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COUNTRY STATEMENT

INTERNATIONAL CONFERENCE ON POPULATION

Mexico City

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**Government of India  
Ministry of Health and Family Welfare  
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# An Overview

1

INDIA, among the developing countries, presents a unique case in terms of the sheer size of its population characterized by extreme heterogeneity in respect of physical, economic, social and cultural conditions. Its population of 685 million accounted in 1981 for about 15 per cent of the total world population with only 2.4 per cent of total land area. It is the second most populous country in the world, while it ranks seventh in terms of land area.

India is the largest democracy in the world. The Republic of India has a federal structure with a written Constitution. The Union of India consists of 22 States and 9 Union Territories. For the governance of its affairs, the country follows the Parliamentary system of Government both at the Union and the State level. Based on adult franchise, seven General Elections have been held so far in 37 years of independence. The last elections were held in January 1980; 57% of voters or 202 million adults aged 21 or more exercised their franchise.

India achieved independence in 1947, after about two hundred years of colonial rule. Soon thereafter, in 1951, India initiated the process of planned development to raise the living standard of its people and to open up for them new opportunities for a richer and more varied life. The country is committed to the achievement of rapid improvement in the quality of life of the people at large; growth with social justice, modernisation and self-reliance are the key elements of the strategy of development adopted for the purpose. In the mixed economy established by planning for

development, private and public sectors co-exist and function as parts of a single organism. Unavoidably, however, the public sector has to take a lead in key areas in the larger interests of the nation.

A number of social and economic institutions which formed a legacy of the colonial past, have been transformed and modified in order that they serve better the social purpose and aims of planned development. Land reforms aimed at providing land-ownership to the tiller, ceilings on land holdings, distribution of land to the landless, nationalisation of Insurance and Banks are some of the important examples of institutional changes. These changes in the institutional structure have been brought about within a democratic framework and in accordance with the provisions of the Constitution which guarantees to the citizens of the country:

“JUSTICE, social, economic and political;

LIBERTY of thought, expression, belief, faith and worship; and

EQUALITY of status and of opportunity” \*\*

The political system so established by the Constitution leaves no scope for regimentation of any type. Human liberty and freedom of expression are zealously guarded by an independent judiciary.

The constraints imposed by the choice of democracy for governance of the country, that is so

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\*\* Preamble to the Constitution of India.



vast, so diverse and so heterogeneous are quite obvious. In any case, they render the tasks of development all the more challenging.

Notwithstanding these challenges, India has made continuous efforts to build the foundations of a modern and self-reliant economy in the last three decades. Removal of poverty and reduction of social and economic inequalities have been at the centre of all its policies. The demographic trends witnessed during the period were a part of the overall changes generated by development; but it is also true that they in turn have tended to influence the course of development itself.

India's planning process from its very start in 1951 recognised this inter-relationship between population and the socio-economic development: that is, long before the country became a signatory to the World Population Plan of Action in 1974. However, since 1974, much greater attention has been paid to the integration of population policies into the development process, which has been increasingly concerned with the amelioration of the lot of weaker sections of the community.

We are in the final year of the Sixth Five Year Plan. A review of the progress of various programmes indicates that remarkable progress has been achieved in the several crucial areas, particularly economic growth, food-grains production, resource mobilisation, health and human development and generation of employment. The energy sector has also recorded significant gains. However, because population has almost doubled during the last three decades, while the Gross Domestic Product has increased by 209%, the increase in per capita income has been only of the order of 53%.

Quite early in course of planning, it was recognised that State intervention was necessary for the establishment of a mutually beneficial relationship between population and development trends. The need has, ever since, been to contain population growth. After considerable experience in this regard, the country has set before itself the long-term demographic goal of achieving NRR of unity by 2000 A.D. with a birth rate of 21,

death rate of 9 and infant mortality of less than 60. In order to achieve the goal, the National Family Welfare Programme has been, and will constantly be, strengthened. It is a *voluntary programme* aimed at educating people on the benefits of the small family, rendering advice to couples about methods of contraception and providing a wide range of contraceptive supplies and services, free of cost, leaving the choice of the methods to individual couples.

As a commitment to the goal of "Health for All by 2000 A.D." through the provision of comprehensive primary health care services, the National Health Policy was unanimously endorsed by the National Parliament in 1983. The policy emphasises the preventive, promotive and rehabilitative aspects of health care and seeks to provide primary health care services to the population even in the remotest areas, particularly the weaker and deprived sections of society. It clearly spells out the short-term and long-term goals to be achieved and recognises the need to greatly strengthen the Mother and Child Health Care Programme.

In every society children bring parents satisfaction and pleasure. This is the greatest miracle of God. Extending pre and post-natal care to mothers, immunisation of infants against common child-hood diseases, nutritional supplements for mothers and children are the programmes designed to increase the infant survival rate and to give a healthy start to the life of the new born.

A National Plan of Action for raising the status of women has been prepared. This plan identifies the areas of education, health and legislative measures and social welfare for initiating action programmes for women and suggests strategies and measures for improving women's position in society.

These are but a few of the relevant examples of measures that seek to synchronize the goals of development and population policy. India has always been of the view that population control cannot fully succeed without meaningful progress in development and the progress of development remains partial without effective restraint on population growth. Both go together.

# Demographic Trends and Outlook

## 2

THE principal aim of any society is to secure improvement in the quality of life for its people. Only a sustained effort over a long period can bring about the desired socio-economic transformation. This is at the centre of India's development efforts. However, population variables greatly influence the development variables and are also influenced by them. It will, therefore, be in order to begin by surveying the demographic scene in India.

### Population growth

India has had twelve decennial censuses the first being in 1872. These censuses are the major source of data on the demographic trends in the country. According to the latest census of 1981, the population of India was 685 million while in 1901 it was only 238 million: a near three fold increase. Table 2.1 presents the data of the demographic trends in the country.

TABLE 2.1: DEMOGRAPHIC TRENDS IN INDIA, 1901-1981

Census year	Total population (in millions)	Annual average exponential growth rate (per cent)	Sex ratio (females per 1000 males)	Density of population per km <sup>2</sup>	Birth rate per 1000 population for the decade	Death rate per 1000 population for the decade
1901	238.4	—	972	77	—	—
1911	252.1	0.56	964	82	49.2	42.6
1921	251.3	(-) 0.03	955	81	48.1	47.2
1931	279.0	1.04	950	90	46.4	36.2
1941	318.7	1.33	945	103	45.9	37.2
1951	361.1	1.25	946	117	39.9	27.4
1961	439.2	1.96	941	142	41.7	22.8
1971	548.2	2.20	930	173	41.2	19.0
1981	685.2	2.25	933	216	37.2	15.0



The year 1921 is considered as the 'great divide' in the demographic history of India. During 1911-21, the population of the country was stable at high mortality and fertility levels: the birth rate of 48 per thousand and death rate of 47 per thousand. The period from 1921 to 1951 (the first census after independence) was one of slow but steady growth mainly because of gradual reduction in mortality.

Thereafter followed the period of rapid growth. Social and economic developments, including those relating to public health and medical care, under the Five Year Plans led to a rapid mortality decline. During the last three decades mortality declined by nearly 60 per cent from 27.4 in 1951 to 11.8 per thousand in 1982, while expectancy of life at birth had increased from 32 years to about 50 years in 1974 and over 55 years in 1982.

This welcome decline in mortality is the result of the elimination of famines and epidemics. During the last 3 decades, the country has had the usual number of droughts but no death from famine. At the same time plague and smallpox have been eradicated and malaria deaths have been reduced from millions to thousands. Health service coverage has improved the survival chance of the new born infants and expectant mothers.

For more recent years, data on vital rates are available from a dual record system called the Sample Registration System (SRS) introduced in 1965. The SRS estimates of infant mortality rate for the country as a whole suggest that it has declined from 140 per 1000 live births in 1975 to 114 in 1980. Even this rate of infant mortality is unacceptably high and the health policy lays particular emphasis on maternal and child health care precisely in the light of need of and scope for reduction in infant mortality.

The decline in mortality has resulted in accelerated population growth. The annual average exponential growth rate of population was as high as 2.25 per cent for the decade 1971-81.

Since independence there has been a near doubling of the country's population. The absolute addition to the population in the single decade of 1971-81 is 137 million. It has indeed been said that the annual increase in India's population exceeds the total population of Australia.

We may, however, note that the 1981 census data indicate changes in trends which may be said to be redeeming; these are:

- (i) The acceleration in the population growth rate witnessed since 1921 has been arrested.
- (ii) The implied trend in fertility is one of decline.
- (iii) There is trend of rise in the age of marriage.
- (iv) There has been some relative improvement in sex ratio in favour of women and in female expectancy of life at birth both of which are suggestive of improved status of women.

It is clear from the earlier table that the population growth rate has been increasing very rapidly. There was a four fold increase in the population growth rate in the first seven decades of the century: rising from 0.56 per cent in 1901-11 to 2.20 per cent in 1961-71. The growth rate since 1951 has been higher than the peak population growth rate of 1.5 per cent experienced by developed countries. However, the population growth rate in 1971-81 was almost the same as in the previous decade. Data analysis further indicates that regions with 47 per cent population have registered significantly lower growth rates in 1981 inter-censal period compared to the growth rates evidenced in these regions during the earlier decade.

### Sex Ratio

In India, the sex ratio (defined as the number of females per 1000 males) has historically been



adverse to females owing to a number of cultural and social factors. There had been a steady deterioration in this respect over the decades (except during 1941-51) as revealed by the decline in the sex ratio from 972 to 930 during the period 1901-71. However, in the last decade, 1971-81, there has been a slight improvement in this aspect as shown by an increase in the sex ratio to 933 in 1981. This encouraging feature is likely to be the indication of the reversal of the long observed trend of female disadvantage in life expectancy at birth. It can partly be attributed to the special maternal and child health care measures undertaken in recent years.

