

- Understand the Family Welfare Approach services
- Discuss the appraisal of India's National Population Policy

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**5.2 TRENDS OF POPULATION GROWTH IN INDIA AND THE WORLD**

Population is the biggest asset of a country. The social, economic and political factors within and outside a region greatly affect the decrease or increase in population growth. Population patterns can be traced back to 10,000 BC, before which humans were sparsely scattered across the earth. It has been estimated that from 8,000 BC up to the beginning of the Christian era, the population of the world increased at the rate of 0.06 per cent per annum.

By 1300, the world population increased to 400 million and from 1300 to 1650, there was a very small addition to this, only 1 million people. In the next fifty years, however, 1 million more people were added to the global population. It grew by yet another million during the period 1700 to 1750. From 1750, however, population increased by 2 million in the first fifty years and by 3 and 4 million respectively during the next fifty year periods. Therefore, we find that prior to 1650, the population growth was very slow, while after 1650, it increased rapidly.

In the 20th century, global population increased rapidly except for the period between 1940 and 1950. During 1900–1950, the average annual growth rate was 0.8 per cent. In 1920, the United Nations prepared an estimated population report of major regions of the world. The estimates given by Walter F. Wilcox and A.M. Carr Saunders for 1650–1920 are considered to be the most authoritative region-wise estimates of world population. During 1950–1970, the rate of population rose to 1.9 per cent. During the next 20 years however, the growth of population was very fast, registering an average annual growth of 2.22 per cent.

*Table 5.1 Growth of World Population from 1000 BC to 1991*

Year BC-AD	Population	% Increase	Year	Population (Billion)	% Increase
10000	1,00,000-1,00,00,000		1920	1.8	0.65
5000	50,00,000-2,00,00,000		1930	2.0	1.07
1 AD	256 million		1940	2.2	1.11
1300	400 million		1950	2.5	1.10
1650	0.5 billion	0.1	1960	3.0	1.79
1700	0.6 billion	0.1	1970	3.6	1.92
1750	0.7 billion	0.3	1975	4.0	1.89
1800	0.9 billion	0.4	1991	5.4	
1850	1.2 billion	0.5			
1900	1.6 billion	0.6			

Source:

1. Thomlinson. Ralph. 1965. *Population Dynamics*. New York: Random House. p. 13.

2. Broek, Jan O.M. and John W. Webb, 1973. *A Geography of Mankind*, New York: McGraw – Hill Book Company. p. 450.
3. From 1920 to 1950, 1962. United Nations, *Demographic Year Book*. p. 124.
4. From 1960–1975, United Nations, *World Population Prospect as Assessed in 1973*, ST.ESA/SERA.S/60, New York, 1977, p. 90.

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According to the US Census Bureau, recent years have seen some downturn in population growth. According to the Bureau's study funded by the Agency for International Development, since 1970, the world's population has gone up by 1.9 per cent annually, while in the previous 15 years it had been rising 2 per cent each year.

Samuel Baum, the Bureau's Chief of International Demographic Statistics, said in the mid-1970s, 'We didn't expect a downturn in the rate of increase until the early 1980s but its happening a decade earlier and it's very significant. The difference of a tenth of a percentage point is not a tremendous decline. But it is important because the numbers are so high and it represents a change in direction, which is more important.' He added that, 'The encouraging thing is that the direction has shifted in all regions of the world except Africa and even there a number of countries—Tunisia, South Africa, Mauritius and Reunion—have had substantial decline.' Baum noted that more people are being added to the world and predicted that a growth rate of zero will not be reached, at earliest until the years 2020 to 2025.

Baum said two trends account for the reduced rate of growth: a rapid decline in fertility and not-so-rapid decline in mortality. According to him, 'People are being born at a slower rate and deaths are not going down as rapidly.' According to the census report of 1966, the population growth rate declined in less developed and developed nation. It cited Sri Lanka where in 1966 population growth rate was 2.3 per cent and it declined to 1.5 per cent in 1976. Thailand, Philippines and the Republic of Korea each had a decline of 0.7 per cent; Colombia had a decline of 0.6, South Africa 0.4 and Turkey and China 0.3 per cent.

China's population was estimated to be 982.5 million, 23 per cent of the world figure in 1976 and 1977. In India, the growth rate of population was 2.2 per cent in the same year.

In 1977, Asia alone accounted for 58 percent (2.5 billion) of the world's total population. Because of the sheer size of its base population, its population growth accounted for two-third of the world's increase. In 1976 and 1977, the United State had a growth rate of 0.8 per cent compared to 1.1 per cent in the year 1966 and 1967. The annual growth rate of population of Africa was 2.8 per cent between 1975 and 1977.

