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POPULATION POLICY

• A MANUAL FOR POLICYMAKERS AND PLANNERS •

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**The
Development
Law & Policy
Program**

The Development Law and Policy Program gratefully acknowledges the support of the United States Agency for International Development (DPE-0643-C-00-3063-00) in the research, preparation, and distribution of this policy manual.

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I • INTRODUCTION •

A considerable amount of experience in formulating population policies has been gained between 1952, the date of the first national population policy, and the present. Although distinctive political, social, economic, cultural, and religious conditions among nations make it difficult to envision a "model" population policy, there are some common elements which policy-makers, wherever their location, have tried to address.

This manual has been written as a guide for policymakers, planners, and other individuals interested in explicit population policies. It examines the substance of written population policies from twenty countries around the world. From these policies, a number of common threads have been isolated and compared so that the reader can see how different countries have dealt with similar issues. Excerpts from actual texts, as well as analyses of the various policy statements, are provided.

In this manner planners and policymakers in one country will be able to benefit from the experiences of others. They can use this booklet as a "framework" or "checklist" when considering their own national population policies — always bearing in mind that conditions, needs, and responses of every country will be unique.

II · WHAT IS POPULATION POLICY ·

The definitions of “population policy” are numerous and varied. To cite some examples:

- Direct and indirect measures, formulated by the whole range of social institutions including government, which, whether intended or not, may influence the size, distribution, or composition of human populations.¹
- A deliberate effort by a national government to influence the demographic variables: fertility, mortality, and migration.²
- A set of coordinated laws aimed at reaching some demographic goal.³

In defining “population policy” it is useful to distinguish between “explicit” and “implicit” policies. An *explicit* policy is a statement or document by a national government announcing its intention or plan to affect at least the country’s population growth and perhaps its distribution and/or composition as well. Explicit population policies have taken a variety of forms, including: documents by governmental ministries and commissions; legislation; sections of development plans; policy declarations of a ruling party; statements by the nation’s president or other high-level officials.

Because fertility and family planning often are given great attention, population policy is sometimes confused with fertility policy or family planning policy. However, population policy is generally considered as broader than this and includes considerations of migration and mortality as well as fertility.

In contrast, *implicit* policies are those laws, regulations, and other directives which, although not necessarily issued for the purpose of affecting population growth, distribution, or composition, have the effect of doing so. By aggregating the impact

of those policies which influence population growth, distribution, and composition directly and indirectly, one could theoretically arrive at a conclusion about a country's "implicit" population policy. In this way, one examines what a country "does," not merely what it "says."

There are three reasons why this is extremely difficult in practice. First, policies are, with few exceptions, not generally coordinated to reach a common goal. Second, most social and economic development policies (e.g., education, health, income, housing) are thought to influence fertility indirectly; measurement of all these policies for their effect on population dynamics could be very complex and cumbersome. Third, the net impact of policies often is not known, at least for many years.

This manual examines only *explicit* population policies. Utilizing excerpts from relevant population policies, it analyzes and compares the options that have been employed by policymakers in different geographical, cultural, social, and religious settings.

III. ELEMENTS COMMON TO POPULATION POLICIES.

Although they may differ from one another with respect to particular provisions, population policies contain a number of related elements. These can be summarized in the following manner:

- *Rationale.* Policies usually begin with a justification for, or the reasons behind, the issuance of a population policy. This often takes the form of a demographic analysis and the problems presented by current and projected population growth.
- *Objectives and Goals.* Many policies follow the rationale by a statement of objectives and goals. These may be general—phrased in terms of overall development or health goals—or may be written as more narrow, specific goals.
- *Targets.* In some cases, policies set specific demographic targets, such as reaching a certain level of fertility or mortality by a specified year.
- *Policy and Program Measures.* Many policies contain or recommend measures which the country plans to take. These commonly include:
 - (1) providing fertility regulation services and information;
 - (2) furnishing population, family life, and/or sex education and information;
 - (3) improving the status of women;
 - (4) improving health and nutritional status;
 - (5) providing incentives and disincentives;
 - (6) improving research and evaluation;
 - (7) carrying out specific legal reforms, and
 - (8) implementing policies to affect internal and/or international migration.

- *Implementation and Institutional Arrangements.* Many countries try to assure effective implementation of population policy by assigning specific responsibility for coordinating or monitoring or by establishing a specific entity charged with this.