### Age Composition

The percentage of population in the age-group 0-14 was 41.1 in 1961, 42.0 in 1971 and 39.6 in 1981. The 1981 census age distribution further revealed a decline in the percentage of population in the two youngest quinquennial age-groups: from 14.5 per cent in 1971 to 12.6 per cent in 1981 for 0-4 age group, and from 15.0 per cent to 14.1 per cent for the 5-9 age group. These changes corroborate the declining trend in fertility indicated by the SRS estimates of birth rate which shows a decline of 4 points during 1971-81 from 37.2 to 33.3 per thousand. It has been shown by a more detailed analysis that but for the change in marriage age and increased use of contraception, the birth rate would have risen by 1.1 points merely from the increase in the proportion of married women in child bearing ages.

Even today, the broad-base of the age pyramid of India's population may be viewed as imposing certain constraints in terms of investment decisions. The dependency ratio (i.e. the number of persons in the age groups 0-14 and 60 + per 100 persons in age-group 15-59) was 85 in 1981 as against 92 in 1971. Still, the young age structure of the population holds the potential for the rapid population growth in the future years unless special measures for more accelerated reduction in fertility are taken. This would

become clear from the fact that even in a low fertility profile in next 15 years, the number of couples in reproductive age-group will increase to around 170 million from the present level of 123 millions.

### Nuptiality Pattern

The social and cultural milieu of India has long favoured early and universal marriages. The mean age at marriage for males and females rose from 20 and 13 years in 1901 to 21 and 15 years in 1961 respectively. However, during the last two decades the practice of early marriage has been on the decline. This is reflected in the 1981 census which recorded the mean age at marriage for males and females at 23.3 and 18.3 years respectively. Further, the percentage of never married women in rural areas in 1981 was 45 per cent as compared to 41 per cent in 1961. The relevant figures for urban areas are 50 per cent for 1981 and 46 per cent for 1961. This can be attributed to Governmental efforts at raising the status of women by providing increasing educational and economic activities. Increase in the age of marriage for females has favourable implications as far as the process of fertility decline is concerned.

### Decline in Fertility

The fall in fertility, though not as dramatic as the one in mortality, had definitely set in during the early seventies. The birth rate had decreased from around 49 in 1901-11 to nearly 41 in the decade 1961-71. The comparable SRS estimate of birth rate was 33.6 in 1982. A number of other fertility indicators derived from the Sample Registration System for both rural and urban areas, show a similar decreasing trend; e.g. total marital fertility rate for rural areas had declined from 6.8 in 1972 to 5.4 in 1978 and for urban areas from 6.0 to 4.6. The data also revealed consistent decline in age-specific fertility rates for all the age groups as given in Table 2.2 in the next page.



TABLE 2.2: AGE SPECIFIC FERTILITY RATES,  
1972 AND 1980

Age-group	Rural		Urban	
	1972	1980	1972	1980
15-19	111.5	94.2	75.5	64.1
20-24	260.9	256.4	233.5	210.5
25-29	256.8	238.8	237.6	190.2
30-34	205.1	176.4	175.1	113.7
35-39	142.0	106.5	93.8	59.0
40-44	56.3	49.9	37.7	23.0
45-49	31.2	21.7	15.6	13.9

Source: Sample Registration System Data, 1972 & 1980

The statistics regarding the distribution of births by birth order also reveal the reduction in the percentage of higher order births both in the rural and the urban areas. During the period 1972-78, the percentage of births of order 4 and above declined from 47 to 38.4 in the rural areas and from 44 to 33 in the urban areas.

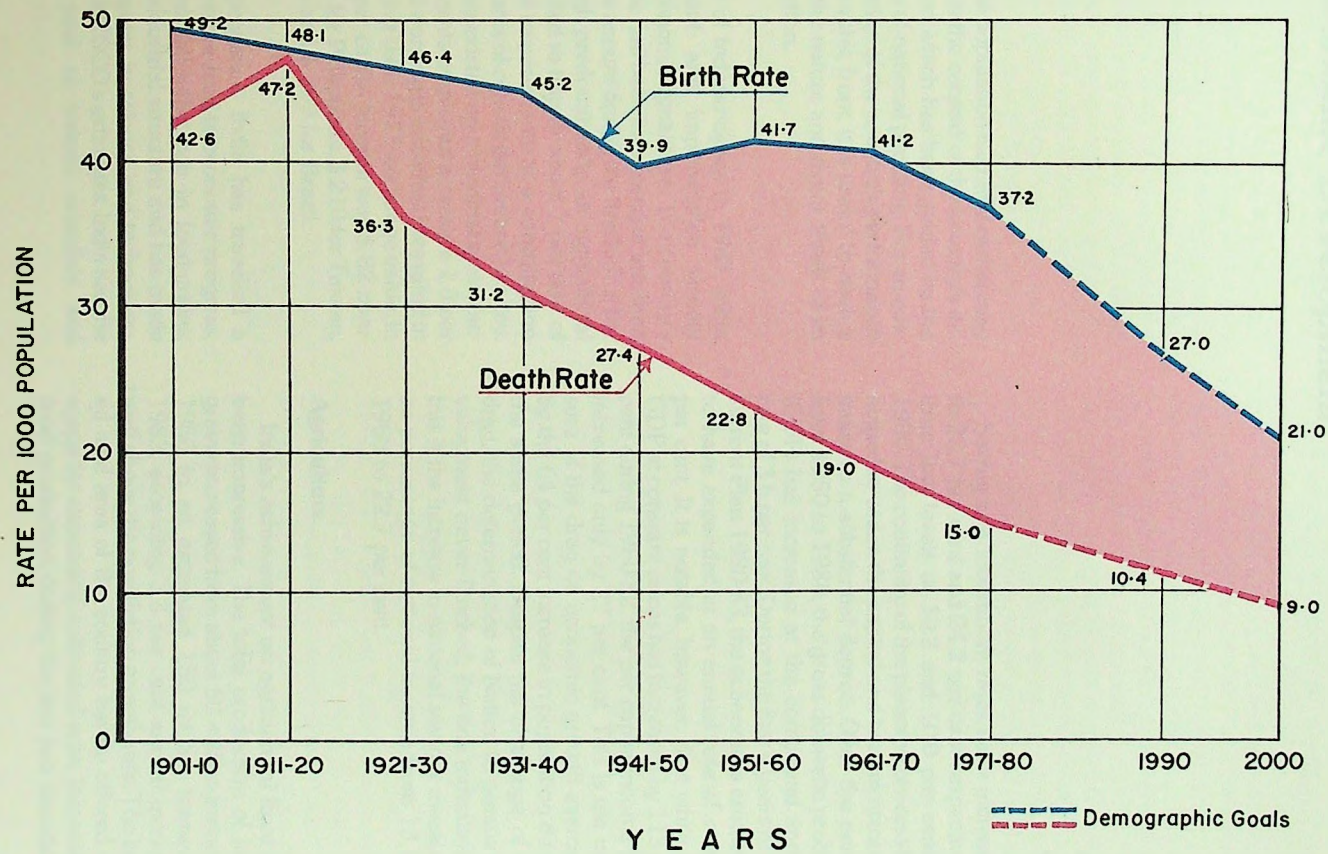
Rise in the age at marriage and in the propor-

tion of never married females may explain a part of fertility decline; but a major part, contributed by the older age-groups is attributable to the family planning programme.

### Outlook

The combined impact of improvement in the social and economic conditions of people and the national programme of voluntary acceptance of family planning should help to reduce fertility levels. Programmes focussing on raising the status of women resulting in higher marriage age of females, combined with the programmes aimed at increasing child survival rate should further strengthen the trend in fertility decline. It is expected that the 'Two Child Family Norm' would be universally accepted and the size of the population would be around 950 million by the year 2000 and the size of the stable population may not exceed 1300 million. These estimates are lower than the projection of United Nations agencies. However, given the political commitment, the prevailing national consensus and the growing acceptance of family planning by millions of people, the objective set out above is not unachievable.

# BIRTH & DEATH RATES IN INDIA 1901-10 to 2000





# Socio-Economic Development

## 3

THE trends in population narrated earlier may be viewed in the context of the country's development effort which has been guided by the instrumentality of national planning. For an adequate appreciation of the country's performance on the demographic front, it is useful to have a broad idea of the nature and major thrust of its development effort.

At the time of Independence in 1947, India was a stagnant and impoverished society without any economic dynamism. The country's national income had been increasing at less than 0.7 per cent per annum during the first half of the century. Though predominantly an agricultural country, India had to import about 7 per cent of its annual food requirements at a consumption level of 334 grams of cereals per person per day. Modern industry existed on a nominal scale; factory establishments employed a meagre 1.8 per cent of the total working population. Measured in terms of dollars at their 1973 exchange value, in 1950, India's per capita income was \$ 82 compared to \$ 127 for Philippines, \$ 210 for Taiwan, \$ 220 for Iran and \$ 309 for Brazil.

Since Independence, India has travelled a long distance on the road to economic progress. It has achieved self-sufficiency in food-grains, diversified its industrial structure and has made significant progress in science and technology. According to UNESCO's estimates, India has the third largest pool of trained scientists and engineers.

Saving and investment rates have increased to 22.7 per cent and 24.2 per cent respectively from low levels of 10.2 and 10.0 per cent in 1950. The continuity of the planning process has helped to widen the capital and human resource bases to a substantial degree. Over the period from 1950 to 1980, the gross domestic product (GDP) has increased at the compound annual rate of 3.6 per cent. During the first 4 years of the current Plan 1980-83, the economy is estimated to have expanded at an annual rate of over 5 per cent. It is notable, however, that while the GDP at constant prices has increased by 113 per cent during 1960-82, the per capita income had increased only by 27 per cent. This is the measure of the drag on economic growth exercised by the 64 per cent increase in population during the same period. Despite the challenge of the drag, the determination of Nation to pursue development never flinched; the one indication of this is the increase in national savings measured as percentage of national income from 13.7 in 1960 to 22.7 per cent.

