

Fertility Situation in the ESCAP Region

—Emphasis on South Asia—

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I. Levels and Trends

Fertility in the ESCAP region has been falling with notable unevenness and over the past one and half decades. There has been considerable amount of variability in the decline among the subregions and also among the various parts within a country. An element of uncertainty is added to this situation in very recent years by the upward trends observed in fertility in some countries of the region. An important objective of this paper is to draw attention to these sub-regional variations and focus on the subregion that experienced the least decline. Also the paper will briefly touch upon the uncertainty of the future fertility decline in the region.

According to the current estimates of fertility, the total fertility rate (TFR)¹⁾ is 3.6 for the ESCAP region, as can be seen in table 1. This rate is lower than the rate for all developing regions (TFR=4.1) and for the two other com-

parable regions—Latin America (TFR=4.1) and Africa (TFR=6.4). However, the rate in the ESCAP region is twice that of developed regions (TFR=2.0) which have achieved the replacement level of fertility—the rate that leads to eventual zero growth of population.

Fertility in the ESCAP region had declined 36.8 per cent from 1960–1965 to 1980–1985 and most of the decline (30.8 per cent) occurred during the period 1970–1975 to 1980–1985. East Asia experienced the largest amount of decline (53.1 per cent), almost all of which occurred during the period from 1970–1975 to 1980–1985. This remarkable decline in East Asia was greatly influenced by the decline in China (57.4 per cent) which was 54.9 per cent during the more recent period. The decline in South Asia (28.1 per cent) closely followed that of Oceania (30.8 per cent) where significant decline started in the earlier decade, 1960–1965 to 1970–1975. East Asia, depending on the trend in China, is expected to reach close to replacement level

1) TFR represents the number of children that would be born per woman, if she were to live to the end of her childbearing years and bear children at each age in accord with prevailing age-specific fertility rates.

Table 1. Total Fertility Rates from 1960 – 1965 to 1980 – 1985 for the Major Regions of the World

	Rates per woman					Percentage decline		
	1960-1965	1965-1970	1970-1975	1975-1980	1980-1985	1960-1965	1970-1975	1960-1965
						to	to	to
						1970-1975	1980-1985	1980-1985
World	4.9	4.9	4.5	3.9	3.6	8.2	20.0	26.5
Developed regions	2.7	2.4	2.2	2.0	2.0	18.5	9.1	25.9
Developing regions	6.0	6.1	5.5	4.6	4.1	8.3	25.4	31.7
Africa	6.5	6.6	6.5	6.5	6.4	–	1.5	11.5
Latin America	6.0	5.5	5.0	4.5	4.1	16.7	18.0	31.7
Asia	5.7	5.8	5.2	4.2	3.6	8.8	30.8	36.8
East Asia	4.9	5.5	4.7	3.0	2.3	4.1	51.1	53.1
China	5.4	6.1	5.1	3.1	2.3	5.6	54.9	57.4
Japan	2.0	2.0	2.1	1.8	1.7	+5.0	19.0	15.0
Other East Asia	5.4	4.8	4.3	3.6	2.9	20.4	32.6	46.3
South Asia	6.4	6.1	5.7	5.2	4.6	10.9	19.3	28.1
South-East Asia	5.8	5.7	5.4	4.8	4.1	6.9	24.1	29.3
South Asia	6.6	6.3	5.9	5.3	4.8	10.6	18.6	27.3
Oceania	3.9	3.5	3.2	2.8	2.7	18.0	15.6	30.8
Australia - New Zealand	3.3	2.9	2.6	2.1	2.0	21.2	23.1	39.4
Melanesia	6.2	5.9	5.5	5.7	5.5	11.3	–	11.3
Micronesia - Polynesia	6.8	6.4	6.0	5.6	5.3	11.8	11.7	22.1
Europe	2.6	2.5	2.2	2.0	1.9	15.4	13.6	26.9
Western Europe	2.6	2.4	1.9	1.6	1.6	26.9	15.8	38.5
North America	3.3	2.5	2.0	1.9	1.8	39.4	10.0	45.4

Source: United Nations, *World Population Prospects: Estimates and Projections as Assessed in 1982* (United Nations publication, ST/ESA/SER.A/86).

by the end of 1986. TFR is close to 5 in South Asia and 4 in South–East Asia. The levels of fertility in these two subregions suggest that drastic fertility reduction must take place there if faster reduction in fertility in the region is to continue.