Numerous policy options are available in these areas, as the range of examples below demonstrates.

A. Rationale

The first element of almost any population policy is a consideration of the reasons for it. This may take the form of a discussion of the effects of population growth, an examination of demographic trends and projections, or an analysis of the social and economic issues. All of these attempt to answer the questions, "Do we have a population problem?" "If so, what is it?" "Why is a population policy necessary and important?"

Population policies frequently open with a demographic analysis and discussion of the problems associated with rapid population growth. Nearly all the policies surveyed reach the judgment that rapid growth conflicts with the goal of socio-economic development and prevents the benefits of development from reaching all the people.

We are now embarked on an ambitious programme of planning and development aimed at achieving progressively advanced levels of productivity and well-being for our people... These objectives are threatened by the current rate of population growth, by trends in rural to urban migration that lead to augmented urban concentration, and by open immigration and the resulting problems of deployment of non-Ghanaians in the economy. (Ghana)

To achieve the objectives of Samoa's development planning effort, the impact of demographic trends on economic and social development, and vice versa, has to be taken into consideration. Population size, growth, age and sex composition and spatial distribution are basic determinants of production and employment as well as of patterns of investment and consumption, both in the private and public sectors. Population factors are of fundamental importance in development and must be properly integrated into the overall development planning process. (Western Samoa)

. . . Population growth has aggravated rather than eased employment and emigration problems. High rates of population growth have also made it more difficult for the Government to provide social services in adequate quality and quantity, notably in education and health care. (Jamaica)

Lack of employment opportunities, pressure on social services, high dependency ratios, land shortage, inadequate food production, and urban deterioration are frequently mentioned as consequences of rapid population growth. Inappropriate population distribution, rural-urban migration, and problems caused by high population density are major concerns in some nations. The interrelationship between population and development is recognized explicitly in many policies.

The last three decades of planned development in Nepal have yielded some positive gains, but the overall growth rate of the economy has been far from satisfactory. The rate of population growth has contin-

uously outstripped the rate of economic growth. Consequently, objectives to improve the quality of life of the population at large, and fulfillment of basic minimum needs of an ever increasing population, has remained an arduous uphill task. It is in this context that the integration of population and development has become imperative. (Nepal)

The basis for an effective solution to population problems is, above all, socio-economic development. We do not look upon population change as an isolated phenomenon, nor do we propose to influence it by a narrow approach. It is an integral part of the complex process of social and economic development. (CARICOM)

The improvement in the quality of life that will come from reduced population growth appears sometimes as a justification for establishing a population policy, more frequently as an objective within such a policy.

The complete development of the human being and the greater participation in the benefits and responsibilities of progress through harmonizing the quality, distribution, and size of the population with the nation's resources in economic and social development. (El Salvador)

An integral view of the problem places it within its real and historical context, understanding that the population issue is part of a more comprehensive problem, that is, a human being's problem to develop fully in his

social relationships and within the universe surrounding him. . . (Peru, 1976)

B. Objectives and Goals

Nations in all regions of the world, despite their diversity, share certain societal goals such as improvement of the quality of life of their citizens. Better health conditions, higher educational levels, greater housing availability, and increased employment opportunities are universally desired.

Overall or general objectives often are stated in the form of a call for improved social welfare, a better balance between population and resources, or improving the quality of life.

[The purpose of the National Population Law is to] regulate the phenomena relating to the size, structure, dynamics, and distribution of the population within the nation so that the people may partake justly and fairly in its economic and social benefits. (Mexico, 1974)

The ultimate goal of this Population Policy is to contribute to an improvement in the quality of life of the population of the region through the achievement of a rational balance between population, in qualitative and quantitative terms, and resources. (CARICOM)

The policy should have a double and complementary and concurrent objective: make a person's decisions on family size a truly responsible and authentically free option, and succeed in giving society as a whole a population structure and distribution which favors the

national security and the development plan to which it has a right to aspire as a nation. (Peru, 1976)

Many policies proceed from general objectives to specific goals or objectives. These include items such as lower morbidity and mortality rates, improved health status, creation of greater employment opportunities, increased participation of women in the development process, more balanced regional development, access to higher quality family planning services, and reductions of the incidence of illegal abortions and unwanted pregnancies.

