



An Initiative of National Population Policy and Family Planning Programme: A Way Towards Stabilizing Population in India

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In the last half century, lots of changes have taken place in prospect of population scenario in India. Since the mid of 50's, due to the increase in medical facilities rapid fall in death rates took place and which resulted into the unprecedented high levels of natural growth in population, which by 1980's became the stage of 'Population Explosion'.

Population growth has always been considered as one of the big problem by Indian government and India has a long narration of unambiguous population policy. In the 1950s, the government of India was the first in the world to officially start the family planning programme in the country during the first five year plan (1951-56). During the first five year plan, the approach towards this family planning programme was mainly Research Oriented and not much was achieved during this period.

By the late 1960's, government of India started a considerable program to decline the birth rate from 41 per thousand to a target of 20-25 per 1,000 by the mid 70's because many policy makers believed that the high rate of population growth was the greatest obstacle to economic development. The National Population Policy implemented in 1976 reflected the rising consent among policy makers that family planning would have the benefit of only limited success unless and until it became the part of an integrated program aimed at improving the general welfare of the population. It was assumed that large family size is a symbol of poverty and had to be taken with as essential to a broad development planning.

Inspite of an increased number of family planning programs implemented by the state governments with financial assistance from the central government during 1980's, the 1991 census results shown that India continued to have one of the most rapidly growing populations in the world. Between 1981 and 1991, the annual rate of population growth was expected at about 2 percent. The crude birth rate in 1992 was 30 per thousand, only a small change over the 1981 level of 34 per thousand. Though, some demographers acknowledged this minor decline of the 1981-91 population growth rate to reasonable achievement of the family planning program.

It was with this effect that National Population Policy, 2000 was launched in India in accordance with the declaration of India's commitment to International conferences on Population and Development (ICPD), 1994 agenda. It was the first comprehensive and holistic population policy of the country. It visions that population could be stabilized with

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the success of family planning method and the success of family planning could be achieved only by promoting a more open approach for information, awareness, empowerment and development by increasing accessible and inexpensive reproductive health, enlarged exposure and outreach of primary and secondary education, women empowerment with enhance access to education and employment, etc.

The immediate objective of the National Population Policy, 2000 was to address the unmet needs of contraception, health infrastructure, health personnel and to provide integrated service delivery for basic reproductive and child health care. Its medium term objective is to bring the total fertility rate to the replacement level of 2.1 children per women by 2010, through vigorous implementation of inter-sectoral operational strategies and the long term objective is to stabilize population by 2045.

If we talk of promotion of family planning then we could easily say that some of the 12 strategic themes have played an important role in promoting the family planning by increasing the accessible and affordable reproductive health, enlarged exposure and outreach of primary and secondary education, women empowerment with enhance access to education and employment, etc. Some of those strategic themes are:

Decentralized Planning and Programme Implementation:

The 73rd and 74th Constitutional Amendments Act, 1992, made health, family welfare, and education a responsibility of village panchayats. Further, since 33 percent of elected panchayat seats are reserved for women, representative committees of the panchayats (headed by an elected woman panchayat member) should be formed to promote a gender sensitive, multi-sectoral agenda for population stabilization, that will "think, plan and act locally, and support nationally".

Convergence of Service Delivery at Village Levels:

Efforts were made for population stabilization directing an integrated package of essential services at village and household levels.

Empowering Women for Improved Health and Nutrition: It spell out the following issues:

The complex socio-cultural determinants of women's health and nutrition have cumulative effects over a lifetime. The positive effects of good health and nutrition on the labour productivity of the poor is well documented. To the extent that women are over-represented among the poor, interventions for improving women's health and nutrition are critical for poverty reduction.

Impaired health and nutrition is compounded by early childbearing, and consequent risk of serious pregnancy related complications. Women's risk of premature death and disability is highest during their reproductive years. Malnutrition, frequent pregnancies, unsafe abortions, RTI and STI, all combine to keep the maternal mortality ratio in India among the highest globally.

Maternal mortality is not merely a health disadvantage, it is a matter of social injustice. Women limits their access to education, good nutrition, as well as money to pay for health care and family planning services. The extent of maternal mortality is an indicator of disparity and inequity in access to appropriate health care and nutrition services throughout a lifetime, and particularly during pregnancy and child-birth, and is a crucial factor contributing to high maternal mortality.

Programmes for Safe Motherhood, Universal immunization, Child Survival and Oral Rehydration have been combined into an Integrated Reproductive and Child Health Programme, which also includes promoting management of STIs and RTIs.

The voluntary non-government sector and the private corporate sector should actively collaborate with the community and government through specific commitments in the areas of basic reproductive and child health care, basic education.

Child Health and Survival:

Infant mortality is a sensitive indicator of human development. It is on utmost priority of NPP, 2000 to intensify neo-natal care because infant mortality rates also plays an important role in adopting of family planning methods.

Meeting the Unmet Needs for Family Welfare Services

In both rural and urban areas there continue to be unmet needs for contraceptives, supplies and equipment for integrated service delivery, mobility of health providers and patients, and comprehensive information. It is important to strengthen, energies and make accountable the cutting edge of health infrastructure at the village, subcentre and primary health center levels, to improve facilities for referral transportation, to encourage and strengthen local initiatives for ambulance services at village and block levels, to increase innovative social marketing schemes for affordable products and services and to improve advocacy in locally relevant and acceptable dialects.

Contraceptive Technology and Research on Reproductive and Child Health

Government must constantly advance, encourage, and support medical, social science, demographic and behavioral science research on maternal, child and reproductive health care issues. The International Institute of Population Sciences, and the population research centers which have been set up to pursue applied research in population related matters, need to be revitalized and strengthened.

The National Health and Family Welfare Survey provides data on key health and family welfare indicators every five years. Data from the first National Family Health Survey (NFHS- 1), 1992-93, has been updated by NFHS-2, 1998-99, to be published shortly. The facility surveys ascertain the availability of infrastructure and services up to primary health centre level, covering one district per month. The feedback from both these surveys enable remedial action at district and sub-district levels.

Information, Education, and Communication

Information, education and communication (IEC) of family welfare messages must be clear, focused and disseminated everywhere, including the remote corners of the country, and in local dialects. This will ensure that the messages are effectively conveyed. Thus, it is clear that during this Population Policy, lots of efforts have been made through increasing education, information, awareness, empowerment and employment, etc for promoting more and more practice of family planning so that to stabilize population by 2045.

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