

Sri Lanka's Success Story in Population Management: A Lesson for other Programmes¹

Introduction

The population programme in Sri Lanka is one of the most successfully-implemented programmes by government since independence. It is a lesson for other public sector programmes. It is also a programme where, by and large, right decisions were taken at the right time and right people were appointed to the right jobs. Therefore, this article describes, in some detail, the policies and programmes that influenced the transition from a high population growth rate to a relatively low growth over a period of six decades.

The decade of the 1950s saw Sri Lanka experiencing its highest rate of population growth in its known demographic history. However, perhaps due to fear of religious opposition, there was no direct intervention by government to reduce the rate of population growth which was growing at a near 3 percent annually. Nevertheless, the governments of the day did take some decisions which paved the way for a subsequent national programme.

The beginnings of population activities in Sri Lanka were modest. The Family Planning Association of Sri Lanka, a Non-Governmental Organisation (NGO) set up in 1953 by a group of enlightened women and men, sought to reduce the high maternal and infant mortality prevalent among the low-income urban families due to poor birth spacing. The activities of the Association were recognised by the government in 1954 by providing a small financial grant. The Association was also allowed to conduct family planning clinics in government hospitals in major

towns such as Colombo, Kandy, Galle, etc. When the Six-Year Programme of Investment was presented by government in 1955, it stressed the need to expand the productive capacity of the economy to outstrip the high rate of population growth (Government of Ceylon, 1955 p.3). In 1958, realising the importance of reducing the rate of population growth, the government entered into an agreement with the government of Sweden to implement a pilot project to ascertain whether there is a demand for family planning among married couples and also to know whether there is religious opposition to family planning. This became the first bilateral agreement between two countries in the population field. The findings of the survey carried under the project revealed that there was a latent demand for family planning and there was no major religious opposition. Thus, when the Ten-Year Plan of the government was presented in 1959, it stated that "unless there is some prospect of a slowing down in the rate of population growth and of relative stability at least in the long run, it is difficult to envisage substantial benefits from planning and development" (National Planning Council, 1959 p. 16).

A labour force survey conducted by the Department of Labour with the assistance of the International Labour Organisation (ILO) in 1960 revealed that 10 percent of the labour force in the country was unemployed. This worried the policymakers and when the Short-Term Implementation Programme was presented by government in 1962, it stated the issue in quantitative terms as follows: "At our present rate of population

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growth of 2.8 percent per annum, a 2 per cent increase in the gross domestic product per head would require an investment of R. 1, 065 million. In other words, in 1961-62 we have to invest Rs. 245 million more because our population is growing not at 1.7 percent, but at 2.8 percent a year" (Department of National Planning, 1962 p.16).

In 1963, the data of the Census of Population clearly showed that the age structure of the population had taken the shape of a pyramid with 42 percent of the population under 15 years of age. It was evident to both demographers and economic planners that longer the country stays in this position, greater would be the social and economic costs. This is particularly so for a country such as Sri Lanka where health and educational services are provided free-of-charge and rice was distributed free to the entire population.

Launching Phase

Therefore, in 1965, the government took a policy decision to include family planning as part of the maternal and child health programme. This legitimised family planning which hitherto was seen as 'ugly' by certain quarters. Sri Lanka was fortunate to have had, at that time, outstanding health professionals who resisted the temptation of running a parallel family planning programme as some countries in the region did. Thus,

it was three decades before the International Conference on Population and Development (ICPD) in 1994 that Sri Lanka recognised the importance of integrating family planning with other reproductive services such as maternal and child health. With this policy decision, the family planning clinics of the Family Planning Association that provided services in government facilities were handed over to the government. In 1968, the Family Health Bureau was established to coordinate and implement the national maternal and child health and family planning programme. In view of this policy decision, the Swedish government came in a big way to assist Sri Lanka by providing free contraceptive commodities and training of the field health staff in the delivery of family planning services. The entire building complex of the Family Health Bureau at that time was a gift from the people of Sweden to the people of Sri Lanka. The environment was also conducive to implement family planning activities in the country, as by then, 70 percent of females in the reproductive ages were literate and the primary health care system was well developed with a network of institutions through which family planning services could be delivered (Abeykoon, 1996).

As a result of the rapid growth of population in the 1950s and the rising enrolment of young people in secondary and higher education, the new entrants to the labour market grew rapidly by the end of the decade of 1960s. Thus by 1971, about 20 percent of the labour force was unemployed. The rate was almost twice for those in the age group 15 to 24 years with secondary and higher education. This resulted in a youth uprising in April 1971. The Secretary of the Ministry of Planning and Employment, who was a former professor of economics at the University of Peradeniya invited an ILO team led by Professor Dudley Sears, an eminent

development economist to come to Sri Lanka to study the youth unemployment problem. While making a series of recommendations to the government, the Dudley Sears Report did make reference to the population issue as follows: "Suppose that a family planning campaign policy had been implemented at the same time as the malaria eradication campaign in the 1940s and had reached the present target birth rate of 25 per 1,000 in 1955, the result today (1971) of such a programme would have been to lighten the task of creating employment very considerably. The report went on to say "will another employment mission in 1985 be saying 'if only there had been a vigorous official policy in the 1970s, using the full resources of health services to achieve a birth rate of 25 per 1,000 in 1975, the prospects of reducing unemployment in the year 2000 would not look so bleak?' (Sears, 1971 p 45).

