MANAGING ASIA'S MILLIONS:
A COMPARATIVE STUDY OF POPULATION CONTROL EFFORTS IN CHINA AND INDIA

by Donna Browne
The growing concern over world population growth has led many to doubt the ability of the earth to provide unlimited resources for mankind's continued survival. This global concern is reflected in efforts worldwide to halt the population explosion. Nowhere are these efforts more essential than in the developing countries of the Third World, particularly in Asia. Between them, the nations of China and India alone contain almost 40% of the world's population. In 1979, the Chinese census figure topped one billion people--nearly one quarter of the population of the world. To put this figure in a clearer perspective, she has five times the population of the United States in a nation only slightly smaller in size and containing only 7% of the world's arable land. India's current population is 756 million--approximately three times that of the US on only one third of the land. Unchecked, her population would mushroom at a nightmarish rate. Projections of their birth rates put China's population at 1.4 billion by the year 2025 and India will expand even faster to 1.3 billion, equalling China's 1.4 billion by 2050.

Realizing the danger presented to hopes for modernization and development by this continued growth, both countries have developed extensive family planning systems in an effort to promote birth control and the reduction of the birth rate. Both nations emerged from the Third World and entered their modern stage at approximately the same time. India gained her independence from Britain in 1947 and China was united under Communist rule by Mao Zedong in 1949. Both ruling elites saw foreign domination as the
chief cause of their misery and were confident that independence and central planning would eliminate poverty and inequality in their countries within a short period of time. In their early years, population control was a major priority in neither China's nor India's national policy. Their more immediate goals were social and economic transformation. Gradually the family planning programs grew in importance as the connection between poverty and large families became apparent.\(^3\)

Though both countries have recognized the necessity of limiting their populations and have developed substantial programs to effect this change, their measures of success have been dramatically different. China has been incredibly successful in reducing her birth rate while India's progress, even with substantial foreign aid, has been slow and hesitant. In the 1950's, China and India had identical birth rates of 45 births per thousand of the population. By 1976, however, China had reduced hers by almost half to 24, while India's remained high at 38.\(^4\) What accounts for this dramatic difference? The answer is in large part the ability of their political and administrative systems to reach the people, to inform them of the need for and benefits of family planning, and, once they have accepted the idea, to insure that information, supplies and health care are easily available to them. China has been able to raise the living standards of her one billion people so that the security of the individual is no longer dependent on a large family. Because of this economic security, Chinese are more receptive to the economic benefits awaiting the entire nation as a result of a reduced population than are most Indians, whose low standard of living rarely allows
them the luxury of planning beyond their own survival.

Indians lack the Chinese vision to see family planning sacrifices as nationally beneficial. India also lacks the whole-hearted commitment to the goal of population reduction by the Central Government and regional health workers that Chinese see as a vital step towards modernization. China has developed an efficient information exchange with her grassroots authorities to aid her in compiling practical policies and feasible goals. India still develops her programs at the national level without allowing for the variety of local conditions. Above all, by emphasizing personal initiative in family planning and by remaining primarily clinic-oriented, lacks the "personal touch" and benevolent concern expressed by the Chinese system of local organization that has made it so successful. By viewing the development of family planning programs in India and China and their current policies towards encouraging population reduction, it is possible to see why one has been successful and the other has not.

The idea of family planning and birth control are of recent origin in the industrialized West and are foreign to lesser-developed Eastern nations. Both India and China have long traditions of large families. In each case, these traditions extend backward in time far beyond the industrial age to ancient farming communities. These were most often self-sufficient units whose survival depended on an ample number of hands to work the fields. To those in the rapidly changing industrialized world, resistance to the long-term benefits of a reduced population seems self-destructive. The Westerner forgets the age and continuity of both the Indian
and Chinese civilizations and that, even when the need for a high birth rate has been largely eliminated by medical and technological advances, the tradition persists. It is a formidable obstacle to family planning programs and has an especially firm hold on the rural areas least affected by modernization efforts.

There are several reasons for the popularity of large families in China, both in cultural traditions and down-to-earth pragmatism. In dynastic patriarchal China, a large and well-cared for family was an indication of the father's wealth and prestige. It was also a means of strengthening the family's and clan's position in the social hierarchy by providing connections with other families of wealth and power through the arrangement of strategic marriages. China's belief in her own superiority, her ethnocentrism, also played a contributory role: since Chinese are superior to other races, logically, the more Chinese, the better for all. Dynastic Chinese culture also ingrained a strong preference for male children. This bias, echoed almost worldwide, was institutionalized by the philosopher Confucius and later by his disciple Mencius as a means of insuring harmony, the Confucian goal of life. In ancient China, the ruling class was urged by Confucius to "beget a son early" in order to maintain a stable line of succession in the family, thereby preventing the possibility of dynastic struggle and civil war. If a first child was a girl, couples would continue producing children until a son was born. The failure of a wife to bear a male heir became a major crime and a suitable ground for divorce. To this the Confucian classics added the maxim "males
are exalted, females are demeaned" as well as the idea of filial piety. Each individual should understand their station in life and should dutifully perform those tasks. Deference was expected to those of higher status, consequently, wives deferred to their husbands and women as a group deferred to men. In all cases, women were inferior, hence the disappointment at the birth of daughters and another Confucian saying, "the more sons, the more blessings." Mencius extended this idea to birth itself, writing, "of the three unfilial acts, the worst is to have no son."6

There are economic reasons as well for the emphasis on large families, especially in the rural areas. In addition to the emotional gratification children bring to a family, they also bring the possibility of economic enrichment and a higher standard of living. More children mean more hands able to work and help provide the needs of the family. Young children are able to share the work in and around the house, freeing the mother to work outside it. They also add to the family's total accumulation of work points.7 In communes, older children are able to earn work points along with their parents, though on a lesser scale than adults. Each added work point will allow more economic freedom and raise the standard of living.

In the parents' old age, children are seen as security. Filial piety requires a son to respect and care for his father as the father ages. Due to the lack of a nationwide retirement system, sons are viewed as insurance against hardship after parents are unable to work and support themselves. Because a wife joins her husband's family after marriage, a daughter's earnings would go to support her husband's family. In rural areas, China's
economic policy has had an undermining effect on her population policy. As a part of the drive to increase agricultural production, farmers can now keep the profits made by the sale of surplus produce after government quotas are met, as well as to keep small plots for private use. Larger families are logically able to produce more and are more profitable. As a result of this leniency, some peasants have become wealthy enough to willingly pay fines imposed for exceeding the recommended number of children per family.8

The preference for large families in India is quite similar to that in China. Though Hinduism contains no specific doctrinal opposition to birth control or contraception, its followers put a high value on all types of life forms, especially human beings. Their god Brahman is an all-pervading deity, manifested in all things. It also puts a high regard on sexuality and fertility as physical reflections of the sacredness of creation. Both factors contribute to an ancient kind of social inertia that is not readily amenable to change. The modern idea of birth control is alien to established traditions and fights an uphill battle to gain acceptance, especially in the isolated rural areas of the country.

