

Population and Society
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Lecture No. # 30
Effectiveness of Population Policies

Well in the last lecture, we were discussing about population policies, and to recapitulate what we have discussed is, that population policy is a statement which must be issued with the sign of the ahead of this state. Population policy may be about some specific aspect of population or more aspects of population, it can be about size, it can be about growth rate. So, some countries may feel that their growth rate is higher than it should be from development perspective and therefore, it must be reduced.

Some countries may feel that their growth rate is lower than what they would like to have or what is good for the development of the country, and it must be raised. Or some countries may have a pro-natal policy means policy which encourages reproduction. Some countries may have antenatal policies, policies which discourage reproduction.

For example, European country most of them have pro-natal policy, they want to increase their birth rate, because their total fertility rate has already gone below 2. And in several countries, it is close to 1.2 or 1.3; and they are facing the problem of population implosion, possibility of negative growth rate and the problem of aging of population means rising median age of population.

The policy may aim at encouraging or discouraging migration or they may be policy regarding raising age of marriage or proportion unmarried in different age groups or it may be something about social mobility. We have also seen that, by enlarge the developed countries have pro-natal policies and the less developed countries have antenatal policies.

Though, several of countries of Latin America and Africa, do not have an explicitly stated population policy which may be in, either they are happy with the present population trends or there are only indirect ways or there are statements by bureaucrats

or different ministers in charges of different departments about good or bad effects of population.

In developed country, there are some other issues also like HIV, AIDS, human rights, rights of migrants or rights of women and children; and specific policies to deal with the problem of trafficking of women and children. In less developed country, the issue of HIV, AIDS is a new issue. And several countries of Latin America, Asia, Africa now have some policy regarding prevention of HIV, AIDS or fighting HIV, AIDS epidemic.

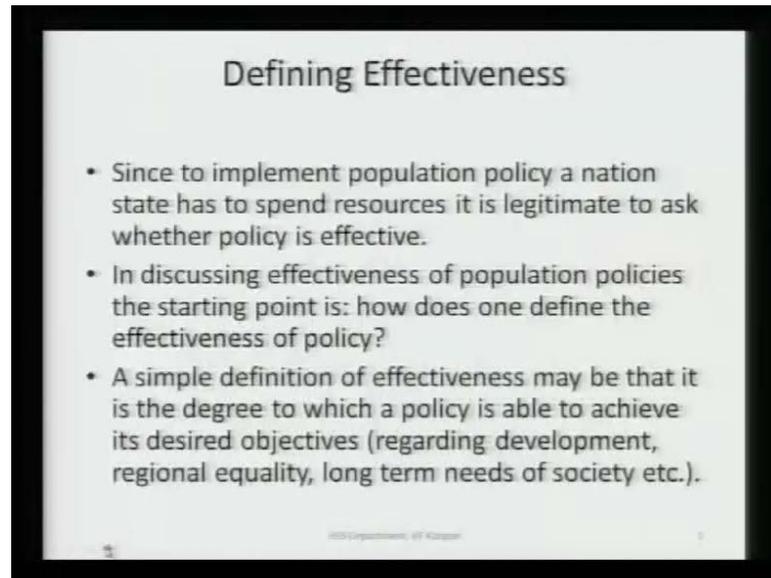
Some of them must be more concerned in Africa, there are countries where the prevalence rate of HIV has gone to the level of 24 percent among adults 15 plus. So, they are worried about HIV, they have also calculated what has been the loss in life expectancy due to this much of prevalence of HIV.

Now, today after discussing this, what is population policy, what are types of policies, we have also discussed little bit about role of different leaders or sections of society in determining population policy. For example, I said that although population policies are statements by heads of states; but in determination of population policies, intellectuals, experts, consultants, academicians, civil society activists or NGOs and religious leaders or women's groups have also played an important role.

Today, we will see if it is possible to examine effectiveness of population policies. That we have a policy India has a policy today, starting with statement of policy in 1976 by Doctor Karan Singh and then followed by Janata Policy, we have National Population Policy 2000. Now, just having a policy is not enough, the policy must be effective and therefore, there must be some ways of examining exploring to what extent our policies are effective.

Now, this is a difficult question. So, in today's lecture we will see what are all the considerations or what are all the complexities involved in examining effectiveness of population policies, be it a policy on fertility or marriage or migration or mortality. It has not been easy to evaluate effectiveness of policies.

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So, first let us define what we mean by effectiveness. Since to implement population policy a nation state has to spend resources, it is legitimate to ask whether policy is effective or not. In all 5 year plans, we have a certain amount of money year mark for implementing family planning program or population policies. I think in the first 5 year plan we started family planning program by putting a target of spending 65 lakh rupees on this. And then, in the second plan the money grow significantly and then in subsequent plans. Today we are spending crores of rupees in implementing our family planning program; we call it family welfare today.

So, since we spend a large amount of money in implementing a population policy; obviously, the policy makers would like to ask what has been the result of spending, so much of money on the policy? Because, then you can compare effectiveness of spending money or resources on different kinds of policies on such education policy, family planning policy.

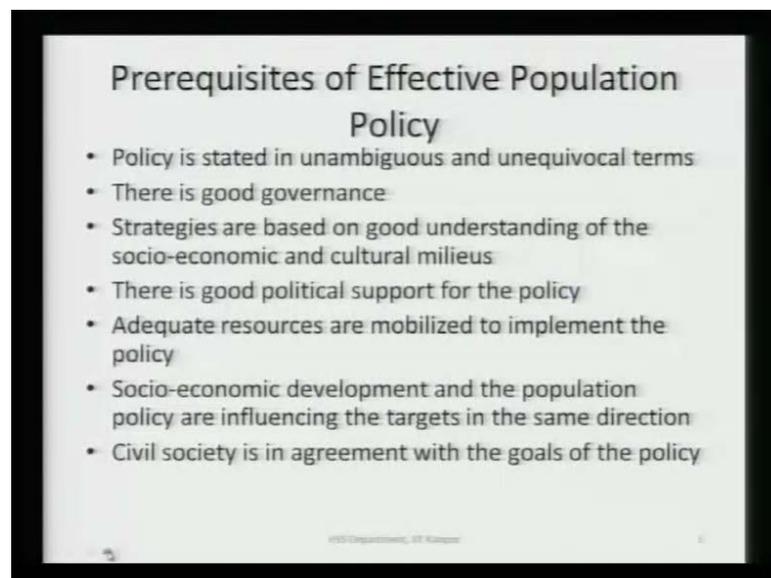
Somebody can ask, whether it is worth spending so much of money on population policy; why do not we spend more money on education, why do not we stop family planning program and spend more money on education; ultimately we know that, it is education or modernization or efficacy, which is going to lead couples to limit family size.

So, we **we** need to know, what is the effectiveness of policy? Because we are spending money on that; then in discussing effectiveness of population policies, the starting point is how does one defines the effectiveness of policy. There are sometime, we make a distinction between efficiency and effectiveness.

Efficiency is kind of input output relationship, while effectiveness means more of output, what have we achieved; effectiveness what have we achieved how many couples we have reached, how many villages how many district how many states; and what proportion of different categories of population segments we have reached, how many people are using family planning methods, that is effectiveness.

Efficiency means what have we achieved on per unit expenditure basis. So, we are talking about effectiveness. Here, a simple definition of effectiveness may be that it is the degree to which a policy is able to achieve its desired objectives; the policy may be in the field of development, in the field of regional equality, or in the field of long term needs of society. So, in population policy it means that by spending so much of money in implementing population programs. What has been the result?