According to the US Census Bureau, the actual annual growth in the number of humans fell from its peak of 88.0 million in 1989, to a low of 73.9 million in 2003, after which it rose again to 75.2 million in 2006. Since then, annual growth has declined. In 2009 the human population increased by 74.6 million, and it is

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projected to fall steadily to about 41 million per annum in 2050, at which time the population will have increased to about 9.2 billion. Each region of the globe has seen great reductions in growth rate in recent decades, though growth rates remain above 2 per cent in some countries of the Middle East and sub-Saharan Africa, and also in South Asia, Southeast Asia, and Latin America.

According to the United Nations, some countries experience negative population growth, especially in Eastern Europe (mainly due to low fertility rates and emigration). In Southern Africa, growth is slowing due to the high number of HIV-related deaths. Some Western Europe countries might also encounter negative population growth. Japan's population began decreasing in 2005.

There are two main reasons for growth in the world population. The first is the continued positive growth rate itself leading to an upward growth curve. Every new generation is bigger than the previous one, and naturally, produces more children than the previous generation. The second reason is growth rate increases as a result of a decline in the mortality rate. The annual growth rate doubled in the three centuries between 1650 and 1950. Although the growth rate of the world population started to decline after the mid-1960s from 2.0 per cent per annum in the period 1965–1970 to 1.7 per cent per annum in the period 1990–1995, it is still higher than at any time before 1950.

Thus, the people of the world are experiencing unprecedented demographic change. World population today stands at 6.7 billion, 3 billion more than 1960. Another 3 billion will likely be added by 2050. According to the United Nations, despite substantial past declines in childbearing rates, world population size is projected to grow to 7.9 billion in 2025 and to 9.3 billion in 2050. Nearly all of this future growth will occur in the developing countries where four-fifth of the world population lives.

**Table 5.2** Estimates for 2000 and Projection in 2025 of Population by Region

	Africa	Asia	Latin America	Developing world	Developed world	World
Population size (billion)						
2000	0.8	3.7	0.5	4.9	1.2	6.1
2025	1.4	4.8	0.7	6.7	1.2	7.9

**Source:** United Nations (1999, 2000, and 2001).

**Population growth in India**

India is the world's second most populated country after China. India possesses 2.4 per cent of the total land area of the world but at the same time also supports about 17 per cent of the total world population. This is still increasing and it has been estimated that by 2040 the country is expected to be the most populous.

According to the theory of demographic transition, every country passes through three stages of demographic transition. In the first stage, both birth and death rates are high. Hence, the population remains more or less stable. Even if

there is some increase in the population because the birth rate is somewhat higher than the death rate, it does not pose any serious problems. This happens mostly in backward economies where agriculture is the main mode of living and per capita incomes are low. This inevitably results in low standard of living. The mass of population in these countries is deprived of basic necessities.

Rapid growth of population happens in the second stage of demographic transition. In this stage, despite extensive reduction in the rate of mortality, there is no equivalent decline in the rate of birth as a result of which there is a population explosion. This is found in countries where the economy is not adequate to its population size and a certain percentage of the population always remains below the poverty line. This kind of situation is mostly found in developing countries. For instance, India has been experiencing a rapid growth of population since the last six decades. It has been found that every year India adds more people to the world than any other country.

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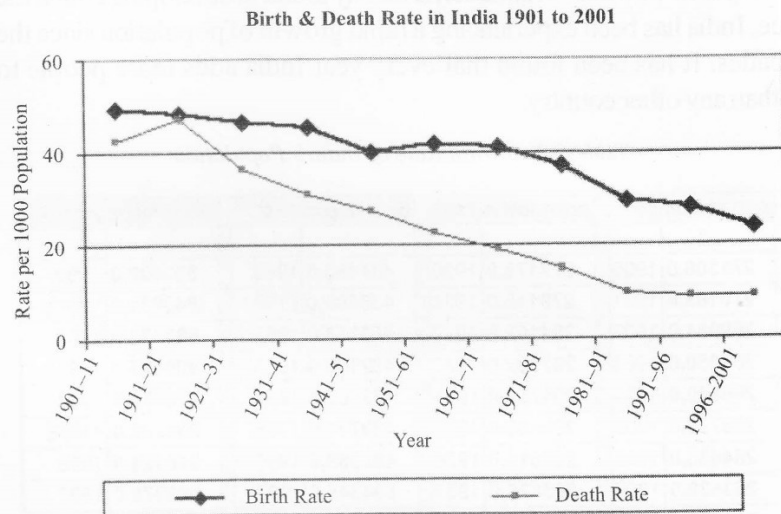
*Table 5.3 Growth Rate of India's Population*

