# Sri Lanka's Success Story in Population Management: A Lesson for Other Programmes*

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## Introduction

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

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

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

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

A labour force survey conducted by the Department of Labour with the assistance of the International Labour Organization ( ILO) in 1960 revealed that 10 per cent of the labour force in the country was unemployed. This worried the policy makers and when the Short-Term Implementation Programme was presented by government in 1962 it stated the issue in quantitative terms as follows: "At our present rate of population growth of 2.8 percent per annum a 2 per cent increase in the gross domestic product per head would require an investment of R. 1, 065 million. In other words, in 1961-62 we have to invest Rs. 245 million more because our population is growing not at 1.7 per cent, but at 2.8 per cent a year" (Department of National Planning, 1962 p.16).

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

**Launching Phase**

Therefore, in 1965 the government took a policy decision to include family planning as part of the maternal and child health programme. This legitimized family planning which hitherto was seen as 'ugly' by certain quarters. Sri Lanka was fortunate to have had at that time outstanding health professional who resisted the temptation of running a parallel family planning programme as some countries in the region did. Thus it was three decades before the International Conference on Population and Development (ICPD) in 1994 that Sri Lanka recognized the importance of integrating family planning with other reproductive services such as maternal and child health. With this policy decision, the family planning clinics of the Family Planning Association that provided services in government facilities were handed over to the government. In 1968, the Family Health Bureau was established to coordinate and implement the national maternal and child health and family planning programme. In view of this policy decision the Swedish government came in a big way to assist Sri Lanka by providing free contraceptive commodities and training of the field health staff in the delivery of family planning services. The entire building complex of the Family Health Bureau at that time was a gift from the people of Sweden to the people of Sri Lanka. The environment was also conducive to implement family planning activities in the country as by then, 70 per cent of females in the reproductive ages were literate and the primary health care system was well developed with a network of institutions through which family planning services could be delivered (Abeykoon, 1996).

As a result of the rapid growth of population in the 1950s and the rising enrollment of young people in secondary and higher education, the new entrants to the labour market grew rapidly by the end of the decade of 1960s. Thus by 1971, about 20 percent of the labour force was unemployed. The rate was almost twice for those in the age group 15-24 years with secondary and higher education. This resulted in a youth uprising in April 1971. The Secretary of the Ministry of Planning and Employment, who was the former professor of economics at the University of Peradeniya invited an ILO team led by Professor Dudley Sears, an eminent development economist to come to Sri Lanka to study the youth unemployment problem. While making a series of recommendations to the government, the Dudley Sears Report did make reference to the population issue as follows: "Suppose that a family planning campaign policy had been implemented at the same time as the malaria eradication campaign in the 1940s and had reached the present target birth rate of 25 per 1000 in 1955, the result today (1971) of such a programme would have been to lighten the task of creating employment very considerably. The report went on to say "will another employment mission in 1985 be saying 'if only there had

been a vigorous official policy in the 1970s, using the full resources of health services to achieve a birth rate of 25 per 1,000 in 1975, the prospects of reducing unemployment in the year 2000 would not look so bleak?' (Sears, 1971 p.45).

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

In 1973, a project agreement was signed between the Government and the United Nations Population Fund (UNFPA) to broad base the population programme. The UNFPA funded 11 projects ranging from population education in schools, workers education in family planning in the urban sector and in the estates, teaching of population dynamics and family planning in medical schools, demographic training and research, family health and education etc. As there were many institutions outside the Ministry of Health implementing activities, coordination became an important issue. Thus in 1974, the coordination of UNFPA funded projects was vested under the new Ministry of Plan Implementation which functioned under the Executive Prime Minister.

**Progressive Phase**

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

Being a person who was quick in putting ideas into action, The Secretary Plan Implementation consulted his technical staff and came to the conclusion that by providing financial inducements to voluntary acceptors of sterilizations the fertility rate could be reduced substantially. The available data at that time showed that about one third of women in the age group 30 to 49 years had less than primary level of education and the number of children among them was relatively high. It was also evident that 31 percent of annual births were taking place among women in this age group. The strategy therefore, was to expand the availability of permanent methods of fertility control to reduce unplanned or unwanted births. This was however, opposed by the then Director of the Family Health Bureau who was the brother of a Cabinet Minister of the government at that time. The Secretary, Plan Implementation took the position that national interest should take precedence over personal views. The decision to provide financial inducements to medical teams and sterilization acceptors thus prevailed. It was also decided to implement the payments to sterilization acceptors through the district secretariats. Thus from May 2009, the government decided to provide financial inducements to medical teams who carried out voluntary sterilizations. This was extended to clients from January 1980. The number of married men and women who had at least two children and who underwent sterilizations voluntarily increased rapidly. The new acceptors of voluntary sterilizations increased from 4,971 in 1970 to 112,926 in 1980. The numbers continued to remain relatively high until the high parity women moved out of the reproductive ages. It is to be noted that the total fertility rate (the average number of children per woman) declined from 3.7 in 1982 to 2.8 in 1987 and the contraceptive prevalence of voluntary sterilizations was nearly 50 per cent of total contraceptive use. In other words, sterilizations provided half the total protection from unwanted births.

