

G. Narayana

Population Stabilization: A Review of Policies and Programmes

ALMOST all countries, with a few exceptions, in the developing world have policies and programmes to attain the goal of population stabilization. Rigour with which these policies are pursued, resources made available to programmes and results achieved however vary considerably. Popularly, population stabilization has been treated as an essential pre-requisite for economic development. Later, with increasing awareness of environmental and energy problems, the relationship between population with other sectors has come to careful scrutiny and analysis. The need to achieve population stabilization was over-emphasised in 1960, and early part of 1970s, and then more cautious approach has been advocated in 1980s. Changing emphasis has always been associated with the dominant political philosophy of the time. This paper therefore analyses the concept of population stabilization, looks into population growth in India over a period of time, examines population policies and programmes and comments on future directions.

Population Stabilization: Changing Perspectives

Pessimistic views associated with unchecked population growth have dominated the world scene in the beginning. Impetus to such thinking has come from a simulation model of economy of India, formulated by Coale and Hoover in 1958. They have, based on this model, reached the conclusion that per capita savings and per capita investments fall as the proportion of non-working dependents in the economy rises. Taking the above assumptions into account, a series of similar models were constructed either to study the effects of population growth rates on public sector costs or to analyse comparative benefits in costs incurred on family planning programmes and on social services without such programmes (Chenery and Srinivasan 1988). This was the period, liberal funding was made available to population sector and many countries, as a result, launched family planning programmes. Macnamara, the then President of World Bank, equated the unmanageable population pressure with the threat of nuclear war.

Optimists, whose arguments were dormant, have gained ascendancy in the later half of 1970s and 1980s. They have tended to argue that factors such as innovation, efficiency in

* Prof. G. Narayana is Chairman, Social Service Studies Division, Administrative Staff College, Hyderabad.

use of productive factors, human as opposed to physical capital and technological changes as the critical contributors to economic growth. Two considerations weigh in the minds of optimists when they treat a growing population as a net contributor to economic growth. These include (1) a larger population brings economies of scale in production and consumption; and (2) population pressure and scale of economies population growth brings are likely to encourage technological innovation and organizational and institutional change. In addition, the optimists have argued that a growing population can stimulate demand and thus reduce investment risk and permits constant improvement of the labour force with better trained workers.

Intermediary position is held by the revisionists who have refuse to admit any generalisation. For them, the effects of population growth vary by time, place and circumstances and must be studied empirically. For instance, macro level relationships between income and fertility and mortality have been examined to buttress arguments in the direction. Sub-saharan Africa and the Indian Subcontinent have the highest levels of fertility and mortality and the lowest income. Countries of East Asia and Latin America have lower fertility and higher incomes. Countries with significantly lower fertility than the norm for those with their income level include China, Colombia, India, Indonesia, Korea, Thailand and Srilanka. Countries with high fertility given their income levels are the oil rich countries. Factors like literacy rates, status of women, cultural norms, access to family planning services and distribution of health services might have played a role in determining the fertility and mortality.

Change in the perspectives on population can be summarised by two recent reports. The World Bank in its 1984 World Development Report provides a more specific assessment on the present level of understanding. According to this report population growth rates at above 2 per cent act as a brake on development. This statement has been qualified by an observation that "the conclusion that rapid population growth has showed development is by no means straight forward or clear cut" (World Bank 1984). A more direct shift in position has come about in case of National Academy of Sciences. In its first report on "Rapid Population Growth: Consequences and Policy Implications" 17 reasons have been identified on why smaller populations would benefit the less developed countries. In 1986, a report on the same theme by the National Academy of Sciences has stated that population growth and size can have positive as well as negative effects. Based on population and development linkages examined, it has been acknowledged that several problems previously attributed to population are due to other causes. Economic policies pursued by Governments than population growth are considered responsible for slower pace of development. Further credence to this argument has come from the collapse of centralized economies run in the name of Marxist ideology (Kelley 1988).

