

CONTRA-INDICATIONS OF FERTILITY REDUCTION IN INDIA

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The present rate of growth of the Indian population, over 2 per cent annually, has no precedent in the demographic history of the country. The adverse and alarming implications of such a rapid population growth and the consequent strain on planning which aims at improving the living standards of the masses are too well-known. There is, thus, a need to peg the population at a level compatible with the requirements of national economy. This realization has brought to the forefront the question of fertility control.

The factor responsible for the accelerated growth of population in India (as also in most of the developing countries) is the drop in mortality caused by the application of simple and effective medical and public health measures; while no material improvement in the living standards has taken place. This is unlike the demographic transition of the Western countries where declines in mortality were caused and sustained by improvement in economic conditions. The process of transition as we see in India today may not be self-sustaining as in the long run death rates may tend to rise (unless prevented by an increased tempo of economic development). Though this may, in a sense, ease population pressure, the very idea militates against the elementary principles of public health practice and human sentiments. The population dilemma, it appears, can be resolved only by a strategic combination of measures for fertility regulation and economic and social promotion.

Technologies of death control could be introduced as simple procedures and they spread quickly. Deep desires for longer life and fear of diseases and death existed among all irrespective of differences in culture or economic development. But technologies of

birth control, novel though they appear to be, cannot be introduced as simple and universally applicable procedures. The two situations are obviously different. In the former the State could take certain preventive steps without the consent of the people, whereas in the latter the willing co-operation of the people concerned is paramount.

Fertility is affected by a host of factors in the fertility complex. Some of these influence fertility in a direct manner e.g. contraception, age at marriage, customs relating to marriage and sex relations, etc. while others such as religion, economic and social conditions, etc. put indirect pressures on fertility. In this paper we shall briefly examine some of the contra-indications of a reduction in fertility in this country while the symptoms which appear hopeful or favourable to a fertility decrease are not brought within the scope of this discussion. The future trends in fertility will eventually depend upon the resultant influence of these counteracting forces which are themselves subjected to a slow process of modification under the impact of social and economic changes.

Attitudes toward family size: Family size preferences may influence fertility performance. By and large, these attitudes are governed by traditional values and personal circumstances, the former having a greater sway in less developed countries particularly in the rural sector.

In India religion is still an important factor to be reckoned with. It is often said that Hindu religion (about 84 per cent are Hindus in India) is not antagonistic to the practice of birth control. This may be disputed. Instances are rare where there is specific and explicit support to fertility regulation in the

Hindu religious doctrine. On the other hand, there are indications of religious sanctions and encouragement for larger families¹³. Some of these attitudes and sentiments favouring high fertility have no doubt outlived their utility and have become anachronisms. The general failure to realize this may be a factor choking the development of a small family ideal and the adoption of fertility control methods. Nevertheless, the existence of certain social and religious practices, though irrational tend to lower fertility.

The over-all impression gained by a perusal of information on attitudes on family size is that most couples desire to have a small family. But the motivation to achieve this does not appear to be sufficiently strong. Further, it is not unlikely that such a desire expressed so often by some of the rural couples has emerged only after the family has overgrown.

While family size preferences may be influenced by social and economic conditions, the available data on the subject do not lead to an exact formulation of the differentials. There are two shades of opinion in this regard. Some hold that family in the future may be expected to be smaller because of the economic development under way while others believe that there may well be a desire, as incomes rises, to have more children. Fertility investigations carried out in Bangalore City¹⁴ and Kanpur⁵ showed, the former more markedly, that the number of children desired was negatively associated with socio-economic status. In another inquiry no differential in the desired number of children among the various social strata was observed⁵. However, yet another recent study indicated that women would prefer 2 children under "existing" circumstances while they would aspire for 4 children under "ideal" conditions⁷. Though this is only an aspiration in a hypothetical situation, it calls for closer examination particularly in the context of the expected improvement in the economic situation due to the operation of development plans.

Attitudes toward family planning: The results of most studies show that a good proportion of women are keen to control the size of their families. While this appears to be a promising sign for the future adoption of fertility control measures, one cannot but sense an under-current of ambivalence in the expressed attitudes. In Kolaba district about 60 and 40 per cent of the females in the rural and urban parts respectively wanted a controlled family without any deliberate

attempt at limitation¹⁵. Besides being ambivalent, the attitude expressed after recognizing the desirability of a regulated family is perhaps suggestive of the considerable reluctance and difficulties these women have to take practical steps to achieve the desire. The reasons for the aversion of women in general to take the initiative in this respect may be varied but in the larger context of identifying the target population for developing the family planning programme one cannot ignore the significance of husband-opposition to the practice of birth control. Some studies have vouchsafed to the existence of such arresting forces⁴.

Other barriers to the promotion of family planning include sentiments and beliefs such as contraception is against religion and it may lead to immorality and promiscuity. Besides, there may be psychological and cultural deterrents to the adoption of birth control. The social and domestic organizations are also less propitious.