### Agriculture

India's achievement on agricultural front has been impressive. The total production of food-grains increased from about 50 million tonnes in 1950 to an estimated 150 million tonnes in 1983, exceeding 3.3 per cent annual increase, well above the population growth rate. The limited land area of the country hardly offered any scope for expanding cultivated area. Increase in food production during the last two decades is

mainly the result of the modernisation of agriculture; expansion of irrigation facilities and a package of improved agricultural practices, including improved or high-yielding variety of seeds, chemical fertilisers, pesticides and mechanisation. Irrigation has expanded at a particularly rapid rate during the last decade; this increase has been from 42 million to 61 million hectares. In 1982-83, consumption of fertilisers at 6.4 million tonnes was almost three fold higher than 1970 level and high-yielding variety agricultural production covered an area of about 47 million hectares. Electricity consumption by Agriculture Sector increased from less than one per cent (0.8 per cent) in 1960 to 17.8 per cent in 1982. This is yet another index of modernisation of agricultural sector. Gains in agricultural sector have enabled the country to achieve self-sufficiency in foodgrains production at a higher level of food-grain availability of 408 grammes per day per person, about 25 per cent higher than 1950 level.

### Industrialisation

The progress of industrialisation over the last thirty years has been a striking feature of Indian economic development. In pursuance of a deliberate policy for building up a strong industrial base, large investments have been made in creating a wide spectrum of industries. Industrial production has gone up by about five times during this period of thirty years. Apart from the quantitative increase in output, the industrial structure has been greatly diversified, covering almost the entire range of consumer, intermediate and capital goods. As a result, the share of manufactured products in our total imports has steadily declined; indeed industrial products, particularly engineering goods, have now become a substantial component of our exports. The rate of industrial growth, however, has not been uniform during all this period; the average has been around 6 per cent. The annual average growth rate of industrial production in three year during 1980-83 period has been 6.9 per cent.

The progress of certain key infrastructure sectors provides an idea of the scale of achieve-

ments of planning in the industrial field. Over the period from 1950 to 1981, the production of coal increased from 33 million to 137 million tonnes; and that of iron ore from 3.0 million to 41 million tonnes; while electricity generation had increased from 5.3 to 130 billion kwh and the revenue earning railway freight traffic had increased from 73.2 to 221 million tonnes. The more recent quantum jump in the output of petroleum products has been truly remarkable; indigenous production of crude oil doubled during the last two years from 10.5 to 21.1 million tonnes in 1982. It recorded further increase of over 5.1 million tonnes in 1983. The Table 3.1 on next page gives the trend in the production of selected industries from 1960 to 1982.

The changing character of the national economy is well reflected by the changes in the composition of the GDP. Comparing 1960-61 with 1981-82, it is notable that the share of agriculture in the country's GDP had decreased from 52.5 to 38.2 per cent. Correspondingly, the share of industrial sector had increased from 17.3 to 21.8 per cent; that of the trade transport and communication and storage sector, from 13.8 to 19.4 per cent; and that of the services sector, from 8.7 to 11.8 per cent.

This encouraging trend in the composition of output is unfortunately not reflected in the structure of the country's labour force, the principal reason for this being the rapidity with which population and labour force have in fact increased. India remains, therefore, a predominantly agricultural country with nearly 76 per cent of its population living in 576,000 villages and 70 per cent deriving its livelihood from agriculture.

In recognition of this predominantly rural character of India's population, the government has made continuous efforts to extend modern facilities to the rural population:

- (i) 320,000 villages have been electrified: 21,500 during last two years.
- (ii) Potable water supply is now available in 440,000 villages. Water supply of 100,000 villages arranged in last two years; there remain 130,000 villages to be so covered with potable water supply.



TABLE: 3.1: PRODUCTION OF SELECTED INDUSTRIES

Name of Industry	Unit	1960-61	1975-76	1982-83*
1.	2.	3.	4.	5.
Coal (including Lignite)	Million tons	55.7	102.7	137.1
Petroleum (crude)	Million tons	0.4	8.4	21.1
Finished steel	Million tons	2.4	5.8	8.1
Aluminium	'000 tons	18.3	187.3	208.1
Machine tools	Million Rs.	70	1137	2700
Railway wagons	'000 Nos.	11.9	12.2	15.4
Commercial vehicles	'000 Nos.	28.4	43.8	86.0
Passenger cars & jeeps	'000 Nos.	26.6	28.9	65.4
Motor cycles & scooters	'000 Nos.	19.4	182.7	399.8
Diesel engines	'000 Nos.	44.7	135.5	161.0
Power driven pumps	'000 Nos.	109	275.0	364
Bicycles	'000 Nos.	1071	2332	4890
Power transformers	Million K.V.A	1.4	13.7	18.8
Fertilizers	'000 tons	150	1855	4404
Caustic Soda	'000 tons	101	458	577
Soda Ash	'000 tons	152	555	635
Paper & paper board	'000 tons	350	836	1203
Rubber tyres & tubes	Million Nos.	27.3	50.0	56.4
Cement	Million tons	8.0	17.2	23.2
Refined petroleum products	Million tons	5.8	20.8	31.1
Sugar	'000 tons	3510	4264	8232
Electricity generated	Bln. Kwh.	33.0	79.2	130.1

\* Provisional

- (iii) Surface roads with a length of 658,000 kms have been built to link thousands of villages through modern means of communication.
- (iv) Radio receiving sets have increased ten fold during 1960-81; from 2.1 million to 21.8 million. Broadcasting outreach covers 90 per cent of population.
- (v) Number of T.V. transmitter centres have increased from only 5 in 1974 to 7 centres at present. It is expected that the coverage will be extended to 70 per cent of population by March, 1985.

Rapid extension of modern facilities to rural area serves two purposes. Firstly, it helps in making the rural life more attractive and comfortable, thereby checking the flow of rural population to urban areas. Secondly, their modernising influence is known to help decline in fertility. The latter observation is based on the following summaries of results of studies (Table 3.2) which researched this phenomenon.

**TABLE 3.2: CRUDE BIRTH RATE BY AVAILABILITY OF CERTAIN BASIC FACILITIES IN RURAL AREAS, INDIA, 1978.**

Facilities	Birth Rate per 1000 population	
	With	Without
Water Supply	29.7	33.4
Bus Stand	31.0	33.3
Railway Station	28.3	32.7
High/Higher Secondary School	30.0	33.1
Post Office	31.3	33.6
Medical Facilities	30.2	34.6

### Labour and Employment

Planning started in India with the objective of rapid increase in GDP, but with the passage of time, the problem of employment acquired urgency and so during the late sixties, the creation of employment opportunities started attracting

increasing attention as an equally important objective of planning. According to the 1981 census, out of the total population of 685 million, 222 million were the main workers i.e. those who worked throughout the year. More than 79 per cent of main workers were males. In addition to this, there were 27 million marginal workers who did not work for the major part of the year preceding the census. Majority of them are women. Among the main workers, nearly 63 per cent of males and 79 per cent of females were engaged in the agricultural sector, while industry provided employment to only 12 per cent of the male and about 8 per cent of the female workers. If the marginal workers are included, about 68 per cent of the total workers were engaged in the agricultural sector. The inter-censal comparisons are difficult; however, it is noticed that the process of shift away from agriculture has been slow.

The unemployment has assumed a serious proposition in both rural and urban areas; the problem is particularly severe among the new entrants to the labour force, especially for the educated among them. In an agricultural country like India, the incidence of under-employment too is equally serious.

According to 32nd round of the National Sample Survey, 11 million persons (above age 15) were estimated to be unemployed in 1980. The net addition to the labour force was expected to be 34 million persons during the plan period (1980-85). Thus, the overall magnitude of employment to be generated during the period was of the order of 45 million. The Sixth Five Year Plan envisaged the creation of 34 million jobs during the period 1980-81 to 1984-85. It was envisaged that out of these, about 15 million jobs will be provided in the agriculture and allied sector, about 6 million jobs in the manufacturing sector and nearly 13 million jobs in the construction and service sector.

Investment required for absorbing 45 million people in modern manufacturing sector in India's context, at a modest rate of about Rs. 80,000 per worker, would need a layout of



Rs. 3600 billions. India's Sixth Five Year Plan (1980-81 — 1984-85) envisaged a total investment of only Rs. 1587 billion.

Absorption of all the unemployed in the modern capital intensive sector is unthinkable. Hence the need for a strategy to create employment opportunities in areas where capital needs are low. This has been achieved by accelerating programmes in rural areas of creating community assets through manual labour, promoting self-employment through transfer of skills and credit for asset generation and supporting the

expansion of informal trade sector. Though these measures help to solve the problem to some extent, it is obvious that in the face of rapid population growth, the reduction of unemployment and under-employment pose a serious challenge and its long-term solution warrants effective policies for achieving a rapid fertility decline. While promoting fertility decline is at the heart of India's long-term population policies, special programmes to create employment opportunities for the unemployed and the poor is the immediate high priority concern of national development policies.

# Poverty Alleviation

4

SINCE independence, poverty reduction has been a fundamental goal of Indian economic and social policy. Yet, the Sixth Plan estimated that in 1979/80, around 50% of the entire population or nearly 340 million people, lived below poverty line, modestly defined as monthly per capita expenditure of Rs. 76 in rural areas and Rs. 88 in urban areas. Poverty in India is not related to inequitable distribution: "Non-poor" — those above poverty line — have a monthly per capita income of only about Rs. 136 per month.