Our comprehensive National Population Policy has the following basic goals:

- 1. To achieve favorable conditions for economic and social development of the country in the coming two decades.**
 - 2. To promote a continued improvement in the health status of the nation.**
 - 3. To ensure access to high quality family planning services for all Jamaicans of reproductive age who wish to use them.**
 - 4. To create new and additional employment opportunities in sufficient number to correspond to the natural growth of the population of labor force age, through the vigorous development of our agriculture, industries, and services.**
 - 5. To promote balanced rural, urban, and regional development in line with the national settlement strategy of the National Physical Plan 1970-1990 (revised 1978-1998), thereby achieving optimal spatial distribution of the population.**
 - 6. To improve the satisfaction of basic human needs and the quality of life in such areas as housing, nutrition, education, and environmental conditions.**
- (Jamaica)**

C. Demographic Targets

Some policies complement the establishment of qualitative goals by establishing or calling for the establishment of quantitative targets.

Targets have included reaching specific birth rates or population growth rates (India, Nepal, Philippines), or completed fertility rates (China, Jamaica). Bangladesh and Thailand specify family planning acceptor targets. The Dominican Republic, El Salvador, and Mexico make no mention of explicit targets in their policies, although these were subsequently set by their respective National Population Councils.

Given the socio-economic, political and administrative situations, it appears to be feasible to attain NRR (net reproductive rate) of 1 by the year 1996. All resources, both at the Centre and the States, need to be harnessed towards attaining this goal. (India, 1978)

... the average number of children per woman, which declined from almost six (6) in the later 1960's to four (4) by the late 1970's, should further decline to approximately two (2) children per woman by the late 1980's, thereby realizing the goal of replacement level fertility. (Jamaica)

... To achieve the target reduction of the population growth rate to 1.5 percent by 1986 requires recruitment of 4.6 million new acceptors over the Plan period and the retention of 4.1 continuing acceptors at the end of 1986. (Thailand)

Governments also have used population policy as a vehicle to set targets for infant mortality, life expectancy, urbanization, and so forth. For example, Botswana established maternal-child health targets to be reached in 1985. These include the percentage of pregnant women attending antenatal clinics (85%), having supervised deliveries (70%), and DPT/polio immunization coverage (80%).

D. Policy and Program Measures.

Having established a framework for population policy, i.e., having given the reason for its issuance and provided general and/or specific goals, policies often proceed to the actions that should be taken to achieve these objectives. Among the measures which have been utilized by policymakers are the following:

1. Fertility Regulation or Family Planning Services

These are a feature of almost every population policy. In many cases, family planning is justified on the basis of its importance to maternal-child health and its status as a human right, one that was most recently affirmed in the Recommendations adopted by the 1984 International Conference on Population in Mexico. The provisions in policies have included statements of philosophical or ethical principles, outlines of the service programs to be initiated or improved, and plans to serve special populations, such as adolescents or those in rural areas. Other key issues addressed include organization and management, training of personnel, and community participation.

Family planning will serve the goal of reducing the rate of demographic growth, which constitutes a partial solution to the population problem. (Rwanda)

The Government emphasizes that the opportunity to decide the number and spacing of children is a basic human right, and that this includes the right of access to relevant information, advice, and the means to prevent or postpone conception. . . Accordingly, it is considered an essential public responsibility that vigorous and practical steps shall be taken to distribute widely reliable information on the means of contraception and to make birth control advice readily available to all couples who wish to use them. (Ghana)

With respect to the delivery of services and information, some plans content themselves with general statements that services should be provided. Mexico's 1974 Population Law established a national family planning program. The Secretary of the Interior was charged with taking measures necessary

to carry out family planning programs through the education and public health services available to the public, and to supervise said programs and those carried out by private organizations in order that these might be carried out with absolute respect for fundamental human rights and the preservation of family dignity, so that population growth might be regulated rationally and stabilized, as well as to achieve a better exploitation of the human and natural resources to the nation. . . (Mexico, 1974)

Other plans provide more detailed program guidance. Specifications of family planning methods to be provided or prohibited are sometimes included, as are emphases on providing services to particular geographic or age groups.

