

Bose, Ashish; Kundu, A.: Population Beyond Contraceptive Technology. In: Population Beyond Contraceptive Technology edited by Malcolm Adilshiah. Shakti. Chpter 1. 1996.p.7-19.

Population: Beyond Contraceptive Technology

Ashish Bose

I

On the World Population Day this year, there were two new features which are welcome: the first is the concern for environment in the context of population growth; and the second is the candid admission by the Union Minister of Health and Family Welfare that we must get rid of the tyranny of family planning targets. The increasing concern for environment is no doubt a fall-out of the Earth Summit at Rio. Environment is an excellent entry point in any serious discussion on population beyond contraceptive technology. In our daily life we are all, experiencing the impact of population growth on our physical and social environment. Our cities are becoming mega slums. Our villages and small towns are unlivable. There is growing conflict and violence. It is not suggested that all these problems are on account of our explosive population growth. The nexus between population and environment is complex and the data base is weak when one considers the precise impact of population growth on environment and also the impact of environmental degradation on our population, and also on the level of mortality and morbidity. In this context, population distribution is as important as population growth. In any discussion on population issues the question of urbanization must, be given high priority.

The first point therefore is that if we want to get out of the narrow groove of contraception, we must view the population problem in the wider context of physical and social environment. The concern for environment appeals to all people, men and women, married and unmarried, young and old, literate and illiterate, rural and urban. On the basis of thirty years of field work, it is found, that all talk of making family planning a people's movement is empty rhetoric. Not even in Kerala is family planning a people's movement. The protection of environment can however inspire people in a big way even in the most backward states. Jawaharlal Nehru made family planning a part of health and he was right in assessing the Indian social reality. Unfortunately, on the basis of misguided advice of our foreign friends and donor agencies, family planning was put in a separate basket from 1966 onwards and a Department was carved out in the Ministry of Health. This was one of the major reasons for the failure of family planning. This foreign kubuddhi resulted in putting unwarranted

emphasis on contraceptive technology and today the ground reality is such that the moment one talks of population, it is assumed that it is the baby of the Department of Family Welfare. What is worse is that the masses of people understand by family planning only sterilization (and that too female sterilization). This is also a gift of our foreign friends who are champions of technology. And now we are holding seminars to discuss how to go beyond contraceptive technology.

Not all foreign experts and donor agencies are at fault, but it is an unfortunate fact that American stalwart like Kingsley Davis and Ansley Coale found little favor with American and international donor agencies. As a result, second rate experts got away with their fancy ideas. The following readings illustrate the above thesis.

1. Kingsley Davis (1967), *Population Policy: Will Current Programs Succeed?* (Reproduced in Ashish Bose, et al. (Comp)., *Studies in Demography*, George Allen & Unwin, London, 1970, pp. 369-398.
2. Nicholas J. Demerath (1976), *Birth Control and Foreign Policy: The Alternatives to Family Plannings*, Harper and Row, New York, pp. 59-85 (Chap. 3-India: A Family Planning Fiasco).
3. D. Banerji (1992), "Technology of Reproduction Control and Public Policy" in Vasant Gowariker (Ed.), *Science, Population and Development*, Umesh Communications, New Delhi, pp. 43-54.

The prophetic vision of Kingsley Davis in 1967 was that family planning programs were bound to fail. He did NOT think that family planning was the first step in population control. To quote Davis: "If it is only a first step, it should be so labeled, and its connection with the next step (and the nature of that next step) should be carefully examined. In the present case, since no next step" seems ever to be mentioned, the question arises: Is reliance on family planning in fact a basis for dangerous postponement of effective steps?"