In spite of the shifts in perspectives at international level, the less developing countries are likely to pursue population control programmes with more or less same rigour. There is substantial evidence to show that the Government policies and programmes have helped to reduce the fertility and mortality. Government policies also condition the extent of population impact on the economy and these policies in turn respond to demographic change.

India's Challenge

Of the total population of 685.18 millions according to 1981 census, 525.45 millions or 76.69 per cent lived in rural areas and the remaining 159.73 millions or 23.31 per cent in urban areas. Decennial growth rate for rural and urban population areas between 1971 and 1981 has been 19.68 and 46.39 respectively. In percentage terms, the urban population has recorded an annual average growth rate of 4.63 per cent per year in the last decade and rural population, 1.96 per cent. According to the World Development Report, by the year 2000, India's population is expected to be slightly above one billion and the year 2025, 1.35 billions. Population stabilisation is expected to be reached at a level of around 1.86 billions (World Bank 1990). By this time India would have achieved the distinction of the most populated country in the world outstripping China.

From 1981, it took nearly 81 years for India's population to double from 210.9 millions in 1881 to 439.2 millions in 1961. The pace quickened and in a relatively short span of 30 years the figure reached above 850 millions. The dynamic factor behind the rising population growth rate has been a declining death rate. Death rate of 47.2 in 1921 has come down to 11.7 in 1985-86. Substantial contribution to decline in death rate has come about because of steep fall in infant mortality rates. Birth rate, on the other hand, has remained constant for a decade before showing a marginal decline in 1985 from 33.9 to 32.7. Birth rate is determined by variety of factors such as proportion of married women in reproductive age groups, intensity of their exposure to risk of pregnancy, contraceptive practices, and the fetus chances of survival. The birth rate is also determined by age structure of population.

According to 1981 census, 80 percent of women aged 15-44 are currently married. However, there are considerable variations among states. For instance, the percentage of women aged between 15-19 years who married ranges from around 14 percent in Kerala to over 60 percent in Bihar and Rajasthan. It appears from the available data that an increasing proportion of reproductive age women in the population continues to work against a lowering of the rate while a further downward trend in marital status works in the opposite direction. Besides low literacy rates, feeling of insecurity associated with unmarried girls and dowry practices largely contribute to high levels of married girls among younger age groups. The decline in birth rates might have been more rapid had it not been for certain changes in behaviour associated with modernization of Indian society. Changes in family structures, decline in practise of abstinence after child birth, widow remarriages, abandonment of breast feeding and other changes in customary practices are prominent contributory factors.

The use of contraception is under most conditions the most obvious as well as the most important factor in reducing the birth rate. While contraceptive prevalence rates, according to official estimates, are increasing the birth rate has more or less remained constant. From 1980 onwards, the contraceptive prevalence has increased on an average by 2 percentage points every year. The increase is more or less equal among permanent and non-permanent method users. International experience shows that birth rates fall by one point for every 2.25 point rise in contraceptive prevalence rates. Thus to reach the Government proclaimed goal of birth rate of 21, the contraceptive prevalence rate would have to increase to an overall level of approximately 64 percent (Kantner and Narayana 1990). The question becomes

whether the use of contraception in India has the same efficiency in terms of its effect on the birth rate as has been found elsewhere.

Appreciable increase in contraceptive prevalence rates and not noticeable decline in birth rate has led to acrimonious debate on the government statistics. Two possible assumptions have been made for this discrepancy: (1) there is a large scale inflation of performance figures; and (2) acceptors of the methods are not those who would have come under priority groups category. A careful examination of management information systems based on service statistics reveals that the practice of inflated performance figures varies from state to state and also from method to method (ASCI and MSH 1989). Some states who have entered into the competitive mould have either put considerable pressure on personnel at various levels for target achievement or encouraged inflated figures. In all states, the figures given to certain methods such as sterilization are more reliable than the figures given to non-permanent methods. Lack of faith in methods other than sterilization and also problems of monitoring performance related to non-permanent methods are the main reasons for low levels of reliability. So the Ministry of Health and Family Welfare, aware of these problems, applies discount factors and makes a distinction between couples currently protected and effectively protected. It is a different matter that higher level discounts have to be used over a period of time. At times there is also under reporting mainly of those acceptors who have availed services through private sources and also when the acceptors of one region do go to the other regions for services.