[The plan stresses] the importance of extending both public and private sector family planning services to all areas throughout the country via the increase of mobile units and promoting the use of permanent contraceptive methods particularly for people in remote and disadvantaged areas. Emphasis will be placed on the provision of family planning services to certain groups of people with high fertility such as those in the Northeast, the four border provinces in the South, refugees, hilltribes, and in urban areas of the Bangkok metropolis and other major cities. (Thailand)

Delivery of family planning services will be reorganized as a comprehensive program under the leadership of the National Family Planning Board. In ensuring access to family planning services for all those who want them, the Board shall devote special attention to improvement of services to adolescents and young adults and to persons living in remote rural areas. It shall also encourage and promote participation of voluntary organizations in providing family planning services and shall seek other ways to enhance the distribution of contraceptives through commercial channels. The National Family Planning Board shall seek to utilize in appropriate ways all existing means of fertility regulation while guaranteeing absolute freedom of choice. (Jamaica)

In contrast to the broad range of methods suggested in the Thailand and Jamaica policies quoted above, India's policy makes reference only to provision of sterilization and medical termination of pregnancy (MTP) services. While promoting sterilization programs, Nepal also seeks to increase acceptance

of temporary methods.

Contraceptive Method-Mix: While permanent sterilization programmes need to be strengthened and expanded, more serious effort has to be directed towards popularizing the acceptance of temporary methods of family planning. (Nepal)

The importance of organization, management, training, and community participation has been emphasized in some policies.

Planning and Programme Implementation: The Ministry of Health will assume overall responsibility for planning, implementing and coordinating family planning programmes.

Intensive Coverage of the Family Planning Programme: Priority in the delivery of family planning services will be given to areas of high population density.

Organizational Framework: The National Commission on Population, together with the Ministry of Health, will conduct, in the next fiscal year an in-depth study of managerial capabilities, service areas and responsibilities of existing governmental implementing agencies.

Manpower Training and Service Delivery: Existing capacity for providing family planning services will have to be rapidly upgraded and expanded. To this end, a long-term manpower plan, including training and deployment, will be formulated and implemented. (Nepal)

[The plan stresses the need] to integrate fully the

health and family planning organisations at thana level and below with a view to making clinical and domiciliary service delivery more effective and to strengthen supervision of the field workers. This will reduce worker-population ratios, optimise utilisation of existing supervisory tiers, make about 1325 rural dispensaries and health subcentres available for family planning services, enable the target population to get much more localised services from both health and family planning programs. . .[and] to enlist total and active support and participation of the people in population activities through voluntary organisations and organised groups like the village cooperative committees, swanirvar committees, labour unions, and youth and women's organisations and to directly involve the village Government, Union, Parishes and other local government institutions in birth planning for every village. . . (Bangladesh)

2. Population, Family Life, Sex Education and Information

Many population policies describe public information campaigns and programs in population, health, family life, and sex education. Particular types of programs include those aimed at the general public, children in school, and other specific groups. In countries where family planning is not widely practiced, the importance of education has been stressed.

Before making contraceptive methods widely available, there should be developed a campaign of training and information on population and family planning. This will consist of informing people about the principles of family planning, its implications for national development, effective means, and access to services. (Rwanda)

Among the information/education/communication measures suggested in population policies are:

- use of mass media for educating the public on population issues and family planning.
- inclusion of family life education, population education, and/or sex education in school curricula.
- training teachers at all levels in population dynamics and/or family life education.
- providing population education to government workers, health care personnel, and others involved in social services.
- furnishing family life education for out-of-school youth.
- using traditional folk media to spread family planning awareness.

3. Status of Women

For people to have fewer children, two things have to occur: first, they must have the desire to limit family size and second, they must have the means to do so. Family planning services can give couples the means. A number of socio-economic factors have been associated with individuals' desires to have fewer children, including higher levels of education, lower infant mortality, increased income, and movement to urban areas. One of the significant factors has been improvement in the status of women, which is important in its own right above and beyond any influence it has on fertility. This has been given particular attention in population policies.

[Women's] employment should be fostered, not only because of the real benefits to the individual and the economy but also because regular employment for women may have a dampening effect on family size. Similarly the broadening of educational opportunities

for girls not only increases needed social, vocational, and technical skills but also enables the nation to benefit from the inverse relationship between education and fertility. (Ghana)

Wherever female literacy improves, it has been seen that fertility drops almost automatically. . . Special measures [should] be taken to raise the levels of female education, particularly above the middle level for girls as well as non-formal education plans for young women especially in certain backward States where the family planning performance so far has been unimpressive. (India, 1976)

The specific ways in which policymakers have worked to improve the status of women include: increased opportunities for education and literacy; greater opportunities for meaningful employment; greater political, economic and civil rights, including the right of married women to enter into contracts and to inherit property; equality within the family. These have been addressed in population policies.

