

Lecture 41: Population Issues in the Framework of MDGs

Slide 1

MDG debate has raised new issues. Some of them are discussed below.

AREA SPECIFIC APPROACH

India is a vast country with diverse patterns of socio-economic development. As a result of that the demographic situation in India is highly fragmented. Lessons learnt from one setting cannot be used in other settings. After success of population control programme in Kerala many demographers and planners started talking about Kerala model in 1990s but it has now become clear that since the socio-economic, infrastructural, and geographical conditions of high fertility states (UP, Bihar, Rajasthan and Madhya Pradesh) are markedly different from those of Kerala, the Kerala model cannot be applied to all states mechanically. States with their specificities will have to develop their own models of action. Seemingly opposite factors such as affluence and poverty may produce the same result in the form of fertility transition; affluence through rational choice model; and poverty through Malthusian pressure. Of late Himachal Pradesh has emerged as the lowest fertility state. The case of Himachal Pradesh needs detailed examination.

In this context the following remarks of Prof. Ashish Bose are worth considering:

The implication is that there is little scope for a uniform all-India population programme, whether in regard to actions which operate on the birth rate or in regard to actions which operate on the death rate. Yet, to a very large extent, our family planning programmes are more or less uniform throughout the country. Virtually the same package is delivered to the high population growth areas as to the low population growth areas.

There is now a general agreement among planners, coordinators of the programme and programme managers that this situation must change.

Slide 2

SOCIAL CLASS DIFFERENCES

Population problems as well as the status of health in India have religious, regional, ethnic, social class and urban-rural dimensions. National Family Health Survey-III (Das et al., 2001), NSSO's survey on morbidity, health care and the condition of the aged (NSSO, 2006), and smaller surveys have established the nature of variation in population and health parameters according to socio-economic and cultural characteristics of people. Eleventh Five Year Plan has stressed the social class differences in economic conditions as well as demographic behaviour. These differences, their causes and consequences, need to be explored further.

COMPLEX LINKAGES

Studies have consistently shown that the relationships between socio-economic factors and demographic factors do not have a fixed pattern. The relationships which exist at the micro level may be different from those existing at the macro level. One has to study the linkages between population and other factors at different levels. Yet, an overwhelming majority of people in both urban and rural areas want a small family. Some people may still want a large family (Mukherjee, 1983) but their number is very small and is falling. Some want large family because of high infant and child mortality. With time as mortality declines their number will increase further. Most people today have knowledge of and access to contraceptive methods but there are many who do not have access to acceptable contraceptive methods. As said earlier, in India the unmet need for contraception (i.e., percentage of couples who do not want more children but are not practicing family planning) is quite large (about 20 percent).

Demographic change has both positive and negative implications for human resource development. While the continuing high growth rate of population may be disadvantageous in macro economic terms, the country has the advantage of opening of demographic window for nearly twenty years.

Slide 3

If the growing proportion of young population can be supported with adequate resources and they have an encouraging atmosphere, they can exploit opportunities opening in the industrially advanced but aging economies as well as in new sectors in the national economy. In some smaller countries, (particularly in several of the gulf countries) sending and receiving large number of migrants every year the demographic window may open and close several times. One has to study cycles of opening and closing of demographic window and its impact on population and economy.

All developed countries are facing the problem of couples not having enough motivation to produce a baby. This is a very dangerous situation and in the future this may happen in India also.

We have to understand complex and symmetrical linkages between social structure and demographic factors at national, regional, village, household and individual levels. For example, a large number of couples in different parts of the country do not want a girl child. Social structure and difficulties associated with raising a girl child, protecting her honour, and arranging for her marriage are discouraging parents from producing a female child (Desai, 1994). There has been a worrisome decline in sex ratio in age group 0-6 in the decade 1991-2001. This is the result of combination of modern technology and tradition of patriarchy. Affordable technical means to detect the sex of the baby during pregnancy and facilities to abort it and weaknesses in law enforcing agencies are as much responsible for this as tradition. Ironically, some of the regions where sex selective abortions are more prevalent are socio-economically and educationally the most developed regions of the country. The combination of sex preference, medical technology and economic development poses a very serious threat to social development and an effective strategy has to be developed to counter this pattern. In turn, declining child sex ratios are not going to remain inconsequential. They will have a deterministic impact on several institutions of society in short run and long run. There is a need to conduct studies of declining child sex ratios on marriage and kinship, religion and political institutions.

