INTER-LINKAGES BETWEEN POPULATION DYNAMICS AND DEVELOPMENT IN NATIONAL PLANNING:

Case Studies from Bangladesh, India and Malaysia

International Council on Management of Population Programmes

Inter-linkages between Population Dynamics and Development in National Planning

Case Studies from Bangladesh, India and Malaysia

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LIST OF ABBREVIATIONS

ANC	Antenatal care
ARH	Adolescent reproductive health
ART	Anti-retroviral therapy
ASHA	Accredited Social Health Activist
AYUSH	*Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy*
BMI	Body mass index
CBOs	Community-based organisations
CPR	Contraceptive prevalence rate
EmOC	Emergency obstetric care
EPF	Employees Provident Fund
EPU	Economic Planning Unit
ESP	Essential Service Package
FFPAM	Federation of Family Planning Associations, Malaysia
FP	Family planning
FRHAM	Federation of Reproductive Health Associations, Malaysia
FWAs	Family Welfare Assistants
FWVs	Family Welfare Visitors
FY	Fiscal year
GDP	Gross Domestic Product
HFWCs	Health and Family Welfare Centres
HNPS	Health, Nutrition and Population Sector
HNPSP	Health, Nutrition and Population Sector Programme
ICDS	Integrated Child Development Scheme
ICT	Information, communication and technology
IDU	Injecting drug use
IDUs	Injecting drug users
IEC	Information, education and communication
IMR	Infant mortality rate
JNNURM	Jawaharlal Nehru National Urban Renewal Mission
JSY	*Janani Suraksha Yojana*
MARA	Majlis Amanah Rakyat
MCH	Maternal and child health
MDGs	Millennium Development Goals
MMR	Maternal mortality ratio
MOHFW	Ministry of Health and Family Welfare
MTCT	Maternal-to-child transmission
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NCCP	National Cancer Control Programme
NGOs	Non-governmental organisations
NHP	National Health Policy
NLM	National Literacy Mission
NMHP	National Mental Health Programme
NPFDB	National Population and Family Development Board
NPP	National Population Policy
NREGA	National Rural Employment Guarantee Programme
NRHM	National Rural Health Mission
NRR	Net reproduction rate
NSAP	National Social Assistance Programme
NSP	National Strategic Plan
PEDP II	Second Primary Education Development Programme

PHC	Primary health care
PLI	Poverty line income
PNDT	Prenatal Determination
POPDEV	Population and development
PPP	Public-private partnership
PRIs	*Panchayati Raj* Institutions
PRSP	Poverty Reduction Strategic Paper
RCH	Reproductive and child health
RH	Reproductive health
RNFA	Rural non-farm activities
RTIs	Reproductive tract infections
SGSY	*Swaranjayanti Swarozgar Yojana*
SRB	Sex ratio at birth
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SSA	*Sarva Siksha Abhiyan*
STIs	Sexually transmitted infections
SWAp	Sector wide approach
TFR	Total fertility rate
UHFWCs	Union Health and Family Welfare Centres
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
VAW	Violence against women
VCT	Voluntary counselling and testing
WAVE	Women against violence
WHO	World Health Organisation

PREFACE

Realising the importance of South-South cooperation and collaboration, ICOMP engaged itself in a short project on ***Capacity Enhancement Utilizing South-South Modalities,*** which consists of four components, namely: (i) Inter-linkages between population dynamics and development in national planning; (ii) Assessing capacity enhancement needs and database on possible assistance providers for 2010 round of population census; (iii) Assessing institutional capacity for reducing maternal mortality and morbidity; and (iv) Improving access of young people to education and services for sexual and reproductive health, HIV and gender.

The objectives of the project were to create a pool of resources for technical assistance, documenting best practices and sharing of experiences for enhancing regional capacities using South-South modalities. This project was funded by the Asia and the Pacific Regional Office (APRO), United Nations Population Fund (UNFPA).

This publication on ***Inter-linkages between Population Dynamics and Development in National Planning: Case Studies from Bangladesh, India and Malaysia*** is a result of the first component: Inter-linkages between population dynamics and development in national planning.

This publication assessed the incorporation of population dynamics and its inter-linkages with gender equality, sexual and reproductive health in public policies/poverty reduction plan in three selected countries in the South and East Asia - Bangladesh, India and Malaysia. The three case studies were prepared for the purpose of understanding how planning of various key development sectors take into account the population and development (POPDEV) inter-linkages as well as to identify some promising practices to improve the POPDEV inter-linkages at the country level.

In addition, the promising practices and challenges identified can be utilised for possible South-South collaboration to strengthen national capacity to integrate POPDEV into national and sub-national planning processes.

We wish to convey our appreciation to the senior/middle level officials - from Bangladesh: the Planning Commission of Bangladesh, Ministry of Health and Family Welfare, Department of Women's Affair, and UNFPA Bangladesh; from India: the Planning Commission, Government of India; and from Malaysia: the Economic Planning Unit, Prime Minister's Department of Malaysia - for providing insights into their country national development plans and situation.

We wish to express special thanks to the Asia and the Pacific Regional Office of UNFPA for financial support and guidance.

ICOMP
Kuala Lumpur
November, 2009

EXECUTIVE SUMMARY

The three case studies presented in this publication were prepared for the purpose of understanding how planning of various development sectors take into account the population and development (POPDEV) inter-linkages and identifying some promising practices to improve consideration of these inter-linkages in the three countries as well as to promote opportunity for possible South-South collaboration. Based on a preliminary review and consultation with the United Nations Population Fund (UNFPA) offices, the countries selected for documenting promising practices are Malaysia, India and Bangladesh - each at different levels of maturity in their planning processes and sensitivity to POPDEV inter-linkages - which could offer an interesting learning opportunity for other countries. These case studies were prepared through review of policies and plans, relevant secondary literature as well as interviews with key persons in the three countries.

Bangladesh's Experience in POPDEV Inter-linkages in Its Policy and Planning Framework

Bangladesh recognises that the country's development cannot sustain its rapid population growth. Compounded with frequent natural calamities, this has adverse impact on the population's well-being. Generally, the policies acknowledge the adverse impact of population growth on development and plan to address this through improved reproductive health (RH) knowledge and availability of contraceptive and family planning (FP) services. The focus of the policies remains still on reducing fertility through FP while recognising the importance of gender equality to accelerate the progress in achieving the Millennium Development Goals (MDGs). The policy framework, nevertheless, is somewhat weak as development policies have yet to fully take into consideration their effect on population dynamics.

A review of the Second Poverty Reduction Strategic Paper (PRSP 2), 2009-2011 indicates that the key sectors do consider the consequences of population dynamics. Despite that, population variables are treated as independent variables regardless of changes in development variables, and population projections are based on past trends. This affects the accuracy and relevance of the data used for development planning. The lack of gender disaggregated data also influences the degree sectors consider gender dimensions in their planning and implementation. The inter-linkages of POPDEV is rather weak in some sectors - HIV/AIDS, education, employment, gender and environment. To effectively address POPDEV inter-linkages, it is essential to integrate POPDEV considerations into national planning; coordinated sectoral response at district level; cross-sectoral collaboration at sub-district/*Upazila* level; and integrate response at Union level.

The PRSP 2 has two promising practices: (i) Health, Nutrition and Population Sector Programme (HNPSP), and (ii) Micro-finance. Major challenges that remain are: population momentum, gender inequality, HIV/AIDS, and natural disaster. With the new ruling government, much is expected from them to improve the state of the country.

India's Experience in POPDEV Inter-linkages in Its Policy and Planning Framework

Historically, the focus of the policies in India has been on reducing fertility and promoting the use of FP. Currently, policies on population, health, youth and HIV/AIDS generally recognise the adverse impact of population growth on development and seek to address this through increased contraceptive use. While acknowledging that socio-economic development, particularly enhanced gender equity, will have an impact on fertility, they do not urge shifts in general development policy. A strong policy framework exists for responding to mitigate the impact of rapid population growth on development. However, the framework is weak on tweaking development policies themselves for indirectly influencing the fertility rate.

A review of the Eleventh Five-Year Plan (2007-2012) shows that most sectors take into account the consequences of population dynamics. They also segment the population depending on their characteristics. However, population variables are still considered as independent variables irrespective of the changes in development variables. The population projections are made generally based upon past trends in view of the complexity and uncertain nature of the impact of development variables on fertility and mortality, and over-time on age-sex composition and population distribution.

The Eleventh Plan has two promising practices: (i) Focus on inclusive growth; and (ii) the National Rural Health Mission (NRHM). However, several challenges remain: adverse gender-sex ratio at birth, reaching the poor, special attention to youth, migrants and HIV prevention, water, and urbanisation. Besides addressing these challenges, the implementation for operationalising POPDEV inter-linkages needs to be strengthened through (i) integrating POPDEV considerations in national and state planning; (ii) coordinated sectoral response at district level; (iii) cross-sectoral collaboration at block level; and (iv) integrated response at village level.

Malaysia's Experience in POPDEV Inter-linkages in Its Policy and Planning Framework

In Malaysia, the policies on population, women, health, HIV/AIDS and employment acknowledge the many relationships between POPDEV. Also, the policies have moved away from the conventional focus - impact of population growth on development - due to the nation's declining fertility rate. The core emphasis is on enhancing the standard and sustaining the quality of life of Malaysians. Nevertheless, the policy framework needs to pay more attention to address issues on the nexus between population and development in the Malaysian context.

A review of the Ninth Malaysia Plan (2006-2010) shows that most sectors take into consideration the POPDEV inter-linkages. Combined with strong implementation this contributes to the development of Malaysia's economy and improved quality of life of Malaysians. However, the inter-linkages of population dynamics and development need to be strengthened in some sectors, namely, HIV/AIDS, infrastructure and environment.

The Ninth Plan has two promising practices: (i) Poverty reduction, which will have significant impact on ensuring a more equitable distribution of the benefits of economic development among all Malaysians; and (ii) Women's empowerment.

Several challenges remain: (i) to achieve universal access to RH by 2015 there is a need to define the significance of RH, including FP, and emphasise this in national planning; (ii) the need to articulate the inter-linkages of POPDEV to address the feminisation of HIV/AIDS, drug addiction as well as unemployment and HIV/AIDS and its potential spread to the general populations; and (iii) migrant workers, being a sensitive issue, need to be featured in the inter-linkages of POPDEV in the Malaysian context and in national planning.

Finally, to effectively address inter-linkages of POPDEV, the following is recommended: integrating POPDEV considerations in national and state planning; coordinating sector response at district level; cross-sectoral collaboration at sub-district level; and integrating response at town level as well as increasing awareness and response at various levels to enhance population dynamics and its inter-linkages.

CHAPTER 1
INTRODUCTION

The inter-linkages between population dynamics - size, growth, age-sex composition, and distribution - and development, particularly economic growth and poverty reduction, need for public services, gender, sexual and reproductive health and rights (SRHR) and HIV/AIDS, have been a subject of considerable literature. However, the nature and quantum of linkage effects, although significant, remain difficult to quantify. They also possibly depend upon the prevailing context.

It is therefore, essential that development planning takes into account these inter-linkages and both respond to population dynamics as well as directly and indirectly influence them. These three country case studies covering Bangladesh, India and Malaysia, is prepared to understand how plans of various development sectors take into account these inter-linkages and identify some promising practices to address these inter-linkages.

Documentation Process

The three country case studies[1] were prepared through review of policies and plans, and relevant secondary literature. Given the vast amount of literature available, the review is fractional rather than comprehensive. A checklist developed by ICOMP was used to assess how well the inter-linkages between population dynamics and gender equality, sexual and reproductive health (SRH) and HIV/AIDS were incorporated into a country's development plan. Whether population dynamics, gender equality, HIV/AIDS and SRH were taken into account when planning for improving the quality of life, poverty reduction and sustainable development, and how well it was taken into account were also gauged.

For Bangladesh, based on the most recent country development plan - the National Strategy for Accelerated Poverty Reduction, 2009-2011, which is the PRSP 2 - an assessment was made as to how well population dynamics and gender equality, SRH and HIV/AIDS were incorporated in the development planning process, in terms of indicators and programmes/interventions. For India and Malaysia, the Eleventh Five-year Plan (2007-2012) and the Ninth Malaysia Plan (2006-2010) were used, respectively.

In addition, interviews were conducted with several key persons in the field. In Bangladesh, interviews with key personnel from the Planning Commission of Bangladesh, Ministry of Health and Family Welfare (MOHFW), Department of Women's Affairs, and UNFPA Bangladesh were carried out. In India, personnel from the Planning Commission, Government of India were interviewed. In Malaysia, interviews were carried out with personnel from various sections of the Economic Planning Unit (EPU), Prime Minister's Department of Malaysia.

In Chapter 2, we take a brief look at the population and development dynamics; relevant policies related to the inter-linkages between population dynamics and development; and addressing the inter-linkages between population dynamics and development in the country development plan in each of the three countries. The promising practices and challenges are presented in Chapters 3 and 4, respectively. Chapter 5 concludes with a discussion on recommendations for strengthening the inter-linkages between population dynamics and development.

[1] The case study on India was developed by Jay Satia, and the case studies on Bangladesh and Malaysia were developed by Hwei Mian Lim for ICOMP with support from the Asia and the Pacific Regional Office of the United Nations Population Fund (APRO, UNFPA).

CHAPTER 2

CASE STUDIES

Three countries are featured in the case studies, namely, Bangladesh, India and Malaysia. For each country, we will take a brief look at the population and development dynamics; relevant policies related to inter-linkages between population dynamics and development; and the extent to which the country development plan addresses inter-linkages between population dynamics and development.

Bangladesh

Brief Look at Population and Development Dynamics

Bangladesh's population was about 129 million in 2002, an increase of 25 million from about 104 million in 1990. It is projected that its population will be about 172 million in 2020. In general, Bangladesh has a young population (43% of the population is below age 15).

The population annual growth rate has declined slowly from 2.33% in 1981 to 1.54% in 2001 and 1.48% in 2007. The crude birth and death rates, in 1998, were 19.9 and 4.8 per 1,000 population, respectively. Contraceptive prevalence rate (CPR) is 54% in 1999/2000. The total fertility rate (TFR) has declined markedly from 6.6 in mid 1970s to 3.3 in the 1990s. However, since then it has plateaued due to exceptionally high adolescent fertility. As a result, the target to achieve net replacement level fertility (net reproduction rate (NRR)=1 or TFR=2.1) by 2005 has been deferred to 2010.

Causes of concern are early marriage and early pregnancy. About half of the teenage girls aged 15-19 are married and about 57% of them become mothers before age 19. This resulted in the high adolescent fertility rate and maternal mortality ratio (MMR). The latter is 30-50% higher than the national rate. If this trend continues, the target for population stabilisation by 2035 will not be achieved.

