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A BRIEF REVIEW OF POPULATION POLICY IN INDIA

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ABSTRACT

Population growth in India has always been an obstacle in the path of economic development. Even if GDP increases, the large population size reduces the per capita income of the country. Population size is also one of the major environmental issues faced by a country. Therefore it is utmost important for a country like India, which is densely populated to have control over its growing population size and to aim at population stabilization. India was the first country in the world to adopt a Family Planning Programme in 1952. It brought subsequent measures and population policies to control population size and ultimately stabilize it. The objective of this paper is to review the various measures adopted for population stabilization by the Government of India during the planning period.

KEYWORDS: *Population Growth, Family Planning, Population Policy*

INTRODUCTION

India's population is 1.36 billion in 2019. The annual average decadal growth rate from 2010 till 2019 was 1.2 % (United Nations Population Fund Report). This is more than twice the rate at which China's population grew during the same period. A growing population is always a cause of serious concern since it reduces the resources available per person. The population of India has gone through four main stages as given below:

- 1891-1921: Stagnant Population
- 1921-1951: Steady growth
- 1951-1981: Rapid High Growth
- 1981-2011: High growth with definite signs of slowing down

The Government of India has taken several steps to reduce family size in the average Indian household since independence. Through various Five Year Plans, population policies were adopted. Constitutional acts were enacted to control sex-selective abortions leading to male preference and posing a threat to the life of the mother. Contraceptive methods were introduced and popularized. Sterilization programmes were undertaken and ultimately a Department of Health and Family Welfare was established under the Ministry Of Health and Family Welfare.

First Five Year Plan (1951-1956)

The strategy under this plan is known as the Rhythm approach. Also called the Calendermethod or Calender Rhythm method, it is a form of natural family planning. To use the rhythm method, one has to track her menstrual cycle to calculate when she would ovulate. This helps her determine when she's more likely to conceive. Accordingly, the couple can take suitable contraceptive measures. India has been recognized as the first country in the world to have a family planning programme in 1952.

Second Five Year Plan (1956-1961)

The approach used in the second five-year plan is known as the clinical approach. It was during this plan that clinical contraception was introduced. Family planning clinics were expanded where couples were helped by providing a clinical method of sterilization. This method was both for men and women. Male sterilization is known as Vasectomy and female sterilization is known as Tubectomy. The emphasis was mainly on research in the field of demography, physiology of reproduction, motivation, and communication of contraception, establishing central and state organization in providing clinical help. Reproductive health services were provided in hospitals and health centers in urban as well as rural areas.

Third Five Year Plan (1961-1966)

An urgency with regard to family planning was feltafter the publication of 1961 census results. The results showed a higher rate of growth than expected. The key approach in this plan was introduction of a mechanical device known as IUD (intrauterine device), eg.,Lippe's loop and Copper T. This plan clearly stated that the objective of population stabilization should be the central feature of planning and family welfare programme has to be adopted as the principal measure for achieving this objective. A full-fledged Department of Family Planning was created in 1966 under the Ministry of Health, Family planning, and Urban Development. Which operated through machinery at the district level.

Fourth Five Year Plan (1969-74)

The approach outlined in this plan is known as Cafeteria approach. Since family planning was voluntary, people had the freedom to choose among various contraceptive methods. This is what is called Cafeteria approach. During 1966-69, the family planning programme was made more target oriented and more funds were allocated to it. A high priority was given to this objective in this plan. The programme aimed at reducing the birth rate to 29/1000 in the next 10-12 years. In order to attain this objective, a concrete effort was carried out to create facilities for people in their reproductive period. The emphasis was on group acceptance of a small family norm, knowledge about family planning methods and ready availability of supplies and services. In 1971, MTP (Medical Termination of Pregnancy Act) came into force. It was an act to provide for the termination of pregnancies by registered medical practitioners. Its central objective was to safeguard the life of the Mother.

Fifth Five Year Plan (1974-79)

In 1974, the World Population Conference was held at Bucharest, Romania. Dr. Karan Singh from India (then Union Minister of Health and Family Planning) said- "Development is the best contraceptive." Later on in 1991, after reading census data, he remarked – " Contraceptive is the best development." Then Prime Minister of India Mrs. Indira Gandhi persuaded Dr. Karan Singh to formulate a population policy for India. Thus, India's first National Population Policy came in 1976. This was done to mount a direct assault on the problem of numbers. Its salient features are:

- Raising the age of marriage for girls to 18 and for boys to 21.
- Taking special measures to raise the level of female education in India.
- Raising the monetary value of incentives given to people undergoing voluntary sterilization.
- Providing additional incentives to government employees undergoing sterilization after having 2 children.

