

CHINA'S RADICAL BIRTH CONTROL POLICY AND IMPLICATIONS FOR INDIA

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ABSTRACT: China has been firmly carried out her birth control policy for over 2 decades, and this has been very successful in practice. India is the second populous country in the world. Although overpopulation problem was identified in the 1950s, and birth control policy was implemented since then, the situation has not yet been improved. The aim of this paper is to make comparisons between these two countries, in terms of social and cultural background, geographical distribution of population, national minority structure, in order to reveal the reasons behind the China's success, and implications for India.

KEY WORDS: China, India, Birth Control, Comparison, Implications

I. INTRODUCTION

Three decades ago, China experienced the highest baby boom in history, and population in China grew dramatically afterwards. The leader of China at that time, Chairman Mao Zedong, however, affirmed this increase and pointed, "Of all things in the world, people are the most precious. Under the leadership of the Communist Party, as long as there are people, every kind of miracle can be performed.... All pessimistic views are utterly groundless"^[1] which ideologically supported the population increase. In the early 1970s, China realised the side-effects of over-population and began to implement birth control policy, and by 1990, the growth rate was only 1.4%^[2], more or less reaching the level of developed countries.

It is very interesting to note that India, one that resembles China in many respects such

as the size of population and level of economic development, undertook her birth control even 20 years earlier than China, however, the birth control implementation was not as effective as that of China. The TFR (Total Fertility Rate) in 1984 in India was about twice as high as that of China.

In this paper, we attempt to identify the reasons of the success of China and the failure of India by making a range of comparisons such as population structure, social economic system, education and culture.

II. THE BIRTH CONTROL PRACTICE IN CHINA

Prior to the early 1970s, Mao's pro-natalist view dominated China. During this time sterilization was prohibited and strict control was lording over abortion. As a result of this optimistic view of people as producers the population increased by 200 million in the period 1963—1973 alone. Post World War II, at its peak, China's population was increasing by an astonishing 24 million each year.

Evidently, China's socio-economic ambitions of development was unable to strive along such a path supporting an over-saturated country. Disappointed with past economic performance, the cost of catering for a large and ever expanding population, and the threat of a baby boom never before experienced caused by the mid 1960s generation reaching child bearing age, the government leadership reversed their stance on birth control and embarked on policies to eventually reduce population.

Predictions regarding optimum population over the next century based on fertility rates had showed the serious problem in hand, and precipitated implementing policies which have become increasingly stringent.

Based on projections of economic development, food requirements by the different population levels bearing in mind that this population has to be supported on just 7% of the world's arable land, and maintaining environmental equilibrium, a consensus view estimated the optimum carrying capacity during the next century to be approximately 700 million. This demographic transformation is to be achieved within a timespan of one century. Quite clearly this would require a remarkable reduction in population from 1,080 million, over a third, and a significant change in traditional attitudes. According to the predictions made by Song and his associates in 1981^[3] (Table 1), to achieve this level, the TRF must be reduced to 1.5, and maintained over at least over a century's time.

How does a country which just twenty years earlier was increasing by 24 million each year, reduce population growth with an inbuilt momentum, let alone achieve such a drastic

fall in population?

Table 1 Population projections for China (in millions):
Average anumber of Children Born to Each Woman

Year	3.0	2.5	2.0	1.5	1.0
1980	986	983	978	978	978
1990	1,180	1,136	1,088	1,048	1,021
2000	1,420	1,323	1,222	1,130	1,050
2010	1,636	1,472	1,310	1,167	1,044
2020	1,915	1,641	1,388	1,175	1,003
2030	2,333	1,828	1,469	1,177	1,003
2040	2,562	1,995	1,518	1,150	878
050	2,949	2,164	1,542	1,087	771
2060	3,338	2,300	1,517	972	613
2070	3,794	2,448	1,488	835	457
2080	4,308	2,642		1,483	781

Source: Song, J. etc (1981)

The pace of demographic modernisation through the seventies was certainly most impressive. By the end of the decade there were 10 million fewer births and the natural growth rate of population had fallen by over a half from 25.83 people per 1000 in 1970 to 11.61 per 1000 in 1979.

