Abstract: India's main goals are to reduce population size and improve people's quality of life. General government goals include lowering the birth rate, mortality rate, and abortion laws. The emphasis is on reaching the masses through various media to spread education. Decentralize democratic plans through state legislatures, municipalities, and panchayats to eliminate family welfare programmes vertically. A State Population and Social Development Commission should be established to plan, implement, and oversee the country's population policy. According to experts, lowering infant mortality could reduce birth rates by 20%. The failure of states such as Uttar Pradesh, Madhya Pradesh, Bihar, Rajasthan, and others to control their populations has resulted in an increase in the birth rate.

Keywords: Abortion Laws, Family Welfare, Mortality Rate, Quality of Life

Introduction

India is one of the developing countries in the world. The abject poverty of the people of India is undeniable. As a car, two things are said. These two issues are (1) economic underdevelopment and (2) mass explosion. India needs to adopt a long-term plan to alleviate people's poverty. This plan will have two main objectives: (a) to increase national and per capita income in a planned way and (b) to control the population in a planned way.

In India, family planning has become part of the national initiative to improve the quality of life of the people. Family planning programs are only a school program for birth control. Family planning programs have already reduced the mortality rate by combining birth control with child nutrition, family health, etc. For this reason, particular emphasis has been placed on birth rate control through family welfare programs. Generally, there are two types of population policy. Anti-Birth Rate Policy: This policy discourages population growth; and Distribution Policy: This policy deals with the issue of imbalance in the distribution of population. Population policy is interpreted in both narrow and broad senses. Population policy, in the diminutive sense, is an initiative. This initiative aims to control population characteristics' size, structure, and distribution. In a broad sense, population policy is an initiative. This initiative seeks to maintain social and economic positions to influence population outcomes.

Review of Literature

1. **Anrudh K. Jain:** Egypt, India, Kenya, and Mexico were chosen due to their large populations and long histories of population policies and programmes. The four country studies look at the impact of a variety of factors on population policy design and implementation. The authors extrapolate their findings to make predictions about the future of population policy in the countries studied.

2. **Kaku Ram Manhas:** India is the world's second-most populous country, with more than a billion people. In 1952, the government began promoting a family planning programme. The National Population Policy of 2000 recognises that the most effective development policies are socially just and focused on the well-being of all people.

3. **Gabe T. Wang:** This paper examines the evolution and changes in India's population policies since the 1950s. Population policies and their implementation are roughly divided into three periods. Family planning can be advocated for and promoted, but it cannot be forced. A holistic approach to socioeconomic development may be more effective in addressing the overpopulation problem.
4. **A.K. Thukral and B.P. Singh**: By 2030, India's population growth may surpass that of China. India's National Population Policy aims to stabilise the country's population by 2045. At the current rate of population decline, the world's population will be 2.49 billion by the end of the century. A 0.000428/year decrease in the specific growth rate will be required.

5. **Sandhya Agrawal**: India's National Population Policy (PPP-2000) aims to improve healthcare infrastructure and achieve a total fertility rate of 2.1 births per woman by 2010. Poorly trained healthcare personnel and insufficient medical supplies are among the challenges faced by Indian families. Analysis draws on interviews with family planning professionals and data from quantitative and qualitative studies.

6. **Eeva Ollia, Meri Koivusalo**: People's reproductive needs and rights were given more weight in the population policy development that preceded the International Conference on Population and Development. Options for population policies were still primarily evaluated in terms of their ability to reduce fertility. The findings suggest that the agenda for population policies and reproductive rights has been interpreted so that it can be implemented in the context of more market-oriented social policies.

**Objectives of the Study**

- Determine how effective the population policy has been in reducing poverty among Indians.
- Discovering the needs of India's population policy
- To determine how well-informed the Indian population is about population policy.
- To determine how much public awareness about population control has been raised as a result of India's population policy
- To emphasise the importance of people's education in implementing India's population policy.