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There are certain prerequisites of effective population policy, how can we make our policies effective, something which will also be required in exploring effectiveness of the policy. First, the policy must be stated in unambiguous and unequivocal terms. There must be clear goals objectives targets policy must be stated in unambiguous terms; that

means, if I have a policy to influence population growth rate I cannot check the effectiveness, there will be some change in population growth. I must clearly state that, the policy is about achieving a reduction in growth rate of population; and not only a reduction, but I must also say that, I want to achieve a growth rate of this much in next 5 years and then, this much in next 10 years then, this much in next 15 years. We must have unambiguous and unequivocal population policy statement.

So like, if you look at population policy of India in the beginning, the goals of population program were stated in terms of achieving birth rate of 25 as early as possible. At some point, they started talking about achieving birth rate of 25 by a certain date. Then the policy was stated in terms of total fertility rate. At some point, policy was stated in terms of net reproduction rate at the national level and then, at the level of each state.

And today, we are talking it more in terms of population stabilization, which is related to net reproduction rate, but we are talking recently, we have also talking more specifically about infant mortality and maternal mortality ratios. Once we have clear statement unambiguous statement of policy then, it is possible for us to check to what extent our policy has been effective.

Then another prerequisite of effective policy is good governance. Even Gunnar Myrdal long back in his famous book Asian drama said that, the countries of Asia have rather soft state, soft state means the state is not able to achieve its own goals; what it was to achieve, what it desires to achieve, what targets it fixes for itself. It is not able to achieve that, which relates to a degree of governance transparency, corruption freeness, commitment, motivation, concentrated efforts, so all that is required for good governance.

Then strategies are based on good understanding of the socio-economic and cultural milieus. Based on my understanding of socio-economic and cultural milieu of India, I cannot have a policy that in next 5 years India must have same life expectancy, which Japan has today; our life expectancy is say around 65 years, it is not feasible for us to have a life expectancy of 82 in 5 years time. So, policy must be our policy statements must be feasible statements, there should not be too ambitious or unrealistic.

Then there is a good political support for the policy, if we have a policy in democratic society sometime this can happen that, to show their face to united nations or to group of

nations like millennium development goals, the state declares a policy, but because of multiplicity of interest of plural society plural nature of society, they are not able to provide lend support political support to its own program. For example, in our country sometime governments hesitate to lend full support to population policy, due to fear of backlash among minorities. So, if there is a lack of political support political commitment, then the policy cannot be effective.

Then, adequate resources are mobilized to implement the policy, we must have a correct calculation of how much resources are required to implement the policy. If you make suboptimal expenditures you give money for construction of building to all (()), you give money to appoint doctors, you give money for vans or jeeps or engine vehicles; but you do not give money for petrol or you do not give money for medicines.

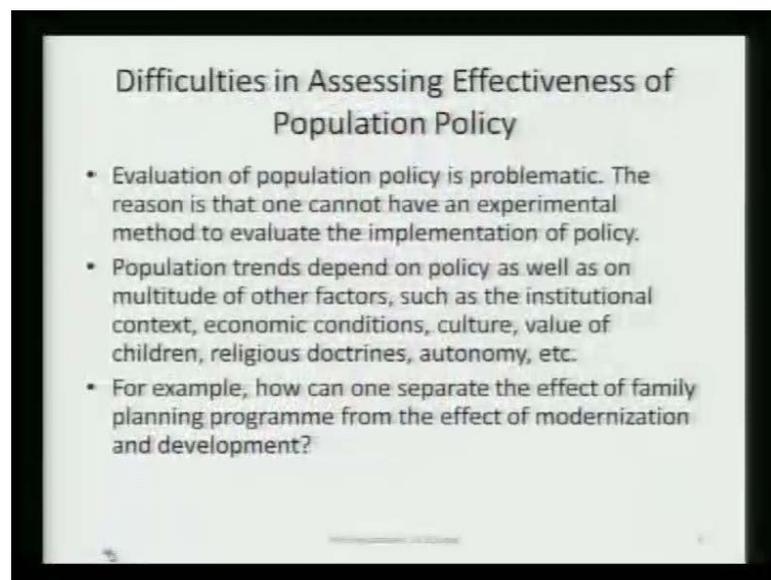
Or recently, we were doing a study of HIV in Dewas district of Madhya Pradesh we came to know, there was a common complaint among the providers at the district level at STI clinic level that from time to time. They have been suffering from lack of testing kits, and lack of medicines; and if there is a lack of testing kits then how can HIV policy be effective? People may come for HIV tests, they may be send by NGOs or by TI partners or some of them may come on their own; but you do not have equipment or you do not have kit to test them or you do not have medicine, you do not have regular supply of ART all you efforts are wasted.

So, you must use the operations research methods to compute exactly how much and what type of resources are required components of all the resources. Then socio-economic development and the population policy are influencing the targets in the same direction that is also very important. Because, if this is not happening, then you are not able to achieve your objectives, that is the problem as we will see later in some later slides that that is the problem that countries of Europe are facing today.

Socio-economic developments are taking couples to decide to produce only 1 child or not to produce any child, but their policy is to raise fertility levels. So, then the policy cannot be effective, because the policy is going in one direction and socio-economic modernization and development they are going in another direction. And lastly, that civil society is an agreement with the goals of the policy.

So, specifically last time when I mentioned, what is population policy and I said that, this is a statement issued with the signature of the head of the state. So, it was clear that, policy is always a state policy, but sometime civil society may not see eye to eye with what the state policy is. Civil society, they have its own views, if religious leaders, if civil society, if experts, consultants, media, thought leaders in the country do not agree with the state policy, then also achieving effectiveness will be difficult.

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There are some other difficulties too like difficulties practical difficulties in assessing effectiveness of the population policy. First, evaluation of population policy is problematic. The reason is that one cannot have an experimental method to evaluate the implementation policy in our sociology, the common research methods are survey, interviews.

Or ideally, even one can even think of experimental design, but we cannot have experimental design in a country like ours, you cannot; **you know** if you want to use experimental design to test effectiveness of policy, then it means dividing all the states into groups, control and experimental. Running one kind of policy in one group of states and running another kind of policy or not running policy in the other group of states. And examining the effects of them, after a gap of 5 years, 10 years, 15 years.

On political and ethical grounds, this control experimental thing is not possible in testingness effectiveness of national policy just because, sociologists want to use

experimental design to test effectiveness of policy; the national government will not permit and cannot afford to have separate policies for separate states or have policy for some states, and not have policy for other states. So, you cannot use your conventional experimental kind or comparative (()) comparative method, you not use comparative method in this sense.

Then population trends depend on policy as well as on multitude of other factors, such as institutional contexts, economic conditions, culture, value of children; there are lots of researches on value of children by psychologists or by interdisciplinary teams of social psychologists this issue what is value of child or what are values of children; so, this in itself is a very complicated issue; then religious doctrines and autonomy etcetera.

So, population policy or efforts on the part of the state I just one part of all the things which affect the results in the fertility, the mortality, migration, social mobility etcetera, if all of them go in the same direction, then obviously, state policy will be effective. If economic condition, culture you know they are not suitable, then the policy will not be effective, actually you cannot even have policy always.

When we became independent then, the thought leaders or political leaders like Pandit Jawaharlal Nehru, they were all (()) supporters of population program. But, there was also a feeling among all the leaders experts, political activists, political workers, grassroots workers that we lack the institutional context of the (()), we lack those economic conditions or culture in which population programs could be implemented.