It is usually accepted that high population growth exacerbates poverty. A recent analysis of the developing situation in India, has concluded that there was no support for the hypothesis that the distribution of income in India is getting worse. It has further concluded that the poorest 40 per cent are receiving a gradual but increasing share of total national income and that the concentration of incomes is declining. The rich in India are not getting richer. This, however, does not provide any ground for complacency and the national policy directly addresses the problem of poverty alleviation and amelioration in the condition of the weaker sections of the society.

Going back many years, large scale public investment in agriculture, rural and urban infrastructure and industry have generated considerable benefit for the poor in terms of more widely available and cheaper food, higher incomes, employment opportunities and improved access to modern products and markets. Higher invest-

ments and consequent economic growth have played a crucial role in poverty alleviation in India. Since the early eighties, public programmes specially directed at assisting the poor have played an important and supportive role. These can be grouped under three heads:-

- Minimum Needs Programme which widens access for the poor to the basic social services; education, health, family planning, water supply, shelter and nutrition, etc.
- Targetted Assistance for special groups or areas; Integrated Rural Development Programmes, National Rural Employment Programme, Programmes for Backward classes, Hill Areas and Drought-Prone Areas.
- Pricing and Regulatory policies like subsidies on food and incentives to industries located in backward areas and self-employment schemes.

## Assisting the Poor: Improving Human Capital

Government sponsored Minimum Needs Programme is intended to make certain social services available to all. The Minimum Needs Programme recognises the urgency for providing essential economic and social services to all the people according to nationally accepted



norms within a time-bound programme and special allocations are earmarked to ensure the necessary provision of services. Elementary education, rural health, rural water supply, rural roads, rural electrification, housing, assistance to rural landless labourers, environmental improvement of urban slums and nutrition are the schemes introduced under this programme. A total provision of Rs. 58.1 billion was made for this programme in the Sixth Plan which prescribes specific time-bound targets for establishing these facilities.

Education and health are the two areas which are important not only from the point of view of investment in human resource development but have significant implications in terms of engineering social changes in the desired direction. It is the first step towards providing some equality of opportunity to the new borns by seeking to equip them with good health and atleast elementary education. Achievements in these two areas are also crucial from the point of view of changes in the status of women, which have significant implications in terms of demographic change, especially fertility reduction.

The total enrolment in elementary education has increased from 22.3 million in classes I-VII in 1950-51, to 99 million during 1982-83. Nevertheless for every three children enrolled in primary and middle schools, one other eligible child is left behind. Despite a network of over 0.65 million schools and colleges and employment of over three million teachers and an annual budget of the order of Rs. 30 billion, it has not been possible so far for the educational system to achieve the goal of universal education for all children upto the age of 14 years as enshrined in the Directive Principles of the Constitution. In 1950-51, only 43 per cent of the children in the age group 6-11 years and 12.9 per cent children in the age-group 11-14 years, were enrolled in primary and middle schools respectively. The corresponding percentages in 1981-82 are 83.7 and 41.9.

#### **Assisting the Poor: Generating Assets**

The Integrated Rural Development Progra-

mmme attempts to increase the asset base of the poor directly by assisting them to produce income generating assets through a mix of subsidies and credit. 8.9 million people have been benefited under this programme during a span of three years: 1980-81 — 1982-83. This involved an investment of over Rs. 21 billion: Rs. 14 billion credit from public institutions and Rs. 7 billion in subsidies.

The National Rural Employment Programme (NREP) seeks to use substantial unemployed and under-employed labour in rural areas to create community assets which are expected to raise productivity and, in the process, improve the income of the poor directly and indirectly. This Programme has provided, on an average, annual employment for about 1.35 million person years. In the process this programme has helped to create community assets which, in turn, will generate a permanent demand for labour. For example, a percolation tank that provides irrigation also generates increase of farm-jobs. Other assets constructed under the programme include drinking water wells, village schools, health centres, rural roads, etc. The details of the physical achievements under NREP: are given in Table 4.1 in the next page.

#### **Assisting the Poor: Distribution Policies**

Direct Taxation offers limited scope for securing equitable distribution of incomes. Further, India at its present level of development cannot afford to set up a social security network for its poor and unemployed. Similarly, relatively low income levels do not permit fiscal measures of direct taxation to provide relief to the poor through a system of Tax concessions. Under these circumstances, Government have established a vast network of 276,000 Fair Price Shops which supply the daily necessities of life like food-grains, sugar, salt, edible oil, cloth and fuel oil, etc. at subsidised prices. 76 per cent of these shops are located in rural areas. Subsidies are also provided to small and marginal farmers for procurement of seeds and fertilizers for agriculture. Irrigation and rural electricity rates are kept low. In fact, the agriculture sector is hardly

TABLE: 4.1. PHYSICAL ACHIEVEMENTS UNDER NREP (Ref. pre-page)

Nature of Assets	Units	1981/82	1982/83
Area covered under afforestation and social forestry works on public lands	ha	103,319	63,492
Drinking water wells, community irrigation wells, group housing & land development for SCs/STs.	Nos.	90,423	155,635
Construction of village tanks	Nos.	13,709	12,777
Minor irrigation works including those relating to flood protection, drainage and anti-water logging works, construction of intermediate and main drains, field channels and land levelling in the common area of irrigation projects	ha	105,640	106,244
Soil and water conservation and land reclamation	ha	136,964	36,190
Rural road constructed/improved	Kms	73,010	93,335
School & day care buildings, panchayat and community centres, drinking water wells, drinking water sources for wild animals, cattle ponds, bridges, cow sheds, community poultry and piggery houses, bathing and washing platforms, etc.	Nos.	21,302	62,267
Other works	Nos.	7,276	20,171

taxed. This is due to the belief that increase in agricultural income leads to poverty reduction.

Government have vigorously implemented the programme of land reforms. Starting in 1950 with the abolition of proprietary rights and the programme of giving the 'Land to the Tiller' in 1950, there came to be a ceiling on land holdings. Surplus land acquired through a ceiling on land holdings has been allotted to 3.1 million landless farmers thus providing them the scarce capital for production. The ceiling on urban land and the programme of providing house-sites to

rural poor is yet another scheme of helping the poor. 2.4 million households benefitted from this scheme in two years 1981 and 1982.

#### **Assisting the Weaker Section: Affirmative Action.**

Government have prepared special plans for backward classes comprising mainly of Scheduled Tribes and Scheduled Castes. The aim of these plans is to provide members of these classes substantial assistance to enable as many of them as possible to cross the poverty line. During 1980-83, an amount of Rs. 41 billion has



been spent on these schemes. In the Tribal areas, besides providing infrastructure, emphasis is being given to family oriented programmes. Multipurpose cooperatives are also being set up to eliminate money lenders, middlemen, forest contractors who are known to have been exploiting the Tribals. Similarly, special programmes aimed at economic betterment of Scheduled Caste and Scheduled Tribe families have also been taken up to help families engaged in traditional occupations like leather works, fishing, etc. There are also schemes for giving educational

incentives like stipends, scholarships, boarding grants, etc. to the Scheduled Castes and Tribes. Scheduled Caste families are also helped in getting easy institutional finance and more than 500,000 families have so far been given this assistance. As a part of affirmative action, special reservation is provided in all levels of Government and Public Sector employment as also in educational and professional institutions in favour of members of these classes: 15 per cent for Scheduled Castes and 7-1/2 per cent for Scheduled Tribes.

# Migration, Urbanisation and Environment

## 5

### International Migration

**H**ISTORICALLY, international migration has been a valve for releasing national population pressures. When faced with a population situation which created stress on the national resources, a large number of people from the now developed countries migrated to the 'New World' including North and South America, Australia and New Zealand. In more recent times, when India began to experience similar population pressures the scope of such emigration for its enlarging population had already been severely restricted. The restrictions on international flows of people do in fact contradict the philosophy of free market based on free movements of both labour and capital.

International migration, in quantitative terms, has always played an insignificant role in the total demographic situation in India. Certain streams of migration, however, deserve mention for their qualitative impact. The post-independence period witnessed a small but significant emigration of skilled and semi-skilled manpower to the Middle-East and Gulf countries. This out-migration is gradually slowing down in recent years. On the other hand in the post-independence period, there has been some increase in immigration due to two types of flows viz., the return immigration of persons of Indian Origin settled earlier in British colonies and those from the neighbouring countries. Though numerically small for the country as a whole, these flows can cause concern due to their impact on the local situation in certain border areas. According to the latest census there were about 8 million persons in India with place of birth outside India.

### Internal Migration

The Constitution of India guarantees freedom of movement within the country and individuals as well as families move from one place to another for a short duration or for permanent change of residence. The volume of internal migration computed by the place of last residence in 1971 was 167 million and the percentage of migrants in the population was 30.5. An analysis of the total internal migration indicates that although there is significant rural-urban migration, rural-rural stream of migration on the whole, predominates. There is preponderance of intra-district migration which accounts for nearly 65 per cent of the aggregate of internal migration. Inter-district migration accounts for about 23 per cent while the inter-state migration, which can be called long distance migration forms only 12 percent of the total internal migration. As for the causes of migration among females, marriage is the most important because according to the custom in India, the female lives after marriage at the place of her husband. For migration of males, economic reasons are dominant. The rural-urban flow is generally the result of population pressure and search for employment opportunities. It has been noticed that migration is mostly directed towards States with low density and areas with scope for industrial or agricultural expansion. The density of population in India according to 1981 census (number of persons per Km<sup>2</sup>) is 216. The density varies from State to State ranging from 45 in Sikkim to 655 in Kerala.

