Population Policy in Rajasthan

Rajasthan is the largest state of the country with its area of 342239 sq. kms., which constitutes about 10.41% of the total area of the country. The Population of Rajasthan according to the 2011 census stands at about **68 million**, making it the 8th most populated state in India. In 1901, population of Rajasthan was 10.29 millions. In 1951, it reached to 15.97 millions with its slow growth during 1901-1951.

The rapid population growth in a already populated state like Rajasthan could lead to many problems i.e. pressure on land, environmental deterioration, fragmentation of land holding, shrinking forests, rising temperatures, pressure on health & educational infrastructure, on availability of food grains & on employment. Decennial growth of district-wise population during 2001-2011. Bikaner shows the maximum growth of 41.19 % followed by Barmer (32.52 %), Jaisalmer (31.81 %)

Rajasthan is currently in the second phase and is moving towards the third phase of demographic transition with very slow pace. The changes in the population growth rates in Rajasthan have been relatively slow, but the change has been steady and sustained. We are aware of the need for birth control, but too many remain ignorant of contraception methods or are unwilling to discuss them. There is considerable pressure to produce a son. However, the state's population will continue to grow for a time period. Rajasthan is the second state in the country to formulate and adopt its own Population Policy in January 2000. At the beginning of the 21st century it is time to review our past record on population, the recently announced national population policy 2000 (NPP 2000), and the population policies announced by the three states of Andhra Pradesh, Madhya Pradesh and Rajasthan State. Population Policy has envisaged strategies for population stabilization and improving health conditions of people specially women and children. The policy document has clearly presented role and responsibilities of different departments actively contributing in implementation of population policy. Family Welfare Program was linked with other sectors and demands intervention and efficient policies in these sectors so that changes can be brought in the social, economic, cultural & political environment. The State Population Policy envisages time bound objectives:-

Objective	2001	2011
Total Fertility Rate	3.74	2.64
Birth Rate	29.2	22.6
Contraceptive Prevalence Rate	42.2	58.8
Death Rate	8.7	7.5
Infant Mortality Rate	77.4	62.2

Rajasthan's performance in the social and economic sector has been poor in past. The poor performance is the outcome of poverty, illiteracy and poor development which co-exist and reinforce each other. State Government has taken energetic steps in last few years to assess and fully meet the unmet needs for maternal & child health care and contraception through improvement in availability and access to family welfare services but still remains a long path. The progress in these indicators would determine the year and size of the population at which the state achieves population stabilization.

Health Goals for India:

12th FiveYear Plan Reduction in Infant Mortality Rate to 25.

- Reduction of Maternal Mortality Ratio to

- 100. Reduction of Total Fertility Rate to 2.1.

- Prevention and reduction of anemia

- among women ages 15–49 years to 28 per cent. Raising child sex ratio in the 0–6 age group from 914 to 950.

This policy brief takes a look at the progress made by Rajasthan with respect to the family planning, and the reproductive and child health indicators in the state, the impact of increasing population on the health of the people, and overall development and resources of the state.

A. Rajasthan is the largest state in India, with a total area of 3,42,239 sq. km. As per Census 2011 the population of Rajasthan stands at 6.86 crore, and the density of population in the state is 200 per sq. km. Between 2001 and 2011, the population of Rajasthan has increased from 5.65 crore to 6.86 crore, an increase of 1.2 crore or 21.3 per cent in a decade. The total fertility rate (TFR 2.5) Crude birth rate is 24
B. Slow and steady fertility decline in Rajasthan Rajasthan's TFR has dropped consistently between 2001 and 2012, i.e. from 4 to 2.9 (SRS, Various Issues) . The TFR of Rajasthan is currently 2.5 children per woman.
C. Drivers of increase in population that need to be addressed Increase in population is a cumulative effect of fertility and mortality indicators, along with socio-economic determinants. Key actions requiring urgent attention to ensure a check on the increasing population include:
    - **Reducing early marriage**: Early marriage increases the length of time for which a girl is exposed to pregnancy, which in the absence of use of a family planning method can lead to higher levels of fertility affecting the overall population momentum.
    - **Focus needs on to increase enrolling girls in school**, reducing drop out rates, and providing opportunities for higher education and employment. State departments need to emphasize on increased health and life-skills education in schools, increased counseling of young women by Accredited Social Health Activists (ASHA), Auxiliary Nurse Midwives (ANM), and other door-to-door and mass media campaigns.
    - **Reducing early childbirth**: Early marriage is potentially linked to early childbirth, as it keeps the fertility levels high. Improved health education and community engagement at the community level by ASHAs and ANMs can help change social norms around expectations of first child immediately after marriage.
    - **Improving Maternal Mortality Ratio**: Women who begin childbearing when they are younger than 18, are also at increased risk of complications during their pregnancy and during delivery.
    - **Bringing down Infant and Under-Five Mortality Rates**: The death rates of infants and children under the age of five in Rajasthan are 49 and 59 respectively (SRS, 2012).

- **Improving contraceptive use among currently married women**. The CPR in Rajasthan is 59.4 per cent for any modern method . women who are delivering under Janani Suraksha Yojana (JSY); male involvement and adoption of sterilisation; Family Planning week celebrations; efforts towards demand generation; and health education at the community level.
- **Addressing high unmet need for family planning**: Unmet need is defined as the proportion of women who want to delay or limit childbearing but are not using any family planning method (traditional or modern).