**Objectives of National Population Policy**

The main objectives of India's population policy are:

To improve the quality of life of the people and increase the happiness and comfort of the individual; the greater purpose is the perfection and social progress of the individual. Population policy is the result of several factors. These factors are the size of the total population, the high rate of population growth, and the unequal distribution of population in rural and urban areas. India is a developing country. The country's population policy has some general objectives. These objectives are: (a) to reduce the birth rate, (b) to reduce the mortality rate, (c) to limit the number of children in the family to two, (d) to enact legislation to legalize abortion, (e) to make the necessary contraceptives available, (f) To create awareness among the people about the evils of high population growth and (g) to provide rewards and punishments. One or two more things need to be mentioned. The concentration of people in populated areas needs to be stopped. Offices need to be relocated to relatively sparsely populated areas. And civic services need to be expanded to accommodate new sizes.

**Population Policy Measures Taken By the Government**

The Indian National Congress formed a National Planning Committee in 1936. This planning committee formed a sub-committee on population in 1940. Radhakamal Mukherjee was made the chairman of this sub-committee. This subcommittee makes some recommendations in its report. Notable among these recommendations are: increasing the age of marriage; Raising awareness against polygamy; Arranging for sterilization of people with infectious diseases; To teaching self-control; To develop and disseminating knowledge about safe and straightforward methods of birth control; Establishment of birth control clinics etc.

The government formed the Bhore Committee on Population in 1943. This committee criticizes the previous committee's recommendations on self-control measures related to birth control. The committee deliberately focuses on family planning.

After independence, a policy committee on population was formed in 1952. This committee's policy about population was largely temporary in nature and flexible. The principle of this policy was to
check every issue and be aware of the deviations. Over time, more scientific plans are formulated and implemented. The Family Planning Research and Programs Committee was formed in 1953. Then in 1958, the Central Family Planning Board was formed. The ‘Jats' widely adopted family planning programs stabilize population growth within a reasonable period. In 1978, a new ministry opened at the center. These ministries include family planning, urban development, and health.

The early family planning programs emphasize a variety of topics. Notable among all these are research and study on various issues related to population, the physical cycle of reproduction, mental structure, etc. During this time, various family planning facilities are provided through hospitals and health centers. Several organizations were formed at the central and state levels. All of these organizations are responsible for providing family planning services. At first, the thought that the family planning program had aroused a great deal of public response. Therefore, it is the government's job to provide only contraceptive facilities in this situation. But then things changed. There is a growing need for family planning and motivation in family planning.

National Population Policy, 1976

In 1976, Minister Karan Singh was in charge of the Department of Health and Family Planning, Government of India. He introduced the National Population Policy in Parliament in April 1976. After lengthy discussions with various governmental and non-governmental organizations, educational institutions, economists, demographers, and individuals, the latter formulated this national population policy. The population policy in question covers multiple issues related to population growth prevention. The legal age of marriage is increased. The minimum age for marriage is twenty-one for boys and eighteen for girls. Particular emphasis is laid on the development and spread of literacy among women. Emphasis is placed on spreading education among the masses through various media. The new focus is on research on reproductive physiology and birth control issues. Make the sterilization program more popular; cash is provided to those who perform sterilization; they made arrangements to give some tickets for the state lottery game; In some states, arrangements are made to issue 'Green Card' to the couple concerned. These cardholders are given priority in accessing certain government services. They took the initiative to control the population by rewarding small families and punishing large families. Incentive payments are made to all states, union territories, and communities to prevent the birth rate.

According to the 1976 National Population Policy, the opened training centers for the necessary training of doctors and staff. Various centers are activated for research and discussion in family planning. Arrangements are made to streamline the organizational structure as general health services at the central, state, and village-town levels. The state government made arrangements to make the family welfare program a reality. But all the financial responsibilities in this sector are vested in the Central Government. Moreover, they announced that the membership of the Lok Sabha would be determined by 2001 based on the 1971 census.