In addition,in the decade of 1980s, the programme received high visibility with a vigorous information, education and communication campaign. On the government side, the Department of Information and the Population Information Centre played a key role. On the NGO side, in addition to the Family Planning Association, three other NGOs, namely the Community Development Services, Population Services Lanka and the Sri Lanka Association of Voluntary Sterilizations provided the much needed supplementary support to the government programme. These organizations, at that time, were led by outstanding men with commitment and managerial ability. The National Coordinating Committee on Population (NCCP),chaired by the Minister in charge of Family Health and the Secretary Plan Implementation functioning as the member secretary with Secretaries of other line Ministries and their senior staff who were implementing

population activities including the family planning NGOs and representative of relevant donor agencies, effectively coordinated the programme. A small band of selected men and women who were capable of translating new ideas into action constituted the newly created Population Division which functioned as the secretariat to the NCCP and monitored the programme at the national and district level.

In March 1980, leading Ministers and Parliamentarians of all political parties got on a common platform to endorse family planning as above party politics. This was a landmark event as previously at elections, family planning was used as a political weapon. In 1982, a parliamentary Advisory Committee was appointed with a senior Cabinet Minister as the chairperson. During the same year District Population Committees were established with the Government Agent as chairperson to coordinate district level population activities. In 1983, a National Advisory Committee in IEC was established to advice on family planning messages that were released by government agencies and the NGOs. Medical officers who took an active interest in family planning activities were recognized by the NCCP and were awarded certificates and sent on study tours abroad.

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

**Maturity Phase**

Towards the end of the decade, the population programme had transformed from a demand creation phase to a supply oriented one where the provision of family planning services became the focus of attention. Therefore, the function population policy formulation and coordination was reassigned to the Ministry of Health and the Population Division of the Ministry of Plan Implementation was moved to the Ministry of Health. In this new setup the NCCP was chaired by the Secretary Ministry of Health and the Population Division continued to functioned as its secretariat. It was the view of the National Health Council in 1990 that Sri Lanka should aim at reaching replacement level fertility by the year 2000. Therefore, the Population Division formulated a policy statement and prepared a short term population projections and

contraceptive requirements to reach replacement fertility. This was approved by the National Health Council chaired by the Prime Minister. In 1994, Sri Lanka became a signatory to the global consensus of a broad based concept of reproductive health detailed in the Programme of Action of the International Conference on Population and Development held in Cairo.

Sri Lanka adopted a number of initiatives responding to the ICPD Programme of Action. An important initiative was the formulation of the Population and Reproductive Health Policy in1998 and the subsequent development of an Action Plan based on the policy. Others included the development of an Advocacy Strategy for the promotion of population and reproductive health activities; information education and communication (IEC) activities on population and reproductive health; and the paradigm shift from family planning to holistic approach of reproductive health in the service delivery programme. Therefore, the structure of the national programme took the shape of a pyramid. At the apex was the national policy on population and reproductive health. At the next level was the advocacy programme followed by the IEC programme implemented by government and NGO organizations. This was followed by the school reproductive health programme. Next at the base was the largest programme, the reproductive health service delivery programme (Abeykoon, 2009).

With the implementation of many elements of the Action Plan, further improvements occurred in the indicators of population and reproductive health. By 2000, as planned the fertility rate reached replacement level. The contraceptive prevalence rate had reached a high level of 70 per cent. The unmet need for contraception was further reduced to 9 per cent. Thus when the international community met at the UN in New York in 2004 to review progress during the 20-year period after the ICPD, the Minister of Health on behalf of the government was able to report that Sri Lanka had met most of goals envisaged in the Programme of Action adopted in 1994.

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

By 2006, the country had reached the final phase of its demographic transition and the Population Division of the Ministry of Health had achieved its initial goals in stabilizing population growth for sustainable development. The population age structure had transformed into a barrel shape from that of a pyramid shape. The proportion of population under age 15

declined from 42 per cent in1963 to 24 per cent in 2006 reducing the dependency ratio from 82 to 45 per cent during this period. At the same time there is a bulge in the young population who are also educated. This is commonly referred to as the 'demographic bonus'. Thus on all counts the demographic structure in Sri Lanka is conducive for economic expansion. It is necessary to emphasize that failure to ensure appropriate enabling economic conditions could waste opportunities created by the demographic bonus.

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

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

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

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

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