Economic and personal security have always been major motivations for reproduction. Like China, India has long been accustomed to a high infant mortality rate. Large families are a proven safeguard to insure the survival of an adequate number of children. Consequently, women in India average 6 children—in effect "stockpiling" them in the event some die before reaching maturity. Cultural traditions in India also show a preference for sons over daughters. The combination of the two factors results in a very high birth rate as couples strive to establish
a "safety margin." Couples having four sons, for instance, assuming only half reach maturity, would still be left with a safety margin of two sons, in addition to any daughters that might have been born in the intervening births. This is not necessarily to imply that families do not want limitations on the number of children. They want family planning only after they have had what they consider to be a secure number of children. The decline in the infant mortality rate, however, means a much higher percentage of children survive, thus creating an increase in the birth rate and a pressing population problem.

As is the case in China, Indian children are economic assets—investments in the future for their parents. This is especially true in the rural areas of India where the majority of peasants are illiterate, exist on the subsistence level and have little contact with the facilities and resources of the urban areas. Children are able to enter the work force at an early age, supplementing the family income as menial laborers. Obviously, the more children in a family—especially boys, who can work harder and do heavy labor—the higher the income and the standard of living. The contributions made by child labor are a major reason why rural villages resist population control efforts. Living at subsistence level, the threat of famine and starvation is much more real. Their security is a precarious balance between the family and the elements. The death of a child could tip that balance the wrong way and spell disaster for the entire family. Sons and large families are security, and villagers are reluctant to adopt family planning measures that might alter a system that has worked in the past. In addition, sons are stronger and
stay at home longer, caring for parents in their old age. India is too poor to afford a social security system for her elderly and the burden is placed on the individual families. Because daughters join the husband's family, as in China, an adequate number of sons is needed for security in old age as well as to perform funeral rites prescribed by the Hindu religion that are prohibited to girls. 12

In both countries, large families are not only traditional, but have become security mechanisms for the elderly and for the subsistence farmers. Effecting change is not only the difficult matter of providing materials and personnel to isolated areas, but also the far more difficult task of changing attitudes toward family life ingrained by centuries of existence in a world that is only beginning to experience modernization.

India's commitment to birth control and family planning strategies was at best shaky in the first days after Independence in 1947. However, as the need for and benefits of population control gradually made themselves apparent to the Nehru administration and later to that of daughter Indira Gandhi, definite strides were taken toward that goal. The success of these attempts has been questionable, but the recognition of the problem, the vital first step, at least prompted action to resolve it.

An initial obstacle to the implementation of birth control and family limitation campaigns was the firm opposition of India's spiritual father, Mohandas Gandhi. Hinduism's most sacred book, the Bhagavad Gita, denounces material possessions and physical desires as the major hindrances to spiritual awakening. In an effort to purify himself, Gandhi had taken the vow of "Brahmacharya,"
or chastity, at the age of 37 in 1906. Gandhi was opposed to fertility control based on modern contraceptive technology—i.e. artificial methods—as weak and hedonistic and believed that India's masses should practice abstinence through a high awareness of individual responsibility and moral force. 13

The practical application of population reduction as a means of speeding industrialization and boosting the economy soon won out over Gandhi's metaphysical objections. As in the case of China, enthusiasm for the prospects of the fledgling state ran high and modernization was the nation's highest priority. Family planning received an official endorsement in the report of the Population Subcommittee to the National Planning Committee in 1947:

"In the interests of social economy, family happiness and national planning, family planning and limitation of children are essential, and the state should adopt a policy to encourage these. It is desirable to lay stress on self-control as well as to spread knowledge of cheap and safe methods of birth control. Birth control clinics should be established, and other necessary measures taken in this behalf and to prevent the use of advertisement of harmful methods... We consider that the gradual raising of the marriage age and discouragement of polygamy are desirable in the interests of the limitation of family size." 14

Early efforts within the First 5-Year Plan of 1951-56 were mainly preliminary ones, focusing on the development of planning strategies and an administrative framework for using the allotted funds. Due to the incomplete nature of the program and the lack of a distribution network, only 22% of the funds allotted to family planning activities were actually spent. During the First 5-Year Plan Period, family planning services operated on a minimum of resources. Only a fraction of the total 6.5 billion rupees allotted were actually spent, primarily for research and attitude surveys. Many Gandhians were reluctant to promote artificial methods of contra-
ceptives and wished financial resources and human effort put toward people-oriented activities such as education and motivation, as well as continued research. It was not until later in the 2nd Plan Peri that the government began to back the family planning program with gusto and officially endorsed sterilization as the main method of contraception.15

The decade of the 1960's was a watershed period for family planning in India. The Indians had accepted the Anglo-Saxon pattern of established specialized birth control clinics emphasizing the curative—as opposed to the preventive—approach. This system relied almost entirely on patient initiative and stressed the one-to-one doctor/patient relationship inherited from the British. After 1961, the Central Government incorporated family planning into its general health work, maternity care-clinics and child-care clinics. The goal was to mobilize the individual community and its resources, including the panchayats, altruistic and service organizations, and social workers so that services would seek out the people instead of the other way around. Time consuming face-to-face encounters gave way to mass communication techniques for the mobilization and education of the public. The slogan "2 or 3 Children Is Enough" alongside and inverted red triangle and a happy Indian family remains a popular symbol as the new campaign reproduced it everywhere, using traditional advertising methods such as newspapers, radio and billboards as well as spreading the message through drama and dance performances, puppet shows and travelling clinics. Whatever positive strides these measures made, however, were severely damaged by the declaration of the Emergency and Sanjay Gandhi's program of forced
sterilization in 1975.

It is ironic that sterilization, the most successful and most popular method of birth control and family planning in India, has become a major source of suspicion and mistrust because of irresponsible and fanatic implementation in the mid-1970's and a discredit to the family planning program as a whole. After Indira Gandhi's declaration of the Emergency in 1975, the government's previous reluctance to utilize permanent sterilization procedures disappeared and the mass sterilization program and the now infamous sterilization camps--under the leadership of Mrs. Gandhi's heir-apparent son Sanjay--proceeded at full throttle. Its witch-hunt atmosphere and unrealistic quota requirements on personnel only exacerbated the abuses and weaknesses inherent in the system.