Married women are limited by discriminatory and obsolete legislation. Women living in consensual union do not have the legal instruments needed to claim their rights. Single mothers constitute a high, and apparently growing, percentage of the mothers in the country. This situation is critical. . . There does not exist an infrastructure adequate to serve working mothers. With regard to employment, either the laws are discriminatory or not enforced. The majority of the female population does not have rights to social security benefits, and the services provided to mothers are insufficient and poorly distributed. (Peru, 1976)

4. *Improving Health and Nutritional Status*

In addition to the general goal of improving the health of the population (a priority in all countries reviewed), the most frequently mentioned health objectives found in population policies are (1) reducing morbidity and mortality, especially among mothers and children, (2) increasing life expectancy, and (3) improving child nutrition.

To promote continued improvement in the health status of the nation. Success in this undertaking will prolong the average length of life, most notably by further diminishing infant mortality. . . The Ministry of Health will continue to devote special attention to maternal and child care and to the delivery of health care to the neediest strata of the population and to persons living in remote rural areas. (Jamaica)

Improved health and nutrition are among the major goals of development and will be vigorously pursued. Government assigns the highest priority to providing more health services and improving their quality. The emphasis will be on protecting the safety of drinking water, adopting better methods of sanitation and refuse disposal, giving more inoculations, better maternal and child care, and expanded health education. (Ghana)

Policy objectives and actions related to health include:

Significantly reduce morbidity and mortality, especially among mothers and children, so as to improve life quality and expectancy of all our population.

Improve food . . . production and distribution so as to meet food and nutritional requirements of the population, promptly covering the critical deficit existing among the poor sections of the country.

Substantially improve mothers' and children's social status and health by developing appropriate legislation, infrastructure, and services.

Develop integral health actions oriented towards: reduce morbidity, [particularly] of transmittable diseases; protect the working population's health and [safety]; provide minimum health services for migrating population; strengthen [emergency] relief services under the Civil Defense System; and as of this day and especially in the future, as our population's age profile is reorganized and life expectancy improves, provide medical, economic and social services to our population over 65. (Peru, 1976)

Many policies give specific attention to expanding primary health care services. This is considered the most important way to improve health and achieve the goal of "Health For All by the Year 2000."

The principal objective of health policy is to ensure universal primary health care at the village level. Priority will be given to maternal and child care, but endemic disease control, adequate nutrition especially for children, provision of essential first line treatment and drugs, safe water and sanitation in the village, and health education to improve the individual capacity to lead a healthy life style will also be emphasized. (Western Samoa)

The government is committed to a strategy of providing primary health care as the best way of improving people's health and promoting development. Primary health care tackles the main health problems of the community by providing promotive, preventive, curative and rehabilitative services. The main emphasis is upon prevention of disease and the promotion of healthy living habits.

The elements essential for attaining an acceptable state of health are adequate food and housing (with housing protected against insects and rodents), safe water, basic sanitation, maternal and child care including family planning, immunization against communicable diseases, education concerning prevailing health problems and methods of preventing and controlling them, and appropriate treatment for common diseases and injuries. (Botswana)

5. Incentives and Disincentives

The use of incentives and/or disincentives to influence fertility behavior, while common in Asia, is nevertheless still the subject of some controversy. It has been considered inappropriate by some nations, particularly in Latin America, which have stressed the voluntary nature of fertility regulation programs.

Policy provisions concerning incentives and disincentives range from general calls for further study of their implications and effects to inclusion of specific measures such as cash payments, family benefits or penalties, and tax breaks.

Ghana's policy outlines several explicit incentives designed to encourage smaller family size among government employees. These include limiting to three the number of paid maternity leaves ever granted to an employee; granting paid maternity leave only after a minimum of one year of service; and limiting to three the number of children for whom child allowances and

travel expenses will be paid to government officers.

Thailand's plan covers delivery costs for those undergoing postpartum sterilization and provides scholarships and housing assistance for smaller families. Community incentives in Thailand include agricultural credit and animal husbandry benefits for communities achieving particular targets.

To avoid inadvertently penalizing those States which successfully limited population growth, the 1976 India policy (which is no longer in effect) proposed a constitutional amendment that would freeze representation in the Lok Sabha (parliament) and the state legislatures on the basis of the 1971 census until the year 2001. Additionally, the policy proposed that in the allocation of central assistance to the States, the population figures of 1971 would be followed until the year 2001.

