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Fertility Control-Induced Politics of India

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The paper highlights the role of electoral politics in the fertility control programme. In the democratic polity of India, number is the only way to keep the religious, caste or ethnic identity and thus it acts against the population control policy. The authors feel that only accelerated socio. economic development could reduce the adverse effect of electoral politics on fertility control programme of India.

India can take legitimate pride that it was one of the earliest nations to introduce a population policy, yet fertility control remains a most contentious problem of electoral politics of India in the 1990s. Paradoxically, development politics is perhaps the only way to solve India's population problem. In solving the population problem the central conflict is thus between electoral politics on the one side and development politics on the other.

India made a modest beginning with a fertility control programme in the very first Five Year Plan commencing in 1951. The programme continued in the successive development plans with larger provisions and a wider reach. Yet as the Indian Prime Minister Rajiv Gandhi stated in his inaugural speech during the 21st International Population Conference in New Delhi in September 1989, "The cruel paradox is that in the 10 year period between 1971-81, the growth of population in India was the highest ever recorded in the history of the country" (International Population Conference, 1989).

The 1971 Census shook the country's planners and policy makers; India's annual population growth rate had moved up to 2.25 percent. The 'elite' which included politicians, planners, administrators, industrialists, and national media, drawn mainly from the upper strata of society, rang the alarm signals. The implications of unplanned population growth on planned development were discussed with great concern. It was also a time when the country was going through a political upheaval Mrs Gandhi's election to Parliament was set aside by the Allahabad High Court in June 1975 [1]. Indira Gandhi moved swiftly to assert here authority. She declared an emergency on 26 June 1975 and suppressed political dissent. A Twenty Point Programme to improve

administrative efficiency and the lot of the poor was announced. Censorship was imposed on all media [2].

Population control figured prominently in the new Twenty Point Programme and Sanjay Gandhi, Indira Gandhi's younger son, took up leadership of programmes which included population control, adult education and on and afforestation. Sanjay Gandhi held no position in the Government. He was new to both politics and administration and, under estimated the complexity of both. But he exercised considerable influence on his mother through her, on the Congress Party.

Noticing the reluctance of the States to move the area of family planning, the of India was amended by the Forty Second Amendment in 1976 and the subject was included in the Concurrent List which confers power on the Centre to legislate if found necessary (Constitution Forty Second Amendment Act, 1976). A policy on Family Planning was also announced in April 1976 (National Population policy, 16th April 1976). It proposed bold measures to contain population growth. These measures were rushed through and clear signals were given to the party echelons administration and people that the Government meant business.

Receiving clear directions, the administration in the Centre and States moved fast and much of the political leadership in the North joined the drive. In October 1975 a note sent by the then Union minister of Health, Dr.Karan Singh. to the Prime Minister stated : "The problem is now so serious that there, seems to be no alternative to think in terms of introduction of some element of Compulsion in the larger national interest" (Shah Commission Third Report, 1978:153). A little later Prime Minister Indira Gandhi in January 1976 observed : "We must now act decisively, and bring down the birth rate speedily too. We should not hesitate to take steps which might be described as drastic" (Shah Commission Report, 1978:154). As a consequence of the political administrative push, the number of sterilizations from 1.3 million in 1974-75 to 2.6 million in 1975-76 and shot up again to 8.1 million in 1976-77 (Shah Commission Third Report 19789:207), a level of which usage of IUDs and condoms did not show such an increase (Family Welfare programme in India Year Book, 1987-88:185).

The administration followed the government's directions with vengeance and enforced sterilization on a scale which brought about a tremendous popular reaction. Lest there be any doubt about what happened, it would be useful to quote the Shah Commission which inquired *interalia* into the Family Planning excesses during the Emergency. According to the Shah Commission's Report, in Uttar Pradesh even the police were involved in meeting sterilization targets (Shah Commission Third Report, 1978:195).

A Government order was issued on June 16, 1976 wherein, while fixing targets for various departments of the State Government, a target of 5,500 was assigned to the Police and Jail Departments. Subsequently, vide Government order dated June 28, 1976, from the Chief Secretary, employees of Police Department and the PAC (Provincial Armed Constabulary) were to achieve 7,500 cases and the targets for employees of the Jail Department were separated.

