

# World Journal of Biology Pharmacy and Health Sciences

eISSN: 2582-5542 Cross Ref DOI: 10.30574/wjbphs Journal homepage: https://wjbphs.com/



(Review Article)



# Indian National Population Policy 2000: A review

Shital Onkarsing Chavan \* and Yeshwant Rajpal Patil

Department of Swasthvritta, Government Ayurved College, Vazirabad, Nanded, 431601, Maharashtra, India.

World Journal of Biology Pharmacy and Health Sciences, 2023, 13(02), 302-308

Publication history: Received on 07 January 2023; revised on 18 February 2023; accepted on 20 February 2023

Article DOI: https://doi.org/10.30574/wjbphs.2023.13.2.0101

#### **Abstract**

**Purpose of Review:** The purpose of this review is to revisit the embarkation of the Indian National Population Policy 2000, focused on its objectives, major structure, new features and strategies.

**Findings:** The second demographic strategy adopted by the federal government is known as the National Population Policy (NPP), 2000. The NPP asserts that its immediate goal is to provide integrated service delivery for fundamental reproductive and child healthcare while also addressing unmet needs for contraception, healthcare facilities, and manpower. (1)

**Summary:** The NPP 2000 has gained significant sway among family planning and decision-makers during the past 20 years.

Keywords: Population; Policy; NPP 2000; Contraception; Family planning; Health care

#### 1. Introduction (2)

The second-largest population in the world is found in India. With a population of over 1.3 billion people today; population growth control continues to be a top priority for all governments. You can learn all about the National Population Policy; 2000; in this article.

Since the 1970s; there has been a growing awareness of the necessity for a National Population Policy. In 1976; it was drafted. In 1977; a policy statement for the Family Welfare Program was also created. Although both of these comments were submitted to the parliament; neither was ever discussed nor approved.

The National Health Policy of 1983 placed a strong emphasis on the need to work towards population stabilization and secure the small family norm through voluntary measures.

The NPP 2000 differs from other population control initiatives in that it was here that the population problem was first recognized in combination with concerns about child survival; maternal health; women's empowerment; and contraception.

After extensive discussion; the National Population Policy was finished in 1998. It was then approved by the government and reviewed by various ministerial committees. On November 19; 1999; the draught was discussed in the cabinet. The recommendations were taken into consideration; and the final National Population Policy draught was presented to the parliament. On February 15th; 2000; the Indian government officially adopted it.

<sup>\*</sup> Corresponding author: Shital Onkarsing Chavan

# 2. Background of National population policy 2000 (1)

- In 1976; with India's population growing rapidly; the Emergency extended for another year.
- Minister of Health and Family Planning; Karan Singh announced National Population Policy; to deter population growth.
- The policy hoped to reduce the nation's hardships; established how incentives would be allocated to those who participate in population management efforts; and sought to reduce the nation's birth rate from 35 to 25 per 1000 by 1984.
- The policy also acknowledged that the country's population growth concerns could not wait for increased development and education to result in a fertility drop.
- The policy called for the Education Ministry to encourage and promote girls education.
- The population policy stated that the central government did not wish to legislate compulsory sterilization
- But if a state legislature felt prepared to pass policy-making sterilization compulsory; then it could do so.
- The results of population policy 1976 if measured by the number of sterilizations would be a success (although there was false reporting).
- From a rights-based perspective; when effectiveness is measured by deaths; violence or rights compromised in an attempt to goals of the Population Policy; initiatives were unsuccessful.
- Failure was reflected by the lack of sustainability and being counter-protective to improve the nation's health.
- For example; compensation for sterilization operations rose to 10 percent of the total health budget.
- It concentrated resources at one place; more of the health professionals were being used to reach sterilization goals; rather than other services towards patient welfare.