### Urbanisation

Urbanisation in India has been as old as its



ancient civilisation. Even in the 16th century, it is estimated that about a quarter of the total population lived in urban areas. During colonial rule in 19th century a trend of de-urbanisation associated with decline of indigenous industries started and the proportion of urban population sunk to 10.8 per cent in 1901. Thereafter the trend of urbanisation has been one of increase. But upto 1941 the process remained slow and urban population in that year was about 14 per cent. During the 40's there was a notable increase and the urban population reached a level of 17.3 per cent in 1951. Since 1961, there has been a continuous upward trend and the urban population increased to 19.9 per cent in 1971 and 23.3 in 1981.

Although India can still be considered as one of the least urbanised countries in the world, it has an urban population of 159 million which is projected to increase to around 300 million by 2000 A.D. India has some of the world's largest cities. There are 218 cities with population above 100,000 and nearly 60 per cent of the urban population lives in these cities. The corresponding percentage in 1961 and 1971 was 50.9 and 56.3 respectively. It is also notable that 26.7 per cent of urban population lives in 12 big cities having population of more than 1 million. Included among the larger cities are Calcutta, Bombay, Delhi and Madras with 1981 population ranging from 4.3 to 9.2 million.

The problems that urban India presents are most acutely felt in largest cities. Apart from environmental pollution evident in metropolitan areas, the problems of improving basic needs and amenities like water-supply, lighting, sewerage, drainage, housing and transport are all assuming very large proportions and can lead to explosive situations.

Sufficient focus has been given in the country's development plans on urbanisation as an important aspect of the process of economic and social development. The need for a balanced spatial distribution of economic activities was reiterated in the Fourth and Fifth Five Year Plans.

These plans emphasised the need to prevent unrestricted growth of big cities and recommended regional approach to tackle the problems of urbanisation. In the Sixth Plan also the same approach has been adopted and the thrust of urban policy in the next decade would be to place greater emphasis on provision of infrastructure and other facilities in small, medium and other towns which may act as 'parking stations' to avoid concentration of urban population in few big cities. Government has also been taking steps to avoid excessive concentration of economic activities through a series of policies including industrial licensing, with emphasis on appropriate location and the policy of dispersal of industries. These include priority in licensing and finance from public financial institutions for locating industries in backward and non-industrial districts. In addition, fiscal and tax incentives and subsidies are also provided to counteract the disadvantages associated with backward areas and regions. Schemes for environmental improvement in slum areas have also been taken up in the successive Five Year Plans.

### Environmental Planning

Excess population and poverty can be regarded as the two biggest "pollutors" of environment. The ever increasing numbers create pressure on land, water and other resources. Over-exploitation of the vegetative resources in the catchment areas of river/valley projects, de-forestation and soil erosion both leading to siltation of their reservoirs and increasing frequency and ferocity of floods are the more outstanding of the consequences of the increasing pressure of numbers on limited availability of environmental resources.

The problems of sanitation are not confined only to the urban slums but exist in rural areas as well. This gives rise to various kinds of diseases. Besides, there are problems of air and water pollution in some highly industrialised cities.

Most of these environmental problems arise as a result of interaction of population with ecosystem. The quality of life depends on nutrition,

shelter and energy. An increasing population has, therefore, important implications for environment, which in the ultimate analysis provides three main ingredients that determine quality of life. Population growth accentuates the pressure on the resource base and tends to over-exploit that base to the extent of greatly reducing its potential. Further, population growth tends to generate processes of population re-distribution which are often dysfunctional to the goals of development.

While there is a genuine concern over the various environmental problems in the country it is being increasingly realised that the development policy should aim at ensuring mutually reinforcing character of trends in economic, social, demographic and environmental fields. Planning for general development should aim at maximising the positive and minimising the negative influences of economic growth and social change on population and environment which taken together constitute an internally complex and dynamic system. Likewise, interventions in population - environmental nexus should aim at optimising its positive influences on social and economic progress.

Historically, environmental factors have

greatly influenced the rise and fall of civilisations. Those which could establish harmony with the environment flourished and others which could not reckon with the environmental forces perished. Survival itself depends upon the ability to cope with the environment.

It is well understood that natural resources, renewable and non-renewable, are finite. These can support and sustain only a limited life — human or animal. The capacity of the environment to provide for a minimum acceptable quality of life is still more limited.

There is thus a need for each country to examine systematically its long-term population/resource balance. Such a study could be useful guide for country's future population policies. Unfortunately, the parameters and methodology for such studies are not yet fully developed. It is, therefore, necessary to commission well designed studies through an international agency. The need is in fact, to carry out a global exercise because in today's world no country's environmental problems can be seen in isolation. These are all inter-connected. There must be an urgent assessment of the total population that this world can sustain if its eco-system is to guarantee a minimum level of living.



# Population and Health Policies and Programmes

6

BY now, India has accumulated experience of planning for comprehensive development lasting more than three decades. Planning process has been continuous. When it was launched, the country's rate of population growth was moderate as high fertility was matched by declining but as yet very high mortality. It was inevitable then that measures are taken up as a part of planning to deal with recurring droughts and epidemics. Simultaneously, it was also explicitly recognised that success in mortality reduction would lead to accelerating rates of population growth, if the other component of fertility is not brought under effective control. Therefore, India's planning process since its very inception recognised the need to reduce the fertility rate through family planning programme. The aim was to stabilise population growth at as low a level as possible.

During the 50's, a number of family planning clinics were opened in the country by government and voluntary organisations. The emphasis during this decade was on providing conventional contraceptive services through specially trained female workers at clinics especially for women. The methods mostly recommended were diaphragm and jelly and foam tablets for women, and condoms for men.

During the Third Plan period, 1961-66, there was shift in the programme strategy from a "clinical approach" to an "extension approach". The objectives of this change were: (i) Creation of a group norm of a small family size in every com-

munity by educating and involving opinion leaders; (ii) To provide information to every eligible couple on available contraceptive methods; and (iii) Provision of contraceptive service facilities in a socially and psychologically acceptable manner. In this revised approach, the crucial task of identifying, informing and motivating the eligible couples for family planning was given to the Extension Educators and peripheral health workers, namely, the Auxilliary Nurse-Midwives (ANMs) for women, and Family Planning Health Assistants (FPHAs) for men.

During the 70's, the extension approach was consolidated, and the family planning programme was fully integrated with public health programme in the country, especially with the maternal and child health services (MCH), operated through Primary Health Centres in rural areas (initially planned at one for 100,000 population) and the Urban Family Planning Centres in towns and cities (one for 50,000 population). In recognition of complete integration of Family Planning and MCH care services, programme was redesignated as a Family Welfare Programme.

The decade 1971-81 witnessed tremendous efforts in this field. The expenditure on the programme increased substantially from Rs. 248 million in the Third Plan (1961-66) to Rs. 2844 million and Rs. 5166 million in the Fourth (1969-74) and the Fifth Plan (1974-79) respectively.

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Soon after the Bucharest Population Conference, a comprehensive policy was formulated as a part of a 'frontal attack' on the problem of population. In pursuance of this policy, the minimum age at marriage was raised by law in 1978 to 18 years for girls and 21 for boys. There was an increased emphasis, backed up with financial allocation, on providing population education for all children in the middle and secondary schools. Representation to Parliament from each state was frozen upto 2001 AP at levels based on the 1971 Census population figures. This assured the States with lower population growth rates that they will not be put to any disadvantage in regard to their representation in the National Parliament. There was also a scheme for community incentives to villages and towns which achieved high levels of contraceptive protection. The policy laid particular stress on the logistics of the family planning services delivery system. Accordingly concerted efforts were made to improve the organisational efficiency of the programme by making the family planning personnel responsible for achieving certain minimum levels of performance; this seems to have paid good returns.

As a combined result of all these measures, there was a rapid acceleration in the number of acceptors of Family Planning. The aggregate number of annual acceptors of different methods offered under the programme, which averaged only 0.1 millions for the period 1956-64 had increased to an average of 4.7 million in 1970-75; thereafter the figure jumped to 6.8 and 12.5 million in 1975-76 and 1976-77 respectively.

Unfortunately at a time when the programme had gathered momentum in the mid seventies, it became a subject of political controversy based on misrepresentations and misinformation, with the result that a vital element of the national programme for progress received a set-back after 1977. The number of annual acceptors showed a steep decline during 1977-80. (Table 6.1 on page 25).

However, the lead given once again by the

Prime Minister, Mrs. Indira Gandhi, in 1980 has restored the credibility of the programme. The 1981 census showing an increase of 137 million to the population in ten years generated a great deal of concern in the country. It made Family Planning a more vital issue than ever before and helped to create a national consensus in favour of population control policies. Several State Legislatures have already passed resolutions supporting the programme. The programme gathered momentum so much as to yield a record level of 14.4 million acceptors during the year 1983-84.

### Strategy

India is promoting among its people responsible and planned parenthood through a well-designed strategy, whose salient features are the following:

- (i) Adoption of the "Small Family Norm" is decided by the couples on an entirely voluntary basis.
- (ii) Intensified efforts are being made to spread awareness and information about the small family norm through more effective and imaginative use of multi-media and interpersonal communication channels for disseminating group specific messages.
- (iii) A wide choice of contraceptives is offered to eligible couples under the cafeteria approach, and supplies of contraceptives are being increased and arrangements are made to make them available at the door-steps of the acceptors.
- (iv) The programme is an integral part of planning for comprehensive development which covers correlates of fertility. In this regard, operational linkages have been established with other development Ministries/Departments at Central, State and field levels.



- (v) Facilities and efforts for rapid increase in female literacy are being continually expanded.
- (vi) Population education is extended to youth in schools and colleges as well as to those out of school. It forms an important part in all workers' education and training programmes conducted by Government agencies and the organised sector.
- (vii) Elected representatives of people at all levels, grass-root level organisations like village Panchayats, Mahila Mandals (Rural Ladies Clubs), Youth Clubs and voluntary organisations, etc., are encouraged to participate in this programme.
- (viii) Enforcement of the law relating to minimum age at marriage for girls and boys is being vigorously pursued.
- (ix) Following an area specific approach, regions lagging behind in performance are given greater attention.