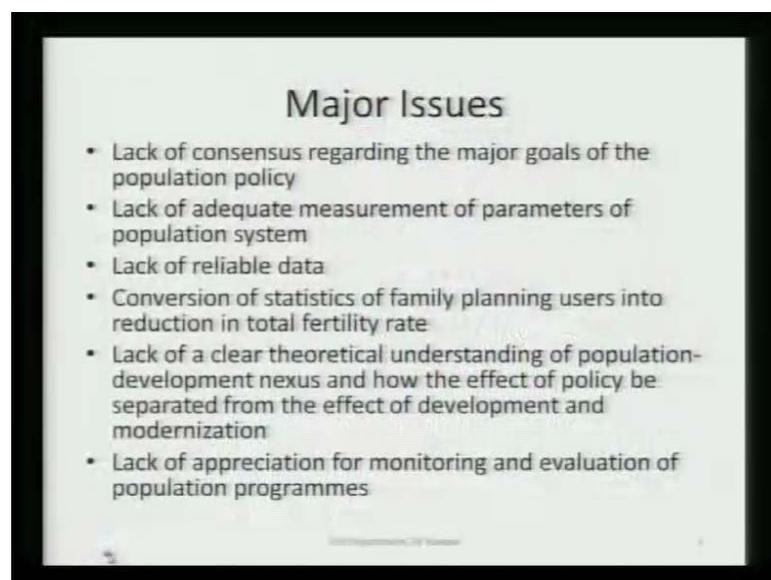
So, we started very cautiously with Gandhian approach, people thought that the mansion of population policy or population program will be taken as a very sensitive and irreligious or shameful thing to do to. It was in 1951, 1952 the condition was not as it is today. Today, we have come to that stage when we are saying that, we must introduce sex education at 8 th standard level among young adults young adolescent, because of HIV and other issues.

And in general, there is more favorable climate, many parents also welcome if we introduce sex education directly or indirectly even at the junior level. But in 1951, 1952 even the mansion of words like population program, family planning were taken as something talking shameful as something talking about sexuality or deviance or immorality or sensitive thing, things which should not be in public domain or which

should not be discussed in presence of children and young adults. So, in that climate we could not have a population policy, except that we said that we must control our population; and we advocated that Celibacy or Brahmacharya is the right method for that.

So, for example, how can one separate the effect of family planning program from the effect of modernization and development? This is a serious problem in examining effectiveness of policy.

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Then some major issues, lack of consensus regarding the major goals of the population policy. A problem, which affects our policy even today, if you talk to 10 persons in ministry in ministry of health and family welfare or if you talk to 10 experts, there is no clarity regarding what actually we want to achieve. Some people will focus on health, some on education, some on inclusive growth, some specifically on TFR or NRR, some on population stabilization.

Then lack of adequate measurement of parameters of population system. This is another problem. Parameter you may say that, the parameters of population system are clear fertility, mortality etcetera. But, how do you measure them, there is not one measure, each of the components of population growth is measured in terms of several indicators several measures. What is migration, do you want to use (()) data, (()) data or some other kind of data fertility what do you measure in fertility, birth rate or general fertility

rate or age specific fertility rates or gross reproduction rate or net reproduction rate what do you in what terms you want to evaluate their population policy. And you fix different measures of parameters of populations system, you have different results.

And in terms of like if looked at from the prospective of couple protection rate, our achievements are enormous. More than 65 percent couples in India today are using family planning methods so great. But, in terms reduction in growth rate of population we have not been so successful, even the last census produce a growth rate of more than 2 percent. So, somebody from that prospective can say that, we have not succeeded.

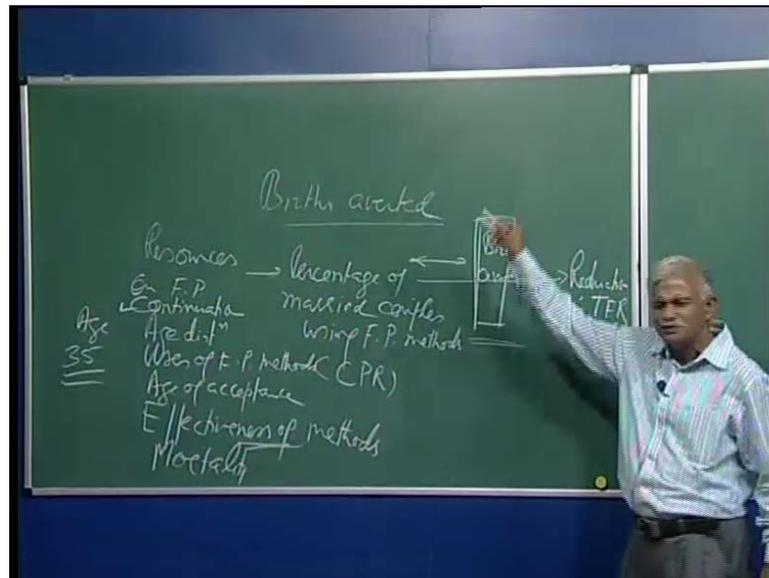
Somebody from the perspective of couple protection rate can say that, we have more than succeeded. Initially the goal was to reach 60 percent couple protection rate, because it was thought that once we reach 60 percent couple protection rate, we will have TFR of 2; but, we have more than 60 percent couple protection rate and our TFR is still quite high. Couple protection rate in the lagging states is also not so bad, but their total fertility rate is very high 4,4.5, so that depends on the measurement of parameter.

Then lack of reliable data is another problem. Today, gradually we are learning to collect reliable data on different aspects of population parameter, but we cannot say that we have reliable data and everything we do not have. For example, we may have reliable data on birth rate our sample registration scheme data may be quite, but we do not have reliable data on maternal mortality ratio.

So, there are certain parameters, on which we have reliable data, there are certain we do not have reliable data on unemployment. There are many things on which we are still not able to produce reliable data. Some people may even doubt the validity of the figures of couple protection rate, because much of your couple protection is from female sterilization and cases of (()) (()) of data due to targets in the family plan program at grassroots level such things are reported very common.

Then, conversion of statistics of family planning users into reduction in total fertility rate that is another big issue on which you require contributions from mathematicians statistician that you have achieved a couple protection rate of 65, which is not immediately reflected in birth rate impact.

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How many births are averted? One measurement in evaluation of population policies has been births averted means how many births are prevented from taking (()). Births averted that, if you did not have family planning program, then you would have so many more births; and because of family planning program so many births are averted.

And you see this, birth averted figure you would like to know how many births are averted till say 2000 then 2001, 2002, 2010, what would be births averted in 2015, 2020; they cannot simply be added you know birth averted every year cannot simply be added, because they will have long term effect on reproduction or number of women in reproductive period, number of men, number of women and child births etcetera.

Sir Sir, do you think this parameter can be measured births averted?

Yeah it is measured we have to measure it to to say that, the family on the issue is that we spend money resources we spend resources on family planning. By spending resources on family planning, we increase the percentage of couples percentage of married couples in India children are born only to married couples; percentage of married couples using family planning methods or what we call, couple protection rate.

Now, this couple protection rate must ultimately result in reduction in total fertility rate. And why does it result in reduction in total fertility rate? Because, in between in number of births are averted, because of this rise in couple protection rate, a number of births

means if you had not used family planning methods, if your (()) had not used family planning methods, you would be producing many more births than you are producing today, that difference is births averted.

Now, what I am saying that, computing birth averted from the figures of couple protection rate is a very complex exercise, because it depends on a number of factors; It depends on age distribution of population, it depends on uses of family planning method, which methods are more in use; whether people are using condoms or they are using IUCD or oral pills or male sterilization or female sterilization. Then age of acceptance of family planning methods for separate methods.

