



## Revised Population Policy in India

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**Abstract**—The paper reviews the population policy and programme at national level since its inception. It brings forward the achievements as well as shortcomings of the policies and programmes and goes on to show how despite the abolition of 'target approach' the programmes still have the same orientation. The National Population Policy states that the objective of economic and social development is to improve the quality of lives. India is the second most populous country of the world after China, with more than a billion persons according to preliminary results of the 2011 Census, India counted 1.21 billion people, first initiates government policy of promoting a family planning programme in 1952. In present paper researcher explains population policies in India before or after independent, and also discuss on status of population policies in five year plans. Currently the National Population Policy, 2000 recognizes that the most effective development policies are those which are socially just and focus on the well-being of all people.

**Keywords:** *Population, policy, India, five year plan.*

### I. INTRODUCTION

India was the first country to launch a family planning programme in the year 1952. The Indian Programme has now existed for more than five decades. This paper seeks to trace the programme at the national level, from the time of its inception to recent times, as well as enumerate the salient achievements and shortcomings of the programme.

The Five Year Plans in India have never failed to comment that India's development or growth has been the best possible with the given resources, but uncontrolled population growth has acted as a retrogressive factor. At the time of independence, the Crude Birth Rate (CBR) was 45/1000 (i.e. over 45 children born for 1000 people per year). The Total Fertility Rate (number of children a woman would have in her lifetime) was 6. At this time, the government set a target to bring the CBR down to 27/1000 by 1990 and 21/1000 by the year 2000, with a target TFR of 2.1.

During the first three Five Year Plans, family planning was considered more a measure for improving the health of couples, than a means for achieving the demographic goals of the country. Over time however, the achievement of demographic goals became the principal and perhaps the only focus of the programme.

We are in the midst of a population crisis that affects every home in the world. Next to avoiding nuclear war, man's foremost challenge today is to achieve a world-wide reduction in population growth. Population trends and their implications are probably receiving more attention now than at any time since Thomas Malthus published his work, *Essay on Population*, in 1798. Malthus's prediction that human population tends to outrun the means of its subsistence and that masses of mankind are doomed to increasing misery may come true in spite of the scientific and technological developments since the industrial revolution. It appears that the situation will grow worse before it gets better. Asia is the biggest contributor to the increase in world's population, and in absolute growth of population in Asian countries, India tops the list.

In India, people with different cultures and languages have been living together for thousands of years. About 80% of the Indian Population is Hindu. Muslims are the biggest minority. Today, India is the home to over 1 billion people. India after China, being the second most populous country of the world supports 17.5 per cent of world's total population and has only 2.4 per cent of the total landmass of the world. The growth of population in India is quite high.

The projections based on the present estimates suggest that at this rate India's population will surpass China in 2050 with population of 1600 million.

Every Indian woman gets almost 3 children, compared to a little over one child per family in the west. As in many Asian societies children are needed to do work and care for family members when they get older. Boys are more valuable than girls, who marry at an early age. About a third of India's population is under 14, which makes it one of the youngest countries on earth. Apart from that India has the largest proportion of people who cannot read and write; more than 70% of Indian people live in the countryside, in smaller villages and town. As the rural population



is becoming poorer more and more people are moving to the big cities where they live in overcrowded slums with no electricity or clean water. As a result, cities like Mumbai, Calcutta and New Delhi are exploding with people they have no jobs for.

Over population in India is causing even more problems. There is tremendous pressure on our resources for providing even the basic needs, such as food, housing, education, health, to the country's large population. If the present growth of population is unchecked, the demand for even basic facilities and services would far outstrip their supply and there would be a serious impact on our socio-economic development, the quality of the lives of the people and the environment.

Large population showing adverse effects on environment in the form of diminishing wild life, shrinking forest cover, reduced water bodies and unacceptability high pollution in large parts of the country on land in air and in water. Overcrowding in medical and educational institutions, burden in excess of capacity on transport communication and housing and large unemployment are already only two visible. There are already signs of adverse effects on social harmony and public order.