### 3. Demographic Achievements of India before Npp-2000 (3)

- Reduced Crude Birth Rate from 40.8 (1951) to 26.4 (1998; SRS);
- Halved the Infant Mortality Rate from 146 per 1000 live births (1951) to 72 per 1000 live births (1998; SRS);
- Quadrupled the Couple Protection Rate from 10.4 percent (1971) to 44 percent (1999);
- Reduced Crude Death Rate from 25 (1951) to 9.0 (1998; SRS);
- Added 25 years to life-expectancy from 37 years to 62 years;
- Achieved nearly universal awareness of the need for and methods of family planning; and;
- Reduced Total Fertility Rate from 6.0 (1951) to 3.3 (1997; SRS)

#### 4. Need for Population Policy in India (4)

On 11th May; 2000; India had 1.35 billion (>100 crores) people; i.e.; 16 % of the world's population on 2.4 percent of the globe's land area. If current trends continue; India may overtake China by 2045; to become the most populous country in the world. The global population increases 3 folds during this century (from 2 to 6 billion). Population of India increases nearly 5 times (from 238 million to 1 billion); during the same period. Stabilizing population is an essential requirement for promoting sustainable development with more equitable distribution.

#### 4.1. Causes of High Population Growth of India

- A large size of the population in the reproductive age group (estimated contribution 58 percent).
- Higher fertility due to unmet needs of contraception (estimated contribution 20 percent).
- High desire for fertility due to high infant mortality rate (estimated contribution 20 percent).
- Approximately 50 percent of the girls marry below the age of 18 years; resulting in a typical reproductive pattern of "too early; too frequent; too many."
- Preference for male child.
- More children are preferred by poor parents as more workforce.

#### 4.2. Definition of Population

A population is a summation of all the organisms of the same group or species; which live in the same geographical area; and can interbreed.

#### 4.3. Dynamics of Population

- Fertility;
- Mortality and
- Migration and Urbanization

Migration is classified into internal and international migration. International migration consists of emigrants and immigrants; which would affect the country's population growth. Internal migration influences the distribution of the population across districts; states and between rural and urban

#### 4.4. Definition of Policy

- Set of Ideas or Plans that is used as a basis for decision making;
- Attitude and actions of an organization regarding a particular issue;
- General Statement of understanding which guide decision making.

# 5. AIM of National Population Policy (1)

# 5.1. National population policy 2000 has targeted following aim

- Reduce birth rate;
- Limiting the number of children in family to two;
- Decreasing mortality;
- Creating awareness among the masses regarding the consequences of galloping population;
- Procuring necessary contraceptives;
- Enacting laws like legalizing abortion; and
- Giving incentives as well as disincentives.

#### 5.2. On the other hand; it also has to aim at

- Checking concentration of people in congested areas;
- · Providing necessary public services for effective settlement in new areas; and
- Relocation of offices to less populated areas.

Once the need for population control is realised; policy has to be framed by appointing various committees and commissions for studying and advising and consulting experts. It has then to be implemented through various programmes and also evaluated from time to time.

#### 5.3. India's population policy is the direct result of

- The total size of the population;
- A high growth rate; and
- The problem of uneven distribution in rural and urban areas.

#### 5.4. Objectives of National Population Policy:

#### 5.4.1. The Immediate objectives are:

- To address the unmet needs for contraception; health care infrastructure; and health personnel.
- To provide integrated service delivery for basic reproductive and child health care.

# 5.4.2. The Medium-term objective is

• To bring the Total Fertility Rate to replacement levels by 2010; through vigorous implementation of Intersectoral operational strategies.

#### 5.4.3. The long-term objective is:

• To achieve a stable population by 2045; at a level consistent with the requirements of sustainable socioeconomic growth and developments and environmental protection.

#### 5.5. Major Features of National Population Policy

- Increase the age of marriage from 15 to 18 years for girls and from 18 to 21 years for boys.
- Freeze the population figures at the 1971 level until 2001.
- Make some portion of central assistance provided to the state's dependent upon their performance in family planning.
- Give greater attention to education of girls.
- Ensure a proper place for population education in the total system of education.
- Involve all ministries and departments of the government in the family planning program.
- Increase the monetary compensation for sterilization.
- Institute group awards as incentives for various organizations and bodies representing the people at local levels; including Zillah Parishad and Panchayat Samiti.
- Encourage intimate association of voluntary organizations. Particularly those representing women; with implementation of program.
- Impart more importance to research activities in the field of population control.
- Use mass media for motivation; particularly in rural areas; to increase the acceptance of family planning methods.

# 5.6. New Structure of National Population Policy

- The NPP-2000; is to be largely managed at the Panchayat and Nagar Palika levels; in coordination with concerned State/UTs.
- For comprehensive and multi-sectoral coordination of planning and implementation between health and family welfare on the one hand; along with schemes from various other departments (like education; nutrition; and women and child development; etc) the following structure has been proposed:
  - National Commission on Population;
  - State/ Ut Commissions on Population;
  - o Coordination Cell in the Planning Commission;
  - o Technology Mission in the Department of Family Welfare.