The practice of sterilization, both of males and females, was provided in some areas of India as early as the 1950's. Despite the resistance of the Central Government for political reasons, by 1960 almost 90,000 sterilizations had been performed--60% on women, 40% on men. Top-level support for the sterilization program came in 1962 and male sterilizations increased dramatically, outnumbering female sterilizations almost 3:1. In the late 1960's, Dr. D. N. Pai developed the mass sterilization clinic strategy, the forerunner of the vasectomy camps used during the Emergency. The first camp of this kind was held in 1970, when

"all district offices were mobilized to recruit acceptors and to bring them to a central location where doctors performed operations in a setting that resembled a cross between a medieval fair and an automotive assembly line. Monetary incentives were given to both recruiters and acceptors."16

The camp was very successful. The state had performed over 50,000
vasectomies in the past two. The camp performed 15,000 in the one
month trial period—an average of 5000 a day. The success of
this camp inspired several other states to adopt a similar strategy.

After the declaration of the Emergency, Mrs. Gandhi deter-
mined to attack the persistent problem of internal poverty and
issued a Twenty Point Program to effect radical change. Although
not included in the original points, family planning measures
were added in a 1976 resolution that included a national law
raising the minimum marriage age to 21, increasing monetary
incentives for sterilization and a provision stipulating that 8% of
central financial aid to state family planning services would
be on the basis of performance, to be evaluated annually.\(^17\)

Sanjay Gandhi was put in charge of the family planning
program—an offshoot of his 4-Point Program for the "New India"—
in 1976 in order to secure high-level support. Confident of
support from his mother, he was forceful, headstrong and impatient,
converting the more diversified program into a series of coercive
vasectomy campaigns. Thinking the persuasive efforts and
efficiency of the administrative system incapable of providing the
results he demanded, he ignored it, using only the instruments of
power to achieve at least short-run success by forceful methods.\(^18\)

"It was a mass campaign to solve a mass problem, and therefore
the only thing that mattered was the statistics."\(^19\) In order to
attract "acceptors," the government offered incentives in cash
and merchandise: a transistor radio or 60-100 rupees (approximately
$30 in 1974)—several months income as a common laborer. The
government also enacted measures to "recruiter" or "motivators,"
campaign, another element in the creation of the "New India," included razing slum areas. Allocations for new housing, however, could often only be obtained with a verification certificate of sterilization. The combination of the two factors resulted in riots and mob violence when demolition crews began work in the area around the Turkman Gate and Jama Mosque area in Delhi in 1976. An estimated 700,000 were made homeless and at least 50 died in the ensuing riots with police.21

The burden of Sanjay's mass campaign fell on those who were the most convenient and those who had the most to lose. In the drive to fulfill the sterilization quotas, the easiest targets were put under the most pressure to comply. The affected portions of the population were the slum dwellers and the Untouchables, being the most vulnerable and the easiest to round up, and India's own government employees, being overall the class most well off and with the most to lose by non-compliance.22

Sanjay's forced sterilization campaign during the Emergency had few positive results. It did perform an astounding number of vasectomies, but its forced-pace approach and coercive tactics had a detrimental effect that has outlasted its accomplishments. Many Indians were stunned at the over-aggressive nature of the campaign. On civil servant said "It created an atmosphere of shock and disbelief, producing a severe backlash."23 The adverse reaction of the Indian population to the campaign damaged the credibility of the entire family planning program as guilty by association. Some officials expressed fear that this association will cause Indians to avoid the family planning facilities in the
future, and prove to be more of a liability than an asset in future programs. The Emergency itself and the subsequent ousting of Mrs. Gandhi and the Congress Party from power in 1977 was a setback to the stability of the government of India and to the family planning program in particular.  

**EMERGENCY STATISTICS**

1975: general 59% increase in family planning (all methods)

1976: general 77% increase

"other" methods ......................... down slightly

IUD's ........................................... down 10%

 Abortions ...................................... up 28%

 Sterilizations: female .......................... up 86%

 male (6.1 million) ...................... up 336%

(Ness and Ando, p. 87)

As in the case of China, India faces an enormous task in attempting to implement an effective birth control policy throughout her 17 states, 335 administrative districts, 2690 towns and 564,258 villages. She has retained the administrative system inherited from the British and molded her family planning program to fit her existing bureaucracy. At the apex of the administrative structure is the Ministry of Health and Family Planning, which is subdivided into individual state ministries. Each state has several district family planning bureaus, divided into urban clinics and rural centers, subcenters and family welfare planning centers. An overall view of the system shows

"a public bureaucracy dominated by a Western-oriented medical profession, delivering a narrow range of contraceptive techniques to individual users on demand and employing individual motivation and mass communication techniques to create demand."
In response to national goals, the state-level family planning bureaus plan and co-ordinate programs for the district office, which in turn works with the individual urban units (ideally one for every 50,000 of the population) as well as the rural family planning organizations. Urban clinics generally have a full-time staff or are run by local agencies such as the Family Planning Association of India or the Indian Red Cross Society. There are in addition standard hospitals, clinics and dispensaries not entirely devoted to family planning. Rural organizations are to maintain one primary health center for every 100,000 and subcenters for every 10,000. Their personnel are supplemented by "dais," Auxilliary Nurse Midwives who have had a certain amount of paramedical training and provide most of the maternal and child care available in individual villages. Outlets in public corporations, voluntary organizations, government and private hospitals as well as thousands of small private retailers sell contraceptives and are subsidized by the government. India also enjoys a great deal of international support. The United Nations Family Planning Association Inventory lists 30 international private and government organizations active in the country in addition to domestic efforts.

A major point in the public education campaign is to promote the small family norm through mass communication at the central, state and district levels. The goal is the intense communication of a few simple, positive messages—such as "2 or 3 Children Is Enough"—through performance and several media under the direction of the Union Ministry of Information and Broadcasting. Family planning information relayed through SITE (the Satellite
Instructional TV Experiment) was also well received in 1979. Mrs. Gandhi emphasized India's immediate need for smaller families and pledged

"total commitment to voluntary family planning...We cannot afford to wait for social and economic changes to bring about an appropriate motivational environment in which a small family becomes the rule." 28

Access to contraceptives is another emphasis. India used the "cafeteria approach" where you take the method you like. A couple is recommended to go through 3 stages in their usage of contraceptives. The first stage is for recently married couples, who are initially advised to use condoms. After the birth of the first child (to slow or prevent the birth of another), the wife is asked to accept and IUD. The third stage, after the birth of a second or third child, is recommended sterilization. 29

On paper, India's aim is to establish an effective number of contact points among the state for reaching the people as well as to provide an adequate number of doctors, nurses, midwives, field workers, etc., for implementation of the central policy. In reality, however, these admirable plans require recruitment, training and placement of personnel, organizing control and supervision, and providing adequate amounts of equipment and supplies.