Uttar Pradesh which could not achieve its target of 175,000 sterilizations in 1975-76 achieved 837,000 in 1976-77 (Shah Commission Third Report, 1978:193). Sixty-two persons in the State were arrested under the draconian Maintenance of Internal Security Act, 1159 under the Defence of India Rules, 303 under the Indian Penal Code and 20 under the Criminal Procedure Code (Shah Commission Third Report, 1978:196). The stifling of political dissent, severe censorship, and unbridled administration led to strong public discontent which threatened the nation's very being. Mrs. Gandhi perhaps read the signals and announced elections in January 1977. She and her party were swept away in March 1977, particularly in those States like Uttar Pradesh where the family planning programme was implemented brutally.

The Janata Party which moved into power at the Centre in March 1977, promptly disowned Mrs. Gandhi's Family Planning Programme. A new policy, was announced in 1977 which renamed the programme as the Family Welfare Programme (Family Welfare Programme, Statement of Policy, June 29, 1977). The message of the new policy was clear. The programme was voluntary. In response, the number of sterilizations in 1977-78 dropped to barely 1 million. Other parts of the programme also slowed down. The number of couples effectively protected, which shot up by 6 percent in 1976-77 at the height of the emergency, dropped back. The birth rate which had fallen from 35.2 in 1975 to 34.4 in 1976 and 33.0 in 1977 rose again to 33.3 and hovered round 33 till 1985 (Family Welfare Programme in India Year Book 1987-88: 11-112).

Family planning and population control became anathema to political parties and leaders alike. Though Indira Gandhi came back to power in 1980, she and her party were very cautious. They lost their enthusiasm for the population control programme. But the 1981 census gave India another jolt. It showed that the population continued to rise at the rate of 2.2 percent. Once again alarms were sounded by the 'elite': planners, administrators, industrialists, intelligentsia, and media. This time it was mute and cautious. Government again moved, but haltingly. The elite kept raising the issue but the political system was non-responsive. Even the media were subdued.

The Congress Party in the 1980s announced a health policy and promised a new population policy, but nothing more was done except to allow the bureaucracy to tighten up the programme. Each regime since has followed a cautious policy of induced fertility control. It would, however, be wrong to conclude that the policy and programme have collapsed. Far from it. Yet the conclusion is inescapable that, especially since 1976-77, the fertility control programme in India is on the whole a victim of electoral politics. The question is why?

Central Explanations

The central explanatory propositions of this Paper are that India's policy of fertility control and its success or failure have been deeply conditioned 1 two central realities of the Indian polity: (1) India's diversity and (2) India's federal democratic political system. The complex interactive relationship between these key dimensions of the Indian polity has determined the country's performance not only in the area of fertility control but also in other arenas.

The nature of these key internal political factors, which have determined the electoral politics of fertility control so far and are likely to determine future performance, deserve further delineation. It will also be important to understand that the only antidote to the influence of fertility control policy on electoral politics is the development politics of India as they have worked since the early 1950s.

Indian Diversity

The immense diversity of Indian society almost defies description. Nevertheless, it is summarized here under four main headings, religious, ethnic, linguistic and economic.

Religious Diversity

Of the total Indian population 846 million in 1991 (Centre for Monitoring Indian Economy, 1993) the religious composition based on the projection of the 1981 census is as follows:

Hindu	700 million	(82.7%)
Muslim	96 million	(11.3%)
Christian	21 million	(2.4%)
Sikh	16 million	(2.0%)
Buddhist	6 million	(0.7%)
Jain	4 million	(0.5%)
Others	3 million	(0.4%)
	846 million	(100%)

This distribution gives some idea of the nature of India's religious diversity.

Ethnic Diversity

Over the last five thousand years, Indian ethnic diversity has become so great and inter-mixed that is impossible clearly to differentiate the various racial strains. The complexity of races and castes aptly indicated by the estimate that Hindus alone have about 2378 main castes, sub-castes or jatis. The number of tribes also is very large, especially in northeastern India.

The Backward Classes Commission (1980) estimated that there are something like 3743 backward castes in India. Similar diversity also prevails amongst the Scheduled Castes. The 1991 (census lists 1086 Scheduled Castes in India constituting 16.48 percent of the population. The tribes constituting 8.08 percent in India, number 566. (India Backward Classes Commission 1980).