Effectiveness, how effectively effectiveness of different methods. Some methods may have 100 percent effectiveness, some methods may have lower effectiveness; sterilization may be almost 100 percent effectiveness, but condoms will not be 100 percent effectiveness, oral pills will not be 100 percent effective. So, there is a some degree of effectiveness of each method.

Then mortality data, why mortality data, because if a woman accept sterilization at the age of 35 then it is not that, because she has used female sterilization as a family planning method at the age of 35, then only next year some birth will be averted. The advantage of (()) using female sterilization at 35 will be will be there for several years to its. If she had not gone for female sterilization, she may have produced a baby at 36, 37, 38 up to 49.

So, effect of family planning method continues for a long time. And then, it also depends on the continuation some people this is a problem with spacing methods, which can be withdrawn which can be used withdrawn reuse, how long do people continue with family planning method, how long do they continue using oral pills or you know these methods.

So, for establishing a relationship between this and this, so many things are required; and you required reliable data on each, you require statistical mathematical models, then only you can have a clear understanding of how family planning statistics are producing results in terms of births averted, which will ultimately need to reduction in total fertility rate.

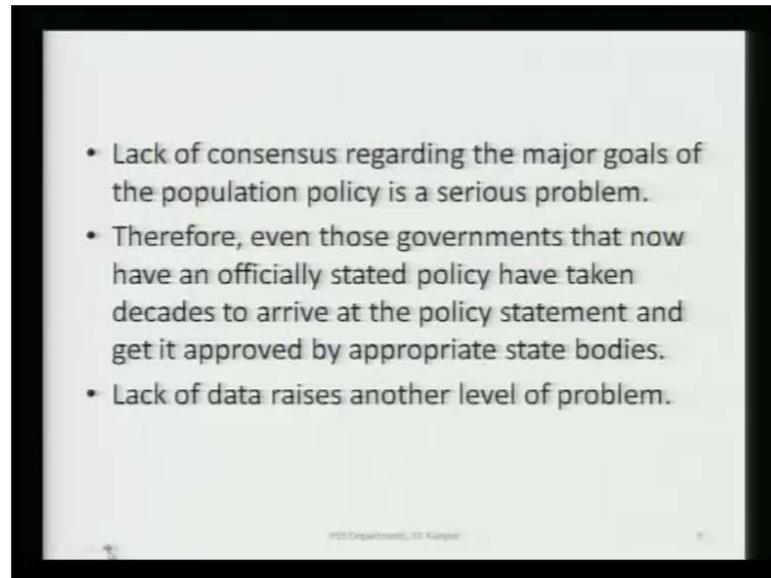
Then another issue is the lack of a clear theoretical understanding of population development nexus and how the effect of policy be separated from the effect of development and modernization. If we have achieved a couple protection rate of 65 is it due to family planning program of India or is it due to development and modernization. Can one say that, if India did not had family planning program, then the couple protection rate today would be 0, it would not be 0 due to modernization and economic development on (()).

In the western country, there was no family planning program and still for the reason of what we call social capillary, because they wanted to raise their own status and status of their children; despite opposition on the part of Catholic Church and (() state, they went for family planning. In our country, we would certainly have some figure may not be 65, but may be 20 or 25, even in absence of family planning program we would have some couple protection rate.

So, while you are evaluating the effect of policy you cannot say that, the whole 65 percent is due to that. May be, if you can arrive at a figure like in absence of program, it would have been around 25 then, 65 minus 25 the effect of program or policy is only 40 something like that.

Then another problem is that, in different countries either due to (() of funds or because, the (() do not see an immediate gain of that. There is a lack of appreciation for monitoring and evaluation of population program. States thing that, it is enough that they have policy, they have targets and they instruct, they order their ministries or their administrators and their staff to work towards achievement of targets; but there is no attempt to evaluate the efforts or you know there is no midterm or long term evaluation. Monitoring and evaluation usually monitoring is done when the program is going on and evaluation when the program is completed. So, that is another problem.

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Lack **lack** of consensus regarding the major goals of population policy is a serious problem. Therefore, even those governments that now have an officially stated policy have taken decades to arrive at the policy statement and get it approved by appropriate state body. You see, we **we** started our program in early 50's, but the first parliament approved formal policy document on population could be issued only in 2000 and **and** that means, at a gap of 50 years; it took 50 years for Indian parliament to attain consensus.

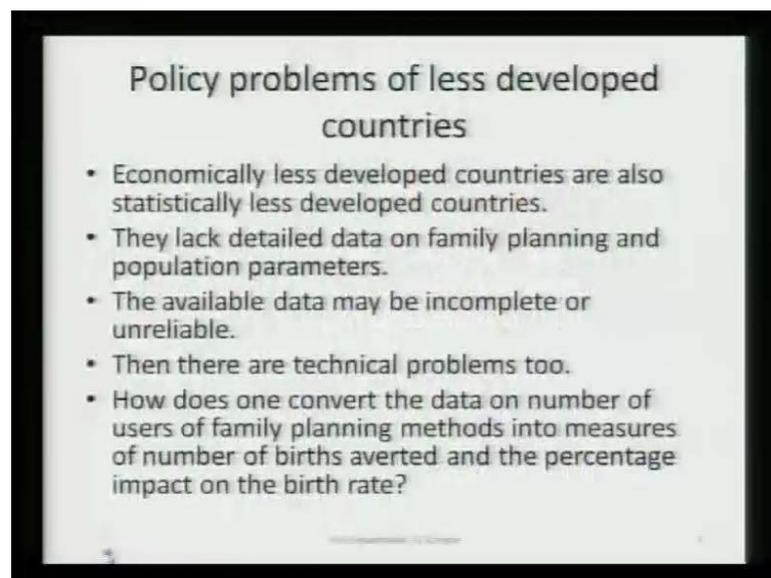
Government of India was by **by** enlarge favorable to population control, but there was consensus and 50 years is a longtime in the history of a country. So, lack of consensus regarding the major goals **you know** goal everybody said that, the population must be controlled, but how which method should be given more priority? What should be our communication policy? What should be direct and indirect methods? What should be the nature of organization of ministry of health and family welfare? What should be the relationship between states and center? What should be the relationship between different departments? What is the role of different departments of government of India. These have been burning issues.

And we have taken a very long time to decide about them. And then lack of data, if you do not have data, **if you do not have data** if you do not have data on continuation you require specialize service to collect data on continuation of practices, you require data

now this continuation would come mostly from special surveys. Age distribution, age distribution will come from routinely collected official records, and also from population census.

Then usage of family planning method various types of methods from routine administrative statistics, from market research, from diverse sources. And the age of acceptance, surveys of acceptor will give you information about age distribution of acceptors of family planning methods. Effectiveness, effectiveness require specialize studies sometime experimental control trials. And mortality data, mortality data you need (()) and for making (()) you you require age specific mortality rates; and this age specific mortality rates may come from effective vital registration system or in our country they come from sample registration system.

