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Population Policy Choices in India

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Although India started its official family planning program way back in 1951, a formal statement on population policy was issued by the Congress Government in 1976 when India passing through Internal Emergency. In 1977, another population policy statement was issued by the Janata Government, retaining some of the measures proposed by the 1976 policy and departing from other significant measures. In 1986, another population policy statement was issued by the Congress Government. But it never saw the light of the day. In July 1993, the Government of India constituted an Expert Group on Population Policy under the Chairmanship of Dr. M.S. Swaminathan. The Expert Group has submitted its report called "Draft National Population Policy" in May 1994. The present article analyses the strengths and weaknesses of the population policies and arrives at the inescapable conclusion that the Draft National Population Policy submitted by the Expert Group provides a congenial environment to achieve "a stable population with a satisfying standard of life for all".

Introduction

India started its official family planning program as far back as 1951. But, for the first time in the history of family planning in India, the Government of India issued on 16th April, 1976 a formal statement entitled 'National Population Policy' (Singh, 1976) [12]. Incidentally, India was passing through Internal Emergency at that time. Within a year, in March 1977, elections to the Lok Sabha, the House of the people of the Indian Parliament, were held and the Janata Party came to power at the Center. The Janata Government issued on 28th April, 1977 a formal policy statement entitled 'Family Welfare Program' (Narain, 1977) [8], replacing the 1976 national population policy. Though the titles of the two policy statements seemed to suggest some difference in their scope, they both aimed at achieving the same objective, namely, reduction in the rate of population growth in India. For all practical purposes, they both were national population policies.

The 1977 policy statement changed, inter-alia, the name of the program from family planning program to family welfare program and that of the ministry from the Ministry of Health Family Planning to the Ministry of Health and Family Welfare.

In the January 1980 general elections to the Lok Sabha, the Congress party came back to power. But it retained the new names of the program and the ministry.

A Working Group on Population Policy, hereinafter referred to as the Working Group, was appointed by the Planning Commission on October, 1978. The Working Group submitted its interim report on 12th March, 1979 and final report (Planning Commission, 1980) on 30th May, 1980 to Dr. M. S. Swaminathan (an eminent agricultural scientist), the then Member Secretary Planning Commission. It recommended, among other things, a set of demographic goals to be achieved by the country by the turn of the present century. They included a net reproduction rate (NRR) of one, a crude birth rate of 21 per thousand population, a crude death rate of nine per thousand population, an infant mortality rate of below 60 per thousand live births and a couple protection rate of 60 percent. Immediately after the Working Group submitted its final report, there was a widespread discussion among demographers and social scientists on its recommendations. The main criticism was against the soundness of NRR as a concept and the feasibility of reducing NRR to one within the specified period.

The Government of India accepted these demographic goals and included them in the 1983 National Health Policy (Ministry of Health and Family Welfare, 1983: 16-17) [5]. But it felt the need for a population policy and noted. 'In view of the vital importance of securing the balanced growth of the population, it is necessary to enunciate, separately, a National Population Policy' (Ministry of Health and Family Welfare, 1983: 4) [5].

The Government of India issued on 26th October, 1986 a new statement called 'Revised Strategy for National Family Welfare Program' (Ministry of Health and Family Welfare, 1986) [6]. It was also a national population policy statement. But, for reasons not known, it was shelved and the need for a National Population Policy continued to be felt.

Sub-Committees

At the meeting of the National Development Council (NDC) held on 23rd-24th December, 1991 it was decided to constitute four Sub-Committees, including one on population. Accordingly, on 19th February, 1992 the NDC Sub-Committee on Population, hereinafter referred to as the Sub-Committee, was constituted with Mr.K.Kanmakaran, Chief Minister of Kerala, as the Chairman; members of the Sub-Committee were Mrs. Margaret Alva, Minister of State in the Ministry of Personnel, Public Grievances and Pensions, Dr. Farooq Abdullah, Ex-Chief Minister of Jammu & Kashmir, Mr. Bhairon Singh Shekhawat, Chief Minister of Rajasthan, Dr.J.Jayalalitha, Chief Minister of Tamilnadu, and Mr. M.L. Fotedar, the then Minister of Health and Family Welfare; and, Professor J.S. Bajaj, Member (Health), Planning Commission, was the Member-Secretary.

