

The path to population stabilization¹

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Rotarians, distinguished members of the panel, friends:

For two days now, we have gathered to talk about ways of stabilizing population. You have heard many experts. You have heard people from government, NGOs, and from different countries share their views - share their experiences. Even this morning, we have heard extremely stimulating presentations. As the last plenary speaker, there is little one can add. What I shall do is to recount for you where current thinking is on issues of population – not just in India and South Asia but globally.

We have one goal: population stabilization. I shall talk about two myths, three misconceptions, four lessons and five action areas for Rotarians to consider.

Two myths

There are many myths surrounding population. I would like to highlight two that cloud people's thinking and reasoning the most.

First, many believe that countries are poor just because they have large populations. Take India for example. There are many who believe that India's per capita income is low, and remains low because there are just far too many people. Such a reasoning has very little basis. China, for instance, with a larger population – 1.26 billion in 1998 – has a per capita income that is nearly twice that of India's.

There is a related myth – that India's large population is the reason why our economy is growing so slowly. This again is not true. Between 1975-95, China's GNP per capita grew annually by 6.8%, and India's by only 2.6%. Even in the 1990s, after the initiation of economic reforms, India's growth record has not been as good as China's. Between 1990-98, India's GNP per capita grew by 3.8%, and China's by 9.2%. Obviously, large population in itself is not the reason for low incomes and slow growth.

In fact, population size is not associated with economic prosperity in any predictable manner. Take Malaysia and Nepal. Both have almost the same population – between 20-21 million. Yet the per capita income in Nepal is \$210. And in Malaysia, it is \$3,670.

The reality is that income levels and growth depend upon how well society treats its people. Economic well-being has little to do with population size, and much to do with how well society invests in its people – in their health, in their education, in their well-being. The more secure people are, the more prosperous a nation is.

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Second, another common myth is that large population is responsible for the poverty around us. If India is poor, or Nepal is, it is largely because of a relatively large and growing population. This leads many to a wrong conclusion: that by rapidly lowering birth rates and reducing fertility rates, we can eliminate poverty and improve standards of living. This again is not true. The link between fertility reduction and improvements in standards of living is neither obvious nor automatic. Bangladesh, for instance, has reduced its TFR dramatically from 6.8 to 3.1 between 1975-98. But this has not alleviated poverty in any significant way. Within India itself, we have the example of Kerala where fertility rates are down to less than 2 – and yet it is difficult to claim that there is no poverty in the State. Even in Europe and the United States of America, where fertility rates are relatively low – often well below the replacement rates – poverty persists.

Blaming population size for low incomes, slow economic growth and poverty is a mistake. Those who do so are merely using population as an excuse – an alibi - to cover up for serious policy failures.

Three misconceptions

Let me move on to misconceptions surrounding population. There are several misconceptions regarding what needs to be done to accelerate population stabilization. I shall highlight three that are once again – quite unfortunately – dominating current thinking.

First, many people feel that developing are too poor to afford the investments needed to stabilize population. Can India or Bangladesh or Nepal afford to expand contraception choices, ensure universal access to safe and appropriate reproductive services, and ensure health for all? Or for that matter, can these developing countries afford to universalize elementary education?

What can I say? I am reminded of an old saying: “if you think education is expensive, try ignorance.” Its costs are even more prohibitive – and today we in India and elsewhere are paying the price for failing to universalize elementary education.

High incomes are not a prerequisite for investing in people’s health and education. Several countries like China, Cuba, Costa Rica, Sri Lanka, and even Kerala in India have recorded remarkable gains in health and education even at relatively low levels of income. Nations do not have to become rich in order to provide for people’s health and education. On the contrary, the only way for them to become rich is to invest first in people’s health and education.

The truth is that you reap what you sow, and you do not reap what you do not sow. Investing in basic health and education is not entirely a matter of resources. It has much to do with priorities and the political will to address issues of population and human development. Take Viet Nam and Bangladesh – two countries that have lower per capita incomes than Pakistan. Yet we find that the Contraception Prevalence Rates are significantly higher – and fertility rates much lower - in Viet Nam and Bangladesh than in

Pakistan. Clearly, the issue is more than merely one of affordability. It is more a matter of getting priorities right.

Second, many argue that coercion and an authoritarian approach are what will get us the quickest results. Unfortunately, for instance, many strongly advocate that India and other countries should emulate China that has enforced a one-child policy for almost two decades now. There are several problems with the coercive approach.