Her greatest failure in birth control policy is in her thousands of villages and in her rural areas where old traditions have a greater hold and access to the villages and their inhabitants is more difficult than in the urban centers. The people of the villages have little incentive to work with authorities to reduce the birth rate. Gayl D. Ness and Hirofumi Ando profiled the typical Indian village of "Sherapur," explaining the reluctance of the rural population to adopt family planning
and the problems inherent in the system. A major reason is that often village life exists at subsistence level. Poverty makes the villager cautious of any change that might alter the shaky security offered by sons and large families. They see no personal advantage to subscribing to the government's family planning program. The family limitation goals of the state do not coincide with the security quota of children thought necessary by the villagers. There are also not enough qualified personnel, hospitals and equipment to penetrate to all India's villages. If the number of positions filled is taken as an indication of the government's willingness and ability to implement its program, India's record is a checkered one. Most qualified personnel show a preference for urban positions. As a result, though figures vary among the individual states, only a total of 65% of the urban positions are filled, with lows of 15% of the rural positions filled in Himachal Pradesh.\(^\text{29}\)

Many of the rural programs lack the talent resources, ideology and administrative mechanisms to promote change. Rural personnel are rewarded for their efforts instead of for results. Convincing villagers to accept family planning is important in order to show the government, irrespective of whether or not the program is accepted and understood or contraceptives properly and consistently used. Family planning workers have become "adoption agents" rather than "change agents," fearing the loss of their jobs if the government's inflated quotas are not met. Workers suffer from a lack of time and motivation. Their jobs pay low salaries, are low in prestige and often require isolation in remote areas for long periods of time. As a result, villagers
distrust health workers because of their unconcern for village welfare. A common practice in rural areas is "gamesterism." Health workers go to a village to get their registers signed by local officials to prove they have been there, then leave. Local panchayats willingly play along because the villagers neither want family planning nor want to deal with the health workers. Program supervisors are aware of this deception, but have inadequacies of their own to cover up. India's most recent goals, however, call for increased involvement, including the mobilization of panchayat leaders, social workers, youth leaders voluntary organizations and labor unions.

The family planning program realizes that large scale abortion would be expensive and impractical in many rural areas because villagers could neither afford the procedure nor obtain adequate follow-up medical care. Villagers are suspicious of sterilization and artificial methods of birth control and are reluctant to use them because of unfounded rumors (also common in urban areas). Villagers avoid sterilization because they fear it causes impotence or that it is merely another name for castration and will cause death. They also avoid it because it is permanent (though often reversible) and fear they would be unable to replace a child that died. The IUD is under suspicion due to exaggerated rumors of bleeding (actually due to anemia among rural women), accidental pregnancies, that it gives an electric shock or that it leads to twin births. Husbands suspect it because they believe it would allow wives to commit adultery without fear of detection, and women often avoid it for the very practical reason that there is a shortage of female doctors to insert the device.
China's early population control policies swing like a pendulum back and forth from outright denunciation in the early years of the People's Republic to energetic official support and mass campaigns then back again to neglect and denunciation and neglect during the enthusiasm of the Great Leap Forward and the Cultural Revolution. Her policies have always been dependent on the seesawing mood of the times and the whims of political leaders. China did not really implement a cohesive population policy until the post-Mao era and the fall of the Gang of Four, followed by the rise of Chairman Hua Guofeng.

After Liberation in 1949, Mao Zedong was convinced that China's vast land mass could support an unlimited number of inhabitants. Under the control of the victorious Chinese Communist Party and its comprehensive planning campaigns, Mao believed that population and production could grow in tandem.

"It is a very good thing that China has a big population. Even if China's population multiplies many times, she is fully capable of finding a solution... (In short)... revolution plus production can solve the problem of feeding the population... Of all the 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."31

Mao and the CCP leadership continued to encourage population growth throughout the early years of the 1950's. Behind this policy was the optimism that increased population would mean increased production and a stronger China. No type of population control was put forth and birth control of any kind was condemned. In 1952, the People's Daily described birth control as "a form of genocide without bloodshed."32 The CCP developed an optimistic rationale for its anti-birth control stance, reflecting the confidence in the Communist victory and the nation. In 1953 Mao had stated that people were China's most valuable resource and
under the supervision of the CCP production would rise as population did. A large population was an indication of national power. With the coming of the Korean War, China had a more practical rationale: China would be safer with a large population.33

The optimism of the initial years of the People's Republic deteriorated as the first Communist census if 1953 reported that the accepted figure for China's population (488 million) was 100 million too small. In 1955, China did the first of its radical turnarounds. Induced abortions had been legalized in 1954 and some party leaders initiated programs to begin the encouragement of birth control. Party cadre were mobilized and aggressive information and education campaigns began to distribute information on contraception and to increase awareness of the program among the masses. Sterilization procedures were made readily available and research on contraception was encouraged.34 Largely through the efforts of the president of Peking University, Professor Ma Yinchu, population control and family planning first received explicit, official support at the Eighth Party Congress in 1956. The CCP justified the change ideologically by adapting Marxist-Leninist theory, stating that

"planned population growth is acceptable when it is necessary because a socialist society regulates its material production, and that citizens' rights, including induced abortion and contraception, are to be protected in a socialist society."35

Mao's Great Leap Forward of 1958 again reversed the government's stand on population control. Mao again announced that China needed the revolutionary energies of more people to fulfill her destiny. Population reduction would only serve to deprive the revolution of its lifesblood. Many who had supported birth
control in the early 1950's were now subject to attack and ridicule. "Against this surge of revolutionary optimism, birth control was defined as defeatist and pessimistic. It was simply incompatible with the new confidence embodied in the Great Leap Forward." China's leaders recognized the practical reality of the population problem, however, and discreetly allowed abortion and contraceptive use to continue, as well as birth control clinics to remain open.

After the failure of the Great Leap Forward, family planning measures were revived in an effort to control rapid population growth. These measures received less publicity than in the campaign of the early 50's, but more support among high Party members and government officials. The program benefitted from a greater allocation of funds, a larger number of trainees for positions in family planning programs and generous incentives for induced abortion. The government promoted delayed marriage as a healthy and politically productive way to reduce the birth rate. An improved ability to monitor demographics allowed a more firm grasp of the scope of the population problem and stimulated efforts to devise a policy to deal with it. Family planning efforts emphasized family health, political study and productivity rather than solely the reduction of the population. Information was distributed through a network of hospitals, clinics, labor unions and women's groups.