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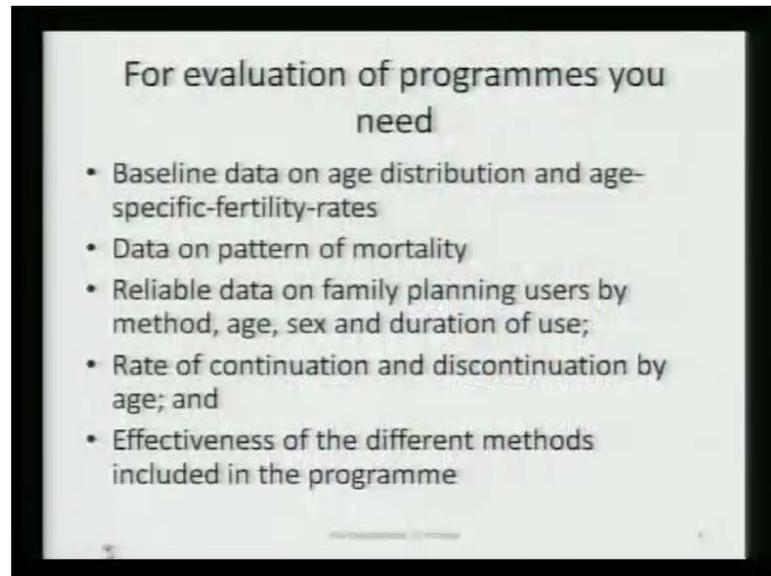


If you spend little bit time on policy problems of less developed countries you find that, economically less developed countries are also statistically less developed countries in this respect; you do not have as good quality of data on all these parameters for less developed countries, as you have for the developed country. Less developed countries lake detailed data on family planning and population parameters.

The available data are of an incomplete or unreliable. Then there are technical problems. How does one convert the data on number of users of family planning into measures of births averted and the percentage impact on the birth on the rate? That is another issue.

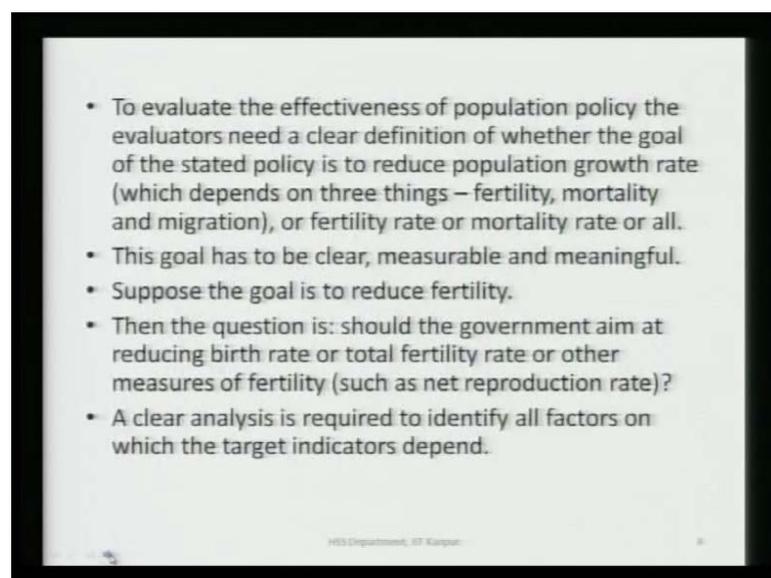
First of all converting couple protection rate into births averted and then, effect of births averted in different years on birth rate. So, the ultimate goal is to reduce the birth rate, how is it raising couple protection rate helping us in reducing birth rate.

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For evaluation of program you need, baseline data on age distribution and age-specific-fertility-rates, data on pattern of mortality, reliable data on family planning (()) all these parameters, rate of continuation discontinuation and effectiveness of different methods.

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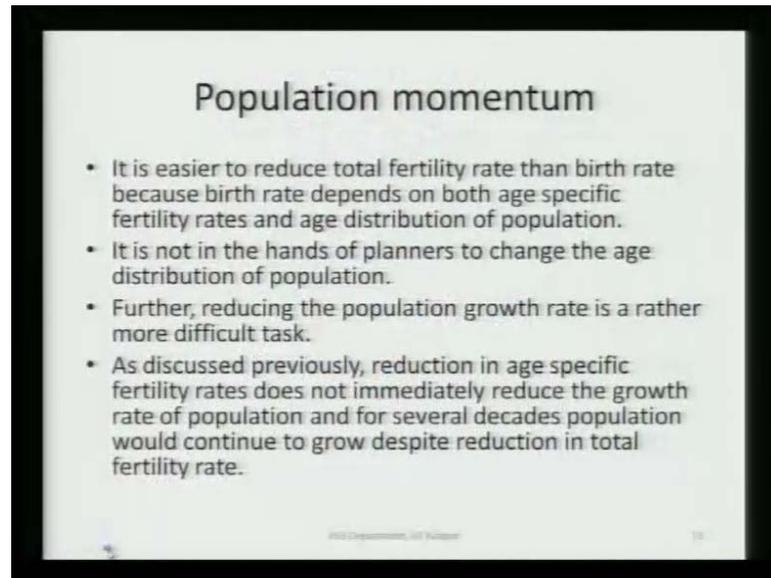
To evaluate the effectiveness of population policy the evaluators need a clear definition of whether the goal of the stated policy is to reduce population growth rate; which depends on three things: fertility, mortality and migration, or fertility rate or mortality rate or all. So so far what we have learnt that, to evaluate the effectiveness of policy, we must have a clear definition of what the goals are.

I have been repeating this, Garrett Hardin you know he asked a question regarding policy, what is your policy do you want to reduce birth rate or do you want to reduce population size? He said that, for development planning in those countries where population has already gone beyond the optimal level; there is a need to reduce population size. But, if you are only reducing birth rate, then you are not reducing population size, your population is still growing may be at a slower pace. And if during the time your birth rate is declining, death rate is also declining or death rate is declining faster than your population growth rate is increasing.

So, you must be clear about what the goals of population policy are. The goals must be clear measurable and meaningful. Suppose, the goal is reduce the fertility, then should the government aim at reducing birth rate or total fertility rate or other measures of fertility, a clear analysis is required to identify all factors on which the target indicators depend.

Birth rate depends on age distribution, net reproduction rate does not depend on age distribution. So, along with specifying the targets of the policy, there is also a need to identify all those social economic demographic factors on which your indicators depend like birth rate will also depend on population momentum. It is easier to reduce total fertility than birth rate, because birth rate depends on both age specific fertility rates and age distribution of population.

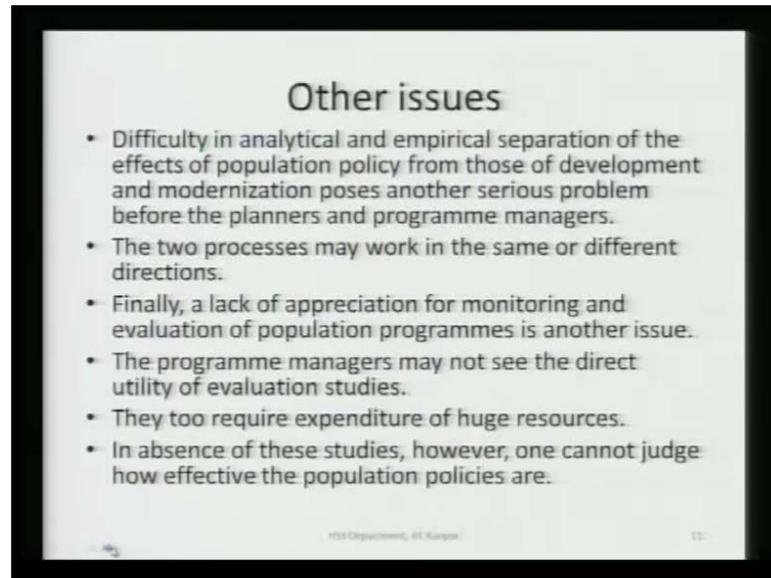
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It is not in the hands of planners to change the age distribution of population. Our state can make all the best possible efforts to reduce age specific fertility rates, but it is not possible at all for the state to make changes in the age distribution of population. Effects of age distribution are going to remain there for several decades. Further, reducing the growth rate of population is still more a difficult task.