Selected key socio-economic and development indicators (%)	
Percentage of population, urban, 2005	25.1
Literacy rate, male ≥ 15 years old[1]	61.0
Literacy rate, female ≥ 15 years old[1]	43.0
Literacy rate, total, 2006[2]	54.0
Secondary school enrolment, school age male population	49.0
Secondary school enrolment, school age female population	54.0
Unemployment rate, 2005-2006[3]	4.2
Population living below poverty line, rural, 2000[4]	53.0
Population living below poverty line, urban, 2000[4]	36.6
Population living below poverty line, total, 2000[4]	49.8

Sources: UNFPA Worldwide Country Profile: Bangladesh. http://www.unfpa.org/worldwide/indicator.do?filter=getIndicatorValues; [1]GOB and UN Country Team in Bangladesh. 2005. MDGs. Bangladesh Progress Report, 2005; [2]MOHFW, GOB. 2008. National Health Policy (August 2008 version); [3, 4]GOB and UN Country Team in Bangladesh. 2005. MDGs. Bangladesh Progress Report, 2005.

The Gross Domestic Product (GDP) growth rate continued to be strong. It shows a slight increase from 6.0% per annum in Fiscal Year (FY) 2005 to about 6.5-6.6% during FY 2006-2007. For FY 2007, the industrial sector grew at 10.6% per annum while the service sector grew at 6.4% per annum. The agriculture sector shows marginal growth of 3.2%.

Relevant Policies related to Inter-linkages between Population Dynamics and Development

A range of policies, consisting of core national policies and sector-specific strategies, were formulated by Bangladesh to guide the management of national development. The policies are in line with the country's PRSP 2. The key policies and sector-specific strategies are as follows:

Bangladesh Population Policy 2004

Bangladesh Population Policy 2004 was formulated to supersede the 1976 Population Policy Outline. It acknowledges the importance of balance between population and development for the socio-economic development of its citizens.

The objectives of this Policy are to improve: (i) the status of FP, maternal and child health (MCH), including RH services; and (ii) the living standard of the people of Bangladesh.

The challenges underscored in the Policy pertain to the following themes:

1. TFR and NRR;
2. Availability and access to RH services, including FP;
3. Infant mortality rate (IMR);
4. MMR;
5. Malnutrition;
6. Early childhood development;
7. Gender disparity, equity and empowerment of women;
8. Reproductive tract infections (RTIs)/sexually transmitted infections (STIs) and HIV/AIDS;
9. Disadvantaged populations;
10. Rural to urban migration;
11. Environmental sustainability, emphasising on safe drinking water;
12. Poverty alleviation and improved quality of life;
13. Capacity of human resource; and
14. Coordination among relevant ministries in strengthening POPDEV.

> Population growth and distribution influence development and in turn get influenced by it. As a multi-sectoral concern, population stabilisation requires integration of demographic factors into the activities of health, education, women's development, urbanisation, housing, environment, poverty alleviation...
>
> *Bangladesh Population Policy 2004*

National Health Policy 2008

The National Health Policy (NHP) 2008 - revision is still on-going - is built on from the NHP 2000 and 2006 as well as founded on Bangladesh's Constitution. The objectives of this Policy are to: (i) increase the availability of user-centred quality services for a defined Essential Service Package (ESP) delivery along with other health related services; and (ii) develop a sustainable quality health service system to meet the people's need and to achieve the MDGs. Some of the key areas identified for interventions are population planning, health education and promotion, control of emerging threats, urban health services, and primary health care (PHC).

Gender equality in health is underscored with the following interventions:

- Ensure rights of women for a better physical and mental health at all stages of their life cycle;
- Strengthen PHC for women with emphasis on reducing MMR and IMR;

> The health sector seeks to support the creation of an enabling environment whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health. With a vision that recognises health as a fundamental human right, the need to promote health is imperative for social justice. This vision derives from a value framework that is based on the core values of access equity, gender equality and ethical conduct.
>
> *NHP 2008*

- Strengthen reproductive rights and RH of women at all stages of population planning and implementation;
- Protect women from HIV/AIDS and STIs through awareness raising; and
- Create women-friendly physical facilities at all public health complexes.

Adolescent Reproductive Health Strategy

The Adolescent Reproductive Health (ARH) Strategy is for a period of 10 years from 2005-2015. However, for the purpose of pragmatic planning, the detailed planning is limited to 2005-2010.

The objectives of the ARH Strategy are to:

1. Improve the knowledge of adolescents on RH issues;
2. Create a positive change in the behaviour and attitude of the gatekeepers of adolescents towards RH;
3. Reduce the incidence of early marriage and pregnancy among adolescents;
4. Reduce the incidence and prevalence of STIs and HIV/AIDS among adolescents;
5. Provide easy access for all adolescents to adolescent-friendly health services and other related services; and
6. Create favourable conditions which discourage risky behaviours among adolescents.

> Since ARH is an overall development issue, it should be integrated in the development planning of the country at the national and sectoral levels.
>
> *ARH Strategy*

The National Communication Strategy for Family Planning

The National Communication Strategy for FP formulated in 2006 will provide all programme implementers and service providers the framework for their outreach interventions on FP and RH to change relevant behaviours, thus, contributing to sustainable social development and poverty reduction.

The Strategy will contribute to:

- Delayed age at marriage;
- Increased knowledge and demand for FP and improved RH;
- Increased knowledge and demand for maternal health services;
- Improved service delivery;
- Increased male involvement; and
- Improved research and evaluation capacity for FP and RH programmes.

The target audiences are the newlyweds and low-parity couples, married couples, husbands/males, poor and underserved populations, adolescents, unmarried youth, service providers, programme managers and supervisors, religious and community leaders, political leaders/policy-makers, and mass media personnel.

Overall, the policies acknowledge the adverse impact of population growth on development and seek to address this through improved knowledge on RH and availability of contraceptive and FP services, especially among adolescents and the poor. The focus of the policies remains still on reducing fertility and promoting the use of FP and, at the same time, recognising the need to underline gender equality to accelerate the progress in achieving the MDGs. This shows that a strong policy framework exists to address the impact of rapid population growth on development. Nevertheless, the development policies are still weak in relation to how development affects population dynamics.

Addressing Inter-linkages between Population Dynamics and Development in the Second Poverty Reduction Strategy Paper

Since 2005, the Five-Year Plans have been replaced by the PRSP. Each PRSP is for a period of 3 years. Currently, the PRSP 2 - National Strategy for Accelerated Poverty Reduction, 2009-2011 - is in operation.

The PRSP 2 aims to "accelerate poverty reduction through private sector development, concerted and supportive government efforts, and effective participation of civil society in a corruption free democratic" governance and is committed to achieving the MDGs related to poverty alleviation, hunger, diseases, illiteracy, environmental degradation and discrimination against women by 2015. It provides the roadmap for pro-poor economic growth - growth process which reduces poverty, and in anticipation that the poorer sections would receive a proportionately greater share of benefits of the growth policy, thus resulting in, their eventual breakout of poverty. It consists of the following five strategic blocks:

Macro-economic environment for pro-poor economic growth	Critical areas of focus for pro-poor economic growth	Essential infrastructure for pro-poor economic growth	Effective social protection for vulnerable people	Human development

A review of the PRSP 2 showed that population dynamics and its inter-linkages are reflected in many of the sectoral plannings, as discussed below.

Education

Recognising that investment in improving knowledge base is essential for effective poverty reduction and achieving sustainable development, the PRSP 2 undertakes a broad improvement of the education delivery system at all levels:

- ***Early childhood and pre-school education.*** Early childhood and pre-school education is not part of the publicly provided education due to inadequate funding, however, it is in demand. Efforts are made to ensure that they are available in rural areas. The government will provide encouragement and support to the non-governmental organisations (NGOs) and community-based organisations (CBOs) for expansion of the programmes.
- ***Primary and Madrasha education.*** The Second Primary Education Development Programme, 2003-2009 (PEDP II) is on-going to improve the quality of education through: (i) introduction of Primary School Quality Level Standards; (ii) increased access, participation and completion of primary education; and (iii) adopting a child-centred approach in the classroom.
- ***Secondary general and Madrasha education.*** Improve quality of education to ensure the curriculum relates to prospects of employment, entrepreneurship and practical skills, and improve access to secondary education, especially among the underserved groups.
- ***Technical and vocational education and training.*** To provide vocation and technical skills to help the under-privileged groups improve their employment and income.
- ***Tertiary education.*** Improve governance and administration in higher education as well as public-private partnership (PPP) to overcome resource constraints, enhance resources for quality improvement and contribute to equity in the education system.
- ***Non-formal education.*** Build a nationwide network of community-based, community managed and multi-purpose non-formal and adult learning centres to provide a 'second chance' primary education for young people who are deprived/school drop-outs.

Key initiatives undertaken to improve participation and education for girls include:

- On-going stipend programmes for girl students at primary, secondary and higher secondary levels. This has resulted in gender parity in enrolment in primary and secondary levels and the girls are doing equally as well as the boys in various public examinations;
- Introduce stipend programme for girl students at tertiary level;
- Provide computer training for women;
- Set up three Women Polytechnic Institutes to encourage girls' enrolment in technical education; and
- Establish an International University for Women.

Health

As investment for good population health is an essential element for social and economic development of human development and to redress population growth, the PRSP 2 has the following strategies under the Health, Nutrition and Population Sector (HNPS):

Some of the strategies under the Health sub-sector are as follows:

- ***Maternal and RH.*** Pregnant women who are poor will be provided with Health Cards to allow them to have access to all health care facilities, including RH and MCH;
- ***Women's general health.*** Household visits, counselling, massive awareness creation and social support are implemented to encourage women to utilise the health facilities;
- ***Adolescent health.*** Increase access to services; encourage NGOs and the private sector to provide adolescent health services, education and life skills training programmes; and
- ***Urban health.*** Expand and intensify PPP model to improve coverage among the urban population, especially the poor and slum dwellers.

> No pragmatic policy planning and meaningful programme development are possible without taking population and its subset into account; and necessary measures to reduce fertility and mortality have to be taken as development objectives
>
> *PRSP 2*

Some of the strategies under the Population and FP sub-sector are as follows:

- ***FP.*** Build Health and Family Welfare Centres (HFWCs) in 1,000 Unions along with doctors' accommodation, and one bed for safe delivery at each HFWC; reinforce couple registration system and provide cards to all eligible couples where date of workers' visit and replenishment of supplies, pregnancy, delivery and etc. will be recorded; and capacity development of all supervisory functionaries at national, district and *Upazila* levels; and
- ***RH and MCH.*** FP providers such as Family Welfare Assistants (FWAs), Family Welfare Visitors (FWVs), doctors and skilled birth attendants to increase antenatal care (ANC), post-natal care and follow-up to further reduce MMR, IMR and under-5 mortality.

In terms of nutrition, the National Nutrition Project will be extended to more *Upazilas*, and more rural women will be trained on supplementary food preparation and allied services.

Generally, the focus is to reduce MMR and IMR; improve the nutrition level of children, pregnant women, lactating mothers, adolescents and newlywed women as well as promote the use of contraception and making it accessible to young couples, particularly those who are extremely poor.

Water and Sanitation

Safe drinking water coverage is about 83%. Households with sanitary latrines are about 84.5% in the rural areas and between 84.5-87.6% in the municipal and city areas. Major efforts planned in the PRSP 2 are to implement a water safety plan; prepare a master plan for rural and urban water supply, environmental friendly sanitation, sewerage, drainage and solid waste management system; develop surface water sources for water supply; government and NGO partnership for waste disposal and water for slum dwellers; and protecting rivers.

Measures to address the serious water problems in metropolitan cities of Dhaka, Chittagong and Narayangonj include: to create more surface water treatment reservoirs; preserve and create wetlands and water bodies around the cities; issue law restricting indiscriminate water extraction; recharge ground water; and keep surface water reservoirs free from pollution.

Gender

The PRSP 2 affirms that "addressing the gender dimensions of poverty and creating gender responsive interventions enhances the likelihood of success of poverty reduction efforts." The current challenges faced include feminisation of poverty, violence against women (VAW) and exploitation, women and children trafficking, early marriage and dowry.

To address the challenges, 10 strategic objectives for pro-poor growth and sustainable development related to various dimensions of gender and poverty identified are:

1. Ensure women's full participation in the mainstream economic activities;
2. Ensure social protection for women against vulnerability and risk;
3. Enhance women's political empowerment and participation in decision-making;
4. Eliminate all forms of violence and exploitation against women;
5. Strengthen institutions for improvement of gender mainstreaming;
6. Capacity building in availability of sex disaggregated data;
7. Integrate gender concern in all national policies/programmes/ projects;
8. Build women's capacity through health and nutrition services;
9. Build women's capacity through education services; and
10. Ensure women's concern in international forums.

> Although women and men share many of the burdens of poverty, however, women frequently experience poverty differently, have different poverty reduction priorities and are affected differently by development interventions.
>
> *PRSP 2*

Employment

In the PRSP 2, creating productive employment and improving labour welfare are the two key priorities. At the growth rate of 3.32% per annum, the labour force is estimated to increase from 54.6 million in 2008/09 to 58.3 million in 2010/11. About 7.3 million jobs need to be created during 2009-2011. With the current underemployment (working less than 35 hours a week) rate of 24.5%, the number of underemployed persons is estimated to be 26.6 million during 2009-2011. This is expected to increase due to the global economic crisis. Moreover, the services sector employment is rising fast and will soon overtake the agriculture sector as the largest provider of employment.

Measures taken to absorb the increasing labour force are as follows:

Job creation programmes	Introduce **guaranteed employment programme** for the rural population during lean (*Monga*) season - to one member of each household below a threshold income level (Taka 150/day) for at least 100 days a year. Upon failure to do so, the government will compensate the person with cash. Widen existing social safety net programmes, especially to target the ultra-poor.
Overseas employment	Long-term strategies to expand overseas employment are: (i) initiative for entering new market for overseas employment; (ii) expansion of present labour market; (iii) skills development training for the export of skilled human power; (iv) special initiative for the export of human power from *Monga* area; (v) management of welfare programme for migrant workers; (vi) controlling the work of recruiting agencies and create transparency in the migration process; (vii) increase the flow of remittance and ensuring its proper use; (viii) special initiative for sending women workers; and (ix) increase the skill and role of Bangladesh embassies in exporting human power.
Skills development programmes	Expand and diversify training facilities, especially for women; and upgrade and reorient the quality and content of vocational training to cater to the emerging needs of the economy.
Policies relating to labour welfare	Programmes for labour welfare will underscore on promoting harmonious industrial relations, social protection, improvement of occupational safety and health, elimination of child labour, and enforcement of labour laws, particularly related to unorganised labour, and women and child labour.

Micro-credit

The PRSP 2 would continue using micro-credit as a means of poverty alleviation, reduction of unemployment and an instrument of social safety. This is because micro-credit programmes have been found to reduce the cost of anti-poverty programmes for the government, particularly in the areas of health, welfare and education. Currently, the micro-credit programmes are operated by about 3,000 NGOs and government ministries/divisions/agencies. The major players, however, are Grameen Bank, BRAC, ASA and Proshika, which account for 86% of active borrowers.

Micro-credit will be further discussed in Chapter 3 on **Promising Practices in Integrating Population Dynamics and Development.**

Rural Non-farm Activities (RNFA)/Rural Development

The RNFA is considered a potential leading sector of rural economy. In 2001-2003, a higher proportion of the population was involved in the NFA sector in rural areas (52%) compared to the urban areas (48%). In rural areas, about 46.7% of women and 52.7% of men were involved in this sector.

