

FACTS OF LIFE

Relevant for: Geography | Topic: Demography of the World - Growth of Population

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The mention of a population explosion by the prime minister in his Independence Day speech has rekindled debate on population growth and family planning. The responses have varied. Some have called for a law to limit family size; some others have asked for disincentives for large families. Some have attributed the problem to specific communities.

It is important to understand the dynamics of population growth for designing an appropriate response. There are two major factors leading to high population growth:

One, householders wanting larger families, particularly more than the replacement level of a total fertility rate of 2.1 where a mother is replaced by a daughter; two, the population momentum, that is, a larger number of people entering the reproductive age group of 15-49 years compared to those leaving this age group. This is the age-composition effect of earlier levels of high fertility.

As the [Economic Survey](#) (2018-19) has pointed out, fertility has been declining everywhere and in every community, although rates of decline vary. The national fertility rate is estimated to be 2.2 in 2016, very close to the replacement level and is projected to reach it around 2021. However, some states have fertility rates higher than the replacement fertility level. In particular, the states of Uttar Pradesh and Bihar have substantially higher fertility rates at 2.74 and 3.41 respectively, according to the National Family Health Survey (NFHS-4) 2015-16. In the 1990s, the fertility rate was higher in UP than in Bihar, but it has declined faster in UP. The Economic Survey (2018-19) has estimated that fertility will reach the replacement level in UP by 2021 and in Bihar by 2031. This may be somewhat optimistic and will need appropriate action.

To the extent the fertility decline can be accelerated, the population growth will decline faster. The desired fertility rate indicates the level of fertility that would result if all unwanted births were prevented. Although it is not a precise indicator of intentions, the gap between the actual and desired fertility rate in India has declined from 0.8 in 2005-06 to 0.4 in 2015-16. This gap is 0.9 in Bihar and 0.6 in UP. Therefore, family planning services, including effective behaviour change communication, choice of contraceptive method, and good quality of care to the users of contraception to assuage their concerns regarding possible adverse health effects need to be strengthened, particularly in UP and Bihar. The government has identified 145 districts with high fertility under "Mission Parivar Vikas districts" and has instituted higher incentives for acceptors of sterilisation as well as sought to strengthen family planning services in these districts. Nearly two-thirds of these districts are in Bihar and UP and much more needs to be done there.

Do some communities have higher fertility than others? The total fertility rate for Muslim communities in 2015-16 was estimated to be 2.62 (NFHS-4), similar to the level of fertility in Hindu communities of 2.59 (NFHS3) in 2005-06; a lag of about a decade. Fertility has declined faster in Muslim communities compared to Hindu communities during the last decade and the gap has been narrowing over the years. The fertility rate has now reached near replacement rate in Hindu communities. Besides strengthened services, higher education level of women and other socio-economic factors may also lead to comparable levels in Muslim communities by

2025.

Many seem to believe that population will not grow once replacement fertility is reached. However, most of the future population growth in India will now be because of population momentum. For instance, fertility rate in Tamil Nadu had reached near replacement level around the year 2000 but the natural rate of population growth in 2017 was still 0.83 per cent per year with birth and death rates of 1.49 and 0.66 per 100 population (Sample Registration System 2017).

Concerned with high fertility rate of 2.9 in year 1980, China instituted a one-child policy with some exceptions for specific population segments. Near replacement fertility was reached around 1991 with an estimated population of 115 crore. However, the population continued to grow, peaking to about 140 crore around now, nearly three decades later, and it will soon begin to decline. It should also be noted that once fertility declines to a lower than desired level, it is difficult to arrest its decline. For instance, China has recently relaxed the one-child policy but it is not clear that fertility has begun to increase.

What can be done to reduce the momentum effect? To the extent couples delay their first child and space their second, the effect will be mitigated to some extent. Therefore, young couples need to be approached and encouraged to consciously and proactively plan their families. This requires special attention.

The government has two schemes for this purpose: Ensuring Spacing at Birth (ESB): Under this scheme, ASHAs' services are utilised for counselling newly married couples to ensure spacing of two years after marriage and couples with one child to have spacing of three years after the birth of first child. The scheme is operational in 18 states and has partially been expanded to a few others. ASHAs are paid Rs 500 for each couple delaying the first child birth by two years after marriage and Rs 500 for each couple spacing the birth of the second child by three years. The budget allocation in the National Health Mission for the above scheme in 2018-19 was meant to cover 10 lakh couples (National Health Mission Programme Implementation Plans). Considering an estimated 2.5 crore births in that year, this is meagre.

The UN Population Division estimates that the medium fertility variant, the most likely scenario, will result in a peak population of 165 crore in the year 2061 and a decline thereafter. In comparison, the low fertility variant is estimated to result in a peak population of 150 crore in the year 2041, a 9 per cent reduction.

What, then, are the relevant policy prescriptions for the future? First and foremost, special attention must be paid to UP and Bihar to bring down the fertility rate. India has now enough experience in family planning and we need to draw lessons from our own experience. Second, as mentioned earlier, spacing of children can moderate the momentum effect. This may be relevant particularly in the case of states which have already achieved the replacement level. However, legal actions or significant disincentives need to be carefully evaluated for their medium to long term consequences. Given the current scenario, these may best be avoided.

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