The Sub-Committee submitted its report to the Prime Minister on 14th November, 1992 (Planning Commission, 1992) [11]. The report contains a number of important recommendations. One of its recommendations runs as follows: 'To take long-term holistic view of development, population growth and environment protection and to formulate policies and guidelines for formulation of programs, monitoring mechanism with short, medium and long term perspectives and goals a National Policy on Population should be formulated by the Government and adopted by the Parliament' (Planning Commission, 1992: 80) [11]. Thus, the NDC Sub-Committee on Population also felt the need for a National Population Policy.

Expert Group

As opined by the Sub-Committee, the Government of India constituted on 19th July, 1993 an Expert Group on Population Policy, hereinafter referred to as the Expert Group, under the Chairmanship of Dr. M.S. Swaminathan, who, as Member Secretary of the Planning Commission, received the report of the Working Group in May 1980, to prepare 'a preliminary draft of the National Population Policy'.

The Expert Group submitted its report called 'Draft National Population Policy' on 23rd May, 1994 to the Minister for Health and Family Welfare. The Expert Group hopes that its report ".... will help to stimulate debate and discussion on methods of achieving the goal everyone desires - a stable population with a satisfying standard of life for all" (Ministry of Health and Family Welfare, 1994 : iii) [7].

The Draft National Population Policy (DNPP) is divided into two parts. Part A presents 'policy framework'. Part B, which deals with 'Implementation' strategy is further divided into two sections. Section I is devoted to a discussion on 'Other Measures'. Before, I discuss in detail three points, namely, age at marriage of girls, Population and Social Development Commission and the demographic goal of reducing the Total Fertility Rate (TFR) to 2.1 by the year 2010, I would like to make brief comments on the DNPP as a whole and also on some points in the two parts of the DNPP.

The entire DNPP is accommodated in just 41 pages and makes an interesting reading. The style of language is lively. This is in sharp contrast to the report of the Working Group of 1980, which is replete with grammatical blunders and awkward expressions. Some points in Part A of the DNPP are repeated in Part B. This is perhaps inevitable.

There are many common points between the report of the Sub-Committee and that of the Expert Group. It appears that the report of the Sub-Committee gave many leads to be followed by the Expert Group.

The DNPP says, "With the Panchayat Raj Act coming into force in all States and Union Territories, there is a real opportunity for planning at grassroots level. Hence, this Population Policy is structured on the basic premise: think, plan and act locally and support nationally' (Ministry of Health and Family Welfare, 1994: 3) [7]. Each Panchayat and Nagarpalika is expected to prepare a socio-demographic charter for the respective village or town or city. The socio-demographic charter is a blue print for action not only for population stabilization but also for eradicating various social evils like illiteracy, dowry, child marriage and so on. This is real community participation or involvement, if the arrangement can work. But I have some doubt whether the ideal will work given the poverty, illiteracy ignorance of our people. I know I can be easily misunderstood.

The Expert Group recommends 10 national socio-demographic goals to be achieved by the year 2010. These are all extremely desirable goals and most of them are realistic and appear to be feasible. One of the socio-demographic goals is to increase the proportion of deliveries conducted by 'trained personnel' to one hundred percent. In the official parlance, 'trained personnel' include trained dais. It is known that dais, even after training hardly change their old methods of conducting deliveries partly because of their fettering traditional attitudes, but largely because of the poor training program. In my opinion, one of the major

reasons for the persistence of high infant mortality rate is the inability of trained dais to conduct aseptic deliveries. In Kerala, almost all the deliveries are institutional deliveries. This is an important reason for low infant mortality rate in Kerala. Therefore, one would have liked to set this goal in terms of increasing the proportion of institutional deliveries; to one hundred percent by the year 2010. It is not that we do not have infrastructure for this. The goal is feasible if motivation and efforts of medical and para-medical personnel can be ensured.