Two key strategies planned were improving the rural investment climate and developing a supporting institutional framework. The various interventions include:

- Improve marketing capacity of the participants;
- Training and awareness building on hygiene processing for home-based agro-processing and food processing activities;
- Encourage and provide support for women to participate in RNFA such as provision of basic skills in business management and linking them with the market;
- Set up more vocational institutes in the rural and peri-urban areas to promote RNFA;
- Allocate more funds under micro-credit so that all deserving persons could participate in RNFA;
- Improve the sector's management of training, orientation, and workshop; and
- Government to take initiative to create information, communication and technology (ICT) villages in the rural areas as well as bring diversification in product and upgrading product design.

Overall, the key sectors discussed above do take into consideration the consequences of population dynamics. Despite that, population variables are treated as independent variables regardless of changes in development variables, and population projections–such as growth, size, age-sex and spatial distribution–are based on past trends. Hence, this will affect the accuracy and relevance of the data when used in development planning. Also, the lack of gender disaggregated data influences the extent sectors take into account gender dimensions when planning and implementing sectoral programmes.

India

Brief Look at Population and Development Dynamics

India's population is estimated to be about 1.13 billion in 2007, an increase of 789 million from an estimated 345 million at the time of independence in 1947. This constitutes about 17.4% of the global population of 6.5 billion.

The population growth rate has begun to decline but only slowly. It is currently estimated to be 1.6% with a birth rate of 23 per 1,000 population and death rate of 7.6 per 1,000 population. CPR is 56.3%. The TFR is expected to decline from 2.9 during 2001/05 to around 2.0 during 2021/25. There is very slow transition in age structure because of slow decline in fertility rate. Chaurasia and Gulati estimate that the change in age

structure has contributed to both declines in birth and death rates. Thus, the net effect of increased contraception on population growth rate has been partially offset by these changes. The expected decline in fertility rate would mean a decline of population below age 15 years to around 23% and increase in the proportion of the elderly (age 60+ years) to around 12.4% by 2025.

A cause of concern is the deteriorating gender balance. The sex ratio has turned unfavourable towards young females as well as among adults, but favourable towards elderly females. This is due to the adverse sex ratio at birth (SRB) and improvement in female mortality.

India's population is distributed across 35 states and its size and growth rate vary widely. The population growth rate among four large north Indian states - Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh - is high. These states, along with some smaller states, account for 39% of the population, but are expected to contribute 48% of the growth in the population between 2001 and 2026.

As there is high variation among states in terms of population growth, so also is there a high regional and social disparity among development in states. For instance, against the national GDP growth rate of 7.7% during the period 2002/06, the growth in state domestic products in large North Indian states is as follows: 4.7% in Bihar, 4.3% in Madhya Pradesh, 5% in Rajasthan and 4.6% in Uttar Pradesh. These regional and social imbalances are a great cause of concern. Therefore, the Eleventh Five-Year Plan has set a vision of **inclusive growth.**

Selected key socio-economic indicators (%)	
Literacy rate, male, 2001	75.3
Literacy rate, female, 2001	53.7
Total literacy rate, 2001	64.8
Unemployment rate, 2004-2005	8.3
Population living below poverty line, rural, 2004-2005	28.3
Population living below poverty line, urban, 2004-2005	25.7
Population living below poverty line, total, 2004-2005	27.5
Children 0-3 years of age group malnourished, 2005-2006	46.0

Relevant Policies related to Inter-linkages between Population Dynamics and Development

A range of policies, consisting of core national policies and sector-specific strategies, were formulated by India to guide the management of national development. The policies are reflected in its Eleventh Five-Year Plan. The key policies and sector-specific strategies are as follows:

National Population Policy 2000

India formulated a National Population Policy (NPP) in year 2000 superseding the earlier policy of 1976. It recognised the inter-linkages between population dynamics and development.

The immediate objective of the NPP 2000 is to address the unmet need for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for basic reproductive and child health (RCH) care. It sought to bring the TFR to replacement levels by 2010 and achieve a stable population by 2045.

In pursuance of these goals, it set several objectives in terms of reduction in IMR and MMR, delayed age of marriage for girls and increase in institutional deliveries. It also set several facilitative objectives, including addressing the unmet needs for basic RCH services, supplies and infrastructure; free and compulsory education of girls up to age 14 years; and universal access to counselling and services for fertility regulation and contraception.

The NPP 2000 adopted 12 strategic themes:

1. Decentralised planning and programme implementation;
2. Convergence of service delivery at village levels;
3. Empowering women for improved health and nutrition;
4. Child health and survival;
5. Meeting the unmet need for family welfare services;
6. Underserved population groups;
7. Diverse health care providers;
8. Collaboration and commitments from NGOs and the private sector;
9. Mainstreaming Indian systems of medicine and homeopathy;
10. Contraceptive technology and research on RCH;
11. Providing for the older population; and
12. IEC.

It also proposed setting up a National Commission on Population, which was subsequently established.

Although the NPP 2000 recognised the impact of development on population, it focused on fertility decline and the resulting population growth. Measures such as convergence of service delivery at village level and empowering women for improved health and nutrition as well as child health and survival had a potential for indirectly influencing fertility, however, they were largely seen as supportive of contraceptive services. Subsequently, several states also developed state population policies. However, as we shall see later, the progress on achieving objectives of the NPP 2000 has been very slow.

> Stabilising the population is an essential requirement for promoting sustainable development with more equitable distribution. However, it is as much a function of making reproductive health care accessible and affordable for all, as of increasing the provision and outreach of primary and secondary education, extending basic amenities including sanitation, safe drinking water and housing, besides empowering women and enhancing their employment opportunities and providing transport and communications.
>
> *NPP 2000*

National Health Policy 2002

A National Health Policy (NHP) was enunciated in 2002 to supersede the earlier policy of 1983. It sought to achieve an acceptable standard of good health among the general population by increasing access and coverage of the public health system to enhance equity in health. It also argued for increased financial resources for health.

With respect to population growth, the NHP 2002 stated that:

> Efforts made over the years for improving health standards have been partially neutralised by the rapid growth of the population. It is well recognised that population stabilisation measures and general health initiatives, when effectively synchronised, synergistically maximise the socio-economic well-being of the people.

> The synchronised implementation of the NHP and NPP was seen as the very cornerstone of any national structural plan to improve the health situation in the country.

The principal common features between the NPP and NHP were identified as relating to the prevention and control of communicable diseases; giving priority to the containment of HIV/AIDS infection; universal immunisation of children against all major preventable diseases; addressing the unmet need for basic health and RH services, and supplementation of the infrastructure.

National Youth Policy 2003

The thrust of the National Youth Policy centred around **Youth Empowerment** in different spheres of national life. To harness the energy of the youth as a positive force for national progress and enable them to contribute towards socio-economic development, the policy sought greater participation of youth in the processes of decision-making and execution at local and higher levels.

The policy recognised that a growing population is a serious national problem that had negated many of our achievements in the field of development. The policy also argued that youth have an important role to play in

the population sphere and can create greater awareness in this regard through community programmes. To promote responsible sexual behaviour, the policy included education in family-life issues and control of population.

National AIDS Prevention and Control Policy

As HIV is prevalent in all parts of the country, the National AIDS Prevention and Control Policy 2003 reiterated strongly the Government of India's firm commitment to prevent the spread of HIV infection and reduce its personal and social impact. The general objective of the policy is to prevent the epidemic from spreading, and to reduce the impact of the epidemic not only upon infected persons but upon the health and socio-economic status of the general population at all levels.

As nearly 85% of transmission is through the sexual route, one of the measures under the policy was to control STIs by management of STIs through the use of a syndromic approach in the general health service. It urged the Family Welfare Department and the National AIDS Control Organisation (NACO) to coordinate their activities for integrating services offering treatment of RTIs and STIs at all levels of health care. Besides this and use of condoms as HIV prevention measures, it did not emphasise linked response to RH and HIV/AIDS. It also did not identify mother-to-child transmission (MTCT) as a serious problem at the time.

The policies generally recognise the adverse impact of population growth on development and seek to address this through increased contraceptive use. Historically, the focus of the policies in India has been on reducing fertility and promoting the use of FP. While also acknowledging that socio-economic development, particularly enhanced gender equity, will have an impact on fertility; they do not urge shifts in general development policy. Thus, a strong policy framework exists for responding to mitigate the impact of rapid population growth on development. However, the framework is weak on tweaking development policies themselves for indirectly influencing the fertility rate.

Addressing Inter-linkages between Population Dynamics and Development in the Eleventh Five-Year Plan

The central vision of the Eleventh Five-Year Plan is to trigger a development process which ensures broad-based improvement in the quality of life of the people, especially the poor, Scheduled Castes/Scheduled Tribes, other backward castes, minorities and women. This broad vision of the Plan includes several inter-related components:

- Rapid growth that reduces poverty and creates employment opportunities;
- Access to essential services in health and education, especially for the poor;
- Equality of opportunity;
- Empowerment through education and skills development;
- Employment opportunities;
- Environmental sustainability;
- Recognition of women's agency; and
- Good governance.

Therefore, an analysis of the Eleventh Plan document shows that population dynamics and its inter-linkages are reflected in planning for many sectors, which are discussed below.

Poverty

With the Eleventh Plan focusing on inclusive growth, reducing poverty is a key concern. The percentage of the population below the official poverty line has declined from 36% in 1993/94 to 28% in 2004/05. However, this is still high and the rate of decline has not accelerated along with the GDP growth. The

incidence of poverty among certain marginalised groups, for example, the Scheduled Tribes, has hardly declined at all. Since population has also grown, the absolute number of poor people has declined marginally from 320 million in 1993/94 to 302 million in 2004/05.

The Eleventh Plan strategy recognises that the composition of the poor has been changing and it analyses the composition in terms of occupation, social status, rural-urban divide and sex. In view of the multiple deprivations of the poor, while arguing for inclusive growth, it also includes directly-targeted poverty reduction programmes:

- Guaranteed wage employment;
- Self-employment-*Swaranjayanti Swarozgar Yojana* (SGSY);
- Rural housing for the houseless; and
- Social protection: National Social Assistance Programme (NSAP) and associated programmes.

While these programmes have ambitious coverage objectives, it is unclear what proportion of unmet need will be met through these directly targeted programmes.

Education

A significant effort is planned to improve access to education at all levels:

Elementary education	The *Sarva Siksha Abhiyan* (SSA) is the principle programme for universal access to elementary education - access, enrolment, retention, achievement, and equity. It will address all aspects of elementary education covering over one million elementary schools and 200 million children.
Literacy	To achieve 80% literacy rate and reduce gender gap in literacy to 10%, the National Literacy Mission (NLM) will be revamped to enhance its effectiveness.
Secondary education	Concerned with low gross enrolment ratios and glaring inter-state and intra-state variations, the Eleventh Plan strategy seeks to (i) universalise access to secondary education; (ii) ensure good quality education; and (iii) aim towards major reduction in gender, social and regional gaps in enrolments, dropouts, and school retention. Therefore, it sets a norm of providing for a secondary school within 5 km and a higher secondary school within 7-8 km of every habitation.
Higher and technical education	Considerable expansion in institutions providing higher and technical education is sought.

Health and Family Welfare

India is in the midst of an epidemiological and demographic transition with increasing burden of chronic diseases, decline in mortality and fertility rates, and ageing of the population. An estimated 2 to 3.1 million people in the country are living with HIV/AIDS. The burden of chronic diseases was estimated to account for 53% of all deaths and 44% of Disability Adjusted Life Years lost in 2005. The Eleventh Plan sets specific goals to be achieved in women and child health - reduction in MMR, IMR, TFR, malnutrition and anaemia, and raise the SRB. To bring about a rapid improvement in health and reduce inequities, the Plan includes several initiatives:

- ***NRHM.*** Was launched to address infirmities and problems across PHC and bring about improvement in the health system and health status of those living in rural areas (discussed in more detail in Chapter 3 on **Promising Practices in Integrating Population Dynamics and Development**);
- ***National Urban Health Mission.*** Is being prepared to meet the health needs of the urban poor, particularly the slum dwellers, by making available to them essential PHC services. This will be through investing in high calibre health professionals, appropriate technology through PPP, and health insurance for the urban poor;
- ***Special vertical programmes.*** Although no vertical disease-specific programme structures will be created below district level, several programmes operate and their functioning will be integrated horizontally.

These include the National AIDS Control Programme (NACP); National Cancer Control Programme (NCCP); National Programme for Prevention and Control of Diabetes, Cardio-Vascular Diseases and Stroke; and National Mental Health Programme (NMHP);

- ***Health financing.*** The estimated level of existing government's health expenditure is about 1% of the GDP, which is unacceptably low. Efforts will be made to increase it to at least 2% at the Centre and the States by 2012. The Eleventh Plan also calls for experimentation with innovative ways of financing, including PPP;
- ***Human resources for health.*** Recognising the shortage of health workers of all categories, the Eleventh Plan envisages establishing new medical, nursing and other institutions; training of village level functionaries; and in-service training of health personnel; and
- ***Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy (AYUSH).*** The outreach of these systems will be enhanced by strengthening professional education, research, and setting acceptable pharmacopoeial standards.

Nutrition

Nearly 50% of children under three are malnourished and 36% of the adult population had a body mass index (BMI) below 18.5 (cut off for adult malnutrition), thus raising a serious concern. To ensure adequate food availability to the poor, the government operates a Public Distribution System. However, the Eleventh Plan has identified many deficiencies in its functioning and seeks to remedy them.

Similarly, the Government operates an Integrated Child Development Scheme (ICDS), under which each village has a centre staffed by a part-time worker who provides supplementary nutrition to children aged 0-6 years, pregnant and lactating mothers as well as pre-school education. Though the programme has been in existence for over three decades, it has had limited impact. The Eleventh Plan now seeks to universalise its coverage and increase focus on children aged 0-3 years as malnutrition is likely to intensify during this period. A well-functioning ICDS, because of its village level presence, can offer the opportunity to provide integrated health and family welfare as well as other services.

Drinking Water and Sanitation

Nearly 75% of the rural habitations and about 91% of the urban population were estimated to be covered by water supply facilities by 2007. However, only one third of the population had access to sanitation facilities by 2001. The Eleventh Plan seeks near universal coverage of clean water and sanitation facilities.

Gender

Improvement in women's status is critical for reducing fertility and future population growth. Despite a favourable legal framework, the improvement in women's situation has been less than targeted:

- Marginal increase in female population: 48.1 % of total population in 1991 to 48.3% in 2001;
- Child sex ratio (0-6 years) in terms of girls per 1,000 boys declined from 945 to 927 from 1991 to 2001;
- Although the situation may be changing recently, MMR declined only gradually from 398 in 1998 to 301 in 2001-2003. However, it is considerably higher in some Northern states;
- Nearly 44.8% of girls are married off before age 18 years despite the legal age of marriage being 18 years;
- Gender differential in education remains high at 21.7%;
- Female workforce participation rate was 28% in 2004, lower than many neighbouring developing countries; and
- Despite improved education and income levels, every form of VAW - female foeticide, rape, abduction, trafficking, dowry death, and domestic violence - has been increasing.

