Population Studies
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Lecture - 08
Population Policy in India

Friends, in the last lecture, we were talking about Population Policy in general and in this lecture, I wish to draw your attention towards Population Policy of India. This will certainly be more interesting to you than the previous lecture because we are talking about ourselves, our country, our problems. Now friends, at the time of independence, India was in the early second stage of demographic transition.

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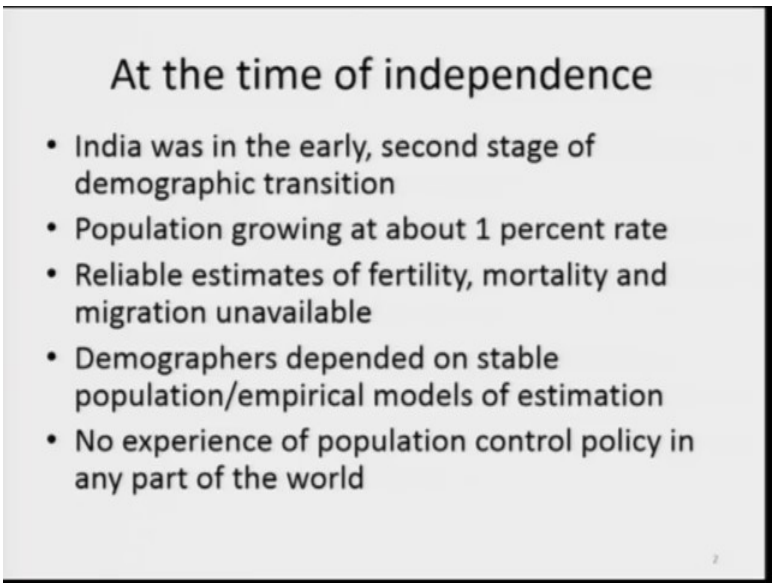

Mortality and fertility were high, but they had started declining. The condition was not as bad as in the beginning of the last century. And therefore, population was growing at about 1 percent per year. This 1 percent itself is indicative of second stage of demographic transition because in the first stage of transition, growth rate of population is 0; both fertility and mortality are high and fluctuating and therefore, growth rate is 0.

But we had a persistent growth rate of around 1 percent per year which shows that some progress was made towards transition. But, at that time reliable estimates of fertility, mortality and migration were not available. Demographers depended on a stable

population theory and some other analytical models of estimation for assessment of what were the rates and ratios at that time.

Mostly, we took census data. Census was the most reliable and data which was available at a gap of 10 years right from 18, 1881. So, by using analytical models, mathematical equations, regression lines, we estimated rates and ratios using census growth rate and age distribution. There was no experience of population control policy in any part of the world not only in India, but not in any part of the world.

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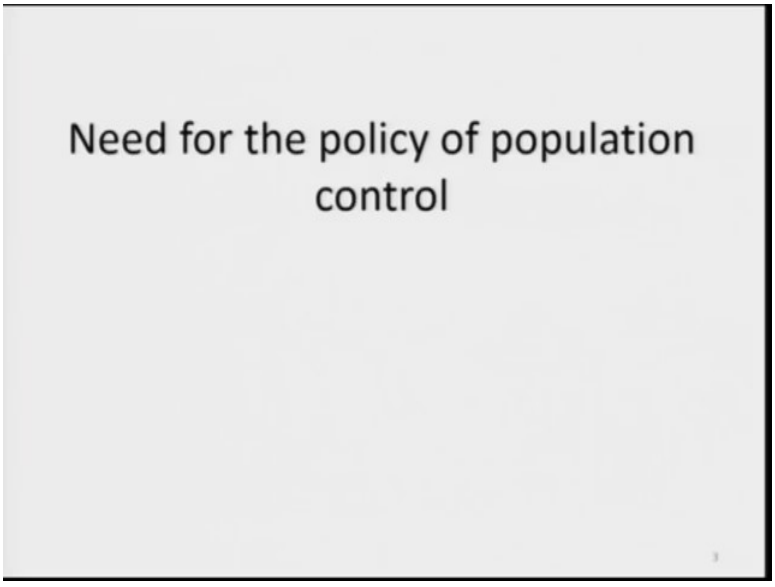

So, there was a need Pandit Jawaharlal Nehru at that time Congress working committee, intellectuals, academicians everyone felt those connected with planning felt a need for population control.