Table 2 gives more specific placement of the countries or areas in terms of reaching the replacement level of fertility. Australia, New Zealand Hong Kong, Japan and Singapore have achieved fertility levels below replacement, but together they constitute only 5.5 per cent of the population of the region. China and the Republic of Korea are at near replacement level and they represent another 41.2 per cent of the population. We thus find that nearly 47 per cent of the population of this region have either achieved the

replacement level or are near to doing so. Of the remaining 53 per cent of the population, 9 per cent are moving towards replacement level and 44 per cent are far above the replacement level. There are 14 countries, including large countries such as India, Pakistan, Bangladesh, the Philippines and Viet Nam, in the last two categories in table 2. It is important to note that in these 14 countries TFR is above 4 and in some countries it is over 6. It will be extremely difficult to maintain the present rate of decline unless significant decline takes place in the 14 high fertility countries referred to above.

II. Situation in High Fertility Countries

Out of 14 high fertility countries, six of them

Table 2. Distribution of Countries or Areas According to Total Fertility Rate (TFR) in 1983

TFR	Name of countries or areas	Total population (in millions)	Percentage to population	Remarks
<2	Hong Kong, Japan, Singapore, Australia, New Zealand	145.6	5.5 %	Below replacement
2-3	China, Republic of Korea	1077.9	41.2 %	Near replacement
3-4	Indonesia, Malaysia, Thailand, Fiji, Sri Lanka	240.0	9.1 %	Towards replacement
4-5	Burma, Philippines, Viet Nam, India	874.3	33.4 %	Considerably above replacement
5+	Mongolia, Democratic Kampuchea, Lao People's Democratic Republic, Afghanistan, Bangladesh, Bhutan, Islamic Republic of Iran, Nepal, Pakistan, Papua New Guinea	282.0	10.8 %	Far above replacement

are pronatalist or countries with no major family planning programmes. Of the remaining eight, four are from the Indian subcontinent namely Bangladesh, India, Pakistan and Nepal. Two of them—Islamic Republic of Iran and Afghanistan—are the neighbouring countries of the subcontinent and nothing much is known about the fertility situation obtaining there in the present circumstances. We will deal with the Philippines in the different context. We will now concentrate on the situation in the subcontinent.

Three countries in the subcontinent—Bangladesh, India and Pakistan—constitute about 35 per cent of the population in the region. They are characterized by high fertility in the range of TFR=4.5+ to 7+. The movement of the fertility levels in these three countries will determine the future course of the fertility in the region because the contribution of East Asia, which include China and the Republic of Korea, will be negligible in the future decline as they have already reached low level of fertility. It is also important to observe the fertility movement in these three countries from the popula-

tion growth point of view in this region. As the fertility trends will in large measure determine the growth rates which will in turn shape the growth of the region. Take the example of India which is growing at an unprecedented 15 million a year, higher than any other country in the world, including China. The Indian rate of population growth has not changed over last twenty years 1961-1981. It is extremely difficult to contain the annual growth in India's population to under 16 million per year through the remaining years of the century.²⁾ It is important to note at this point that Bangladesh, India and Pakistan are the first few countries in the world to have stated national population policy to control the population growth through fertility reduction. Hence, in understanding the fertility situation in the region, is imperative to understand what is happening in the subcontinent.

Bangladesh:

The earliest estimate of TFR available for Bangladesh is from PGE project which showed a TFR=6.2 for the period 1962-63. This level of fertility has not changed much over the years

2) K. C. Zachariah and Sulekha Patel, "Determinants of Fertility Decline in India, An Analysis", *World Bank Staff Working Papers*, Number 699, 1984.