The Eleventh Plan proposes a five-fold agenda for enhancing gender equity:

1. Economic empowerment;
2. Social empowerment;
3. Political empowerment;
4. Effective implementation of women-related legislations; and
5. Creating institutional mechanisms for gender mainstreaming.

The above measures are comprehensive and their coverage and quality of implementation would need to be much higher than in the past to accelerate progress towards improved gender equity.

HIV/AIDS

Although the Eleventh Plan discusses HIV/AIDS, the major response to the epidemic is left to NACO. The HIV/AIDS epidemic has moved from urban to rural India and from high risk to the general population, largely affecting youth. About 2.5 million people, aged between 15 and 49 years, are estimated to be living with HIV/AIDS (third largest in the world). Adult HIV/AIDS prevalence rate is 0.36%. Most HIV infections occur through heterosexual transmission. In the north-eastern part of India, however, injecting drug use (IDU) is the major cause for the epidemic spread; followed by sexual transmission.

Given this scenario, NACO has formulated the third phase of NACP-III to halt and reverse the epidemic in India over the next five years. The programme hopes to achieve this through a number of measures:

- Saturation of coverage of high risk groups with targeted interventions;
- Scaled-up interventions for the general population;
- Integration and augmentation of systems and human resources in prevention, care and support and treatment at the district, state and national levels; and
- A nationwide Strategic Information Management System that addresses issues of planning, monitoring, evaluation, surveillance and research to help track the epidemic, identify the pockets of infection and estimate the burden of infection.

Thus, most sectors, including those not discussed above–industry, transport, services, energy and water–take into account the consequences of population dynamics. They also segment the population depending on their characteristics. However, population variables are still considered as independent variables irrespective of the changes in development variables. The population projections–growth and size, age-sex composition, distribution–are made generally based upon past trends in view of the complexity and uncertain nature of impact of development variables on fertility and mortality and over time on age-sex composition and distribution. Therefore, questions such as whether much larger effort on girls' education through scholarships and other instruments, improving gender equity or focusing on the poorest segment of the population (all included in the Eleventh Plan) would have a significant impact on the quality of life over time through their direct and indirect effects remain unanswered and beg for more research.

Malaysia

Brief Look at Population and Development Dynamics

Malaysia's population was 26.8 million in 2005, an increase of 16.4 million from about 10.4 million in 1970. It is projected to be about 28.24 million in 2010.

Average annual population growth rate has been declining gradually from 2.8% during 1970-1980 to 2.7% during 1980-1991. A steep decline occurred during 1980-1991 to 1991-2000, that is from 2.7% to 2.1%. In 2006, the average annual growth rate was 1.9 while the crude birth and death rates were 18.7 and 4.5 per 1,000 population, respectively. CPR for women aged 15-49 years was 29.8%. The TFR has declined from 2.88 in 2000 to 2.23 in 2008 and it is projected to drop to 2.07 in 2010.

Selected key socio-economic and development indicators (%)	
Percentage of population, urban, 2005[1]	63.0
Literacy rate, male 15 years old and above	93.0
Literacy rate, female 15 years old and above	87.0
Literacy rate, total[2]	93.8
Secondary school enrolment, school age male population	71.0
Secondary school enrolment, school age female population	81.0
Unemployment rate, 2005[3]	3.5
Population living below poverty line, rural, 2007[4]	7.1
Population living below poverty line, urban, 2007[4]	2.0
Population living below poverty line, total, 2007[4]	3.6

Sources: UNFPA Worldwide Country Profile: Malaysia. http://www.unfpa.org/worldwide/indicator.do?filter=getIndicatorValues; [1] EPU, Malaysia. 2006. Ninth Malaysia Plan 2006-2010. Putrajaya: Prime Minister's Department; [2] Malaysian Quality of Life, 2002; [3] EPU, Malaysia. 2006. Ninth Malaysia Plan 2006-2010. Putrajaya: Prime Minister's Department; [4] EPU, Malaysia. 2008. Mid-term Review of the Ninth Malaysia Plan 2006-2010. Putrajaya: Prime Minister's Department.

The decreasing TFR has resulted in the decline in proportion of population below 15 years old and an increased proportion of elderly (age 60+ years). On the contrary, the proportion of population in the working age (15-64 years old) is increasing, which is about 63.3% in 2006. This change in the population age structure is referred to as the demographic dividend. Malaysia is currently benefitting from this demographic dividend in terms of "opportunity for increased savings and investment for economic growth, at a time when relatively fewer resources are required for investment in education" and "one of the factors facilitating its poverty reduction efforts."

The decline in TFR is mainly due to "more Malaysians pursuing higher education and career advancement leading to delay in marriages as well as having smaller families." It is expected that by 2010, the percentages of labour force with secondary level and tertiary level education will increase to 60.1% and 26.7%, respectively. The Ninth Malaysia Plan (2006-2010) recognised the potential of women thus, encouraged greater female participation in the labour force. It is estimated that their participation will increase from 46.1% in 2007 to 50.0% in 2010.

The real GDP growth rate averaged about 6.5% per annum during 1975 to 2005. During the period 2006-2007, the real GDP grew at 6.1% per annum surpassing the Ninth Malaysia Plan target of 6%. The services sector grew at 10.8% per annum while the manufacturing sector has a moderate growth of 5.1% per annum. The agriculture and construction sectors show marginal growth of 3.8% and 2.0%, respectively.

Relevant Policies related to Inter-linkages between Population Dynamics and Development

Malaysia formulated a range of policies to guide the management of national development. They consist of core national policies, and sectoral and industry-specific master plans. The policies are of broad range and they guide the national development, and vice versa.

The core national policy is Vision 2020. The key policies, and sectoral and industry-specific master plans are as follows:

First Strategic Plan for National Population Policy 1992

Malaysia's long term plan, Vision 2020, describes the national development aspirations and provided focus for national development effort with the expectation that:

> By the year 2020, Malaysia can be a united nation, with a confident Malaysian society, infused by strong moral and ethical values, living in a society that is democratic, liberal and tolerant, caring, economically-just and equitable, progressive and prosperous and in full possession of an economy that is competitive, dynamic, robust and resilient.

Therefore, the objective of the First Strategic Plan for NPP formulated in 1992 was to plan for a "population structure between now and the year 2020 that is supportive of the goals of Vision 2020." Its key focus is on: (i) quality; (ii) human resource development; and (iii) allowing couples to plan their family in the light of their own perceived self-interest.

The underscored themes are:

1. Ageing and caring for the aged;
2. Working age-population and demand for labour;
3. Education, training and human resource development;
4. Equitable distribution of health services between rural and urban areas;
5. Urbanisation;
6. Housing needs;
7. Poverty and income distribution;
8. Internal migration/rural-urban migration; and
9. International migration.

> Population policy can be instrumental, in association with other measures, in achieving the goals of development plans. Malaysia needs to adopt a population policy which takes cognizance of the many relationships between population and other elements in development. Many dimensions of population must be taken into account: size, growth, location and characteristics including age, gender, family status and education and skill levels.
>
> *First Strategic Plan for NPP 1992*

The First Strategic Plan mainly considered the impact of population on development. For example, the sufficiency of labour force growth to achieve Vision 2020 and economy development; and the cost of health and social services needed to care for an increasing elderly population; and utilising the potential of the elderly for national and economy development. Nevertheless, it did consider the impact of development on population. For example, to resolve the issue on urbanisation, policies/plans are being made to "foster industrial decentralisation, building on the tendency for development to spill over into adjacent areas from densely settled and increasingly expensive urban areas." However, there is still much room for improvement and development, especially the impact of development such as industrialised and urban society and increasing women's participation in the labour force on the Malaysian population.

Malaysia is currently drafting the Second Strategic Plan for NPP, which is expected to be finalised by end 2009.

National Policy on Women 1989

The National Policy on Women was formulated in 1989. The objectives of this Policy are:

1. To ensure an equitable sharing in the acquisition of resources, information, opportunities and the benefits of development for men and women. The objectives of equality and justice must be made the essence of development policies which must be people-oriented, so that women, who constitute half the nation's population, can contribute and realise their potentials to the optimum, and
2. To integrate women in all sectors of national development in accordance with their capabilities and needs, in order to enhance the quality of life, eradicate poverty, ignorance and illiteracy, and ensure a peaceful and prosperous nation.

Some of the key principles and guidelines of the Policy include:

- Alignment and coordination with the National Development Policy, the provisions of the Constitution pertaining to the basic rights of citizens, the right of protection under the law, and the ideals of national unity and independence;

- Primary emphasis on the active participation and involvement of both men and women in the development process at every stage;
- Consideration of the full potential of the nation's human resource, half of which comprises women;
- The standard of education and knowledge of women be enhanced in accordance with their emergent roles and involvement in a dynamic and modern world and society; and
- All forms of adverse discrimination on the basis of gender be eliminated in all matters of decision-making and subsequent action.

In addition, the Policy also describes actions to be taken by various key sectors, for example, health, education and training, legislation, employment, politics, media, religion and culture.

> The policy is to provide some guidelines and directions to all endeavours in the planning and implementation of the development programmes of the nation, so as not to overlook or neglect the interests and participation of women, both as targets of development as well as agents in the development process.
>
> *National Policy on Women 1989*

This Policy is currently being reviewed by the Ministry of Women, Family and Community Development for incorporation of new challenges faced by women.

Ministry of Health Malaysia Strategic Plan 2006-2010

The Strategic Plan for the Ministry of Health (MOH) 2006-2010 is a summary of the Country Health Plan: Ninth Malaysia Plan (2006-2010) documents. It is in line with Vision 2020 and "promotes the individual's responsibility and community participation towards an enhanced quality of life."

The issues and challenges that would be addressed in this 5-year Strategic Plan are: (i) the changing patterns of communicable and non-communicable diseases, including mental health; (ii) providing universal coverage of health care services at affordable costs; (iii) providing quality services and optimization of health resources, in terms of human, financial, infrastructure and technology, in the public and private sectors; and (iv) providing services to the marginalised population, for example, the underprivileged, elderly and those living in hard to reach areas.

The strategic goals are:

1. Prevent and reduce the burden of disease;
2. Enhance the health care delivery system;
3. Optimise resources;
4. Improve research and development;
5. Manage crisis and disaster effectively; and
6. Strengthen the health information management system.

> This plan will not only serve as a guide within the MOH, but also provide a framework for other stakeholders to work together towards improving our health care system.
>
> *Dato' Sri Hj. Mohd Nasir B. Mohd Ashraf*

Despite Malaysia having a low level of MMR, the MOH is continuously taking measures to sustain or reduce it even further. One of the strategies in Goal 2 was to strengthen existing health services for the prevention of mortality and morbidity, promoting and maintenance of health of various sub-groups in the population, including pregnant mothers and newborn.

National Strategic Plan on HIV/AIDS 2006-2010

The National Strategic Plan (NSP) on HIV/AIDS 2006-2010 superseded the HIV/AIDS NSP 1998. This NSP, which is in line with the Ninth Malaysia Plan, provided the framework for response to HIV/AIDS and basis for coordinating the work of all partners in achieving the United Nations General Assembly Special Session (UNGASS) targets and the MDG 6.

The goals of the NSP include: (i) prevent transmission of HIV; (ii) reduce morbidity and mortality related to HIV/AIDS; and (iii) minimise the impact of HIV/AIDS on the individual, family, community and nation.

In Malaysia, HIV/AIDS is a concentrated epidemic, especially among injecting drug users (IDUs). Nonetheless, the Government of Malaysia is concerned about the feminisation of HIV/AIDS and the rate of transmission among

young people. Therefore, the NSP aims to provide appropriate prevention, treatment and care especially to IDUs and their partners; women, youth and children; and marginalised and vulnerable populations.

Other priorities include strengthening leadership and advocacy; training and capacity enhancement; and improving access to diagnostic, treatment and care to reduce HIV vulnerability among high risk or vulnerable populations.

The AIDS/STD Section of the Disease Control Division of the Department of Public Health, MOH is responsible for the coordination of Malaysia's HIV/AIDS response.

> …the epidemic has the ability to reverse the development gains achieved. It is therefore critical that HIV/AIDS is addressed as a health issue but also integral to national planning.
>
> *NSP on HIV/AIDS 2006-2010*

The National Action Plan for Employment in Malaysia 2008-2010

The National Action Plan for Employment (NAPE) was formulated to address the employment challenges faced - for example, increasing unemployment and underemployment; youth employment; heavy dependence on foreign workers, fast changing labour market demands; high market demands for employees who are competitive internationally; and global competition and rapid change in the working world - with the objective to produce high levels of efficiency, competencies and inclusion that would promote jobs be created, taken up and sustained with greater ease by the Malaysians.

The 10 strategies to address the challenges above are as follows:

1. Active and preventive measure for the unemployed and the inactive;
2. Promoting job creation and entrepreneurship;
3. Promoting adaptability and mobility in the labour market;
4. Promoting development of human capital and lifelong learning;
5. Promoting active employment of older workers and the ageing;
6. Strengthening gender equality in employment;
7. Promoting labour market integration of disadvantaged groups;
8. Making work pay;
9. Transforming undeclared work; and
10. Overcoming regional and sectoral employment disparities.

For strengthening gender equality in employment, the major challenges identified are gender wage gap; horizontal segregation, in which women remain concentrated in a few occupations; and vertical segregation, in which women are unable to move up to higher positions. NAPE's response to enhancing women's employment is to provide necessary support facilities such as introducing family-friendly workplace, establishing community childcare and nursery centres in housing areas; increasing education and training opportunities for skills upgrading; and reducing discriminatory laws and regulations.

The policies, including the strategic and action plans, have moved away from the conventional focus on the impact of population growth on development due to the nation's declining TFR. The policies are in line with Vision 2020 which aspires for Malaysia to be a progressive and prosperous nation and in full possession of an economy that is competitive, dynamic, robust and resilient. The core emphasis is enhancing the standard and sustainability of quality of life of Malaysians. Themes underscored are improved health, enhanced human capital in terms of education and employment skills to compete globally, gender equality and poverty eradication. All these measures are likely to further accelerate the decline in TFR. Nevertheless, the framework needs to pay more attention to address issues–such as environment and international migration, especially migrant workers–on the nexus between population and development in the Malaysian context.

Addressing Inter-linkages between Population Dynamics and Development in the Ninth Malaysia Plan

The Ninth Malaysia Plan is one of the medium-term plans formulated to operationalise Vision 2020. The Ninth Plan sets out "the macro-economic growth targets as well as the size and allocation of the public sector development programmes."

The five main thrusts in the Ninth Plan are to:

1. Move the economy up the value chain;
2. Raise the capacity for knowledge and innovation and nurture 'first class mentality';
3. Address persistent socio-economic inequality constructively and productively;
4. Improve the standard and sustainability of quality of life; and
5. Strengthen the institutional and implementation capacity.

An analysis of the Ninth Plan showed that population dynamics and its inter-linkages are reflected in many of the sectoral plannings, as discussed below.