However the "later marriage, longer intervals between birth and fewer children" message which spearhesded the campaign was interpreted by the population as allowing two children per married couple. At this stage it is useful to introduce the Neo-Malthusian argument. Malthus suggested that in a situation in which population growth expands geometrically (as in a society allowing two children per couple), food suppiles only grow arithmetically and famines, war and pestilence are the necessary outcomes which check such rapid growth. Neo-Malthsians accept such conditions but allow that impending catastrophe can be stopped by virtue of widespread population control mechanisms. Although the impending catastrophe predicted by Malthus, and supported by renowned elonomists suchas Smith and Ricardo, resulting from the diminish of land to support the needs of this population was averted in late eighteenth century Britain through the wide-spread adoption of earlier innovations and an increase in imports without deliberate government intervention, in the subsequent two hundred years there has been no suggestion that this process would be repeated in China or any other developing country.

Therefore it was crucial that the leadership of China recognised the need to introduce

contraception and other birth control measures such as abortion, to the widespread population, and was very successful in doing so. The family planning campaign of the seventies raised contraceptive use to levels presently experienced in the developed world, with nearly 70% of couples in child-bearing years practising some form of contraception. However if a two child policy was allowed to continue, the projected population increase estimated at 15–20 million in the late eighties, would seriously jeopardise the economic goals of China. In response more stringent policies were introduced, resulting in the introduction of the one-child policy in 1979 with the objective of achieving a fertility rate of one child per couple by 1985. Population policy was incorporated into the country's new 1982 Constitution. For example Article 25 decrees: "the State shall carry out family planning in order to bring population growth into line with the plans for economic and social development"^[1] The basic offer to parents is a 5%–10% salary bonus for limiting their family to one child in urban areas, and two children in the countryside after attempts to restrict couples to one child had failed because of inert traditional values. A 10% deduction is imposed on those parents who have more than two children. In addition parents who signed a one-child pledge receive preferential treatment from the state in access to housing, health care, etc. The single child receives priority in access to education and employment opportunities, at the expense of those with brothers or sisters. Thus, the rewards are high and sanctions heavy.

This major piece of social engineering continues in China today, and is to be maintained until the end of the century, thereafter the policies will be relaxed to allow on average 2.16 children per married couple and the replacement rate maintained to achieve the optimum population of 700 million.

Table 2 Conomic and Demographic Indicatirs for China and India

	China	India
Population (millions)	1,008	717
Per capitaGNP (\$)	310	260
% agriculture labour(1980)	69	71
%contraception	69	28
Birth rate	19	34
TER	2.3	4.8
Death rate	7	13
Infant Mortality	67	94
Life-expectancy	67	55
Food intake kcals per person	2,526	1,906

Source; Worlb Band (1984), World Development Report.

There is no doubt that this radical approach to birth control has been effective. This can be seen from some comparison indicators for both China and India, which are provided in Table 2⁴, for instance, for birth rate in 1980, India was 34 and China only 19 per thousand. In terms of demographic quality of life index which combines infant mortality, life-expectancy and literacy, China scores 77 on a range from nought to one hundred. India scores just 43 compared to a world average of 65¹. China would have been expected to score a similar total if she had proceeded along the pro-natalist path of the sixties. Instead, China now has an advanced level of demographic development; the society is one of low birth rates and death rates, whilst India languishes at an earlier stage of the demographic transition model, a society characterised by a high birth rate and low death rate, caused by the practise of modern medicine and technology.

Despite the fact that India was the first country in the world to declare a policy for controlling population growth, as long ago as 1952, the indicators of economic and demographic development show that today's India is in much the same position as China prior to the introduction of the rigorous birth control policies. What then are the implications for India of the Chinese experience? India faces many of the same problems of introducing effective birth control mechanisms which faced China. Gann, the former India's leader, shared Mao's optimistic view of people as producers; he declared, "if all lablured for their bread and no more, then there would be no cry of overpopulation, no misery and disease"^[5].