Slide 4

SUSTAINABILITY AND SURVIVAL

Ignoring the concept of sustainable development, i.e., the neglect of demography of environment will be perilous to society. In this framework some new issues are:

- Recognition of “differences”, i.e., the condition that there are no simple and universal solutions to problems faced by people in different settings;
- Linking local with global as one cannot anymore ignore the effects of global developments on local conditions or of local initiatives on global climate ;
- Learning from local communities how they have dealt with climatic changes in the past;
- Need to combine demographic values with survival and progress, separately at micro, meso and macro levels;
- A strong commitment for empowerment and emancipation of the vulnerable groups; and
- Exploring the subjective meanings, favourable to or against sustainability, in the context of ethical and moral changes.

Socio-economic, cultural and demographic systems in India are highly diversified (Bose, 1991). In this milieu, the perceptions of effects of population growth on people are as much linked with culture as with natural resources. Studies have also shown that experts and lay persons do not share the same value systems or ideas about good life. The way laypersons define their problems is not the same as the way programme managers and NGOs define them. There are people in the country for whom survival is the highest value: even housing or shelter is of secondary importance to them. Among them the goal of intervention should be their emancipation and empowerment, not the reduction in family size or vaccination alone. Globalization and the resulting marginalization of classes, castes, tribes, and communities are producing uncertainties in demographic trends. In this milieu, sustainability and survival are the key issue to understanding of demographic and social action.

Slide 5

ISSUES RELATED TO POPULATION POLICY

The most crucial problem of population policy in India at the moment is the problem of lack of understanding of reproductive decision making process. Reproductive rationality is a rather unexplored area. Linking personal choices with social ethics is one of the greatest challenges of our times. Traditional societies do not have this problem because individuals are closely tied to traditions and ego is only weakly developed. Modern societies too do not have this problem. They have developed institutionalized ways of handling problems arising out of individuation and alienation, though even modern societies have not so far been successful in changing attitudes of people in the interest of society. The micro level and subjective calculations are against the change. Otherwise they would not be facing the problems of fertility declining to below replacement level and the subsequent problem of age-ing. Social scientists must address this problem.

A consensus seems to be emerging that population planning issues should form a part of empowerment and emancipation. The National Population Policy 2000 rightly gives importance to education, immunization, lowering infant mortality rate, raising marriage age, increasing institutional deliveries, information/counselling, containing spread of HIV/AIDS, promotion of Indian Systems of Medicine, and related social sectors programmes. Some of these issues were included in the earlier policies statements too but the shift of emphasis from national level to community level is the biggest achievement of the new policy. It is this framework of empowerment that should guide studies on and approaches to population policy and reproductive decision rationality. The issue is: how do individuals decide about family size or contraceptive uses so that the community supported ideas of well being are actualized by them? It is not an easy question to answer.

ICPD 1994, held at Cairo, maintained that size, growth, age structure and rural-urban distribution of a country have critical impact on development prospects and it called on countries to “fully integrate population concerns into development strategies, planning, decision-making and resource allocation at all levels.”

Slide 6

The conference recognized that investing in people to broaden their potential as human beings is the key to sustained economic growth and sustainable development.

The ICPD Programme of Action fixed the following “mutually supportive” goals:

- Gender equality in education;
- Reduction in infant, child and maternal mortality (infant and child mortality to 35 and 45 and maternal mortality to below 60);
- Reproductive health services;
- Improvement in education so that at least 90 percent of all children are in schools by 2010;
- Provision of wide range of reproductive health services (including family planning services, essential obstetric care, and prevention and management of reproductive tract infections in all health care facilities by 2015);
- Ensuring that by 2015, 90 percent of all births are assisted by skilled attendants;
- Meeting unmet need for family planning; and
- Providing access to HIV/AIDS prevention methods, and voluntary testing, counselling and follow up services.

In the following year 4th conference on women was held in Beijing and it lent further support to the above goals. ICPD 1994 goals further reverberate in the United Nations Millennium Development Goals (MDGs) 2000.