The 1976 National Population Policy was formulated while the emergency was in force. This population policy was approved in Parliament. However, the implementation of the sterilization program under the leadership of Sanjay Gandhi, the son of the Prime Minister, the then President of the Youth Congress of India, has reached a critical stage. Some states in northern India carried out inhumane and ruthless deforestation programs. It has caused an intense backlash in the minds of the people. It was reflected in the general election. The Congress party lost the Lok Sabha elections. In 1980, Mrs. Indira Gandhi returned to power at the center. But this time around, after becoming prime minister, he became increasingly cautious and lost interest in his earlier commitment and position on family planning. Like the central government, State governments are exposed to imbalances when it comes to family planning. Earlier, the expected population growth rate would decrease to less than two percent. But it did not happen. The population growth rate has remained at around 2.35 percent.

A Working Group on Population Policy was formed in 1989. The group recommends setting a goal of reducing the fertility rate to 1 (one). Long-term population objectives are recommended to achieve this goal. Notable among these recommendations are (a) the should reduce the birth rate per thousand population from 33 to 21; (b) the should reduce the death rate per thousand population from 14 to 9; (C) reduce the infant mortality rate from 119 to 60; (D) the should reduce the number of children from
4.3 to 2.3 to reduce the average family size; (E) India's population will be pretty stable by 2050; (F) The rate of an able-bodied couple under family planning should be increased from 22 percent to 60 percent.

**National Population Policy, 2000**

The Government of India formed a committee to draft a national population policy. This committee is known as Swaminathan Committee. The committee submitted its report in June 1994. The Government of India supported the 1994 National Population Policy. The uniqueness and significance of the populace strategy explanation are unquestionable. The new Population Policy, 2000, depends on the Cairo Charter. At the heart of this population, the policy is reproductive health.

The Swaminathan Committee emphasizes the welfare of the people as an essential part of the national population policy. And in this case, the committee focuses on social, economic, and health care issues. The committee emphasizes some problems for the welfare of the people in the interest of family planning. These issues are:

1. It is universalizing primary education.
2. To provide primary health care for everyone.
3. To stop the marriage of girls under the age of eighteen as much as possible.
4. To make advanced birth control services accessible to all.
5. To make everyone aware of birth control methods so that individuals can think and make decisions about family planning.
6. It is reducing infant mortality and maternal mortality.
7. To arrange for the delivery of '100 percent maternity children' by a properly trained staff or physician and to vaccinate every child against diseases like TB, Polio, Measles, Diphtheria, Whooping Cough, Tetanus, etc.

The Swaminathan Committee emphasizes health services and some structural changes in implementing the National Population Policy. In this regard, the committee recommends taking a holistic approach. The Swaminathan Committee proposes some essential steps.

1. Now, the family welfare program is organized vertically. Such arrangements for family welfare programs should be abolished. Instead, they must adopt decentralized democratic plans through the state legislatures, municipalities, and panchayats.
2. They should reduce the overall fertility rate to 2.1 by 2010 and stabilize the population.
3. The earlier provisions of the Central Government and the State Governments regarding the use of unique contraceptives should be repealed. However, they can adopt unique contraceptive methods to reach the national average fertility rate.
4. They should make arrangements to implement the minimum demand program quickly and effectively.
5. According to the prevailing notion, all family planning responsibilities are entrusted to women. This idea is unfortunate. They must stop the tendency to impose the entire obligation on women to limit the scope of the family.
6. A State Population and Social Development Commission should be formed. The function of this commission will be to plan the country's population policy, implement the plan, and oversee the whole matter.
7. To encourage contraceptive users, they should stop some payments in cash or in-kind. Instead, a Population and Social Development Fund should be formed with government grants and funds from international donors. They will develop funds. These funds can be utilized to fully implement social and population-related activities at the state, district, city, and village levels.
According to the current population policy, the preconditions for implementing population policy are expanding primary and secondary education, improving the housing system, improving communication system infrastructure, providing purified drinking water supply, etc. It is hoped that the country's population will reach a state of equilibrium and stability within the next 25 years. The number of individuals from the Lok Sabha was not set in stone by 2001, dependent on the 1971 statistics, as per the Constitution's 42nd Amendment of 1986. This system will be in place until 2026 at the earliest.