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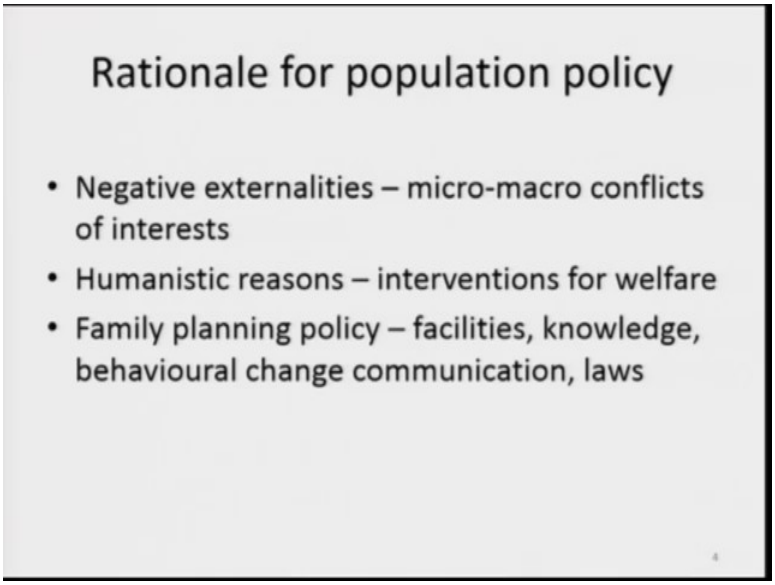

The rational for population policy following type: Negative externalities. Negative externalities mean that while at the state level or at the national level or at the international level; there are economic benefits which accrue from reduction in birth rate. But due to cultural, traditional, regions and values and norms and institutional patterns and mode of production, individual couples benefit from having large number of children. So, this conflict has to be resolved and in the context of this conflict government then or a state has to do something.

Then humanistic reasons: humanistic reasons means that some interventions of policy kind have to be made for their own sake. For example, education, raising age of marriage, they are important humanistic aims for themselves and then, family planning programme policies providing facilities, knowledge, behavioural change communication and laws nobody would object to them.

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Now in India because at that time when we became free, society were traditional and it was very sensitive to talk about population issues; they were considered to be taboo and any kind of discussion of sex or sex policy was not allowed. So, we started with a Gandhian approach. Now, Gandhian approach, the advantage of Gandhian approach was that this drew people's attention to the need for population control although this approach does not include use of modern family planning methods.

Ironically Gandhi has been in favour of population control so much that Margaret Sanger, the leader of international planned parenthood federation who had undergone a jail term for a month in our own country had come to seek blessings of Gandhiji. They had a summit meeting and Gandhiji declared support for population control, but Gandhiji's reasons were different.

They were not that a large population cannot be fed by the resources, agricultural resources of the country, but because he thought that at that time during freedom struggled population control was a political duty; something which remains an enigma for a large number of people today. Then in 1952 government started opening clinics for providing facilities and it did not work. They were limited. Clinics were limited and there was no interest in the program. So, they could not yield any result.

In 1963 therefore, Government of India is started thinking in terms of community extension program means providing education to people in urban and rural area, door to door by appointing a few change agents at the grassroots level. And, in order to fill gap

in the data in 1963 and onwards, lot of KAP surveys conduct were conducted. KAP surveys means Knowledge, Attitude and Practices.

What is people's knowledge about reproductive processes, about contraception, about socio economic issues; attitude is their attitude in favour of adoption of a small family norm; what is their attitude towards contraception. And, practices means what proportion of couples are actually using contraceptive methods and what are the age of marriages, education, literacy, socio economic data these data were collected. So, we could know, we could assess in what context are we talking of having population and policy.

In 1965 seeing its success in some of the other country like Japan, IUCD approach was introduced. IUCD means Intra Uterine Contraceptive Device which succeeded to some extent for 2-3 years and then, their number is started falling. In 1972, a very energetic dynamic IAS officer Krishna Kumar; he started organizing mass vasectomy camps Ernakulam district of Kerala. And then, this approach camp approach a new term was coined; then, mass vasectomy camps to which large number of people came and got operated for vasectomy.

Then, in 1976 there was emergency and family planning programme was pursued vigorously which created a boomerang in the population, especially the element of compulsion in sterilization after 3 children. And therefore, when the new government came to power in 1977, it family planning programme became a volunteer programme and human rights based approach. After that millennium development program, sustainable development programs at the international level and United Nations conferences and in general movements of various types have made program a reproductive health based approach from 2000.