Part A of the DNPP ends with the following sentence which is in bold letters: "If our population policy goes wrong, nothing else will have chance to go right". Is this warranted? Clearly, this is not.

Age at Marriage

The history of age at marriage of girls in makes an appalling reading. In the past, young girls and boys, and even infant girls and the cradles, were married. The Child Marriage Restraint Act, popularly known as the Sarda Act, passed by the Legislative Assembly on India on 19th September, 1929 and became effective on 1st April, 1930 prescribed 14 years as the minimum age at marriage for girls and 18 years for boys. But because of many defects in the Act, it could not be effective and marriages of girls and boys the age of 14 and 18, respectively, continued to take place.

The Sarda Act was subsequently amended thrice. The age at marriage of girls was raised to 15 years in 1949 and to 16 years in 1956.

The 1976 National Population Policy statement (Singh, 1976: 3) [12] and the 1977 Family Welfare Program statement (Narain, 1977: 3) [8] proposed to pass legislation increasing the age at marriage of girls and boys has multiple benefits. Besides shortening the reproductive span, especially of women, it is likely to develop a sense of responsible parenthood among men and women, and thus create favorable attitudes towards small family norm. Also it improves the health of the mother and child.

The Child Marriage Restraint Act was amended for the third time in 1978 and the minimum age at marriage was increased to 18 for girls and 21 for boys. But the marriages of girls below the age of 18 continued, and still continue, to take place.

One of the 10 socio-demographic goals to be achieved by the country by the year 2010, as recommended by the Expert Group, is to reduce the "incidence of marriage of girls below the age of 18 years to zero" (Ministry of Health and Family Welfare, 1994: 18) [7]. It would be very tempting to find fault with the Expert group for not recommending further increase in the minimum age at marriage of girls to, say, 20 years. But one should refrain from doing so for two reasons. For one thing, if no girl is married below the age of 18 years, the mean age at marriage of girls will be more than 18 years because not all the girls will be married immediately after attaining the age of 18; many will be married at the age of 19 or 20 or even later. And secondly, it is almost impossible to change some patterns of human behavior, including marriage behavior, through legislation. The mean age at marriage of girls in India was 14.5 years in 1951, 16.1 years in 1961, 17.2 years in 1971 and 18.3 years in 1981. In 1991, it might have been about 19 years. Were the increases in the mean age at marriage of girls due to Sarda Act and amendments to it? It is doubtful whether anyone can answer the question in the affirmative. 'The actual age (at marriage) is determined not by law, but by social and economic conditions' (Davis, 1969: 346) [3].

One might say that Government can change the attitudes of people towards the age at marriage of girls by mounting Information, Education and Communication (IEC) programs. But as Bose, an eminent demographer and a member of the Expert Group, says, 'The efforts made by the state communication media like radio, TV, posters, etc. to raise the age at marriage, range from heroic to the pathetic, verging on the comic' (Bose 1988: vii) [1].

A more important question is: how does one go about ascertaining the age at marriage of girls in India where not even 50 percent of the births are registered? Another recommendation of the Expert Group to ensure full coverage of registration of births, deaths and marriages is most appropriate (Ministry of Health and Family Welfare, 1994:19) [7].

Commission

One of the new institutions suggested to be created by the Expert Group is Population and Social Development Commission (PSDC) at the Center and similar institutions in the states (Ministry of Health and Family Welfare, 1994: 21-23) [7]. We will soon return to the discussion on the structure and functions of the PSDC.

