

Programme: Master in Social Work
Postgraduate Department of Sociology,
Patna University

Semester III

Course: CC-12 (Social Pathology and Population Studies)

Unit-III Population Policy

Learning Objectives:

- To understand the philosophy of population policy.
- To understand principles of population policy.
- To explain the need of population policy.
- To understand the National Population Policy.

Introduction:

India has the distinction of being the first country in the world to have a fully government-supported family planning programme. This is not an overnight development. The foundations were laid in the early part of the twentieth century.

Even during the pre-independence period, the intellectual elite among the Indians showed some concern about the population issue, and supported the cause of birth control. Their British rulers, however, kept aloof from this controversial issue.

Support for birth control was evident when the Health Survey and Development Committee set up by the Government of India, in 1945, under chairmanship of Sir Joseph Bore, recommended that birth control services should be provided for the promotion of the health of mothers and children. The pressure from the intellectuals that the government formulate a policy for disseminating information on birth control and for encouraging its practice was mounting during the pre-independence period. This part of Unit V will focus on the meaning and philosophy of population policy, what are its principles and why is it needed. Let us begin with its philosophy.

Philosophy of Population Policy

A population policy is a set of measures taken by a State to modify the way its population is changing, either by promoting large families or immigration to increase its size, or by encouraging limitation of births to decrease it. A population policy may also aim to modify the distribution of the population over the country by encouraging migration or by displacing populations. In simpler words it can be said that population policy is deliberately constructed or modified institutional arrangements and/or specific programs through which governments influence, directly or indirectly, demographic change.

Similarly, sociologists like G. Myrdal also argues that a population programme must work itself into the whole fabric of social life. In the population policy are covered programmes and policies relating to increase and decrease of death and birth rates, increase in population growth rate and distribution of population, etc. According to J.J. Spengler under national population policy are covered all such population problems which influence either quality or distribution of population. Population policy can be both explicit as well as implicit. Under explicit policy

problems are solved whereas in implicit policy, population problems are solved under some economic, social or political policy. J. J. Spengler has also said that population policy can be formulated with immediate as well as long term objectives. The objects of such a policy can also be quantitative, qualitative as well as spatial. According to Notestein, the main objective of national population policy today is to ensure that there is reasonable gap between the fall of death and birth rates.

Paul Meadows has said that national population policy should have norms as well as methodology. According to him the norms should be that birth of the children should be well planned and whether a child should or should not be born that should be planned and also be optional. He also said that it should be possible to give them proper education and maintain good health for them. The norms should help in keeping population at a reasonable level. In methodology he suggested that there should be improvement in production, increased availability of food supplies, sufficient storage of food, late marriages, tax on producing more children, etc.

According to R.K. Mukherjee, 'a democratic population policy will accent the increased supply, but it will neglect the possibility of reducing demands. Anti-democratic population policies have opportunistically followed lines of action suggested in both groups.' But D.V. Glass has rather very appropriately said that it is wrong to believe that there can be a national population policy. In fact, there can be no universal national policy and even a nation cannot pursue a national policy for all times to come. It will have to change with changing times.

Therefore, in simplest terms, the main philosophy behind the policy was that the population control could be better achieved by improving the lot of particularly those below the poverty line through greater focus on child survival, empowerment of women and increased participation of men in Planned Parenthood.

The generality of the definition lends itself to varying interpretations. For any given country, the aim of population policy may be narrowly construed as bringing about *quantitative* changes in the membership of the territorially circumscribed population under the government's jurisdiction. Additions to membership are effected only through births and immigration, losses are caused by emigration and by deaths. Concern with this last component is usually seen as a matter for health policy, leaving fertility and migration as the key objects of governmental interest in population policy.

More broadly, policy intent may also aim at modification of *qualitative* aspects of these phenomena—fertility and international migration—including the composition of the population by various demographic characteristics and the population's spatial distribution. Furthermore, governments' concern with population matters can also extend beyond the borders of their own jurisdictions. International aspects of population policy have become increasingly salient in the contemporary world.

Population policy is thus a very comprehensive term which includes all the efforts which are made by the government to control and change the then population structure. UNESCO Population Commission Report of the Adhoc Consultative Group of Experts of Population Policy, 23rd March, 1972 includes measures and programmes which contribute to the achievements of economic, social, demographic, political and other collective goals through critical demographic variables e.g. size and growth of population and its geographical

distribution. If population policy is taken in its broadest sense it will include birth, death and growth rates, internal and international migrations and social, ethnic, economic and biological factors which effect populations.

Principles of Population Policy

India has adopted a system of five year plan to achieve higher standards of living and better opportunities (as we have already discussed in Part A of Unit V). But the high rate of population growth is bound to adversely affect the economic progress of country. Family planning measures become immensely important in such a situation of population growth.