Cumulative effect of all these factors is a near balance between the figures reported by the Ministry and also figures arrived at by the surveys (ORG 1990). Concern for quality of acceptors is more realistic. Indian programme for a long has concentrated on terminal methods. Shift in emphasis has been envisaged by the Ministry a few years back mainly in terms of effective social marketing strategies and also promotion campaigns (MOHFW 1986). This seems to have some positive impact in regard to awareness levels of non-permanent methods. In the early 80s several of the studies conducted have revealed that the awareness levels of rural population in regard to sterilisation was almost universal while that of non-permanent methods such as IUD, oral pills, and condoms was extremely low. This prompted some of the observers of family planning programme to say that lack of awareness is a major constraint on use of family planning spacing methods. Based on results available from the Third All India Survey, considerable progress is noticeable in this regard. Awareness levels of IUD in rural areas is 48 per cent and urban areas, 77 percent; for condom 60.4 percent in rural areas and 84.5 percent in urban areas; and for oral pills 53.6 percent in rural areas and 78.4 percent in urban areas (ORG 1990). The awareness levels are though higher now than earlier, they have not yet reached the levels of permanent methods. Relative rise in acceptors of these methods is not going to be automatic and that depends to a large extent on the policies pursued and programme strategies evolved and implemented.

Policy Framework

Policy is an overarching concept and population policies have to be, therefore, analysed and understood within overall framework of development efforts made in rural areas. Redistribution of resources to reduce rural inequalities and intervention strategies to improve

standard of living of rural population formed two central themes of all planning and programme development efforts. Noticeable success, except in a few states, could not be achieved through regulatory framework due to lack of political will and also due to unending legal battles. On the development front, a series of programmes were launched from time to time. To begin with the approach was to deal with community in holistic perspective and to cover all aspects of village life including agriculture, irrigation, animal husbandry, health education, rural industries, housing and transport. The emphasis had later been shifted to area and sector based programmes, with the intention of achieving quick results in food grain production. Later specific programmes were devised to each category of rural population such as small farmers, marginal farmers and land less labourers. Liberal loans have been provided to introduce new technologies and to diversify farm economy. Growth with justice has been the main consideration. Later these various schemes were merged and the Integrated Rural Development Programme was launched with family and not individuals as focal point. Similarly a series of programmes were introduced to generate employment among rural population. Analysis of changes in these programmes leads us to certain interesting conclusions. The shift in schemes is from community to area to sector to individuals to families. Segmentation of population is based on occupation, income levels, sex, caste, region, age and education status. In terms of focus, emphasis has changed from integrated approach to activity oriented approach. Many of the evaluation studies conducted on these programmes have revealed: (1) the benefits have not uniformly reached all segments of population; (2) there has been no substantial improvement in the income levels of people below poverty in spite of massive resources employed; and (3) the inequalities in rural areas have in fact increased as a result of these programmes contrary to expectations. In addition to this there is intense pressure on land resources, depletion of community land and environmental degradation leading to energy crisis particularly in regard to availability of fuel wood and mounting unemployment. Had the development programmes achieved their objectives, cumulative impact of this on population programmes would have been positive. But then population programmes given the present status have not benefited fully from other programmes. At policy level development is seen as a separate entity and distinct from social services which include education, health, women's development etc. Due to this fragmented approach a total perspective required to achieve various goals is conspicuous by its absence. What is required therefore is a comprehensive policy on rural development which includes both economic and service sectors.