as evident from the estimates of Bangladesh Fertility Survey (BFS) which gave a TFR of 6.4 for 1971–75 period. Subsequent to the BFS, there are three contraceptive prevalence surveys conducted in 1979, 1981 and 1983 which showed the estimated total marital fertility rates to be 6.2 and 5.6 respectively for 1979 and 1983 as compared to 6.7 from BFS for the period 1971–75. The fertility, therefore, has fallen by 16.5 per cent during the 10 years period in Bangladesh, according to these estimates. According to an estimates obtained from census data, Bangladesh had a total fertility rate of 7.05 in 1961 and 6.23 in 1981 which shows a decline of about 12 per cent in 20 years. The use of contraception among the currently married women under 50 years of age increased from 7.7 per cent in 1975 to 12.7 in 1979, 18.6 in 1981 and 19.1 in 1983.³⁾ It is evident from these data that the initial gain in contraceptive prevalence rate is wanning out between 1981 and 1983. However, the fertility level will perhaps continue to decline slowly with gradual increase in the age at marriage (there has been significant drop in the proportion of ever married women in the age group 15–19 between the census of 1961 and 1981) and slow but steady increase in contraceptive use, particularly among older women. The interesting point to note that despite the existing of family planning programme for over two decades, fertility remains to be high in the range of TFR being 5 to 6 and there has not any significant decline in fertility.

India:

As in Bangladesh, there is some uncertainty about the fertility level and trend in India. Recent data are more reliable and according to these data, the crude birth rate is estimated to be about 34 per thousand and total fertility rate

about 4.8.⁴⁾ According to the same authors, the total fertility rate for the whole of India before 1960 is estimated to be 6.5 which indicates a fertility decline of 26 per cent in recent years. Substantial declines took place before and after 1971. Rough estimates are: a decline of 0.8 in TFR before 1971 (12%) and a decline of 0.9 during 1971–81 (16%). There are indication to the effect that since 1976 decline in birth rate has slowed down. In fact, birth rate seems to have stalled, although the fertility rate continues to decline, but at a slower rate. The reason for such stalling of the birth rate may perhaps be found in the changes that occurred during 1971–81 in the age-sex distribution which was highly unfavourable to a decline in birth rate (i.e., the proportion of women in childbearing ages increased). It was suggested that 1971–1981 was the beginning of a long period in which increasing proportion of women in childbearing ages would tend to dampen the decline in the birth rate or make it increase even when fertility falls. The “age effect” has to be much stronger towards the end of the decade than in the beginning. In 1971–72, the proportion of couples effectively protected by family planning programmes was 12.4%, and by 1981–82 the proportion of couples protected increased to 23.7%. According to the Indian census estimate, the singulate mean age at marriage has increased from 17.2 in 1971 to 18.3 in 1981. A rough estimate of the relative contribution of family planning in the fertility decline during 1971–81 has been made to be 89%, the other 11% can be attributed to changes in proportion married.

Pakistan:

The several surveys conducted in Pakistan in recent years have produced TFRs around seven. The 1975 Pakistan Fertility Survey (PFS)

3) See Contraceptive Prevalence Survey Report of 1979, 1983 and Planning Commission's Report on Recent Trends in Fertility and Mortality in Bangladesh, December 1984.

4) Zachariah and Patel, *op.cit.*

data showed a decline in the TFR from 7.2 in 1965–69 to 6.4 in 1970–74. This decline was attributed to rising age at marriage. The 1979–80 Population, Labour Force and Migration (PLM) survey data, however, showed a TFR of 7.1 in 1970–74 and virtually no decline previous to 1970. Likewise, the PLM data showed evidence of a recent decline to 6.5 in 1975–79. The evidence of recent decline in each survey is likely to be spurious, the result of systematic distortions in the reporting of dates.⁵⁾ Total marital fertility rates reveal a pattern similar to that reported for the TFRs. There appears to be no genuine change in TMFRs over the last 20 years or so, and rates cluster around eight for most period which is indeed very high compared to other countries in the region. Among currently married and non-pregnant women, the level of current use of contraception was reported to be 4% in the PLM and 6% in the PFS. The drop in current use may be explained by the fact that family planning activities suffered major set backs in the period following 1977.

From the above discussion it is quite evident that fertility transition is yet to begin in full swing in the countries of the subcontinent. On the other hand we see that countries of South-East Asia–Indonesia, Malaysia, Thailand and Singapore—having started late made remarkable progress along with the concomitant changes in their socio-economic conditions. Slower progress in the socio-economic conditions alone can not explain the lag observed in the three countries of the subcontinent. For example, Pakistan has continued to enjoy appreciable economic development without any success in family planning. On the other hand, there are states in India which made remarkable progress in family planning along with the moderate change in economic

conditions. Bangladesh has made some progress in family planning in the absence of any change in economic conditions.