Linguistic Diversity

Imposed upon the diverse caste groups is a multiplicity of language, sixteen of which, including English, have been officially listed in the Constitution. The 15 Indian languages generally reflect the federal structure; in most 'Cases one language covers a State except that Hindi happens to be the language of several states. Quite often more than one language is spoken or even recognized as the official language in certain States.

All these languages have a rich tradition, culture, literature and history of their own and most of them enjoy distinct scripts. It may be worth mention here that the Census of India in 1961 counted 1652 spoken languages (India, Registrar General, 1971). In subsequent censuses the languages were rationalized and grouped under 15 Constitutional languages and 91 other languages (Registrar General, 1987).

The main problem that arises out of this linguistic diversity is how to provide education in the scheduled and other local languages at the primary level, and how to develop a national consensus on a link language for official communication. Linguistic diversity also provides a challenging and baffling task in the field of information, education and communication pertaining to fertility control and family planning.

Economic Diversity

In addition to the extreme religious, ethnic and linguistic differences, India's large economic diversities, both vertical and horizontal, have been a source of constant debate and controversy within the country. Two central issues in this debate concern the income shares of the people especially the problems of poverty, and secondly, the large regional disparities.

According to the World Development Report 1989, the top 20 percent of India's population take away virtually 50 percent of the GDP while the bottom 20 percent get only 7 percent (World Bank, 1989:222). The estimates show that as of 1987-88 about 39.3 percent of the people live below the Indian definition of the poverty line, which is related to an average consumption of 2250 calories per day (Economic Survey 1993-94). Within this aggregate picture, the poverty figure varies a great deal from State to State.

If there is one single issue, which dominates India's economic, political and social policy making, it is the poverty factor. Because of the nature of the Indian political system, moreover, there is no way India's political leadership can ignore the pressure of some 300 million poor. Whether it is development strategy, the representation system, or the fertility control programme, the presence of a vast mass of poor determines, to a large extent, the public policy in each of these fields.

As a result of economic diversity and disparity, three different Indians have emerged during the past several decades. First, the India of the reasonably well-off middle and upper middle class which constitutes about 25 percent of the population or about 211 million. The second India of about 40 percent or 338 million which has received some of

the benefits of growth, both economic and political since 1947 but manages a level of living which is not quite comfortable and yet not desperate either. And the third India, which constitutes the bottom 35 percent or 297 million which still lives in poverty.

As economic disparities are compounded by disparities in education and literacy, it is obvious that the major States have problems in accelerating social development, problems that are both social and economic in character. Education on the social side, and non-agricultural employment on the economic side, have clear impacts on fertility in India. Yet in the backward States of India, investments in both the social and economic sectors are still quite low. These various disparities pose serious problems both for the Indian polity and fertility control policy. -Their implications are discussed later.

India's Federal Democratic Political System

The Indian polity is largely decentralized and works essentially through the elected government at the Centre in New Delhi, 25 States and 5 Union Territories. Soon after Independence, the Constitution of India, brought into force on 26th January, 1950, distributed the powers of the Indian federation into three lists enunciated in the Seventh Schedule of the Constitution. List-I is the Union List enumerating the powers of the Central Government. List-II enunciates the power of the States. And List-III, the Concurrent List, covers areas where power is shared but within which Central legislation takes precedence over State legislation in case of conflict.

The problems of relationship between the Centre and the States have come to the fore especially since 1967 when the single predominance of the Congress Party was broken. In the Parliamentary elections in November 1989, the Congress Party lost for the second time at the Centre. As of May 1994, 8 major States are in the control of non Congress parties. They range from Marxist governments in West Bengal and Tripura, BJP Government in Rajasthan, to centrist national parties like the BSP-SP in Uttar Pradesh, the largest State in India, and regional parties like the AIADMK in Tamil Nadu.

The multi-party ruled Indian polity represents one of the most complex democratic polities in the world. The magnitude of the Indian polity is evidenced in the 1991 Parliamentary elections in which an electorate of over 488 million was involved, casting their votes in over 5,947,97 polling booths. The total number of candidates who contested the 511 Lok Sabha (Lower House) seats for election was 9107. And the number of registered political parties, which participated in the elections was 144 (Election Commission of India, 1993).