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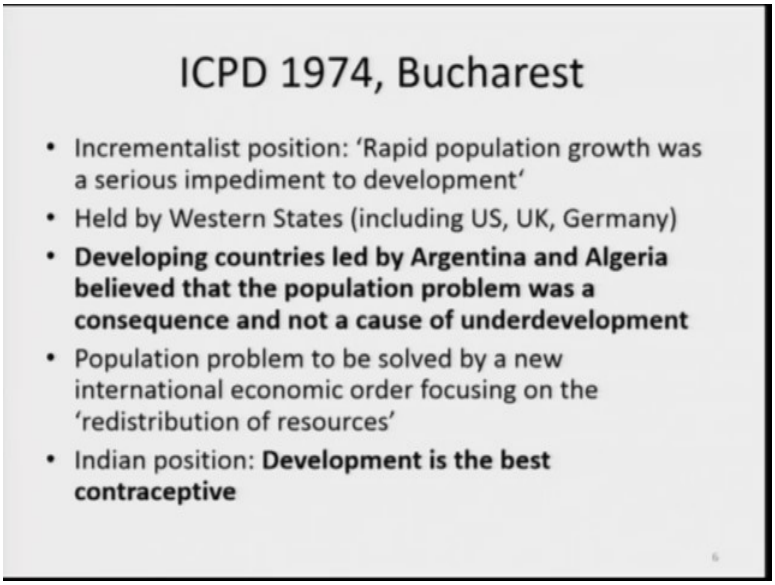

International conference on population and development first time was organized in Bucharest in 1974. There were two positions; one by developing countries, another by developed countries. Incrementalist position was that rapid population growth was a serious impediment to development. This view was held by Western States especially US and UK and Germany.

Developing countries led by Argentina and Algeria believed that the population problem was a consequence and not a cause of cause of underdevelopment. Population problem therefore, has to be solved by a new international economic order focusing on the redistribution of resources. India's position was the development is the best contraceptive and this was sort of middle position between the two extreme approaches.

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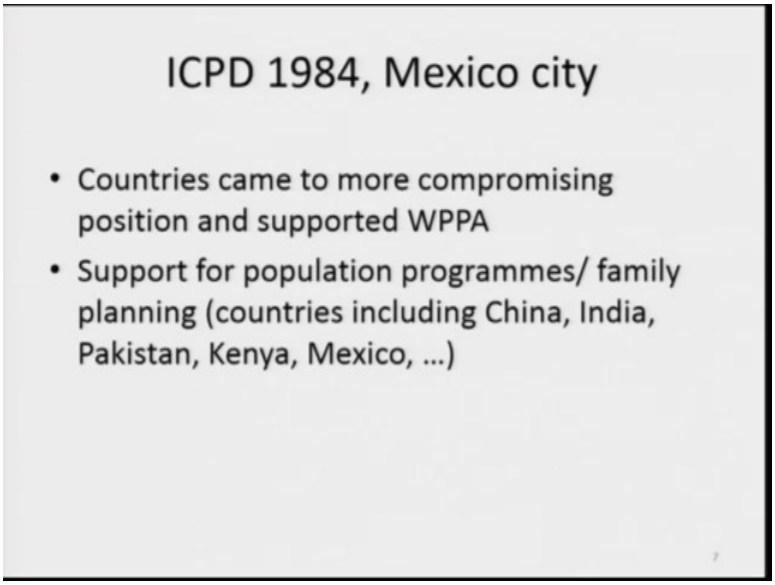

In 1984 another ICPD was held. This was in Mexico city and countries came to more compromising position and supported family planning programme, world programme for population action. Support for population programme, family planning also came from country like China a socialist country communist country rather India, Pakistan, Kenya, Mexico and so on.

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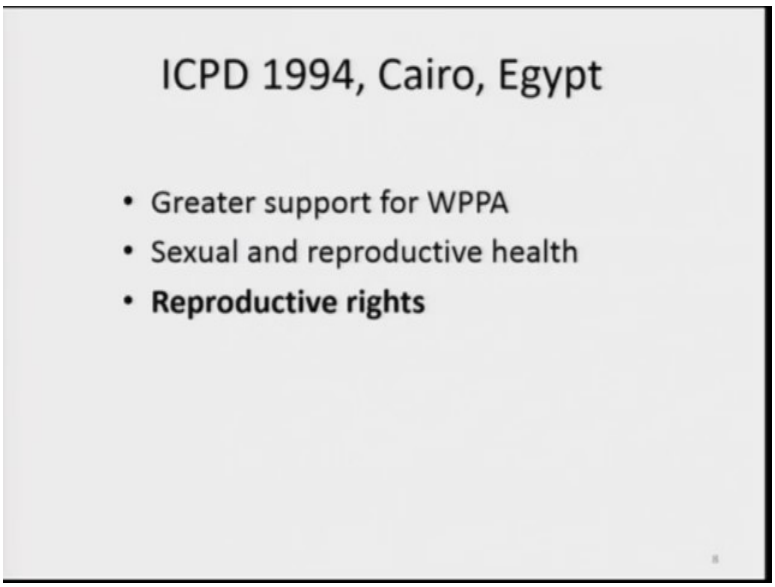

Then, there was ICPD 94 in Cairo which made a paradigm shift in the policy for population. There was greater support for World Population Programme Action and there was a stress on sexual and reproductive health and reproductive rights. Knowledge,

contraception, facilities hospital facilities, abortion facilities, a contraceptive facilities, nutrition etcetera etcetera, they became part of the rights of women; reproductive rights.

