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## **Causes for the Rapid Fertility Decline in Tamil Nadu: A Policy Planner's Perspective\*\***

### **Introduction**

OVER the past few years, there has been an increasing interest among researchers as well as Indian policy-makers in the rapid fertility decline in Tamil Nadu, a fairly large State in southern India, with a population of around 56 million (Census 1991). In the global scale, only about 25 nations have populations larger than that of Tamil Nadu.

The crude birth rate in Tamil Nadu declined from 34.9 in 1951 to 19.0 in 1994, a reduction of over 45 percent. During the same period, the crude birth rate for India declined from 39.9 to 28.6, a decline of only 28 percent. Among the major States of India (with 1991 • population above 10 million), only Kerala has a birth rate (17.3 in 1994) lower than that of Tamil Nadu. These are the only two major States that have reached replacement level fertility in India.

However, the fertility decline in Kerala is attributed to high levels of female literacy for many decades and the high status for women. Therefore, Kerala is often considered as a unique case and not a model that can be replicated elsewhere. On the other hand, Tamil Nadu is more like an average State in India and, hence, its experience in fertility decline is worth examining (Kulkarni *et al* 1995). In India, it is the larger States that have higher fertility levels and hence, Indian policy-makers are looking at the experience of Tamil Nadu as a model that could possibly be replicated in those States.

### **Causes for Rapid Fertility Decline in Tamil Nadu**

There have been several studies on the causes for the rapid fertility decline in Tamil Nadu. In fact, there have been as many explanations as the number of authors. People with very different backgrounds—demographers, civil servants and a member of the Indian Parliament have written on this subject. According to these writers, the reasons for the rapid

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fertility decline in Tamil Nadu range from progress in modernisation, the effects of the social reform movements by EVR Periyar, political commitment by successive governments, a well-run family planning programme with a strong publicity component and the noon-meal programme to widespread rural poverty. Many of these writers tend to emphasise one of these factors as the most critical one (Kulkarni *et al.* 1995). But a clear picture does not emerge from these analyses.

The National Family Health Surveys (NFHS), conducted in 1992-93 in every Indian State on the lines of the Demographic and Health Surveys (DHS), have a wealth of data. Though one cannot find all the reasons for the rapid fertility decline in Tamil Nadu from the NFHS, one can draw inferences on some of the factors by comparing the results for the different States (UPS 1994).

Very recently, in late 1994, the UNDP commissioned a study on the causes for the rapid fertility decline in Tamil Nadu and the preliminary findings were discussed at a workshop at Madras in August 1995. Since a detailed report containing the findings will be released soon, the proceedings of this workshop are not discussed here.

This paper examines the factors for fertility decline that are specific to Tamil Nadu from the perspective of a policy-planner in the Tamil Nadu government health sector who was born and brought up in Tamil Nadu and was trained as a demographer in the U.S. The viewpoint of an insider has its advantages and weaknesses-while he probably has a better understanding of the nuances of the political and cultural ethos of the state (especially the role of cinema in people's lives), his views on several issues may also be biased.

While the major focus of this paper is on the causes for the rapid fertility decline in Tamil Nadu, the unduly high priority accorded by Indian policy makers for fertility reduction through the contraceptive target based family planning programme and related issues are discussed separately at the end of this paper.

It is now widely accepted that a contraception oriented family planning programme alone cannot reduce the birth rate in a modern democratic society where coercive policies are not followed. Economic and social factors like industrialisation, increase in income levels, urbanisation, literacy (especially female literacy), women's status etc. play a major role in decreasing the desire of couples for large families. In addition, factors like nutritional status, quality and accessibility of health care services and their impact on the infant mortality rate (IMR) and life expectancy also have an effect on the birth rate. The contraception programme, backed by an effective communication campaign, is the culmination stage, when the desire of couples to space their children or to limit their family size is accomplished by adopting contraception. An attempt is made in the following paragraphs to look at the various factors that caused the rapid fertility decline in Tamil Nadu.