population	year	population	year	population	year	population	year
271306.0	1900	277175.0	1930	431463.0	1960	833929.0	1990
270183.0	1901	279115.0	1931	438800.0	c1961	843931.0	1991c
269064.0	1902	284102.0	1932	452378.0	1962	883473.0	1992
267950.0	1903	287902.0	1933	462196.0	1963	900453.0	1993
266840.0	1904	291753.0	1934	472305.0	1964	918570.0	1994
265735.0	1905	295666.0	1935	482706.0	1965	934228.0	e1995
264635.0	1906	299614.0	1936	493389.0	1966	945121.0	1996
263539.0	1907	303626.0	1937	504345.0	1967	962378.0	1997
262447.0	1908	307694.0	1938	515601.0	1968	979673.0	1998
261361.0	1909	311820.0	1939	527177.0	1969	997515.0	1999
260278.0	1910	316004.0	1940	539075.0	1970	1014003.8	e2000m
259201.0	1911	318826.0	1941	547900.0	c1971	1027015.2	c2001
258127.0	1912	324180.0	1942	563530.0	1972		2002
257058.0	1913	328255.0	1943	575887.0	1973		2003
255994.0	1914	332332.0	1944	588299.0	1974		2004
254934.0	1915	336562.0	1945	600763.0	1975	1094985.0	2005e
253878.0	1916	340796.0	1946	613273.0	1976		2006
252827.0	1917	345085.0	1947	630200.0	1977m		2007
251780.0	1918	349430.0	1948	644330.0	1978m		2008
250737.0	1919	353832.0	1949	658730.0	1979m		2009
249699.0	1920	350445.0	1950	688956.0	1980	1170014.0	2010e
251441.0	1921	363211.0	1951	685200.0	c1981		2011
254963.0	1922	369231.0	1952	703570.0	1982m		2012
257637.0	1923	375633.0	1953	719090.0	1983m		2013
260339.0	1924	382438.0	1954	734870.0	1984m		2014
263071.0	1925	395096.0	1955	749184.0	1985	1237985.0	2015e
265831.0	1926	397334.0	1956	767200.0	1986m	1304263.0	2020ep
268621.0	1927	405450.0	1957	783730.0	1987m	1370028.0	2025ep
271442.0	1928	414021.0	1958	797526.0	1988	1432181.0	2030ep
274293.0	1929	423053.0	1959	817490.0	1989m	1706951.0	2050ep

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From Table 5.3, one can visualize the trend of population growth in India. Population figures have been taken right from 1901 to see how India's population grew over the years. Except for a slight fall in the total population in the early years of the decade, India's population has been growing steadily over the years. The growth rate has been very high after 1951.

The density of population per square kilometre increased from 77 in 1901 to 221 in 1981. The sex-ratio has been generally adverse to women. The number of women per thousand men has deteriorated and is still deteriorating. The percentage of urban population has also increased with time. It was 11 per cent in 1901 which rose to 24 per cent in 1981.



Source: Registrar General of India.

Fig. 5.1 Birth and Death Rate in India between 1901 and 2001

In terms of birth and death rate, there has been a rapid decline in crude death rate in the last five decades. In 1951, the crude death rate was 25.1 which decreased to 9.8 in the year 1991. This trend of decline was also seen in crude birth rate. In 1951, it was 40.8 which decreased to 29.5 in 1991. During the 1990s, the annual population growth rate had fallen below 2 per cent. In terms of age and sex, India mostly has a young population which is mostly male.

The trend of population in India differs with respect to region. In Kerala, the mortality and fertility rates are similar to those of developed countries. On the other hand, in Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan, there is a high rate of infant mortality and high rate of fertility. As a result of this imbalance, the rate of population growth in these regions is also very high.

Today, it has been estimated that one sixth of the world's population lives in India. This trend is expected to increase further, as estimated that by 2025 Indian will be the most populated nation surpassing China.

### CHECK YOUR PROGRESS

1. By 1300 AD, the world population increased to:
  - (a) 300 million
  - (b) 490 million
  - (c) 400 million
  - (d) 450 million
2. Asia alone accounted 58 per cent (2.5 billion people) of the world's total population in the year:
  - (a) 1977
  - (b) 1987
  - (c) 1967
  - (d) 1979
3. India's share of world population today is:
  - (a) 12 per cent
  - (b) 14 per cent
  - (c) 17 per cent
  - (d) 20 per cent
4. How does the population growth differ in different states of India?