They must know what are the danger risk, danger signs in case of pregnancy. There must have antenatal care. Children must have vaccination and it is not that government is trying to impose something on people, but because these things are matters of rights of women and children; so, reproductive rights.

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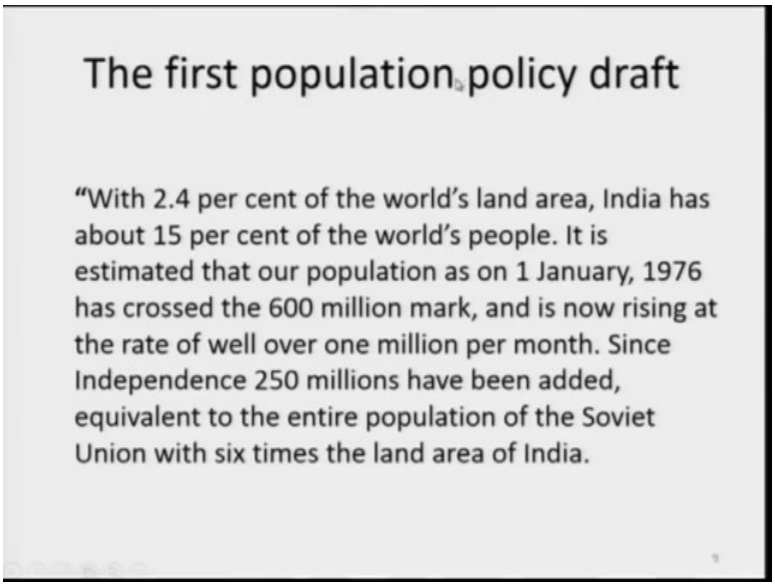

The first population policy draft was written by Dr. Karan Singh in 1976. I won't call it a policy because this was not approved by this was not signed by the president of India. This was only a draft, but draft was interesting and when the next government Janata government came to power in 77, they also more or less retained the points contained in this draft and you will see that this is quite exhaustive and Dr. Karan Singh said that he himself had drafted the whole policy draft and you can see how thoughtful it was.

It begins like this. "With 2.4 percent of the world's land area, India has about 15 percent of the worlds people a big gap 2.4 percent of the worlds land area and 15 percent of the world's population. Today, this percentage of population has rather increased to 17 percent. It is estimated that our population as on first January 1976 has crossed the 600 million mark, and is now rising at the rate of well over one million per month.

Since independence this was written in 1976 remember it, that since 19, since independence 250 millions have been added equivalent to the entire population of the soviet union. So, 250 which has been added after independence till 1976 was equivalent to the entire population of the Soviet Union with six times the land area of India.

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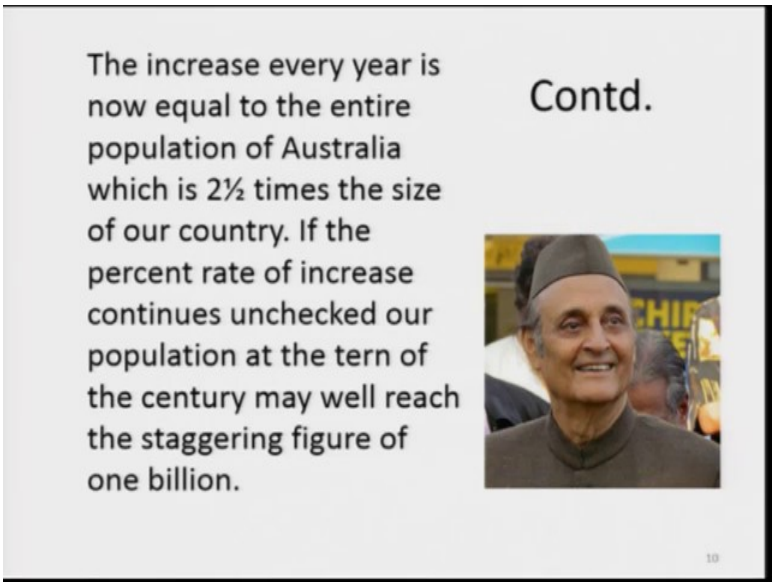

The increase every year is now equal to the entire population of Australia which is 2 and half times the size of our country. If the present rate of increase continues unchecked, our population at the turn of the century may well reach the staggering figure of one billion