Poverty

Though the overall incidence of poverty is low (about 3.6%), nevertheless, the incidence of poverty is more severe in the rural areas as a large proportion of the poor lived here. Pockets of poverty were identified among the disadvantage groups, especially the Orang Asli in Peninsular Malaysia and the Bumiputera in Sabah and Sarawak.

The objective of the Ninth Plan is to eradicate hardcore poverty and halving overall poverty to 2.8% by 2010. Among the strategies employed are increasing the income share of the bottom 40% households by increasing their productivity through human capital development; and creating an enabling environment to promote greater involvement of the NGOs and the private sector in poverty eradication.

Poverty reduction will be further discussed in Chapter 3 on **Promising Practices in Integrating Population Dynamics and Development.**

Education

The Ninth Plan will undertake a comprehensive improvement of the education delivery system at all levels:

Pre-school education	Programmes to expand the pre-school education to provide full coverage for children aged 5-6 years old. Pre-school teacher training programmes to enhance the quality of teaching and learning plus meet the increasing demand for trained teachers.
Primary and secondary education	Increase access to quality education, especially in rural areas, and Sabah and Sarawak. Reduce and later on to eliminate the incidence of school drop-outs to ensure that all students complete at least 11 years of schooling. *Program Pembestarian Sekolah* will be implemented to enable teachers to integrate ICT in teaching, learning and management. Measures to bridge the performance gap between students in the rural and urban schools, particularly for Mathematics, Science and English subjects.
Tertiary education	Greater access to tertiary education to achieve the target of 40% participation rate. Expand enrolment at the post-graduate level to meet the target of 25% of the total enrolment at degree levels in 2010. Programme to increase the enrolment of post-graduate students, especially in science and technology programmes. Continue financial assistance to facilitate students to acquire higher education.
Teacher development	*Program Khas Pensiswazahan Guru* will be implemented to increase the quality and professionalism of teachers in order to achieve the target of making all secondary school teachers and 25% primary school teachers as graduate teachers by 2010. Review training curriculum to improve subject content, enhance pedagogical skills and enable greater application of ICT in education.

Health

Recognising that good population health is a critical input for economic growth and development of human capital, the Ninth Plan has included the following strategies for health sector development:

- Preventing and reducing the disease burden to further improve the health status;
- Enhancing the health care service delivery system to increase accessibility to quality care;
- Optimising resources through consolidation and integration;
- Enhancing research and development to support evidence-based decision-making;
- Managing health related crisis and disasters effectively;
- Enhancing human resource development; and
- Strengthening health information and management systems.

For Malaysia, maternal mortality, infant mortality, underweight among children below age five, and malaria are not major health issues – it has already achieved the related MDGs - compared to non-communicable diseases such as heart diseases and diseases of pulmonary circulation. Despite that, efforts are on-going to reduce the MMR and IMR, especially through strategy Number 2: Enhancing the health care service delivery system to increase accessibility to quality care. Programmes to increase accessibility include:

- Provide mobile clinics in densely populated urban areas where suitable land is unavailable for construction of health facilities;
- Provide more mobile clinics equipped with necessary diagnostic equipments to remote and underserved areas; and
- Build new and replacement hospitals, particularly a hospital for women and children.

FP is not explicitly addressed in the Ninth Plan despite the CPR for women aged 15-49 years being only 29.8% in 2006. In the Malaysian context, FP services and IEC on FP have all along been faithfully provided through a network of service outlets run by the MOH, National Population and Family Development Board (NPFDB), Federation of Reproductive Health Associations, Malaysia (FRHAM) formerly known as Federation of Family Planning Associations, Malaysia (FFPAM), and the private sector.

Acute shortage of medical and health personnel will be dealt with by:

- Strengthening the training of medical, dental and pharmacy undergraduates and post-graduates to meet the demands of the health sector;
- Utilising selected public hospitals as teaching hospitals;
- Sending students overseas to complement training undertaken at local institutions;
- Strengthen continuous professional development programmes;
- Attract and retain personnel through improvements in terms and conditions of service; and
- Additional and improve accommodation facilities in major towns where the rentals are high, and in rural and remote areas.

Water Supply and Sanitation

Water supply coverage is expected to increase from 95.0% of the population in 2000 to 96.8% in 2010. For that same period, urban areas coverage will remain unchanged, that is 98.0% of the population, whereas, for the rural areas, there will be an increase from 92.0% to 95.2%. The Ninth Plan will make efforts to conserve the quantity, improve the quality of existing water resources and identify potential water resources to be developed to ensure sustainable and efficiency of water supply, especially to the rural areas. There will also be efforts in increasing accessibility to potable water in rural and isolated areas such as villages of Orang Asli and other indigenous groups.

In 2005, about 8.1 million population was served by the sewerage facilities, and this figure is expected to increase. In the Ninth Plan, awareness campaigns will be intensified and sewerage services will be expanded to ensure the quality of effluent discharge complies with environmental standards and safeguard public health.

Gender

In the Ninth Plan, a specific chapter was dedicated for Women and Development. In this particular chapter, the strategic thrusts include:

- Promoting greater female participation in the labour force;
- Increasing education and training opportunities;
- Enhancing participation in business and entrepreneurial activities;
- Reviewing laws and regulations to promote the status of women;
- Improving further the health status and well-being of women;
- Reducing VAW;
- Reducing incidence of poverty and improving quality of life;
- Strengthening national machinery and institutional capacity; and
- Advancing issues pertaining to women at the international level.

Gender will be further discussed in Chapter 3 on **Promising Practices in Integrating Population Dynamics and Development.**

Employment

In the Ninth Plan, jobs creation and reducing unemployment, especially among youths, are the main priorities. At the growth rate of 1.9% per annum, employment is estimated to create 1.1 million jobs, mainly those requiring tertiary education. Unemployment rate is expected to be about 3.5% in 2010.

The shift from labour-intensive to technology-intensive industries has resulted in the demand for quality and skilled labour force. Programmes planned are:

- Lifelong learning to enable all segments of society to continuously learn and acquire knowledge and skills; and
- Retraining and skills upgrading where modular training programmes will be conducted at the workplace.

"Recognising the importance of self-employment in employment creation and economic growth," entrepreneurial training programmes are also given emphasis. It is hoped that the programmes would encourage self-employment and produce entrepreneurs who are self-reliant and competitive, especially among youths to improve their employment opportunities.

Given the current world financial crisis, the employment growth rate and unemployment rate would be less optimistic compared to those estimated. While the above programmes are beneficial, however, it is not clear what percentage of the labour force, especially the youths, would benefit from the programmes.

HIV/AIDS

About 93.0% of people living with HIV are males and the remaining, females. Despite that, cases of HIV infection among women is on the rise markedly, that is from 1.16% in 1990 to 10.83% in 2004. In addition, 78.9% of the reported HIV cases involved population aged between 20-39 years old.

In the Ninth Plan, the strategy for HIV/AIDS is discussed in general:

- Intensify education on sexuality, living skills and behaviour change programmes;
- On-going programmes on prevention of MTCT, including screening of pregnant women attending government antenatal clinics;
- Provision of care and support for those infected, including counselling. Women who are positive will be given post-test counselling and free anti-retroviral therapy (ART); and
- Implement harm reduction programme.

The major response to the HIV/AIDS epidemic is the undertaking of the NSP on HIV/AIDS 2006-2010. This NSP as mentioned earlier, provides the framework for response to HIV/AIDS and basis for coordinating the work of all partners in achieving UNGASS targets and Malaysia's last remaining MDG.

Ageing

Population aged 65+ years is projected to increase from 0.93 million (4%) in year 2000 to 1.36 million (4.7%) in year 2010. In view of the increase in elderly population, the Ninth Plan has moved from "a welfare approach to a development approach to ensure active and productive ageing." Among the key interventions planned are:

- Health - medical care being provided for the elderly;
- Employment - enhance jobs creation, for example, retraining, redesigning and improving selected job functions and work conditions to attract the retirees; and
- Safety net/pension - enhance Provident and Pension Funds to assure sufficient finances for the elderly after their retirement

Day care centres, residential homes and cottages for the elderly are also established by the government and NGOs to provide day care and institutional care to the elderly.

To summarize, the key sectors discussed above do take into account the consequences of population dynamics. The population variables and population projections–such as growth, size, age-sex and spatial distribution–are considered as much as possible in line with changes in development variables as well as current national strategies. This resulted in more accurate and relevant data being used in development planning. The availability of gender disaggregated data made it possible for sectors to consider gender dimensions when planning and implementing sectoral programmes where success has been noted in the education and health sectors.

CHAPTER 3

PROMISING PRACTICES IN INTEGRATING POPULATION DYNAMICS AND DEVELOPMENT

Bangladesh

The PRSP 2 has adopted two innovative practices that reflect inter-linkages between population dynamics and development:

1. Health, Nutrition and Population Sector Programme (HNPSP)
2. Micro-credit

1. Health, Nutrition and Population Sector Programme

Table 1 shows that the adolescent fertility rate and MMR were gradually declining from 2000-2007. On the contrary, the CPR rate tends to fluctuate. Despite the unimpressive figures, the PRSP 2 is striving to improve the RH of its population as well as achieving the health-related MDGs. This is realized through the HNPS.

Table 1: Health indicators

Indicators	2000	2004	2007
Adolescent fertility rate per 1,000 adolescent (11-19 years)	0.144	0.135	0.127
MMR per 1,000 live births	4.20	3.65	3.20
CPR (%)	53.8	58.1	55.8

Source: GOB. 2008. National Strategy for Accelerated Poverty Reduction, 2009-2011.

The HNPS is at an advantage now because it:

- is more organised;
- has policies on Health, Population and Nutrition available to guide its course of actions, strategic plans on MCH and gender;
- utilises sector-wide approach (SWAp);
- has established financial discipline; and
- has basic institutions to provide services and large workforce of various skills-mix.

The goal of the HNPS is to "achieve sustainable improvement in the health, nutrition and RH, including FP," of the population, especially women, children, the elderly and the poor.

In line with the PRSP, the HNPSP 2003-2011 was developed based on a SWAp. The purpose of the HNPSP is to "increase availability and utilisation of user-centred, effective, efficient, equitable, affordable and accessible quality services for a defined ESP along with other selected services."

The ESP comprises the core health and FP services, namely, RH, child health care, communicable disease control; limited curative care; and health education promotion/behavioural change communication.

The strategies for RH are as follows:

- Create a supportive environment for basic and comprehensive emergency obstetric care (EmOC) service delivery at facility level from district, *Upazila*, and some selected Union Health and Family Welfare Centres (UHFWCs);

- Develop awareness through social mobilisation and stakeholder participation;
- Promote universal awareness on danger signs during pregnancy and delivery, delivery planning and emergency preparedness for pregnant women;
- Address needs of women for comprehensive RH services at all hospitals and Upazila Health Complexes offering comprehensive EmOC;
- Promote universal awareness on gender violence and the need for change;
- Strengthen present support environment for FP services, including clinical contraception through greater involvement of health care providers; and
- Effective functional integration/coordination for specific services between Directorate General of Health Services and Directorate General of Family Planning.

In general, the five priority objectives of the HNPSP include reducing:

MMR	TFR	Malnutrition	Infant and under-five mortality	Burden of tuberculosis and other diseases

The linkages between health and poverty were also taken into account in the HNPSP. Measures proposed to address issues that arose are as follows:

- Continuing to finance and provide services that preferentially meet the health needs of the poor - targeting services;
- Channeling health services and/or financial entitlements for services towards the poor - targeting people;
- Preferential allocation of incremental resources to poor and underserved geographical areas;
- Addressing cross-cutting issues, including non-financial barriers to health service use by the poor, focusing on women;
- Ensuring participation and representation of the poor in local-level planning and stakeholder consultation; and
- Monitoring trends in health inequalities and in benefit incidence and related target setting.

In summary, the HNPSP was revised in 2003 to replace the Health and Population Sector Programme (1998-2003). The incorporation of nutrition as a sub-sector in the HNPSP will enhance the inter-linkages between the health, population and nutrition sub-sectors as well as promote a more holistic approach for addressing health, maternal and infant mortality, high fertility and malnutrition issues. This will result in greater efficiency in resource—personnel, facilities and funds—utilization and synergistic response.

2. Micro-credit

Bangladesh is well-known as a global centre of excellence for micro-finance and considered as one of the largest borrower of micro-credit in the world. Apart from playing a major role in contributing to poverty reduction and economic development, it also brings about positive social impacts to the beneficiaries, in terms of better living conditions, access to basic services, health, education, and assets. The direct beneficiaries are the 16 million active borrowers, including primarily women and about 70% of the poor households. For women participants, besides increased household income, they are also more empowered, in terms of mobility, awareness, household decision-making, and decision to spend money.

Major challenges in this sector are:

- High interest rates;
- Vicious cycle of micro-credit—the poor are borrowing from one micro-credit organisation to repay the other;
- Micro-credit programmes are not very successful in including the hardcore poor;
- Rate of graduation to above poverty line among the borrowers is low;
- Women bear the increased burden of repayment as they are the major borrowers;
- Competition between micro-credit organisations plus pressuring potential clients to borrow despite them not having concrete ideas on how to invest the money; and
- Profitability of micro enterprises is small and not able to sustain on a long-term basis.

The proposed measures to improve the effectiveness of micro-credit for poverty reduction are as follows:

- Regulate the operation of micro-credit through regulatory frame of Bangladesh Bank;
- Introduce regulatory framework for streamlining the activities of micro-credit programmes;
- Test micro-credit from the users' perspective as opposed to the lenders' perspective;
- Increase coverage of the programme by number of deserving households;
- Increase the size of loan to make it more investment worthy;
- Increase effectiveness of micro-credit for poverty alleviation, especially among the hardcore poor;
- Tap formal and informal sources of micro-credit;
- Promote small entrepreneurs;
- Avoid overlapping; and
- Reduce seasonal vulnerability through micro-credit.

Additional initiatives include: developing a national micro-credit policy to provide guidelines on the operation of micro-credit; and rationalising interest rates and introducing one rate of service charge for all government agencies, NGOs and banks.

Despite the many challenges faced, micro-credit—with strong commitment from the government of Bangladesh—has much to offer to improve the lives of the poor, especially women, not only in terms of increased household income, but also in terms of social aspects and gender equality and empowerment. For it to further benefit women, funds for small and medium size enterprise development should be made available to women entrepreneurs as well as skills development.

India

The Eleventh Plan in India has adopted several innovative practices. Below we discuss two such practices which reflect the inter-linkages between population dynamics and development:

1. Focus on inclusive growth
2. National Rural Health Mission (NRHM)

1. Focus on Inclusive Growth

It is widely recognised that development in India is marked by wide disparities in wealth and income levels, social status (caste, tribal, minorities), and geographical areas (states, districts within states, and villages with a district). Consequently, the benefits of more accelerated growth during the last decades have not translated in corresponding improvements in quality of life for a large segment of the population.

