### **POPULATION: -**

A population is a summation of all the organisms of the same group or species, which live in the same geographical area, and have the capability of interbreeding.



### 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.

## NATIONAL POPULATION POLICY

- The need for National Population Policy was felt since 70's. It was drafted in 1976. Policy statement on family welfare program was also prepared in 1977. Both these statements were tabled in the parliament but were never discussed or adopted.
  - 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.

# IMPORTANT FEATURES OF NATIONAL POPULATION POLICY 1976:

- 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 states 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.

# NATIONAL POPULATION POLICY 2000:-

Population Policy was finalized after consultation it was approved by the cabinet and was examined by groups of ministers. The draft was discussed in cabinet on 19<sup>th</sup> Nov.1999. The suggestions were incorporated and the final draft of National Population Policy was placed before the parliament. It was adopted by the government of India on 15<sup>th</sup> Feb. 2000.

# OBJECTIVES OF NATIONAL POPULATION POLICY 2000:-

#### 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.

### 2. The medium term objective is:

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

#### 3. The long term objective is:

□ To achieve a **stable population** by 2045, at a level consistent with the requirements of sustainable socio economic growth and developments and environmental protection.

# 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 / counseling 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 centered program.

# STRATEGIC THEMES:-

- 1. Decentralized planning and program implementation.
- 2. Convergence of service delivery at village levels.
- 3. Empowering women for improved health and nutrition.
- 4. Child survival and Child Health.
- 5. Meeting the unmet needs for family welfare services.

- 6. Under-served population groups:
- Urban slums
- Tribal communities, hill area population and displaced and migrant populations
- Adolescents
- Increased participation of men in Planned Parenthood.
- 7. Diverse health care's providers.
- 8. Collaboration with and commitments from non-government organizations and the private sector.

- 9. Mainstreaming Indian Systems of Medicine and Homeopathy.
- 10. Providing for the Older Population.
- 11. Information, Education
- 12. Communication.

# PROMOTIONAL AND MOTIVATIONAL MEASURES:-

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 honoured for exemplary performance in universalizing the small family norm, achieving reduction in infant mortality and birth rates and promoting literacy with completion of primary schooling.

- 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.
- Naternity 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 1<sup>st</sup> and 2<sup>nd</sup> child only.

- 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.
  - 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 2<sup>nd</sup> 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 centers 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 counseling 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 42<sup>nd</sup> constitutional amendment has frozen the number of representatives in loksabha 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.