### **Economic Growth**

Since the early sixties, Tamil Nadu has been in the forefront of industrialisation in India. Though the pace of industrialisation seemed to have slowed down in the eighties, it had led to considerable urbanisation. As per the 1991 census, Tamil Nadu is just behind Maharashtra

and Gujarat in terms of the percentage of the total population living in the urban areas. The processes of industrialisation and urbanisation have been known to cause fertility declines (Notestein 1953). In 1989, Tamil Nadu ranked sixth among the major states in per capita income.

### **Development of Infrastructure**

Tamil Nadu has a very good infrastructure in terms of roads, electrification, water supply and telecommunications. In 1989, it ranked third among major Indian states in terms of road length per 100,000 population. The public transportation system consisting of a large number of buses run by several transport corporations of the Tamil Nadu government has linked all the villages to the urban centres. In fact, Tamil Nadu has been a pioneer in this sector and a model to other states though the latter are yet to replicate this example.

### **The Role of Mass Media and the Poverty Factor**

Tamil Nadu is noted for its well developed mass media, especially cinema (for over three decades) and television (since the mid eighties). Among all the states of India, Tamil Nadu has the highest number of movie theatres per 100,000 population. Watching movies is more than a major form of entertainment for the people of Tamil Nadu —cinema is part of the average person's life, especially in the rural areas. Every major film star has a widespread network of fans' clubs, which plays a major role when the film star has political ambitions. This long and close association between the people and cinema has resulted in persons from the film world being elected as successive Chief Ministers of Tamil Nadu since 1967, without a break. At the time of writing this paper in October 1995, major opposition parties in Tamil Nadu were wooing a very popular matinee idol to support them in their effort to counter the present Chief Minister (a popular movie star in the seventies herself) in the next elections which are due in less than a year's time. This facet of Tamil Nadu's political culture is unique among Indian states; even neighbouring Andhra Pradesh, which elected its first movie star-Chief Minister in 1983, has not been so consistent in this respect.

Such a sustained exposure to the make-believe world of cinema has probably contributed in the raising of the aspirations of the people who are able to see the good things in life through this medium. When their income levels do not match these aspirations, then couples may decide to restrict their family size. This factor seems to explain the sharper fall in rural fertility compared to the fall in urban fertility over the past two decades. This has now come to be called the "Poverty" factor in the rapid fertility decline of Tamil Nadu. While the term "Poverty" may conjure up images of abject poverty in the rural areas, the fact is that rural poverty has been declining over the past three decades. A more accurate description of this factor would be the increasing gap between income levels and aspirations of individual families due to increasing literacy and exposure to the mass media resulting in what one may call a culture of consumerism (Kishor 1994).

But cinema and television have also helped in exposing the people, especially the illiterate rural poor, to modern ideas and also to messages on education, health and family planning (Visaria and Visaria 1995).

### **Social Factors**

Next only to Kerala, successive governments in Tamil Nadu have paid a lot of attention to literacy and education. The strong negative correlation between literacy and fertility is a well established fact. With a long tradition of excellent standards in higher education, the dissemination of knowledge and contacts with other parts of the world and modern cultures have been at a substantially high level in Tamil Nadu. The status of women, measured in terms of female literacy, sex ratio, female age at marriage and female labour force participation have been at a relatively high level in Tamil Nadu compared to most other states (with the notable exception of Kerala). During the late eighties-early nineties, Tamil Nadu ranked second in terms of female literacy, third in terms of sex ratio, female age at marriage and in terms of percentage of women employed among the total employed.

To sum up, though Tamil Nadu does not top the country in any single economic, social or infrastructure indicator, it is very near the top in each of these indicators. As seen earlier, Tamil Nadu is the number one state in exposure to the mass media. In combination, these factors place Tamil Nadu as one of the most modern states in India. And low fertility is one of the typical features of a modern society (Easterlin *et al.* 1985).