Therefore, the Eleventh Plan seeks to have inclusive growth. This broad vision has several inter-related components:

- ***Rapid growth and poverty reduction.*** Rapid growth in economy is envisaged as a crucial element in the expansion of economic opportunities for all to reduce poverty. This growth should be better balanced to rapidly create jobs in industrial and services sectors. The envisaged rapid growth in the economy at large, especially in the employment generating sectors such as medium and small industry and services, is sought to be supplemented with targeted livelihood support programmes to increase incomes of the poor.
- ***Employment.*** Generating an adequate number of productive employment opportunities is critical for inclusive growth. Therefore, the Plan seeks to produce a growth process in which employment would be available not only for new entrants to the labour force, but also in the non-agricultural sector for workers leaving the agriculture sector.
- ***Access to essential services*** - education, training and skills; health; clean drinking water; road connectivity to markets; electricity; access to credit; and security - need to be made universally available so that access to these services does not only depend upon income levels alone.
- ***Social justice and empowerment.*** Empowerment of the disadvantaged and hitherto marginalised groups will be sought not only through their capacity building but also through their participation in local government institutions.

- ***Environmental sustainability.*** The vision also includes a clear commitment to pursue a development process which is also environmentally sustainable. The Eleventh Plan strategy seeks to not only preserve natural resources but also provide equitable access to those who do not have such access at present.
- ***Gender equity.*** The Eleventh Plan makes an attempt to move beyond empowerment and recognises women as agents of sustained socio-economic growth and change.
- ***Governance.*** The Eleventh Plan recognises that improved implementation of the government interventions is needed to benefit from their expansion. Good design, sufficient accountability and curbing corruption at various levels are seen as important to improve implementation.
- ***Role of the States.*** Much of the implementation of government intervention is through the state system. Therefore, close coordination and collaboration with state governments will be necessary to realise the Eleventh Plan's vision.

The strategy to ensure above inter-related components aims at achieving a particular type of growth process, which will meet the objectives of inclusiveness and sustainability. The key elements of this strategy include:

- Increase economic growth through increased savings and substantial increase in the total resources for Central and State Plans;
- Double the rate of growth in agriculture through increasing yields;
- Double the pace of addition to the area under irrigation;
- Generate high growth in the industry through addressing infrastructural barriers, enhancing skills, imparting some flexibility to labour laws, supporting small-scale and medium size enterprises, continuing improvement in performance in public sector enterprises and special attention to slow growing regions;
- Ensure good quality infrastructure - railways, roads, ports, airports, telecommunications, and electric power and other forms of energy;
- High priority to education and skills development;
- Improve access and coverage of health and nutrition services;
- Meet differential needs of women and children to realise women's agency in development and child rights;
- Rural development through: (a) National Rural Employment Guarantee Programme (NREGA); (b) *Bharat Nirman* Programme to provide electricity and drinking water; (c) road construction programme, and (d) the Total Sanitation Campaign;
- Urban poverty alleviation and slum development programme;
- Focus on science and technology capacity development as drivers of growth;
- High priority to environmental concerns in development planning; and
- Enhance the role of local government (*Panchayati Raj* Institutions (PRIs)) in planning, implementing and supervising delivery of essential services.

How does this broad vision of inclusive growth and attendant policies and strategies relate to inter-linkages of development with population dynamics? Basically, the development processes outlined in this development approach, if implemented well, will have significant indirect impact on fertility and therefore, on population growth and age-sex composition. It will reduce fertility through higher income and educational levels for all segments of the population, particularly of women; improve gender equity; and increase access and coverage of health services. These processes will also have some impact on mortality, particularly of infants, which is also a pathway to reduce fertility.

2. National Rural Health Mission

The Government of India has often used the 'Mission' mechanism to address complex, long standing problems. The Mission approach is expected to focus on achieving results through a carefully developed strategy to achieve the desired result, improve funds flow, initiate clear focus on administrative accountability, and necessary implementation flexibility.

Recognising the fact that improvements in health status in India were not commensurate with growing income levels, the Government launched the NRHM in 2005 to address infirmities and problems across PHC and bring about improvement in the health system and the health status of those who live in rural areas. The Mission aims to provide universal access to equitable, affordable, and quality health care that is accountable and at the same time responsive to the needs of people. Largely through the NRHM, the Government will seek to increase its financing of the health sector from 1% to 2% of the GDP over time.

The Goals of the NRHM are:

- Reduction in IMR, MMR and TFR;
- Universal access to public health services such as women's health;
- Child health, water, sanitation and hygiene, immunisation, and nutrition;
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases;
- Access to integrated comprehensive PHC;
- Population stabilisation, gender and demographic balance;
- Revitalise local health traditions and mainstream AYUSH; and
- Promotion of healthy lifestyle.

Thus, RH is an integral part of the NRHM.

Thus, there are many challenges that remain to be met. For effective implementation, creating shared vision and ownership of the NRHM and its urgency needs to be generated at all levels. However, if implemented well, the NRHM is likely to make significant difference in the health of people, particularly of mothers and children.

The strategies to achieve the above goals include the following:

- ***Strengthen infrastructure.*** Strengthen (i) Sub-centre through untied funds, (ii) Primary Health Centres and Community Health Centres (Block Level Hospitals) to bring them to Indian Public Health Standards, and (iii) mobile medical teams;
- ***Communitise.*** One Accredited Social Health Activist (ASHA) in every village, Village Health and Sanitation Committee, and strengthen capacity of local government institutions;
- ***Improve administration.*** Inter-sectoral planning at village and district levels, integrate vertical disease control programmes, transparent policies for deployment and career development of human resources for health, and strengthen capacities for preventive and promotive health care; and
- ***PPP.*** Increased PPP in the delivery of health services.

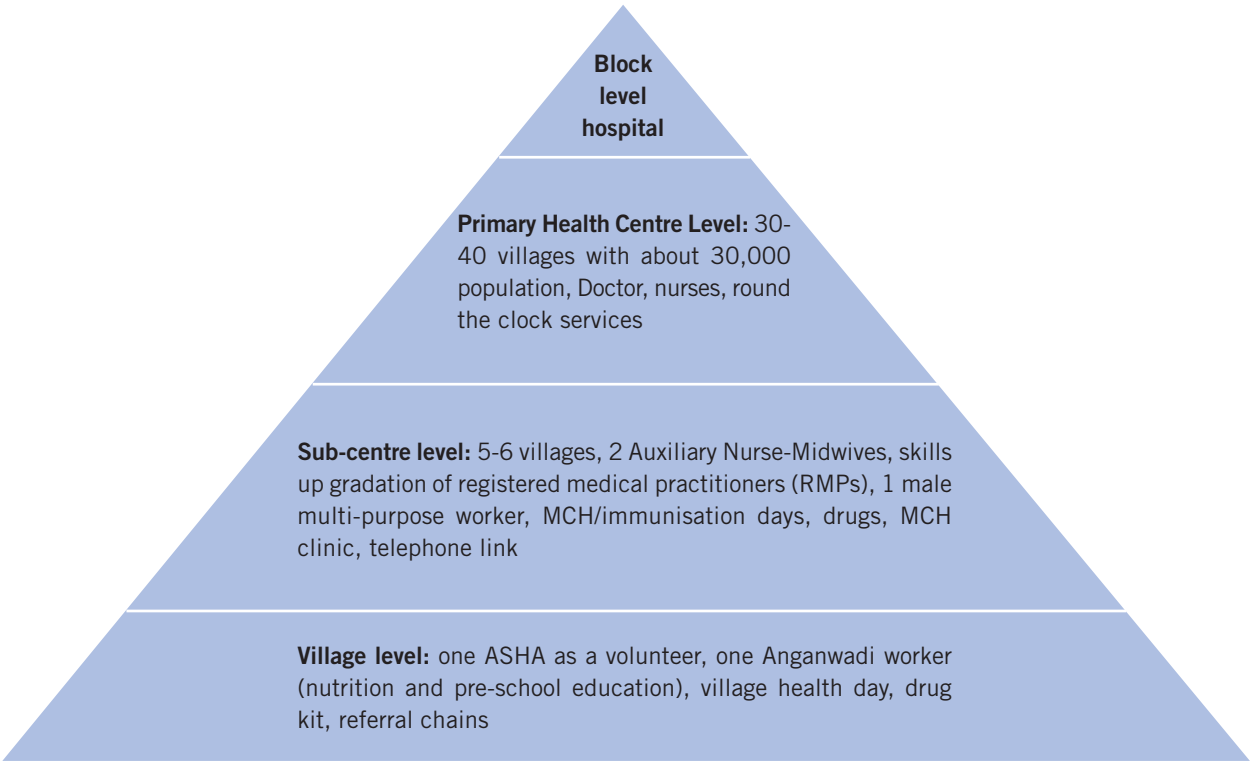
Along with the NRHM, the *Janani Suraksha Yojana* (JSY), scheme to protect mothers, was launched in 2005. It includes a Conditional Cash Transfer Mechanism and a demand-side intervention for all deliveries in 18 focus states and for people living below the poverty line in other states. The financial package of Rs 2,000 (about US$ 41, at current exchange rate of US$ 1 - Rs 49) includes the following services:

- Early registration of pregnancy (within first trimester);
- Delivery care through micro-birth plan;
- Referral transport (Home to Health Institution) and incentive;
- Institutional births;
- Post-delivery visit and reporting; and
- FP and counselling.

Figure 1 shows an illustrative government health service delivery structure under the NRHM.

A review of the NRHM implementation shows that there is a huge backlog of infrastructure in some states. There is also a serious shortage of medical specialists which hampers effective functioning of these institutions. On the other hand, a large number of ASHAs have been recruited and are being trained, but much more effort would be required for them to effectively perform their roles.

Figure 1. Illustrative of the NRHM service delivery structure



The review as well as State Service Statistics show that far more institutional deliveries are taking place than before because of JSY. Nearly 13 million institutional deliveries were reported (about 50% of the total) in 2007-2008 and a third of those were attributed to JSY. However, the follow-up system on post-delivery for the continued health and well-being of mother and child still needs to be strengthened.

Malaysia

The Ninth Plan has adopted two innovative practices that reflect inter-linkages between population dynamics and development:

1. Poverty reduction
2. Women's empowerment

1. Poverty Reduction

In general, the incidence of poverty and hardcore poverty continue to decline through the years. The incidence of poverty is "much more severe" in the rural areas compared to the urban areas as 70.6% of the poor lived in the former areas. Between 1999 and 2007, the rate declined markedly in the rural areas, that is from 14.8% to 7.1% (see Table 2). For regions, Sabah showed a distinct drop from 23% to 16% between 2004 and 2007, just within a three-year period. These results show Malaysia's commitment to poverty reduction both in planning and implementation to ensure a more equitable distribution of the benefits of economic development for all Malaysians.

The Department of Statistics is responsible for carrying out the Household Income Survey and the EPU is the custodian of the data. For the 2006-2010 medium-term planning period, two surveys were conducted. The first survey in year 2004 acts as a benchmark, and the second survey in year 2007 as a mid-term review for the five-year plan. The information collected consists of the socio-demographic characteristics of the household as well as its household income, which include cash and non-cash items.

Table 2: Incidence of poverty by spatial distribution and regions

	1999			2007		
	Malaysia	Urban	Rural	Malaysia	Urban	Rural
Incidence of poverty	8.5	3.3	14.8	3.6	2.0	7.1
Incidence of hardcore poverty	1.9	0.5	3.6	0.7	0.3	1.4
	2004			2007		
	Peninsular Malaysia	Sabah	Sarawak	Peninsular Malaysia	Sabah	Sarawak
Incidence of poverty	3.6	23.0	7.5	2.3	16.0	4.2

Sources: EPU, Malaysia. 2008. Mid-term Review of the Ninth Malaysia Plan 2006-2010. Putrajaya: Prime Minister's Department.

The data served as input for policy formulation pertaining to poverty eradication programmes such as:

- Determine the baseline for assistance to be given to the poor according to state, rural/urban and household size. The poverty line income (PLI) varies by states and rural/urban areas. For instance, the average PLI for 2007 for Peninsular Malaysia was RM720; Sabah was RM960; and Sarawak was RM830. As for hardcore poverty, the PLIs were RM430, RM540 and RM520, respectively. Different sets of PLIs were used for the urban and rural areas;
- Provide assistance to low income households. The programmes are funded by the federal government and implemented by the state governments; and
- Provide input to ministries/agencies involved in poverty eradication for planning their respective poverty eradication programmes. For example, the MOH would use the data to plan for welfare and/or subsidise/ waive payment for the poor who sought treatment or health care services from public health care institutions.

In the Ninth Plan, the programmes planned are target specific, in terms of target groups and location, to ensure that they are sustainable and achievable. The target groups are households with mean monthly gross household income below the PLI.

The programmes are mainly 'income generating and employment opportunities' oriented as opposed to 'giving outright assistance' oriented. The latter approach is mainly for target groups such as the elderly, poor single parents, the handicapped and destitute who are unable to work for an income. On the other hand, the former approach is to promote human capital development and capacity building among the poor within the working age group. This is to enable them to participate in more productive economic activities to improve their quality of life and at the same time inculcating and reinforcing positive values such as good work ethics and self-confidence. This will ensure greater impact and sustainability of the programmes.

The major programmes available are:

- *Amanah Ikhtiar Malaysia,* an NGO that provides micro-credit loan;
- *Skim Pembangunan Kesejahteraan Rakyat* programmes, which focus on economic and social projects - such as income-generating projects, education and training, housing assistance and human capital development - involving the poor;
- Y*ayasan Basmi Kemiskinan,* a state-based foundation that provides financial and non-financial assistance to poor households for income generating activities;
- Support programmes such as provision of textbooks, scholarship and allowance, supplementary food, and hostels accommodation for students from poor families to increase access of poor households to education and training; and
- Housing projects under the *Program Perumahan Rakyat* to provide better housing facilities for low income populations.

Other initiatives/efforts planned include:

- Creating a more enabling environment to encourage NGOs and the private sector to provide opportunities for the poor to improve their livelihood;
- Encourage financial institution to provide innovative and pro-poor financing facilities;
- Improve system of targeting beneficiaries and minimising leakages;
- Update and integrate the urban and rural hardcore poor registry to ensure all poverty eradication programmes reach the target groups;
- Develop a comprehensive registry of the urban poor and low income households in urban centres to assist formulation of target-specific programmes;
- Encourage participation of the target groups and communities in project identification and implementation;
- Streamline poverty eradication initiatives by the public sector, NGOs and the private sector; and
- Enhance coordination and monitoring at all levels, including setting deliverable targets for all implementing parties to ensure greater impact and sustainability of the programmes.

2. Women's Empowerment

Malaysia has fared well in gender equality. Key sectors that contribute to this are health, education and labour force as well as laws/rights. Improvements in health, especially IMR and MMR, and increasing proportion of women who are educated up to secondary and tertiary levels have resulted in more women participating in the labour force. This led to the decrease in TFR among all ethnic groups, which was not planned, and have contributed to a more sustainable development.