Policy making in the areas of health and population is in some ways common to other sectors and in other ways displays distinctive characteristics. Policies were made in the early years of the independent India with the help of a series of committees. Plethora of committees were constituted and reports were produced. A series of planning decisions taken were influenced by the recommendations of the committees. Work of the committees is largely judgemental in nature with verdicts passed based on arguments placed before committee members. Though committee approach is not the most used mode of decision making at present, similar processes are followed for the major or the minor tasks to be performed. Political leaders, particularly the elected representatives have not taken much interest in population issues within or outside Parliament. Parliamentary Committee on Population has

done precious little to either highlight the issue or to develop new policy guide lines. Popular participation in population programmes at all levels is negligible. Most policy work has been concerned about tinkering with the system than with fundamental reforms.

Programme Issues

Family Planning Programme has remained more or less same for the past several decades. Many issues that confront the implementation processes are issues that have been accumulated over a period of time. Though reviews have been made from time to time, no corrective actions have been attempted which could have made perceptible difference to efficiency and effectiveness of programmes. Major issues that confront the programme can be put into 5 broad categories. These are: (1) strategy development; (2) systems development; (3) operational freedom and flexibility; (4) involvement of other agencies; and (5) popular participation.

Strategy Development

The family planning programme is a centralised programme. Job duties of workers, work norms, training schedules, technology, targets—all aspects of programme come as directives or guidelines from the Centre. This might have been a useful and effective approach at the beginning of the programme when there was less commitment to population issues and also when there were less variations in the acceptance levels. But then the most striking feature of nearly three decades of programme implementation, is the wide variations in performance levels not only between States but also between districts. Given this, insistence on uniformity and also on national strategy is likely to be detrimental to programme performance. The present situation calls for region specific strategies. This calls not only for a wide range of changes in orientations and outlook of the programme administrators but also in organization structures.

Systems Development

While considerable emphasis has been placed on targets, and achievement, the systems such as personnel, information, distribution and finance are completely neglected areas. For instance, a series of experiments have been conducted and are being conducted with an intention to change the present systems. At the same time, there is no effort to evolve common framework, based on experiences gained so far. Future directions are uncertain. Similarly efforts are made to strengthen the training systems in some States with the help of external aid. As part of this, a series of new institutions are to be created and developed. An exercise of this nature should have taken into account training capacities available but under-utilised within the Government and outside Government. Strengthening the existing systems and their full utilisation would have been a more fruitful approach than to go for a new set of institutions. As regards personnel, many States are not in a position to tell the exact number of personnel in various categories in the organization and manpower planning for future is completely absent. Systems development should go hand in hand with strategy development. Strategy should determine the areas of priority and following this systems should be streamlined on selective basis.

Operational Flexibility

Family planning programme to be successful requires innovativeness. The same formula can not be applied everywhere. Universal prescriptions act more as constraints than as facilitators. Operational units should be able to determine their targets and also work organization. Some of them may like to experiment and also operationalise certain assumptions already tested by voluntary agencies in the field. At present, there is hardly any flexibility or freedom to innovate. For instance, if the acceptance level of particular technology such as condoms is very high among local population, the targets for condom use should be higher than other methods. Now method-wise targets are largely distributed on pro-rata basis. Each method has to be made acceptable in certain proportion to the local population. While method mix in terms of permanent and temporary methods should be encouraged, the exact determination of this should be left to local units. This only helps to have high levels of effective use. Similarly the local units should be encouraged to have their own quality controls. For instance, the concept of quality circles used in industry would be highly useful in this regard. Quality of services can not be imposed from above and concern for quality should come from within. It is possible to achieve this with the help of quality circles.

Involvement of other Agencies

The Ministry involves education department for population education, labour department for promotion of family planning in organized sector and women's welfare department in motivational activities. These are all project based activities and no long term strategy has been developed so far. Similarly, sporadic attempts are made to involve other agencies to achieve targets. This takes different forms in different states. Usually the district collectors are asked to help achieve targets during intensive drive periods. At district level, the Collectors distribute targets to different departmental heads, who in turn distribute targets to field personnel. At times, donations are collected to provide more incentives. After the intensive drive periods the departments work in relative isolation. This continues like a cyclical process every year. The extent of involvement of other departments in family planning work depends on the interest shown by the District Collector and also by the pressure exerted from above. This adhoc arrangement should be replaced by linkages on more systematic basis. Other departments can benefit from population programmes and vice versa. It should be a two way process.