It is sometimes advanced that lack of knowledge and supplies are major hurdles to the practice of family planning. This may be only partially true, for ultimately it is the motivation and the felt need which could provoke practice. Motivation evidently is not on the high side at present. Even after expressing willingness to learn contraceptive methods or accepting supplies it is observed that quite a number of couples do not practise. For instance, the India-Harvard-Ludhiana Population Study has unmistakably indicated the wide gulf between approval or acceptance and practice of family planning⁶. While 80 per cent of the couples reported willingness to learn a contraceptive method, only about 45 per cent used a method at some time during the study period and after about 2½ years of sustained effort only about 17 per cent of the couples were found practising. The need for mending the cleavage is thus quite apparent.

Other factors influencing fertility: In the foregoing paragraphs the attitude of couples toward family size and fertility control were briefly examined. Fertility is also influenced by certain social and religious practices relating to age at marriage, widow remarriage and sex relations^{10,11}. We have a fairly clear notion as to how these are going to be modified in future by the forces of modernization.

The slowly rising trend in the age at marriage may be maintained for some time more. At present the rural females marry between 15, 16 years and the urban ones between 17 and

19 years'. While increase in the age at marriage would certainly lead to a reduction of the reproductive span, contradictory opinions have been expressed as regards its effect on reproduction. But considering the reproductive period as a whole any small increments in the age at marriage from its present low level is likely to enhance total fertility because of greater physical and psychological preparedness to reproduction. There is general endorsement to this view^{7, 11, 15}. However, if marriages are postponed to age 25 or so, there can be no room for any such doubt; fertility will be lowered considerably. But such a drastic change is unlikely because marriage practices are closely bound up with social and cultural institutions and hence are not easily or quickly changed. However, the effect of the expected change in the marriage age might be to enhance fertility for some years to come.

The effect of widowhood on completed family size has been examined in the Mysore Population Study¹⁶. It was estimated that the death of some of the husbands before the end of the wife's reproductive life time reduced the average size of the families by approximately 1.6 children for the rural areas. With further improvement in the social and health conditions, there would be late and less incidence of widowhood, the obvious effect of this would be to invigorate fertility.

Further, the taboos on sex relations wherever they exist, would become less rigid, which again would tend to improve fertility.

Finally, the negative association between economic status and fertility often found in Western experience chiefly due to the differential practice of contraception, may not operate in rural India for some time to come because it is doubtful if the rural sector has reached that 'take-off' stage in family planning. Any difference in fertility that is being observed or might arise would be mainly due to the differential effect of other factors on fertility.

Impact of family planning programmes. For well over a decade we have been expressed to government action in the field of family planning. The impact is admittedly poor from the point of view of a reduction in fertility or birth rate.

The results of some of the recent surveys conducted in the rural parts of West Bengal and Madras (briefly reported in the Press¹⁴), show that there is still substantial opposition to the acceptance and practice of family planning stemming chiefly from the people's conservatism.

Perhaps, it is too early to expect any visible or significant results from family planning programmes. But it may be conceded that the real obstacles to the rapid diffusion of family planning are psychological, sentimental and traditional. Even today the motives and methods of family planning are suspected in many areas, particularly rural.

Summary: The present rate of growth of the Indian population, over 2 per cent annually, is without precedent. The adverse and alarming implications of such a rapid increase in population, particularly the strain on planning are well-known. This situation has perforce brought to the fore the question of fertility control.

A broad distinction may be drawn between the practical aspects of the technologies of death control and those of birth control. The former could be introduced easily because of the universal craze for longer life while no such strong aspiration exists or existed for the diffusion of birth control procedures. In the former situation the State could also take certain preventive measures without the consent of the people whereas in the latter the willing co-operation of the people concerned is supreme. In addition, there are quite a few obstacles of a religious, cultural and psychological nature to the easy acceptance and adoption of birth control. As against these, the changing character of some social practices and injunctions relating to age at marriage, widow remarriage, sex relations, etc. tend to stimulate fertility.

Though there is a general preference for small-sized families, the motivation to achieve this does not appear to be strong. Hindu religion, by and large, favours large families. Some think that family in the future may be expected to be smaller because of the economic development under way. On the other hand, there may well be a desire, as incomes rise, to have more children. If that be so, this may hamper promotion of family planning aimed at controlling population growth.

Though the results of most surveys have indicated that women are generally receptive to the idea of family planning, one cannot ignore an under-current of ambivalence in their expressed attitudes. The argument that lack of knowledge and supplies are major hurdles to the practice of family planning is only partially tenable, for, it is the motivation and the felt need that could ultimately inaugurate practice.

The impact of family planning programmes on the birth rate has so far been negligible. The real obstacles to the rapid diffusion of family planning are psychological, sentimental and traditional. Even today the motives and methods of family planning are viewed with suspicion especially by the rural folks.

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"The proposed main goal from now on is to accelerate the rate of adoption of family planning so as to reduce the birth rate in India to 25 births per 1000 population by 1973."

-B. L. RAINA.