The Indian States vary a great deal in terms of their population size. Uttar Pradesh with an estimated population of about 139 million in 1991 is larger than the majority of member countries Of the United Nations, as well as larger than the population of any other South Asian country such as Pakistan or Bangladesh. Even some individual Indian States are large by international standards; for example, Bihar's population in 1991 was estimated at 86.3 million, Maharashtra's at 78.9 million, Tamil Nadu's at 55.8 million, Andhra Pradesh's at 66.5 million, Madhya Pradesh's at 66.1 million, and Kerala's at 29.0 million (Centre for Monitoring Economy, 1993).

It is indeed no mean achievement that India has maintained its democratic traditions in spite of the gravest of provocation such as the recent, severe secessionist movements in Punjab or the Kashmir Valley. National elections have been held regular intervals and have served to assert the democratic structure of the polity. This democratic structure has permeated at the district, sub-district and village level through the Panchayat System [3] and has been responsible for absorbing much social and political dissent and dissatisfaction.

The stresses and strains which this diverse democratic polity places on India should not be underestimated. In the early years of the Republic, linguistic riots virtually tore the country apart. In the eighties, religious fundamentalism in States like Punjab raised many fears. Some of the ethnic minorities in the North Eastern India fought insurgency types of revolt for over twenty years, starting with the mid-fifties. Each one of these strains has forced the Indian polity to respond.

Accommodation and representative government have been the two pillars of the Indian democratic solution to many of the problems arising from diversity. These pillars of polity stand over five thousand years of continuous civilization and a similarly extended history of diversity and dissent within and beyond the dominant Hindu tradition. This resilience and vigor has allowed the polity to vary its response to population policy based upon the country's social and economic diversity.

Religion and Fertility Politics

Even though Hindus constitute the overwhelming majority in India, twelve districts have a Muslim majority, two have a Buddhist majority, fourteen a Christian majority, nine have a Sikh majority, and Hindus are in a minority in 56 districts. This variation is indicative of the religious factors at work at the base of the Indian polity. The States which have a non-Hindu majority are Punjab, Jammu & Kashmir, Meghalaya, Nagaland, Mizoram, and Arunachal Pradesh. Some political elites in these States,

including Muslim and Sikh religious leaders, political leaders, and some political parties with a Hindu religious orientation, have made no bones about using the communal card, as it is called in India, to gain political advantage. Generally speaking, religious leaders do not support the fertility control programme, but many of them are sensitive to the impact of a growing population on the quality of life of the people and tend to remain neutral. Yet, confronted by other measures intended to weaken the influence of religion on the masses, they tend to use the fertility control programme to provoke their followers and strengthen the political position. Indicative of the impact of religion on fertility politics of India is an interview with G.M. Shah, former Chief Minister of Jammu & Kashmir captioned as follows (Shah, 1989):

On Kashmiri Muslims

The government has hatched a conspiracy to reduce the Kashmiri Muslim population. Farooq Abdullah (then Chief Minister of the Jammu & Kashmir State) is an instrument of this plot. Our State has an 82 percent Muslim population in 1947; it is now a mere 54 percent as the 1981 census figures reveal. We should reject the government's family planning programme. This is aimed at further reducing the Muslim population in Kashmir. Every Kashmiri Muslim should have four wives to produce at least one dozen children. G.M. Shah's statistics are not factually correct. The Muslim population of Jammu & Kashmir State at the time of accession in 1947 was 57 percent. It was 64.19 percent according to the 1981 census. The Hindu minority accuses the Muslim majority of systematic discrimination against the Hindus, as do the Buddhists who are a majority in the Ladakh Division of Jammu and Kashmir State. This issue dominates the Kashmiri politics and society.

The main question is not whether G.M. Shah is right or wrong in terms of his statistics. The thrust of his argument is against family planning amongst the Muslims. And wherever this issue is sensitive, whether in Jammu & Kashmir, where the Hindus are in a minority, or elsewhere in parts of the country where the population balance between the Hindus and Sikhs is delicate the theme is the same. Fertility control is perceived as reducing the political status and leverage of the respective majority community. Given the electoral arithmetic in over one hundred, or almost 20 percent, of Parliamentary Constituencies, the fertility control programme is an exceedingly sensitive political issues.