But certain other factors, which cannot be quantified, but are equally important, nevertheless. These are discussed below.

#### *Social Reforms by 'Periyar'*

Since the 1930s, E.V. Ramasamy Naicker, affectionately called "Periyar" (great man), led a social reform movement in the then Madras presidency. Though Periyar's campaign was mainly against the domination of the upper caste brahmins, his movement popularised concepts like equality of women and men, education and employment for women, higher female age at marriage, small family size and adoption of contraception to "liberate women from the wheel of child-bearing". Since the political parties (the DMK and the AIADMK) that have ruled Tamil Nadu since 1967 consider Periyar as their mentor, these concepts have been an integral part of political campaigns in Tamil Nadu for nearly thirty years. Further, leaders of these parties used to speak about the desirability of a small family when they presided over marriage ceremonies (Antony 1992 and Srinivasan 1995).

#### *Cultural Factors*

Several studies have shown that the status of women has been comparatively high in Tamil Nadu. A recent study clearly indicates the women in Tamil Nadu (whether Hindu or Muslim) have higher levels of decision making autonomy, freedom of movement, economic

independence and more equal relations with husband compared to women in Uttar Pradesh (Jejeebhoy 1995). This is probably due to several factors, but one of them, the widespread prevalence of consanguineous marriages, appears to have enhanced female autonomy. The relatively common practice of a Tamilian man marrying his cousin or his niece (sister's daughter) is virtually unheard of in the northern states of India (Kulkarni *et al.* 1995).

#### *Political Commitment*

The term "political commitment" in population programmes is often considered synonymous with the overt support of the political leadership for reducing the fertility levels. The example of President Suharto of Indonesia is well known (Ramasundaram 1991). However, in the context of Tamil Nadu and its fertility decline, a broader interpretation of this term seems necessary.

For the past four decades, successive governments, though of different parties, have been committed to making Tamil Nadu a modern welfare state. Government policies during this period clearly bear this out. Free education for all from primary school to college level, reservation in educational institutions and government sector jobs for the socially backward and scheduled castes, have all contributed to the sharp reduction in social inequalities in Tamil Nadu.

In addition, the political leadership in Tamil Nadu has consistently given a high priority for the development of infrastructure and civic needs like roads, public transportation, electricity, public distribution system for the supply of foodgrains at subsidised prices and water supply. Further, though not a very rich state, the successive governments in Tamil Nadu have been able to find the finances needed for the effective implementation of these programmes.

In the social welfare sector, Tamil Nadu has been ahead of most other states for many years. Monthly pension for people above the age of 65, widows and destitute women, disabled persons and old landless agricultural labourers has been a welfare scheme pioneered by Tamil Nadu several years ago. Following this model, the Government of India recently launched a nation-wide programme of old age pensions.

The noon meal programme, launched in 1982, by the then Chief Minister, Mr. M. G. Ramachandran, can be termed as a landmark among welfare programmes in Tamil Nadu. This programme, for children in the age group 3 to 15, quickly increased enrolment levels in schools and, at the same time, sharply reduced drop-out rates. It also improved the general health status of children. Above all, such programmes greatly increased the people's faith in the government as one that cared for their welfare. This credibility of the government in the average person's perception is an important factor. It is likely that when people have such strong faith in their government, the latter's messages advocating a small family are well received by the people. Mr. Mani Shankar Aiyar, a Member of the Indian Parliament from the ruling Congress Party, has gone on record that the noon meal programme in Tamil Nadu, introduced by the AIADMK government in 1982, has been a major reason for the rapid fertility decline in the state (Aiyar 1994).

It must be mentioned here that several states, especially the large northern Indian states, have not been very successful in implementing such social welfare schemes. Finally, in mid 1995, the Government of India stepped in and announced a package of welfare schemes called the national social assistance programme (NSAP), that are very similar to the programmes in Tamil Nadu. This move also vindicates the welfare oriented policies of successive governments in Tamil Nadu that have been criticised by opposition parties and the press as being populist. The launching of the NSAP schemes by the central government is significant since India is currently undergoing the process of structural adjustment.