**Criticism of National Population Policy:**

1. Pundits have talked about exhaustively the restrictions of India's general populace strategy. The achievement accomplished through the general populace strategy has not been finished. The disappointment of government strategy on populace control is past discussion. There are various reasons behind this failure. The must discuss these factors.

2. Unusual emphasis has been placed on family planning programs to reduce the population growth rate in India. The results of this initiative have not been good. India's economic system is mired in poverty and illiteracy. India has a female illiteracy rate of 60.61 percent and an overall illiteracy rate of 47.69 percent. In such a situation, relying too much on family planning methods has not worked. Due to unfavorable circumstances, the family planning program has not been entirely successful. Earlier, it was necessary to take supportive steps and create awareness in the socio-economic field. They can mention India's neighbours China and Sri Lanka in this context. The people of these two states are low-income; but among them, the education rate is improved, and awareness of the norm of a small family is widely present. Naturally, the population growth rate in these two countries has slowed down from 1.5 percent to 1.4 percent.

3. It is possible to reduce the birth rate by improving education and public health. The development and expansion of public health and women's education effectively mean population control. Citing the example of declining birth rates in improving public health, experts say that reducing infant mortality could reduce birth rates by 20 percent. Progress in education and health and success in birth control have paralleled that in several East Asian countries. Kerala and Goa have made significant educational and health progress in India; this progress has been primarily in the case of women. The birth rate in these two Indian states has decreased from 35 to 20 in the last twenty-five years. The southern Indian states and the northern Indian state of Himachal Pradesh have been able to ensure progress in education and public health and, at the same time, have achieved significant success in reducing birth rates. But failure to control the population of states like Uttar Pradesh, Madhya Pradesh, Bihar, Rajasthan, etc., has increased the birth rate of India.

4. It is impossible to reduce population growth through family planning programs alone. Reducing the birth rate requires struggle and success against poverty. Poor people do not show interest in reducing the birth rate mainly due to economic reasons. They must eradicate the people's poverty, and they must improve the people's standard of living. Otherwise, they cannot reduce the rate of population growth.

5. To make birth control products readily available and make their use popular etc. It may be possible to reduce the population growth rate somewhat through measures. That's right. But only in this way, after a specific limit, does it become impossible to reduce the population. The actual proposal did not address the issue of population growth in India as a whole.

6. Government policies regarding population control in India have changed frequently. According to critics, India's official population policy is impulsive. The goal of bringing down the birth rate per thousand populations in India to 25 is long overdue. This goal remains elusive today.

7. In recent times, the whole process of family planning of the Government of India has become external in nature and ritual. The principal task is to spend the allotted cash in any case. Family arranging with civil servants and specialists is only a division of the public authority.
This segment is currently essentially segregated from society. The success of this lifeless family planning program is bound to be far-reaching.

**Limitations of the Recommendations of the Swaminathan Committee:**

Numerous populace specialists have been disparaging of the Swaminathan Committee's suggestions. Many have said that they should dismiss this multitude of tips by and large. Rivals have thought of different contentions against the counsel of the Swaminathan Committee.

1. In independent India, population control programs have been pursued uninterruptedly since 1951. But they could not stop the abnormal rate of population growth. The Swaminathan Committee report does not discuss the cause of this failure. There may be administrative negligence behind this failure; there may be flaws in population control programs; there may be errors in the plan's implementation; it is essential to find out. It is inconsistent to make structural changes in the population control plan without meaningful research and decision-making. The Swaminathan Committee's report ignores this issue and changes the national population policy.

2. The report of the Swaminathan Committee places the utmost importance on this brief, memorable statement that 'development is the best contraceptive.' The approach addressed in this report is essentially managerial. There is no in-depth analysis of the content in this report, nor is there any discussion of the indicative support or importance of the recommendations.

3. The report of the Swaminathan Committee did not recommend any disciplinary action against the violators of the rules of family planning. It is pertinent to mention that the Compassionate Committee recommended unpleasant punitive measures to expedite the implementation of the family planning program. Following the recommendation of the Compassionate Committee, the Rajasthan government announced disciplinary action against violators of family planning rules. Said that no one can be a candidate in any election if he has more than three children. However, the measures taken have remained on file, not implemented in practice.