The problem in the subcontinent appears to be deep-rooted and its origin may be found at the structural level of the society as it is argued that contraceptive prevalence is primarily determined by social structural factors.⁶⁾ It should also be recognized that in all societies, the impact of social and economic change and government programmes on actual behaviour is mediated through the cultural setting. When the problem lies at the structural level, policy intervention of the present nature, whose emphasis is on service delivery only, is not likely to bring any appreciable change in the behaviour of the population. In this paper we want to explore as hypotheses several important dimensions of the socio-cultural milieu in the subcontinent that seem relevant to understanding the problem—why still a large majority of women do not practice family planning ?

III. Socio-cultural Factors Affecting Fertility in the Subcontinent

Most of the demographic surveys in the subcontinent consistently reported that large majority of the women of reproductive age do not want any more children after the initial few births. The surveys results also show that these women who do not want any more children also do not practice family planning. These findings are often dismissed on the ground that they are not capturing the realities of the situation. It is contended here that the survey results are reliable but they are inadequate to reflect the reality. These results truly reflect the desire of the women as an individual, but they are inadequate in that they fails to identify the constraints which in-

5) Iqbal H. Shala, Thomas W. Pullum and Mahammad Irfan, "Fertility in Pakistan during the 1970s," *J. Biosoc. Science* (1986) 18, 215-229.

6) Notestien, F. W., in T. Schultz(ed), *Food for the World*, Chicago: University of Chicago Press, 1945.

hibit women from fulfilling their desire into practice which often is constrained by others. These constraints mostly come from existing social structures and cultural practices. All too often, analyses of fertility change concentrate primarily on the dynamic influences of social and economic change or organized interventions to spread fertility control in the search for explanation. Very little attention has been paid to the particular mixture of cultural features that in important ways can serve to facilitate or inhibit fertility behaviour.⁷⁾ Such an approach has been found to be useful in comprehending the recent fertility decline in Thailand, once the cultural setting in which it has occurred is taken into account.⁸⁾

Among others, a clear understanding of the female social status in the subcontinent appears to be the best possible approach in comprehending this problem.⁹⁾ The concept of female autonomy is a more amenable to empirical measurement than the concept of status. This concept is therefore adopted for this paper in understanding female social status. Autonomy indicates the ability—technical, social, and psychological—to obtain information and to use it as the basis, for making decisions about one's private concerns and those of one's intimate.¹⁰⁾

In the agrarian societies of Bangladesh, India, and Pakistan female autonomy is strongly influenced by kinship, family and marriage relationships. It is also greatly influenced by age, religion, political system and cultural norms and practices including the division of labour between the sexes.

Kinship, Family and Marriage Relationships :
The kinship structure in the subcontinent generally characterized by three principles of village and kin exogamy, relatively close ties between patrilineally related male, and control of property by males. Of course, there are minor variations of these principles in three countries. For example, although legally muslim women in Bangladesh can inherit property from parents but in actual practice it is more likely that her brothers will seize control of her share of inherited immovable property (land) regardless of her wishes. She is normally not entitled to moveable property. According to the custom of patrilocal marriage, a newly married women is brought from her family of birth and placed in her husbands house which is usually away from her own home. Preference of lineage and village exogamy attenuates a woman's ties with her family of birth and reduces the possibility that her family will intervene on her behalf after marriage. In the Indian subcontinent, as in most other agrarian societies, kin relationships still constitute for the great majority of people the prime avenue of access to such scarce social resources as information, economic assistance, and political support. An individual's power, influence and social ranking are closely related to his or her ability to exploit kin linkages. Thus cultural practice—such as those of patrilocal marriage—that tends to constraint or erode the personal links between a married women and her natal kin directly diminish woman's autonomy. At the same time norms of avoidance (a married woman is regarded

7) John Knodel, Aphichat Chamratrithrong and Nibhon Debavaly, "The Cultural Context of Thailand's Fertility Decline", *Asia—Pacific Population Journal*, Vol.1 No.1, ESCAP.

8) John Knodel, Aphichat Chamratrithrong and Nibhon Debavaly, *Thailand's Reproductive Revolution: Rapid Fertility Decline in a Third World Setting*, Forthcoming.