A department of family planning was created in the Ministry of Health in 1966. Family Planning

envisages measures motivating people to bring down birth rate. A comprehensive national population Policy was evolved in 1981. The main objective of population policy was to integrate family planning with the planning of the socio-economic development of India. The age at marriage was raised from 15 to 18 years for girls and 18 to 21 years for boys.

The aim of NPP id to impress upon the people, the need for small, planned families for their own good as well as for the well-being of their children. The 20 point programme announced in January 1982, incorporated the family welfare programme. The programme envisages family planning as a people's movement on the voluntary basis. What is needed is to inculcate awareness among the people for the significance of the small family norm through the media and oral communication. Female literacy and education can play a decisive role in bringing down the rate of population growth.

The following suggestions have been put forward to curb the population growth:

- a) Group acceptance of the small-sized family,
- b) Personal knowledge about family planning methods, and
- c) Read availability of birth control devices and services.

The crux of the population policy is the reduction of national birth rate, irrespective of the social, cultural and economy milieu. Coercing people to adopt family planning methods has not worked. Volatile alone, created through awakening, can be effective measure.

Thus, in simple words, *the main principle of population policy is family limitation or say, in other words, control of family size through birth control measures and family planning methods.*

Population policy may be of two kinds:

1. Pre-natal- In this, the government tries to boost the birth rate by:
 - ✓ Providing economic incentives for child-bearing.
 - ✓ Restricting contraception or abortion.
2. Anti-natal- In this, the government may try to limit population growth by:
 - ✓ Providing facilities for contraception, abortion, sterilization and encouraging their use.
 - ✓ Providing penalties for large families and rewarding for small families. In recent times, this policy is being operative in India.

The government has evolved the population policy step by step to fulfil the philosophy behind and the principle of this policy, main objective of which was to curb the rapid population growth.

Need of Population Policy

For Malthus, economic production increased arithmetically and would be unable to keep pace with the needs of a population that, for its part, increased exponentially. His idea was used by neo-Malthusians to convince developing countries that birth control policies were needed to slow down excessive population growth. To catch up with rich countries, the poor countries needed to invest massively in order to develop their economy and educate their future workforce. How could they hope to do so if population growth outpaced the increase in production? It was on these grounds that many developing countries implemented sometimes draconian birth control policies.

Paradoxically, while the quarrel between neo- and anti-Malthusians is now largely forgotten, the idea of overpopulation – whether at a local or global level – has been taken up again by certain ecologists who claim that the world would be a better place with a population of just one billion (as in 1800!) rather than nine or ten billion, as will soon be the case. Is this sufficient grounds for a depopulation policy? Hardly. Not only does depopulation raise as many problems as population growth, but implementing such a policy would be highly problematic. Increasing mortality is clearly unacceptable, and emigration is not possible on a planetary scale. This leaves the option of reducing fertility and maintaining it well below replacement level over a long period, which would soon give rise to an economically unsustainable dependency ratio (ratio of young and old people to adults of working age). Ecologists have highlighted two major challenges facing us: climate change and the growing scarcity of basic resources such as water and non-renewable energies. These are indeed crucial issues that must be handled with a stronger political will than is currently the case, but reducing the global population is certainly not a practical solution. Attention should focus more on managing the consequences of past demographic trends than on dreams of returning to a demographic golden age that never actually existed.

The population structure

Population size is not the only population policy challenge. Population structure is also an important factor. Let us consider here only three aspects: age, sex, and ethnicity. Is there an ideal age composition that a population policy might reasonably seek to achieve? In economic terms, an optimal age structure may be one which minimizes the dependency ratio by maximizing the number of working-age adults. This would entail reducing the proportion of older adults, whose numbers are increasing rapidly in countries in the last stage of the “demographic transition”. But how can this be done? By reducing life expectancy? Who would dare to envisage such an option? By stimulating births to reduce the proportion of elders? Such a measure would raise the proportion of children and increase the dependency ratio. In countries where the elder population is still small, the proportion of working-age adults can be maximized by a sudden fertility decrease that produces an immediate drop in the proportion of young people. It is this phenomenon that has opened an exceptional demographic window of economic and social opportunity in certain developing countries. But such situations are temporary and short-lived, with potentially damaging long-term after-effects. The ideal is thus to achieve an invariable age structure, but this is only possible in a so-called “stable”

population. So the question boils down to whether we want a stable growing population or a stable decreasing one; because in one case or the other, the dependency ratio remains more or less unchanged (more younger people in the former case, more older people in the latter). In fact, sooner or later, both population growth and depopulation are problematic, which leaves us with only one reasonable long-term objective: that of a “stationary” population with a constant size and age composition. But, very likely, this is a purely utopian dream.

