates that man is the only complex culture-building animal on this globe and in building his culture, he had effected great reductions in the death rate well in advance of any corresponding declines in the birth rate. The greatly accelerated rate of population growth experienced at present is, therefore, the product of a natural increase, that is the excess of births over deaths. This is true of the Third World countries today.

In Western countries too, mortality rates had fallen rapidly during the late nineteenth and early twentieth century. However, this was preceded by a long secular decline in mortality which was largely due to great economic improvements such as increasing agricultural efficiency, the introduction of superior varieties of crops and livestock, and improvements in transportation, which largely eliminated famines and local food shortages. (Wrong, 1967). Birth rates too began to fall in the West after a time lag following the decline in the death rates. A plausible explanation for this is that people began to realise the threats imposed on their families by excessive growth and became, therefore, highly motivated to limit their family size. Hence the natural increase came under check to a great extent in the industrialized nations particularly during the interwar period.

### **Population and Development**

As a matter of fact, wherever development had taken place, it had sooner or later brought about a reduction in population growth. All the developed countries have very low birth rates today. Although there may be some apparent contradictions, development does seem to have a clear, definite impact on population growth (Das, 1980).

On the other hand, there is evidence also to suggest in adverse effect of population growth on development. Theories dealing with the effects of population growth on development stress the dependency burden, or current consumption claims that a young population, associated with high fertility, makes on development resources. Beyond reducing the proportion of workers in the population, high dependency and its rapid increase create difficulties in the provision of basic, essential services of education, health care, nutrition and housing facilities,

and so influence investment, savings and public expenditure. This is a familiar enough cycle wherein the main driving force for the reduction in fertility is geared to the process of development while current efforts towards development is itself compromised by rapid population growth.

In order to understand the relationship between population growth and development, it is worthwhile at this juncture to examine closely what precisely development connotes. It is a well established fact now, that development means much more than economic development, since human wants which dictate, the path of development, go beyond the economic. According to Prof. V.K.R.V. Rao:

"... development is no longer identified with a mere increase in GNP or . . . even per capita income. The increased income is expected to be so distributed as to result in a significant demunition of inequalities of income and wealth. Thus, less unequal distribution is also part of the accepted goal of development . . . . Development is also expected to include the areas of health, education, culture, values and welfare. The goal of development thus becomes the enrichment of the total quality of life and its availability at minimum levels to all sections of the population". (Quoted in Rele *et al.*, 1978, p.3)

The increased consciousness of the relation of population factors to a number of major world problems marking a shift in emphasis from mere population control to population intervention as a part of development came to the fore at the United Nations World Population Conference held at Bucharest, in 1974. The essence of this shift was captured in the popular slogans at the above Conference : "Look after the population, and the population will look after itself," and "Development is the best road to slowing population growth" (Bhatta-charyya, 1983). While much attention had been paid to the relationship of high fertility and high population growth rates to economic development, many other facets of development, especially social and cultural that are affected by population growth and which in turn affect population growth, have been largely ignored.

### **Approach to Family Planning**

A glaring example of the risk implied in the above limitation is the failure of the Family Planning Programme launched to combat the rapid and accelerated growth of population in India. The traditional or purely family planning approach tended to produce a family size that was higher than the optimum for the realisation of our specific target, since the family planning programmes can at the most, bring fertility down only to the desired level of family size. What is needed to combat this, is a non-family planning approach for controlling fertility through altering the desired family size itself. This can only be accomplished through changes in the values, attitudes, institutional structure and socio-

cultural milieu of the population. Experience too has shown that the real motivation for a small family springs from the various aspects of development, particularly social and cultural rather than only the purely economic.

## **Development in India**

A gross miscarriage of our development plans has not, therefore, been avoided because in our concern with material progress we have forgotten the aim of all development—justice that enhances human dignity. In spite of our avowed declaration to bring human beings into the center of our national development effort, to improve the quality of life, to provide essential basic services, to develop skills through training and self-reliance (in order to level out economic and social disparities), the fact remains that for a vast majority of people the quality of life remains grim, disparities of one kind or another persist and increasing pressure is built up below the poverty line. The cause for this disappointing course of events could lie in Myriad economic, political and social systems operating in the country.

Caught in this bitter cross-fire of political, social and economic systems are the most vulnerable and oft-neglected groups of the population, viz. women and children. Any attempt for the improvement in the quality of life of a nation ends in a cul-de-sac if these two major groups within the population are bypassed by the developmental process; women because they are the child bearers and rearers and children because they are the future generation, the country's most valuable asset.

Every year, of the twenty million children born in India, only seventy per cent survive upto the age of five, whereas the survival percentage is around ninety five in the developed countries. One cannot but be truly astounded at the sheer wastage in terms of human and material resources, ill-afforded in our country, that these figures so eloquently reveal. Even the present infant mortality rate of 125 per 1000 live births is still very excessively high, although it marks a definite improvement on the 1941 figure of 200 per 1000 live births.