In India, the first step became the last step also. The family planning target became an end in itself. The so-called achievement of these targets by falsification of data became a fine art or with the bureaucracy all along the line. The Ministry of Health and Family Welfare is suffering from a new disease: targeting. On the basis of field work, it is found that the lower level bureaucracy is terrorized by the family planning targets set by the bosses in Nirman Bhavan. And at last on the 11th July 1992, the concerned Minister said we must get rid of the tyranny of targets. One can doubt about his success. For twenty-five years, we have been ardent practitioners of target setting and our bureaucracy loves status-quoism.

We will be told that the program will collapse if targets are given up. So we will continue with our targets and report quarterly and yearly the great success of the program based on the figure for "equivalent sterilization" and the millions of births averted by the benevolent program. We would be assured that the targets have been set in consultation with the states and finally approved by the National Development Council. But where are the people in this setting? But how can we ask such a question? Has the Government not said: "We want family planning to be a people's movement."

Where has the bureaucracy ever triggered off a people's movement? The powerful international contraceptive lobbies and donor agencies have an answer: "If bureaucracy cannot deliver the goods, bring in the NGOs in a big way. Give money to the NGOs. "But will NGOs doing only family planning work ever succeed in India? The only NGOs which are doing good work in India are those who take a total developmental view of the problems facing our rural masses or the urban poor. If people want bread you cannot give them contraceptives. You can give them bread and contraceptives. As Davis says, family planning cannot be the first step. If we adopt the developmental approach, the Department of Family Welfare has hardly any role: all they are doing today is to supply free contraceptives which people do not use, firstly because these are free and secondly because till recently these were sub-standard, e.g. the nirodh. Can the Department of Family Welfare assure the payment of minimum wages to rural landless workers which perhaps is the first item on the agenda for welfare as perceived by the rural poor.

The Department of Family Welfare will agree with this viewpoint. To quote the Action Plan for Revamping the Family Welfare Program in India:

"One of the key points which always needs to be kept in view is the distinction between the Family Welfare activities and the population control program.... the Family Welfare Department (in the Center and in states) should be essentially viewed as Supply Departments for making available the family welfare services, but the demand for these services and the motivation for population control comes from factors such as female literacy rate, age at marriage of girls, the status of women, position of employment of women, social security and general level of economic development. These are well beyond the pale of activities of Department of Family Welfare."

The point to consider here is that since the Department of Family Welfare admits that it has no control over demand generation, how can they go about setting targets for family planning except in a vacuum?

Turning to the second item in the reading list. Professor Demerath from the USA who had a brief spell as a family planning expert in India is a man of intellectual integrity. Interestingly enough, his chapter on "India: A Family Planning Fiasco" begins with a quotation from D. Banerji who said as far back as 1971: "The family planning program has been a disastrous failures." Demerath maintains in his book that "the first reason why family planning fails in poor countries is the obsession of the experts with techniques of contraception. The belief that just about any problem can and will be fixed by, some new tool or technique is as Anglo-American as apple pie."

Professor D. Banerji in his recent article gives a case study of "Pitfalls of technocentrism: the IUD disaster and after." To quote Banerji: "as the result of a very massive promotion drive, which had all the hallmarks of the mass promotion drive for putting a new brand of toothpaste on the market in the West, objections and doubts were swept aside and a virtual mass hysteria was built up in favor of the IUD... but the program started crumbling within two years..."

Banerji concludes that "India's family planning program provides a glaring example of dissonance between use and development of technology of reproduction control and the other major variables which constitute the system. Key decision makers held a strong conviction that finding an ideal' contraceptive is the key to solving the population problem of the country."

Technology, no matter how good it is, cannot be devoid of a social context. Banerji made a case study of IUD, and the author who made a case study of the high tech method of female sterilization, namely, laparoscopy, in his field work, predicted its failure. In any other country, the Government and the medical doctors would have been sued for millions of rupees or dollars for medical malpractice. In India, the poorly trained doctors as well as the well-trained doctors who wanted to make money quickly undertook hundreds of laparoscopic operations in a day, in total disregard of health hazards. In fact, women were treated like cattle. A so-called eminent doctor who claimed to have operated on hundreds of women in just one day wanted an award from the Government of India for his wonderful work. He should have been arrested and his medical degree taken away.