III. THE BIRTH CONTROL PRACTICE IN INDIA

This, coupled with his strong disapproval of all means of fertility control as immoral, allowed rapid population growth to proceed unchecked, as was the case in China. It was not until the 1951 census revealed that the population had increased by 13.2% in the proceeding decade, that Indian's leadership was spurred into political action. Yet, the legacy of Gandhi's views still persisted in Indian society long after his assassination in 1948; a barrier to adopting birth control which still exists in sections of the population even tolay.

Secondly, both the Hindu and Han Chinese societies desire male offspring, and in view of high mortality rates continue to produce children to ensure that there is more than one son. Neither are similarities between India and China just restricted to historical social coditions.

Thirdly, both countries have very similar patterns of population distributioon, and with this, similar problems in disseminating information. Almost 40% of China's population is on 10% of Chinese territory which constitutes the alluvial lowlands of the north

China plain and the lower Changjiang (Yangtze) valley. The density of population is in excess of 400 people per square kilometre and almost two thousand in the municipality of Shanghai. Overall, in the southern and eastern regions which accounts for 43% of the land area, 94% of the population is to be found. In contrast the rural western provincial and autonomous regions have very low densities; for example Qinghai and Xinjiang have densities of 5 and 8 people per square kilometre respectively. Like China, India's 717 million people are strikingly uneven in distribution. More than half of the country's population is concentrated in one fifth of the total land area populous belt descending the Ganges plain, with density levels averaging over 800 people per square kilometre. Compared to the plain area, the peninsular has low concentrations of population, with densities below 50 people per square kilometre, for example in the eastern zones of Sikkim and Nagaland densities are 28.7 and 31.2 per square kilometre. However due to their sizes both countries only have a moderately high density of population overall, China 108 people per square kilometre, and India 248, whilst, in some development countries, for instance, the U.K. the figure is 232 per square km.

The sheer vastness of such land masses, coupled with uneven distribution of population and the isolation of rural locations, results in the slow dissemination of ideas along poor lines of communication; in effect the friction of distance is greater; such a situation is similar to pre-industrialised Britain. This is the single most important factor in explaining why India's population continues to grow at an alarming rate despite a government sponsored family planning programme aimed at the grassroots of Indian society with the goal of reducing the number of children to two per family by the year 2000. By the late sixties, population in India was increasing at 5.3 million or 1.7% per annum. Since this time, the birth rate has remained extremely high, 34 per 1000 of the population; recent figures indicate that this is an average of four children per family, twice that of the government goal, (China's birth rate 1982: 19 per 1000 and will have fallen since due to the one-child policy) whilst death rates have fallen to 13 per 1000 of the population. India's population currently stands at 875 million, and is expected to grow to 1,700 million within the next 60 years if no drastic measures are taken; demographers forecast India will become the most populous country by the beginning of the twenty-first century.

However the same problems of geography and population growth faced China, have been overcome in the main. The lower levels of income, urbanisation, industrialisation, literacy and life expectancy were found in China before and prevail in India, and rural India in particular, today.

Poverty in India is a relic, in part to the apathy of the masses and their unresponsiveness to efforts to change attitudes. If family planning is to be successful, the

Indian government must not view birth control as a separate and distinct package as in previous programmes, but instead, as part of a drive to educate the population, especially women. The substantial improvements to female education in China since 1949, e.g. the 68% female literacy rate in 1990 (SYC, 1991), made a significant contribution to the decline in fertility. Research showed that in 1981 illiterate mothers averaged 4.74 births whereas those who continued to tertiary education averaged 1.94 births. Although female literacy in India is increasing, it still remains at a very low level, 18.72% (1971). This is mainly as a result of a long continued prejudice against women in education and their employment outside the home, and early marriage which is an obstacle to the spread of female education. It is exactly traditions and attitudes such as these which the government must cast off if they are to implement a successful birth control policy, and this is why any programme must educate the female population and not just provide access to contraception. Indian social workers have found that the best contraceptive available is not the condom or the I.U.D., but female literacy. The Indian government has finally recognised this, and under the guidance of Dr Rowe^[6] and "The Family Planning Association in India", this approach has finally been adopted; planning in a holistic way. The programme is neither solely a sterilisation programme, nor merely a programme of contraception. Instead the main emphasis in the words of Dr Rowe is for "the programme to enable people to have more time, knowledge and information in order to improve their quality of life... together with other people, they can bring about changes in their own environmental conditions".

