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Population and Development: Myths and Realities

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During the last five decades India's population increased from 360 million in 1951 (around the time of Independence) to over 1,020 million in 2001. This growth in India's population has become a source of concern for everyone—politicians, public leaders, administrators, bureaucrats, development planners, public health experts, demographers, social scientists, researchers and the common man. It is often being stated that uncontrolled population explosion is responsible for holding up India's progress and economic growth and acts as a significant hindrance to the country's development

The important question therefore, that demands an answer is: is India currently going through a "Population Explosion"? This question admits of the simple answer – definitely NOT. In order to justify this answer some basic issues need to be considered.

Population growth: Population growth occurs naturally and has taken place everywhere in all regions of the world and India is no exception. In order to understand this in its correct perspective, there is a need to understand the concept of demographic transition. The theory of demographic transition is usually presented in terms of three stages of demographic evolution:

- First stage of high birth rates and high death rates (high balance),
- Second (intermediate) stage of high birth rates and low death rates (high

rate of natural increase), and

- Third stage of low birth rates and low death rates (low balance).

With the advancement of economic and material progress, education, women's empowerment and availability of contraceptives, birth rates start declining slowly at first and rapidly thereafter, and soon a stage is reached (that is, the third) stage where birth and death rates are equal once again (low balance). This cycle of changes, which occurs in any population, is known as demographic transition¹. The second (intermediate) stage of development is characterised by high rates of natural increase as a result of faster decline in death rates (mortality) with birth rates maintaining their initial high levels.

In the second half of the 20th century, the world witnessed an unprecedented growth rate. The world's population doubled from 3 to 6 billion in less than 40 years between 1960 and 1999. It increased from 5 to 6 billion in just 12 years (from 1987 to 1999) while it had taken four times as many years to double from 1.5 to 3 billion and nearly a millennium to reach the first billion². What triggered this growth in the second half of 20th century starting from 1950 onwards, shortly after the Second World War, was the rapid and steep fall in the death rates. This sudden decline in death rates (mortality) was primarily the result of advances in health technology (including the discovery of antibiotics), and public health interventions. Knowl-

edge acquired in curbing the spread of killer diseases and epidemics was transferred to the developing countries whose natural growth rate was governed by high mortality and high fertility. As a result, the death rates fell drastically, while fertility and birth rates maintained their high levels. This resulted in an unprecedented high level of natural growth.

India was no exception to this phenomenon: with sharp declines in death rates brought about by advances in health technology, while birth rates continued to remain high. India had also witnessed a phase of rapid growth in population from 1951 to 1981.

This concern of excessive demographic increase and its social, economic and, perhaps, geo-political ramifications triggered and impelled the international community to focus on slowing down the population growth by implementing what was then called population control or family planning programmes^{3,4}. During the mid-1960s in the deliberations of Club de Rome the Malthusian inspired-term "population explosion" was coined. However, this term is no longer used as it has a negative connotation.

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Table 1: Population growth trends from 1951-2001⁵

Years	Total population in crs	Absolute increase in crs	Decadal growth rate	Average annual exponential growth rate	Phase of demographic transition
1901-1951	23 -36	13	-	-	Near stagnant population
1951-61	36 -44	8	+21.6%	1.96%	High growth
1961-71	44 -55	11	+24.8%	2.22%	Rapid high growth
1971-81	55 -68	13	+24.6%	2.20%	
1981-91	68 -84	16	+23.9%	2.14%	High growth with definite
1991-2001	84-102	18	+21.3%	1.93%	signs of fertility decline

It will be seen from Table 1 that the total population of India which was little over 360 million in 1951 grew to about 440 million in 1961 and to about 550 million in 1971. During the decade 1951-61 absolute increase in population was about 80 million, the decadal growth rate was 21.6 per cent and average annual exponential growth rate was 1.96. The period between 1961-71 recorded the highest ever-decadal growth rate of 24.8 per cent with a corresponding average annual exponential growth rate of 2.22 with an absolute increase of about 110 million. The period between 1971 and 1981 recorded a marginal decrease in decadal growth rate from 24.8 per cent in 1961-71 to 24.6 per cent in 1971-81. The decadal growth rate declined from 24.6 per cent in 1971-81 to 21.3 per cent in 1991-2001; so did the average annual exponential growth rate from 2.20 to 1.93. We are, therefore, now actually witnessing a progressive decline in fertility.