Therefore, when the Five-Year Plan of the government was presented in 1972, it stated very clearly that "the continued growth of population at present high rates will pose problems which would defy every attempt at solution. In the long run, the expansion of population at present rates would result in a population of about 27 million in the year 2000. The strain on resources imposed by the present rate of population growth would be almost intolerable. The Plan thus gives very high priority to the diffusion of family planning facilities amongst the mass of the adult population" (Ministry of Planning and Employment, 1971 p.21). The woman Minister of Health at that time took a personal interest in the family health programme and strengthened the surgical contraceptive services.

In 1973, a project agreement was signed between the Government and the United Nations Population

Fund (UNFPA) to broad base the population programme. The UNFPA funded 11 projects ranging from population education in schools, workers education in family planning in the urban sector and in the estates, teaching of population dynamics and family planning in medical schools, demographic training and research, family health and education, etc. As there were many institutions outside the Ministry of Health, implementing population activities, coordination became an important issue. Thus in 1974, the coordination of UNFPA-funded projects was vested under the new Ministry of Plan Implementation which functioned under the Executive Prime Minister.

Progressive Phase

In 1977, the subject of population policy formulation and coordination was assigned to the Ministry of Plan Implementation, and in the Throne Speech of the government, the need to give high priority to the population programme with emphasis on clinical contraceptive services was clearly stated. The new Secretary of the Ministry of Plan Implementation, who came from outside the public service was a legal academic by training and took a personal interest in the programme. At the back of his mind was the question as to how to prevent Sri Lanka reaching 27 million in the year 2000 as stated in the Five-Year Plan. In fact, when the Census of Population was taken in 2001, the total population of the country was enumerated at only 18.7 million. The events that followed certainly contributed in keeping the total population size under control.

Being a person who was quick in putting ideas into action, the Secretary of Plan Implementation consulted his technical staff and came to the conclusion that by providing financial inducements to voluntary acceptors of

sterilisations, the fertility rate could be reduced substantially. The available data at that time showed that about one third of women in the age group 30 to 49 years had less than primary level of education and the number of children among them was relatively high. It was also evident that 31 percent of annual births were taking place among women in this age group. The strategy therefore, was to expand the availability of permanent methods of fertility control to reduce unplanned or unwanted births. This was however, opposed by the then Director of the Family Health Bureau who was the brother of a Cabinet Minister of the government at that time. The Secretary, Plan Implementation took the position that national interest should take precedence over personal views. The decision to provide financial inducements to medical teams and sterilisation acceptors thus prevailed. It was also decided to implement the payments to sterilisation acceptors through the District Secretariats. Thus from May 1979, the government decided to provide financial inducements to medical teams who carried out voluntary sterilisations. This was extended to clients from January 1980. The number of married men or women who had at least two children and who underwent sterilisations voluntarily increased rapidly. The new acceptors of voluntary sterilisations increased from 4,971 in 1970 to 112,926 in 1980. The numbers continued to remain relatively high until the high parity women moved out of the reproductive ages. It is to be noted that the total fertility rate (the average number of children per women) declined from 3.7 in 1982 to 2.8 in 1987 and the contraceptive prevalence of voluntary sterilisations was nearly 50 percent of total contraceptive use. In other words, sterilisations provided half the total protection from unwanted births.

In addition, in the decade of 1980s, the programme received high visibility with a vigorous information, education and communication campaigns. On the

government side, the Department of Information and the Population Information Centre played a key role. On the NGO side, in addition to the Family Planning Association, three other NGOs, namely, the Community Development Services, Population Services Lanka and the Sri Lanka Association of Voluntary Sterilisations provided the much needed supplementary support to the government programme. These organisations, at that time, were led by outstanding men with commitment and managerial ability. The National Coordinating Committee on Population (NCCP), chaired by the Minister in charge of Family Health and the Secretary Plan Implementation functioning as the member secretary with Secretaries of other line Ministries and their senior staff who were implementing population activities including the family planning NGOs and representative of relevant donor agencies, effectively coordinated the programme. A small band of selected men and women who were capable of translating new ideas into action constituted the newly-created Population Division which functioned as the secretariat to the NCCP and monitored the programme at the national and district level.

In March 1980, leading Ministers and Parliamentarians of all political parties got on a common platform to endorse family planning as above party politics. This was a landmark event as previously at elections, family planning was used as a political weapon. In 1982, a parliamentary Advisory Committee was appointed with a senior Cabinet Minister as the chairperson. During the same year, District Population Committees were established with the Government Agent as chairperson to coordinate district level population activities. In 1983, a National Advisory Committee in information, education and communication (IEC) was established to advice on family planning messages that were released by government agencies

and the NGOs. Medical officers who took an active interest in family planning activities were recognised by the NCCP and were awarded certificates and sent on study tours abroad.