Work compensation and Incentive Schemes: A series of measures will be gradually adopted by the government, to encourage those in the organized sector and the population at large, to accept family planning as a way of life. As an initial step, provision will be made for:

- incorporation of additional points (marks) into the promotion system of His Majesty's Government, for employees with two living children or less;
- extension of maternity leave for new female employees of His Majesty's Government, from the present 30 days to 90 days, grantable only twice during the entire service period;
- a 20% increment on earned pension for employees of His Majesty's Government (including the Royal Nepal Army and Police) with two living children or less, at the time of retirement. . .
- general incentives applicable to any individual will include:

i) a wage and expense compensation of Rs. 100 to be provided to an acceptor of permanent method of family planning;

ii) a non-negotiable development bond of Rs. 300 (with a ten year maturity period) to be provided to couples with two living children or less at the time of sterilization;

iii) free education, up to 8th grade, for children of parents, who undergo sterilization after two living children in all teaching institutions under the Ministry of Education and Culture;

Measures mentioned in ii) and iii) above will be tried first on an experimental basis, in one or two districts.

- recognition of individuals or non-governmental institutions, by His Majesty's Government, for outstanding contribution in population programmes, through special awards, medals and certificates. (Nepal)

6. *Research and Evaluation*

The wide variety of provisions for research and evaluation activities found in population policies range from improving existing capabilities, to finding mechanisms for monitoring the population policy itself, to identifying specific types of policy research. The most common provision is a general call to improve the nation's existing statistical and vital registration capacity.

The government recognizes that its statistical services require expansion to permit the conduct of periodic intercensal sample surveys to obtain information necessary for the projection of current trends and estimates of the size, distribution, characteristics, and economic activities of the population. (Ghana)

Given the poor state of knowledge with respect to the country's demographic situation, the overriding objective of policy during the Plan period is to make a serious beginning in generating adequate and reliable population data for planning and decision making. This implies that in addition to the periodic sample surveys being organised by the National Population Commission, a nation-wide head count will be organised with a view to establishing a firm benchmark for future population censuses. (Nigeria)

A policy is strengthened when it specifies the agency responsible for carrying out research and evaluation. Thus, Mexico's National Population Council is charged with evaluating the national population policy. The Jamaica policy calls for strengthening evaluation and research through collaborative arrangements between key public, private, and university institutions. El Salvador's policy creates a Technical Committee with a mandate to conduct demographic evaluations while giving the private family planning association responsibility for evaluating the results of mass communications activities.

Types of research specifically mentioned in policies include reproductive biology and contraception, techniques of information, education and communication, internal and external migration, and applied research to improve program management.

7. Legal Reforms

Because existing laws may purposely or inadvertently affect population growth, legal and regulatory changes may be necessary for the effective implementation of population policies. It is common for policies to call for a review of relevant legislation or

state that laws which are contrary to the policy objectives should be revised.

Areas in which specific reforms are mentioned in the policies surveyed include the provision of family planning services; the distribution, advertising, import, manufacture, and mailing of contraceptives; the political, civil, economic and social status of women; age-at-marriage; and the use of incentives and disincentives. These can involve changes in Civil Codes, Penal Codes, Family Codes, Labor Codes, Tax Codes, Codes of Medical Ethics, and regulations issued by Ministries of Health and other ministries.

It is indeed difficult to generate a positive attitude towards family planning amongst the population at large, unless appropriate legal provisions are made to encourage the small family norm. The fact that the population problem and its solution is a matter of national priority, has to be reflected in contemporary legal provisions. Accordingly, the following amendments and modifications in prevailing laws have been recommended:

- Amendment and modification in existing laws need to be made, in order to provide a legal basis for sterilization.
- Prevailing laws stipulate the minimum marriageable age for women at 16 years (with the consent of the guardian) and 18 years (without such consent). Provisions need to be made to raise the minimum marriageable age for women to 20 years.
- Abortion in Nepal is not only illegal but punishable by law. Legalization of abortion, under specified conditions has, therefore, to be given due consideration.

- In order to raise the social and economic status of women, appropriate amendments in existing inheritance laws are desirable. (Nepal)

Regulations and Legal Measures Consideration will be given to the following:

Issue ministerial regulations permitting trained and experienced government paramedical personnel to perform sterilization. . .

