

Family welfare

10.56 As per the Census of India, 2001, the population of India as on March 1, 2001 was 1027 million, with males at 531 million and females at 496 million. Viewed globally, India constitutes 16.87 percent of the world population. India is following the demographic transition pattern of all developing countries from initial levels of “high birth rate – high death rate” to the intermediate transition stage of “high birth rate – low death rate “ which manifests in high rates of population growth, before graduating to “low birth rate – low death rate”. The improvement in the quality of health care over the years is reflected in some of the basic demographic parameters (Box 10.8).

10.57 The current high population growth rate is due to :

- the large size of the population in the reproductive age-group (estimated contribution 60%);
- higher fertility due to unmet need for contraception (estimated contribution 20%); and high wanted fertility due to prevailing high IMR (estimated contribution 20%).

10.58 Among the major states, the states of Kerala and Tamil Nadu have already achieved a replacement level of fertility viz Total Fertility Rate (TFR) of 2.1, while the states of Andhra Pradesh, Gujarat, Karnataka, Maharashtra, Orissa, Punjab and West Bengal are having a TFR of 2.2 to 3.0 and are in the direction of achieving replacement level of fertility. There are a few states, namely, Assam, Madhya Pradesh, and Haryana which are having a TFR of 3.1 to 4.0 while the States of Rajasthan, Uttar Pradesh and Bihar have recorded a TFR of 4.1 to 4.7 as per the Sample Registration System, 1999.

10.59 The goal of population stabilization is achieved only when child survival issues, maternal health issues and contraception issues are addressed simultaneously and effectively. Actual success in containing the growth of population would however, depend upon: Publicly stated support by the community leaders; Resources available for

the Family Welfare Programme; Efficiency and accountability in the state Health System for ensuring effective delivery of services to citizens; as also Women’s education and status in the family. All these inputs have so far not been uniformly available to the required extent for the Family Welfare Programme, thereby not allowing the optimal and potential/ best possible benefits to be reaped from the same.

10.60 The Tenth Plan proposes to fully meet all the felt needs for FW services and enable families to achieve their reproductive goals with a paradigm shift from :

- Demographic targets to focus on enabling the couples to achieve their reproductive goals.
- Method specific contraceptive targets to meeting all the unmet needs for contraception to reduce unwanted pregnancies.
- Numerous vertical programmes for family planning and maternal child health to integrated health care for women and children.
- Centrally defined targets to community need assessment and decentralised area specific microplanning and implementation of Reproductive and Child Health care (RCH) programme to reduce Infant mortality and reduce high desired fertility.
- Predominantly women centred programme to meeting the health care needs of the family with emphasis on involvement of men in Planned Parenthood.

10.61 The Tenth Plan envisages a reduction in IMR to 45 /1,000 by 2007 and 28/1,000 by 2012, reduction in MMR to 2/1000 live births by 2007 and 1/1,000 live births by 2012 and reduction in decadal growth rate of the population between 2001-2011 to 16.2. For the Tenth Five Year Plan, an allocation of Rs.27,125/- crore has been made for the Department of Family Welfare as against the allocation of Rs.15,120/- crore for the Ninth Five Year Plan. For the Annual Plan, 2002-03, Rs.4930/- crore has been allocated against

the allocation of Rs.4210/- crore for Annual Plan, 2001-02.

10.62 The *National Population Policy* adopted in February, 2000 affirms the commitment of the Government towards stabilizing the population of the country by providing for its citizens to make voluntary and informed decisions about their family size. The Policy envisages certain National Socio-Demographic goals to be achieved by 2010 for paving the way for a stable population in the country by 2045, at a level consistent with the requirements of sustainable economic growth and social development. It also provides a policy framework for advancing goals and prioritizing strategies during the next decade, to meet the reproductive and child health needs of the people of India, and to achieve net replacement levels of fertility (Total Fertility Rate viz. TFR=2.1) by 2010.

10.63 It has been decided to relocate the *National Population Stabilization Fund (NPSF)* from the National Commission on Population to the Department of Family Welfare. The NPSF has been created with core funding of Rs.100 crore from Govt. of India and will invite funds inter-alia from the voluntary and corporate sector, NGOs etc. for strengthening the funding position for population stabilisation programmes.

10.64 An *Empowered Action Group (EAG)* has been constituted in the Ministry of Health and Family Welfare with Union Minister for Health & Family Welfare as Chairman on 20th March 2001. The EAG aims at assisting states with weak socio demographic indicators to attain the goals listed in the National Population Policy. In the first instance the states of Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Orissa, Jharkhand, Uttaranchal and Chhattisgarh have been chosen for focussed attention.

10.65 State Population Policies have been adopted by Andhra Pradesh (1997), Rajasthan (December 1999), Madhya Pradesh (January 2000), Uttar Pradesh (July 2000), and Gujarat (March, 2002) with state-specific goals and strategies. This apart, the states of Orissa and Jammu & Kashmir have also formulated

their draft population policies.

