'Socio-economic empowerment more effective in regulating fertility'

Interview with Dr T.V. Sekher, Professor, International Institute for Population Sciences, Mumbai. BY VIKHAR AHMED SAYEED

DR T.V. SEKHER HEADS THE DEPARTMENT of Population Policies and Programmes at the International Institute for Population Sciences (IIPS), Mumbai. A Fulbright-Nehru Senior fellow at Cornell University (2016-17), he has authored and edited ten books and has published over 100 research articles in national and international journals. In an email interview with *Frontline*, Dr Sekher comments on some of the issues surrounding population control and growth in India. Excerpts:

The Uttar Pradesh Law Commission recently released the draft of the Uttar Pradesh Population (Control, Stabilisation and Welfare) Bill, 2021, which proposes a two-child norm. The draft also proposes severe measures for contravention of this norm, such as prohibition from applying for government jobs and disqualification from receiving any kind of government subsidy. The government of Assam also embarked on a similar policy recently. In the light of these developments, do you think there is a requirement for any coercive population legislation in India?

It is a well-documented fact that between 1970 and

2020, fertility declined in every country in the world, and India is no exception. We are very much on the path of population stabilisation. Fertility is declining across States and across communities all over India. We have almost reached replacement level fertility in most parts of India except in a few bigger States like Uttar Pradesh and Bihar. Even in these States, fertility has shown a consistent decline over the last decade.

The total fertility rate (TFR; the number of children a woman will have in her lifetime) in 2015-16 at the national level was 2.2 (it was 1.75 in

urban India). However, the total wanted fertility rate (desired number of children if adequate family planning services are provided to all women who need them) in India was 1.8 children per woman in 2015-16.

Though we do not have the latest data from NFHS-5 (National Family Health Survey) for India as of now, given the trend over the last two decades, it is safe to assume that India has almost reached replacement level fertility (TFR of 2.1) by now. In fact, the Government of India in 2020 stated that India is on the verge of achieving replacement level fertility through voluntary birth control measures and there is no need for a nation-wide two-child policy. India's TFR in the 1950s was around six children per woman, which has come down to 2.2 or less now, which is a remarkable achievement.

In a vast country like India with considerable demographic and socio-economic diversity, along with varying levels of demographic transition, a uniform national population policy may not be relevant. In that context, Statelevel population policies will serve some purposes in focussing on the real issues and making provisions with concerted efforts. Though State-specific population laws and incentives may serve some purpose, we should not

forget the well-documented reality that socio-economic empowerment is more effective in regulating fertility.

Several States such as Rajasthan, Madhya Pradesh, Chhattisgarh, Gujarat, Maharashtra, Telangana, Odisha and Andhra Pradesh already have laws that prevent a person who has more than two children from contesting local body elections. What has been the impact of this rule on the population growth of these States?

Although this provision was useful to create awareness about population



"If we are really serious about this [the two-child norm], why are we not implementing the same provision for membership in State legislatures and Parliament?" stabilisation, some studies also found an adverse impact of these provisions, such as abandoning of children, and so on. But one may ask a more relevant question in this context: if we are really serious about this, why are we not implementing the same provision for membership in State legislatures and Parliament?

We should start with leaders at national and State levels as role models before insisting on grass-roots leaders complying with the provisions. In many States, half of the elected members in local bodies are women and a good number of them belong to marginalised and deprived communities.

FAMILY PLANNING DURING THE EMERGENCY

What was India's experience with coercive family planning policies during the Emergency and its implications?

During the Emergency years (1975-77), many State legislatures, like Maharashtra, Himachal Pradesh and Uttar Pradesh, passed provisions which were strict and coercive and also had many disincentives. Among the disincentives were those that stated that government servants who did not limit their families would be deprived of medical benefits, travelling allowance on transfer, maternity leave if women already had two or more children, and so on.

Since these policies were coercive in nature, including forced vasectomy camps, people reacted strongly. Instead of achieving the goal of bringing down the fertility rate, those coercive measures brought down the government. The family planning programme got a bad name due to those excesses committed during the Emergency years and the subsequent government was forced to change the name of the department from "family planning" to "family welfare" in 1977.

THE CHINA MODEL

When one thinks of coercive population legislation, the China model comes to mind. The rule was recently rescinded but what has been the impact of the one-child policy on the demography of China?

When the one-child policy was rolled out in China with stringent measures, the fertility rate came down drastically from 2.75 in 1979 to 1.69 in 2018. The Chinese Communist Party took pride in its achievements of preventing 300 million "unwanted" births as a result of this policy and its effective implementation, which ultimately resulted in abortions, forced sterilisations and alarming levels of female foeticide.

China is, in a way, in the midst of a population crisis now, which is of its own making because of having enforced stringent fertility regulations, resulting in a dwindling workforce, a rapidly growing population of the aged and a highly imbalanced sex ratio with far-reaching adverse consequences. All the attempts in recent years by the Chinese authorities to increase fertility by offering incentives for having two or three children are also not working. The Chinese fertility control experience is a warning to us.

The Chief Minister of Assam stated that the proposed population policy in his State is meant to help the development of the minority community in Assam. With this in mind, can you share some of your observations on the fertility rate among Muslims in India?

It is a fact that Muslim fertility is higher than Hindu fertility as of now. If we consider the evidence from NFHS-4 (2015-16), the TFR of Hindus was 2.13; for Muslims, it was 2.62; for Christians, it was 1.99; for Sikhs, it was 1.58. But if we consider the education of women and the economic status of households, we can see a clear pattern across India: illiterate women in India, on an average, have three children whereas women with at least 12 years of schooling have only 1.7 children.

Similarly, those belonging to the poorest economic strata have on average 3.17 children whereas those who belong to the better economic classes have only 1.54 children. To a great extent, the higher fertility among Muslims can be explained by lower levels of education among women and their poor economic status.

The current use of modern methods of contraception in India is only 38 per cent among Muslims as compared to 49 per cent among Hindus. In the two large States of U.P. and Bihar, the current use of modern methods of contraception is still very low, at 32 per cent and 23 per cent respectively. The unmet need for contraception in these States is substantial—18 per cent in U.P. and 21 per cent in Bihar. This means that women want to use contraceptive methods but are unable to do so owing to lack of access to family planning methods.

If we are able to meet the unmet need for contraception, the fertility rate will come down significantly. More focussed efforts are required to create awareness on the advantages of the small family norm, and by providing access and availability to quality contraceptive services. So, there is lot of scope for acceleration of population stabilisation through better education and provision of family planning services with a basket of contraceptive choices.

FRONTLINE · AUGUST 13, 2021

18 FRONTLINE · AUGUST 13, 2021