High levels of infant mortality in a population reinforce both at the individual and community levels, the need on the part of a couple for as many children as possible. A pressing need of the moment is, therefore, to reduce the birth rate through assurance of the survival of all children born. In addressing these twin problems (of lowered fertility and infant mortality) we are really addressing our priorities to create a conducive environment for the total realisation of an individual's, and thereby the nation's physical, psychological and socio-emotional potential. In short, we are ensuring a "better quality" of future population.

## Pre-natal Care

The means of achieving this goal, therefore, must begin as early as possible in life and with the woman, since life itself begins from the moment of conception. At birth, the child is already nine months old; its future virtually depends on his environment during this period. It is a rather curious fact that while we recognise that the new infant's life begins at conception, we reckon his age from the moment of birth. It would almost seem that we were implicitly saying that the events in a person's life prior to birth are of little importance in determining the future course of his development. This attitude is especially likely to apply to our conceptions of psychological development, and yet the environment in which the unborn child grows is of tremendous importance in influencing later patterns of growth—both psychological and physical.

Ordinarily we think of the prenatal environment as constant and similar for all foetuses and this may be partially true in the light of the complex world it has to encounter after birth. Nevertheless, there are many variations in the prenatal environment and the pressures to which one foetus is subjected vary markedly from those exerted on another. Recent research on the host body, i.e. the mother in which the first nine months of life are spent, give vital evidence for improving this environment in order to ensure the birth of a normal, healthy individual.

The mother's physical and emotional well-being exercises powerful influences on the course of foetal development and the subsequent health and adjustment of the child.

*Nutrition.* Nutrition is a crucial factor in ensuring the physical well-being of the mother. When large proportions of our urban and rural population live below the requisite minimum of calorie intake, women in the reproductive period are among the worst sufferers of this deficiency. The age old tradition that "men and children eat first", depletes the vital resources of a woman, well before her first pregnancy. This coupled with the fads and fallacies regarding foods to be eaten or avoided during pregnancy take their toll on the health of the mother as well as that of the unborn child.

A well established fact is that low birth weight due to prematurity and inadequate growth of the foetus is more common in the low income groups, leading to a higher incidence of mortality and morbidity among their infants. Perinatal mortality is estimated from 70 to 100 per 1000 births in most hospital studies relating to urban areas; its incidence is probably much higher in the rural areas. Added to that is the high incidence of neonatal mortality. This, in terms of repeated pregnancies, plays a havoc with the health of the mother, resulting in a high incidence of anemia and maternal mortality.

Children between 1-5 years too constitute, nutritionally, a vulnerable group in a population. They form fifteen percent of our population as against six to

eight percent in advanced countries. This group experiences a rapid turnover on account of the prevailing high mortality rates. Proportionate mortality rate below four years is as high as forty percent as compared to less than seven percent in advanced countries.

*Malnutrition*, Malnutrition is the single, largest causal factor, claiming a staggering figure of one million children in its deadly jaws. Malnutrition plays a significant role in the incidence of deaths traced to causes like diarrhea, respiratory infections and tuberculosis.

- While the impact of malnutrition is glaringly evident in the physical health of the child, it exerts a subtle yet powerful influence on the mental development, learning ability and the ability to actualize the full genetic intellectual potential of the child. This is particularly serious if malnutrition occurs in early childhood when the brain is developing and growing rapidly. Bloom (1964) has pointed out that the environment can mean as much as 20 I. Q. points in the developing child and that it is most critical during the preschool years since the child has already established fifty per cent of its thinking patterns by the time it is four years of age. Malnutrition interacts with infection, heredity and social factors and thus impedes the path of this critical mental development.

#### **Parity or Birth Order and Preference for Sons**

*t*, another important factor which affects the unborn child is the parity of the mother. There is considerable evidence which suggests a higher incidence of mortality and malnutrition among children of higher parity. Children of relatively low birth order are shown to be taller and heavier, giving them a head start over their higher birth order siblings, in the race for survival. While limitation of family size to three or less would significantly bring down the incidence of malnutrition and mortality, even under the existing economic conditions and food resources of our country, one is simply "flogging a dead horse", since the level at which births are limited is largely determined by the felt need for surviving children, particularly sons. This need cannot be stressed enough especially in our country, where there is a high emotional and economic investment in the male child. Ensuring child survival particularly of the male child, could be a prerequisite condition for achieving the goal of a small and healthy family.

#### **Reconsideration of Women's Role in Development**

What the above conditions underscore is an urgent need to re-examine the needs of women, especially in the reproductive group of 15-45 years and children below the age of 5 years. While economic growth is essential for the removal of hunger and malnutrition, the problem of nutrition is so very urgent

that it simply cannot wait for a satisfactory level of economic growth to be achieved. Neglect resulting in a malnourished population might mean that economic growth itself is held back.