9) It was also suggested by A. Mitra. See A. Mitra, *India's Population: Assessment of Quality and Control*, 1978.

10) Tim Dyson and Mick Moore, "Kinship Structure, Female Autonomy, and Demographic Behaviour in India", *Population and Development Review*, Vol.9, No.1, (March) 1983.

as an outsider in her family of marriage) make it difficult for the woman to establish affective links within the household into which she marries; she is therefore left socially almost powerless. Arranged marriage and differences in age at marriage by sex of almost ten years place a woman in a subordinate position relative to her husband at the outset of marriage.¹¹⁾ Dowry is an essential part of Hindu marriage in India as well as in Bangladesh. Although it was not customary in Muslim family but it is gradually becoming a fashion in Muslim marriage in Bangladesh. It is generally found that the demand for dowry always far exceeds the amount of dowry given (either in cash or kind or both) which again puts women into disadvantaged position at the outset of the marriage. In the poor family, when woman can not bring any dowry with her or she has nothing to inherit, she is endowed with neither money nor property that is her alone. The above situation also makes her powerless among the members of the husband's family. Besides the broader social organization, there exists in each village an organizational subsystem that regulates the life of subgroups in the village. It acts as a source of collective security for its members and as a guardian of their mores. This subgroup of kins is variously called in different countries. In Bangladesh it is called Bari. This subgroup affiliation becomes quite distinct when individuals are faced with a choice as in the case of accepting an innovative idea or adopting it in practice. This subgroup as a guardian of mores put great restraint on the female autonomy, particularly the movement of the women outside the home and seclusion of women.¹²⁾

Age : Deference for age is strictly adhered to in the subcontinent regardless of class and creeds. As mentioned earlier women are in disadvantaged position as being almost ten years younger than their husband. Among women, solidarity and potential resistance are undermined by an age hierarchy that allies older women with men in dominant position. The young bride enters her husband's household to find herself under the control and supervision of her mother-in-law. In general, older women dominate younger women--mother-in-law dominants daughters-in-law, elder brother's wife dominate younger brothers' wives and so on.

Religion : Both as an ideology and as the normative force that governs behaviour and expectations, Islam sanctifies male dominance. It is also explicit about the sexual division of labour and responsibility. According to Islam, man is the provider and protector of women and woman is the server of man. It is also said that a woman's heaven lies under the feet of her husband. All these religious belief and practices make Muslim women subservient to their husband. Submission to husband by the wife is also strongly promoted by Hindu religion. Hindu woman regards her husband as her god regardless of the character of the husband. A married woman's prime task is to produce male heir so that son can perform the last religious rites at the death of the husband. A woman's standing among her husband's kin is greatly undermined when she does not produce a son. Muslim inheritance law allow a daughter one-half the share received by a son. Hindu inheritance law does not even allow the one-half share to be given to the daughter. Both the religion therefore reinforces the inequ-

11) Mead Cain, "Women's Status and Fertility in Developing countries", *World Bank Staff Working Papers*, Number 682.

12) Makhlisur Rahman, "Tradition, Development, and the Individual", a study of conflicts and support to family planning in rural Bangladesh, *Asian Population Change Series* No.1, Department of Demography, Australian, National University, Canberra, 1986.

ality of men and women and allows female subjugation to be perpetuated. Another important aspect of Islam, as practiced in Bangladesh and Pakistan, which has direct effects on female autonomy is the manifestation of purdah, the seclusion of women. Purdah is a "system of secluding women and enforcing high standards of female modesty." Its manifestations in Bangladesh and Pakistan include severe restrictions on women's movements outside their immediate homestead and standards of dress that hide their face and form. Women who move out of the homestead into the public domain are considered both provocative and offensive. In India groups of patrilineally related males would have their honour, reputation and consequently their power undermined should the chastity of their females be subverted. Thus, the sexuality of females is very rigidly controlled. Restrictions on female personal movement and "protection" from other males takes the form of seclusion (Purdah).