During the Cultural Revolution, as during the Great Leap Forward, revolutionary optimism and zeal overpowered pessimistic attitudes toward population control. Once again, family planning was inconsistent with carrying forth the revolution. For the
first three years of the Cultural Revolution—the most fervent years—the government issued no pronouncements on population growth. Revolutionary enthusiasm passed over the pessimistic assessments of the relation between population growth and available food supplies. Another factor halting family planning activities was the breakdown of the administrative structure. Family planning programs and public services were disrupted along with everything else. China did not attempt to implement policy again until the fall of the Gang of Four and the death of Mao in 1976. 38

China's last reactionary swing back to supporting birth control and family planning occurred under the leadership of Party Chairman Hua Guofeng and later under Deng Xiaoping. Under their pragmatic leadership, China has expressed a determined ideological commitment to the reduction of her population and has developed a bureaucratic organization capable of implementing the new policy. Her renewed efforts are a significant part of the overall strategy to achieve the long-term goal of modernization, but guarded against overzealous enthusiasm. High priority is given to setting realistic goals and planning successful programs while working toward the ultimate end, modernization and equality with more developed Western nations.

In encouraging the use of birth control devices and family planning, the Chinese Communist Party puts significant stress on the higher quality of life for women in "Liberated" China as well as on their potential for self-improvement and their vital roles in the revolution and socialism. In Old China, women were greatly oppressed, suffering under religious, family and masculine
authority. They were little better than slaves, having no imput in the family and little control over the direction their lives would take. Under the "pernicious influence" of Confucius and Mencius, they remained bound in the traditional roles assigned to women, working in the home, producing children and seeing to the wants of their husbands. In New China, however, the CCP emphasizes the gains made by women after the 1949 takeover. Women are now emancipated, having equal economic and political rights as well as equal opportunity for employment and education, all working together towards the common goal of modernization.

"A new atmosphere prevails in the families characterized by equality, democracy and unity between husband and wife who work together to build up the socialist motherland." Family planning and limited family size are "long-cherished goals" of women, allowing them time and energy to devote to political study, further their education or to pursue advancement at their place of employment.

The government cites three main targets in the population control effort: reduction of the total population, reduction of the rate of natural increase and reduction of the overall birth rate. The rate of natural increase is equivalent to the birth rate figure minus that of the death rate. The goal is a planned, gradual reduction of the rate of natural increase. To reach this goal, a plan first advocated by Mao Zedong is being revived. The "wan, xi, shao" approach is a three-pronged attack on different elements of family planning. The "wan" element encourages couples to marry at a later age, building on the assumption that they would have children at an age where they
are financially secure and further along in their reproductive years. The "xi" element advocated having children at longer intervals, further decreasing the number of births possible in a woman's reproductive lifetime. The "shao" element is the most concise, simply advocating having as few children as possible. On his ascension to power, Hua Guofeng reiterated China's new commitment to modernization. In contrast to Mao's early views on the benefits of a large population and the unlimited capability of China to provide for one under the socialist system, Hua took a more practical view, stressing the economic liability of a large and mushrooming population. He emphasized that too many people impede development, diverting resources that could be used to fulfill the goal of modernization and catching up to the West. The state would therefore encourage both the use of birth control devices as well as the incentive system to reduce population growth and speed the pace of change.

"We must conscientiously carry out ideological, emotional and technical work as well as child care and health work throughout the country so that people can practice family planning safely, willingly and effectively. Practical measures should be taken to reward couples who limit themselves to a single child and gradually to institute social insurance for aged people who are childless...This year, we must do everything we can to lower the country's population growth rate and continue to lower it in the future." China uses her population reports as a starting point in developing her national economic development plan. The population figures provide national and regional totals for overall economic planning, indicating the need in each area for goods and services as well as the amount of labor and production that can
be expected out of it. The data is used to fix levels of agricultural and industrial production output, distribution of national income, labor needs and expectations, housing requirements, construction needs and cultural, educational and health service requirements. The population data serve as the key building block and a means of determining allocations for ingoing goods and services and expected quotas of outgoing industrial and agricultural produce.

Population policy takes two forms with different purposes. Short-term Plans are made and assessed annually to determine the success of a particular policy and to get an idea of the progress of the program as a whole. Long-term Plans are varied in length, lasting five, ten, or more than ten years. The Long-term Plan is designed to provide an ultimate goal for which to continue striving regardless of individual program successes or failures. The Chinese author H. Yuan Tien explained that

"The connection between a Long-term Plan and a Short-term Plan is like the relationship between strategy and tactics. A Long-term Plan is like a strategic move of overall importance, indicating the direction of future population developments over a comparatively long period of time. A Short-term Plan is like a tactical move of local import and a concrete step to realize the strategic goal." 43

Tien also stressed the importance of broad-scale planning in discussing the value of birth quotas. Like the population reports and the Short-term and Long-term Plans, quotas are an essential brick in the construction of the national economy. Each area must realize its quota of production, services and births in order to insure a well-run and prosperous province, which in turn contributes to the success and advancement of the
"Under our nation's socialist system, childbearing is not only an individual and family matter, but also a major event that has bearing on the scope and rate of increase of the population of the whole nation and on socialist development... (We must) overcome the anarchy of reproduction." 44

Under the umbrella of this national framework, the administrative bureaucracy has acted on the importance of adaptation to local needs and circumstances. China realizes that different methods of implementing the same policy can bring positive results. She has modified the existing political policy of democratic centralism to suit the needs of the family planning program. The basic premise is to "proceed from reality" by basing policies on thorough investigation of the problem and to form the theoretical policy and practical implementation on the basis of agreement between the higher and lower branches of democratic centralism. This exchange of information from the local source to the administrative center allows for the development of an effective program to suit local circumstances. This attention to local affairs is known as "democracy under central guidance." The state sends its family planning goals and quotas to the regional authorities, which combine them with current regional population data and marriage rate information. This is sent to local authorities, or "grassroots organizations," which mobilize the masses to discuss the requirements sent down by the regional authorities. The local conditions are assessed and a feasible plan with realistic objectives is formed. This plan is sent back to the regional level, where it is incorporated...
into a population plan for the entire area, which is in turn
sent back to the state. 45

A great strength of the Chinese bureaucratic administration
are the many subdivisions of its organization. In both the urban
and the rural areas, the vast majority of the population has
access to at least a lowly member of the hierarchy. In the
rural areas, the administrative body descends from the central
government to the province, then to the commune level. Within
each commune it is further subdivided into individual brigades
and finally to the production teams within the unit. This
organization is paralleled in the urban areas--from the central
government to a municipal revolutionary committee, then to a
district or ward staff. These are divided into resident's
revolutionary committees and finally into individual residential
block committees. Each level of this administrative bureaucracy
has Party offices and assigned cadre. Because of this thorough
penetration, virtually the entire population has been organized
into political study groups. These groups allow a fairly
easy transfer of information and propaganda to the masses, also
allowing rapid mobilization of mass campaigns to implement
policy directives. Family planning has been a political study
topic since 1970. 46

"Grassroots" level organizations are sent to government
units, factories, shops and schools for propagandizing, promotion,
and education of the masses. They provide the government's
guarantee of achieving national goals, integrating "the interests
of the nation with their (the masses') own interests."47 These
"grassroots" groups benefit from peer pressure in following
family planning policy, as each individual looks out for the welfare of the entire residential block or production team.