10.66 Population Census 2001 results have shown a decline in the sex ratio in the age group 0-6 years in several States. For the country as a whole the child sex ratio is 927 girls per 1000 boys (Census 2001), which is much less than 945 recorded for the 1991 Census. The Government is keen to strengthen the implementation mechanism of *Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT Act)*.

10.67 The *Mother NGO (MNGO)* programme of the Department of Family Welfare has been recognized by the Planning Commission as a model scheme for adoption by other Ministries/Departments of the Govt. of India, for funding NGOs. The scheme has been revised extensively to make it more user friendly, comprehensive and flexible.

10.68 While population stabilization is on the Concurrent List, health is a State subject. The reproductive and child health services reach community and household levels through the primary health care infrastructure. Inadequacies in the existing health infrastructure have led to gaps in coverage and outreach services in rural areas. *The Pradhan mantri Gramodaya Yojana (PMGY) for Primary Health Sector* is an initiative to strengthen and revitalize the primary health infrastructure. Under the scheme Rs.809 crore were provided in 2000-01 and 2001-02 for revitalization of the primary health infrastructure in rural India.

10.69 The Reproductive and Child Health Programme (RCH) was launched on 10th October 1997 and combines fertility regulation, safe motherhood, child survival and Reproductive Tract Infections (RTI)/Sexually Transmitted Infections (STI). This programme is primarily implemented through the primary health care infrastructure. Independent surveys have shown that several states have achieved goals set for some aspect of the RCH programme during the Ninth Plan, demonstrating that these can be achieved within the existing infrastructure, manpower and inputs.

10.70 For improving obstetric care services, all C-category districts of the States of Uttar Pradesh, Bihar, Madhya Pradesh, Orissa, Haryana, Assam, Nagaland and Rajasthan are being supported to engage additional Auxiliary Nurse Midwives (ANMs) in 30 percent of the Sub-Centres. The scheme has been extended to six North-Eastern states and Delhi. Similarly, States have been supported to engage contractual staff (Public Health Nurses and Lab. Technicians) to alleviate the problem of shortage of trained manpower in PHCs/CHCs and Sub-district hospitals.

10.71 A detailed programme has been initiated to provide RCH services in remote areas by holding RCH camps in those PHCs that are remote and remain unutilized. Initially during 2000-01, the scheme was implemented in 102 districts. It has since been extended to 76 more districts.

10.72 Vitamin A deficiency, which can lead to blindness, has been prevalent in the country, especially among the pre-school children. Under the programme for prevention of and control of vitamin A deficiency among children five doses of Vitamin A are administered to all children under 3 years of age.

10.73 Iron Deficiency (anemia) is widely prevalent not only in women of child-bearing age but also in young children. The National Family Health Survey-II (1998-99) revealed that 74.3 percent children under the age of 3 years were anemic. There is a marginal difference in the prevalence in the rural and urban areas. While 75.3 percent of rural children were found to be anemic, the prevalence in urban children was 70.8 percent. Under the National Programme iron folic acid tablets containing 20 mg of elemental iron and 0.1 mg of folic acid are provided at the sub-centre level.

10.74 The goal of the *Universal Immunisation Programme* is to achieve 100 percent coverage of all eligible children and pregnant women. To strengthen the outreach services in 151 weaker districts of 28 States, a scheme of RCH Outreach Services has been implemented where inputs have been provided to increase coverage and improve quality of immunization.

10.75 It is estimated that prior to the *Pulse Polio Immunization Programme* around 2.5 lakh children used to get afflicted by polio each year. The reported number of cases in 1987 was 28,257 which was estimated to be around 8 to 10 percent of the actual cases. In order to establish a better surveillance system, National Polio Surveillance Project (NPSP) was launched in October 1997 under which a network of 8000 reporting units have been established which is being supervised by over 220 Surveillance Medical Officers. The NPSP has been able to sustain an international standard surveillance system for polio since then. The number of reported polio cases declined considerably from 28257 reported in 1987 to 268 in 2001. However, during 2002, 1211 polio cases have been reported till 3rd December, 2002, of which 990 cases are from Uttar Pradesh, and 81 from Bihar.

10.76 The *Information, Education and Communication (IEC)* component of the National Family Welfare Programme aims to generate demand for the range of Family Welfare and Reproductive and Child Health Services available, with the help of the States, Districts and NGOs. A new *National Communication Strategy* has been put in place in tune with the National Population Policy 2000, to chalk out a systematic campaign in which the district is the focal point. A crucial feature of the new strategy is the recognition that increasingly, IEC work will have to be decentralized to the States, Districts and community levels.

10.77 The agenda for population stabilization is multi-sectoral which necessitates decentralization and convergence across sectors. In cooperation with State Governments, the Department of Family Welfare, is bringing about a convergence between the NGOs, the Self Help Groups (run by the department of Rural Development) the Zila Saksharta Samitis (run by the Department of Education), the social marketing organizations (overseen by Department of Family Welfare) and the panchayati raj institutions, to improve integrated service delivery at community and household levels.