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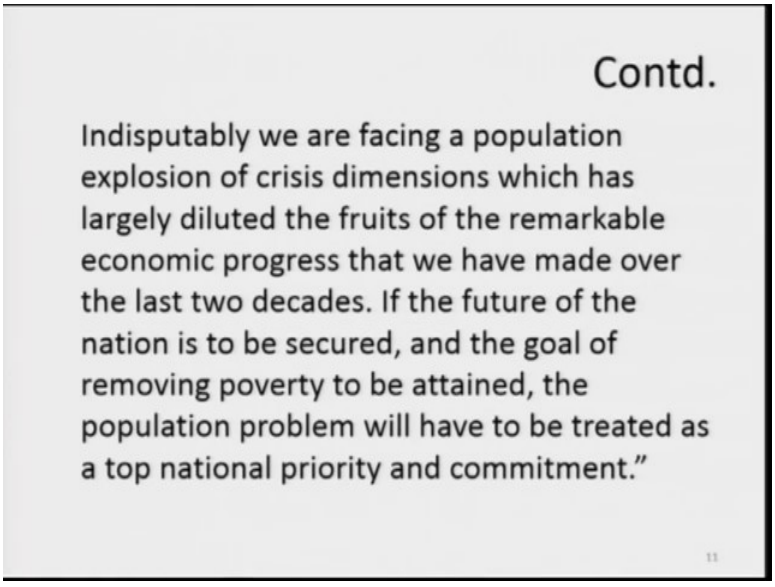

Indisputably we are facing a population explosion of crisis dimensions which has largely diluted the fruits of the remarkable economic progress that we have made over the last two decades. If the future of the nation is to be secured, and the goal of removing poverty to be attained, the population problem will have to be treated as a top national priority and commitment."

So, these paragraphs show that it is of utmost importance to focus attention on population; otherwise a population continues to rise like that. At that time population was rising at more than 2 percent per year which means a doubling time of 35 years. So, if population continues to increase like that all our socio-economic efforts to raise per capita income, to raise education to make quality of life better will be nullified by the population.

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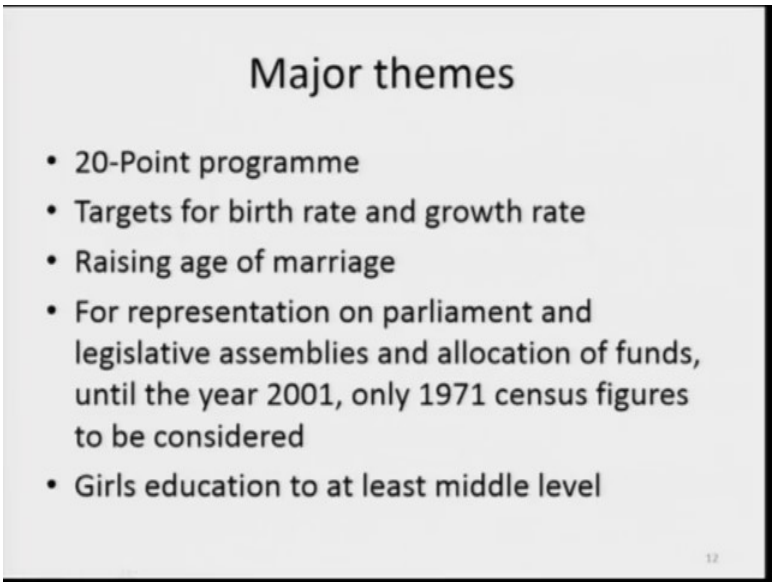

Now, the major themes of this policy draft were 20-Point programme which was implemented during emergency time targets for birth rate and death rate. Essentially targets for birth rate and growth rate because growth was of concern. Targets for death rate were indisputable everybody wanted to live longer, everybody wanted good health and no community, cast, region ever opposed the idea of helping people live longer; but birth rate and growth rate are a problem.

So, then raising age of marriage. For the first time, it was suggested and later on a law was passed that the minimum legal age of marriage of girls should become 18 and that a

boy is 21 and arranging for marriage of children daughters and sons below this age would become a cognizable offence.

There was a big issue that if at that time in 1976, fertility was more controlled in South Indian states and less in North Indian states. So, South Indian states were fearing that if these differences in population growth rate remain, then in political representation on parliament as well as in financial allocation which is which is attached to population South Indian states will suffer.

And therefore, it was decided that for representation on parliament and legislative assemblies and allocation of funds, until the year 2001, only 1971 census figures will be considered to allay the fear that their representation and it was also decided that girl's education should be increased to at least middle level. Now, we say high school, but at that time since the levels of enrolment and levels of education were low. So, it was decided that girl's education we raise to at least middle level.