In more recent times, the present government in Tamil Nadu under the leadership of Ms. Jayalalitha has launched several programmes aimed at the welfare of women and children, especially girls. The 15-point programme for child welfare, launched by the Chief Minister in late 1993, has all the elements of a humane and sustainable population policy. A leading Indian demographer has recommended that the Central government should launch programmes similar to the 15-Point Programme of Tamil Nadu for bringing about fertility declines (Bose 1994).

The State Family Planning Council of Tamil Nadu, chaired by the Chief Minister, announced a set of demographic goals and projections for the state at its meeting in late 1993. The Council's directives on policies and programmes emphasise a maternal and child health (MCH) approach to family welfare rather than the contraceptive target based route. The proportion of institutional deliveries are to be raised from the current level of around 50 percent to 90 percent by the year 2000 and to 100 percent by 2010. The IMR is to be reduced from the current level of about 56 per 1000 live births to 30 by the year 2000 and further to 20 by 2010. The Council projects that, by achieving these two goals, the crude birth rate of Tamil Nadu is likely to decline from the current level of around 20.7 per 1000 population to 15 by the year 2000 and to 10 by the year 2010. The Council's announcement goes on to conclude that by the year 2010, if the birth rate declines to a level of 10 per 1000 population as projected, then Tamil Nadu is likely to achieve zero population growth (ZPG) in that year with its population stabilising at a level of around 65 million. Tamil Nadu is the only state in India where such a state level population policy has been formulated and articulated. Even the Central government's policy, the National Health Policy of 1983, does not talk about the likely stationary population of India or the year when it is likely to be attained.

When the goals and projections of the Tamil Nadu state population policy were presented in various seminars and workshops, senior demographers questioned the projection regarding the attainment of ZPG in Tamil Nadu by the year 2010. Their argument has been that, even after reaching replacement level fertility, it would take about fifty to sixty years for a population to reach ZPG since this has been the experience of the western countries that have attained ZPG (Visaria 1994).

The answer to this question is that fertility decline in Tamil Nadu need not follow the western experience. (In fact, it has not, since IMR decline in Tamil Nadu has been rather slow and two-thirds of its people still live in the rural areas.) Further, present day Tamil Nadu has several factors that did not exist in 19th century western Europe: mass media like cinema and television, rapidly increasing culture of consumerism and a well organised family welfare

programme that provides modern methods of contraception free of cost. In addition, the NFHS results show that Tamil Nadu has the lowest wanted fertility rate (&#x2013; 1.8) among the major states of India, including Kerala (UPS 1994). The factors discussed above may bring down the wanted fertility rate further in the coming years.

#### *The Role of Government Officials*

Matching the political commitment has been the performance of the government personnel in Tamil Nadu. The paramedical workers in the field, the District Collectors and senior officials have all regarded the propagation of the small family norm as a top priority activity. One Chief Secretary in the mid eighties accorded such high status and priority for the family welfare programme that even departments like agriculture and transport (though not directly connected to the programme) initiated vigorous steps in spreading the message of the small family. The family welfare programme has been monitored closely and good performance has always been rewarded. The government has also encouraged innovative strategies at the district level (Antony 1992).

To sum up, a strong and consistent political will and a committed bureaucracy have made fertility control an important aspect of government policy in Tamil Nadu for about three decades. Tamil Nadu differs sharply in this respect from the large northern Indian states.