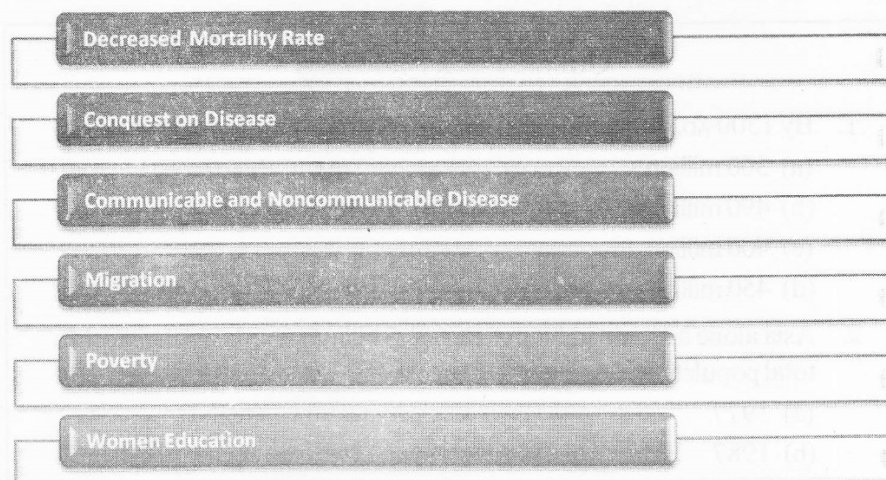
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### 5.3 FACTORS INFLUENCING POPULATION GROWTH IN INDIA

India's population has tripled since its independence in August 1947. In the past, India's population grew slowly. It reached about 211 million by the first decennial census in 1871 and by 1921 the population reached 251 million, even though the nation faced so many disasters. In each subsequent intercensal decade the scale of population addition rose, from 28 million during 1921–31 to 180 million during 1991–2001. This rapid increase in population has greatly affected the social and economic life of people in India. India's population has always been connoted with socio-economic travails such as poverty, employment, economic backwardness, low per capita income, environmental pollution, over-crowding and indebtedness, to name a few.

There are various factors that influence population growth in India. They are described as follows:

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*Fig. 5.2 Factors of Population Growth in India*

### 1. Decreased mortality rate

Decreased level of mortality is one of the major factors that influence the growth of population in India. According to 1995 estimates, the average Indian male born in the 1990s can expect to live 58.5 years and women can expect to live 59.6 years, which is slightly longer than the male. Till the first part of the twentieth century men enjoyed a slightly longer life expectancy compared to women. It was by 1990 women had slightly surpassed men.

The death rate declined from 48.6 per 1,000 in the 1910-1920 period to 15 per 1,000 in the 1970s, and improved thereafter, reaching 10 per 1,000 by 1990, a rate that held steady through the mid-1990s. The infant mortality rate in India was estimated to exceed 76 per 1,000 live births in 1995. Thirty per cent of infants had low birth weight, and the death rate for children aged one to four years was around 10 per 1,000 of the population.

According to a 1989 National Nutrition Monitoring Bureau report, less than 15 per cent of the population was adequately nourished, although 96 per cent received an adequate number of calories per day. In 1986, the daily average intake was 2,238 calories as compared to 2,630 calories in China.

According to the findings by United Nations, it has been seen that in India in 1989 the per day calorie intake fell to 2,229. According to some experts, it has been claimed that the yearly nutritional standards statistics cannot be subjected to illustrate whether the ratio of poverty is actually fallen.

### 2. Conquest on diseases

The biggest factor that influences the growth of population in India is advances in medical science and eradication of diseases. This, in fact, is the biggest story of population growth in the last hundred years. The most helpful equipments for scientists in the conquest of disease is improved knowledge about vaccination,

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nutrition, improved public health practices and the advancement in medicines. Better knowledge of nutrition and good food habits make life healthier and longer. In many places of the world, people use traditional knowledge about better nutrition and food habits to stay healthy whereas in other places, due to the lack of such knowledge, people face high rates of infant and maternal mortality.

Another important factor in population growth is vaccination, which have reduced infections of smallpox, polio, influenza and rubella:

Improved public health practice is the third most significant factor that affects the growth of population. According to Louis Pasteur's Germ Theory of Disease, the health of a person is also important to a community. This thought led to the development of public health.

Today, in India, several health measures like treatment of wastes, purification of water, nutritional education as well as vaccination are considered to be of great importance. In addition, the nation also has expertise in modern medicine. With these advancements, the country's death toll has decreased and rate of birth has increased which together has led to population explosion in India.

### 3. Communicable and non-communicable disease

In India, a large number of endemic communicable diseases create a serious health problem among all age groups. To overcome this, the government has taken several efficient measures and has formulated a variety of national programmes over the years. All these efforts are mainly aimed at eradicating and controlling diseases, especially cholera, trachoma, diarrhoea, respiratory infections, sexually transmitted disease and goiter.