Targets for sterilization were fixed in all the states. As a result, the number of sterilizations rose sharply. Majority of states, in order to comply with the targets, undertook forced or compulsory sterilization. This led to mass resentment among the people of India. As a result, the family planning programme became very unpopular. In the post-emergency period, New Population Policy was announced in 1977. The main features of this policy are:

- Renaming family planning programme as 'family welfare programme'.
- Fixing the age at marriage to 18 and 21 for girls and boys respectively. This was implemented through the Child Marriage Restraint (Amendment)Act, 1978.
- Making sterilization voluntary.
- Including population education as part of the normal course of study.
- A monetary incentive for sterilization

Sixth Five Year Plan (1980-85)

The sixth plan laid down the long term demographic goal of reducing Net Reproductive Rate (NRR) to 1 by the year 2000. Reducing crude birthrate to 9/100 and infant mortality rate of less than 60/1000 and couple protection rate of 60%.

NRR, the net reproductive rate is the average number of daughters that would be born to a mother if she passes through her lifetime conforming to the age-specific fertility and mortality rates at a given year i.e., a newborn baby girl is replaced by only one daughter in her whole lifespan. If NRR < 1, it means the population is below replacement level and vice versa. If NRR=1, it means the population is at replacement level.

Seventh Five Year Plan (1985-90)

The target of achieving NRR=1 was revised to 2011 from 2006. NRR=1 means female is replaced by only one female. Therefore males should also be replaced by one in their lifetime to maintain the sex ratio as equal. Therefore the concept of NRR gave rise to 2 child policy. Thus the seventh plan laid emphasis on propagating the 2 child family norm.

Eighth Five Year Plan (1992-97)

The target of NRR=1 was again revised to be achieved untill 2016. There came a PNDT(Pre-natal and Diagnostic Techniques)Act 1994. The act provided for the prohibition of sex determination after conception, and for the regulation of prenatal diagnostic technique for the purpose of detecting genetic abnormalities, metabolic disorders, chromosomal abnormality, congenital malfunctions, and for the prevention of their misuse for sex-selective abortions. This act was subsequently amended in 2003 and renamed as Pre-conception and Pre-natal Diagnostic Techniques Act (PCPNDT) to improve the regulation of new technology used in sex selection.

Ninth Five Year Plan (1997-02)

The NRR concept was replaced by TFR (Total Fertility Rate). The target for TFR was TFR=2.1 to be achieved untill 2010. TFR was the first concrete step towards the objective of population stabilization. TFR means the number of children whowould be born to a mother if she were to pass through age-specific fertility rates. IfTFR > 1, Population growth will increase. If TFR < 1, Population growth will decline and if TFR=1, population stabilization will take place. If the TFR target was achieved by 2010, the population was estimated to be stabilized by 2045.

Another key feature of this plan was the New Population Policy, 2000. It is also the last population policy of India till now.

New Population Policy, 2000

The basic aim of this policy was to cover various issues of maternal health, child survival, and contraception needs. There were 3 objectives of NPP 2000 with 14 targets and 16 indicators.

- Short-term objective: the immediate objective is to address the unmet needs of contraception, health care infrastructure, and health care personnel and to provide integrated service delivery for basic reproductive and child health care.
- Medium-term objective: to bring TFR to replacement level (=2.1) by 2010.
- Long-term objective: long- term objective is to achieve a stable population by 2045 at a level consistent with the requirements of sustainable economic growth.

Long term objective takes normally 25 years but in case of India, it takes 35 years because of the poor performance of some defaulter states like Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh, Uttarakhand and Chhatisgarh (BIMARU states).

CONCLUSIONS

India has indeed taken serious steps to control the problem of numbers. It has been successful in reducing population growth rates decade after decade. It has also built health and education infrastructure to support the cause of population stabilization. However, certain sick states have not performed well and continued to affect the overall growth rates negatively. Population policies, in particular, have been instrumental in bringing about the change. Age and education atmarriage, especially for girls determine the socio-economic future of the family. There have been significant improvements in these dimensions also. Keeping in view the current size of 1.36 billion people living in India, and the shrinking amount of resources available for each one of them, the need of the hour is another population policy to stress the long-forgotten objective of population stabilization.

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