

## BA Part 2

### Economics (Subsidiary)

#### Topic : Population policy in India

India launched its family planning programme in 1951 as part of the First Five-Year Plan, and became the first country in the world to have a state-sponsored population programme.

Family planning was recognised officially in order to safeguard the health and welfare of mothers and children. The programme was also aimed at aiding the national economy by reducing the birth rate concurrently with the death rate in order to stabilise the population.

There was not much progress for the next ten years. The health infrastructure, which formed the delivery system for the family planning programme, was still developing. The choice of contraceptives was limited to a few barrier and chemical methods, and natural methods like the rhythm method and coitus interrupts. Sterilisation for males and females was still not a popular contraceptive choice.

The programme got a tremendous boost with the creation of a separate Department of Family Planning in the health ministry in 1966. An extension approach was adopted, as against the 'clinic approach' of the previous two plans, to increase the outreach of services and improve awareness and knowledge about family planning among the masses.

There was a significant shift in the strategy of the government under the Fifth Five-Year Plan (1974-79). Several important policy decisions were taken and action initiated to give the family planning programme a greater thrust and a new direction. Maternal and child health services were made part of the programme.

A landmark in the population policy of the country was the draft statement of Population Policy, issued in the Parliament in 1976, expressing the government's determination to control population growth. Increasing the legal age of marriage (from 15 to 18 years for girls and from 18 to 21 years for boys), freezing the population at the 1971 level until 2000 for the purpose of legislature elections, and devolution of Central assistance to states for development were some important decisions taken by the government following the 1976 draft population policy statement.

The 1976 population policy was completely at variance with the earlier population policy of the government. In the past, it was believed that development and education would themselves restrict the rate of population growth, while the government's own programme was restricted to family planning, by way of motivating people to accept family planning and providing clinical facilities and other services to its acceptors.

The 1976 policy statement, however, noted: To wait for education and economic development to bring out a drop in fertility is not a practical solution. The very increase in population makes economic development slow and more difficult to achieve. The time factor is so pressing, and the population growth so formidable, that we have to get out of the vicious circle through a direct assault upon this problem as a national commitment.”

During the Emergency period (1975-77), coercion and pressure were used in implementing the family planning programme. The Central assistance of 8 per cent was linked with the family planning performance. For the first time the Union government allowed some states to initiate legislation for compulsory sterilisation. The policies, however, discredited the entire family planning programme, and the experiment of the government to implement the so-called bold measures for lowering the birth rate in a relatively short period ended in a fiasco.

In 1977, the new government ruled out the use of force and coercion, and the family planning programme was renamed as the ‘family welfare programme’.

During the Sixth Five-Year Plan (1980-85), population control was specifically mentioned as one of the plan objectives, and integrated in the twenty-point programme.

After the Seventh Plan (1985-90) was finalised, a revised strategy was adopted for the family planning programme. It emphasised on increasing the minimum age for marriage of women, making them literate, enhancing their status by increased economic and employment “opportunities, improving the health of mothers and children, greater coordination and linkages with poverty alleviation programmes and greater involvement of the NGOs in the family planning programmes.

Under the Eighth Plan (1992-97), human development was adopted as the ultimate goal and population control was listed as one of the priorities. The Plan undertook a different approach and there was a complete shift towards indirect measures.

The main components of this new approach were as follows:

- i. There was a shift in the emphasis from the couple protection rate to lowering of the birth rates. Inter-state variations were taken into account.

- ii. Better performance on the population front by the states was to ensure larger share of Central assistance.
- iii. Non-governmental organisations and the community leaders were involved in population control programmes.
- iv. Emphasis on improving the social status of women through poverty alleviation, employment generation, greater participation in panchayat institutions, etc.
- v. Improvement of basic inputs—information, education and communication.
- vi. Improving training and infrastructure.
- vii. Taking up measures to reduce infant mortality and maternal mortality rates, such as Reproductive and Child Health Care Scheme, Integrated Child Development Services, Child Survival and Safe Motherhood Scheme (launched in 1992-93) and Mid-Day Meal Scheme, etc.
- viii. Population study was to be introduced as a subject in school and adult education.

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