As discussed previously, reduction in age **age** specific fertility rates does not immediately reduce the growth rate of population and for several decades population would continue to grow despite reduction in total fertility rate; that means if India is to achieve total fertility rate of 2.1 next year, even then it will take 30, 40 more years for India's population to become stationary or to get stabilized.

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Then there are other issues, difficulty in analytical and empirical separation of the effects of the policy from those of development and modernization, qualitatively issues are clear. The issue is to what extent reduction in birth rate is due to policy and to what extent due to changes in value system or changes in value of children or changes in literacy or education achievements or changes in levels of empowerment or changes in social development, but technically or empirically it is not so easy to separate the effects of various types.

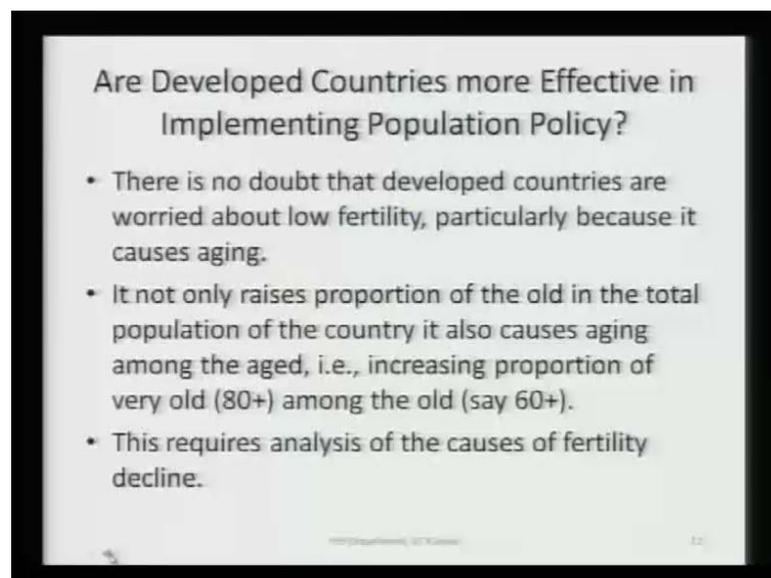
More over two processes may work in the same or different directions in the developed countries they are working in the different direction. In many less developed country, they are working in the same direction. So then, if they are working in the same direction, then your estimates of achievement or effectiveness may be (()). You may say that, all the achievements in terms of averted births or reduction in birth rate is due to population policy or family planning program; but actually that is because of both, modernization economic development social development on the one hand and population policy on the other.

Finally, a lack of appreciation for monitoring and evaluation of population program is another issue. It is only now the government of India gives on project basis, a projects to independent consultants for monitoring and evaluation, there is also (()) (()) international donors and international organizations.

The program managers may not see the direct utility of evaluation studies at all, it also depends on how bright or committed the top ranking bureaucrats are. Some of us would have been involved in consultancy or developmental research have found that when a department is headed by a bright committed, motivated, honest, independent bureaucrat at the top; then it takes monitoring and evaluation studies more seriously.

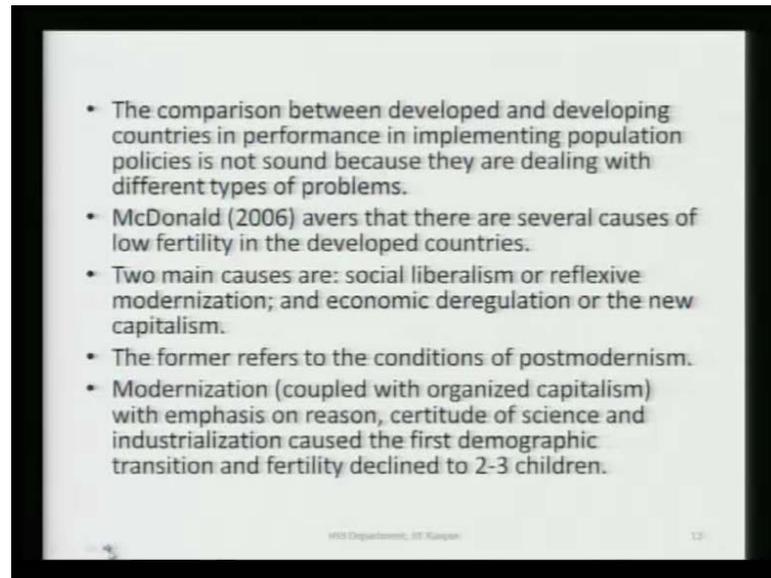
And sometime when this is not the case, then no evaluation is study gets done, because these study too require expenditure of huge resources. And some people may think that, why waste money on monitoring and evaluation, just spend all the money on running the program; and in absence of these studies however, one cannot judge how effective the policy is.

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Often students ask a question whether developed countries are more effective in implementing population policy? There is no doubt that the developed countries are worried about low fertility, particularly because it causes aging. It not only raises proportion of the old, but it also increases proportion of very old 80 plus among the old or 60 plus; means the population of 80 plus divided by the population of 60 plus. And this requires analysis of causes of fertility decline.

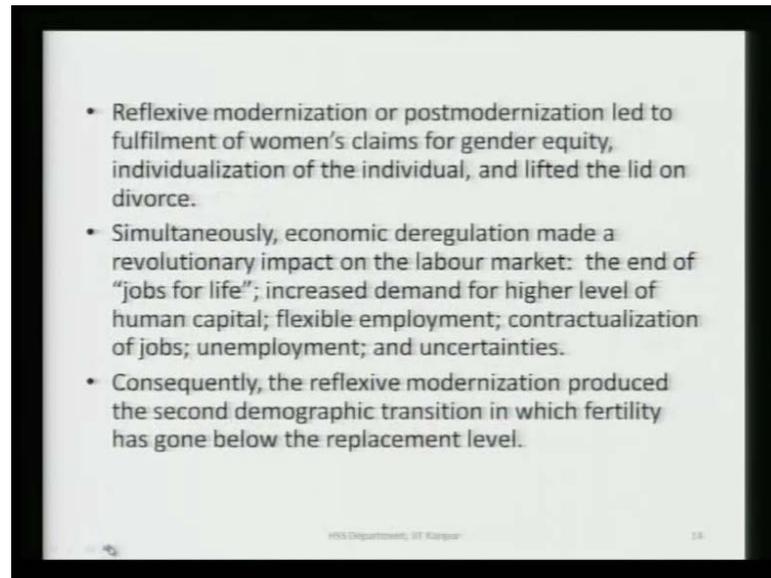
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The comparison between developed and developing countries in performance in implementing policies is not sound. However, because they are dealing with different types of problems. Macdonald in 2006 said that there are several causes of low fertility in the developed countries. The major causes are: social liberalism or reflective modernization; economic deregulation or the new capitalism.

The former refers to the condition of postmodernism, postmodern family, postmodern orientation, postmodern attitudes, postmodern believes, postmodern political situations, postmodern family. And postmodernism coupled with organized capitalism with emphasis on reason, certitude of science, industrialization caused the first demographic transition and fertility declined to 2 to 3.