### Population Policies and Goals

The National Health Policy, approved by the Parliament in 1983, has enunciated the long-term demographic goal of the country to be to reach a replacement level of fertility (or a Net Reproduction Rate of One -  $NRR=1$ ) by the year 2000 at the lowest feasible levels of mortality as shown below:

Birth Rate	— 21 per thousand
Death Rate	— 9 per thousand
Infant Mortality Rate	— Below 60 per thousand live births
Effective Couple Protection Rate	— 60 per cent
Life Expectancy At Birth	— 64 years

Given the present demographic situation in India, it is obvious that fertility goals should be linked for their realisation to appropriate developmental variables. One of the universally agreed goals of development is the reduction in the levels of mortality of the population, particularly, infant mortality, leading to a higher expectation of life. That is why the goal is set in terms of Net Reproduction Rate (NRR).

### Health Policies

The National Health Policy also lays down an integrated and comprehensive approach towards the future development of health services in the country including family planning services. The Policy is aimed at providing 'Health For All' by 2000 AD as recommended in Alma-Ata Declaration through primary health care approach. The stress in the National Health Policy is on the provision of preventive, promotive and rehabilitative health services to the people — representing a shift from medical care to health care and in short, from the urban to the rural population. This includes substantial augmentation and provision of primary health care facilities and family welfare services on an universal basis in every village, town and urban community; acceleration of programmes for the welfare of women and children, including family planning; control of leprosy, T.B. and blindness; nutrition programmes for pregnant women, nursing mothers and children, especially in the more remote hilly and backward areas. Quantitative targets have been fixed for each of these areas.

### Programme Organisation

As noted earlier, the Family Planning Programme, from its very inception, has been implemented as an integral part of the public health programme, especially of maternal and child health services. At the Centre, it is located within the Ministry of Health and Family Welfare and at the State level within the Directorate of Health and Family Welfare services.

The formulation of above demographic goal

in terms of net reproduction rate has created the need for a closer integration of family planning services with the health services and concerted efforts are taken up to achieve this at all levels right upto the peripheral field level.

Constant efforts are being made to expand the network of Health and Family Welfare Services to carry them to the door-steps of the people. These include:

- (i) With a view to provide liaison between the community and health services network, a Village Health Guide functions in each village or within a population of one thousand in larger villages. About 400,000 health guides are already working. Health guides are selected by communities from amongst themselves and preference is given to females. These voluntary workers have been trained for a period of three months and arrangements for continuous training are in-built in the Village Health Guide Scheme. The village health guides also promote small family norm and the use of contraception.
- (ii) Deliveries by trained health personnel in hygienic and aseptic conditions are critical in reducing the maternal mortality and infant mortality. Most villages in the country have traditional birth attendants who are customarily handling deliveries in their areas. A scheme to train these traditional birth attendants to upgrade their skills has been launched and till now over 4,60,000 birth attendants have been given the training.
- (iii) Health Sub-Centres are being established for every three to five thousand population. These are manned by a team of one qualified male and one female (paramedic) health worker. They look after the primary health needs of the community. They also provide maternal care and immunization services

in addition to family planning education, motivation, and supplies and services in spacing methods. There are over 70,000 sub-centres in the country and their number will increase to about 120,000 by 1990. One male and one female Health Supervisor provide support and assistance for every four sub-centres.

- (iv) There are 6250 Primary Health Centres (PHCs), one for every 100,000 population. Each PHC has three medical officers (including one Lady Medical Officer) to provide curative and clinical services, including MTP and they supervise and guide family planning programme performance. The team of medical and para-medical personnel at the PHC level have been trained well in all the family planning methods, including sterilisation, follow-up care and treatment of complications when they arise. This network of medical services will be strengthened by opening new one-doctor Primary Health Centre for every 30/20 thousand of the population. Existing primary health centres will be upgraded as referral, consultative and supervisory centres with the addition of more beds and specialist services. At the apex of the pyramid of health services are the district level (412) and state level referral services. There are 106 medical colleges which impart medical education and also provide specialist services and help, supervise, guide and train the personnel at lower levels.

National Institute of Health and Family Welfare is the apex level institute for planning and carrying out training programmes. Training institutions have been established, down the line at State and District levels and number about 426.

### Research

People in India have responded well to lapa-



roscopic tubectomy and copper-T Intra Uterine Device. However, the research for simpler regimens continues. There is a need to find more effective and safe formulations to impart long lasting immunity to men and women. These contraceptives should be inexpensive, easy to use and without harmful effect. Coordinated Research in contraceptive methods and human reproduction is carried out through a net-work of research organisations/centres under the guidance of Indian Council of Medical Research. Anti-pregnancy vaccine for women, male contraceptive drugs, reversible male and female sterilisation methods are some of the important leads which are being vigorously pursued by the research community in India.

Any successful programme needs a continuous back-up support of operational research. Family welfare programme is mind-boggling in its complexity since it addresses itself to human

beings and has to take account of their social, cultural and emotional responses to ongoing activities and new components that may be introduced. It is all the more important in the context of a country of India's size.

Sixteen population research centres have been established in universities all over the country with a view to carry out operational research relating to supplies and services communications, knowledge, attitude, acceptance and other demographic and psycho-social factors. International Institute of Population Sciences, Bombay is a leading institute in this field. It imparts higher level education in Population Sciences and also carries out research. Private service and/or research organisations are also engaged for specific research tasks; these include the Family Planning Association of India, which is affiliated to IPPF and the Family Planning Foundation of India.

### Programme Impact

The following table provides data on the progress of Family Planning Programme;

TABLE 6.1: NUMBER OF FAMILY PLANNING ACCEPTORS, COUPLES EFFECTIVELY PROTECTED AND BIRTHS AVERTED: (Refer page 22)

Year	No. of acceptors annual (million)	Couples protected No. (million)	Percentage	Births averted cumulative (million)
1956-64	0.1	1.0	1.2	0.3
1965-70	2.8	8.6	9.4	4.9
1970-75	4.7	15.3	14.9	17.5
1975-76	6.8	17.8	17.0	20.6
1976-77	12.5	25.3	23.6	24.3
1977-78	4.5	24.6	22.5	29.4
1978-79	5.5	25.0	22.3	35.3
1979-80	5.5	25.4	22.2	39.2
1980-81	6.5	26.4	22.7	44.2
1981-82	8.1	28.2	23.7	49.2
1982-83	11.0	31.4	25.9	54.7
1983-84	14.4	36.2	29.2	60.7

From the Table 6.1 it can be seen that as of April 1984 29.2 per cent or 36 million of the couples in the reproductive ages were effectively protected by the programme. More than 80 per cent of this protection came through sterilisation. Since the inception of the programme, sterilisation has been a popular method of contraception preferred by the couples in the country. As of April 1983 the total number of males who had received sterilisation services were 25 per cent higher: 22.4 million males and 17.8 million females.

In the earlier years, vasectomy or the male sterilisation was more popular but since the introduction of mini-lap and laparoscopic tubectomy five years back, the female sterilisation has been gaining wider popularity. Performance in family planning acceptance and couple protection is not uniform throughout the country. Couple protection level in five States exceeds 40 per cent, in 10 States it is between 29 and 40 per cent, while in the remaining States and Union Territories it is below the national average of 29.2 per cent. The problems of low performing States are being intensively studied with a view to removing the bottlenecks.

### Emphasis on Spacing Methods

Studies show that more infants die if the preceding birth interval is less than two years. Short birth interval also affects the older child; curtailing breast-feeding and maternal attention exposes him to higher risks of morbidity and mortality. Short spacing may lead to maternal depletion and is a likely explanation for low birth weight generally associated with higher order births beyond 4 or 5. This is supported by the fact that infant mortality is found to increase with birth order.

Keeping in view the importance of birth interval for child survival and mother's health as well as the contraception needs of younger couples who have not yet achieved the family size norm, the Government has recently initiated a deliberate policy to promote spacing methods on a

large scale. Here the emphasis is on the use of Intra-Uterine devices like Copper T, low dosage oral pills and condoms. Of late, there has been a dramatic increase in the numbers of IUD acceptors from 0.6 million in 1980-81 to 2.1 million in 1983-84. Even though the number of pill users is only 0.5 million, there was a three-fold increase in their number in 1983-84 over the previous year. 7.3 million couples use condoms and this number shows an increasing trend.