Since times immemorial, women have been told that motherhood is their highest possible achievement, particularly in traditional Societies like India. Women's other activities, however, have been overlooked and underrewarded. A woman's work outside the home has commonly been seen as a source of shame rather than pride, an indication that the male "head of the household" could not provide for his family. With other activities ignored or frowned upon and with the maternal role glorified, child bearing remains the only major source of status, security and emotional satisfaction for the majority of our female population.

A simultaneous thrust therefore on improving the *status of women*, from being mere child bearers and rearers, subservient to the male, (father, husband or son) by making them economically viable and independent is the call of the day. The assumption is that money in the hands of the poor woman goes into the family port leading to a general improvement in the quality of life for her family. A developmental spiral, as aptly described in the Indian Council for Social Science Research— Indian Council for Medical Research 1980 Report on "Alternative Strategy for Health", is initiated when conditions favour improvement in the status of women. This happens because with improvement in economic conditions, people are better able to take care of their health problems. Their morbidity is reduced because they have better nutrition, greater resistance to infection, and even less infection because they improve their housing, sanitation and water supply as much for convenience and aesthetic reasons as on grounds of health (p. 11).

### **Income and Employment for Women**

While provision for income generating skills and activities for men has been stepped up in the past two decades, the earning of women has been completely neglected. They have also been by-passed in the dissemination of new technologies that are replacing and displacing their traditional roles in the grassroots economy. Women along with children have been perceived as mere recipients or beneficiaries of direct or indirect benefits of development activities aimed at a different target, especially men, when actually their development should be the major objective of our development plans.

Employment of women also offers to them a higher degree of control over, their own lives. A woman who can earn her own living is not entirely dependent on others, economically or psychologically. If the conditions are right, working can satisfy needs that go beyond sheer physical maintenance.

A description of China's network of semi-industrial and service jobs for

women in rural areas points out some of the characteristics that make employment a real alternative to childbearing :

"The work time competes with domestic responsibility, the work is highly valued, leadership and responsibility are shared among the workers, and peers exert strong pressure on their co-workers to stay on the job. Jobs remove young people from the exclusive sphere of parents' influence and expose them to an egalitarian ethos in a context of peer support" (Dixon, 1976).

### **Women's Education : Formal**

While economic independence is one of the major means of elevating the status of women, a parallel provision for *Education*, formal as well as non-formal, can help to achieve great strides in the general improvement of the quality of life for women and therefore for their families.

Education, particularly formal education, influences women's fertility in several ways. Through education, women are exposed to new sources of information in all spheres of life. This motivates them to pursue activities outside the family, and equip them with the skills to do so. Secondly, by taking women outside their immediate families, education helps to bring about a change in their self-images, fostering independent aspirations and values. Finally, education can help to change the very nature of maternal ambitions : mothers who want to provide the best of all facilities to their children have an inherent interest in limiting their families.

A concomitant effect of the education of women is that it can alter the value of marriage as the sole purpose in the life of the woman. This change leads to a higher age at marriage for the educated woman. This delay in the woman's age at marriage, would automatically delay her entry into the childbearing cycle. Minimum education, coupled with even a short period of employment has merit from a demographic view point, since young women are diverted from the sole task of child bearing.

### **Women's Education : Informal**

Whereas the provision for formal education is vital, it has not yet reached to the masses, particularly poor women. Non-formal education for the poor, illiterate women of our country becomes a must if we are to improve the quality of life for all families. Since women are the managers of all resources—material and human-knowledge regarding the successful management of these (particularly when they are meagre for the masses) for maximum benefits to the family, becomes one of the major aims of non-formal education. Furthermore, non-

formal education is a powerful media through which essential practices of child care and growth, health and nutrition, contraception etc. can be disseminated to all women. This, in effect, would go a long way in reducing infant and child mortality and morbidity, as well as to promote the small family norm.

A beneficial characteristic of non-formal education is that it can literally be "taken to the clientele". Unlike formal education, it need not wait for the organisation of elaborate physical facilities. It can be imparted wherever there are women—be it in the fields or the factories—with negligible expenditure. Policy planners really need to exploit this characteristic of non-formal education in communicating vital information to women.

## Conclusions

It cannot be stressed enough that only when the total development of all sections of the population, and therefore of the community is ensured, can any real development of a nation take place. In order to do this, for women, it is necessary, indeed imperative, to be provided with alternate sources of status, security and satisfaction—in short to have real choices beyond childbearing.

To reiterate, the above discussion has highlighted the need for a new look at the two most vulnerable sections who constitute a large proportion of the population—women and children. Provision of better nutritional and health facilities for the mother and child, education (formal and non-formal) and employment opportunities for women, would check rapid population growth as well as ensure a better quality of life. Experience, too, particularly in the neighbouring country of Sri Lanka and close at home in the state of Kerala, has shown that relatively lowered levels of mortality and fertility can be achieved through provisions of various social and health services at the micro level rather than concentrating more or less exclusively with macro-economics.

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