#### 5.7. Major Strategic Themes

- Decentralized planning and program implementation.
- Convergence of service delivery at village levels.
- Empowering women for improved health and nutrition.
- Child survival and Child Health.
- Meeting the unmet needs for family welfare services.
- Under-served population groups:
  - Urban slums.
  - o Tribal communities; hill area population and displaced and migrant populations
  - o Adolescents.
  - Increased participation of men in Planned Parenthood.
- Diverse health care's providers.
- Collaboration with and commitments from non-government organizations and the private sector.
- Mainstreaming Indian Systems of Medicine and Homeopathy.
- Providing for the Older Population.
- Information: Education
- Communication.

#### 5.8. National population policy 2000 build the following National Socio-Demographic Goals for 2010

- Address the unmet needs for basic reproduction and child health services; supplies and infrastructure.
- Make school education up to age of 14 free and compulsory and reduce drop outs primary and secondary schools' levels below 20 % for both girls and boys.
- Reduce infant mortality rate to below 30 per 1000 live births.
- Reduce maternal mortality ratio to below 100 per 10;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 % institutional deliveries and 100 % deliveries by trained persons.
- Achieve universal access to information / counselling and services for fertility regulation and contraception with a basket of choice.
- Achieve 100% registrations of births; death; marriage and pregnancy.
- Contain the spread of AIDS and promote greater integration between the management of reproductive tract infection and sexually transmitted infections and the national AIDS control organizations.
- Prevent and control communicable diseases.
- Integrate Indian system of medicine in the provision of reproductive and child health services and in reaching out to the levels of total fertility rate.
- Promote vigorously the small family norm to achieve replacement levels of total fertility rate.
- Bring about convergence in implementation of related social sector programs so that family welfare becomes a people centred program.

# 6. After reviewing the Indian National Population policy 2000; the policy full fill some promotional and motivational measures as under. (5)

- In order to achieve the objectives and goals of the National Population Policy 2000; the following promotional and motivational measures are enumerated:
- Panchayats and Zila Parishads will be rewarded and honored for exemplary performance in universalizing the small family norm; achieving a reduction in infant mortality and birth rates and promoting literacy with completion of primary schooling.
- **Balika Samridhi Yojana** run by the Department of Women and Child Development; to promote survival and care of the girl child; will continue. A cash incentive of Rs. 500 is awarded at the birth of the girl child of birth order 1 or 2.
- Maternity benefit scheme run by the Department of Rural Development will continue. A cash incentive of Rs.
  500 is awarded to mothers who have their first child after 19 years of age; for birth of the 1st and 2nd child only.
- A family Welfare- linked Health Insurance Plan will be established. Couples below the poverty line; who undergo sterilization with not more than 2 living children's; would become eligible for health insurance not exceeding Rs 5000; and a personal accident insurance cover for the spouse undergoing sterilization.
- Couples below the poverty line; who marry after the legal age of marriage; register the marriage; have their first child after the mother reaches the age of 21; accept the family norm; and adopt a terminal method after birth of 2nd child; will be rewarded.
- A revolving fund will be set up for income- generation activities by village- level self-help groups; who provide community- level health care services.
- Crèches of childcare centres will be opened in rural areas and urban slums. This will facilitate and promote participation of women in paid employment.
- A wider and affordable choice of contraceptives will be made accessible at diverse delivery points with counselling service.
- Facilities for safe abortion will be strengthened and expanded.
- Products and services will be made affordable through innovative social marketing schemes.
- Local entrepreneurs at village levels will be provided soft loans and encouraged to run ambulance services to supplement the existing arrangement for referral transportation.
- Increased vocational training schemes for girls; leading to self-employment; will be encouraged.
- Strict enforcement of Child Marriage Restraints Act; 1976.
- Strict enforcement of the pre-Natal Diagnostic Techniques Act; 1994.
- Soft loans to ensure mobility to the ANMs will be increased.
- The 42nd constitutional amendment has frozen the number of representatives in Lok Sabha at 1971 census level. The freeze is currently valid until 2001; and has served as an incentive for State Government to fearlessly pursue the agenda for population stabilization. The freeze needs to be extended until 2026.