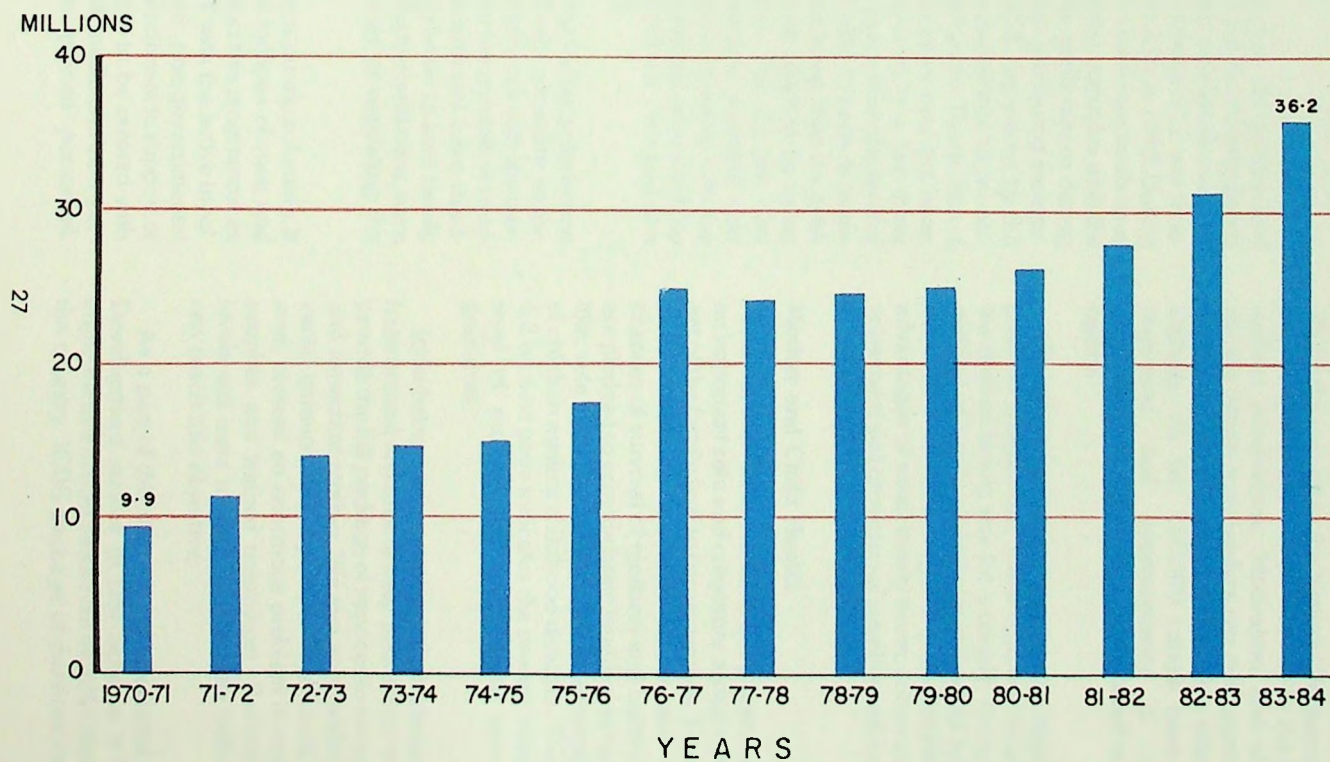
India does not permit abortion as a means for fertility regulation. However, from 1972 onwards, Medical Termination of Pregnancy has been allowed as a part of health care facility for pregnant mothers on health and related socio-cultural considerations. Primarily this facility is permitted to save from health hazards the millions of women who take recourse to clandestine abortions by ill-qualified doctors or quacks in unhygienic and aseptic conditions. We believe that child bearing should be a joy, not a burden; and since it is the mother who bears and rears the child, we are concerned not only with her health but with her will and well being. There were just about 0.5 million recorded abortions last year compared to 22 millions babies born in the country.

Table 6.1 on page 25 shows that till the end of March 1984, the programme has averted about 61 million births: roughly equal to the 1982 combined population of Egypt (44.3 millions) and Peru (17.4) or that of Burma (34.9) and Columbia (27) put together. The programme implemented during 1983-84 has the potential to avert about 11.2 million possible future births.

Thirty seven million births were averted in 1971-81. But for the success of this programme, India's population during the decade would have recorded a 3 per cent annual growth rate. This would have further exacerbated our social and economic problems. Hypothetical size of India's stable population projection would have undergone a radical change: Stable population size of over three billion people compared to 1.8 billion projected by the World Bank and 1.3 billion level



NUMBER OF COUPLES EFFECTIVELY PROTECTED DUE TO FAMILY PLANNING  
1970-71 to 1983-84



at which we wish to stabilise. All this can be attributed to the success of India's population programme.

In terms of fertility decline, the programme has made a significant impact on the population since 1966. The crude birth rate has declined by about 8 points in 16 years, from 41.2 per thousand population in 1966 to 33.6 in 1982. During the years 1977 to 1981, the birth rate levels have stagnated around 33 and this coincides with the period of poor programme performance during 1977-80. However, with the increasing momentum of the programme, CPR increasing by 3.3 points in 1983, it can be expected that future declines in fertility may be more rapid. The decline of 8 points in the CBR in 16 years may not be as rapid as the declines achieved in a few other developing countries. However, even this level of performance has enabled India to keep its population growth rate at a level lower than the peak levels of around 3 per cent reached by many other developing countries. The 0.5 per cent annual average fertility decline recorded over the last 16 years compares favourably with the experience of developed countries where fertility declined at an average of 0.3 per cent and at a much higher income level.

It is to be realised that the Indian programme of family planning is a wholly voluntary implemented in a democratic framework with the freedom of choice to couples on the number of children they wish to have. Government have steadfastly refused to enact legislation to limit family size even though some Parliamentarians have been introducing Bills aimed at regulating the family size.

In India, family planning is purely *voluntary*. It needs the participation of millions of men and women. The aim is to conduct this programme as a PEOPLES' MOVEMENT with the active involvement of voluntary and non-governmental organisations. A favourable climate in support of small family norm is sought to be created with the help of mass media, folk media and inter-personal communication by trained personnel.

Opinion Leaders, especially elected representatives of the people, from the level of village councils all the way up to the National Parliament are encouraged to participate actively in the family welfare programme. Motivation and training camps, where such leaders can get together for discussion, is an important extension education strategy. So far, 130,000 camps have been organised and approximately 5 million influential individuals have participated in these camps.

Coercion of any type is not used in India's population programme. There is no way to enforce the desired family size for a couple. Acceptance and use of family planning is promoted by motivation and education regarding the benefits and advantages of small family norm, community involvement and provision of supplies and services of good quality.

### Mother and Child Health

Maternal and Child Health (MCH) services play an important role and constitute a vital component of the family welfare programmes. These services contribute to better health and better chances of survival of mothers and children. We are pledged to provide basic health care facilities like, safe and aseptic delivery and immunization of children against childhood diseases. The table 6.2 on next page indicates the present reach and level of mother and child health care programmes.

India being a vast country with inadequate infrastructural facilities, it may take some time to provide the full package of services to every child and expectant mother. We aim at providing universal immunisation by 1990. This would, however, present an enormous problem in logistics, supplies and trained manpower. Performance levels will have to double and triple before we can reach this objective.

As a part of this strategy, an Integrated Child Development service (ICDS) Scheme is being implemented in 856 blocks out of 5242 blocks in the country. ICDS package of Services include



supplementary nutrition, immunization, health check ups and referral services to children below six years of age and expectant and nursing mothers, non-formal education to children and nutrition and health education to women. Growth of children in these blocks is monitored on a regular basis. The number of beneficiaries receiving supplementary nutrition in ICDS blocks as in May

1984 is given below:

Children aged below 3 years — 1.89 million  
Children aged 3-6 years — 2.46 million  
Expectant and lactating mothers— 1.07 million

It is planned to expand the coverage of ICDS to a much larger number of blocks in the next five years.

TABLE 6.2: COVERAGE UNDER M.C.H. PROGRAMMES, 1983-84 (Ref. pre-page)

Programme	Achievement (million)	Percentage increase over last year
Immunisation		
DPT	10.84	+ 17.6
Polio	7.71	+ 91.8
BCG	13.96	+ 0.2
D.T.	10.31	+ 11.4
TT (Pregnant women)	7.96	+ 14.5
Typhoid	5.94	+ 34.2
Prophylaxis against anaemia (Iron-Folic Acid Tablets)		
Mothers	15.57	+ 8.0
Children	14.19	+ 11.1
Prophylaxis against blindness due to Vit. 'A' deficiency	15.48	- 13.9

## Resource Needs and International Cooperation

7

INTERNATIONAL cooperation in the field of population is relatively a recent phenomenon. Some years ago, there was a great deal of opposition to support activities related to Family Planning and Population Policy on various grounds, such as, religious, cultural and political. This resistance was not only evident in the donor countries but also in countries requiring population control programmes. Before the 70's international cooperation in the population field existed in a small way mainly in the form of some fellowships and advisory services on population statistics and analysis. Cooperation in a meaningful sense started in the mid-70's after the World Population Conference at Bucharest in 1974. Following this World Conference, the levels of international assistance for population activities have increased but the total volume of assistance has remained much below the target of one billion dollars a year. In fact, the growth rate of increase in population assistance has slowed down in recent years when the need for such assistance is the greatest.

UNFPA is the leading UN agency for providing assistance for population programmes. According to their figures during 1979-81, they budgeted one dollar for every four dollars provided in different countries' budgets. UNFPA assistance to India during these years was at a much lower level. During 1979-81 they provided \$ 23.5 million against \$ 556.3 million spent by India on the programme: one dollar for every 24 dollars spent by India.

Besides UNFPA, India is receiving assistance from various International Agencies and developed countries for the Family Welfare Pro-

gramme. Such assistance is available in the form of cash, commodities, etc. and is governed by the Agreements between India and the donor agencies. The names of such agencies and the projects being funded by them are given below:

- UNFPA: Area Projects in Bihar and Rajasthan, support to clinical services, supply of Laparoscopes, Copper T (IUD), raw materials for Oral Pills and Condoms; and support to organised sector projects.
- UNICEF: MCH Programme through medical colleges and immunisation programme.
- WORLD BANK: India Population Projects in Andhra Pradesh & Uttar Pradesh, Karnataka and Kerala States.
- W.H.O. Support for MCH and reproductive research programmes.
- DANIDA: DANIDA assisted Area Projects in Madhya Pradesh, Tamil Nadu and support to NIH & FW.
- NORAD: Post-Partum Programme
- ODA(UK): ODA (UK)-assisted Area Project in Orissa and supply of Laparoscopes.
- SIDA: High Potency Vitamin 'A' Capsules and other assistance for MCH Programme.
- USAID: USAID assisted Area Projects in Haryana, Punjab, Gujarat, Himachal Pradesh and Maharashtra, support to progressive voluntary organisations, Contraceptive Marketing Organisation and research in human reproduction.