4. Political indifference is cited as a significant obstacle to population control in India. The Swaminathan Committee did not attach any importance to this matter. The committee has virtually ignored this issue. They make the family planning program a success, and it is necessary to take the initiative of politicians and people's representatives. We, the two of us, need to popularize this call for a small family. They should take positive legal action against those who disobey this norm of small families. In this regard, politicians and people's representatives require more determination and sincerity. Some measures can be recommended as positive measures against those who violate family planning norms. These are deprivation of the right to hold electoral office, denial of conservative privileges, and suspension of promotion in employment, deprivation of government or bank-loan facilities, etc.

5. The Population Commission needs to be kept above the political point of view and influence. The Population Committee, influenced by the political stance, can achieve the desired success. The report of the Swaminathan Committee deals with the issue of population control in meeting the minimum requirements. In the opinion of many, this idea is also not correct. The point of population control is irrelevant to the minimum needs. The committee's report hopes that by 2010, the will meet many of the targets, and the population will be regulated and stabilized. But this hope is associated with greed, and thirteen general elections have already been held. Many political promises have been heard, and nine five-year plans have passed. Five decades have passed in total. The population of India has already crossed one billion, and about thirty-two crore people are still living below the poverty line.

**Evaluation of National Population Policy:**

1. The main problem of India is illiteracy. Many people in this country are uneducated. Even at the beginning of the 21st century, India's number of ignorant people is more than 35 crores. Participation in the development and expansion of education and economic development,
especially among women, will enable family planning to succeed. They should provide education, health, and birth control to the poor.

2. Despite the limitations, they cannot ignore aspects of family planning success. Family planning has gained momentum and importance in some states due to government initiatives. Awareness about birth control has been created in people's minds in the affected areas.

3. In the case of family planning, initiatives have been organized at the government level for a long time. As a result, family planning methods have become very popular.

4. India already has adequate infrastructure for family planning. The importance of this issue is undeniable. They cannot claim that this infrastructure is satisfactory in all respects. However, the foundation of this infrastructure is gradually expanding.

5. In independent India, since 1952, the Family Welfare Program has been incorporated into the National Plan. India has been the first to highlight the importance and significance of population control through government initiatives. India is the first country in the world to have an official family welfare program.

6. Various projects are present in the Family Welfare Program of the Government of India. It is a multifaceted program. The government's family welfare program covers birth rate control, child and maternal nutrition, child and maternal health, and more.

Conclusion

Population problems vary from country to country. The issue of developed countries is one way that underdeveloped nations are another. Population shortages are one problem in the former, and overpopulation. In the first, the government has undertaken various incentive projects for population growth. In the second, population control is one of the government's policies. Voluntary birth control is not enough in underdeveloped countries, and they should introduce compulsory birth control. They can take latter measures in two ways—(i) punitive, (ii) encouraging. A couple is punished for having more children (for example, in China, the first child of a couple is admitted to a nearby school, the second child is forced to go to a farther school, the third child is sent to a more outlying school), but this is called a punitive measure.

On the other hand, if a couple is rewarded for having a small number of children, it is called an incentive measure. Voluntary birth control is practiced in India. In this case, the couple is given some benefits and cash. In the indirect birth control system, the education system and the quality of life are considered by the government. When the standard of living improves, people will lean towards family. As a result, the population will naturally decrease. Once again, if education and family welfare education are spread, people will automatically become enthusiastic about birth control. Lastly, not all least developed countries have to adopt the same population policy. Some underdeveloped countries have relatively small populations, such as Myanmar in Southeast Asia, Thailand, Malaysia, and South America, with 50 million or less. On the other hand, in India, Pakistan, China, Sri Lanka, etc., the population and population growth rate is two times higher. Failure to control the population in these countries will hamper economic development.

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A Critical Analysis and Evaluation of National Population Policy
Prasanta Mujrai

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