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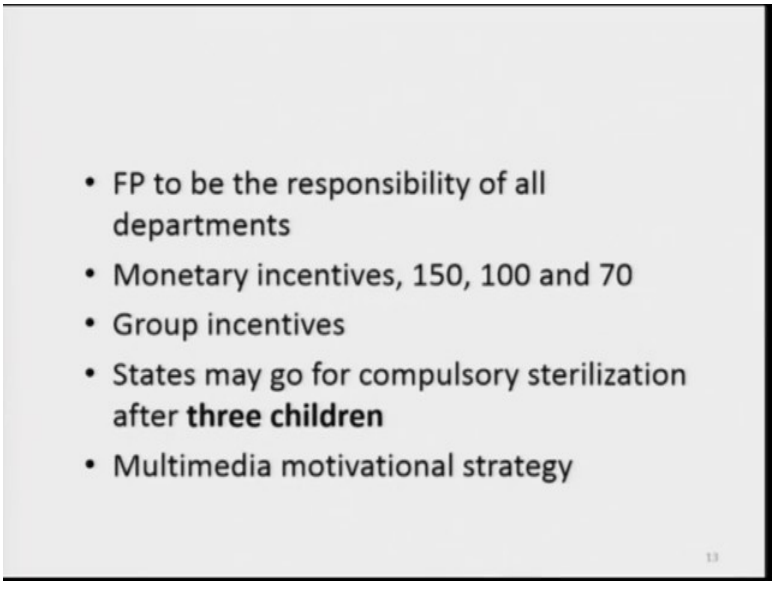

Then, some other important points were that family planning was to become responsibility of all departments. All departments of government of India; all departments of centre; agriculture, sports, administration, police, education, industry all departments will cooperate and pool their resources to implement population policy of India. They also suggested monetary incentives which became quite popular or which

sort of lured very poor and tribal people some time to go for sterilisation and the incentives were 150 after 2 children, 100 after 3 children and 70 after 4 children.

Group incentives were also thought of that villages or districts which will do better in population; population planning or population policy implementation, they will be given incentives at the Panachayath level, at the block level, at the district level, states will also be given incentive in various forms. Wherever the central government helps gram panachayaths or blocks or districts or states more help or more financial allocation or more facilities will be given to those which do better in population control.

And there was a point which actually this it was this point which boomerang that government said that states may go for compulsory sterilization and after 3 children irrespective of caste, community, creed, religion, the draft also said that society is ready to accept more stringent measures in population control. But they are not going for compulsion simply because the facilities in India's hospitals are not ready to sterilize a large number of couples who will come to these facilities under this law.

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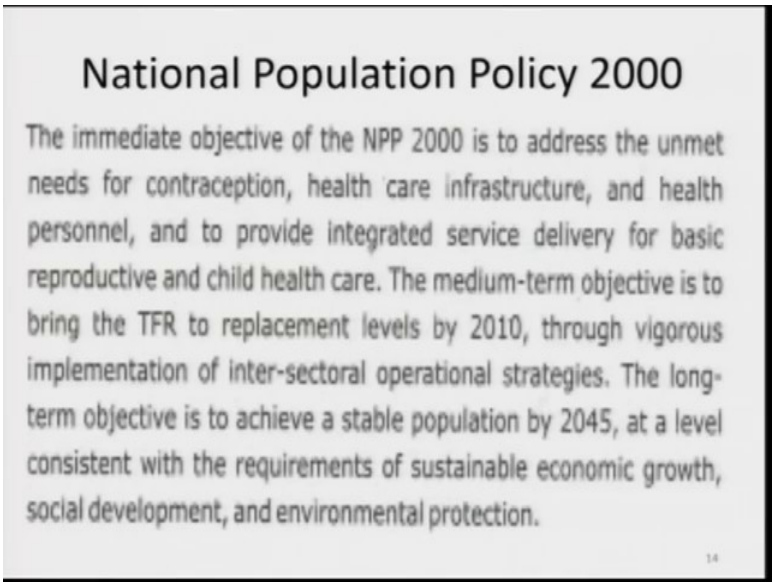

Then, multimedia motivational strategy and many other points, there were discussion of involvement voluntary organization, discussion of reproductive research means research in reproductive biology and so on. Now, then 77, I mentioned that 77, there was a change the major change was that the programme were declared to be voluntary and the fear that

population control programme after 2 or 3 or 4 children can ever become compulsory; compulsory the fear of compulsory sterilization was removed from the policy.

It was first time in 2000 that national population policy was issued and look at there is no panic. It has to be more people friendly; welfare oriented, human rights based, reproductive health based. So, the policy says that the immediate objective of the National Population Policy 2000 is to address the unmet needs for contraception. There are many people who want to use contraception, they do not want more children, but is still they are not doing anything. They are they are supposed to be having the unmet needs.

Healthcare infrastructure and health personnel and to provide integrated service delivery for basic reproductive and child health care, the medium term objective is to bring the total fertility rate which will mean average number of children we may bear in lifetime when mortality is not considered to replacement levels by 2010. A total fertility rate of 2.1 is considered to be a replacement level fertility, through vigorous implementation of inter sectoral operational strategies.

