

Family welfare

10.45 Population stabilisation has been a priority area for sustaining the process of economic development in the country. This has also been the focus of successive Five Year Plans. The Ninth Five Year Plan (1997-2002) has outlined the following objectives/strategies:

Reduction in the population growth rate by:

- Meeting all the felt needs of contraception through improved availability, access and quality of contraceptive care.
- Reducing infant and maternal morbidity and mortality so that there is a reduction in the desired level of fertility.
- Assess the need for reproductive and child health at Primary Health Centre (PHC) level and undertake area specific micro planning.
- Provide need-based, demand-driven high quality, integrated reproductive and child
- Improve access to family planning services and to reduce the number of unwanted pregnancies.
- Focus on measures for providing essential obstetric care, undertake initiatives to promote institutional deliveries and also to promote safe home deliveries in poorly performing States.
- Prevention, detection and management of Sexually Transmitted Infections/ Reproductive Tract Infections in women is a priority area in essential Reproductive and Child Health (RCH) programme care at all levels of health care.
- Pulse Polio Programme launched in 1995, in addition to the routine immunization for polio under Universal Immunisation Programme so as to achieve zero polio incidence by 2000.

10.46 The improvement in the quality of health care over the years is reflected in some of the basic socio-demographic parameters (Box 10.7). The Crude Death Rate (CDR) declined rapidly from 25.1 in 1951 to 9.8 in 1991

vis-à-vis the less sharp decline in Crude Birth Rate (CBR) from 40.8 in 1951 to 29.5 in 1991. The average annual population growth rate was over 2 per cent between 1960-1990. During 1991 to 1999, the CDR declined from 9.8 to 8.7, with the CBR also registering a decline from 29.5 to 26.1 during this period. In the nineties therefore, the growth rate of population declined to below 2 per cent per annum. The rate of decline in population growth is likely to be further accelerated during the next decade. With regard to the socio-economic indicators though an improvement has been registered, there are wide inter-state, male-female and rural-urban disparities in outcomes and impacts. Empirical studies suggest that education, income and the overall quality of state administration are often more important than specific public health interventions in explaining differences in demographic and health indicators. At least 9 States and Union Territories have already achieved replacement levels of fertility i.e. a TFR of 2.1 i.e. Goa, Kerala, Nagaland, Delhi, Tamil Nadu, Pondicherry, Andaman & Nicobar Islands, Chandigarh and Mizoram. However, 5 states i.e. Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh which currently constitute nearly 44 per cent of the total population, are projected to contribute an anticipated 55 per cent increase during the period 1996-2016 so as to constitute 48 per cent of the total population in 2016 (Source : M/O Health & Family Welfare). Demographic outcomes in these states would determine the timing and size of the population at which India achieves population stabilisation.

10.47 With a view to providing a reliable and relevant policy framework for improving family welfare services and for monitoring the delivery and demographic impact, the Department of Family Welfare has drawn up the National Population Policy (NPP) 2000. One of the major objectives of the Policy is the achievement of replacement level of fertility by 2010 and of population stabilisation by 2045. The major goals of this policy for 2010 include providing universal access to quality contraceptive services in order to lower TFR to 2.1 and attaining two-child norm, full coverage of registration of births, deaths,

marriage and pregnancy, reduction in the IMR to below 30 per thousand live births, universal immunisation of children against vaccine preventable diseases, elimination of polio by 2000 and near elimination of Tetanus and Measles, reduction in MMR to less than 100 per one lakh live births, promoting delayed marriage for girls and universalisation of primary education and reduction in dropout rates at primary and secondary levels to below 20 per cent for both boys and girls.

10.48 A number of promotional and motivational measures have been adopted by the Department of Family Welfare for achieving the goals of this policy e.g. Community Incentive Scheme under which Panchayats and Zila Parishads are to be rewarded for exemplary performance, the Balika Samridhi Yojana of Department of Women and Child Development is being continued, a Family Welfare- linked Health Insurance Plan is being undertaken, the National Maternity Benefit Scheme is now being implemented through the Department of Family Welfare, crèches and child care centres to be opened in rural areas and urban slums, facilities

for safe abortions be strengthened, strict enforcement of Child Marriage Restraint Act 1976 and of the Pre-Natal Diagnostic Techniques Act 1994 etc.

10.49 The National Commission on Population, presided over by the Prime Minister, with the Chief Ministers of all states and UTs, and the Central Ministers in charge of concerned Ministries/Departments, reputed demographers, public health professionals and NGOs as members, has been constituted. The Commission will oversee and monitor implementation of the NPP. To facilitate the attainment of the goals set out under NPP 2000, an Empowered Action Group (EAG) has been constituted in the Ministry of Health and Family Welfare for preparation of area specific programmes with special emphasis on states that have been lagging behind in containing population growth to manageable limits. A detailed database for these EAG states i.e. MP, UP, Bihar, Rajasthan, Orissa, Chattisgarh, Uttaranchal and Jharkhand has been compiled by the Department so as to help guide and direct the States for better plan formulation and monitoring. A Core Group on Behavioural