## II. MEANING OF POPULATION POLICY

Firstly, we should know the meaning of word "Population Policy". **Population** 1. (a) All of the people inhabiting a specified area. (b) The total number of such people. 2. The total number of inhabitants constituting a particular race, class, or group in a specified area.

3. Statistics the set of individuals, items, or data from which a statistical sample is taken, also call universe.

A group of individuals of the same species occupying a particular geographic area, population may be relatively small and closed, as an island or in a valley, or they may be more diffuse and without a clear boundary between them and a neighboring population of the same species that reproduce sexually, the members of a population interbreed either exclusively with members of their own population or where population inter grade, to a greater degree than with members of other populations.

**Policy** Policy is defined as a definite course or method of action selected from among alternatives and is supposed to guide and determine, in the light of given conditions, present and future decisions. It is said to be a set of objectives along with the measures and means to achieve them. Public policy is one that is pressed into the service of the community or nation. Public policy could therefore be defined as the affirmation of the extent and scope of governmental intervention in societal affairs. So population policy should therefore be viewed as a set of government actions – legislative and influence, alter or modify some aspect of population. Aspects of population, which could obviously be addressed to by a population policy are the modifiable features of population stock and its vital processes and events.

## III. MEANING OF SWAMINATHAN COMMITTEE REPORT

In 1993, the Swaminathan Committee Report was submitted which recommended withdrawing the target-based approach, empowering women by increasing their opportunities to participate in the paid labour force, shifting programme emphasis from achieving national demographic targets to helping couples to achieve their reproductive goals, promoting male methods and to bring about a more equitable gender balance in the provision of family planning services (Khan and Townsend, 1999). This draft foreshadowed many of the ideas expressed at the International Conference on Population and Development at Cairo, Egypt, in 1994. Subsequently, a constitutional amendment was made in 1993, which shifted the control of health and family welfare to the local governments.

In 1994, the International Conference on Population and Development, held at Cairo, described as a historic meeting, managed to shift the meeting's agenda from population control to reproductive health, due to pressure from international women's health organisations. As a befitting sequel to this, India abandoned the target approach in 1996 in the country as a whole, and took a crucial step towards evolving a people-centred, inclusive programme.

Basic Framework of Policy A policy statement is expectant to explicitly specify its aims, provide some analysis in terms of broad contours of the problem, if there is one, and indicate the measures whether legislative or



administrative, whether putative or punitive, for achieving the aims. Some would wish to include in it the effective mechanism as well. A population policy statement should therefore specify whether it is the size, the sex composition, the age structure, or regional distribution or a combination of them, which it aims to influence and the extent to which it wants to do so and rationale wherefore. It should also state the measures through which it seeks to achieve the ends and should show, if possible, that it does so without jeopardizing other ends which too matter in the welfare of people which it ultimately seeks to promote.

ix Definitions and Meaning of Population Policy Population policy may include all interventions undertaken by governments to influence demographic variables, either directly or indirectly, in order to modify population problem. Prof. B. Berelson believes that a population policy is all that government attempts, which are done to change the demographic events, or which census a real change in them. There are three specific features of this definition:

- (i) It is related to all the small and big action including laws, bylaws, acts and ordinances taken by government.
- (ii) It is related with the cause and effects.
- (iii) It studies all the classes, groups, social and religious, ethics, etc. In its broadest sense, "A population policy can be nothing less than a social policy at large... if practical social science is not on the watch, there is a palpable danger that population policy will be irrationally narrowed down and forced into remedial quackery.