What about sex? Until quite recently, the sex ratio at birth seemed to remain unchanged at the rate of 105 boys per 100 girls. Due to male over-mortality, that resulted in an almost perfect balance at childbearing age, which is an ideal situation for monogamist societies. Only exceptional events could disturb the balance and ultimately open the door to demographic policies. After a deadly war, for example, a country can suddenly call upon foreign labour like France did in the 1920s, resulting in a concomitant balance in the marriage market. Recently, the question of gender unbalance has become critical in some countries that have easy access to early diagnosis of fetal sex and that also practice selective abortion. In India (where a woman’s status remains very unfavourable) and in China (where the one-child policy reinforced preferences for male offspring), this practice led to a sudden increase in the sex ratio at birth, thus opening a new field for population policies. Is it better to try to stop the phenomenon by fighting the symptom (for instance, by restricting access to diagnosis in order to stop selective abortion) or to try to eradicate the cause by accelerating improvements in the status of women? The debate remains open.

Population explosion or say overpopulation results in poverty. As there are more mouths to feed, even after more hands to earn, the distribution of resources and population is uneven all over the globe, in general and in India, in particular. Population policy is needed to reduce the poverty, to enhance gender equality, to provide good, equal and quality education to all so that socio-economic strata of society becomes more stable, to maintain good health and well-being of all the people and most importantly, to curb the high population growth.

Thus, the objectives of demographic policies are numerous and varied. Some of them are rather undesirable or even dangerous. Some methods are unacceptable or even criminal. Then there are more equitable and humanitarian means, those that are compatible with the Universal Declaration of Human Rights. Yet even when applying them, the question arises: Are they effective?

Milestones in the Evolution of Population Policy:

- ✚ 1946 – Bhore Committee Report: This committee, known as the Health Survey & Development Committee, was appointed in 1943 with Sir Joseph Bhore as its Chairman. It laid emphasis on integration of curative and preventive medicine at all levels. It made comprehensive recommendations for remodelling of health services in India. The report, submitted in 1946, had some important recommendations like:-
 1. Integration of preventive and curative services of all administrative levels.
 2. Development of Primary Health Centres in 2 stages:
 - a. **Short-term measure** – one primary health centre as suggested for population of 40,000. Each PHC was to be manned by 2 doctors, one nurse, four public health nurses, four midwives, four trained dais, two sanitary inspectors, two health assistants, one pharmacist and fifteen other class IV employees. Secondary health centre was also envisaged to provide support to PHC, and to coordinate and supervise their functioning.

b. A long-term programme (also called the 3 million plan) of setting up primary health units with 75 – bedded hospitals for each 10,000 to 20,000 population and secondary units with 650 – bedded hospital, again regionalised around district hospitals with 2500 beds.

3. Major changes in medical education which includes 3 – month training in preventive and social medicine to prepare “social physicians”.

- ✚ 1952 – Launching of Family Planning Programme: In 1952, India was the first country in the world to launch a National Programme, emphasizing family planning to the extent necessary for reducing birth rates to stabilize the population at a level consistent with the requirement of national economy. After 1952, sharp decline in death rates, however, not accompanied by a similar drop in birth rates. In 1966, several important developments concerning the family planning programme took place. A full-fledged Department of Family planning was established within the Ministry of Health, which was designated as the ministry of Health and Family Planning and a Minister of cabinet rank was placed in its charge. A cabinet committee of Family Planning, initially headed by the Prime Minister and later by the Finance Minister, was constituted at the central level.
- ✚ 1976 – Statement of National Population Policy: Points highlighted in this were as follows.
 - (i) The Government proposed legislation to raise the age of marriage to 18 for girls and 21 for boys;
 - (ii) The Government would take special measures to raise the level of female education in the states;
 - (iii) As the acceptance of Family Planning by the poorer sections of society was significantly related to the use of monetary compensation as from May 1, 1976 to Rs. 150 for sterilization (by men or women) if performed with 2 children, Rs. 100 if performed with three living children and Rs. 70 if performed with four or more children.
- ✚ 1977 – Policy statement of Family Welfare Programme: The Janata Government which came to power in March 1977, showed utter lack of appreciation of the seriousness of the population problem. The Family Planning Programme was renamed as the Family Welfare Programme. The Policy statement of the Janata Government in June 1977 spoke of only voluntary methods to solve the population problem and the need to integrate family planning services with those for health, maternity, child care and nutrition. The Bureaucracy too soft pedalled the implementation. There was a major set-back to the sterilization programme.
- ✚ 1983 – National Health Policy emphasized small family norm through voluntary efforts: The National Health Policy of 1983 emphasized the need for securing the small family norm through voluntary efforts, and moving towards the goal of population stabilization. While adopting the health policy, parliament emphasized the need for a separate National Population policy. The National Health Policy 1983 stated that replacement levels of total fertility rate (TFR) should be achieved by 2000.
- ✚ 1991 – Karunakaran Report of NDC: In 1991, the National Development Council appointed a Committee on population with Sri. Karunakaran as Chairman. The Karunakaran report (Report of the National Development Council (NDC) Committee on Population) endorsed by NDC proposed the formation of NPP to take a long-term holistic view of development, population growth and environmental protection and to

suggest policies and guidelines for formulation of programmes and a monitoring mechanism with short, medium and long term perspectives and goals. It was argued that earlier policy statements of 1976 and 1977 were placed on the table of parliament, however parliament never really discussed or adopted them. Specifically, it was recommended that a National Policy of Population should be formulated by the government and adopted by parliament.

