Rural poverty breeds fertility

from Alok Vajpayee

The conditions of village life in rural India create the need for large families. Reduced fertility will come only with improvement.

THE Family Planning Programme (now known as the Family Welfare Programme) has been in operation in India since 1953. The main approach is to fix targets for sterilization operations and other methods of contraception for each area and to press the responsible authorities to achieve them.

This approach is unnatural, because most villagers in India need large families. Motivating them to adopt family planning is a difficult task. The more primitive the way of life the larger the family they need. This is a matter of survival, not simply an option as many villagers well realize.

Of course, the villages are changing, but very slowly.

The urbanization of the villages is followed by a change in life style. And when a village becomes a town the residents will need smaller families. The rural population of India resides in some 576,000 villages, 55 per cent of which contain fewer than 500 persons and 23 per cent of which have between 500 and 1,000 persons (these data and others in this article are from *Health Statistics of India — 1984*, published by the Ministry of Health and Family Welfare). The smaller the village, the greater will be the need for a large family.

Rural life is harder than urban life, which is why a rural family needs more working hands. In the villages, a family must itself do almost all the work required for its survival. In other words, a rural family is more self-sufficient than an urban family. Take, for example, water supply and the disposal of domestic liquid and solid wastes. For both tasks, an urban family does not have to exert itself at all. Water is supplied to houses through pipes and, for the disposal of liquid wastes and excreta, there is a public sewer system.

Services

In villages, these tasks demand careful attention. According to official statistics, in 1984 some 83,000 villages were without even a single source of year-round drinking water. People have to go and carry water, sometimes from a source miles away from the home. For defaecation, almost 100 per cent of the rural population goes to the fields, outside the villages. In the absence of a proper drainage system and a piped-water supply, because of the space available in village houses, the financial constraints and the lack of technical expertise in the villages for the con-

struction and maintenance of sanitary latrines, it is better for them to go into the open for defaecation than to construct and maintain a latrine in their houses.

In the cities one can purchase all types of services; there are laundry services for washing clothes, crèches to look after the children . . . and many other types of service. In the villages, by contrast, such services cannot be purchased; instead, those considered essential must be performed by the family itself.

Electricity makes life extremely comfortable and saves much human and animal labour. But by 1983, about 275,000 villages had not been electrified while even in those with electricity, the supply is erratic and is frequently interrupted.

Agriculture is the main occupation of the villagers and needs a great deal of human labour, at least as practised by most Indian farmers. For the purchase of household items, clothes, utensils and so on — the majority of villagers depend on weekly markets which are held in larger villages, or they may go to a nearby city. But there is a great problem of transport. Of the villages of India, 53 per cent were not connected by all-weather roads in 1982.

So therefore, all of the tasks performed by a rural family require a great deal of human labour and time, and only a large family is suitable for such a life style.

In the villages, life and property are much more insecure than in the cities. Robberies, land disputes, murders, thefts and familial rivalries are common, but the nearest police station is usually too far away to be contacted quickly, while the law enforcement agencies are lax. At any one time, most of the police force is engaged on law enforcement in the cities, handling strikes and regulating traffic, for example. Even the mass media have an urban bias. A quarrel or theft in a metropolitan city may hit the headlines of a national daily while a major atrocity on villagers may go unnoticed. Most of the national newspapers and magazines suffer from myopia.

A large family gives a sense of security against such happenings as well as 'insurance' against natural calamities such as floods, fires and the like.

The very old and the very young, the sick and pregnant need special care and attention. A large family can deal with sudden crises such as illness and the normal stresses of birth and old age without

help from outside. A young grandchild may be assigned the duty of watching grandma and helping her, or vice versa.

In the villages, professional expert help cannot be easily obtained. According to an estimate made in 1979–80, only 10–15 per cent of births in India were conducted by trained attendants. Most of the rural population depends on quacks for treatment.

Mortality

Inevitably, the death rate is higher in the villages than the cities. In 1982, the crude death rate for the rural population was 12.9 per 1,000 population, while in the urban areas it was 7.4 per 1,000 population. There is a positive correlation between death rate and birth rate; the higher the mortality, the greater will be the fertility. The collapse or removal of a family member in a small family of four or five, with only a few relatives, will have far more serious consequences than in a large 'unplanned' family.

Mortality in childhood, especially infant mortality and under-five mortality, is very high in the villages. The infant mortality rate in 1980 was 124 per 1,000 live births in the villages and 65 per 1,000 live births in urban areas. The under-five mortality rate in 1980 was 46.1 per 1,000 for rural areas and 22.2 for the urban areas. The smaller the chances of survival of a child, the higher will be fertility. Villagers feel that they should produce too many children if they are to be sure that at least one or two sons will survive to provide care for their parents in old age.

So if the government wishes family planning to be a success rather than a mere slogan, it must provide intensive maternal and child health facilities, giving sufficient health coverage to the mother and her new-born. Child-health is the best motivator of family planning.

As things are, the villagers of India need large families. Overall socio-economic uplift and rural development will bring about a change in life-style that will diminish the need and will ultimately reduce fertility. Rural electrification, better transport facilities for rural areas, the construction of good roads, better medical facilities, the provision of a piped water supply and the like are thus the long-term agents of demographic change. □

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