In India, malaria is a persistent problem, although rate of infection has decreased. In the year 1975, India was declared smallpox free.

In 1995, the National Filaria Control Programme was established to control and eliminate the filarial larvae in urban areas. In 1955, the National Leprosy Control Programme was established to control leprosy. The programme was slow when it was launched but after 1980 received great priority. In 1982, it was redesigned and termed as the National Leprosy Eradication Programme.

The Indian government has also taken steps to control several other forms of diseases such as tuberculosis, goiter, diarrheal disease, etc. This control has led to an increase in birth rate and decrease in death rate. The life expectancy of the average Indian has increased. As a result of this, the rate of population growth has tended to increase.

### 4. Migration

The population of a country also grows as a result of net migration, i.e., the number of people entering geographic areas and those leaving the geographic area. It has been found that in 2000, nearly 6,271,000 migrants were living in India, including 170,900 as refugees. This number is increasing fairly regularly. Most of them are from Sri Lanka, Bangladesh, Pakistan, Nepal and other neighbouring regions.



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**5. Poverty**

Poverty is another important factor that influences the growth of population in India. In 2005, the World Bank estimated that about 42 per cent of India's population falls below the international poverty line of US\$ 1.25 a day. It is due to poverty that most rural Indian families add more members in their family, in the hope of adding more hands for income.

**6. Women education**

Education of women also affects the rate of population of a country. Educated women have a low fertility rate as they have other roles beyond bearing children. In India, the ratio of women education is still lower than men, as a result of which women in India produce more children than in most other countries.

**CHECK YOUR PROGRESS**

5. In 2005, about 42 per cent of the Indian population fell below the international poverty line of US\$ 1.25 a day. This was estimated by:
  - (a) World Bank
  - (b) United Nations
  - (c) World Health Organization
  - (d) National Nutrition Monitoring Bureau
6. India was declared smallpox free in the year:
  - (a) 1976
  - (b) 1977
  - (c) 1975
  - (d) 1965

**5.4 NEED AND MEASURES OF POPULATION CONTROL IN INDIA**

According to the 2001 census, the total population of India was 1,027,015,247, making India the second-most populated country on earth. It is expected that by 2025, India will become the most populated nation in the world, surpassing China. As a result, India faces an intense socio-economic and natural resource crisis. India is rich with resources but has a number of poor people and the population growth is adversely affecting the growth and development of the country and its people. Therefore, it is essential to keep a check on population growth in India. The need for population control is necessary because that will enable the people of India to have a better standard of living and economic growth.

The Government of India has been making determined efforts through a series of planned programmes to control the population in India. The Planning Commission of India took a two-pronged approach.

- Department of Family Welfare under the ministry of Health was created at the Centre with counterparts in states for the task of educating Indian couples to adopt family welfare methods. Demographic and Action Research Centres were given financial assistance to carry on research on promotion of family planning practices.
- The working group on Vital and Health Statistics of the Planning Commission in its first meeting in March 1958 examined the question of obtaining reliable estimates of the natural rate of population growth since the rate, as obtained from the use of census data by actuaries, was considered to be less reliable. It recommended that the National Sample Survey obtain a reliable estimate of population increase rate in future years.

The programme of educating couples to practice family planning methods, as adopted by the Department of Health and Family Welfare in the 1960s and 1970s, did not reach the vast rural population who were mostly illiterate and were not exposed to the medical programme. In order to overcome this, the Government of India sought the advice of D.V. Glass of the London School of Economics and Political Science. He advised collection of live statistics through household sample surveys for identifying social variables which were significant for control of population growth.

Beside this, the Indian government also incorporated the goal of population control in the Five Year Plans. As part of this process, the Government has formulated various agencies such as Family Planning Association of India and the New Population Plan.

- **Family Planning Association:** The main aim of the Family Planning Association is to encourage family planning and to take it as a basic human right. The Family Planning Association believes in the norm of a two-child concept. The association believes that families with two children will be able to maintain the balance between the population size and the resources that are available to the family.

The main role of the Family Planning Association is to make people become responsible regarding attitudes towards human sexuality and also provide other services and education in family planning methods to young people. The various family planning methods offered by the Family Planning Associations are conventional contraceptives such as condoms, diaphragms, jelly/cream tubes, foam tablets as well as tubectomy, IUD, oral pills and vasectomy. Besides this, the other family planning method available in the programme is induced abortion. This process is recognized by the government and is available free of charge in many institutions.