- ✚ 1993 – Report on NPP under the chairmanship of Dr. M.S. Swaminathan: In 1993 an Expert Group headed by Dr. M.S Swaminathan was asked to prepare a draft of national population policy that would be discussed by the cabinet and then by the parliament. In 1994 the Expert Group submitted its Report. The report was circulated among members of parliament and comments requested from central and state agencies. It was anticipated that a National Population policy approved by the National Development Council and the parliament would help produce a broad political consensus.
- ✚ 1999 – Another draft of NPP was finalized and placed before the Cabinet in March from 1994 to 2000, because of unstable politics at the center, the draft of population policy lay dormant. Cabinet appointed a Group of Ministers (headed by Dy. Chairman, Planning Commission) to examine the draft policy. The GOM met several times and deliberated over the nuances of the population policy. In order to finalize a view about the inclusion or exclusion of incentives and disincentives, the Group of Ministers invited a cross section of experts from among academia, public health professional, demographers, social scientists, and women representatives. The GOM finalized a draft population policy and placed the same before cabinet. This was discussed in cabinet on 19 November 1999. Several suggestions were made during the deliberations. On that basis, a fresh drafts was submitted to cabinet.
- ✚ In Feb. 2000 – the government announced the NPP 2000.

Components of the Current Population Policy

With the advent of Independence, family planning as a measure of population control has been given top priority in the development plans of the country, starting with the First Five Year Plan (1951-56). The increasing financial allocations for the family planning programme in each successive plan are also indicative of the growing emphasis accorded to the family planning programme.

a) National Population Policy 1976 and 1977

Though implied in the family planning programme undertaken by the government, the population policy of the country was not explicitly stated, and it remained unarticulated in the formal sense. It was on April 16, 1976 that the National Population Policy was declared. It underwent some modifications in June, 1977.

Till the National Population Policy was first declared in April, 1976, the Population Policy of India was generally equated with the family planning policy. One of the grounds on which India was criticised in international circles was that other solutions to the population policy were ignored. The statement of the population policy took into account some of the complex relationships between the social, economic and political aspects of the population problem. It included appropriate measures to tackle the population problem, many of which went “beyond family planning”. The policy statement also contained several approaches to the improvement of the family planning programme.

The statement of policy regarding the Family Welfare Programme issued on June 29, 1977, eliminates all measures which have the slightest element of compulsion or coercion, and emphasis on the welfare approach to the problem. The name of the family planning programme, has also been changed to the family welfare programme to reflect the government's anxiety to promote through the programme the total welfare of the family and the community.

Many of the measures outlined in the National Population Policy, declared in 1976, have been retained. These include the following: (1) raising the minimum legal age at marriage for girls to 18 and for boys to 21, (2) taking the population figure of 1971 till the year 2001, in all cases where population is a factor in the sharing of the Central resources with the States, as in allocation of the Central assistance to the State Plans, devolution of taxes and duties and grants-in-aid, (3) accepting the principle of linking 8 per cent of the central assistance to the State Plans with their performance and success in the family welfare programme, (4) including population education in the formal school education system, (5) plans to popularise the family welfare programme and use of all media for this purpose, (6) participation of voluntary organisations in the implementation of the programme, (7) improvement of women's educational level, both through formal and non-formal channels. The Policy Statement also declared that the government would give special attention to the necessary research inputs in the field of reproductive biology and contraception.

b) National Population Policy 2000

India has framed a new National Population Policy in 2000. It enumerates certain socio-demographic goals to be achieved by 2010 which will lead to achieving population stabilisation by 2045. The policy has identified the immediate objectives as meeting the unmet needs for contraception, health care infrastructure and trained health personnel and to provide integrated service delivery with the following interventions:

- i. Strengthen community health centres, primary health centres and sub-centres.
- ii. Augment skills of health personnel and health care providers.
- iii. Bring about convergence in the implementation of related social sector programme to make Family Welfare Programme people centered.
- iv. Integrate package of essential services at village and household levels by extending basic reproductive and child health care through mobile health clinics and counselling services; and explore the possibility of accrediting private medical practitioners and assigning them to defined beneficiary groups to provide these services (Govt. of India 2003)

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