To further improve the health status and well-being of women, the priorities in the Ninth Plan are to:

- Formulate policies and strategies to integrate RH components into the PHC system;
- Implement programmes to increase health awareness and promote prevention, screening and early intervention for diseases such as cancer;
- Provide mobile clinics under the *Nur Sejahtera* Programme to increase accessibility to health care services;
- Increase awareness and educate young women on HIV/AIDS;
- Provide treatment, care and support for women who are HIV positive; and
- Implement ARH programmes. This will be carried out by the Government and NGOs to instil positive values, responsible behaviour and promote healthy lifestyle.

Malaysia achieved its MDGs on gender equality and elimination of disparities in primary and secondary education by 2005, which contributed to social and economic advancement of women. Gender-based barriers to education is not an issue in Malaysia as there is equal access to education opportunities for girls and availability of affordable education. In fact, the girls' enrolment rates are at par or higher than boys for primary, secondary and tertiary levels education. Recognising that women are potential knowledge workers, efforts are made to: (i) encourage more female students to enter fields of study such as science and engineering, vocational and technical subjects; (ii) career guidance programmes for the former; and (iii) provide training opportunities in community college and skills training institutions for female school drop-outs.

To ensure women's effective participation in the marketplace, the Ninth Plan seeks to:

- Provide training and retraining opportunities so that women could acquire new and advanced skills that are relevant to industry needs;
- Facilitate re-entry of women into the labour force;
- Provide entrepreneurs training programmes. This is carried out by *Yayasan Tekun Nasional* through *Majlis Amanah Rakyat* (MARA);
- Provide formal and non-formal training programmes in computer literacy and applications, especially for women in rural areas;
- Provide loans for women entrepreneurs through *Bank Simpanan Nasional* and *Bank Pertanian* Micro-Credit Schemes, Special Assistance Scheme for Women Entrepreneurs (Information technology related services, Research and Development);
- Encourage women entrepreneurs to network with other successful organisations, both locally and abroad;
- Provide opportunities for women to be involved in agro-based industries and businesses;
- Implement home office concept to facilitate the involvement of women in business activities;

- Consolidate and integrate financial assistance and training programmes to enhance participation of women in business entrepreneurial activities; and
- Create enabling environment (for example, financial assistance, childcare facilities, flexible working arrangements).

Single mothers are underscored in the Ninth Plan. To encourage their participation in the labour force and to reduce incidence of poverty:

- Education and training programmes are provided for single mothers to facilitate involvement in small business or income generating activities;
- Loan/micro-credit such as *Skim Pinjaman Ikhtiar* and *Skim Khas Ibu Tunggal* for them to undertake income-generating activities;
- Training in ICT such as *Inkubator Kemahiran Ibu Tunggal* to provide skills enhancement; and
- *Program Anak Angkat,* which is a smart partnership with the private sector to provide financial support for the education of children of single mothers.

In the Ninth Plan, existing laws and regulations that discriminate or inhibit the well-being and participation of women in development efforts are reviewed. Among those reviewed or amended are:

- Employment Act 1955, Industrial Relations Act 1957, and Occupation Safety and Health Act 1994 to include provisions that prohibit all forms of sexual harassment;
- Social Security Act 1969 to allow widows of civil servants to continue receiving pensions after remarriage;
- Land Act 1960 to allow wives of land settlers equal ownership of land provided to their husbands under land development schemes;
- Employees Provident Fund (EPF) to allow husbands to contribute to accounts under their wives' (homemakers) name through self-employed contribution scheme; and
- Immigration rules to allow foreign men married to Malaysia women to renew their social visit pass annually instead of between every 1-6 months previously.

Other initiatives include encouraging uniformity among states in the judgment of cases pertaining to Islamic Family Law and the private sectors to review their collective agreements to ensure no gender discrimination.

To address VAW, the Ninth Plan is promoting concerted efforts among the public sector, NGOs and the private sector to implement preventive and rehabilitative programmes such as:

- Awareness and training programmes relating to understanding gender roles and expectations, preventing abuse and violence, resolving conflicts and maintaining family harmony;
- Training for volunteers on identification of violence and treatment of victims, who will be stationed in community service centres, hospitals and shelter homes;
- Gender sensitisation courses for agencies involved in handling and managing of domestic violence cases;
- Women against Violence (WAVE) campaigns;
- Developing standard operating procedures for use by agencies and NGOs in handling domestic violence cases; and
- Gazetting more shelter homes.

The establishment of the Ministry of Women, Family and Community Development as a full-fledge ministry demonstrates the Government's commitment to raise the status of women in this country. The function of this ministry is to ensure that various perspectives of gender, their families and needy communities are integrated into the formulation of national policies from the planning to the implementation stages.

The Ministry has played a significant role in bringing about gender equality in Malaysia. This ministry has worked together with other key ministries and agencies such as MOH, Ministry of Human Resources, Ministry of Entrepreneur and Cooperative Development, Ministry of Education, Ministry of International Trade and Industry, Family Development agencies at state level as well as parliamentary constituency, NGOs and the private sector.

Other measures planned to strengthen the national institutional capacity are:

- Gender perspective in national budget process;
- Gender sensitive budget analysis;
- Sensitisation programmes for policy-makers and planners;
- Develop gender-related development index to provide an indicator on gender equality;
- Policy on 30% women in decision-making positions in the public sector;
- Appointment of more women councillors in various local authorities; and
- Develop gender disaggregated information system for systematic collection and compilation of data.

CHAPTER 4

CHALLENGES IN INTEGRATING POPULATION DYNAMICS AND DEVELOPMENT

Several major challenges remain in effectively addressing inter-linkages of population dynamics and development. We now highlight some of these challenges in the respective countries.

Bangladesh

Population Momentum

As 40% of Bangladesh's population is below 15 years old, this has serious implications for the continuing population growth resulting from the population momentum effect. Due to the young age structure of the population, the population will continue to increase even after achieving replacement level fertility.

The implications for the country's socio-economic development would be severe as it: (i) aggravates further existing man-land ratio and population density; (ii) reduces per capita availability of food; (iii) increase in working age population, especially among youth, and creation of job opportunities will be extremely difficult as well as an increase in youth unemployment unavoidable; (iv) difficulty in improving the quality of education and health facilities; and (v) difficulty in achieving the anticipated economic growth.

Interventions taken to minimise the impact of the population momentum effect are as follows:

- More effective enforcement of the minimum legal age at marriage for females;
- Further raising the female age at marriage;
- Delaying the age at first birth;
- Subsequently increasing the space between desired births;
- Meeting unmet need for contraception;
- Minimising unwanted fertility; and
- Reducing desired family size, complemented by more widespread voluntary acceptance of the 'one child' family norm.

The above measures will be addressed through intensified IEC activities, high quality service delivery, and inter-sectoral collaboration for promoting female education and employment of women.

Overall, the PRSP 2 has a comprehensive strategy to address the population momentum effect. The challenge will be how inter-sectoral collaboration could be operationalised and coordinated for synergy of energy and resources in view of the current global financial meltdown as donor funding may be reduced or diminished.

Gender Inequality

Sadly, the PRSP 2 reported that VAW is still "all pervasive in Bangladesh" despite the Constitution of Bangladesh guaranteeing equality and equal protection for all citizens. Women continue to suffer from harassment, humiliation, physical assault, sexual assault and acid attacks. The women in Bangladesh face daily risk and vulnerabilities throughout their life cycle. VAW occurred due to various reasons, namely poverty, dowry, early marriage, superstition, social attitude and low social status of women in the general society. In 2001, about 14% of maternal deaths were caused by VAW.

Measures taken by the Government to address this problem include: (i) awareness campaign on VAW; (ii) introduce quick tribunals to bring to trial the perpetrators; (iii) enact laws on acid attacks; (iv) introduce one-

stop crisis centre in Dhaka and other regional administrative headquarters; and (v) hotline for women vulnerable to acts of violence. The Government in partnership with UNFPA is currently implementing the *Promotion of Gender Equality and Women's Empowerment, 2006-2010 Project* under the Department of Women's Affairs, Ministry of Women and Children's Affairs. The project aims to have societal changes to reduce discriminatory practices and to pursue equity and to empower women and girls to make decisions about their RH and rights. Nonetheless, a greater sense of urgency is needed in addressing VAW as it would delay the achievement of the health and gender-related MDGs.

HIV/AIDS

In Bangladesh, the HIV/AIDS prevalence is considered low. Despite that high risk behaviours such as IDU and unsafe sex could accelerate HIV transmission among key populations with higher risk of HIV exposure to its general population. Surveys show that HIV cases among IDUs increased markedly from 1.7% in 2000 to 4.0% in 2002.

HIV/AIDS is only mentioned broadly in the PRSP 2, in terms of maintaining the HIV/AIDS prevalence level below 1.0%. The NSP for HIV/AIDS 2004-2010 was developed by the National AIDS/STD Programme to provide a comprehensive strategy for combating HIV/AIDS. The objectives in the NSP include:

- Conducting research studies to understand the problem and establish baseline data for programme planning and evaluation;
- Ensuring access to prophylaxis and protective services;
- Generating political support for the national response to HIV/AIDS;
- Reducing the vulnerability of youth;
- Promoting family communication about HIV/AIDS;
- Promoting safe practices in the health care system; and
- Providing care and support services to people living with HIV and AIDS.

Though the NSP provides a comprehensive and integrated action in response to HIV/AIDS, nevertheless, the challenge remains on how key sectors could give priority to and coverage of HIV/AIDS as well as collaborate and coordinate among sectors in order that HIV/AIDS is treated as a development and not just a health problem. There is also a need to articulate the inter-linkages of population dynamics and development to address the potential spread within the high risk high/vulnerable populations to the general population.

Natural Disaster

As one of the world's most disaster prone countries, Bangladesh faces increasingly frequent natural disasters such as drought, floods, river erosions, cyclones, tidal waves, earthquake and Tsunami. With its fragile ecological situation and compounded with increasing population and climatic change the situation will only worsen.

The impacts on the population and country's development are numerous and very devastating:

- Death of citizens during the occurrence and aftermath - due to outbreaks of various diseases - of the natural disaster;
- Disability among people making them liabilities to their families and community and this adds to poverty;
- Distress and misery among the population, both physically and physiologically;
- Destructions of properties - houses, land, water bodies, trees and forests, crops, livestock, household items - which pull people below poverty level; and
- Destruction of infrastructure making it more difficult for victims to receive relief, rehabilitation and rebuild their lives.

Since mid-1999, the Government of Bangladesh in collaboration with development partners has adopted a more comprehensive disaster management programme to address the issue. The current three key strategies comprise:

- Risk reduction first - the public sector partnering with the community and NGOs to reduce the risk of disaster;
- Mitigation - the public sector to strengthen the mitigation capacity of the community and NGOs; and
- Increased coordination - optimum coordination and best utilisation of resources as well as community participation to increase their awareness on what they can do for protecting their lives and property.

The challenge would encompass articulating the inter-linkages of population dynamics and development to address natural disaster, in terms of population displacement; gender sensitive coping mechanism as women

are affected differently than men; vulnerability of the already poor population; loss of income opportunities and livelihoods; threat of climate change; and environmental degradation.

India

Adverse Gender-Sex Ratio at Birth

The SRB was 113 male live births per 100 female live births. This low SRB of females has been a subject of public debate and symbolises the discrimination of the female child both before and after birth. The analysis shows that the low SRB is not due to poverty as it is low in generally economically prosperous states and more literate social groups.

There does not seem to be a significant difference in child mortality between boys and girls. Therefore, the Eleventh Plan goal of increasing the sex ratio of females to males in the 0-6 years age group will need to be achieved by improved SRB through reduction in sex-selective abortions. The major initiative to address this is the Prenatal Determination (PNDT) Act to prevent prenatal sex determination of the foetus. It is not clear how well the act is implemented. While supply side intervention in the form of the PNDT Act will have some impact, there is a need for carefully designed demand side interventions. Beyond the use of various media, it is not clear what measures need to be taken. Although many NGOs have been active in this area, strategies for preventing female foetus elimination need to be much more radical than what is currently in operation. Thus, there is a need for developing a comprehensive strategy and its sustained implementation to address this challenge to minimize the impact of unbalanced SRB on the society as a whole.

Reaching the Poor

There are considerable variations in coverage and impact of MCH and FP services among wealth quintiles as seen from Table 3. Special efforts, therefore, need to be made to reach the poor through health services. The NRHM through demand side financing by the JSY Scheme, which protects mothers, has reported an increase in institutional deliveries. However, no special effort was made to address unmet need in FP to reduce the gap between wanted and realised fertility which is as high as 1.5 children for the lowest wealth quintiles and as low as 0.3 child for the highest wealth quintiles.

All the four barriers - informational, social, physical and financial - need to be addressed to improve access and coverage of services for the poor. As the focus of the Eleventh Plan is on inclusive growth, it would be useful to develop specific strategies to reach the poor.

Table 3. Differentials in FP/RH services by wealth quintiles

	Wealth Quintile					
	Lowest	Second	Middle	Fourth	Highest	Average
Family Planning						
No exposure to FP messages in mass media (%)	69.2	54.9	41.0	25.1	11.6	38.7
Ever told by a health/FP worker about any method of FP (%)	14.7	17.5	18.1	19.6	24.6	18.4
Current use of any FP method (%)	42.2	51.1	56.8	62.5	67.5	56.3
Unmet need (%)	18.2	14.8	12.8	10.6	8.1	12.8
Wanted fertility rate	2.4	2.1	1.8	1.7	1.5	1.9
Unwanted fertility	1.5	1.1	0.8	0.5	0.3	0.8
TFR	3.9	3.2	2.6	2.2	1.8	2.7
Median age at first marriage	15.4	15.6	16.3	17.5	19.7	16.8
Maternal health services						
No ANC for live birth in the last 5 years preceding the survey	41.3	30.7	19.9	10.0	2.6	22.8
Delivered in a health facility (%)	12.7	23.5	39.2	57.9	83.7	38.7
IMR	70.4	68.5	58.3	44.0	29.2	57.0

Special Attention to Youth

Youth (15-24 years old) need special attention not only to utilise potential demographic dividend, but also to address the population momentum and greater vulnerability to HIV/AIDS. Nearly a sixth of the TFR is accounted for by adolescents aged between 15-19 years and nearly 16% in this age group had begun childbearing. About 13% of the currently married adolescent women are using contraception. However, the unmet need for birth spacing of married women in the age groups of 15-19 years and 20-24 years are very high, 25.1% and 14.9% respectively. Recent surveys on the situation and needs of youth in India shows that in two states - Rajasthan and Bihar - about 18% of married males between age 15-29 years ever had premarital sex and about 8-10% of unmarried males age 15-24 years had premarital sex.

UNFPA, in partnership with the World Health Organization (WHO), has helped the Government of India vastly expand its services to young people by providing strategic, technical and operational guidance to the MOHFW in the integration of adolescent-friendly service centres into the PHC infrastructure in 75 districts. Several projects by NGOs have also shown that it is possible to delay first child. However, a large group of young people remain unreached by RH services. There is a clear need for the NRHM to address the FP/RH needs of the youth.