Population Policy after Independence The whole period after the independence can be divided in three parts: (i) Pre-Emergency (1951-1975), (ii) Emergency Period (1975-77) and (iii) Post-Emergency Period (after 1977). (i) Pre Emergency Period (1951-75)

#### **1. First Five Year Plan (1951-1956)**

The Draft Outline of the First Five Year Plan, published in July 1951, had a section on population pressure: its bearing on developing, recognizing that there is a pressure of population in India which requires a population policy as essential to planning. The policy, which was adopted in first Five Year Plan may be mentioned in the following ways: - To know the reasons of faster growth rate of population. - Regulation and finding of the facts related to fertility and fecundity. - Finding out the means of faster expansion of mass education. - Making the hospitals as advisory centers for family planning.

The allotment of fund for meeting the above goals was of an extent of Rs. 65 lakhs.

#### **2. Second Five Year Plan (1956-61)**

It was maintained that the rate of population growth was a key factor in development and planning. Following major targets were laid down for this plan: - Expansion of family planning consultancy and advisory service. - Expansion of sex education, population education and other matters related to marriage and rearing and bearing of child. - Evaluating and inspection of works of centrally sided institutions. - Preparing the report and description of the development. For achieving the above target a total outlay of Rs. 5 crores was fixed for the whole plan period.

#### **3. The Third Five Year Plan (1961-66)**

This plan made a provision of Rs. 27 crores which may go to Rs. 50 crores, out of which only Rs. 25.5 crores were spent. This plan was more encouraging. This plan aimed at long term development through population control, which is given below:

- The wider expansion of education to provide an appropriate social-atmosphere of family planning.
- Co-ordination of family planning programmes with the general services of public health. Inclusion of family planning curricula in the medical colleges and other institutions teaching.
- Obtaining maximum co-operation from voluntary organisations and local institutions.

#### **4. Fourth Five Year Plan (1969-74)**



At this time Indira Gandhi was the Prime Minister. The Indira Gandhi government nationalized 14 major Indian banks and the green revolution in India advanced agriculture. In addition, the situation in East Pakistan was becoming dire as the Indo Pakistan war of 1971 and Bangladesh liberation was took funds earmarked for industrial development had to be diverted for this effort. The target growth rate was 5.6%, but the actual growth rate was 3.3%.

### **5. Fifth Five Year Plan (1974-79)**

The fifth five year plan laid stress on employment, poverty alleviation and justice. The plan also focused on self-reliance in agricultural production and defence. In 1978, the newly elected Morarji Desai government rejected the plan. The Electricity Supply Act was amended in 1975, which enabled the central government to enter into power generation and transmission. The Indian National highway system was introduced and many roads were widened to accommodate the increasing traffic. Tourism also expanded. The target growth rate was 4.4% and the actual growth rate was 5.0%.

#### **(ii) Population Policy in Emergency Period (1975-77)**

The declaration of National Population Policy (1976), the compulsion for acceptance of family planning through legislation, role of excesses in enforcement of the family planning programme and the sudden upward jerk in the implementation of family planning programmes, may be some of the distinguishing features of the period of National emergency. Few of the drastic measures taken in this period may be worth mentioning: - The allocation of assistance to states from central, devolution of duties, aids and taxes, etc. the census population of 1971 will be the basis till 2001.

- It also suggested for raising the marriage age of girls and boys from 15 and 18 years to 18 and 21 years. The violation of the law to raise the age at marriage was treated as cognizable offence.
- The states were free to frame their own legislation for compulsory sterilization applicable to all Indian citizens resident in the state, irrespective of caste or community. Maharashtra took the head in framing an act known as Maharashtra Family (Restriction on size) Act, 1975, which was not accepted by central government.
- The most important aspect for implementation of the family planning programme lies in the co-ordination and co-operation of all state and central government departments.
- Population education for the younger generation was taken as long-term programme in this policy. Apart from the above, the over enthusiasm and absence of contradiction due to curbing of freedom of press, and a race for pleasing the administrators, may be few other salient features of this period which has an immortal impact in the history of population policy in India.