At the same time the data also suggest that wherever educational levels and per capita income are high, the issue, even if made much of, does not evoke the same popular response. In Kerala where social development - especially in terms of education,

particularly women's education - is high, the fertility behaviour of Muslims or Christians is not markedly different from that of Hindus. In this State, both Muslims and Christians constitute a significant percentage of the State's population. The situation is very similar in Goa where Catholics constitute over 25 percent of the population.

In 1978, the Registrar General of India conducted a fertility study in regard to religious groups and found that while the rural crude birth rate for Hindus was 32.6 percent it was 34.9 for Muslims 25.7 for Christians and 29.6 for Sikhs (India, Registrar General 1979). The same trend-was observed in terms of fertility rates. Subsequent studies have also shown that birth rates among the different religious groups do not vary greatly. The same would hold true for caste and community structures. In fact it is socioeconomic development which softens the impact of religious and ethnic identities on fertility behaviour.

In other words, while religion and religious propaganda are important issues, the Indian evidence shows that their impact on fertility behaviour depends a great deal upon the social development of particular regions of the country. In States or parts thereof where educational levels, especially of women, are high, the influence of religion or religious propaganda does not seem to make much difference to adoption of desired family planning norms.

Ethnic and Caste Diversity and Fertility Control

Just as religion has become a factor in the electoral politics of Indian States, so does ethnic and caste diversity impinge on the acceptability and implementation of the family planning programme. This issue is even more important with respect to the backward castes - Hindu and Non-Hindu - which according to the data given earlier constitute over 50 percent of the population. The intermediate castes in India, for instance, are worried about the loss of their political power in the Indian polity as a result of their decline in numbers. The problem becomes particularly acute when the political and economic interests of these intermediate castes come into conflict with those of the more backward castes or the Scheduled Castes.

In recent years there has been growing political consciousness amongst the backward castes. In terms of numbers, they can control voting patterns and have the ability to influence the electorates' choices. In a situation where there is an increasing demand for affirmative action to improve access to education and employment for the backward sections, political influence is of critical importance. The backward classes, backed by

numbers, are emerging on to the political stage, and more importantly, into the power structure. A growing proportion of Ministers and Chief Ministers are drawn from their ranks. For instance, after the February 1989 elections, both Uttar Pradesh and Bihar had Chief Ministers drawn from the Yadav, a backward caste. The backward castes, as a group, have seen the political power of numbers and are suspicious of proposals for controlling population growth.

Brought up in a rural agricultural milieu where large families are respected, and where at least two sons are preferred for a variety of reasons, members of these castes are highly suspicious of the perceptions of urban elites drawn from socially and economically advanced sectors population. Members of the backward caste, still rooted in the historically known preferences agricultural societies for two sons. One of the Chief Ministers of a State drawn from this group has nine, the last being born in 1990 after the Chief Minister. He is alleged to that he had the children as he opposed the family planning programme of Congress Government.

Often it is this distinct difference in perception that makes it difficult to pursue the fertility control programme. But at the same time, there is growing appreciation by those political leaders holding elected office that population growth is need a problem. These leaders, as Chief sinister or Cabinet Minister of States, appreciate the implications of population growth for their state's economic and social development. Lacking the confidence and ability to influence their electorates, however, or even the party, they often leave it to the bureaucracy to administer the programme. This devolution of responsibility tends to create problems of its own as the programme is liable to become rigid, poor in quality and ineffective. Worse, it is frequently resisted by the people, a situation that makes programme leaders feel politically insecure in what they are attempting to do.

However, the spread of education, in both the intermediate castes and increasingly in the backward castes, again tends to blunt the degree of hostility to fertility control and the family planning programme. Unfortunately, social development, literacy, for instance in the four mega States of India, Uttar Pradesh, Bihar, Madya Pradesh and Rajasthan, is moving at a slow pace. The per capita expenditure on education in Bihar in 1991-92 was only Rs. 149.7. It was a 149.6 in Uttar Pradesh; Rs. 160.5 in Madhya Pradesh and Rs.213.6 in Rajasthan [4]. As against this, the per capita expenditure in 1991-92 was a RS.282.3 in Kerala; Rs.328.9 in Punjab; 257.65 in Delhi and Rs.706.7 in Goa (Centre Monitoring Indian Economy, 1993 - Revenue and capital accounts combined). These parties in expenditure are indicative of the problem as well as the direction of the solution; they underscore the fact that most backward States have neither the financial nor the organizational resources to move in the desired direction.