First, and to begin with, even in China, the coercive population policy went hand-in-hand with a broad and equitable expansion of social and economic opportunities for women – the proven way to reduce population growth. And so it is not entirely clear how much of China's fertility decline can actually be attributed to the one-child policy.

Second, enforcing such coercive measures may be possible in an authoritarian country like China, but such measures are likely to have disastrous political consequences in any democracy. In India, the political and human wounds of the population 'control' measures initiated during the Emergency rule under Mrs. Indira Gandhi, some 25 years ago, are still to heal.

Third, in countries of South Asia and even in China for that matter, where there is a strong son preference, such restrictions will inevitably promote further discrimination against girl children. Instances of female feticide and even female infanticide are likely to increase.

Fourth, imposing restrictions on the number of children violates people's freedoms and individual rights.

Finally, why should coercion be used when there exists a well-proven alternative route of investing in social development and people's capabilities? Bangladesh and Indonesia have been able to lower their fertility rates without use of coercion. Within India itself, we have Kerala's example – a state that has invested well in people's health and education. And the social development route yields very quick results. Kerala, in fact, had a higher fertility than China in 1979, but by 1991, its fertility rate of 1.9 was lower than China's 2.0. And now, Bangladesh has shown that it is possible to reduce fertility rates rapidly without use of any coercion – by empowering women, educating people and improving access to reproductive health care.

Third, there are serious misconceptions surrounding the issue of disincentives and penalties.

In the first place, penalties are simply not needed – people in fact want to have fewer children. Study and study, survey after survey points out that most people – even the poorest, those living in rural areas, and belonging to minority groups – all want to have fewer children. Their knowledge of family planning methods is also high. But they lack adequate access to safe and appropriate reproductive health services. Why penalize people if the State is not able to fulfill its obligation of ensuring adequate provisioning of basic social services?

Second, penalties tend to get reduced to tokenism, they are difficult to implement, and they are often inequitable. In India, for example, political parties and some state governments want to debar those with more than two children from contesting for elections – or holding elected office. If anything, such a move is impractical. I wonder how political parties will track births, deaths, marriages, remarriages and divorces among party members (existing and potential) when the country is barely able to register 50% of all births through the Civil Registration System. Moreover, any such measure that debars people with more than two children from contesting for elections is inequitable. It is strongly and unfairly biased against women, against the socially disadvantaged, and it ignores the reality of the poor.

Some State governments in India want to deny the third child the right to free education. It is shameful to penalize a child for no fault of hers. Such a move clearly violates the Convention on the Rights of the Child that has been ratified by India. Even the Constitution of India assures every child – without discrimination – the right to free and compulsory education up to the age of 14 years. I am not a legal expert nor am I a lawyer. But denying any child the right to free and compulsory education – even if the child happens to be the third – seems utterly unfair and unconstitutional.

Four lessons

Let me move on to some of the lessons learned. What is needed to stabilize population? Thinking has undergone a radical change – and particularly so after the International Conference on Population and Development in Cairo in 1994. New thinking has been further reinforced by the work of human rights activists, women's groups and by the International Women's Conference in Beijing. Let me list four major lessons learned that underlie the current shift in thinking.

First, all over the world, policy makers are beginning to realize the importance of women's empowerment. Dr. Mahbub ul Haq, the late Pakistani economist, would often say:

“The most difficult thing in life is to discover the obvious. It took Newton to question why an apple falls down rather than up to discover the law of gravity.”

In the same spirit, we are now discovering the obvious – that women are critical for human development. The 1995 Human Development Report pointed out that development unless engendered is endangered.

Women's empowerment needs to be viewed in the framework of rights, capabilities and freedoms that Prof. Amartya Sen talks about. Empowerment is about people acquiring the freedom to do what they want to do, and to be what they want to be. Empowerment is about women controlling their circumstances instead of being controlled by their circumstances.

Rotarian Rekha Shetty has reminded us that population is not only a woman's issue. It is a people's issue and it is a family issue. Women's empowerment is about empowering the human race, not just women. Women's empowerment is about building safe homes for children. It is about improving the quality of life for all.

Second, population stabilization is not a technical issue that has a technical fix. We all seem to agree that for population stabilization, it is important to improve people's access – and women's access – to health care. The contraception mix needs to be enlarged. Women must have access to emergency obstetric care even in remote areas. But mere physical provisioning is not the solution. It is critical to involve people – and enable women in particular to participate in decision making and to have a say in decisions relating to reproduction and livelihoods. Women must be empowered to make informed choices.