#### *The Contraception Programme*

Due to the combined effect of all the factors discussed above, the couples in Tamil Nadu began to accept the small family norm and the demand for contraception increased since the late sixties. This was met by the provision of contraceptive services of reasonably good quality at government health institutions within easy reach of the people. From the early days of the programme, sterilisation has been the most preferred method in Tamil Nadu. This is true of Kerala also. Yet, as shown by the NFHS, 15 percent of women in Tamil Nadu have an unmet need for contraception. Even in states like Uttar Pradesh, with a lower demand for contraception, there is also an unmet need. In other words, if all unwanted pregnancies are averted in Uttar Pradesh, then fertility will decline further, independent of further declines in wanted fertility (UPS 1994).

#### *Conclusions*

In the ultimate analysis, the family welfare (or contraception) programme cannot be said to be the sole or even major cause for the rapid fertility decline in Tamil Nadu. On the contrary, the desire among couples to have smaller families is brought about by a combination of several economic, social, cultural and infrastructural factors. Many of these factors are quantifiable and can be influenced by conscious government policies and programmes as seen in Tamil Nadu. Then there are several non-quantifiable factors such as cultural practices, social reforms, political will and official commitment. Together, all these factors

motivate couples to have smaller families which, in turn, create a demand for contraceptive services. In such a situation, when contraceptive services are offered within easy reach, couples adopt contraception, resulting in fertility declines. But when contraceptive services are offered in the absence of a substantial demand for such services (due to the lack of positive economic, social and infrastructural factors), acceptance levels tend to be low or inflated figures are reported to fulfil targets fixed by the government. This is the main difference between Tamil Nadu and the northern states of India with higher fertility.

Having discussed the various causes for the rapid fertility decline in Tamil Nadu, some fundamental issues need to be mentioned before concluding.

It is difficult to appreciate the excessive importance given to fertility reduction as a goal in itself. The relationship between economic development and population growth is a complex one. Despite what Malthus wrote two hundred years ago or his followers argue today, it has not been established that a drastic reduction in fertility levels is a precondition for economic development. The target oriented family planning approach (a result of neo-Malthusian concerns), implemented through persuasion, sometimes bordering on coercion, may be counterproductive in the long run (Sen 1995). Improving the overall quality of life of the people would be a more desirable goal. Therefore, economic growth, social progress (especially women's empowerment) and infrastructure development are all essential goals towards improving the quality of life rather than being mere tools in bringing about rapid fertility decline (Sen *et al.* 1994).

Several districts in Tamil Nadu now have crude birth rates less than that of the U.S. which is around 15 per 1000 population. But there is no comparison in terms of the quality of life in the two societies. Even within India, people in Punjab, which has a much higher birth rate compared to that of Tamil Nadu, have a higher standard of living than their compatriots in Tamil Nadu. Going by comparisons of IMR, generally considered an important indicator of the quality of life, Tamil Nadu does not fare very well. Its IMR has remained constant around 56 per 1000 live births for over four years and its neonatal mortality is the highest among the four southern states and higher than several other states which have higher fertility (UPS 1994).

Even within the health and family welfare sector, there are indications that HIV/AIDS is likely to be a very serious problem within the next five years. Most of the transmission of HIV in India is through the heterosexual route which is the same as in several African countries. Results from NFHS indicate that awareness of AIDS among Indian women is extremely low. Therefore, there is every reason to believe the alarming projections about the likely number of HIV positive persons and full blown AIDS cases in India within the next five years.

Such a scenario would make HIV/AIDS a major economic and social problem for India rather than just a health sector issue, as it is happening in some African countries. Health programmes, focussing heavily on fertility reduction through contraceptive services (as they are today in most parts of India), have been unable to respond to the HIV/AIDS pandemic. A more comprehensive health care programme would have been able to respond faster by strengthening RTI/STI services and condom use. In this respect, it is encouraging to see that

the Government of India is now committed to the reproductive health approach to the family welfare programme, following the consensus adopted at the Cairo Conference on Population and Development in 1994. Policy-planners in India may like to keep these factors in focus while according an unduly high priority to rapid fertility decline as a goal in itself or while considering the Tamil Nadu model for reaching that goal.

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