

Quadrant II - Transcript

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Module Name: Government Policy to Control Population Growth

Module No: 28

GOVERNMENT POLICY TO CONTROL POPULATION GROWTH

The population policy of the Government of India has passed through the following phases from time to time:

1. Pre - Independence Period: Before independence, the Britishers did not consider population growth as a problem. Their attitude towards birth control was one of indifference because they never wanted to interfere with the values, beliefs, customs and traditions of Indians. That is why this phase 1st called the Period of Indifference.

However, the intelligentsia in India was aware of the problem of growing population and did advocate birth control. Among them P.K. Wattal was the pioneer who wrote a book on Population Problem in India in 1916, followed by R.D. Karve, Rabindranath Tagore, P. N. Sapro, Jawaharlal Nehru and Bhore Committee among others who advocated birth control.

2. The Period of Neutrality, 1947-51: The Government of India was busy with the post-independence problems like rehabilitation of the people following partition, reorganization of States and Pakistan's invasion of Kashmir. However, at one of the meetings of the Planning Commission in 1949, Jawaharlal Nehru laid emphasis on the need of family planning programme in India.

- **3. The Period of Experimentation, 1951-61:** During the first decade (1951-61) of planned economic development, family planning as a method of population control was started as a Government programme in India.
- The National Family Planning Programme was launched in 1952 with the objective of "reducing birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the national economy."

- 4. The Beginning of the Population Control Policy 1961 to 2000:** With the rapid growth of population in the 1961 Census by 21.5% the Extension Approach; to family planning was adopted in the Third Plan. This approach emphasized the adoption of an educational approach to family planning through Panchayat Samitis, Village Development Committees and other groups so as to change the attitude behaviour and knowledge of, the people towards family planning. The target was to reduce the birth rate to 25 per '000 persons by 1973. The 1971 Census showed rapid growth in population by 24.6 percent. To control this, the Fifth Plan laid down the ambitious target of reducing -the birth rate to 30 per 1000 by the end of the Plan (1978-79) and to 25 per '000 by 1983-84 for achieving this; proposed to protect 33 per cent of couples against conception by, 1978-79 against 16-17 % at the end of the Fourth Plan. To implement it, monetary incentive was-given to couples undergone sterilization. This was followed by-compulsory sterilization under the National Emergency in 1975. National Population Policy was announced 1976 to mount a direct assault on the problem of numbers. In the post-emergency period, the Janta Government announced a New Population Policy 1977. This policy put an end to compulsory sterilisation and laid emphasis on voluntary sterilization. The Sixth Plan laid down the long-term demographic 'goal 'of reducing the Net Reproduction Rate (NRR) to 1 by 2000 by reducing crude birth rate to 21, crude death rate to 9, infant mortality rate to less than 60 per '000, and couple protection rate (CPR) to 60 %. The goal of attaining NRR of 1 was revised to 2006- 11 in the Seventh Plan by reducing crude birth rate to 29 , crude death rate to 10.4 , infant mortality rate to 90 per '000, and couple protection rate to 42%. The Seventh Plan laid emphasis on the two child family norm. To make it successful, it intensified family planning and Maternity and Child Health (MCH) programmes. To achieve the goal of NRR of 1, the Eighth Plan extended it to the period 2011-16. The targets laid down during the Plan were crude birth rate at 26, infant mortality at 70 per 1000 and, couple protection rate to 56 %. To achieve these, the government replaced the earlier Population Control approach by the Reproductive and Child Health Approach in October 1997 to stabilise population and improve quality of life, the focus of this approach is on decentralized area specific macro-planning. It led to several new schemes for improving quality and coverage of welfare services for women, children and

adolescents such as Child Survival, Safe Motherhood Programme, and Universal Immunization Programme (UIP) Reproductive Tract Infections (RTI) etc. During the Ninth Plan, the earlier approach of using NRR (Net Reproduction Rate) of 1.0 was changed to a Total Fertility Rate (TFR) of 2.4. This level of TFR, had been projected to be achieved by 2026 in the Plan. Further, with increased RCH (Reproductive and Child Health), the targets laid down by the end of the Ninth Plan (2002) had been infant mortality rate of 50 per 1000, 'crude birth rate of 23, total fertility rate of 2.6 and GPR of 60 percent.

The Population Control Policy since 2000:

In 2004 the National Policy for Empowerment of Women Was-adopted with the ultimate objective of ensuring women their rightful place in society by empowering them as agents of socio-economic change and development. Women empowerment is therefore, an important approach adopted in the Tenth Five Year Plan for development of women. The Government's population policy has shifted from population control to family welfare and to women empowerment.