In the Conference of the Health Ministers of states convened in January 1992 by the Union Ministry of Health and Family Welfare, one of the measures proposed to be taken to revamp the family welfare program was the establishment of a Population Commission under the Chairmanship of the Prime Minister at the Center and similar mechanisms under the Chairmanship of Chief Ministers in the States. The thinking on the need for a Population Commission is not new. Nearly half-a-century ago, a plea was made for it by (Chandrasekhar 1946: 41) [2], former Union Minister for Family Planning. The case for the establishment of a Population Commission was stronger then than now because there was no Planning Commission at that time.

A study Group on Health for All, hereinafter referred to as the Study Group, set up jointly by the Indian Council of Social Science Research and the Indian Council of Medical Research, submitted its report on 30th August, 1980 and pleaded for the establishment of a Population Commission (ICSSR and ICMR, 1981: ix) [4]. But the Study Group did not spell out in detail the rationale for a Population Commission and its structure and functions. Interestingly, the Working Group on Population Policy, to which references are already made, recommended against the establishment of Population Commission. But the arguments advanced by the Working Group in support of its recommendation were not convincing.

(Sethi 1990: 8) [13] pleaded for the establishment of Population Commissions at the Center and in the States with details about their structure and functions. But his suggestion that they should be part of Planning Commissions or Boards was somewhat risible.

(Padmanabha 1992: 89-91) [9] also pleaded for the establishment of a Population Commission. He has clearly spelt out the structure and functions of a Population Commission. The main objective of the establishment of Population Commissions with Prime Minister as Chairman at the Center and Chief Ministers as Chairman in the States, according to all those who pleaded for them, was to ensure political commitment to the family welfare program.

Some members of the Expert Group, which has recommended for the establishment of a PSDC at the Center and similar structures in the states, are known opponents of quangoes like Population Commissions. How did they now recommend the establishment of PSDC? I, for one, believe that there is a vast difference in the structures functions of PSDC and Population Commission.

Structurally, PSDC will have a Full-time Chairperson Who will be 'an eminent social worker or professional respected in the country for commitment to the cause of population stabilization and social development' (Ministry of Health and Family Welfare, 1994: 21) [7]. It will have four full time, subject-specialist members. In addition, Health Secretary, Finance Secretary, Human Resource Development Secretary and Secretary the Planning Commission will be ex-officio members. This means PSDC will be free from the control of bureaucracy and the Indian Administrative Service. Although, administratively, PSDC is recommended to be under the charge of the Prime Minister, the responsibility for the Family Welfare Program will be taken away from the Government and entrusted to PSDC. In contrast, all those who pleaded for the establishment Population Commission wanted it to be under the aegis of Government with Prime Minister as Chairman and some Ministers as members.

The Expert Group has also taken care of political commitment to the cause of population stabilization and social development by suggesting the constitution of a Cabinet Committee on Population and, Social Development with Prime Minister as Chairman, eight Ministers with relevant portfolios as members, and Chairman of the PSDC as one the three standing invitees to its meetings. Therefore, there is no shift in the stand of some of the members of the Expert Group in their earlier opposition to the establishment of Population Commission and the present recommendation the establishment of PSDC.

Demographic Goal

One of the socio-demographic goals recommended the Expert Group is the reduction of the Total Fertility Rate (TFR) from 3.6 in 1991 to 2.1 by the year 2010. TFR is expressed as the average number of children born to a woman during her life. This is not the first time that a demographic goal has been set for the country. In the past, demographic goals were set several times.

The Third Five Year Plan (1961-66) set for the first time the demographic goal of reducing the birth rate to 25 per thousand population per year by 1973. In 1965, India had a war with Pakistan and its economy suffered a setback. Instead of Fourth Five Year Plan immediately after the Third Plan, there followed three annual plans during 1966-69. The first annual plan, (1966-67) set the demographic goal of reducing the birth rate in the country to 25 by 1975, two years later than the year set by the Third Plan. In 1968, a new demographic goal was set to reduce the birth rate from 41 to 23 by 1978-79. After another year, the Fourth Five Year Plan (1969-74) set the demographic goal of reducing the birth

rate to 32 by 1973-74 and to 25 by 1978. Realizing that neither of the goals would be achieved, the Fifth Five Year Plan (1974-79) set the goal of reducing the birth rate to 25 by 1983-84. Needless to say that the birth rate in the country has not been to 25 even today.