Having made a mess of IUD and laparoscopy, the international lobbies are now promoting Norplant and injectibles and asking us to learn from Bangladesh and Indonesia how to run the family planning program. Of late, the international lobbies have abandoned China. And when Indian scientists invent a weekly oral pill for women which trials have shown as harmless, (CENTCHROMAN is the pill developed by the scientists of the Central Drug Research Institute of

Lucknow under the brand name 'Saheli'), there is not much of enthusiasm for this pill.

It may be noted in passing that hardly 2 per cent of the eligible women use the pill in India. I have often been asked why this is so. My reply is that there is no money in the pill. We have commercialized the family planning program by offering compensation money supplemented by incentive money in many states, which puts a premium on sterilization. The acceptor gets Rs. 160, the motivator also gets money and so also the doctor in several cases. For IUD it is only Rs. 9 and for condoms and oral pills nothing. In short, there is a marked bias for sterilization. It is not that more money should be paid for IUD or money should be paid for cc and oral pills-not that cash incentives for family planning has led to widespread corruption. Given the inbuilt bias for sterilization in the present scheme of things the people cannot be faulted for taking to sterilization. In most cases, the poor look upon the program as a mini anti-poverty program rather than a family planning program. In fact, the illiterate rural masses have outwitted our family planning bureaucracy. They adopted the terminal method only when they terminated or they wanted to terminate their family building which meant at least two living sons. No wonder, therefore that most couples who accept sterilization do so after they have had 4 or 5 children, if not more. The Ministry then asks demographers to find out why the couple protection rate (CPR) and the birth rate (CBR) do not move in harmony!

By now it is recognized both by our family planning administrator and our foreign friends that a sterilization dominated family planning program has failed to deliver the goods. So why not switch over to spacing methods and younger couples? Again based on field work, the illiterate masses will be blamed if the spacing methods fail and they are bound to fail under conditions of mass illiteracy. It should be obvious to our planners that spacing methods require a high degree of sustained motivation and this is not possible under conditions of mass illiteracy.

Today the family planning program is basically centered round women, whether it is laparoscopy, mini-tap, IUD, oral pill, Norplant, injectibles or MTP. Men are not coming forward. So the success of the family planning program in future will depend on the women. Therefore the literacy rate of women is of crucial importance to the program. Literacy is not the only step but it is the first step. It follows, therefore, that the first item on the family planning agenda, and more importantly, the first charge on the family planning budget must be attainment of 100 per cent female literacy in the shortest possible time in rural area and urban slums. Raising the age at marriage and practice of spacing methods will have a real chance of success if the women are literate. We cannot go beyond contraceptive technology unless we have 100 per cent literacy. As things are, the

Department of Family Welfare is not concerned with education, and therefore this recommendation will not be accepted by this Department. In any case, the masses of illiterate people who have been told to equate family planning with sterilization (in rural areas it is known as the "bring cases" approach) for two decades will not accept readily the newfound love for spacing methods.

It is beyond the competence of the Department of Family Welfare to re-orient even their own staff which runs into lakhs of workers: doctors, MPWs, ANMs, BEEs and other paramedical staff, let alone re-orient millions of couples on the eligible register.

This leads to the suggestion that the Department of Family Welfare should be abolished and merged with the Department of Health, which by definition should include reproductive health (to take care of family planning). A new Ministry should be created called the Ministry of Population and Environment on the specific understanding that Population does not mean family planning alone and Environment does not mean forests alone. Issues like illegal migration from Bangladesh should be a concern of this Ministry. Environmental degradation and the near collapse of the urban infrastructure should be a concern of this Ministry. Today we are submerged in contraceptive technology. Now that it has been conceded that the Family Welfare Department will only be supplying contraceptives, this Department should only be too happy to part with the function of "demand generation".