Division of Labour: The predicament of dependent women that force them into relative seclusion in the household compound also deny them access to the economic opportunities outside the homestead. In these countries, a division of labour among household members has evolved whereby women specialize in work inside or near the homestead and men specialize in work outside the home. This division of labour itself engenders a powerful element of men's control over women, enforcing women's dependence on men by denying them direct access to income-earning opportunities. The sexual division of labour applies to all women in the rural areas and the costs, in terms of abuse and loss of status, of engaging in other types of work that require movement outside the homestead are indeed very high.

Son preference: In societies in which women are more dependant on men, where they are excluded from inheritance and mainstream eco-

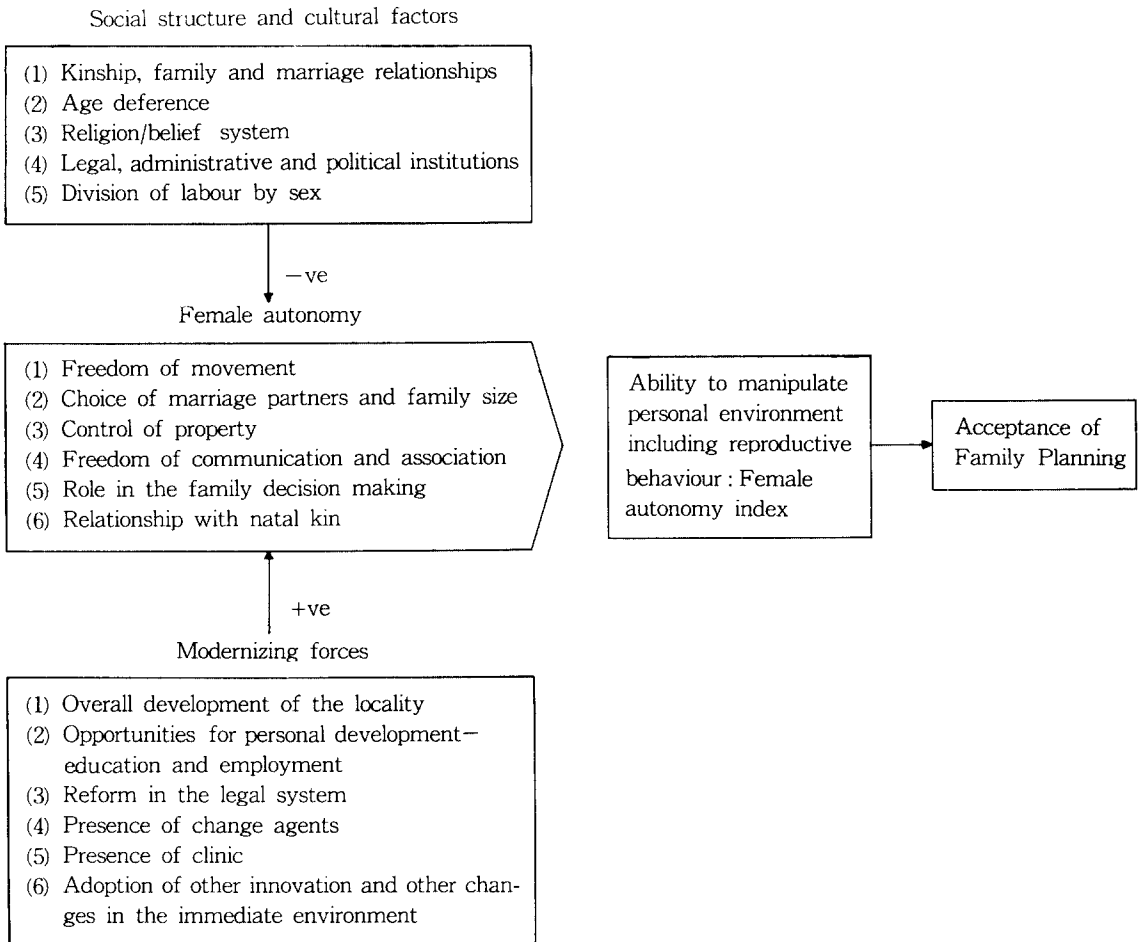
nomic activities, parents will place a greater premium on sons. This preferential treatment for the male child severely restrains the personal development of female child and hence affects her autonomy (personal development) in later life.