Economic Diversity and Fertility Control

Of the three Indias referred to earlier, the first that includes the top 25 percent of the population representing the socioeconomic elite, continues to dominate the power structure in the fields of administration, education, medicine, industry and the media. Although they are gradually losing their direct hold on the political power structure, the elite are still in a position to influence the political system. This group practices the family, planning and is the main source of support for the programme. These social and political elites fear threats to their security and well-being within the burgeoning population.

On the other hand, the 35 percent or so of the Indians who constitute the poor do not perceive the population issue in the same perspective. For those that endure a sub-marginal existence, an addition to the family is regarded as an advantage. An older child can look after a younger one, another can tend cattle, a third can gather firewood, or help in domestic chores. The need to limit the family to improve one's lot and ensure a better deal for the young ones is not appreciated in a situation where the concern is for sheer survival. The middle 40 percent of the population are caught in between. The more educated amongst them share some of the attitudes of the elite and the less educated tend to retain the perspective of the poor.

Where infant mortality is high, it is logical to have more children. Benefit of education and health facilities, the deadweight of social customs, religious practices and fundamental realities of life, tend to favour large families. Women may prefer relief from repeated child bearing but are caught in a situation where they enjoy neither the necessary status nor a say in reproductive decisions. Furthermore, many of them look with disfavour on the unimaginative and unsympathetic family planning programme, which is not infrequently rendered without feeling by an insensitive administration.

The structure of employment, a second important dimension of economic disparity is also of critical significance for fertility behaviour. The available data indicate that for India as a whole, approximately 68.8 percent of employment is in the agricultural sector. 13.5 percent is in the industrial sector and the balance 17.7 percent in the service sector (CMIE, 1993). As can be expected, in the backward States like Uttar Pradesh, Bihar and Madhya Pradesh, agricultural employment still stands at 70 percent whereas in the more advanced States of Maharashtra, West Bengal, Tamil Nadu and Kerala it has already dropped to around 50 percent. The economics of these States show a rapid growth in non-agricultural employment, especially in the service sectors like transport, communications and banking.

The impact of economic disparity, on fertility control is further compounded by disparities in education and literacy. Undoubtedly, educational development. or the lack of it, has had a major impact on population growth. Education has also had an impact on health and social factors which promote fertility control. In 1991 Kerala, with 86.2 percent of its women literate and 100 percent enrolment of girls in middle schools, had an estimated Crude Birth Rate (CBR) of 19.1, a Crude Death Rate (CDR) of 6.0 and an Infant Mortality Rate (IMR) of 17 per thousand live births. At the other end of the scale. Rajasthan, with 20.4 percent of its women literate and only 19.17 percent enrolment of girls in middle schools had a CBR of 33.9, a CDR of 10.0 and IMR of 77. The mean age of marriage of girls in Rajasthan is 16. 10 and the percentage of women employed in the organized sector is only 12.5 percent (Family Welfare Programme Year Book 1988-89, Centre for Monitoring Indian Economy, 1993). The Central Government, which shares the responsibility for economic and social planning including population control, appreciates that effective implementation of the population control programme would require considerable efforts by these States to improve the level of social and economic development. These efforts are not forthcoming in adequate measure.

The Federal Polity and Problems of Fertility Control

When the Constitution was amended in 1976, as we mentioned earlier, population control and family planning were placed on the Concurrent List which confers power on the Central Government to pass legislation on the programme should it become necessary to do so. However, since the Government of India has no direct machinery for implementing the Family Welfare programme, it has to depend upon the machinery of the States for carrying out the national programme of family planning and fertility control.

The primary instruments available to the Government of India in this endeavour are the national development plan and the allocation of resources for family planning under the five year plans. Ever since the official programme of fertility control became a major national developmental priority in the mid sixties, however, the central government has found it necessary to make the programme a centrally sponsored programme. The outlay on the programme for 1993-94 was scheduled at approximately Rs. 12.70 million or U. S.\$ 398.74 million (Economic Survey 1993-94). As a centrally sponsored programme, its entire cost is borne by the Central Government. Moreover, the States do not generally invest any of their own resources in the programme, although a few add some incentives and disincentives, financial and non-financial, to make family planning more attractive to the State residents. The reality, however, is that the fertility control programme has hardly any political support in most of the States and if it were taken off the centrally sponsored list, most States are quite likely to opt out of the present

scale of the programme. The problem is further compounded by the nature rule in the States. The State Governments have their own compulsions arising out of the political orientation of the party in power. Some nearly do not wish to have much to do with the programme.