Chinese are reminded that the practice of family planning is their duty as members of a socialist state. The population must be controlled in order for resources to adequately distributed and for modernization to proceed. The 1982 Constitution made family planning a civic duty for the benefit of the entire nation. Chinese couples are continually told of shortages of food, jobs, housing, clothing and services and of the bleak future for all if the population growth rate is not curbed. Population control has become "everybody's business." In view of the enormous number of people involved, mass campaigns to distribute supplies and disseminate information are a necessity and the most efficient way of getting the job done. Yet, in spite of the tyranny of numbers, the Chinese still believe in applying the personal touch to a mass campaign. The importance of the involvement of people at the local level is crucial to the success of the entire program. All citizens must see that their own interests are served as well as the interests of all in the practice of family planning.

"The key is that there is broad participation in reaching important economic decisions, including fertility decisions, at the local level. The local production team of perhaps 30-50 households makes decisions about the distribution of labor, resources, and income following guidelines set by the central government. These decisions are reached communally so that individuals see their fertility plans as an integral part of the overall development plan for their area. Thus individual and collective interests are reconciled through this participation."
China's commitment to the control of population growth is reflected in the elaborate system of rewards and punishments devised by the government to promote state policies. As also manifested in her agricultural policy, she sees personal incentives to the masses as the most effective way to limit expansion and to convince them of the necessity of subordinating their wishes to the good of the state.

China's new family planning policy was embodied in the Chinese constitution as law in 1979. The new law—quite controversial in the West because of its curtailment of individual freedom and denial of human rights—limited Chinese couples to only one child and strictly regulated almost all aspects of child care to this incentive system: those observing the restrictions—the "correct line"—would be rewarded, those who violated the new policies would be subject to penalties.49

The CCP leadership vigorously promoted the 1979 law with a series of mass campaigns on birth control and family planning utilizing the slogan "One Is Best." Women are encouraged to get an IUD after the birth of their first child. Yu Mingtao defended the new policy as vital to the need for the reduction in order to modernize. "We must vigorously advocate having one child, insure that there are no more than two, and resolutely abolish the practice of having a third."50

Under the new law, couples must ask the Party's permission to conceive a child, with approval or denial dependent on Party goals and assessment of the area. Permission cards are necessary for prenatal visits to health centers and a child cannot be registered after birth without one. Party cadre and members of neighborhood committees—known as the "granny police"—are
assigned to maintain strict surveillance on women in their charge in order to detect and report unwanted pregnancies to Party authorities.\(^5\) The granny police visit their neighbors often to chat and to pass along birth control information. They never give the same family planning message and maintain good relationships by doing small favors. The women under their charge consider visits by the granny police friendly expressions of concern rather than nosey impositions. Members of the granny police are elected by the citizens of the town and meet once a week to discuss problems and review new information.

As a rationale for this tried and true "carrot and stick" method of incentive, authorities reply "to teach a good lesson and to remove the adverse effect on the masses."\(^6\) Economic rewards are given to those who comply with the current slogan "One Is Best." Those with only one child are rewarded with many types of benefits. By promising not to have a second child, couples are presented with "Glory Certificates." The mother is then granted an extra three months of maternity leave with full pay. The child's health care costs are subsidized by the government and cost the family nothing. The child also receives preference in selection for kindergartens and waiver of the 6 yuan tuition fee. The parents of a single child receive an extra 4 yuan per month from the state to insure adequate attention is given to nutrition. Parents are also rewarded by receiving extra work points and higher pensions. Childless couples get full wages as pensions. In rural areas, families are given a larger private plot—the size allotted to a family of four—
cultivate for their own use, and in the urban areas couples get priority in the allocation of precious housing space.\textsuperscript{53}

Conversely, couples who violate the "One Is Best" policy risk loss economically and socially. This policy is strictly enforced. If one couple is allowed a second child, others will want another and all hope of population reduction will be lost. Couples that do not space children at least four years apart are fined. Those with two or more children are refused further expectation of promotion, face a ten percent reduction in wages and are required to write self-criticisms for the Party for deviation from the "correct line."\textsuperscript{54} Couples that persist in wanting more than one child or are already expecting a second become targets of "mass persuasion." Family planning workers and local leaders make repeated visits to the couple, explaining that by having a second child they are going against the "correct line" and are endangering the chances of the neighborhood or production team of meeting their quota of births and thus jeopardizing the goals of the nation. Eventually the couple submits to returning to birth control or to an abortion.\textsuperscript{55}

An even more drastic penalty is widespread in many parts of China. In 1983, newspapers in Guangdong Province reported that 50,000 women, pregnant without permission, were kidnapped and forced to undergo abortions. These kidnappings affected women as far advanced as the third trimester of their pregnancy. The newspaper reported that such forced abortions were common practice throughout China on a lesser scale.\textsuperscript{56}

Propaganda is an essential tool used by family planning personnel to educate the Chinese population both about the need
for family planning and the various methods of birth control available and their proper use. Poster campaigns are an effective way of reaching large portions of the population since many Chinese—especially in remote rural areas—either do not have radio or television sets or cannot receive transmissions. Since the 1979 law limiting family size went into effect, new slogans for political study groups and poster and billboard campaigns have been "One Is Best" and "One Child For One Family." Chinese are urged to practice the "3 Withouts"—do without early births, do not have a child without permission and most important, do without a second child. Radio and television broadcasting is also used, though primarily in the urban areas. Dance and drama troupes often are used to illustrate the need for birth control in a more energetic way. A popular technique among these troupes is a quick-patter dialogue between two or more performers. These dialogues are designed to communicate the primary idea (family planning) as well as to stress the duty of the individual to the progress of the revolution and the reiteration of basic Communist principles.

"Let me be the first to talk; let me be the first to speak
I am a propagandist for family planning.
The significance of family planning is great indeed;
There is no end to speaking of family planning's great advantages.
Chairman Mao personally advocated it;
The great masses of the people have together mobilized for it.
Let us earnestly read our books and study Marxism-Leninism
And let Mao Tse-tung thought lead the way.
If family planning is carried out well,
Children and home work will be less of a burden
Let us study theory to be sure of our direction,
And let us carry on our shoulders the cause of the revolution.
We must not forget the great affairs of the world;
We must keep the nation's great affairs remembered in our hearts. Class struggle is the guidance to continue the revolution and forever advance. Let us increase our consciousness of carrying out the revolutionary line, and never deviate from the direction of the dictatorship of the proletariat.°58

Another useful propaganda tool are model factories and communes. Their success illustrates the feasibility of the family planning program and serve as examples to other towns. Cities and communes often send observers to model communities to observe them in the hope of duplicating their success. A factory or commune becomes a model organization when it can stay within its birth quota. Certificates of achievement are awarded each year to communities successful in the family planning goal. Factories that maintain 100% participation in family planning programs get an extra bonus that is distributed to the workers.°59