The per capita expenditure on family welfare is about Rs. 4/- per year (US 40 Cents) in 1982-83: one of the lowest in the world. Enhanced investments in the programme would be incapable. Services and supplies have to be expanded rapidly to meet the rising demand generated by increasing acceptance of contraception — about 25 per cent per annum — and also to meet the needs of 22 million young couples who will enter the reproductive age-group by 1990.

The need for the 1985-90 plan period has been projected at \$ 6.4 billion compared to \$ 1.4 billion in the current plan. Investment needs of other developing countries, which aim at containing population growth, may also similarly increase. It is hoped that the international understanding forged at Mexico would ensure that constraint on resources is not allowed to stand in the way of effective and efficient population programmes.

## Perspectives

# 8

INDIA is committed, through a written Constitution, to a social system squarely based on democracy, secularism and socialism. The roots of these ideals lie deeply embedded in the long cultural history of the country enriched by a great variety of cultural ethos of the people that make up the present population characterised by 'unity among diversities'. This system has served the country well in the period since Independence in 1947. When, soon after independence, we embarked upon planning for comprehensive development, the tasks of nation-building appeared stupendous. But they have been pursued with vision and courage. The course of development during this period has not been easy. Apart from the rapid growth of population and the proverbial weather conditions generating uncertainties for agriculture, the process has been subject to unforeseen disturbances arising from the course of events in the international, political and economic conditions. The nation adjusted its policies and programmes to these repeated changes. In order to do so, a measure of flexibility has been retained in the logistics of planned development without involving any compromise on the fundamentals of the social system and in the long-term goals of national progress formulated for the planning for development.

Considerable experience has been gained in the process with regard to both population and economic development. India has from the very beginning included a policy for containing population growth as an important element in the for-

mulation of its plans for socio-economic transformation and Health & Human resources development. It also recognises that effective integration of development and population is facilitated only when its benefits are widely shared by the more disadvantaged groups in the population. The Bucharest World Population Plan of Action, while accepting that population growth should be contained, emphasises the need for socio-economic development. Experience of the last decade has made it more than clear that development must deal simultaneously with economic expansion and social transformation, population and environment in order to secure all-round improvement in the quality of life. India's development process fully recognises these inter-linkages.

Our socio-economic development efforts aim at promoting a system which enables every individual to have the fullest opportunity of developing his maximum potential. This calls for a rapid economic expansion to the extent of resource availability. During the last 4 years, Indian economy has grown at 5 per cent annual growth rate compared to an annual growth rate of around 3.5 per cent in the 70's. This suggests a higher growth trend in the 80's.

Gross National Savings, as a percentage of Gross Domestic Product (GDP) has increased from 17.3 per cent in 1971 to 22.7 per cent. This rapid increase in national savings rate at India's low-percapita income, is an evidence of



country's determination towards building a self-reliant economy. Even while the investment rate has increased to 24 per cent of GDP, about 94 per cent of the cost of investment programmes has been met from national savings.

India's achievement in agricultural sector has been impressive. Foodgrains production recorded a three-fold increase in the last 33 years from 50 million tonnes in 1950 to an estimated 150 million tonnes in 1983-84. Annual growth rate of foodgrains production exceeded 3.3 per cent well above the population growth rate. Simultaneously, large investments have been made in creating a wide spectrum of industries and industrial production has recorded a five-fold increase in the same period. The industrial sector has been gradually diversified covering almost the entire range of consumer, industrial and capital goods. A significant capability has been built in crucial areas of high technologies like electronics and nuclear and space technology. Country has the third largest pool of Scientists and Engineers.

Improvement in the quality of life of the poor and the weaker sections of the community are the key elements of the country's development programmes and policies. The poorest 40 per cent in India are receiving a gradual but increasing share of total national income and concentration of incomes is declining. This, however, does not provide any ground for complacency and the national policy directly addresses the problem of poverty alleviation. Public programmes have been specially designed with a view to directly assist the poor, e.g.

- Minimum Needs Programme which widens access for the poor to the basic social services: education, health, family planning, water supply, shelter and nutrition, etc.
- Targetted Assistance for special groups or areas; Integrated Rural Development Programmes, National Rural Employment

Programme, Programmes for Backward Classes, Hilly Areas and Drought-Prone Areas.

Pricing and Regulatory policies like subsidies on food and incentives to industries located in backward areas and self-employment schemes.

The guiding principles for India's future development plans should continue to be growth, equality, social justice, self-reliance, improved efficiency and productivity. It is equally well recognised that gains of development in last three decades have been greatly eroded by rapid population growth and that our success in improving the 'quality of life' will greatly depend on the nation's ability to stabilise its population at a manageable level.

India's population was stable during 1911-21. The birth rate of 48 per thousand just about matched the death rate. Millions of people were then dying of hunger and disease. Socio-economic development since Independence, has brought about a dramatic decline in mortality from over 27 per thousand to less than 12. Corresponding reduction in the birth rate has not taken place, nor could it have been expected to occur if one were to bear in mind the low level of socio-economic development obtaining during these years. With the gradual and steady socio-economic progress and the fast changing perceptions of the people, a stage has now been reached when the fertility decline may be faster. The journey towards a stable and healthy population, which started some years ago, now has reached a point where the ultimate goal is visible and appears within reach. The country has set a goal of reaching the Net Reproduction Rate (NRR) of unity by turn of the century and the population size then is expected to be of the order of 950 million with a birth rate of 21 per thousand and death rate of 9. Thereafter, the process of population stabilisation should commence and population is expected to stabilise at around 1300 million by middle of next century. World population is expected to stabilise at

about 10.5 billion in 2110 A.D. (medium variant). India's population today forms about 15 per cent of the World's population, and it may be around 13 per cent of the projected stable World population.

The birth rate in developed countries declined with the gradual and continuing improvement in the standards of living. But, in the developing countries, high fertility can outstrip the efforts to foster prosperity. It was in recognition of this fact that India launched an official Family Planning Programme to promote decline in birth rate. Fertility is an intensely personal matter and requires a continuous and careful approach. Experience has, however, shown that knowledge of family planning methods, adequately supported by services and supplies, hastens the process of fertility decline even in situations of under-development, illiteracy and lower level of per capita incomes. In India, Family Planning Programme is purely voluntary. It is being promoted as a people's movement through maximum community participation by educating people about the benefits of 'Small Family Norm'. Couples are provided a wide choice of contraceptives. There is no coercion and couples make their decision according to their inclination.

The Indian Population Programme has averted about 61 million births till the end of March, 1984; roughly, equal to the 1982 combined population of Egypt (44.3 million) and Peru (17.4 million) or that of Burma (34.9 million) and Columbia (27 million) put together. The programme implemented during the year 1983-84 has the potential to avert over 11 million possible future births. In terms of fertility decline, the programme has made a significant impact on the population since 1966. The crude birth rate has declined by about eight points in 16 years. But for the success of this programme, India's population during the decade would have recorded a 3 per cent growth rate. Estimates of the projected size of the India's stable population would have undergone a radical upward revision.

India's long-term goals are: Improved standards of living and a stable and healthy popula-

tion. The immediate goals are to reduce poverty and fertility which again are inter-dependent. India accords the highest priority to the task of reducing poverty and a number of programmes have been launched to assist the poor with a view to improving human capital, generating an asset base for them and to make available the necessities of life at prices they can afford. These programmes are being vigorously pursued through a system of State subsidies and credits and free availability of education, health and other social services.

As of today, India has a population of around 730 million, a death rate of about 12 per thousand, an infant mortality rate of about 114 per thousand live births and a birth rate of about 32 per thousand population. Its age pyramid is a harbinger of tremendous growth potential. The grimness of the situation cannot be denied but there are hopeful signs as well. Fertility decline has been firmly established in many parts of the country and is spreading to others; family planning acceptance has picked up in more recent years and there is enough evidence that a large measure of latent demand for contraception is surfacing; a determined movement has been generated for the improvement in the status of women and planning has accorded special importance to upgrade the role of women in the development process and, above all, infant mortality has at last started moving down at a reasonable pace.

With planning according a greater role to the local level communities in the formulation of plans and programmes especially in the fields that influence social and economic co-relates of fertility decline and mounting a direct frontal attack on mass poverty, there is every reason to be confident about the demographic goals that the Nation has set for itself. India's confidence of achieving NRR of 1 and 'Health For All By 2000 A.D.' rests not merely on the effective pursuit of policies directly influencing the birth and death rates, but also on the re-orientation that is being imparted to the development process in order to expand people's participation; to improve and



upgrade the status and role of women in society; to socialise the new generation through education, training and nutrition programme; in a manner that not only improves their productivity but also prepare them for responsible parenthood, to preserve local ecological systems and enhance their resource potentials; and above all, to eradicate the curse of poverty through programme specifically directed towards this very objective. The whole of planning strategy has but one purpose; to rapidly improve the quality of life for the people in general and for the poor and under-privileged in particular.

The country is committed to the cause of human progress. Its achievement would be greatly facilitated by a more congenial international environment and a climate of peace all-round. International cooperation will speed up

the processes of development and so also that of population stabilisation. Aid plays a welcome role but its uncertainties need to be removed and its scale needs to be enlarged.

It is, however, the context of national development that promises the realisation of the country's demographic goal for the year 2000. The country's population may then be around 950 million. But it will still have a large potential for growth. By that time, the country will be well ahead on the path of self-sustaining and self-reliant economic growth and should be able to achieve the desired level of stabilisation of population around the middle of the 21st century. In the ultimate analysis, the success depends on replacing hope for despair and commitment for complacency.