MYTHS AND REALITIES

Some myths and realities with respect to India's population growth may now to be considered.

Myth: India is currently going through a "population explosion".

Reality: In fact, India's population growth rate has been declining steadily over the last two decades since 1981 as will be seen from Table 1.

The decadal growth rate during 1991-01 represents the sharpest decline since Independence (even less than +21.6 per cent during 1951-61).

● The average Annual Exponential Growth rate is also declining, that is, 1971-81: 2.20 per cent; 1981-91: 2.14 per cent; 1991-2001: 1.93 per cent.

In fact, this indicator is also the lowest since Independence (even less than 1.96, during 1951-61).

● Fertility has also declined. Total Fertility Rate (TFR), that is, the average number of children a woman would have, has come down from six in 1951 to 3.2 in 2001. Now couples have fewer children and opt for smaller families.

● For the first time in the 2001 Census, the proportion of children under six years has also come down – a clear indication of the fertility decline. If this is the case, why is the overall population growth in India still apparently high?

Population numbers are growing because of what is called "**Population Momentum**"^{1,6,7,8}. Past trends in fertility and mortality (high fertility and low mortality) from 1951 to 1981, had shaped the population age structure in such a way that there is a tremendous in-built growth potential which has resulted in the "*bulge*" in the proportion of young people in the prime reproductive ages. Moreover, improvement in general mortality conditions in the aged population and increase in life expectancy has helped to accelerate in-built growth. In short, India has a high proportion of young persons (over 60 per cent) who are in the reproductive age group or will soon be so. Even if this group produces fewer numbers of children (just two or even one) per couple the "**quantum increase**" in numbers will be high because the number of reproductive couples is high. Again, we should remember that the "quantum increase in numbers" will continue to be high for some more time (that is, 20-30 years) because of the phenomenon of "Population Momentum". India, with

its large proportion of young persons, will take some time before the results of declining fertility start showing explicitly.

Myth: India's population is growing because uneducated rural poor families have more children now than they had 50 years ago, while the educated urban middle class has controlled its family size.

Reality: The fact is that family size and number of children across all population groups, poor or middle class, rural or urban is declining. Both rural and urban people have roughly 44 per cent fewer children compared to a few years ago. Comparison between urban and rural TFR shows that while urban women now have 1.7 children less, the rural women have 2.1 children less than they had 30 years ago (TFR: rural 5.6, urban 4.1 in 1970 and rural 3.5, urban 2.4 in 1999)^{6,7}.

Myth: Poor people have more children because they do not appreciate the benefits of family planning.

Reality: The poor often have large unmet needs for contraception. In some poorer states unmet needs for contraception are as high as 25 per cent. The desire for family planning has increased in poor families.

Myth: Since India's Independence, population growth has overtaken food production.

Reality: Food production since Independence has also increased over four times (from 50 million metric tonnes in 1951 to over 200 million metric tonnes in 2001), while population growth has been a little less than three times (from 36 crores in 1951 to 102 crores in 2001)⁷.

Myth: India's large population is the real reason for high levels of poverty, low per capita income and slow economic growth.

Reality: A country is not poor because it has too many people. By rapidly lowering birth rates and reducing fertility we cannot eliminate poverty and improve standards of living. Bangladesh, for instance, reduced its TFR rather dramatically from almost 7(6.8) to 3.1 during 1975-98, but this has not alleviated poverty⁸. In Kerala and Tamil Nadu, the TFR is below replacement level and yet we cannot say that there is no poverty in these states. China has a much larger population and its per capita income

is almost twice that of India. Again, if we compare with China, between 1975-95, China's per capita GNP grew annually by almost 8 per cent while India's grew only by 3 per cent during the same period⁸.

The stark reality is that income levels and growth depend on how well the state treats its people, how well it invests in its people in their education, health, nutrition and their well-being to improve their quality of life. On the contrary, the state's failure to provide basic services such as health, education, etc, is attributed again to population growth and large population size.

Myth: There is a real shortfall of resources due to the large population.

Reality: The fact is that India has sufficient resources but it is the skewed distribution system which has caused gross inequalities.