Improve the regulation allowing civil servants and other employees to be released from work, without loss of leave in order to have a sterilization operation. . .

Revise article 305 of the Criminal Code to require less stringent conditions for obtaining legal abortions, i.e., to permit legal abortions to be obtained for unplanned pregnancies due to failure of contraception. . .

Tax Measures Major tax measures to be implemented are as follows:

To exempt family planning devices from customs duties so that public and private organizations offering such services will be able to continue providing them.

To develop incentive packages to enable the private sector to set up factories for manufacturing family planning devices such as oral contraceptives and others. . .

Reduce the tax rates of single persons in order to encourage them to delay marriage.

Allowing employers or donors to deduct the following expenses on their income taxes:

- Expenses on the provision of family planning services to employees as a part of health care ser-

ices under the Labour Protection Law.

- Donations made to finance projects on the development of employee skills.
- Donations made to provide meals for schoolchildren. (Thailand)

8. Migration

Migration issues are of concern to a number of countries surveyed. Because migration is a complex phenomenon, policy responses are varied. While addressed in population policies, specific measures are often left to more detailed legislation or regulations.

Internal migration concerns many nations because continuing rural-urban flows are seen as detrimental to economic development, burdensome to the urban infrastructure and social services, and exacerbating the problem of unemployment. Several policies mention balanced regional development and a more even spatial distribution of population as necessary to achieve overall national economic development. Specific policies include the creation of new towns and frontier settlements, an increase in non-urban investment, incentives to industry to encourage decentralization, and improvement in the rural infrastructure to improve living standards in rural areas. India utilizes the concept of urbanization policy:

In the long run, population policy and urbanization policy must be harmonised. The focus of policy should be the development of small and medium towns as growth centres and expansion of employment outlets for non-agricultural occupations in such towns and the surrounding rural areas. (India, 1978)

Provisions to deal with specific problems of international migration are less common in population policies, probably because these international flows are variable, responding to changing economic conditions. The provisions may deal with such issues as border control, labor migration, and remittances. Refugee flows were not considered in any of the policies surveyed.

Mexico's goals include:

To subject the immigration of foreigners to methods which it may deem pertinent, and to procure their best assimilation into national conditions as well as their appropriate distribution within the territory; to restrict the emigration of nationals when required by national interest. . . (Mexico, 1974)

Emigration is addressed in a number of policies. In some areas emigration, particularly of skilled and educated young adults, is considered a serious problem, although if emigration opportunities did not exist, the already high levels of unemployment and underemployment would be exacerbated. These dual concerns are reflected in the policies of Jamaica and Western Samoa, among others.

[A goal of the policy is] to increase new and additional employment opportunities in sufficient number to correspond to the natural growth of the population of labour force age, through the vigorous development of our agriculture, industries, and services. This will permit a reduction of unemployment and underemployment. Success in this task should result in a rapid increase in real incomes of our population and in the reduction of the volume of out-migration from Jamaica, particularly of skilled manpower. (Jamaica)

...Emigration is at best a fragile solution to unemployment and balance of payments problems and, at worst, likely to worsen those and other problems in the long term. The Plan strategy is to discourage emigration through improving economic opportunities at home, both in the traditional rural sector and in the modern urban sector. (Western Samoa)

Immigration, too, is a concern. One way of addressing it can be seen in the Ghana policy:

There is no evidence that the rate of immigration into Ghana is slowing down. Uncontrolled immigration of labour, especially of the unskilled type, reduces employment opportunities for citizens. It is intended that immigration will be used primarily as a means of obtaining needed skills and stimulating social and economic development. The Government has introduced measures to insure that would-be immigrants have work permits before entering Ghana so that services that can adequately be performed by Ghanaians are reserved exclusively for Ghanaians. Additional measures under consideration include procedures for strictly enforcing the work permit scheme recently introduced, a new system of alien registration and periodic reporting, and measures for restricting and regulating the sale or lease of land to aliens. (Ghana)

IV · IMPLEMENTATION AND INSTITUTIONAL ARRANGEMENTS ·

Issuance of an explicit population policy does not guarantee that family planning programs will be implemented, that other measures proposed in the policy will be carried out, or that sufficient budget will be allocated. Thus, some countries have given attention to mechanisms for implementing their population policy. They have established national population councils and have specified the roles of various institutions involved in carrying out the policy.