Foreign donor agencies wanting to pour in money for family planning should be advised to put all their money in literacy missions at least for the next five years and help in making this country 100 per cent literate. Use all available technology to achieve this, without wasting money on IEC (information, education and communication). They should pull out from the so-called Area projects which have been in reality PWD projects and not health and family planning projects, and not waste their resources in collecting all manner of data and hiring decimal-point demographers to analyze such data.

While advocating modern technology, it is well to remember that technology is for people and not people for technology.

II

A. KUNDU

My apprehension is that a section of the intelligentsia is already looking beyond the contraceptive technology, which is to be regretted because the possibilities of this technology given the socio-economic context of this country, have not been

fully explored. In fact it is the continuance of the growth rate of 2.2 per cent over the last three decades which is a very depressing fact.

There is need to look at the developmental implications of the population growth, specifically the structure and composition of this population growth. The annual exponential growth rate of population from 1981 to 1991 works out to 2.11 per cent, which it may be argued is not significantly different from the 2.22 per cent annual exponential growth rate, experienced during 1971-81. Adding to this problem is the post-enumeration check which invariably revises the population estimates, because there is always an under-count, with over-estimation of the urban population and lesser estimation of the rural population. If under-enumeration is corrected, the population growth rate will go up from 2.11 per cent to perhaps 2.17 to 2.18 per cent.

This means that the population growth rate has remained more or less constant, which is a matter of serious concern and alarm. We know that the population growth rate is the net effect of the birth rate and the death rate. Obviously the medical facilities and the decline in infant mortality in the past few years have had an impact on the overall growth rate of population. We know that the population growth rate picked up in the 50s with the preventive measures being taken in this country. One should not really consider this a failure of the Ministry of Health and Family Welfare in controlling the birth rate, but note with satisfaction that the death rate has come down significantly in certain states. We know that some of the developed states where medical facilities are quite developed, like Maharashtra, Haryana and even West Bengal, are showing a high growth rate of population, which might indicate that perhaps the decline of death rate is one of the components of the population growth not showing any significant decline. The 2.17 or 2.18 per cent growth rate annually is a matter of some concern, and we should try and take some measures to reduce it.

In regard to the structure and composition of the population growth, there are significantly alarming signals which come from that. One is this male-female disparity in the growth rate. We know that the female growth rate of population has been less as compared to the male growth rate of population. It is much more difficult to reduce the male growth rate of population, given the male preference of the society. With the medical facilities which are now available to the taluk headquarters, district headquarters, the villager will rush their male child to the hospitals. In a sense, there is a relative discrimination. With all that, the male-female disparity in the growth rate is a matter which needs to be considered.

Turning to the regional composition of the population growth, the population growth rate in certain north-eastern states or even the border districts of West

Bengal, show a very high population growth rate. Obviously that is not because of the natural growth rate but because of migration, which needs to be noted.

Looking at the population growth rates of the different states during the 70s and 80s, it is found that in about 60 per cent of the states there is a minor decline. It is only in 5 or 6 major states where the population growth rate is just not declining or where the decline is very marginal.

Plotting population distribution on a chart it is found that the average decline is 1 per cent. A large number of states are on the negative side, which means they are experiencing a decline larger than 1 per cent. Only four or five states (which are on the right hand side) which are not showing a decline or are showing a very small decline. The right side of the distribution is cause for concern, because the decline in the population growth rate is minimal. These are Bihar, M.P., Rajasthan and U.P., the states which Prof. Ashish Bose describes as BIMARU states. These states have a heavy population weight which is responsible for the overall population growth not declining, although in a large number of other states population growth has declined. The BIMARU states are the more difficult states, because of their semi-feudal structures, their low level of literacy, particularly female literacy the unavailability of medical facilities. Because of all these developmental factors, these states are posing the major challenge as far as the success of the population program is concerned. It is clear that it is not the population growth at the average level, but there are certain states which are more difficult, poorer states, where the landman ratio is adverse, the income growth rate is not growing. These are the states which are experiencing a high growth rate or these are the states where the success of the family planning program is very limited. Thus, it is not the overall growth rate, but the fact that the states which are least capable of absorbing the population growth rates are having the highest population growth rates.