The long term objective; so, short term is to address the unmet need and 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 environmental protection. Actually, the problem is that bringing down total fertility to 2.1 does not mean that population ceases to grow; population continues to grow due to younger age distribution and in demographic, there is a technical term for that it is called demographic momentum.

So, because of demographic moment; we are passing through this demographic momentum phase. Our fertility has declined to 2.2, but the growth rate of India's population is still around 1.4 which is due to population or demographic momentum.

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Demographic goals were fixed for 2010. These goals include address the unmet needs for basic reproductive and child health services, supplies and infrastructure, make a school education up to age 14 free and compulsory and reduce dropouts at primary and secondary school level to below 20 percent for both boys and girls.

Reduce infant mortality rate to below 30 per 1000 live births. Reduce maternal mortality ratio to below 100 per 100,000 live births. Achieve universal immunization of children against all vaccine preventable diseases. Government of India declares which vaccines are compulsory to be included in the programme and it aims to achieve universal immunization.

It is a very difficult task, universal immunization means immunizing all children of the right age group in all parts of the country, in all states urban and rural areas, in urban areas, upper class areas, elite class areas, middle class area, slums in rural areas, and in tribal areas in isolated areas where no other development program has ever reached and promote delayed marriage for girls not earlier than 18 and preferably after 20 years of age. So, this phrase preferably after 20 years of age was also added.

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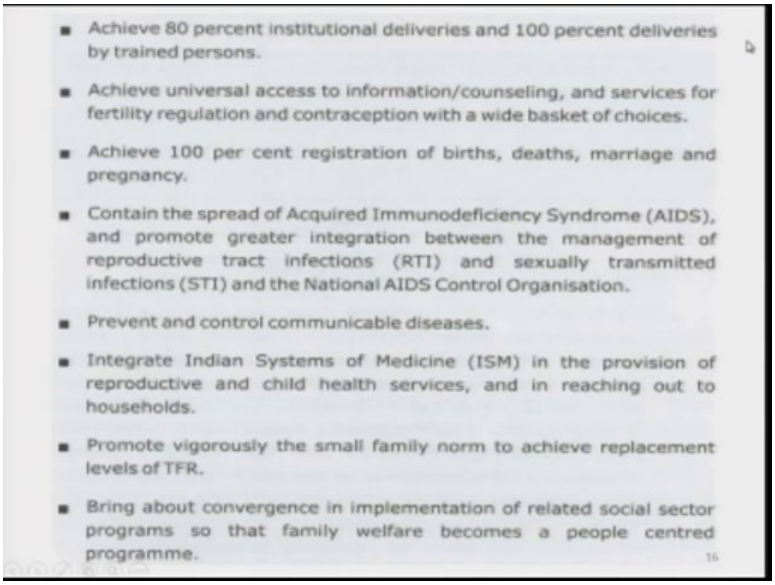

Achieve 80 percent institutional deliveries and 100 percent deliveries by trained persons. The advantage of having institutional deliveries is to reduce infant and child mortality on the one hand and reduce maternal mortality rate by providing safe delivery services in hospitals on the other. Achieve universal access to information, counselling and services for fertility regulation and contraception with a wide basket of choices.

Achieve 100 percent registration of birth, death, marriage and pregnancy. Earlier I said that in India, we did not have good data on births and deaths. So, as part of the policy registration of birth, death, marriage and pregnancy was made a compulsory thing. Contain the spread of acquired immune immunodeficiency syndrome AIDS by this time in 80's. 1986 sometime the first case of HIV were discovered in south India and government was worried WHO was worried international agencies were worried about a spread of HIV and AIDS. So, there is a point about HIV AIDS between the management of reproductive tract infections and sexually transmitted infections and the National AIDS Control Organization or NACO.

Prevent and control communicable diseases. Integrate Indian system yeah for the first time this included integration of Indian systems of medicine later called Ayush Ayurveda, Unani, Homeopathy and Yoga and Siddha in the provision of reproductive and child health services and in reaching out to households. Many people still prefer Ayush and for certainly for preventive purposes Ayush systems of medicine is quite good.

Promote vigorously the small family norm to achieve replacement level of TFR bring about convergence in implementation of related social sector programs. So, that family welfare becomes a people centered programme.

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Now, the major strategic themes how to achieve the target; how to achieve the goals of this policy these bullets show, the major strategic themes of the program. Integrated package of services at the village level. Earlier different types of services were provided at the village level by different workers and under different programs, vertical programs for different diseases, vertical program for vaccination and sanitation and hygiene and family planning and now, integrated package of services had village level means that under the same umbrella program all kinds of health sanitation, population services would be provided to people.