In villages in the Kerbala region, this has involved redistributing land, providing health care and family planning to everyone, improving communications and achieving 100% literacy, all in order to encourage security and choice. Above all women have been empowered to spearhead the programmes such as the literacy movement, to think beyond their own family limits. However old problems still exist within this framework. As an enticement, the state continues to offer 200 rupees (£ 4.30) for each sterilisation. However the majority of the annual five million volunteers are women whose child-bearings years are over. This is an additional drain on scarce financial resources, further compounded by the pressure which is being put on the Congress government of Narasimha Rao by the World Bank and I.M.F. to cut spending. This has resulted in a reduction in funds for medical care and education.

As China discovered during the seventies, population will continue to increase at such a rate that socio-economic development continues to be held back in India. Holistic planning is a step in the right direction, but still may be too little, too late, for all its merits.

The only real answer to rapid population increase in India, and the problems of resource scarcity and the like associated with this growth, is to pass legislation restricting the

number of children by married couples. In China, the birth control policy has been carried out through an hierarchical up down system. At the toppest level is the state family planning office, the provincial office is at the second level, and then are district and county's office respectively. In this way, birth control policies could be effectively executed and monitored. However imposing even a two-child policy in India, (as ties in with government goal), would be substantially more difficult than in China. Fundamentally, it is a question of ideology and culture; of the power of the state versus the power of the people. This is largely contributed to the centrally planning system that was practised in China. Much of the decline in fertility in China was orchestrated by a leadership with a firm belief in its capability to introduce and maintain the momentum for social change through radical pilicies. By its very nature, such central control facilitated such change. In the case of India, however, imposing such a pilicy would be undemocratic and a violation of human rights. Desperate measures decreed in the 1975 Emergency Laws taken by Indira Gandhi and her government during the seventies prove this; in this eighteen month period there were over eight million enforced sterilizations of men and women; a barbaric and undemocratic programme which ultimately cost her the election. A programme which social scientists say, failed to even dent population growth. No doubt lessons have been learnt. Since this time the government's policy has been decidedly low profile.

The matter is further complicated by the diversity of culture groups in India. Although 80% of the population is Hindu (compared to 94% Chinese Han in China), there are substantial groups of Muslims, Christians, Sikhs, Buddhists and Jains. There has already been resistance to the family planning programmes amongst Muslims, the greatest minority group in India (11.21% of the population in 1971). A stringent policy restricting the number of children would be most unpopular to say the least. The Sikhs have been struggling for a separate state in the Punjab since independence in 1947. They, too, could be a thorn in the side of adopting any government legislation. The government could exclude minority groups form legislation, but this would be to exclude 20% of the population and add fire to the fuelling hatred between these groups, especially the Muslim minority and the Hindus.

IV. CONCLUSION

One possible solution could be a national referendum on the issue; undoubtedly a one-child policy would be dismissed by a weary population with such traditional values, but perhaps a two-child policy might be considered; at least this would be a start from which to build.

It must also be asked if India yet has the infrastructure in place to operate such a scheme of rewards, as operates in China, Incentives must be high to reduce fertility rate,

and operated on a national scale to prevent regional inequalities which would disrupt a concerted drive to reduce population.

In India, children are seen as an investment to work the land and as insurance for old age, therefore families are traditionally large. Expanding the elementary education base will reduce the usefulness of children as workers, and increasing child welfare so that infant mortality is reduced would partly dispel this problem. Steps are being taken in this direction in the new initiative, however the scheme to be considerably up-graded and encompass the whole country if the number of children scheme to support the elderly to prevent over dependence and burdening of one or two children.

Thus, it emerges that there is a whole new range of services and upgrading of those presently available needed to support an ageing and declining population, should the situation ever arise in India. These services have yet to be put into place in China, the disenchantment with this may explain the recent increase in the growth rate. A large survey conducted in 1987 revealed a rate of growth of 1.48%, a substantial increase on the corresponding figure of 1.1% in 1985. China's next major demographic problem is therefore to maintain the momentum of its fall in the growth of population; India's is how to even simply start the process.

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