

## Population and Family Welfare

10.43 Population stabilisation is an essential pre-requisite for sustainable human and social development with more equitable distribution. National Population Policy (NPP-2000) recognises the fact that population stabilization is as much a function of making reproductive health care affordable as other life quality improving services such as primary and secondary education, sanitation, drinking water, housing, transport, communication and empowering women and enhancing scope for their employment. It outlines the policy framework for advancing goals and prioritising strategies during the next decade to meet the reproductive and child health needs of the people and to achieve net reproduction rate of unity or replacement level of fertility by 2010. It recognises the need to simultaneously address issues of child survival, maternal health and contraception while increasing outreach and coverage of a comprehensive package of reproductive and child health services by Government, industry and the voluntary non-government sector.

10.44 With the launching of a Reproductive and Child Health programme (RCH) in October, 1997 the focus is on decentralised area specific macro-planning and implementation with emphasis on approving quality and coverage of family welfare services. Child survival, safe motherhood, control of sexually transmitted infections (STI) and reproductive tract infection (RTI) are some of the welfare measures to

### Box 10.2

#### National Population Policy, 2000

- Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.
- Make school education up to age 14 free and compulsory, and reduce drop outs at primary and secondary school levels 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.
- Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.
- Achieve 80 per cent institutional deliveries and 100 percent deliveries by trained persons.
- Achieve universal access to information/counseling, and services for fertility regularisation and contraception with a wide basket of choices.
- Achieve 100 per cent registration of births, deaths, marriage and pregnancy.
- Contain the spread of Acquired Immunodeficiency Syndrome (AIDS), and promote greater integration between the management of reproductive tract infection (RTI) and sexually transmitted infection (STI) and the National AIDS Control Organisation.
- Prevent and control communicable diseases.
- Integrate Indian System of Medicine (ISM) in the provision of reproductive and child health services, and in reaching out to households.
- Promote vigorously the small family norms to achieve replacement levels of TFR.
- Bring about convergence in implementation of related social sector programs so that family welfare becomes a people centred program.

**Table 10.14**

#### Trends In Vital Statistics

Parameter	1951	1981	1991	Current Levels
Birth Rate (per 1000 population)	39.9	33.9 (SRS)	29.5 (SRS)	26.1 (SRS 99)
Total Fertility Rate	6.0	4.5 (SRS)	3.6 (SRS)	3.3 (SRS 97)
Infant Mortality Rate (per 1000 live births)	146	110 (SRS)	80 (SRS)	70 (SRS 99)
Child Mortality Rate (0-4 yrs., per 1000 children)	57.3 (1972)	39.1 (1982)	26.5 (SRS)	23.9 (SRS 96)
Couple Protection Rate (%)	10.4 (1971)	22.8	44.1	46.2 (31.3.2000)
Cumulative number of Birth Averted (Million)	0.4 (1971)	44.19	130.4	242 (31.3.99)
Expectation of Life (M) at Birth (years) (F)	37.2 36.2	54.1 54.7	60.6 61.7 (1991-96)	62.36 (1996-2001) 63.99 (Projected)

improve quality and coverage of health care for women children and adolescent.

10.45 The NPP 2000 (See Box 10.2) outlines immediate, medium term and long term objectives. The immediate objective is to address the unmet needs of contraception, health infrastructure, 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 rates to replacement level by 2010. The long-term objective is to achieve a stable population by 2045. Some progress has been achieved in improving demographic indices, as indicated in Table 10.14.

10.46 Ninth Plan (1997-2002) Outlay for the Department of Family Welfare has been fixed at Rs.15,120 crores, of which Rs.10, 758 crore has been provided in the first four years of the Plan. The funds allocated for the schemes in the annual plans have been almost fully utilised. Rs.3520 crore has been provided for various schemes of Family Welfare for the year 2000-01.

10.47 In pursuance of the NPP 2000, a National Commission on Population has been set up. The National Commission on Population, presided over by the Prime Minister, with the Chief Ministers of all States and UTs and the

Central Minister in charge of concerned Central Ministries and Departments, reputed demographers, public health professionals and NGOs as members has already been constituted. The Commission will oversee and review implementation of policy. Analogous to the National Commission, State level Commissions on Population, presided over by the Chief Minister, have been set up with the same objective of ensuring implementation of the policies.

10.48 At the first meeting of the National Commission on Population on 22 July, 2000, the Prime Minister announced i) the formation of an Empowered Action Group within the Ministry of Health and Family Welfare to focus particular attention on those states which have deficient national socio-demographic indices, and ii) setting up of National Population Stabilization Fund with a seed money of Rs.100 crore to provide a window for canalising funds from National voluntary sources. The Prime Minister appealed to the corporate sector, Industry, trade organisations and individuals to generously contribute to this fund and thus contribute to this national effort of population stabilization.