Empowering women for health and nutrition; nutrition is a serious problem in India nearly 50 percent women according to NFHS surveys suffer from malnutrition. So, empowering women for health so that women can take decision to go to health centre, to look after themselves, take nutritious diet and in general behave in a manner that their health is protected

Child health and survival; in one of the lectures I was telling that according to tenth 5 year plan 60 percent cause of high population growth was attributed age distribution; 20 to unmet need; 20 to child health and survival. So, this became an important issue. Then,

main steaming ISMH, Indian System of Medical Health and IEC in Information Education Communication to be clear focus and disseminated to remote areas of the country.

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Between 2000-2018; in 2000 detailed action plan was made that continued all these years. The programme was further strengthened by millennium development goals; 2008 with focus on poverty removal and curtailing HIV and AIDS that fix strategies and targets for 2015. Now, after this millennium development programme is over we have sustainable development goals 2016 to 30 and although India has not formally signed; but India is also implementing. The goals are zero hunger, good health, quality education and gender equality.

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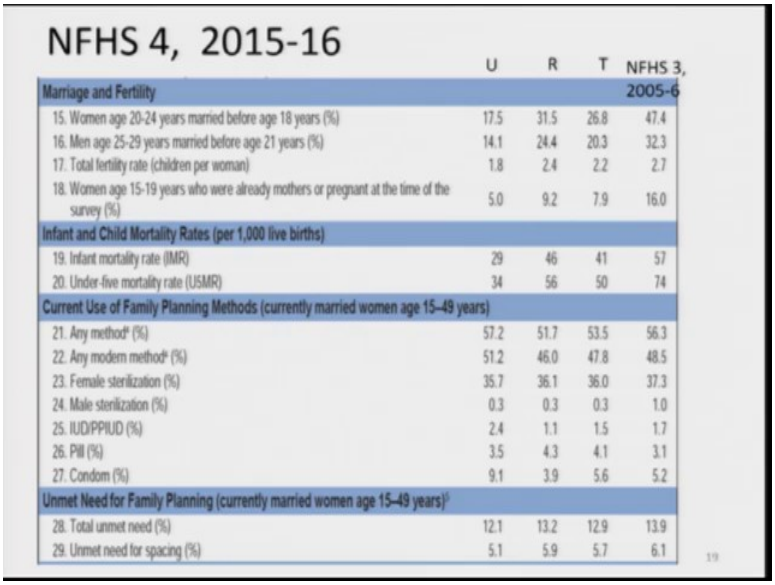

NFHS 4, 2015-16

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Marriage and Fertility				
15. Women age 20-24 years married before age 18 years (%)	17.5	31.5	26.8	47.4
16. Men age 25-29 years married before age 21 years (%)	14.1	24.4	20.3	32.3
17. Total fertility rate (children per woman)	1.8	2.4	2.2	2.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.0	9.2	7.9	16.0
Infant and Child Mortality Rates (per 1,000 live births)				
19. Infant mortality rate (IMR)	29	46	41	57
20. Under-five mortality rate (U5MR)	34	56	50	74
Current Use of Family Planning Methods (currently married women age 15–49 years)				
21. Any method[a] (%)	57.2	51.7	53.5	56.3
22. Any modern method[a] (%)	51.2	46.0	47.8	48.5
23. Female sterilization (%)	35.7	36.1	36.0	37.3
24. Male sterilization (%)	0.3	0.3	0.3	1.0
25. IUD/PPIUD (%)	2.4	1.1	1.5	1.7
26. Pill (%)	3.5	4.3	4.1	3.1
27. Condom (%)	9.1	3.9	5.6	5.2
Unmet Need for Family Planning (currently married women age 15–49 years)[b]				
28. Total unmet need (%)	12.1	13.2	12.9	13.9
29. Unmet need for spacing (%)	5.1	5.9	5.7	6.1

NFHS 4 provides lot of data and if you want more details, you can go to NFHS 4 website. Just write in Google NFHS 4 and that will take you to NFHS 4 reports data tables and from there, you can learn. For example, one or two points which I want to show that infant mortality rate in India has which was 57 in NFHS 3 means during 2005 to 6 has declined to 41. It is a good news; urban areas 29, rural areas 46. Current use of family planning, if you look at any method then earlier any method percentage was 56.3, it has slightly declined to 53.5 and it can be a cause of worry.

One has to look for why this these figures are declining. Unmet need has declined from 13.9 to 12.9, but still in 2015 and 16 also the total unmet need which was around 20 percent at the time of tenth 5 year plan has declined certainly, but it is not it has not gone below 12 percent. 12 percent in urban area, 13 percent in rural areas; overall there are 12.9 percent couples in reproductive ages in India who do not want more children and is still they are not doing anything for this. So, and it is for there are different needs for terminal methods and spacing. Spacing is 5.7 percent.

More of this you can learn by going to NF or population, literature population data are available on net. You just need a motivation to study these facts. Write NFHS 4 in Google search and you will learn everything all results of NFHS 4.

Thank you.