There is considerable diversity worldwide, but at least three distinct types of national population policy units can be identified:

- Small technical units placed at a high level of government to assure that demographic considerations are included in development planning.
- Interministerial councils whose function is to develop, monitor, and in some cases coordinate population policies.
- Family planning coordinating councils, which have a role in coordinating, allocating funds to, and even implementing the government family planning program.

Even where no coordinating mechanism exists, the concept of collaboration and shared responsibility has been emphasized.

It is essential that all Ministries and Departments of the Government of India as well as the States should take up as an integral part of their normal programme and budgets the motivation of citizens to adopt responsible reproductive behavior both in their own as well as the national interest. (India, 1976)

A number of policies emphasize the importance of the private sector in the implementation of population policies.

Of fundamental import to the success of . . . the population policy. . . is involvement of non-governmental agencies in the programme. The programme at the moment is far too dependent upon the Government and the official machinery. This has obvious limitations and the position needs to be remedied. Opportunities have to be created for people's representatives, voluntary groups and individuals to involve themselves directly in the programme. (India, 1978)

A population policy can assign specific responsibility for monitoring and implementation. For example, the Jamaica population policy gives the National Planning Agency the task of assuring that the goals of the population policy are included in the nation's development plans and of monitoring the work of other agencies involved in implementing the policy. The National Family Planning Board is assigned responsibility for coordinating the delivery of services and the provision of family life and family planning education. An inter-agency coordinating committee is given responsibility for overseeing policy implementation.

V. THE PROCESS OF POPULATION POLICYMAKING.

This manual has attempted to provide guidance to those involved in the formulation of population policies by furnishing a framework for population policy, examining the important issues, and analyzing how different countries have dealt with them. It has thus concentrated on the *content* of population policy. Before concluding, a few words should be written about the *process* of population policymaking.

Population policies, like policies in other fields, are the product of a political process and often represent a compromise between competing ideas. However, unlike many fields, population issues remain delicate, often are controversial, and frequently have very little political "payoff" for policymakers. Thus, the enactment of population policies will not always be without difficulty.

Policymakers should, therefore, consider the process of issuing a population policy. Some of the questions which can be asked are:

- How can a constituency best be developed in support of a population policy?
- What are the strongest arguments in favor of a population policy? To whom should they be addressed?
- What form should a population policy take (e.g., should it be a law passed by parliament? a declaration of the Prime Minister? a ministerial resolution?)
- What methods can be used to educate or to minimize any opposition?
- What is the most advantageous timing?

The Jamaican experience would seem to indicate that the following ingredients are essential for successful development of a national population policy:

- (1) a broad-based consensus on the urgency of the problem and a need for the policy;
- (2) local political support. Efforts should be made to accommodate powerful groups such as religious organizations or other nationalist groups;
- (3) highly motivated and influential local leadership, who will commit themselves to the cause.

Once these ingredients have been obtained the policy development process can begin.

The first stage is to assemble and organize the available body of theoretical and empirical information on the country's population trends in the context of social and economic development. Involvement of a broad cross-section of experts, public servants, politicians and others in workshops and task forces should be encouraged. But the work of these bodies should be well prepared, coordinated and directed to clear goals if any success is to be achieved.

A mutually complementary network of institutions that can provide data, conduct research, train experts, and provide services is needed. In order to guarantee a relatively smooth functioning of this network, a strong coordinating body is required. It is advisable that this population policy coordinating unit be attached to the government's planning ministry which is multidisciplinary in nature, operates above all sectors and can establish links with the planning units in sectoral ministries as well as the various levels of local government.

With regard to the implementation of the policy, widespread involvement of numerous yet appropriate institutions within and outside the government is advisable.

Finally, wide dissemination of knowledge and news about relevant data, activities, research, and policies through a variety of channels such as the educational

system, public and private organizations, and communications media, will prove effective in developing and implementing a national population policy.⁴

Although there is, by now, a considerable body of literature on population policy, definitive studies on process remain elusive. Perhaps this is because political conditions are so varied that the experience in one country will not necessarily apply in others. Nonetheless, in the process of policy formation, as with the content of population policy, there are lessons to be learned from the experience of others.

By giving attention to both the process and the content of population policy, policymakers can improve the chances of both issuance and successful implementation of population policies.

Footnotes

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