Course Code: BSCN 4002 Course Name: COMMUNIT HEALH NURSING

# National Population Policy OF INDIA

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## Need for this presentation

- India with a population of more than 1.4 billion scattered in 29 states and 7 union territories provide a unique ground for studying population programs management.
- There is a paradigm shift in population management from exclusive contraceptive delivery to concurrent dealing of all issues in the framework of reproductive health.
- The steps initiated under the influence of new philosophy at country and state level may give certain clues to many other countries, struggling for betterment of their population programs.

Course Code: BSCN 4002

Course Name: COMMUNIT HEALH NURSING

#### **Contents**

- Terminologies
- Introduction
- Population Policy
- Need of national population policy
- Five-Year Plans by the Government of India for population control
- Objectives of National population policy
- Goals of National population policy
- Strategic themes of National population policy
- Organizational Structure
- Motivational & Promotional measures
- Progress of milestones of national population policy

Course Code: BSCN 4002 Course Name: COMMUNIT HEALH NURSING

# **Terminology**

- ▶ **Population rate/ Birth rate-** the total number of live births per 1,000 in a population in a year or period.
- ➤ **Crude birth rate -** the number of live births per year per 1,000 mid-year population
- ▶ Mortality rate/Death rate- is a measure of the number of deaths (in general, or due to a specific cause) in a particular population, scaled to the size of that population, per unit of time.
  - Mortality rate is typically expressed in units of deaths per 1,000 individuals per year

#### Birth rate & Death rate in India

Year	Birth rate (births/1,000 population)	Death rate (deaths/1,000 population
1941-51	39.9	27.4
1951-61	41.7	22.8
1961-71	41.1	19
1971-81	37.2	15
1981-91	29.5	9.8
1991-01	25.8	8.5
2001-11	22.5	7.7

Source: Calculated from the Census of India data and Ministry of Health and Family Welfare, Government of India

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- ► Sex-ratio- the number of females per 1000 of males
- **Total fertility Rate-** total number of children born or likely to be born to a woman in her life time if she were subject to the prevailing rate of age-specific fertility in the population.
- Net reproduction rate (NRR), which measures the number of daughters a woman would have in her lifetime if she were subject to prevailing age-specific fertility and mortality rates in the given year.

Course Code: BSCN 4002

Course Name: COMMUNIT HEALH NURSING

# **Population Policy**

Measures formulated by a range of social institutions including Government which may influence the size, distribution or composition of human population (Driver & Demeny, 1972).



- A deliberate effort by a national government to influence the demographic variables like fertility, mortality and migration (Organski & Organski, 1961)
- A set of Coordinated laws aimed at reaching some demographic goal (Biurgeois & Pichat, 1974)

# Need for population policy in India

- On 11th May, 2000, India had 1.35 billion (>100 crores) people, i.e., 16 % of the world's population on 2.4 percent of the globe's land area.
- ☐ If current trends continue, India may overtake China by 2045, to become the most populous country in the world.
- Global population : ↑3 folds during this century (from 2 to 6 billion)
- □ Population of India : ↑nearly 5 times (from 238 million to 1 billion), during the same period.
- Stabilizing population is an essential requirement for promoting Name of the Light Stabilizable Office of the Light Stabilizable Off

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### Causes of high population growth

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

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#### **National Population Policy 1976 & 1977**

- In 1976, the government of India came up with its first National Population policy. The policy came up with a number of measures to arrest the population growth.
- Some of the measures are:
  - Increasing the minimum legal age of marriage for girls and boys to 18 and 21 respectively.
  - Monetary incentives for birth control.
  - Improving the literacy levels of females both through the formal and nonformal channels.
  - Population was made as a factor for sharing central resources with that of the states. Linking 8% of the central assistance to the State Plans by weighing the performance of the states in the family welfare programmes.

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Course Name: COMMUNIT HEALH NURSING

- ▶ Popularise family welfare programmes by using all forms of media.
- ▶ Inculcating population education into the formal education system.
- NPP-1976 was completely different from the earlier policies.
- ▶ 1976 policy noted that To wait for education and economic development to bring out a drop in fertility is not a practical solution.
- The very increase in population makes economic development slow and more difficult to achieve.
- During the Emergency period (1975-77), coercion and pressure were used in implementing the family planning programme.

Course Code : BSCN 4002

Course Name: COMMUNIT HEALH NURSING

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- ► The Central assistance of 8 per cent was linked with the family planning performance.
- ► For the first time the Union government allowed some states to initiate legislation for compulsory sterilisation.
- In 1977, the new government ruled out the use of force and coercion, and the family planning programme was renamed as the 'family welfare programme'.

# Demographic achievements of India before NPP-2000

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

# National Population Policy-2000 Course Name: COMMUNIT HEALH NURSING Policy-2000

- ▶ In February 2000, the government of India came up with the second National Policy on Population.
- ► For the first time since independence, this document comprehensively addressed the problem of population growth in integration with issues such as child survival, maternal health, women empowerment and contraception.

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- Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age;
- Achieve 80 per cent institutional deliveries and 100 per cent deliveries by trained persons;
- Achieve universal access to information/counseling, and services for fertility regulation and contraception with a wide basket of choices;
- Achieve 100 per cent registration of births, deaths, marriages, and pregnancy;
- Contain the spread of the Acquired Immuno-deficiency Syndrome (AIDS) and promote greater integration between the management of reproductive tract infections (RTIs) and sexually transmitted infections (STIs) and the National AIDS Control Organization;

Course Code: BSCN 4002 Course Name: COMMUNIT HEALH NURSING

#### NPP has listed the following goals for 2010:

- Address the unmet needs for basic reproductive and child health services, supplies, and infrastructure;
- Make school education up to age 14 free and compulsory, and reduce dropouts at the primary and secondary school levels to below 20 per cent for both boys and girls;
- Reduce the infant mortality rate to below 30 per 1,000 live births;
- Reduce the maternal mortality ratio to below 100 per 100,000 live births;
- Achieve universal immunization of children against all vaccine preventable diseases; Prevent and control communicable diseases;
  - · Integrate Indian Systems of Medicine (ISM) in the provision of reproductive and child health services, and in reaching out to households; and
  - · Promote vigorously the small family norm to achieve replacement levels of TFR.
  - · Bring about convergence in implementation of related social-sector programmes so that family welfare becomes a people-centered programme.

Course Code: BSCN 4002

Course Name: COMMUNIT HEALH NURSING

# **Strategic Themes**

In order to achieve the national socio-demographic goals for 2010, the following 12 strategies themes have also been identified-

- Decentralized planning and program implementation
- Convergence of service delivery at village levels
- Empowering women for improved health and nutrition
- Child survival and child health

Course Code: BSCN 4002

Course Name: COMMUNIT HEALH NURSING

### Conclusion

- Need for population stabilization,
- Spread of literacy and education, increasing availability of affordable reproductive and child health services, convergence of service delivery at village levels, participation of women in the paid work force, together with a steady, equitable improvement in family incomes, will facilitate early achievement of the socio- demographic goals.
- Success will be achieved if the Action Plan contained in the NPP 2000 is pursued as a national movement.

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