#### **(iii) Post-Emergency Period Policy Beyond March, 1977**

The Janata Government, after coming into power, announced that coercion would not be used to implement the family planning programme which was now renamed as the family welfare programme. Therefore, all the rules and regulations with element of compulsion were dropped. However, the importance of family planning movement was equally emphasized. Sterilisation was now referred to as „voluntary sterilisation“ and the word „expectations“ was substituted for the earlier word „targets“. The government accepted many of the measures included in the National Population Policy announced by the previous government, such as raising of the age of marriage, integration of services for maternal and child health with the family planning programme, popularization of family welfare programme etc. Some of the measures taken by the government include emphasis on the voluntary nature of the programme, securing the cooperation of rural cooperative institutions, system of graded compensation for sterilization etc. Family Welfare The family welfare programme in India aims to provide family planning services within broader context of maternal and child health care. It disseminates information and education to enable couples to make voluntary and informed choices regarding the size of the family and spacing through contraception. Maternal and Child Health Care Programmes The Family Health Policy 1983 in context of the global objectives of



„Health for all by 2000 AD“ has inter alia set the following normative goals relative to maternal and child health care: (a) Reduction in infant mortality to less than 60 per thousand live births; (b) Reduction in maternal mortality to below 200 per one lakh live births, (c) Reduction in child mortality (0-4) to less than 10 per thousand population. The following specific programmes have been under implementation as cent per cent centrally sponsored schemes:

**Universal Immunization Programme (Under Implementation since 1985-86).**

- Oral Rehydration Therapy (ORT) Programme (under Implementation since 1986-87).
- Prophylaxis Schemes (Under implementation since 4th plan period)

**Sixth Five Year Plan (1980-1985)**

Focus – Increase in national income, modernization of technology, ensuring continuous decrease in poverty and unemployment, population control through family planning etc. Target growth was 5.2% and actual growth was 5.66%. The progress in child health and maternity care has been very poor in the sixth plan. Thus, there is greater need for protecting the mother as well as child to raise the surviving rate.

The major achievements of the family welfare programmes may be mentioned below:

- It is found that the Crude Birth Rate (CBR) has declined at an yearly rate of 0.5 per cent from 41 to 33 per thousand during a period of 17 years from 1966 to 1982.
- Secondly, birth averted during this period (1966-83) has been of the tune of 6.00 crores. Seventh Five Year Plan (1985-90)

Focus – Rapid growth in food grains production, increased employment opportunities and productivity within the framework of basic tenants of planning. The plan was very successful, the economy recorded 6% growth rate against the targeted 5%. Strategy and Programmes – It was also decided that the programmes related to sterilization, etc. should continue with greater momentum, besides educating people and telling them the advantage of later marriage. It was also emphasized that child survival rate should be increased to achieve the standard family of two children. Under the maternal and child health programme, which is an integral part of the family planning programme, targets for reducing 1 MR to 80 per thousand live births in 1990 have been achieved.

**Eighty Five Year Plan (1992-97)**

The eighth plan was postponed by two years because of political uncertainty at the centre. Containing population growth has been accepted by the government as one of the six most important objectives of Eighth Plan with aim of reducing the CBR from 29.9 per thousand in 1990 to 26 per thousand by 1997 and IMR from 80 per thousand in 1990 to 70 by 1997. The salient features of this are:

- A general national consensus for family planning programme is to be constructed with the active voluntary participation of every community.
- The quality of services and facilities of family planning programme should be improved. It should be made more universal. - New contraceptives of good quality be developed. Mortality Influencing Population Policy The National Health Policy of the 1981, which was considered as adopted by the sixth joint meeting of central health welfare, is an important development relating to mortality influencing policy of the country. This can be taken as an issued at Alma Ata's (USSR) Conference of WHO and UNICEF in 1978. Population Policy during Ninth Five Year Plan It was developed in the context of four important dimensions: quality of life, generation of productive employment, regional balance and self-reliance. Target growth: 6.5<sup>^</sup>. Actual Growth: 5.35%. In the Approach Paper of Ninth Five Year Plan three important ingredients, which mainly contribute in population growth, has been recognized as: - Population lying in the age-group (15-45 years) determines the growth of population in a country upto sixty per cent. - The lack of supply of contraceptives is also contributing in population growth upto 20 per cent.