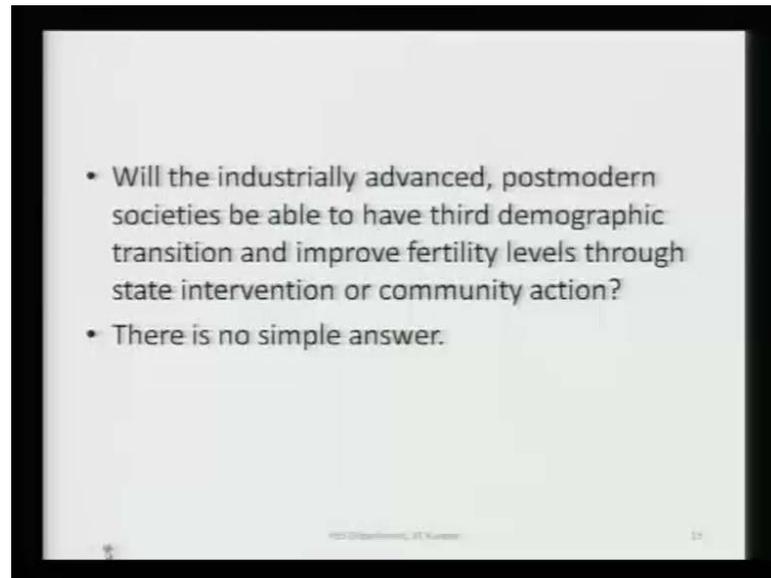
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Now, reflexive modernization or post modernization led to fulfillment of women's claims for gender equity, individualization of the individual, and lifted the lid on divorce. Simultaneously, economic deregulation made a revolutionary impact on the labour market, the end of jobs for life you do not have jobs for life. India is also (()) by this in formalization of labour force in the last plan was only indicative of the fact that, they are no jobs for life. There is more informalization and contractualization of work. So, leading to uncertainties in life.

And a desire among pay rates not to have so many children. The increased demand for higher level of human capital; flexible flexible employment, contractualization of job, unemployment, uncertainties. These factors are more prevalent in the developed countries. Consequently there, the reflexive modernization produce the second demographic transition in which fertility went below the replacement level.

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And will the industrially advanced, postmodern societies this is a question now, they will be able to have third transition and improve fertility levels through state intervention or community action. There is no simple answer. They are trying **they they are trying** to give all kinds of benefits.

Even our country which is facing the problem of population explosion is giving so many facilities to central government employees for we have expanded maternity leave, we are giving paternity leave, even fathers are now entitled to certain days of leave, when a child is born. We are saying that, women employees can go up to 2 years of leaves how much 730 days up to 2 years, they can take leave to take care of their children.

So, we have high fertility and at the same time we are following the western model to facilitate child birth. But, we know that those who are **you know** the other day I was say high school passed those who are high school passed and certainly those who are in government jobs. They are not willing to produce children. So, that is a situation in developed countries.

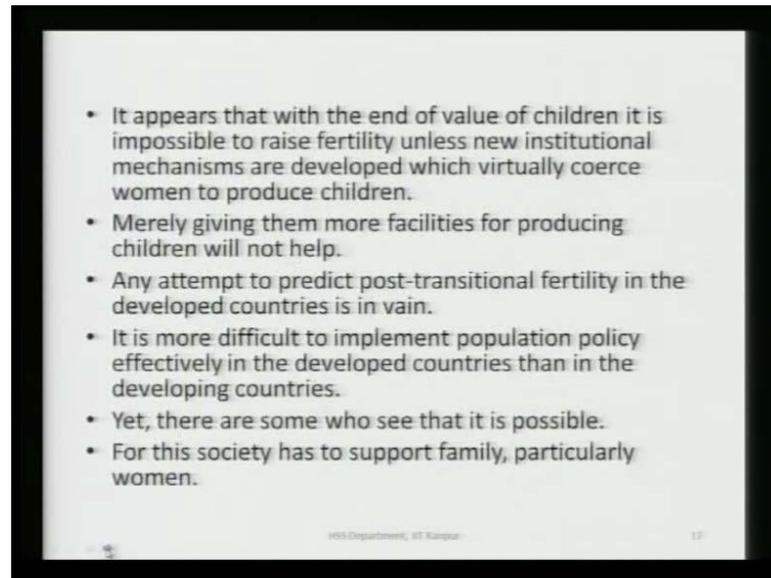
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Therefore, not compare India with Sweden, or India with Denmark one can compare India with Bangladesh, because they have similar policies and similar socio-economic characteristics. Both are developing countries with low income, large rural base and strong influence of religion and tradition. Perhaps, you cannot even compare India and china, they started similar level of incomes, similar structural condition, same percentage of population in urban areas, similar health infrastructure, the old traditional feudal believe systems patriarchy a (()) preference; but we decided to go for a democratic plural country and China went for some kind of totalitarian communist ideology controlled society and therefore, we cannot compare.

In china, it is easy to implement a one child policy. In India, as a state policy it is not possible for us to have that. India and Bangladesh can be compared, similar situation, antenatal policies means against fertility, one cannot compare effectiveness of policy between Mexico and France. In the two cases institutional mechanisms and conditions are very different.

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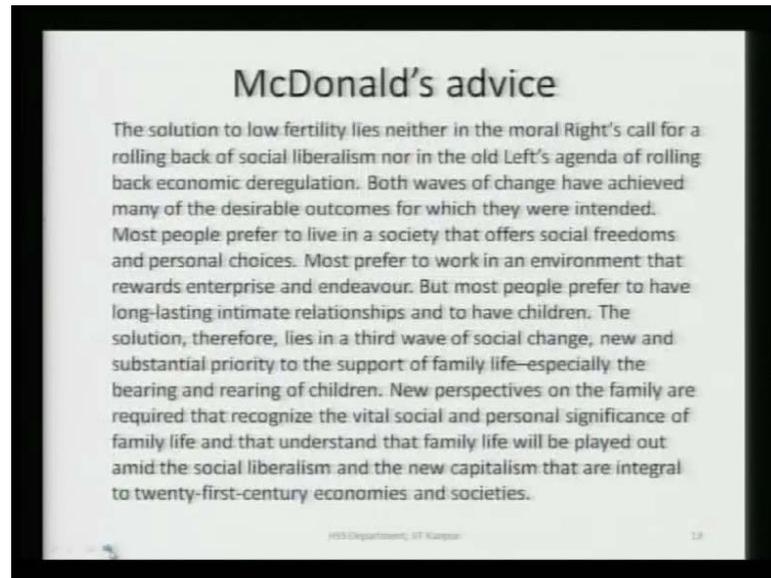
It appears that with the end of value of children it is impossible to raise fertility unless new institutional mechanisms are developed, which virtually coerce women to reproduce children. So, maybe a time will come, if the present (()) continue, the society will have to curtail women's freedom or women's empowerment and use some kind of force we do not know; if incentives do not work, society have to survive, if incentives do not work.

Then maybe some women can be withdrawn from (()) and coercion maybe use. We are living in postmodern uncertain world and we do not know what will happen in the future. Merely giving the more facilities for producing children will not help, this is not helping. Any attempt to predict post-transitional fertility in the developed countries is in vain.

It is more difficult to implement population policy in the developed countries than in the developing countries. I am saying this to convey the point that, implementing policy has always has been difficult. So, it is not that in India only we are facing the problem of not getting desired result in the field of population programs. This is so everywhere similar is a case; even in the developed country actually, they find it still more difficulty to implement their policy than in the case in less developed countries.

We are modernization is favoring implementation of policy, there post modernization is contradicting with the aims of population policy. Yet, there are some who see that it is possible. And for this society has to support family, particularly women.