Political System: Political power in the subcontinent as in any other developing countries is monopolized by men. Elected officials and government machineries are all mened by men until very recently. Village councils, which adjudicate most local disputes informally are exclusively composed of men. In part because of male domination of political institutions and in part because formal judicial institutions and administration are weak, particularly in the rural areas, legal protection of women is nominal. If a female litigant is not closely related to and supported by a man, she is likely to lose regardless of the merits of her case. Under the influence of purdah, women are discouraged to go to the court of law to establish her legitimate claims.

The direct relationships linking social structure, female autonomy and family planning acceptance are summarized in Figure 1.

The complete dependence of women on men and elder women, deference for age, and without any access to outside world make it difficult for them to resist the pronatalist pressures. Moreover, early marriage increases their period of exposure to the risk of pregnancy in the absence of opportunity to regulate their fertility. Females are socialized to believe that their own wishes and interests are subordinate to those of the family group. They are therefore more likely to sacrifice their own desire to regulate their fertility even at the cost of health hazard of repeated pregnancy. Given the situation of relative social isolation faced by the newly wed women, there are undoubted advantages to high fertility. She feels encouraged to create her own affective social group by producing children. Confronted with an insecure future that will

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probably become more unstable when her husband dies, a woman undoubtedly sees children, especially sons, as a potential source of security—both economically and socially. This lack of female autonomy essentially contribute to high fertility. Relationship between female autonomy and acceptance of family planning is well established by Dyson and Moore as can be seen in table 3.

IV. Future Course of Fertility

It is an impossible task to suggest any precise course of future fertility in this region which

is well known for its diversity. However, we have evidence at hand which sets us to speculate. As you all know that more than half of the fertility decline in the developing countries are attributable to higher age at marriage, compared to the past, which led to significant changes in the marital compositions of the population. In some countries it has gone too high. For example, in Philippines, the singulate mean age at marriage went up to 24.4 in 1978 and the same in Sri Lanka rose from 21.3 in 1946 to 25.1 in 1975. The Republic of Korea and China went through the same experience. Expect in the subcontinent, where the age at marriage is

Table 3. Selected State-level Indexes Related to Women's Status and Acceptance of Family Planning

Region/state	Per cent of couples protected by family planning ^a	Female labor force participation rate, 1971 ^b	Per cent of women practicing purdah ^c	Per cent of females literate, 1971 ^d	Per cent of births medically attended ^e	Index of son preference ^f
South						
Kerala	28.8	13	4.3	54.3	25.7	17.2
Tamil Nadu	28.4	15	4.9	26.9	21.9	11.5
Andhra Pradesh	26.5	24	9.4	15.7	12.2	8.9
Karnataka	22.4	14	5.4	20.9	15.9	11.2
Maharashtra	34.7	20	16.7	26.4	7.5	18.4
North						
Gujarat	20.1	10	41.8	24.7	9.7	20.8
Rajasthan	13.0	8	62.2	8.5	4.1	n.a.
Uttar Pradesh	11.5	7	46.4	10.7	2.5	25.0
Madhya Pradesh	20.9	19	42.9	10.9	5.1	21.9
Punjab	25.0	1	44.6	25.9	11.3	31.3
Haryana	30.1	2	72.6	14.9	15.3	20.7
East						
Bihar	12.2	9	29.6	8.7	2.8	24.3
West Bengal	21.2	4	n.a.	22.4	n.a.	18.4
Orissa	24.4	7	27.7	13.9	6.8	15.7
All India	22.1	12	n.a.	18.7	n.a.	20.2

a Statistics are cumulative to 1979; Source: *The Monthly Bulletin of Family Welfare Statistics*, Evaluation and Intelligence Division, Department of Family Welfare, New Delhi, September 1979.

b Source: Census of India, 1971, *Series I-India*. Part IIA(ii). Union Primary Census Abstract, New Delhi, 1976.

c Source: Committee on the Status of Women in India, *Towards Equality: Report of the Committee on the Status of Women in India* (New Delhi: Government of India, 1974).

d Statistics include the population aged 0-4; Source: Government of India, *Pocket Book of Population Statistics* (New Delhi, 1972). Although the statistics relate to the absolute level of female literacy, it is worth stressing that their relative literacy (i.e., vis-à-vis males) also tends to be substantially lower in the main northern states. The same point is applicable to labor force participation.

e Source: Government of India, *Pocket Book of Health Statistics* (New Delhi, 1975).