BOX 10.7
Selected Health Indicators

Parameter	1951	1981	1991	Current Levels
1 Crude Birth Rate (Per 1000 population)	40.8	33.9 (SRS)	29.5 * (SRS)	26.1 (SRS 99)
2 Crude Death Rate(Per 1000 population)	25.1	12.5 (SRS)	9.8 * (SRS)	8.7 (SRS 99)
3 Total Fertility Rate (Per woman on average)	6.0	4.5 (SRS)	3.6 * (SRS)	3.2 (SRS 98)
4 Maternal Mortality Rate(Per 100,000 live births)	N.A.	N.A.	437 (1992-93)	407 (1998)
5 Infant Mortality Rate (Per 1000 live births)	146 (1951-1961)	110 (SRS)	80 * (SRS)	70.0 (SRS 99)
6 Child Mortality Rate (0-4 years, per 1000 children)	57.3 (1972)	41.2 (SRS)	26.5 (SRS)	22.5 (SRS 98)
7 Couple Protection Rate (%)	10.4 (1971)	22.8	44.1	46.2 (31.3.2000)
8 Life Expectancy at birth (in years)				
Male	37.2	54.1	59.7	60.4
Female	36.2	54.7	60.9 (1991-1995)	61.8 (1993-97)

*Excludes J & K

SRS = Sample Registration System of Office of Registrar General, India (except for the year 1951)

Source: Office of Registrar General, India.

Change Strategies for the EAG states has also been constituted in October 2001 to develop state specific strategies focussing on community service providers and opinion leaders, to develop appropriate structures, capabilities and systems in these states to plan, develop and manage strategies for behaviour change for family welfare, etc. As a follow up to the deliberations of the National Commission on Population, the Prime Minister has announced the creation of a Population Stabilisation Fund with an initial contribution of Rs.100 crore.

10.50 The performance of the various programmes being undertaken is indicated below:

- (i) There has been a steady decline in the Crude Birth Rate (CBR) during the 1990s inspite of the fact that the rise in the Couple Protection Rate (CPR) during the nineties has been very slow (Box 10.7).
- (ii) A steady and progressive decline in acceptors of vasectomy has been witnessed in the last two decades. Presently over 97 per cent of all sterilisations are tubectomies. Steps to popularise vasectomy through IEC campaigns have been initiated.
- (iii) In 1996-97, the Department of Family Welfare requested the states to undertake a PHC based need assessment and attempt to meet the felt needs of contraception. A comparison of performance for the period before and after abolition of method - specific targets indicates a reduction at the national level in the acceptance of sterilization, IUD and conventional contraceptives, in contrast to acceptors of oral contraceptives which have shown an increase. However data from the National Family Health Survey 1992-93 (NFHS-I) and 1998-99 (NFHS-II) have indicated a substantial increase in sterilisation and OC use in the country. Only IUD and vasectomy use have shown a decline.
- (iv) Between 1994-95 and 1999-2000, the performance of four states with poor demographic indices indicates that in UP and Bihar there has been a fall in acceptance

of all contraceptive methods, as compared to their performance in 1994-95.

- (v) Additional Medical Termination of Pregnancy (MTP) training centres are being recognised to accelerate skill development training of Community Health Centre/PHC doctors. Equipment and trained doctors are also being sent regularly to improve access to the facilities
- (vi) The prevailing high maternal and prenatal morbidity and mortality is a cause of concern. Awareness generation, skill upgradation training, improving antenatal and intra-partum care facilities, training of Dais, provision of emergency obstetric care are important interventions being taken in this regard.
- (vii) Reproductive Tract Infection (RTI) and Sexually Transmitted Infections (STI)-prevention and management component of RCH programme is being implemented in close collaboration in the National AIDS Control Organisation (NACO).
- (viii) The Eighth Five Year Plan target of 100 per cent immunisation coverage for all the six Vaccine Preventable Diseases (VPD) has not been achieved even by 2000. The immunisation coverage has been stagnating at roughly the same level throughout the nineties in most States with some States even reporting a declining trend. Though there has been a substantial decline in the reported cases of VPD over this period, the goal of elimination of polio and neonatal tetanus by 2000 have not been achieved.
- (ix) A review of the Pulse Polio Immunisation (PPI) Programme in 1998 and 1999 has revealed that though the number of reported polio cases have declined significantly since 1995, the reduction is not such that would enable achievement of the target of eradication of polio by 2000 AD in the country. Coverage under routine immunisation for polio is about 90 per cent but for some States such as Bihar it is as low as 40 per cent. The States of Uttar

Pradesh, Bihar, West Bengal and Delhi account for over 80 per cent of the cases of polio reported in the country. Identification of areas of low coverage and near 100 per cent coverage of children for providing OPV both during routine immunisation and PPI is critical to achieve and sustain the goal of elimination of this disease. Appropriate storage of the vaccine with adequate cold-chain facility is also important.

10.51. Obtaining results from the interventions currently underway will come from better

implementation and execution of programmes, with greater accountability and efficiency. Increasing awareness through improved IEC strategies would enable wider dissemination and adoption of the increased options of contraception available. As against the Ninth Plan (1997-2002) outlay for the Department of Family Welfare at Rs. 15,120 crore, an amount of Rs. 14,968 crore has been released. Rs. 4,210 crore have been provided for the various schemes of family welfare in the year 2001-02 as against Rs. 3,520 crore (BE) provided in 2000-01.