The Chinese government, aside from poster and billboard campaigns and radio and television broadcasts, seems to put emphasis on education of the people after marriage. Oddly, few schools discuss preventive measures against unwanted pregnancies or have any kind of sex education program. Although Chinese males are legally allowed to marry at the age of 20 and females at 18, the state has issued "recommended" minimum ages for marriage--males at 28, females at 25--in an effort to reduce the number of married reproductive years and lower the birth rate. Added advantages of the later marriage ages are that they allow the female time to further her education, engage in political study or acquire technical skills advantageous to her job. They also allow the couple time to achieve an amount of financial security before marriage.
Since the adoption of the One-Child-One-Family law in 1979 and the 1982 Constitution, the idea of family planning and the use of contraception has been stressed as a civic duty. Couples are given booklets explaining contraception when they marry, and since 1982, vigorous sterilization and abortion campaigns have been launched. A prominent element in the use of contraceptives in China is availability, both in the rural and urban areas. This is a vital step: once a couple is convinced of the importance of birth control it is essential for the necessary materials to be easily attainable and easily understood. To this end China has made contraceptives available free of charge not only in hospitals and family planning clinics but also in drugstores and factories. Every effort is made to insure that access to birth control products is easy and confidential. Birth control pills are available free of charge to women and the user is not required to give a name or address. Condoms are available free in open boxes in drugstores so the shy won't have to ask the druggist. Sterilization has become an increasingly common practice as suspicions and fears about it subside. Over 10 million sterilizations were performed between January and August, 1983.

Grassroots organizations play the most important part in the distribution of family planning information and material—that of reaching the masses and remaining in contact with them. In urban areas, local clinics provide contraceptive supplies as well as performing more complicated birth control procedures and providing any necessary follow-up care. The urban factories
monitor family planning activities through "experience exchange meetings." The family planning official tells the factory its birth quota and the female workers hold meetings to discuss their wants and needs, finally announcing jointly their decision on their collective number of births for the forthcoming year. Factories appoint a team of women to remain alert for unauthorized pregnancies and for those considering having a child.

It is an undeniable fact that rural conditions in China do not permit programs as sophisticated or as far-reaching as their urban counterparts. Health care, education and income are all better in the cities and birth rates have fallen faster there. Population studies have shown, however, that differences in the fertility rates of rural areas when compared to urban can be eliminated when increased economic welfare is extended to the countryside. The sheer numbers of China's rural population makes the task of extending family planning programs there a huge one. Fully 80% of China's over one billion people live in the countryside—an amount outnumbering the combined populations of the Soviet Union, the United States, Japan, West Germany, France and the United Kingdom. To fill this need, China again relies on the idea of penetration and availability, using a great number of "barefoot doctors" to provide at least rudimentary care to the majority of the population. Barefoot doctors are paramedical personnel trained in short-term medical courses which teach basic emergency and health care. They are a variation of the traditional Chinese medicine man and often use herbal medicines and cures. China emphasizes availability rather than a great number of qualifications. In rural family planning
programs, barefoot doctors are responsible for educating the peasants about the need for size limitation in their families as well as for dispensing contraceptive supplies and information. The barefoot doctors work out of established rural clinics (where they perform vacuum abortions) as well as visiting individual homes to make sure that contraceptives are being used and used properly.  

EVALUATION: CHINA

China has succeeded admirably for the very reasons that India has failed. Mao said in 1964

"You cannot solve the problem, can you? Then, you had better investigate the current state of the problem and its history. When you have thoroughly investigated it, you will have found a way of resolving that problem."  

China's success is even more remarkable when it is remembered that only in 1971 did she impose a limit of two children and did not enthusiastically support family planning until the death of Mao.

The Birth Control Office is fortunate that it has the unflagging support of a central government that exerts powerful control. As Ness and Ando point out, China possesses a dictatorship of the proletariat but a dictatorship nonetheless. Having identified the liabilities incurred by her large and growing population as one of the major impediments to fulfilling the Four Modernizations, the central government has taken swift and resolute steps to lessen the effects of the problem and eventually eliminate it altogether. Its commitment to family planning and
the reduction of the population assures vigorous implementation of the 1979 "One Is Best" law and strong emphasis put on the civic duty of every Chinese as expressed in the 1982 Constitution. China's ability to monitor the success or failure of her programs increases the desire for strong birth control programs. Her pervasive administrative structure is one of her greatest assets. Each level of government has cadre and civilians assigned to promote family planning and report on the compliance or noncompliance of its charges. This system is particularly valuable in the grassroots areas of neighborhood block committees and in commune production teams. The family planning worker assigned each area is able to identify and deal with individual problems as they arise. This involved hierarchy is able to establish a two-way dialogue between the local and national levels to assess local problems, develop strategies to meet them as well as devise feasible local and national quotas and short- and long-term plans for further progress. Because each production team and neighborhood is able to maintain close contact with the family planning workers, a much greater percentage of the population is capable of being reached than is possible in India. Each worker, as well as the granny police, is kept well supplied with contraceptives to be passed on to their comrades. They are committed to their jobs and their areas and regard them as a source of individual pride, and, if the area is rewarded with a certificate of recognition for fulfilling family planning goals, pride in the accomplishment of the entire
group. Their intrusion into what Westerners would consider their private lives is viewed as a kind of benevolent despotism. Chinese consider it an expression of friendly concern and evidence that their government cares about them.

An important factor in China's success is her ability to bring family planning services and information to the people. Unlike India's clinic-oriented system, China remains people-oriented. China's clinics supplement the efforts of the granny police and her family planning workers instead of the other way around. The "personal touch" is carried out by barefoot doctors in the public health network and by the granny police in the cities. The reorganization of the health system to emphasize preventive care (as opposed to India's stress on curative care), penetration to rural areas and the use of paramedical personnel has proven highly effective. All centers of the public health network distribute contraceptives and perform abortions free of charge.

China has been able to dispel much of the mistrust and suspicion that plagues India's family planning program and has convinced her people of its beneficial side. Though many Chinese regret not being able to have more than one child, most believe that incorrect thinking is bad, and that because the government is concerned for the people, the "correct line" is good for the individual and good for all.67 Changing the attitudes of the people and gaining their acceptance of family planning is an important step. They are willing to overlook their own interests and consider the benefits awaiting the nation. An important aspect of this is that, unlike India,
China has been able to remove ancient deep-seated inequalities and to raise her nationwide standard of living to the point that a large number of children is no longer essential for survival in the countryside. Rural wages are on an average 80% or urban wages.