The Working Group recommended, among other things, a set of demographic goals to be achieved by the country by the end of the present century. They included a net reproduction rate (NRR) of one. NRR is expressed as the number of female children surviving per woman by the end of her reproductive period.

The Government of India accepted these demographic goals, including NRR of one, and included them in the 1983 National Health Policy. However, within about two years, it was realized that NRR of one cannot be achieved by the end of this century. The Seventh Five-Year Plan (1985-90) document says, 'In the light of the progress made in the initial period of the Sixth Plan, the health policy targeted a net reproduction rate of one by the year 2000 A.D.; a review, however, indicates that this goal would be reached only by the period 2006-2011' (Planning Commission, 1985: 281) [10]. Thus every time a demographic goal was set, it was either revised upwards or deferred to be achieved in a later year. Obviously, demographic goals have been set without considering the likelihood of their success, the cost, the cost in terms of lost opportunities

Why did the Expert Group suggest the demographic goal in a different measure of fertility, namely, TFR? Why did it suggest that the TFR should be brought down to 2.1 by the year 2010? How is TFR different from NRR? How do TFR of 2.1 and NRR of one compare? TFR does not take mortality into account, whereas NRR does. But NRR of one can be achieved even when birth and death rates are high. To be fair to the Working Group, it must be mentioned that it has suggested that NRR should be reduced to one by bringing down birth rate to 21 and death rate to nine. But it is very difficult to exactly balance birth and death rates like that. Suppose birth rate comes down to 21 and death rate to eight. Is it not desirable? It is certainly desirable. But NRR will be more than one. This is one of the problems with the NRR. Even if there are small changes in birth and death rates, NRR fluctuates widely. The soundness of NRR as a concept and the feasibility of achieving NRR of one by the year 2000 were contested. It appears that NRR of one was suggested as a demographic goal to bamboozle policy-makers who are innocent educated laymen.

The Expert Group has suggested the demographic goal in terms of TFR perhaps because there is no need to set a goal for bringing down death rate as it has

already come down considerably and is likely to come down further even without setting a goal for it.

TFR of 2.1 also required the birth rate to be brought down to about 21. Therefore, in order to bring down NRR to one and TFR to 2.1, the effort required would be the same. But TFR is more robust than NRR and the former will not fluctuate widely because of small changes in birth rates. Therefore, TFR is a better demographic goal than NRR.

Why were the demographic goals for the country set, first, in terms of birth rate, then in terms of NRR and then in terms of TFR? These were all recommended by demographers of different denominations. Without doubt, there are factions among the Indian demographers and one faction tries to outbid another in impressing the policy makers.

Incidentally, the Expert Group has recommended that the practice of setting targets for specific contraceptive methods should be discontinued. Because of this, one may be tempted to pick holes in the DNPP by raising a question such as the following: How does one go about achieving the demographic goal of TFR of 2.1 by the year 2010 without setting targets for different family planning methods? To be sure, a TFR of 2.1 would be achieved by the year 2010 without setting targets for specific family planning methods. In 1992, according to the Sample Registration System, crude birth rate in India was 29.2 per thousand population. In the next 16 years or so, crude birth rate would be easily reduced to 21 and TFR to 2.1. In fact, if all the measures recommended by the DNPP are taken, TFR would come down to 2.1 before the year 2010.

Of all the population policies that India has had, the one recommended by the Expert Group is realistic and certain to meet with success. The policy integrates population planning efforts with those aims at development planning. The environment that the DNPP is likely to create appears to be promising to achieve what the Expert Group calls 'a stable population with a satisfying standard of life for all.'

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