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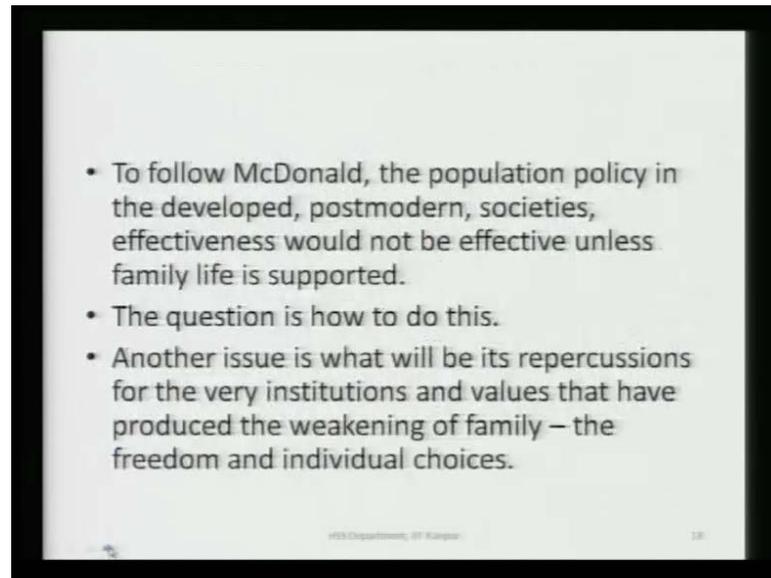


At the end let me quote something from McDonald let me read this thing. The solution to low fertility in the (()) of developed countries lies neither in the moral right's call for a rolling back of social liberalism that is not possible, nor in the old left's agenda of rolling back economic deregulation. Both waves of change have achieved many of the desirable outcomes for which they were intended.

Most people prefer to live in a society that offers social freedom and personal choices; once people have tasted social freedom and choices it is impossible to take them back. Most prefer to work in environment that rewards enterprise and endeavor. But, most people prefer to have long-lasting intimate relationships and to have children. The solution, therefore, lies in a third wave of social change, new and substantial priority to the support of family life-especially the bearing and rearing of children.

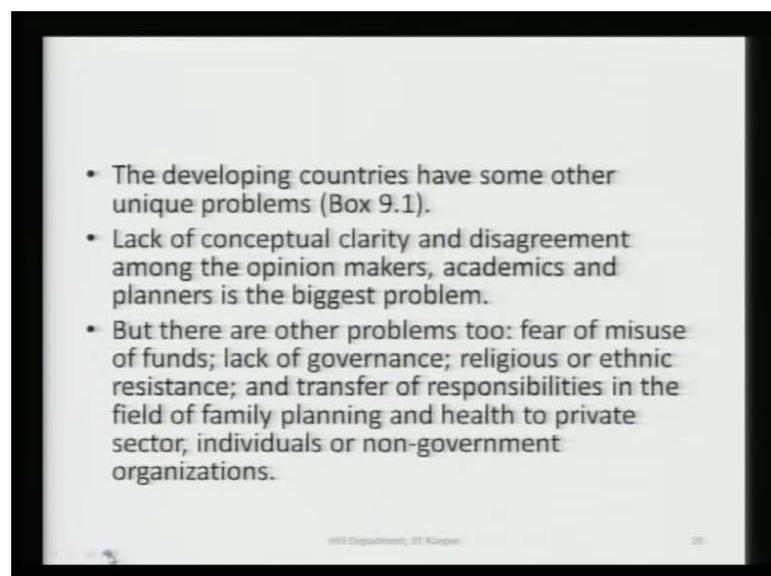
New perspectives on the family are required that recognize the vital social and personal significance of family life and that understand that family life will be played out amid the social liberalism; and the new capitalism that are integral to twenty-first-century economies and societies.

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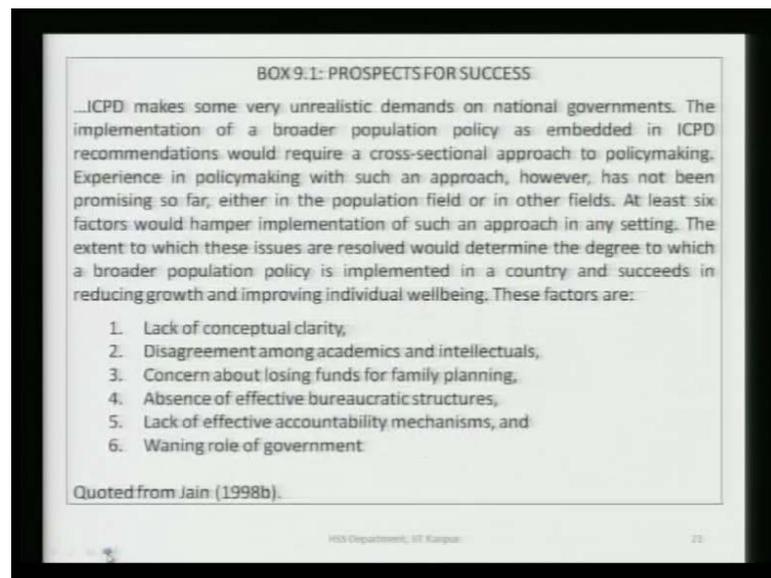
To follow McDonald, then the population policy in the developed, postmodern, societies, effectiveness would not be effective unless family life is supported; the population policy will not be effective, unless family life is supported this is clear. That, if you want to have effective policy you cannot have direct policies, you have to support family. The question is how and another issue is what will be its repercussions for the very institutions and values that have produced the weakening of family - the freedom and the individual choices.

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The developing countries have some other problems; lack of conceptual clarity disagreement among the opinion makers, academics and planners that is a biggest problem. But there are other problems too; fear of misuse of funds, lack of governance, religious or ethnic resistance, and transfer of responsibilities in the field of family planning and health to private sector, individuals or non-government organize.

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This is quote from Jain that ICPD - International Conferential Population and Development. ICPD makes some very unrealistic demands on national governments. The implementation of a broader population policy as embedded in ICPD recommendations would require a cross-sectional approach to policy making. Experience in policymaking with such an approach however, has not been promising so far, either in the population field or in other fields.

At least six factors would hamper implementation of such an approach in any setting. The extent to be which these issues are resolved would determine the degree to which a broader policy is implemented in a country and succeeds in reducing growth and improving individual wellbeing. The factor are: Lack of conceptual clarity, disagreement among academics and intellectuals, concern about losing funds for family planning, absence of effective bureaucratic structures, lack of effective accountability mechanism, and waning role of government. I thing this quote from Jain also summarizes what we what I have tried to say today.

So, what are the lessons for India if we want to have an effective policy, first of all we must be clear about the goals of the policy. We must have right kind of commitment; we must have intersectoral or interdepartmental coordination. We should also encourage family planning, as well as beyond family planning factors like raising age of marriage, social development, empowerment of women etcetera **etcetera**, so that the goals of policy can be achieved. There are complex issues in judging effectiveness of policy, if there are any questions?

(())

You see, right from the beginning we have use a multimedia approach in family planning, which means interpersonal communication change agents or extension workers going to the people talking to them face to face in certain kinds of things that helps, but we have also involved a **(())**, folk media and also mass media. So, radio, T V, newspaper and wall writings, posters, pamphlet, leaflets, books, slogans India's approach has been to use all kinds of media, informal, formal and mass media and everything traditional media mass media in implementing population program.

Thank you sir.

For certain purposes interpersonal communication have for making people aware mass media helps more, but for taking decision for helping couples to take decision, face to face or interpersonal communication can effect more. And this interpersonal communication is usually done through ANMs, Anganwadi workers, these days ASHAs. So, that is the way grassroots level workers, **(())**.