- **New Population Plan:** The main aim of the New Population Plan (NPP) is to improve and develop the reproductive health of the people of the country. To achieve this goal, the NPP allows general access to contraceptives and provides contraceptive education among locals. It

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also provides training programmes to people regarding safety aid at birth. In terms of certain legal aspects, the plan also stated that a formal registration of a birth of a child and marriage registration of a couple is very essential. It also maintains that the minimum age of marriage of a girl child should be 18 and a boy child should be 21. It also aimed to provide free primary education to all its citizens.

When talking about education, however, the country, in order to control population, has also shifted its attention to the development of women's educational and economic conditions. Female education will give women more control over their own bodies and indirectly control population growth. In fact, the success of family planning, too, depends on the status of women. Therefore, it is very significant that every Indian female be well educated so that they can have their rights and say in the process of child birth and are also aware of and familiar with birth control measures that are available in the market or at institutions.

Through education, women can not only attain equal right in the family but can also add to the family's income. In terms of rights and say, educated women can easily decide and implement them on the number of children she wants to bear. In addition, educated women know what is right and what is wrong for their family. Education of women can not only improve conditions for the present generation of women, it can also improve that for future generations.

Regarding abortion, the Medical Termination of Pregnancy (MTP) Act was passed by the Indian Government in 1971, under which pregnancy can be ended or aborted.

### CHECK YOUR PROGRESS

7. India's population was 1,027,015,247, according to the census of:  
(a) 2001                      (b) 1991  
(c) 1981                      (d) 1871
8. The family planning methods provided by the Family Planning Programme are:  
(a) Vasectomy  
(b) Abortion  
(c) Infanticide  
(d) Tubectomy
9. The success of family planning depends on the:  
(a) Status of men  
(b) Per capita income  
(c) Status of women  
(d) Religion
10. What were the two agencies for incorporating population control measures in the Five Year Plans?

## 5.5 FAMILY WELFARE APPROACH SERVICES

The family welfare approach envisaged an integrated approach incorporating health, nutrition and family planning aspects. Issues such as raising the age of marriage, augmenting female literacy and providing income-generating opportunities to women in order to empower themselves to decide about their sexuality and reproduction are considered critical components of the family welfare approach. In this respect, in 1951, the National Family Welfare Programme, a Centre-sponsored programme, was launched in India. Its foremost objective was to reduce the birth rate to such an extent so as to make the population reach a level where it can easily meet its economic demand.

The approach under Family Welfare Programme included the following:

**Population control and stabilization:** The Family Welfare Programme announced various family planning programmes. This was the most direct public policy measure launched to control the growth rate of population in India. The programme focused on disseminating awareness on family planning, the use of contraceptives and other facilities. A number of sterilizations and IUD insertions were performed and the use of other contraceptive methods were encouraged. According to the Department of Family Planning statistics, the percentage of couples effectively protected increased from 10.4 per cent in 1971 to 44.1 per cent in 1991.

*Table 5.4 Number of Couples Effectively Protected by Family Planning Methods (1970 to 1991)*

Period	Eligible couples (thousands)	Couples effectively protected due to:			All methods
		Sterilization	IUD	Other	
1970-71	94,489	7,584 (8.0)	1,288 (1.4)	1,963 (2.1)	9,853 (10.4)
1975-76	105,239	14,692 (14.2)	1,101 (1.0)	3,528 (3.4)	17,843 (17.0)
1980-81	116,033	23,321 (20.1)	1,173 (1.1)	3,809 (3.3)	26,444 (22.8)
1985-86	129,432	34,312 (26.5)	4,800 (3.7)	10,744 (8.3)	45,163 (34.9)
1990-91	145,140	43,497 (30.3)	9,664 (6.7)	17,814 (12.3)	64,071 (44.1)

*Source:* Department of Family Welfare. *Family Welfare Programme in India Yearbook*. New Delhi, 1990-1991.

- **Maternal health:** The Family Welfare Programme also focuses on the safety of the mother during pregnancy and childbirth. The objective of the programme is to reduce the maternal mortality rate (MMR). It has been estimated that 100,000 maternal deaths takes place in India i.e., one maternal death every five minutes. The Family Welfare Programme has launched

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various services and programmes for maternal health, such as Antenatal Care (ANC) and the Sector Investment Programme (SIP).

The services of Antenatal Care are available in all primary health sub-centres, primary health centres, community health centres, rural family welfare centres, and district hospitals. Services for pregnant women provided under Antenatal Care include:

- Early registration—before twelve weeks of pregnancy
- Minimum of three check-ups during pregnancy
- Administration of two doses of Tetanus Toxoid (TT)
- 100 tablets of Iron and Folic Acid (IFA)
- Counseling for nutritional diet during pregnancy
- Treatment of anaemic cases

The key motive of this service is to ensure safety and sound health of mothers during pregnancy and during childbirth.