To the credit of the Indian polity, however, there an unusual consensus among the principal National political parties on the need for fertility, control to reduce the pressure of population on the Nations financial and physical resources for development. All three of the major political parties, the Congress Party, the National Front and the Bharatiya Janata Party, found place for fertility control in their 1989 election manifestos. Few national leaders from these three major National parties object to or oppose the family planning programme in the country. The National Development Council, which is currently the highest forum for discussing the national development agenda, and which consists of Prime Minister, his Cabinet colleagues at the Centre, and all the Chief Ministers, has never witnessed any objection to the fertility control programme. Nevertheless, while the National Development Council and the five year plans have always taken rate of the need to manage population growth and proposed appropriate schemes, population control has never emerged as a major priority area for action in either the Council's deliberations or the five year plans. This is largely a consequence of political sensitivity of the programme Especially after the excesses of the Emergency during 1975-77.

A number of States particularly those like Tamil Nadu where regional parties are in power, are apprehensive of pursuing their moderately successful population control programmes. They express fear of the burgeoning population of the lager and more backward States. Tamil Nadu and similar States worry that the size of the populations in the backward States may become the basis for establishing political dominance and for determining the sharing of national resources. They would prefer other criteria for allocation of resources, which do not centre directly on population size; some would even like to envisage disincentives for those States who do not pursue an effective population control programme.

At the sub-national level, the political parties display a variety of differing attitudes towards fertility control. Some regional parties, or parties which dominate a State, tend to favour population control as they see increases in population as harming the development of the State. As these parties have no interests outside the State, they do not perceive population control as a threat to their hegemony. Some of them, indeed, actively promote family planning. By and large, the leftist or marxist parties subscribe to the fertility control programme, and while they do not openly promote the programme, their cadres lend support at the local level where it counts most. The other

national parties, ranging from conservative to socialist, while subscribing to the concept of family planning, hold back open support for fear of offending their electorates. All the national political parties, having seen the effects of the 1975-77 campaign, are very wary of espousing the fertility regulation lest their electoral rest should suffer.

As of 1990s, the fact remains that for most States, and certainly for the more backward States, that account for much of the population growth in India, the family planning programme is not a high priority political programme. Given a choice, they would divert the central funds earmarked for family planning to other programmes which in their eyes have greater importance and acceptability in their respective States.

This reality of the federal polity in India remains a difficult problem for the national population policy because, ultimately, even if the family planning programme is fully funded by the Central Government, implementation of the programme lies entirely with the State Governments. This division of responsibility necessarily means that the Centre only proposes and the State disposes, depending upon its perceived self-interest, the quality of its political leadership, its level of commitment and even its administrative competence. These factors -are, therefore, reflected in the actual performance of the programme in different States. Indeed, the disparities in performance of States are striking and sometimes even worrisome.

The dilemma of the Central Government is a genuine one. On the plane of electoral politics, it has to reckon with the sensitiveness of the States and also its own survival. But on the developmental side, it has to ensure a return for the resources deployed and also make a dent on a problem which impedes the attainment of higher standards of living for the Indian people.

The Indian Democratic Political System and Fertility Control

The pressures and pulls upon the Indian federal polity are greatly compounded by the nature of the Indian democratic system. In the initial phase of the Indian democratic evolution, say from 1947 to about 1967, the polity was dominated by a single party, the Congress Party, and was led by a relatively small, western-educated urban elite. The picture changed rapidly after the Parliamentary elections of 1967 when, for the first time, the Congress Party was routed in many northern States. The picture has continued to vary ever since. What is important to understand, however, is that single party dominance in India is long over and the Indian democratic polity is today dominated by parties with differing political ideologies and colour. It is also important to understand

that political power in India has been transferred from the English educated elite to the regional-language-educated elites in almost all the major States of the country.