"The Chinese have achieved a social security framework of schooling, health, security in old age and employment which has transformed the life of the average agricultural worker."68

This recent security allows the Chinese to view the family planning program from a national perspective and to see the long-term benefits awaiting China as she modernizes. They are more willing to take an active part in responding to the government's call for birth reduction.

**EVALUATION: INDIA**

India's population reduction goal has remained basically the same for over 20 years. Since 1963 the goal for each succeeding (and unsuccessful) plan and program has been to lower the number of births to 25 per thousand. Though their birth rates were almost identical in 1949, China has since attained this goal while India's birth rate remains high at approximately 38 per thousand. What are the reasons for India's inability to duplicate China's success? The answer lies in the analysis of her political and administrative systems. In the world's largest democracy, the Indian government has rejected the idea of mandatory population control as embodied in law. The suspension of the normal power structure during the 1975
Emergency was of course a different story. Its excesses have shown why political leaders are reluctant to support a measure that becomes too unpopular. The resentment created by the Emergency, in which Sanjay Gandhi's forced sterilization program played a major role, toppled his mother's long-standing government.\textsuperscript{69}

Without popular support, the politician cannot survive. Moreover, every parliamentary form of government considers the protection of individual rights and group interests of the highest importance. Powerful interest groups lobbying against family planning are detrimental to the overall success of the program as cautious political leaders maneuver and compromise to maintain individual power bases. Aside from the assurance of basic rights and human services, China's concept of class struggle has no place in the Indian system. It does not enforce population control even as a measure universally beneficial, but rather merely encourages family planning, leaving the final decision to the individual. Individual freedom is preserved, but success is limited. "True to the liberal character of the entire Indian political-administrative system, it is ill-designed to mobilize the population forcefully for any concerted effort.\textsuperscript{70}

Commitment to the solution of the problem is also doubtful. For the last two decades after Independence, the family planning authorities received only minimal allocations of funds with which to devise and carry out their programs. Many politicians are themselves uncommitted to the issue except as a means of political exploitation. Officials in the bustee (slum) areas of overcrowded cities such as Calcutta use the abysmal conditions there as a way of playing off religious and caste differences to their personal advantage. Some gain political support by claiming
that the family planning programs do not solve the problems of
the poor, only rob them of their children. 71 Commitment is
lacking among family planning officials and personnel as well.
Overextended, ill-rewarded and often lacking the necessary
supplies and equipment, they are forced by the government's
optimistic goals to concentrate first on preserving their own
livelihoods by filling quotas instead of promoting change in the
attitudes of the people. Corruption and apathy demoralize
program workers which in turn affect those whom they are supposed
to serve. This lack of genuine concern is apparent to those
considered candidates for family planning and makes them
reluctant to enter a system that sees them only as a step towards
fulfilling a quota.

The character of the program has remained virtually
unchanged since Independence. Although substantial gains have
been made in enlarging the organization and obtaining access to
more remote areas, it remains dominated by the public health
and medical bureaucracy. Unlike China's system of having family
planning workers in each neighborhood or production team, India
still focuses on a clinic-based system designed to deliver
contraceptive information, supplies and services to those seeking
help. It remains the responsibility of the individual to initiate
the use of birth control, and many Indians, for a variety of
reasons, do not wish to do so. Moreover, India does not have a
pervasive administrative structure like China to aid her in the
distribution of educational information and medical supplies.
The administrative system is a foreign one accustomed to a
distant authority handing down plans to local levels (which had
no input in formation) for implementation. India has not developed an efficient grassroots level organization or a local/national communication exchange to enable her to form feasible plans and realistic goals. Plans and programs parachute down from the Central Government, but there are few at the district and village levels to carry them out.72

The Ministry of Health and the State Family Planning Bureaus have failed to motivate the population on a large scale to view the acceptance of birth control as anything other than a personal inconvenience. There has been no patriotic call to the people by the Central Government to promote birth control and family limitation as the only means of reducing one of the nation's most serious problems. Nor has it stressed the benefits that a successful family planning program would bring to the entire population as India tries to progress and modernize. Even in the urban areas, the practice of birth control cannot take hold because of the unavailability of health care. In bustee areas, certainly within the geographic range of urban facilities, infant mortality rates are 89%, versus 43% for better developed areas. India has changed her health program to adopt family planning, but has had little success in changing the thinking of her citizens to do the same. The government views the birth rate as a problem, but the people still see their individual interests served first and foremost by large families. Few Indians view the population problem in a national perspective and think little about how their individual and community participation affect the welfare of the nation as a whole. The local perspective of the villages affects the results achieved in each state, snowballing so that national results show little improvement. Stanley Johnson describes the
"vicious circle" of mutual failure:

"Without a general sense of community participation, or self-directive effort, the family planning program cannot succeed. The dais or their equivalents will always be too strong a force...Bad news always drives out good. Yet in the absence of successful programs—unshackling traditional India and unleashing the forces of change—it is hard to see how community participation and the self-directive effort can ever be a reality."73

Unlike China, India has been unable to substantially raise her standard of living for all levels of society. In the poorest, large families are still vital measures of economic security. It is precisely these areas, primarily in the urban slums and the remote rural areas, where family planning is most needed yet has had the least success. Without providing the individual with enough economic security to make the large family obsolete for this purpose, India stands little chance of convincing her people to alter their thinking and renounce their established traditions for a vague concept of national benefit.

Since the greatest population growth takes place in the lesser developed nations of the Third World, it is there that population control efforts will have to be concentrated in order for them to modernize. China and India are aware of the problem and the barrier it presents to their efforts at modernization and have taken steps to solve it. India has retained a political and administrative system inherited from a fully-developed foreign power and has attempted to use it in a nation slowly emerging into the modern world and still largely paralyzed by poverty and ancient traditions. China developed her system to fit the needs of her people at the birth of the People's Republic in 1949. New China has adapted her system to meet the
demands of modernization and has incorporated family planning into its versatile bureaucracy. India's family planning goal remains reducing the birth rate to 25 per thousand, yet her people are reluctant to work toward the nation's goal. Old attitudes persist as 70% of the population is married at the age of 19. China's goal is a 100-year crash program to cut the population in half by 2080, when the population will stabilize at 700 million and the standard of living will double. Her system has proven itself and her people are willing.

Neither nation has the resources to continue to maintain a high birth rate into the 21st Century. The population explosion is a critical issue now in Asia and will be a growing worldwide concern in the future. China's success could be crucial to controlling world population if India and other threatened nations can learn and effect similar changes in their own countries to prevent the tragedy of death and starvation.
FOOTNOTES


6 Ibid.


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14 Ness and Ando, p. 63.

16 Ness and Ando, p. 83.

17 Ibid., pp. 86-7.

18 Ibid., pp. 88-9.


20 Moreas, p. 230.


22 Ibid.

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54 "In China, Three's A Crowd," Newsweek, November 26, 1979, p. 97.
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