The Family Welfare Programme has launched the Sector Investment Programme (SIP) under the assistance of European Commission through Government of India with the main motive to improve the health of pregnant mothers and children and to reduce infant mortality.

### Five Year Plan and National Family Welfare Programme

During the First and Second Five Year Plans, the approach under the Family Welfare Programme was mainly 'clinical'. However, according to data released in the 1961 census, clinical approach adopted in the first two plans was replaced by an 'extension and education approach' which envisaged expansion of service facilities along with the spread of the message that a small family is the norm.

In the Fourth Five Year Plan, i.e., in the years 1969–74, under the Family Welfare Programme, high priority was given on the reduction of the birth rate. It was found that by the end of the plan, the birth rate came down from 35 per thousand to 32 per thousand. It was estimated that 16.5 per cent of the couples in the reproductive age group were protected against conception by the end of the Fourth Plan.

The objectives under the Fifth Five Year plan (1974–79) was the integration of family planning services with those of maternal health, child health and nutrition. It was during this phase that a great increase in performance of sterilization was found in the country. However, it was during 1977–78 that this programme received a setback as the government stated that there is no place for compulsion or for pressure in the programme and the implementation of the programme should always be an essential part of 'Family Welfare'. It was through this setback that the name of the programme was changed from Family Planning to Family Welfare.

In the Sixth Plan (1980–85) the main goal of the Family Welfare Programme was to set demographic objectives of attaining net reproduction rate of unity. This



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## 5.6 APPRAISAL OF INDIA'S NATIONAL POPULATION POLICY

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A 'policy' is a plan of action, statement of aims and ideals, especially one made by a government, a political party, a business company, etc. It guides present and future decisions. 'Population policy', in its narrow sense; according to the United Nations is 'an effort to affect the size, structure and distribution or characteristics of population.' In its broader range, it includes, an 'effort to regulate economic and social conditions which are likely to have demographic consequences.'

Any public policy, including population policy, is a step towards the future and an attempt to achieve desired goals. As such, it is to be laid down in terms of goal, past and present trends towards the achievement of these goals, social condition accounting for the direction and intensity of these trends, and projections for a probable future. This means that the population policy has to be associated with participants, values, institutions and resources.

Generally, two types of population policies have been suggested. These are as follows:

- (a) Antenatal policy, which aims at discouraging the growth of the population,
- (b) Distributional policy, which deals with distributional imbalance of the population.

The National Academy of Sciences has discerned population policy as the one which influences demographic processes according to a pre-set objective and which will cope with the demands created by demographic processes.

In a developing country like India, the rate of population growth is increasing very fast. The population of India is adversely affecting development and therefore has to be controlled at its earliest. The Government of India has also adopted a population policy called the National Population Policy. This policy was launched in 1952 aiming to achieve a stable population by 2045, at a level that is consistent with the requirements of sustainable economic growth, social development and environmental protection. The aims of the National Population Policy of India are as follows:

- Decreasing birth rate
- Limiting the number of children in a family
- Decreasing mortality
- Creating awareness among the masses regarding the consequences of a rising population
- Procuring necessary contraceptives
- Employing laws like legalizing abortion
- Checking the concentration of people in congested areas
- Providing necessary public services for effective settlement in new areas
- Relocation of offices to less populated areas

The policy is the direct result of the total size of population, a high growth rate and the problem of uneven distribution of population in rural and urban areas. The policy aims at enhancing the quality of life, and increasing individual happiness.

In April 1976, the Minister of Health and Family Planning, Karan Singh, presented before the Parliament the National Population Policy framed after prolonged and intensive consultation with governmental and non-official organizations, academic institutions, as well as eminent demographers and economist. The policy covered a wide spectrum of programmes including raising the statutory age of marriage, introducing fiscal incentives to states which perform well in the field of family planning, paying special attention to improving female literacy, public education through all available media (radio, television, press, film), introducing direct monetary incentives for adoption of vasectomy and tubectomy operations, and a new thrust towards research in reproductive biology and contraception.

This National Population Policy was further modified and re-announced in 1977. Education and health were reinforced in the new policy. Health included general as well as maternal and child health. Voluntary family planning was also introduced in this policy. This also saw a change of phrase from Family Planning to Family Welfare Programme.

Moving further, the objectives of National Population Policy was later appraised and it was during this phase that the National Population Policy 2000 noticed the unmet requirements of contraception and health care infrastructure, health personnel, etc. Thus, the objective of the National Population Policy 2000 is to provide integrated service to child healthcare and reproductive healthcare.