Popular Participation

A number of projects such as Jamked in Maharashtra, Project for Community Action in Family Planning in Karnataka and TISCO Project have demonstrated that rural populations in India respond favourably to well organized, efficiently and sensitively presented health and family planning services. Though community involvement is a much talked about subject, it is hardly seen in practice. A series of prescriptions are given to workers in regard to involvement of Manila Mandals and Youth Clubs in villages, orientation training camps

are conducted for villagers, and elected representatives are involved in target achievement. Community involvement requires a sustained effort on long term basis. Workers who are transferred on routine basis every 3 years are not the best to involve communities. On the other, alternate approaches should be tried out. One of the most successful approach for rapport building as has been demonstrated by UPASI Project is the use of link persons for each manageable group of villagers. This also helps to avoid difficulties associated with involvement of heterogeneous and often factionally divided village population. Several new ways should be evolved to encourage people's participation at various levels. If the programme is meant for people, they should be partners in its implementation.

Conclusion

Control of population growth rates is going to be pursued with same rigour inspite of the changing perspectives of economists. Linking economic liberation with population issues which is responsible for this change in perspectives is not going to have much impact in developing world. If free market economy comes into existence, it would be for entirely different set of reasons. Population stabilisation in India remains an elusive goal inspite of several significant achievements. The age at marriage, preference for sons, forces of modernization at work, marital fertility rates make the (ask much more difficult.

Use of contraceptive methods is the most important factor in reducing birth rate. India's family planning programme has achieved significant results in this regard. However, the concern is for appreciable increase in contraceptive prevalence and not noticeable decline in birth rate. However, some have viewed that there is a theoretical congruence between the present prevalence rate and birth rate. Statistics based on which prevalence rates have been calculated are not reliable, though the survey results and the Ministry estimates for various reasons, are more or less same. Quality of services provided remains as a major concern. Awareness levels of spacing methods, though they have not yet reached the levels of permanent methods. Ministry's effort to cater to low parity and young couples has not made a significant dent. This calls for new implementation mechanisms and also new strategies. The programme policies have to undergo a major change.

Policy framework in India operated with reduction in inequalities and rise in standards of living as twin objectives. A series of intervention strategies and programmes meant for development have not yielded the expected results. So the population programmes, which otherwise would have derived major benefit from the success of development efforts, have to stand on their own. Still it is possible to conceive programmes and to develop linkages between economic and social sectors.

The programme issues vary in nature. There are several arguments placed for decentralisation of the programme. Decentralisation has to achieve at a much wider scale with several difficult political processes coming into force. There can not be decentralisation, political and administrative, in one sector and not in other sectors. However, it is possible to have area specific strategies within the present framework. Given the variations in contraceptive acceptance levels, the strategies have to be different. In addition there is a need to streamline systems, provide operational flexibility, coordinate with other agencies and

involve people at various levels. It is possible to take up this approach for a cluster of districts and see the results before decision to extend the same to all other regions is taken.

References

- Administrative Staff College of India and Management Sciences for Health, 1989, *MIS in Health and Family Welfare*, Hyderabad, ASCI (mimeo.).
- Chenery, Hollis and Srinivasan T. N., 1988, *Handbook of Development Economics*, North Holland. Kantner, J., and Narayana, G_M 1990, *An Indian Dilemma: Population Growth and Prospects for Sound Polity*, Hyderabad, ASCI (mimeo.).
- Kelley, Alien C., 1988, Economic consequences of population change in the Third World, *Journal of Economic Literature*, December. 1685-1728.
- Operations Research Group, 1990, *Family Planning Practices in India: Third All India Survey*, Baroda. Ministry of Health and Family Welfare, 1986, *Revised Strategy for National Family Welfare Programme*, New Delhi.
- World Bank, 1984, *World Development Report*, Oxford University Press, World Bank, 1990, *World Development Report on Poverty*, Oxford University Press.