With the strong commitment shown by the Minister of Family Health and the Secretary, Plan Implementation and their dedicated staff including those at the district level, the programme gathered momentum and many indicators of population and family planning further improved. By 1987, the rate of population growth had declined to 1.3 percent and the contraceptive prevalence rate had risen to 62 percent. However, the unmet need for contraception was 12 percent.

Maturity Phase

Towards the end of the decade of 1980s, the population programme had transformed from a demand creation phase to a supply-oriented one where the provision of family planning services became the focus of attention. Therefore, the function of population policy formulation and coordination was reassigned to the Ministry of Health and the Population Division of the Ministry of Plan Implementation was moved to the Ministry of Health in 1989. In this new set up, the NCCP was chaired by the Secretary of the Ministry of Health and the Population Division continued to function as its secretariat. It was the view of the National Health Council in 1990 that Sri Lanka should aim at reaching replacement level fertility by the year 2000. Therefore, the Population Division formulated a policy statement and prepared short-term population projections and contraceptive needs to reach replacement fertility. This was approved by the National Health Council chaired by the Prime Minister. In 1994, Sri Lanka became a signatory to the global consensus of a broad-based concept of reproductive health detailed in the Programme of Action of the International Conference on Population and Development (ICPD) held in Cairo.

Sri Lanka adopted a number of initiatives responding to the ICPD Programme of Action. An important initiative was the formulation of the Population and Reproductive Health Policy in 1998 and the subsequent development of an Action Plan based on the policy. Others included the development of an Advocacy Strategy for the promotion of population and reproductive health activities, IEC activities on population and reproductive health, and the paradigm shift from family planning to holistic approach of reproductive health in the service delivery programme. Therefore, the structure of the national programme took the shape of a pyramid. At the apex was the national policy on population and reproductive health. At the next level was the advocacy programme followed by the IEC programme implemented by government and NGOs. This was followed by the school reproductive health education programme. Next, at the base was the largest programme, the reproductive health service delivery programme (Abeykoon, 2009).

With the implementation of many elements of the Action Plan, further improvements occurred in the indicators of population and reproductive health. By 2000, as planned, the fertility rate reached replacement level. The contraceptive prevalence rate had reached a high level of 70 percent. The unmet need for contraception was further reduced to 9 percent. Thus, when the international community met at the United Nations in New York in 2004 to review progress during the 15-year period after the ICPD, the Minister of Health on behalf of the government was able to report that Sri Lanka had met most of the goals envisaged in the Programme of Action adopted in 1994.

If the fertility rate had not declined as it did, Sri Lanka would have faced serious social and economic problems. It would have been difficult to provide free education and health services and other social welfare services to the mass of the population.

By 2006, the country had reached the final phase of its demographic transition, and the Population Division of the Ministry of Health had achieved its initial goals in stabilising population growth for sustainable development. The population age structure had transformed into a barrel shape from that of a pyramid shape. The proportion of population under age 15 declined from 42 percent in 1963 to 24 percent in 2006 reducing the dependency ratio from 82 to 45 percent during this period. At the same time, there emerged a bulge in the population age structure in the young ages. These young people are also educated. This is commonly referred to as the 'demographic bonus'. Thus on all counts, the demographic structure in Sri Lanka is conducive for economic expansion. It is however, necessary to emphasise that failure to ensure appropriate enabling economic conditions could waste opportunities created by the demographic bonus.

In a nutshell, therefore, it can be said that initial population activities commenced in Sri Lanka with a NGO. Subsequently the activities were expanded and legitimised under the Ministry of Health as a national policy. To give the programme a push and greater visibility, population policy planning and coordination was vested under the Ministry of Plan Implementation which functioned under His Excellency the President. When the demand creation for family planning was completed, these functions were again placed under the Ministry of Health which is responsible for the delivery of family planning and reproductive health services. In this transition of five decades, many decisions were taken at the right time and right people were placed in key positions.

In the future, however, with rising incomes among the masses, eventually the role of the government in family planning activities will diminish and more and more married couples would resort to NGO and private sector sources to meet their needs.

In this transition from high population growth to relatively slow growth, what mattered most were the people who managed, coordinated and implemented programme activities. They were the very heart and soul of the programme, the movers and shakers. It was my privilege to meet and work with some of those men and women, among the most dedicated, sincere and heart-warming people that I have ever encountered in my public service career of four decades.

(During four decades as a public servant, Dr Abeykoon has contributed immensely to the field of demography in Sri Lanka and in the formulation and implementation of population policies and strategies. He was popularly known as 'Mr. Population')

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Footnote

- ¹ Based on the keynote address at the inauguration of the Annual Scientific Sessions of the Population Association of Sri Lanka, 2011. ■