The National Population Policy 2000 and its medium-term intentions were to bring the total fertility rate (TFR) to substitute levels by 2010. This was mainly achieved through strong execution of inter-sectoral operational strategies.

The National Population Policy aims to attain the following socio-demographic objectives by 2010.

- For basic child health services, reproductive health service, infrastructure, and supplies the policy concentrate on the unmet needs.
- Enable free and compulsory education for children up to 14 years of age, and decrease the rate of failures or dropouts below 20 per cent at secondary and primary levels in schools for both girls and boys.
- Decrease the rate of infant mortality below 30 per 1,000 live births.
- Decrease the rate of maternal mortality below 100 per 100,000 live births.
- For children, enable universal immunization against all vaccine curable infections.
- Encourage late marriage of girls; say above 18 or 20 years of age.
- Attain 100 per cent deliverance by trained persons and 80 per cent deliveries by institutions.

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- For fertility instructions and contraception, attain universal ways that are available in ample amount through information/counseling, and other services.
- Accomplish 100 per cent registration of marriage and pregnancy, births and deaths.
- Encourage better incorporation between the executions of Reproductive Tract Infections (RTI) and Sexually Transmitted Infections (STI). Also, contain the extend of Acquired Immunodeficiency Syndrome (AIDS).
- Control, abate and prevent communicable diseases.
- In the provision of reproductive health service and child health services and in reaching out to households it integrate Indian Systems of Medicines (ISM).
- Supporting dynamically the small family norms in society to attain replacement levels of TFR.

### CHECK YOUR PROGRESS

15. In April 1976, the National Population Policy was presented before the Parliament by:
  - (a) Karan Singh
  - (b) Sanjay Gandhi
  - (c) Indira Gandhi
  - (d) Rajiv Gandhi
16. The medium-term objective of the National Population Policy is to bring down the:
  - (a) Birth rate
  - (b) Total Fertility Rate
  - (c) Death rate
  - (d) Age specific death rate
17. List two objectives of the National Population Policy.
18. The aim of the National Population Policy of India is to:
  - (a) Decrease mortality rate
  - (b) Decreasing per capita income
  - (c) Decreasing standard of living
  - (d) Decrease birth rate

## 5.7 SUMMARY

- Population can both add human resources as well as destroy economic resource.
- Today, India is the second most populated country in the world. With time, this is continuously changing in the world.

- There are various factors that influence the growth of population in India. They include migration, decreased mortality rate, women education, eradication of diseases, etc.
- The population of India has been growing steadily for the last fifty years.
- The Government of India has formulated several measures to control population and improve maternal and child health.

## NOTES

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### 5.8 KEY TERMS

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- **Family Welfare Programme:** A government programme launched in 1951 with an objective to reduce the birth rate to such an extent so as to make the population reach a level where it can easily meet its economic demand
- **National Population Policy:** A policy launched by the Government of India in 1952 aiming to achieve a stable population by 2045, at a level that is consistent with the requirements of sustainable economic growth, social development and environmental protection

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### 5.9 ANSWERS TO 'CHECK YOUR PROGRESS'

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1. (c)    2. (a)    3. (c)
4. The trend of population in India differs with respect to region. In Kerala, the mortality and fertility rates are similar to those of developed countries. On the other hand, in Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan, there is a high rate of infant mortality and high rate of fertility. As a result of this imbalance, the rate of population growth in these regions is also very high.
5. (a)    6. (c)    7. (a)
8. (a, d)    9. (c)
10. The two agencies to implement goals of family planning are: (i) Family Planning Association (ii) New Population Plan.
11. (d)    12. (c)    13. (b)    14. (a)
15. (a)    16. (b)
17. The National Population Policy aims to attain the following socio-demographic objectives by 2010.
  - For basic child health services, reproductive health service, infrastructure, and supplies the policy concentrate on the unmet needs.
  - Enable free and compulsory education for children up to 14 years of age, and decrease the rate of failures or dropouts below 20 per cent at secondary and primary levels in schools for both girls and boys.
18. (a, d)

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## 5.10 QUESTIONS AND EXERCISES

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### Short-Answer Questions

1. Explain the objectives of the National Family Welfare Programme under the Seventh and Eighth Five Year Plan.
2. Explain the role of poverty in affecting the rate of population growth.
3. How does mortality influence the growth of population in India?
4. Write a short note on the approaches of the Family Welfare Programme
5. Write a short note on socio-demographic aims of the National Population Policy.

### Long-Answer Questions

1. Briefly describe the world population trend.
2. Write a note on the population trend of India
3. Explain the National Population Policy of India.
4. What are the factors influencing the population growth of India?
5. Write a note on Family Welfare approach services.

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## 5.11 FURTHER READING/REFERENCES

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