f Source: J. C. Bhatia, "Ideal number and sex preference of children in India," *Journal of Family Welfare* (Bombay) 24, No.4 (1978). An index of zero would imply equal preference for sons and daughters.

still below 20, there is therefore very little scope for further increase in the age at marriage. On the contrary, there are indications that the age at marriage may drop down in the recent years as in the case of the Philippines and Sri Lanka. It is anticipated that there will be some drop in the age at marriage in China with the recent modification of their regulation governing age at

marriage. The drop in age at marriage has contributed to the increase in crude birth rate in Sri Lanka (27.5 in 1974 to 28.9 in 1979) and the Philippines (34.8 in 1975 to 36.3 in 1983) and the decline in fertility has been stalled. According to National Demographic Survey, the total marital fertility rate had dropped from 8.8 in 1975 to 8.3 in 1978-83 period.¹³⁾ With a

13) Terence H. Hull, "Fertility Trends in the Philippines", *Research Note*, No.50, Department of Demography, Australian National University, Canberra, 1985.

TMFR of over 8 it can hardly be said that families are becoming small in Philippines. In view of this, it may be cautioned here that the contribution of the changing age at marriage towards fertility decline is approaching the limit. More importantly, in most of these countries the potential exists for second generation "baby boom" resulting from changing age structure which will certainly slow down the pace of fertility decline unless compensated by the rapid fall in the fertility of the younger married women caused by successful implementation of family planning programmes. An increasing trend is observed in the CBR of Malaysia which may be occurring due to the "age effect". It will be necessary to observe the trend in the fertility rates in the next few years which still shows a declining tendency perhaps as a result of increasing age at marriage. We have seen similar experience in India. Effects of these two counteracting forces will feature prominently in such cases and dominate the future scene in the region.

It has been observed in Sri Lanka that economic prosperity has contributed in way to the increase in crude birth rate which may be a temporal phenomenon but it is interesting to observe closely this development. What will be the consequence of recent economic reforms, which is likely to increase demand for additional hands for agriculture, in the rural areas for agriculture, on the Chinese fertility level is yet to be seen. After two decades of hammering home the message "two is enough" the Singapore Government is encouraging couples who can afford it to have more babies to ensure that the population reproduces itself. Last year Singapore needed 56,000 births to maintain the population level at 2.6 million but only 42,000 babies were born, according to an official estimate.

Having considered the above facts, one can speculate that the trend in the fertility level in the near future is likely to be slower than the

previous decade as it appears at this stage.

V. Conclusion

ESCAP region has experienced a remarkable fall in the fertility level over the last decade, 1970-75 to 1980-85 with notable variations in the magnitude of fall among the subregions. East Asia, particularly China contributed much to this decline in fertility in this region. Despite this impressive decline in fertility in the region, there are large pockets of high fertility (TFR in the range of 5 to 7), particularly in the subcontinent and its neighbouring countries. There has not been any significant decline in fertility in the subcontinent in the last decade or in the previous one. The problem in the subcontinent appears to be deep-rooted in the structural levels of the societies and the associated cultural practices. The forces of modernization, which are gradually gaining momentum, will perhaps help the women to gain necessary autonomy which will enable them to resist the forces of pronatalist pressure. Until such time, the fertility will tend to decline at a very slow pace. This is not to say that the strengthening of the existing family planning programmes will not help to accelerate the pace of decline. It should, however, be noted that much of the future course of fertility will depend on the course of fertility found in the subcontinent. Other subregions have already achieved low level of fertility or in their way and their contribution to further decline would be minimum. It is important to recapitulate that rising age at marriage contributed much to the fertility decline in the region. The contribution of this factor to further decline is approaching the limit in most countries except in the countries of the subcontinent. Again, how the changes in socio-economic conditions affect the age at marriage in the subcontinent and to what extent will determine the future course of fertility in the

subcontinent to a large extent. The prospects of second generation "baby boom" is already threatening the declining trends in fertility in some countries of the region. Economic policy changes is also contributing to the uncertainties in the future as it is found to be the case in China, Sri Lanka and Malaysia.

In conclusion one can only say that the future course of fertility in the ESCAP region is very uncertain, many interesting developments are taking place and they need to be closely monitored. One thing for sure family planning programmes needs to be further strengthened.