Looking at the migration pattern, one can ask: "What is wrong in having a higher population growth rate in some states, which are less capable, because after all India is one federal country and people can move from one state to the other, it is the overall growth rate of population that we should be concerned, and not really its regional distribution, as migration will take care of this problem". The migration pattern shows that in the 50s, 60s and the 70s the backward states are the out-migrating states. It is Bihar, Rajasthan, Orissa and UP which were the out-migrating states. The classical theories of labor mobility tell us that the backward states should send their laborers to the relatively developed states, which seems to be logical. But if the migration pattern is analyzed, it is found that there is a growing rigidity in the Indian system as far as population mobility is concerned. The overall percentage of migrants between 61-71, 71-81 and 81-91 is on the decline. Thus, not only have the poorer states, which are less capable of

absorbing population growth, having higher growth rates but also population mobility in the country across the states has declined over this time, which hits them. This really means that the backward states will have to take on an increasing burden of absorbing their population within the state economy. Looking at the male migration rate, the total migrants divided by the total population in the country as a whole, and at the different state levels, one observes an interesting pattern. It can be seen that the poorer states which were out-migrating in character are not becoming in-migrating, they are still out-migrating, but they are less out-migrating. Similarly, the developed states which were in-migrating like Punjab, Maharashtra and West Bengal---continue to be in-migrating-but are less in-migrating. The population re-distribution mechanism which was taking care of some of this population pressure, is now becoming weak for certain social political reasons. The final point that is made is again in the context of the areas which are less capable having larger population growth and not able to send their population to the relatively developed area. This refers also to the rural-urban differential in the population growth rate. We know that the rural economy has limited possibilities of employment absorption. The elasticity of employment in the rural sector is, very low.

There is very marginal sectoral diversification which we had seen in the 80's. But we would like the population to move from the rural areas to the urban areas-that is the logic of development. Now the urban economy has been experiencing a growth rate in income-about more than 4 or 5 per cent if you take the urban sectors into consideration. The rural growth rate is constrained by the agricultural bottleneck to growth. For various reasons one would expect a significant rural urban migration to take care of the problem of rural areas not being able to absorb their growing population. We had the highest growth rate of urban population during 1971-81 which was about 4 per cent per annum. But this has slowed down to 3.1 per cent. There is some under-enumeration problem. To a certain extent it is also valid that in urban areas the under count has been there. Even after adjusting for it there is significant decline in the rural-urban migration. The rate of urbanization has declined basically because the rural-urban mobility has suffered significantly. Is this development--decline in the rural-urban migration-taking place because of the rural development programs, income levels in the rural areas going up, infrastructure and basic services being made available in the rural areas? At the macro level there is no such evidence. On the other hand, the per capita income differential between rural and urban areas has increased over time. So, obviously it is difficult to agree with the argument that the rural-urban migration is slowing because of rural prosperity. Besides the overall population growth rate of 2.2 per cent, the composition of growth across the states, across the different genders, across different districts, across rural-urban areas, is a matter of serious concern. Because, obviously the social political system that we have in this country is not transferring one section

of the population to the other sections automatically. The logic of the market as far as labor mobility is concerned is not working. There are rigidities which are coming up. Specifically in the context of declining rural-urban migration, this poses a major problem, because the rural areas which are not in a position to send their migrants because of certain restrictive programs and policies in the urban areas-we have direct and indirect measures by which the rural-urban migration is getting disguised. That is putting a tremendous population burden on the rural economy. The problems which have been posed by the sectoral and the regional compositions of population growth in the country have been the main thrust of this note.