Myth: Natural resources are getting depleted because of high population growth of the poor.

Reality: Natural resource depletion depends on two factors: the number of consumers, and the rate and pattern of consumption. If everyone consumes the same quantity of natural resources then the total use or exploitation of natural resources would depend on numbers only. And the poor being more in number would cause greater damage. But the consumption rates of rich individuals/countries are far higher than that of poor, be it food or natural resources such as water, petroleum, forest produce etc. The richest 20 per cent consume up to 70 per cent of the world's resources, while the poorest 20 per cent hardly get 10 per cent⁷. It is estimated that a child born to a rich family consumes 30 to 50 times more resources than a child born to a poor family. So who is really degrading the environment? Not the poor, of course.

Myth: The quickest results in speeding population stabilisation can be achieved through a coercive/authoritarian approach like China's One Child Policy or imposing a two-child norm.

Reality: While it is true that China has brought down its population growth rate remarkably, even more remarkable drops in the growth rate occurred in Kerala over the same period (China's TFR 2.8 in 1979 dropped to 2.0 in 1991, while Kerala's TFR of 3.0 in

1979 dropped to 1.8 in 1991) and that too without any coercion. Also, much of the growth rate reduction in China took place between 1970 and 1979, before the introduction of the One Child Policy. The decline in China's growth rate has its roots in increasing education access, improvement in economy and in the status of women which took place after the Communist Revolution and before the One Child Policy was introduced. And so, it is not entirely clear how much of China's fertility decline can be actually attributed to the One Child Policy alone.

Myth: Economic prosperity is the only way to population stabilisation.

Reality: Kerala, for instance, does not have a very strong economy, but it enjoys the best development indicators and has gone much below the replacement level TFR and stabilised the population. The same is the case with Tamil Nadu. Haryana, on the other hand, has a much better economy but lies far behind in matters of social development and population stabilisation⁶.

Myth: Low population density ensures economic progress and states with high density of population are poorer.

Reality: States with low density such as Rajasthan are very poor, while high density states such as Karnataka are economically better off. So, no direct relationship can be drawn between population density and economic progress.

Myth: India's cities are more crowded now because of increasing birth rates in the slums.

Reality: This is not true. Birth rates have declined both in villages and slums as well. The growth of slums has no doubt increased, but this is a result of wrong economic policies.

Myth: The two-child norm is not only useful from a population and development point of view but is also good for women's health.

Reality: The two-child norm has to be understood in the context of son preference, a common feature of Indian society. If the Government imposes a two-child norm, there will be widespread sex-selection and sex-selective abortion of the female foetus, increased abortion-related health risks for women⁶.

Myth: Checking population growth is

the main objective of India's National Population Policy.

Reality: In fact, the over-riding concern of the National Population Policy is economic and social development⁹, to improve the quality of lives people lead, to enhance their well-being and to provide them with opportunities and choices to become productive assets in society. This is possible by providing quality health services and supplies, information and counseling. In addition, arrange for a basket of contraceptive choices to enable people to make informed choices and access quality health care services. The National Population Policy's long-term objective is to achieve a stable population which is consistent with "sustainable economic growth, social development and environmental protection"⁹.

Population stabilisation is not a technical problem requiring a technical solution. The answer does not lie in pushing sterilisations and chasing targets. For population stabilisation, it is important to improve people's access, particularly women's access, to quality health care. Women must have access to both essential and emergency obstetric care. The contraceptive mix needs to be enlarged and expanded. There is also a need to revitalise community-based health initiatives.

We are now discovering that the obvious route to population stabilisation is through social development, through women's empowerment, through greater gender equality. Women's empowerment is critical to human development. We also know that there exists a direct relationship between infant mortality and fertility. Reducing IMR and child mortality are, therefore, important to reduce population growth and ultimately stabilise population. Interventions for improving child survival are well known. They are the following: better education, improved access to quality health care, better nutrition, better employment opportunities, higher earnings, safe drinking water and better sanitation, etc. Interestingly enough, these are the very same interventions which are also required for empowering women, improving the quality of life and for stabilising the population.

Curbing population growth cannot be a goal in itself. It is only a means to development. If development can help in stabilising the popu-