

# Population Policy of India

A positive population policy which aims at reducing the birth rate and ultimately stabilising the growth rate of population. In India, where many people are illiterate, fatalist, and custom-ridden, and do not believe in family planning, only the government's initiative can help in controlling population growth.

High growth rate of population has been one of the major problems facing India. India with only 2.4 per cent of the global surface area sustains 102.7 crore population which is 16.7 per cent of the world population, as on March 1, 2001. With the process of development since 1951, the death rate has declined below 8 per thousand whereas the birth rate continues to be around 25 per thousand.

Consequently, the population growth rate remains at a very high level of about 2 per cent. The addition of 18.1 crore persons to India's population between 1991-2001 was more than the population of Brazil, the fifth most populous country of the world.

This frightening growth rate of population has aggravated the problems of poverty, unemployment and inequalities. There has been a gross neglect of social sectors like primary education, basic health and social security. India's resources are fast depleting due to rising demand. There has been degradation of environment.

**For the first time, National Population Policy was announced in 1976 to mount “a direct assault on the problem of numbers. Its salient features were:**

- (1) To raise the age of marriage for girls to 18 years and for boys to 21 years.
- (2) To take special measures to raise the level of female education in all States.
- (3) Raising the monetary incentive to persons undergoing sterilisation according to the number of children in the family.
- (4) Additional incentives to government employees undergoing sterilisation, having up to two children.

Targets of sterilisation were fixed in all the States. As a result, the number of sterilisations rose from 9.4 lakh in 1973-74 to 82.6 lakh in 1976-77. But this was due to the adoption of compulsory sterilisation by most State governments. Taking advantage of the emergency, many States resorted to unfair and coercive methods to sterilise people of all ages. This led to mass resentment and unrest among the people. As a result, family planning programme became very unpopular.

**In the post-emergency period, the Janata Government announced a New Population Policy in 1977. The main features of this policy were:**

(a) Renaming the family planning programme into family welfare programme.

(b) Fixing the marriage age for girls at 18 years and for boys at 21 years. This has been implemented by the Child Marriage Restraint (Amendment) Act, 1978.

(c) Making sterilisation voluntary.

(d) Including population education as part of normal course of study.

(e) Monetary incentive to those who go in for sterilization and tubectomy.

(f) Private companies to be exempted in corporate taxes if they popularise birth control measures among employees.

(g) Use of media for spreading family planning in rural areas, etc. this policy put an end to compulsory sterilisation and laid emphasis on voluntary sterilization. This slowed down the family planning programme. As a result, the number of sterilizations fell from 82.6 lakh in 1976-77 to 9 lakhs in 1977-78.

The Sixth Plan laid down the long-term demographic goal of reducing the net reproduction rate (NRR) to 1 by 2000 by reducing crude birth rate to 21, crude death rate to 9, infant mortality rate to

less than 60 per 1000, and couple protection rate (CPR) to 60 per cent.

The goal of attaining NRR of 1 was revised to 2006-11 in the Seventh Plan by reducing crude birth rate to 29, crude death rate to 10.4, infant mortality rate to 90 per 1000, and couple protection rate to 42 per cent. Further, the Seventh Plan laid emphasis on the two-child family norm. To make it successful, it intensified family planning and maternity and child health programmes.

To achieve the goal of NRR of 1, the Eighth Plan extended it to the period 2011 -16. The targets laid down during the Plan were crude birth rate at 26, infant mortality at 70 per 1000 and couple protection rate to 56 per cent.

To achieve these, the Government replaced the earlier Population Control Approach by the Reproductive and Child Health Approach in October 1997 to stabilise population and improve quality of life. The focus of this approach was on decentralised area specific macro-planning.

It led to several new schemes for improving quality and coverage of welfare services for women, children and adolescents such as child survival, safe motherhood programme, and universal immunisation programme (UIP), reproductive tract infections (RTI), etc.

During the Ninth Plan, the earlier approach of using NRR (Net Reproduction Rate) of 1.0 was changed to a Total Fertility Rate (TFR) of 2.1. This level of TFR had been projected to be achieved by 2026 in the Plan. Further, with increased RCH (Reproductive and Child Health), the targets laid down by the end of the Ninth Plan

(2002) had been infant mortality rate of 50 per 1000, crude birth rate of 23, total fertility rate of 2.6 and CPR of 60 per cent.

In 2001, the National Policy for Empowerment of Women was adopted with the ultimate objective of ensuring women their rightful place in society by empowering them as agents of socio-economic change and development. Women empowerment is, therefore, an important approach adopted in the Tenth Five Year Plan for the development of women.

To this effect, a National Plan of Action for Empowerment of Women, with a view to translating the National Policy of Empowerment of Women into action in a time bound manner has been adopted as a priority agenda for action by the Department of Women and Child Development (DWCD) of the Ministry of HRD. So, the Government's population policy has shifted from population control to family welfare and to women empowerment.

### **National Population Policy, 2000:**

India's population reached 100 crores on May 11, 2000 and it is estimated that if current trends of population increase continue, she will become the most populous country in the world by 2045 when it would overtake China. During the 20th century, India's population increased roughly four times from 23 crore to 100 crores, while during the same period world's population increased nearly three times from 200 crore to 600 crores.

With 1.55 crore current annual increase in population, it seems difficult to maintain a balance to conserve the resource endowment

and environment in the country. For promoting sustainable development with more equitable distribution, there is an urgent need to stabilize population.

To meet the reproductive and child health needs of the people of India and to achieve TFR by 2010, the provision of policy framework for advancing goals and priorities to various strategies is available in the National Population Policy announced on 15 February 2000. The basic aim of this policy is to cover various issues of maternal health, child survival and contraception and to make reproductive health care accessible and affordable for all.

### **Objectives:**

**There are three types of objectives of National Population Policy (NPP) 2000:**

#### **1. The Immediate Objective:**

The immediate objective is to address the unmet needs for contraception, health care infrastructure and health personnel and to provide integrated service delivery for basic reproductive and child health care.

#### **2. The Medium-Term Objective:**

The medium-term objective is to bring the Total Fertility Rate (TFR) to replacement level by 2010 through vigorous implementation in inter-sectorial operational strategies.

### **3. The Long-Term Objective:**

The long-term objective is to achieve a stable population by 2045 at a level consistent with the requirements of sustainable economic growth, social development, and environment protection.

#### **Targets:**

**The following are the targets of National Population Policy:**

1. Achieve zero growth rate of population by 2045.
2. Reduce infant mortality rate of below 30 per thousand live births.
3. Reduce maternal mortality ratio of below 100 per 1, 00,000 live births.
4. Reduce birth rate to 21 per 1000 by 2010.
5. Reduce total fertility rate (TFR) to 2.1 by 2010.