

Book Review

Regulating Reproduction in India's Population : Efforts, Results and Recommendations by
K. Srinivasan, Sage Publication, 1995, pp. 327, Rs. 350.

IN view of the recommendations of the Cairo International Population Conference and by the World Bank for improving reproductive and child health care in India, this monograph is an important contribution to the population literature. The author is eminently qualified for the task considering his research experience, commitment and contribution to the field. The monograph fills a gap in the current literature on India's population policies and programmes and brings together the findings from a host of research studies within a comprehensible and interesting framework. It is well edited and readable and contains an extensive bibliography. Policy makers and administrators, scholars and students alike can benefit from reading it.

The eight chapters of the monograph are in logical sequence. The author starts by sketching the population concerns in pre-Independence India, traces the evolution of policies and programmes since Independence, delves into the concept of natural fertility, surveys concomitant demographic changes and socio-economic development, assesses the acceptance and prevalence of contraception and its impact on fertility decline in the context of socio-economic modernization, outlines the history of fertility transition in Goa, Kerala and Tamil Nadu and finally raises some critical issues in reproductive transition and offers his recommendations.

Interesting insights are provided by the monograph, some of the pitfalls in demographic measurement and the author's recommendations are discussed below.

The first chapter presents a balanced historical review of the evolution of population concerns before Independence. Social and political leaders in India were as much aware of the problems of high fertility and improvident maternity as their contemporaries in the West. While admitting the importance of population control, Mahatma Gandhi was staunchly opposed to the use of artificial means of birth control since he felt that it would brutalise sexual mores. His views were similar to Malthus, who advocated the education of the lower classes as a panacea for improvident maternity and uncontrolled population growth beyond the means of subsistence. Gandhi's views might have had some effect on the Indian leadership. Although India was the first country to adopt a population policy for controlling growth, up to 1970 the programme implemented was mainly urban clinic based, did not reach the rural masses and had negligible impact on fertility decline.

India's population policy and programme since Independence show an evolution from an exclusive concern about population growth to a more integrated approach towards health

and human development; from a highly centralized bureaucratic programme to one decentralized to states; from setting up a service network to the creation of conditions conducive to a small family norm; from providing family planning services to providing maternal and child health care and more generally reproductive health care. The programme is still struggling to break out of a bureaucratic mould of central funding and control through method specific aggregate target setting for contraceptive methods. The population programme has many similarities with centralized socialist planning. With the liberalization of the economy and bureaucratic controls, it is hoped that the programme would have enhanced participation by non-governmental bodies and the people and that it would rapidly respond to the increasing demand for contraception in the current context of accelerated socio-economic development.

Aggregate demographic rates are simple to calculate but difficult to interpret. For instance, the ubiquitous population growth rate is the net result of fertility, mortality and migration rates which, in turn, depend on several underlying social, demographic, economic and health factors. Demographic analysis is, therefore, fraught with many pitfalls. We may illustrate such difficulties with the concept, measurement and conclusions on natural fertility presented in the monograph. The author defines natural fertility, following Louis Henry, as the marital fertility prevailing in a population in the absence of any conscious birth control by individual couples. While measures relating to a cohort (fixed group of persons) of married women would be most appropriate for assessing the natural fertility level, the author sometimes uses, for want of cohort data, current total marital fertility rate (TMFR)—based on current age-specific marital fertility rates—as the measure of natural fertility. Since women may marry at different ages, they do not constitute a constant cohort exposed to child-bearing in wedlock. This leads to multiple counting of first, second, third, etc., order births.

For instance, for Taiwan*, where the vital registration is almost complete, in 1992 the current TMFR per married woman was 7.05 births for ages 15-49 and 3.61 for ages 20-49 against a total fertility rate (TFR) of 1.73 and 1.65 births per woman in the corresponding age groups. For these two age groups, of the TMFR, the mean number of first order births per woman accounted for 4.55 and 1.77! With an upward shift in the age at marriage, the wider distribution of the age at first (and subsequent) order births tends to raise the current TMFR. Even the multiplication of ASMFR by 5 years is questionable since women's marriages in, for example, age-group 15-19 do not all take place at age 15. Hence the increase in the current TMFR cannot be exclusively ascribed to an increase in natural fertility.

A theme running through the monograph is the large rise in natural fertility with modernization. While rising natural fertility might have contributed to a slight increase in the actual fertility, the transformation of a mainly rural, feudal agrarian society to a dominantly urban, industrial democracy has decisively initiated the demographic transition in India as in Western countries. This is amply evident from the data provided by the Sample Registration System and the National Family Health Surveys on rural-urban fertility differentials by states and the wider variation among states in rural compared to urban TFR.

*Ministry of Interior, Republic of China. Taipei (1993): 1992 Taiwan-Fukien Demographic Fact Book, pp. 707 and 1086.

In fact, rural-urban differentials in fertility rates and demographic transition do not receive any special attention in the monograph.

The author draws on his vast research experience in his analysis of contraceptive use, modernization and fertility decline. Regression analyses, across states, of aggregated data show the ecological correlations between these factors but hardly provide any deeper insight on the revolutionary changes in reproductive behaviour that are already taking place in urban India and some of the southern states. To correct this deficiency, the case studies of Goa, Kerala and Tamil Nadu trace their socio-demographic evolution since the turn of the Twentieth Century. Goa, Tamil Nadu and Kerala are cited as examples of bottom-up, top-down and mixed programme strategies. However, the choice of the strategy is not autonomous but depends on the extent of social transformation and the decline in family size norms. A small family size norm and increasing demand for contraception are requirements for the success of a bottom-up strategy. Where these two conditions are lacking, a top-down strategy is inevitable as in the initial stages of family planning in India.

The final chapter raises critical issues and provides major recommendations for family planning and fertility control. On the supply side political will, policy formulation at sub-national levels, a shift of emphasis from sterilization to spacing methods, selective birth-based provision of family planning services, improved management of the programme and increased bureaucratic efficiency are mentioned, while the demand for contraception is to be augmented by improving literacy and child survival. The monograph touches, only tangentially, on broader issues such as patriarchy and son preference, and gender equity which have profound effects on reproductive values and behaviour. The liberalization of the economy and rapid socio-economic growth may unleash those forces of modernization that are conducive to a small family norm. As in East Asian countries, in India also we may expect a rapid upsurge in the demand for contraception and a decline in fertility, although not at an even pace in rural and urban areas and among the states.

The author, within the limited confines of reproduction and family planning, has produced an empirically sound monograph, incorporating important findings from research studies, that is a lasting and valuable addition to the population literature on India. The book is highly recommended for both the lay reader and the professional, curious about the on-going uneven reproductive revolution in our country.

K. Sivaswamy Srikantan