#### 7. Chronological evidence in the development of Population Policy (6)

- 1940- The sub-committee on Population; appointed by the National Planning Committee; considered Family Planning and limitation of children essential for the interest of social economy; family happiness and national planning.
- 1946- The Bhore Committee reported that control of disease and famine would cause a serious problem of population growth.
- 1951- The Draft outline of the First Five Year Plan recognized population policy as essential to planning and family planning as a step towards improvement in health of mothers and children.
- 1952- Launching of the first National Family Planning Programme in India.
- 1976- Statement of National Population Policy; by Shri K. Singh; Minister of Health and Family planning; to deter population growth and events that contributed to it.
- 1977- A revised Population Policy Statement was tabled on Parliament. It emphasized the voluntary nature of the family planning programme. The term Family Welfare replaced the term Family Planning.
- 1983- The National Health Policy emphasized securing the small family norm; through voluntary efforts and moving towards the goal of population stabilization.
- 1991- The National Development Council (NDC) appointed a committee with Shri K Karunakaran as the chairperson. The Karunakaran report endorsed by the NDC; in 1993 proposed the formulation of a National Population Policy to take a long-term holistic view of development; population growth and environmental protection; to suggest policies and guidelines; a monitoring mechanism with short-; medium- and long-term goals.
- 1993 An expert group headed by Dr. M.S. Swaminathan –asked to prepare draft of a National Population Policy to be discussed.
- 1994 Report on a National Population Policy by the expert group circulated among members; and comments sought from the state and central agencies
- 1997 On 50th anniversary of Indian independence; Prime Minister; Gujral promised to announce a National Population Policy in near future. During 11/97 Cabinet approved draft; directed to be placed before the Parliament; but could not be placed as both the Houses stood adjourned.
- 1999 Another round of consultation in 1998; and another draft was finalized and placed before the Cabinet in March; 1999. Cabinet appointed a Group of Ministers (GOM) headed by the Deputy Chairman; the Planning Commission; to examine the draft. The GOM then finalized a draft; placed before the Cabinet; discussed on 19th November 1999.

#### 8. Conclusion

The Indian population policy 2000 wind -up with the successive conclusion;

- In the new millennium; nations are judged by the well-being of their peoples; by levels of health; nutrition and education; by the civil and political liberties enjoyed by their citizens; by the protection guaranteed to children and by provisions made for the vulnerable and the disadvantaged.
- The vast numbers of the people of India can be its greatest asset if they are provided with the means to lead healthy and economically productive lives.
- Population stabilization is a multisectoral endeavor requiring constant and effective dialogue among a diversity of stakeholders; and coordination at all levels of the government and society.
- Spread of literacy and education; increasing availability of affordable reproductive and child health services; convergence of service delivery at village levels; participation of women in the paid work force; together with a steady; equitable improvement in family incomes; will facilitate early achievement of the socio-demographic goals.
- Success will be achieved if the Action Plan contained in the NPP 2000 is pursued as a national movement.

# Compliance with ethical standards

# Acknowledgments

I acknowledge my sincere thanks to my Dean, Guide & HOD. Prof. Dr. Yeshwant R. Patil, as well as my working institute Government Ayurved college Nanded for providing constant support, facility, and valuable timely guidance. Also thankful to My Son Master Ayan for his technical support.

#### Disclosure of conflict of interest

Authors declare that there is no conflict of interest.

#### References

- [1] National Health Policy Document, New Delhi, 2000. Govt. of India. Ministry of Health and Family Welfare.
- [2] National Population Policy 2000, reprint 2002 by Department of Family Welfare, Ministry of Health and Family Welfare, Government of India, New Delhi.
- [3] NRHM, Health and Population Policies. www.mohfw.nic.in
- [4] www.maha-arogya.co.in/policies
- [5] <a href="https://www.yourarticlelibrary.com/population/useful-notes-on-population-policy-of-india/393593/9">https://www.yourarticlelibrary.com/population/useful-notes-on-population-policy-of-india/393593/9</a> assessed on 25/07/2021
- [6] National Population Policy 2000 online assessed on 26/07/202. http://pib.nic.in/newsite/PrintRelease.aspx?relid=133018 4/12/17 assessed on 10/04/2022