There is a closely related issue – that of gender equality and the influence it has on the ability of women to exercise their choices freely and without fear. The roots of the population issue lie in social realities – and in social constraints (or unfreedoms) that women in particular face. It is therefore important to change mindsets to enable women to act with greater freedoms. This requires greater gender equality both within and outside the household.

Reproductive decisions are typically taken within the family. And so promoting gender equality within the family has to be based on partnerships within the family. Partnerships cannot be based on relationships of domination or subordination. They have to rest on mutual self-respect and shared concerns. To achieve better understanding, every effort must be made to involve men in the promotion of reproductive rights. This is vital in order to change societal perceptions about the contribution of women. For this can happen only when women are seen by men – and by society - not as *better* halves but as *equal* halves.

Third, there is an urgent need for improving child survival. Reducing child deaths is essential in order to restrain population growth. It has now been established all over the world that reductions in infant mortality (or improvements in child survival) precede reductions in fertility rates. Several mechanisms connect lower child death rates to lower birth rates – including the replacement factor and the insurance factor. Reducing child deaths can help societies move towards family building by design than by chance. The interventions for improving child survival are well known – better education, improved access to health care, better nutrition, higher earnings, safe drinking water, and better sanitation. Not surprisingly, these are the same interventions that are needed for empowering women, for improving standards of living, and for stabilizing population.

Fourth, another major lesson learned is the need to view population in the broader context of human development. Economists and policy makers the world over – including in the World Bank – are beginning to view development as an expansion of capabilities and freedoms – not merely as an expansion of incomes.

There is a similar shift in the way poverty is perceived. There is more to life than just income poverty. Life is multidimensional and so is human poverty. Illiteracy, ill-health,

malnutrition, insufficient earnings, social exclusion, lack of say in decision making – all these have to be viewed as unfreedoms constituting human poverty.

Human poverty means the denial of opportunities and choices most basic to human development. To tackle human poverty, we need to understand the root causes of human deprivations. Very often, poverty of incomes is the outcome; poverty of opportunities is the cause. Human poverty (as opposed to income poverty) is thus concerned with the poverty of *all* opportunities – economic, social, legal and political.

Similarly, when we are talking of inequalities, the concern ought to be not just with income inequalities, but with the inequality of opportunities – all opportunities – economic, social and political – across regions, between women and men, and among communities.

Population stabilization can be accelerated only when the issue is seen in the broader context of human development. The close inter-linkages that exist between different dimensions of human life are well understood. And the good news is that such an integrated thinking is beginning to shape population policy.

Five interventions

I now come to the last part of my presentation. Where does all this leave us?

By and large, we know what is wrong. We know what needs to be done. And we complain in our living rooms, in seminars, everywhere. We grumble a lot. The real challenge is how to convert private grumbling into public action. And here is where Rotary International (RI) comes in.

Let me list *five* priority areas for RI to consider.

First, concentrate on universalizing elementary education and on improving the quality of basic education. It is best to start with children and adolescents – to shape young minds to become more gender sensitive, more aware of the social realities of life, and more conscious of their responsibilities as citizens. There is an issue of improving the physical condition of schools. But there is an equally (but often neglected) issue of concentrating on the improving the quality of education, and improving learning achievements.

Second, forge partnerships with government, NGOs and civil society to assist with management of basic social services. There is urgent need for improving the range of services offered, ensuring equal access, assuring quality, securing greater involvement of women and the community, and establishing norms of accountability.

Third, promote greater public awareness and advocate for change. Rotary International must begin to play a vital role in influencing public discourse, dispelling myths, and changing mindsets. RI is particularly well placed to bring issues of 'silent' deprivations and exploitation on to the public agenda. There are

many such areas including domestic violence, child abuse and even HIV/AIDS that require sensitive handling when it comes to public discourse.

Fourth, make a conscious and concerted effort to expand opportunities for women. It could begin with membership of RI itself. But every effort must be made to actively involve women from the community in decision making relating to the many projects that RI supports.

Fifth, use the talent and brainpower in Rotary to innovate and experiment. Bring the latest technologies, and the most appropriate technologies to the poorest. After all, Rotary International has so much good will. And if there is *good* will, there is a *better* way.

Let me end. The time to act is now.

Stop counting people, and begin to count on people. Expand their capabilities, offer more opportunities, invest in their education and health, and promote women's empowerment. Take care of people and population will take care of itself. This is the way to population stabilization.