- High birth rate is because of high infant mortality rate. The contribution of high infant mortality rate in population growth is about 20 per cent.



Tenth Five Year Plan (2002-2007) Goals: - To achieve 8% GDP growth rate. - Reducing of poverty ratio by 5 percentage points by 2007. - Providing gainful high quality employment to the addition to the labour force over the tenth plan period. - Universal access to primary education by 2007. - Reduction in gender gaps in literacy and wage rates by atleast 50% by 2007. - Reducing in decadal rate of population growth between 2001 and 2011 to 16.2%. - Increase in literacy rate to 72% within the plan period and to 80% by 2012. - Reducing of infant mortality rate to 45 per 1000 live births by 2007 and to 28 by 2012. - Increase in forest and tree cover to 25% by 2007 and 33% by 2012. - Cleaning of all major polluted rivers by 2007 and other notified stretches by 2012. Eleventh Five Year Plan (2007-2012) Goals: - Accelerate GDP Growth from 7% to 10%. Increase agricultural GDP growth rate to 4% per year. Create 70 million new work opportunities and reduce educated unemployment to below 5%. - Raise real wage rate of unskilled workers by 20 per cent. - Reduce dropout rates of children from elementary school from 52.2% in 2003-04 to 20% by 2011-12. Increase literacy rate for persons of age 7 years or above to 85%. - Reduce infant mortality rate to 28 and maternal mortality ratio to 1 per 1000 live births. - Provide clean drinking water for all by 2009. Reducing malnutrition among children between 0-3 years to half its present level. Reduce anemia among women and girls by 50%. - Raise the sex ratio for age group 0-6 to 935 by 2011-12 and to 950 by 2016-17. - Connect every village by telephone by November 2007 and provide broadband connectivity to all villages by 2012. - Attain WHO standards of air quality in all major cities by 2011-12. - Treat all urban waste water by 2011-12 to clean river waters. - Increase energy efficiency by 20 percentage points by 2016-17. Twelfth Five Year Plan (2012-2017)  
The twelfth five year plan of the Government of India has decided for the growth rate at 8.2% but National Development Council (NDC) on 27 December, 2012 approved 8% growth rate for 12th Five Year Plan. The government intends to reduce poverty by 10 per cent during the 12th Five Year Plan. Mr. Ahluwalia Deputy Chairman of the Planning Commission said, "We aim to reduce poverty estimates by 9 per cent annually on a sustainable basis during the plan period.

#### IV. CONCLUSION

If the population is not well controlled in India, instead of attaining her economic prosperity and scientific glory will remain a poverty stricken and backward country. Thus, the family planning programme must be tackled on a war footing and relentlessly pressed forward. The family planning programme should be viewed as a social and cultural revolution, aimed at changing the traditional values which favour large families, and not as a medical programme. It is due to this reason that the committee on population control and family planning stated very aptly, "Family planning is not a medical problem, it is essentially a social and psychological problem." For its success, the active co-operation of economists, doctors, sociologists, demographers, administrators and religious leaders is necessary. The sociologist can help the family planning programme by indicating the factors which bring about social change and ranking them in order of importance so that they could be handed effectively. The medical doctors can give their support to the family planning programme by inventing more acceptable methods of contraceptives. The economists can lend their technique for undertaking meaningful cost-benefit studies so that the administrators could run the family planning programme at minimum of cost and determine suitable properties for expenditure. The Family Planning Programme in India is being promoted on voluntary basis, as a people's movement in keeping with the democratic traditions of the country. The two children norm is being promoted through independent choice of the family planning method best suited to the acceptor. The programme in the field is implemented by the state governments and union territories administrations and there is very wide disparity in the success rate. While it has had considerable success in the southern states, specially Kerala and Goa but its impact in the large northern states like Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan, has been limited.

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