This transfer of political power is one of the most important achievements of Indian democracy. Yet it is the very transfer of political power to the regional elites that brings in its wake the political compulsions of the emerging local power groups and formations. The aspirations of these groups have a major bearing on their attitudes towards fertility control programmes. For instance, severely intermediate and backward castes, which have emerged as powerful political entities, especially in the large northern States, are unenthusiastic about the family planning programme. In addition, neither the Muslim minority, nor its leadership is supportive of family planning.

Given the balance between the various castes, religious communities and other minorities, political compulsions and electoral politics militate against active support being accorded to the fertility control programme. The numbers game in elections being what it is in India, no caste or community is willing vigorously to support the population programme at the grass roots level. There has thus arisen, in India, a paradoxical situation in which a broad national consensus on the importance of the family planning programme confronts an apathetic, and at times hostile, political system at the local level where implementation has to take place.

Since the 1950s, the motivating force for the adoption of family planning and support for the national programme has been economic and social change, especially in fields of education and health. Political support for the family planning programme in India is in large measure confined to members of the educated, non-agricultural elite. Where social and economic development has proceeded sufficiently, caste and religious affiliation no longer seem to determine attitudes towards the population programme. Members of this constituency, comprising perhaps 40 percent of the Indian population, have already adopted a two-child norm. For the remaining 60 percent who still conform to a two-son norm, the electoral process continues to create impediments to the acceptance of family planning programmes.

Concluding Comments

Induced fertility control in agricultural and traditional societies has historically been difficult to introduce. In India the fertility control programme is at the heart of the politics of an immensely diverse, federal and democratic polity diversity brings in its wake the enormously difficult problem of identity which in turn seeks to perpetuate itself through the federal and democratic polity of India. Each such "identity-bound"

group, whether religious or ethnic, caste or linguistic, feels that its safety lies in number and percentages; the moment that leverage decreases the group's importance and clout in the polity suffers, and hence, affects its interest.

Its at present is the central problem of the Indian fertility control programme, a problem which leads to the fertility control induced politics of India. Fertility control is essentially a political problem in terms of the electoral politics of present day India. Paradoxically, politics in the sense of development politics, is the only way to solve it. In the long run as economic and social development accelerates, development politics will probably win. But in the short run, electoral politics will dominate the fertility control programme of India making its progress slow and even painful.

Notes

1. Rai Barelli was Indira Gandhi's parliamentary constituency. The High Court convicted on a charge of electoral fraud and disqualified her from holding office for a period of six years.
2. There have been numerous analyses of the Emergency. For two that deal specifically with the family planning programme, see: Pai Panandiker et al., 1978; Gwatkin, 1979.
3. The Panchayat system consists of directly and indirectly elected bodies at the village, sub-district and district levels. Set in place in the late 1950's and early 1960's, the Panchayat system has-revenue raising power and is responsible for planning and assisting with the implementation of all development projects, including those of the central and state governments.
4. As of May 1994 the rupee is valued at approximately 32 to 1 US dollar.

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The world is ill-prepared for the global crash in children being born which is set to have a "jaw-dropping" impact on societies, say researchers. Falling fertility rates mean nearly every country could have shrinking populations by the end of the century. And 23 nations - including Spain and Japan - are expected to see their populations halve by 2100. Countries will also age dramatically, with as many people turning 80 as there are being born. What is going on? The fertility rate - the average number of children a woman gives birth to - is falling. If the number falls below approxima The economic impact of the 2020 coronavirus pandemic in India has been largely disruptive. India's growth in the fourth quarter of the fiscal year 2020 went down to 3.1% according to the Ministry of Statistics. The Chief Economic Adviser to the Government of India said that this drop is mainly due to the coronavirus pandemic effect on the Indian economy. Notably India had also been witnessing a pre-pandemic slowdown, and according to the World Bank, the current pandemic has "magnified pre-existing Fertility rates are declining in almost all countries. Over the last decade, total fertility fell by more than one birth per woman in 30 developing countries, including twelve nations of the Middle East and North Africa, and seven in Sub-Saharan Africa (Khayat, 1994). Some Causes of Fertility Rate Movements. -4-. Table 1 shows the fertility rate for several countries of the world and changes from the period 1990-1995 to 1995-2000. It can be observed that while some countries maintain high fertility rates (like Nigeria at 5.2 or Pakistan at 5.3); Italy and Germany have fertility rates of 1.2 an