Migrants and HIV Prevention

There are over 200 million migrants in India. The Census 2001 data indicates that during 1991-2001, about 61% migrants moved within the districts, 24% within the states and 13% inter-state. Also, three million Indian migrants live in Gulf countries. However, not all migrants are at equal risk of HIV. The 8.64 million temporary, short duration migrants are of special significance to the epidemic because of their frequent movement between source and destination areas. In the existing pattern of concentrated epidemics with pockets of high prevalence, movement of people in the absence of migrant-friendly services can result in the rapid spread of the HIV infection.

The NACP III includes initiatives that address the unique needs of migrants to avert a potential rise of HIV infection among migrant populations. These include:

- Mainstreaming HIV/AIDS interventions with poverty alleviation schemes as many migrants move in search of livelihood;
- Supplementing the interventions that mostly concentrate on migrant workers at destination locations with those at the source points based on careful mapping of source and destination states. Successful examples of source-destination pilot initiatives demonstrate the importance of promoting volunteerism, working through peers and engaging a range of partners at source and destination sites to reach out to migrants and their families;
- Integrating HIV/AIDS in the welfare programmes of companies that employ migrant/contractual workers;
- Focusing on short-term migrants through identifying, training and encouraging volunteers to disseminate preventive messages among their fellow workers; and
- Introducing HIV/AIDS modules in the pre-departure training programmes for overseas migrants of the Ministry of Labour and orientation programme for Embassy staff of the Ministry of External Affairs.

Water

Availability and distribution of rainfall will depend upon the effect of climate change. However, a particularly powerful impact of population growth is likely to be on future demand for water because of the strong link between food demand and population size, and the fact that agriculture takes a very large share of India's water supplies. The effect of population growth suggests that considerable improvements will be needed in the efficiency of water use as agriculture, manufacturing, and services sectors will all need increased amount of water. Generally, the consensus of studies in this area is that the situation will be difficult, and localised water problems may intensify, but there need not be a crisis for India as a whole if the right supply and demand side measures are adopted in time.

The measures suggested for the Eleventh Plan address the whole range of issues concerning water management and irrigation, including reducing the gestation period of projects, rainwater harvesting, watershed development, water resources conservation, and flood management.

Although population growth will operate as a major background factor, increasing demand for water is seen to also depend upon a complex interplay between incentives, property rights, the distribution of wealth and assets, technology and behaviour of the economy. A greater sense of urgency is needed in both managing demand and supply of water.

Urbanisation

Urbanisation remains low in India. Only about 28% (285 million) of the total population were living in urban areas in 2001. During the decade from 1991-2001, the urban population increased by just around 31%, at an average annual rate of 2.71%. More than half of this growth was due to natural increase although replacement fertility has been reached in urban areas of India. Contrary to general belief, the contribution of rural to urban migration to urban growth was around one-fifth. Although urbanisation has not increased rapidly, urban slums have grown. In the 2001 census, about 42.6 million people were reported to be living in urban slums.

Although the current level of urbanisation is relatively low; anticipating a larger growth in urbanisation, the Eleventh Plan has proposed two-pronged actions: upgrade quality of infrastructure in existing cities and develop new suburban townships in the vicinity of existing cities.

The Eleventh Plan includes several schemes to upgrade services to urban areas. For instance, the Jawaharlal Nehru National Urban Renewal Mission (JNNURM) is expected to cover 63 cities with infrastructure facilities, including for urban water supply in 68 cities with a population of over one million and other schemes are expected to cover townships.

There are considerable urban-rural differentials in health as shown in Table 4. Recognising these urban-rural differentials, the Government is formulating an urban health mission along the lines of NRHM.

Table 4. Urban-rural health differentials

Indicator	Urban	Rural	Total
Contraceptive use any method (%)	64.0	53.0	56.3
Unmet need for FP (%)	9.7	14.1	12.8
TFR	2.06	2.96	2.66
Total wanted fertility rate	1.6	2.1	1.9
Median age at first birth (years)	20.9	19.3	19.8
IMR for 0-4 years preceding the survey	41.5	62.2	57.0
Delivered in health facility for birth 5 year preceding the survey (%)	67.5	28.9	38.7

Source: NFHS3

Malaysia

Family Planning

In the MOH Annual Report 2006, FP services is only mentioned with regard to the percentage of coverage of facilities, the number of new FP acceptors, and the most popular contraceptive methods used. CPR rate for women aged 15-49 years was 29.8% according to the UNFPA. Also, data for unmet need for FP, in terms of spacing and limiting, is unavailable. This indicates that FP is a neglected issue.

Though the TFR and MMR are low, there is still need for FP services and information to meet the unmet need of young people, women and/or couples. The viewpoint that FP is only to improve maternal health does not justify the fact that FP service is a component of RH services. Therefore, to achieve universal access to RH by 2015, in terms of CPR and unmet need for FP, it is only necessary that FP receives adequate emphasis in national planning.

HIV/AIDS

In 2006, about 5,830 new HIV infections were reported and it was estimated that about 16 new HIV cases were reported daily. In addition, of the total cases, 78% occurred among population in the 20-40 years age group; where 92% of the cases were among men; and 21% among those who were unemployed. There is also an increase of cases among women from 9.4% in 2000 to 15.0% in 2006.

Though IDU is recognised as the main mode of HIV transmission, a significant increase from 16% in 2000 to 32% in 2006 is observed in transmission through sexual means. What is most worrying is that this phenomenon is happening mainly among women.

The major response to the HIV/AIDS epidemic is undertaken by the AIDS/STD Section of the Disease Control Division of the Department of Public Health, MOH guided by the NSP on HIV/AIDS 2006-2010. The NSP, which focuses on balancing prevention, treatment and care, include key interventions such as: (i) prevention of MTCT programme; (ii) voluntary counselling and testing (VCT) services; (iii) free ART; (iv) prevention and control of activities in prison and drug rehabilitation centres; (v) harm reduction programme: needle and syringe exchange programme and drug substitution therapy; and (vi) PROSTAR, a peer education programme on educating youth about HIV.

Overall, the NSP is comprehensive and emphasises on sector-wide coordination for synergy of energy and resources, and avoiding duplication. As a Comprehensive Action Plan on HIV/AIDS will be developed at national, state and district levels to address HIV/AIDS as a development issue, the challenge would be to articulate the inter-linkages of population dynamics and development to address the feminisation of HIV/AIDS; drug addiction and HIV/AIDS, and unemployment and HIV/AIDS among young people, especially males; as well as the potential spread within the high risk high/vulnerable populations to the general population.

Migrant Workers

Table 5 shows that the number of legal foreign workers has doubled between 2000 and 2005. The projected decrease in 2010 is premeditated by the Government resulting from two major rationale: (i) the need to reduce the reliance on foreign workers in as many sectors as possible because less number of Malaysian citizens are being employed in those sectors, and (ii) the nation's policy to shift to technology-intensive and higher value added activities, in which there will be judicious employment for foreign workers in the future.

Table 5: Labour force in Malaysia, 2000-2010 (million persons)

	2000	2005	2010 (estimated)
Total labour force	9.6	11.3	12.4
Local labour force	8.8	9.5	10.9
Foreign workers with work permit (excluding expatriates)	0.7	1.7	1.5

Source: EPU, Malaysia. 2006. Ninth Malaysia Plan 2006-2010. Putrajaya: Prime Minister's Department.

However, facts show that instead of a decrease in the number of foreign workers from 2005 onwards, there has been an increase. According to the Ministry of Human Resources, the number of foreign workers has increased to 2.1 million in 2007. Out of that total, 36% are involved in the manufacturing sector, 16.1% in the plantation sector and 14.9% in the construction sector. This phenomenon is also due to the unwillingness of young Malaysians to engage themselves in the four Ds (dirty, dangerous, difficult and demeaning) jobs.

Migrant workers is a sensitive issue in Malaysia. Despite the nation's policy to reduce the number of migrant workers, "international migration is here to stay" due to "opportunities that an increasingly interconnected world of expanding prospects has to offer." Hence, the challenge for Malaysia would be to effectively manage their migrant workers - who contributed substantially to the national economy and productivity - especially in terms of how the migrant workers is featured in the inter-linkages of population dynamics and development in the Malaysian context as well as in the national planning.

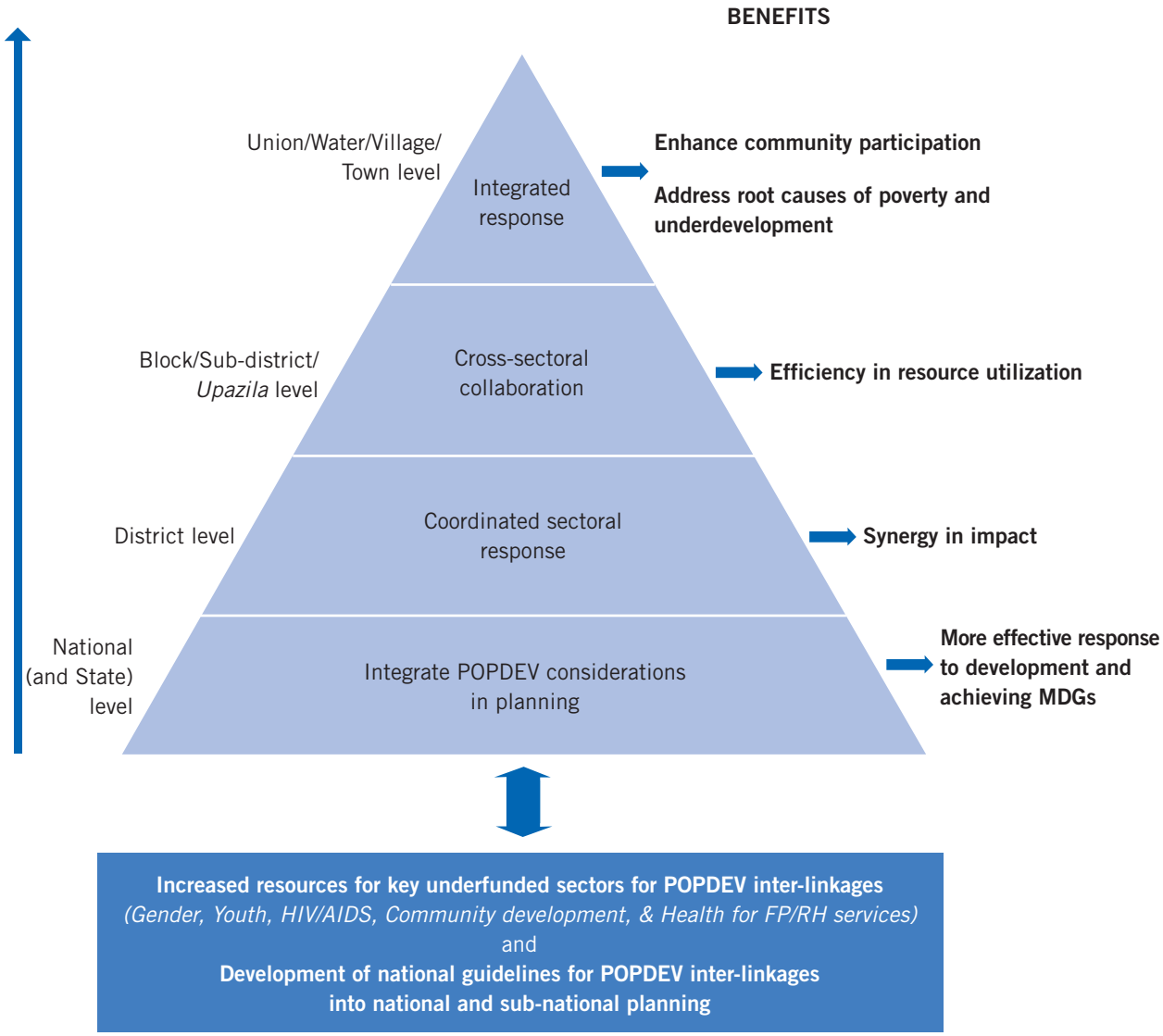
CHAPTER 5
RECOMMENDATIONS

Strengthening Implementation for Integration of Population Dynamics and Development: A Framework

We now discuss how considerations of inter-linkages between population dynamics and development can be effectively planned and implemented, which is essential to accelerate the progress towards the achievement of the MDGs in Bangladesh, India and Malaysia.

For this purpose, please refer to Figure 2. This framework illustrates that POPDEV inter-linkages need to be carried out at various national and sub-national levels in the respective country.

Figure 2. Levels of POPDEV inter-linkages



Integrating POPDEV considerations in national (and state) planning. We have discussed how the Eleventh Five-Year Plan (India), PRSP 2 (Bangladesh) and Ninth Plan (Malaysia) considers the linkages of population dynamics with planning for each key sector. These sectors need to not only consider but enhance the inter-linkages between population dynamics and development in preparing their own plans. The outcome will be a more effective response to improve the quality of life, sustainable development and poverty reduction.

For India and Malaysia, however, this is even more important at state level as there is considerable diversity both in the population dynamics and development status of states. Therefore, each state plan needs to consider the inter-linkages between population dynamics and development planning. However, state plans inadequately integrate consideration of population dynamics in their development plans. Two actions are necessary to remedy the situation: (i) there needs to be a focal point for this purpose, and (ii) this needs to be supported by modelling to indicate the effect of population dynamics on development as well as estimated impact of different development interventions on population dynamics. In India, there is a network of Population Research Centres which can carry out this task. However, some fillip to this effort is necessary from the Centres as well as from development partner agencies. This will result in more effective response.

Coordinated sectoral response at district level. The district is a key administrative unit and has an appropriate organisational structure headed by an appropriate official (Deputy Commissioner or district officials in Bangladesh; District Collector, District Development Officer or a Deputy Commissioner in India; and District Officer in Malaysia). Certain sectors could coordinate implementation of their plans to include responding to POPDEV inter-linkages, which will provide synergistic responses. For example, the health sector provides FP/RH services and the environment sector in coordination educates communities on the impact of population growth on the environment. Similarly, the health sector provides FP/RH services and the women's affairs sector in coordination educates young women on FP/RH and the association between having a small family and higher investment per child, as well as on gender-based violence. For this to materialise, it is essential to establish protocols, formulate procedures and build capacities for a coordinated response.

Cross-sectoral collaboration at sub-district/Upazila level/block. Two or more sectors can collaborate to address POPDEV inter-linkages, which would increase efficiency in resource utilization. The adolescent and health sectors could collaborate to provide ARH education and services, including HIV prevention concurrently. Similarly, health and education sectors can collaborate for school health and provide age-appropriate population and health education, including RH. For such collaboration to materialise beyond sectoral boundaries, protocols and procedures need to be in place.

Integrated response at Union/village level. A community may consider a development approach that includes POPDEV inter-linkages. This will result in enhanced community participation and more effective approach in addressing the root causes of poverty, gender inequality and underdevelopment in some areas.

In India, the 73rd and 74th amendments in the constitution of India provide a statutory framework for integrating population dynamics in the development response at the village level.

Overall, each higher level of POPDEV inter-linkages will be applicable to increasingly smaller geographic administrative units. To succeed, the national and district levels need to increase resource allocation for key sectors, namely, gender, adolescent, HIV/AIDS, and health for FP/RH services, where POPDEV inter-linkages are strong but often underfunded.

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