

Population and Family Welfare

10.53 India supports about 16 per cent of world population. According to United Nations Population Fund (UNFPA) estimates, out of an annual increase of 76 million in world population, India alone accounts for as much as 16 million, marking a sizeable (21 per cent) contribution. With the risk of achieving the dubious distinction of becoming the most populous country in the world by about 2050, designing appropriate and effective steps to address the problem of population growth is an important challenge facing the nation.

10.54 The current high population growth rate is due to the large size of the population in the reproductive age-group (estimated contribution 60 per cent), higher fertility due to unmet need for contraception (estimated contribution 20 per cent) and a high wanted fertility due to prevailing high Infant Mortality Rate (IMR) (estimated contribution 20 per cent). The population under 15 years is expected to increase only marginally over the next 20 years. The largest growth of population

will be in the 15-64 year age group, which will expand by about 46 percent by 2020. The elderly population is also expected to rise sharply by 2.6 per cent per annum, from 45 to 76 million, and their share in total population will rise from 4.5 to 5.7 per cent. As a consequence of these changes in the age structure, the dependency ratio- the ratio of the old (people above the age 64 years) and young (below the age of 15 years) to people in the working age group of 15-64 years, is expected to fall from 67 per cent in 2000 to 46 per cent in 2020 (Table 10.13).

10.55 As per the Population Census of India, 2001, the population of India in March 2001, was 1,027 million, with 531 million males and 496 million females. India is following the demographic transition pattern of all developing countries from initial levels of “high birth rate – high death rate” phase to the intermediate stage of “high birth rate – low death rate” with high rates of population growth, before graduating to the “low birth rate – low death rate” phase. Over the last two decades, while the crude birth rate declined

Year	2000	2005	2010	2015	2020
Total	1,010	1,093	1,175	1,256	1,331
Under 15	361	368	370	372	373
15-64	604	673	747	819	882
65+	45	51	58	65	76

Source : Report of India Vision 2020 Committee, Planning Commission

from 33.9 per thousand persons in 1981 to 25 per thousand persons in 2002, the crude death rate also declined from 12.5 per thousand persons in 1981 to 8.1 per thousand persons in 2002 (Table 10.14).

10.56 In socio-demographic parameters, in spite of considerable progress over the last two decades the country continues to lag behind several other countries in the region (Table 10.15). To correct this deficiency, the Tenth Plan envisages a reduction in Infant Mortality Rate (IMR) to 45 per 1,000 by 2007 and 28 per 1,000 by 2012, reduction in Maternal

Mortality Rate (MMR) to 2 per 1,000 live births by 2007 and 1 per 1,000 live births by 2012 and reduction in decadal growth rate of the population between 2001-2011 to 16.2 per cent. As against the allocation of Rs. 15,120 crore for the Ninth Five Year Plan, the allocation for the Department of Family Welfare is Rs. 27,125 crore for the Tenth Plan. For the Annual Plan 2003-2004, the allocation increased to Rs. 4,930 crore from Rs. 4,150 crore in 2002-03 (RE).

10.57 The National Population Policy, 2000 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 total fertility rate by 2010. The immediate objective of the National Population Policy, 2000 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

Sl.No.	Parameter	1951	1981	1991	Current level
1	Crude Birth Rate (Per 1000 Population)	40.8	33.9	29.5	25.0 (2002*)
2	Crude Death Rate (Per 1000 Population)	25.1	12.5	9.8	8.1 (2002*)
3	Total Fertility Rate (TFR) (Per woman)	6.0	4.5	3.6	3.2 (1999)
4	Maternal Mortality Rate (MMR) (per 100,000 live births) NFHS	NA	NA	437 (1992-93)	407 (1998)
5	Infant Mortality Rate (IMR) (Per 1000 live births)	146 (1951-61)	110	80	64 (2002*)
6	Child (0-4 years) Mortality Rate , per 1000 children	57.3 (1972)	41.2	26.5	19.5 (2000)
7	Couple protection Rate (per cent)	10.4 (1971)	22.8	44.1	48.2 (1998-99) NFHS
8	Life Expectancy at Birth Male	37.2	54.1	59.7 (1991-95)	63.9 (2001-06)
	Female	36.2	54.7	60.9 (1991-95)	66.9 (2001-06)

Note : The dates in the brackets indicate years for which latest information is available.
NFHS : National Family Health Survey **NA :** Not Available * Provisional
Source : Ministry of Health & Family Welfare.

medium-term objective is to bring the TFR to replacement level by 2010 through vigorous implementation of inter-sectoral operational strategies. The long-term objective is to achieve population stabilisation by 2045, at a level consistent with the requirements of sustainable economic growth, social development and environment protection.

