

National Population Policy [UPSC Notes]

National Population Policy, 2000

The National Population Policy (NPP), 2000 is the central government's second population policy. The NPP states its immediate objective as addressing the unmet needs for contraception, healthcare infrastructure, and health personnel, and providing integrated service delivery for basic reproductive and child healthcare.

- The medium-term objective of the NPP 2000 was to reduce the Total Fertility Rate (TFR) to replacement levels by 2010.
 - The TFR was to be 2.1 children per woman.
- The long-term objective is “to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection.”

Important features of National Population Policy

- The NPP reinforces the vision of the government to encourage voluntary and informed choices and citizens' agreeability in order to achieve maximum benefits from reproductive health services.
- Making school education free and compulsory up to the age of 14 years and also reducing the dropout rates of both boys and girls.
- Decreasing the Infant Mortality Rate (IMR) to under 30 per 1000 live births in the country (to be achieved by 2010 as prescribed when the NPP was brought out).
- Reducing the Maternal Mortality Rate (MMR) to under 100 per 1 lakh live births (to be achieved by 2010 as prescribed when the NPP was brought out).
- Achieving universal immunization for all children against vaccine preventable diseases.
- Encouraging delayed marriage for girls (preferably before 18 years and above 20 years).
- Achieving 80 percent institutional deliveries and 100 percent deliveries by trained persons.
- Attaining 100% registration of pregnancies, births, deaths and marriages.
- Making available universal access to information/counseling, and services for fertility regulation and contraception with a huge range of choices.
- Containing the spread of AIDS, boosting better coordination between the management of reproductive tract infections (RTI) and sexually transmitted infections (STI) and the National AIDS Control Organisation (NACO).
- Preventing and controlling communicable diseases.
- Integrating Indian medicine systems (AYUSH) in reproductive and child health services.
- Vigourously furthering the small family norm.
- Bringing about a convergence of all related social programmes so that family planning and welfare becomes a people-centric programme.

The NPP 2000 is different from the previous population regulation programmes in that here, for the first time, the population problem was seen in combination with child survival, maternal health, women empowerment and contraception issues.

Also read: [Population Control: Policy Imperatives: RSTV – Big Picture](#)

Evolution of India's Population Policies

Even before independence, attempts were made to come up with recommendations and solutions to India's burgeoning population problem. The efforts both pre- and post-independence are mentioned below.

- Radha Kamal Mukherjee Committee (1940): In 1940, the Indian National Congress appointed a Committee headed by a social scientist Radha Kamal Mukherjee to suggest solutions to arrest the population which has started increasing rapidly after 1921. The committee recommended self-control, generating awareness of cheap and safe birth control measures, discouraging polygamy, among others, as measures to bring down the rate of population growth.
- Bhore Committee: The Health Survey and Development committee under Sir Joseph Bhore recommended 'deliberate limitation of family' as a measure to control the population growth. This committee was set up in 1943 and submitted its report in 1946.
- India became one of the first developing countries to come up with a state-sponsored family planning programme in the 1950s.
- A population policy committee was established in 1952. However, the policies framed in the early fifties were largely arbitrary and so no successful.
- In 1956, a Central Family Planning Board was set up and its focus was on sterilisation.
- In 1976, GOI announced the first National Population Policy. Some of the measures to check the population growth as part of this policy include:
 - Increased the minimum legal marriageable age for boys and girls to 21 and 18 respectively.
 - Providing monetary incentives for employing birth control.
 - Improving women's literacy levels through formal and informal channels.
 - Population was made a criteria in deciding the quantum of central assistance to states.
 - Using the different forms of media to popularise family welfare programmes.
 - Introducing population education into the formal education system.
- During the [Emergency](#) period (1975-77), coercive measures were used to reduce the population growth. There were mass forced sterilisations. This, however, backfired as it discredited the entire family planning programme of the government.
- In 1977, after the Emergency ended, the new government discarded the use of force in family planning and the family planning programme was renamed as the family welfare programme.
- The National Health Policy was adopted in 1983 which emphasised 'securing the small family norm through voluntary efforts and moving towards the goal of population stabilization'.
- A Committee on Population was appointed in 1991 which submitted its report in 1993 in which it recommended the formulation of a National Population Policy to take a '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'.

- Accordingly, an Expert Group headed by Dr. MS Swaminathan was set up to create the draft national population policy.
- The National Population Policy finally came into force in 2000.

Way Forward

Population problem is not just an issue of lack of awareness or education. It is intrinsically linked to poverty, societal norms and cultural preferences like preference for the male child, larger families, etc. A mere focus on contraception and sterilization will not render the population control measures successful, and so will not the coercive and top-bottom approach help either. The focus must be on a basket of issues such as poverty alleviation, women empowerment, education & awareness, access to reproductive healthcare facilities, changing mindset and societal norms, etc. Also, adequate measures must be taken to take advantage of the demographic dividend of the country so that population is not a burden but a resource in the rapid economic development of the country.