10.58 The goal of population stabilization can be achieved only when child survival, maternal health and contraception issues are addressed simultaneously and effectively. Actual success in containing the growth of population will, however, depend inter-alia upon factors such as publicly stated support by the community leaders, resources available for the family welfare programs, efficiency and accountability in the state health system for ensuring effective delivery of services to citizens, as also womens' education and status in the family. All these inputs have so far not been uniformly available to the required extent for the family welfare program, thereby not allowing the optimal and best possible benefits to be reaped from the same.

10.59 A National Level Resource Committee has been constituted to guide the States in the formulation of their population policies. Some State Governments have formulated their own State Population Policies with specific strategies, goals and programs. These States are Andhra Pradesh (1997), Rajasthan (December 1999), Madhya

Pradesh (January 2000), Uttar Pradesh (July 2000) and Gujarat (April 2002).

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

10.61 The National Population Stabilisation Fund (NPSF) was renamed and registered as Janasankhya Sthirata Kosh (JSK) in June 2003. The objective of JSK is to facilitate the attainment of the goals of National Population Policy (NPP) 2000. The Fund will support projects, schemes, initiatives and innovative ideas, designed to help population stabilisation both in the Government and voluntary sectors, and provide a window for canalising monies through voluntary contributions from individuals, industry, trade organisations and other legal entities in furtherance of this national cause. A contribution of Rs.100 crores has been made out of plan budget.

Table 10.15 : India's global position in terms of socio-demographic parameters

Country	Life expectancy at birth (years)	Under-five mortality rate (per 1,000 live births)		Infant mortality rate (per 1,000 live births)		Maternal mortality ratio (per 100,000 live births)
	2001	1990	2001	1990	2001	1995
China	70.6	49	39	38	31	60
India	63.3	123	93	80	67	440
Nepal	59.1	145	91	100	66	830
Pakistan	60.4	128	109	96	84	200
Sri Lanka	72.3	23	19	19	17	60
Bangladesh	60.5	144	77	96	51	600
South Asia	62.8	126	96	84	69	427

Source: UNDP, Human Development Report 2003

10.62 The Empowered Action Group (EAG) is a high powered, one window clearance mechanism for approving schemes, to finalise strategies, address the gaps in the on-going programmes, and also to facilitate inter-sectoral convergence, as required. It will provide a specific focus on the concerned States and help them to plan, implement and monitor interventions, aimed at raising performance indicators to attain the goals set for the Tenth Plan, and in the NPP 2000. The EAG states are Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttaranchal and Uttar Pradesh. One of the most important goals is attainment of TFR of 2.1 by 2010 for the country. For attaining the goal, special efforts are being taken on an immediate basis in the EAG States where TFR is currently between 4 to 4.8, and crude birth rates and death rates are high. These States account for more than 50 per cent of the eligible couples having 3 or more children. The performance of these States will decide the timing and size of the population for attainment of population stabilization. The declining sex ratio has been a cause of worry for some time now. The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 was enacted in an attempt to reduce the imbalance in sex ratio. Keeping in view the emerging technologies and slow implementation of the Act, it has been amended in February 2003. The Act is now renamed as Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act.

10.63 The Mother NGO (MNGO) program 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. Four regional resource centres for capacity building of NGOs have also been set up. The Reproductive and Child Health (RCH) Program was launched on October 10, 1997 and combines fertility regulation, safe motherhood, child survival and Reproductive Tract Infections (RTI)/Sexually Transmitted Infections (STI) under one

program. This program is primarily implemented through the primary health care infrastructure. The overall goals of the program are to reduce maternal and infant mortality and morbidity and assure reproductive health and choice to citizens and contribute thereby to stabilization of population.

10.64 The National Maternity Benefit Scheme (NMBS) was transferred to the Department of Family Welfare from the Ministry of Rural Development in April 2001. The scheme provided for 100 per cent Central Assistance to the States/UTs for extending financial benefit of Rs.500 per pregnancy for first two live births to women who belong to households below poverty line and have attained 19 years of age or above. The Central Assistance is released directly to the districts for disbursement to the beneficiaries 12-8 weeks prior to the delivery. However, in exceptional cases, the benefit can be given even after delivery. Based on the experience gained during the last two years, it has been decided to introduce a modified scheme. "Janani Suraksha Yojana", in replacement of the present scheme, from 2004-05.

10.65 The goal of the Universal Immunisation Program is to achieve 100 per cent 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 to increase coverage and improve the quality of immunization. Kerala, Maharashtra, Punjab and Tamil Nadu have improved their immunization coverage. Under the Pulse Polio Immunization Program National Polio Surveillance Project (NPSP) was launched in October 1997 with a network of 9,000 reporting units supervised by over 258 Surveillance Medical Officers. The number of reported polio cases declined considerably from 28,257 reported in 1987 to 268 in 2001. However, during 2002, there was an increase in the number of polio cases to 1,600 with as many as 1,242 cases reported from Uttar Pradesh. During the year 2003, facilitated by a high quality of immunization activities, the number of cases has declined drastically to 214 cases as on December 31, 2003.