CHAPTER – V

NATIONAL POPULATION POLICY IN INDIA

A policy is a plan of action, statement of aims and ideals, specially one made by a government, political party, business company etc. According to U.N.O. (1973) population policy is "an effort to affect the size, structure and distribution or characteristics of population". In its broader range, it includes efforts to regulate economic and social conditions which are likely to have demographic consequences. Once the need for the population policy is realized, it has to be framed by appointing various committees and commissions for studying and advising and consulting experts. It has to be implemented through various programmes and then to evaluate from time to time. A population policy does not aim at reducing the population but also ensuring adequate replacement, at planning the advent of babies. This policy gives equal importance to the quantitative and qualitative aspects of population growth. It aims at bringing balance between rural and urban areas and between various classes.

A POPULATION POLICY: ITS OBJECTIVES

A population policy has got to be tailor-made for a country. It is determined by the prevailing economic, social, cultural, political, technical and demographic conditions of the country yet it aims at bringing desired changes in these conditions also. The population policy concerns itself with the following aspects: (a) how soon and how much reduction in the fertility (general and net) rates has to be secured; (b) how soon and how much reduction in the morbidity and mortality pattern has to be secured; (c) which of the ethnic, social and economic groups has to receive greater attention; (d) what should be the blend of various conception control methods; what should be the blend of persuasion and compulsion in conception control and what should be the short and long term const-benefits ratios; (e) what should be the
spatial distribution of the people for solving the socio-economic and bio-
ecological problems; (f) how to keep the replacement ratios to minimum yet
not bringing the depopulation trends; and (g) what should be the policies of
effective employment and manpower planning. The population policy pays
attention to the rate of change of population size, the levels of fertility and
mortality, the distribution of people between urban and rural environments,
and the rate of change of this distribution as it interacts with social and
economic welfare of people. Population policies reflect a plethora of national
objectives.

INDIA’S POPULATION POLICY: AIMS AND OBJECTIVES

The National Population Policy provides a policy framework for
achieving the twin objectives of population stabilisation and promoting
reproductive health within the wider context of sustainable development. The
immediate objectives of the limitations in health care infrastructure and the
shortages in health personnel, and to provide integrated service delivery for
basic reproductive and child health care. In the medium term, the National
Population Policy aims to achieve the goal of bringing the total fertility rate
to replacement level by 2010 (MOHFW, 2000). The National Population
Policy has delineated twelve strategic themes to achieve these objectives,
including decentralised planning and implementation. Convergence of service
delivery at the grassroots, empowering women and encouraging male
involvement, meeting the unmet need for family welfare services, addressing
the needs of disadvantaged and under-served population groups, and forging
public-private partnerships.

The National Population Policy affirms the government’s commitment
to the provision of quality services, information and counseling, and
expanding contraceptive method choices in order to enable people to make
voluntary and informed choices. Disincentives have not been included in the
Policy, though several promotional and motivational measures are to be implemented at the community and individual level. Unlike in the past, these incentives are not just for sterilisation but have been linked to poverty, delayed man-lags, antenatal and delivery care, birth registration, birth of a girl child and immunisation (Pachauri, 2000). These include, to list a few, rewarding and honouring Panchayats and Zila Parishads for exemplary performance in universalising the small family norm, achieving reductions in infant mortality and birth rates, and promoting literacy with completion of primary schooling; providing cash incentives to mothers who have their first child after 19 years of age; and rewarding couples below the poverty line who marry after the legal age of marriage, register the marriage, have their first child after the mother reaches the age of 21, accept the small family norm, and adopt a terminal method after the birth of the second child (MOHFW, 2000). However, it is a cause of great concern that some of the policies adopted by the states espouse strategies and mechanisms that are diametrically opposed to the principles of equity and equality that the new National Population Policy entails. In their urgency to reduce population numbers, some states, including Andhra Pradesh, Madhya Pradesh, Maharashtra and Rajasthan, have articulated several open or “veiled” disincentives (Pachauri, 2001). The population policy of Madhya Pradesh, for example, advocates debarring individuals marrying before the legal age at marriage from seeking job, getting admission in educational institutions and applying for loans. The policy also calls for debarring individuals with more than two children from contesting local body elections (Government of Madhya Pradesh, 2000). These policies will negatively affect women who hardly play a role in deciding the age at which they are married or the number of children they bear (Qadeer, 2000). These new policy and programme initiatives articulate laudable principle goals. The challenge lies in translating these principles into reality.
NATIONAL POPULATION POLICY: FUNDAMENTAL MEASURES IN INDIA

Considerable work has been done in our country in the field of family planning, but clearly only the fringe of the problem has so far been touched. In this context, after a thorough and careful consideration of all the factors involved, as well as the expression of a wide spectrum of public opinion, Government has decided on a series of fundamental measures detailed below which, it is hoped, will enable us to achieve the planned target of reducing the birth rate from an estimated 35 per thousand, in the beginning of the Fifth Plan to 25 per thousand at the end of the Sixth. Allowing for the steady decline in the death rate that will continue due to the improvement in our medical and public health services and the living standards of our people this is expected to bring down the growth rate of population in our country to 1.4 per cent by 1984. (Gol, National Population Policy, 1976).

Of course no such thing happened and the birth rate by the decade 1981-91 was as high as 2.14 percent per year. The dream of bringing down the growth rate to a level of 1.4 percent by 1984 was not realised. On the contrary the policy which had a coercive element, did permanent damage to the family planning programme. Even till this day the people in Haryana, for example, have neither forgiven nor forgotten the emergency experience of coercive sterilization. Further, Indira Gandhi was a victim of her own policy of press censorship. This encouraged rumours and as the subsequent evidence before the Shah Commission set up by the Janata Government revealed the actual number of forced sterilization was very small but the rumour spread like wild fire and the number of cases was highly exaggerated. Coming back to the fundamental measures proposed by Karan Singh, we find that several of these were sound propositions. In short these were:
Raising the age at marriage: Minimum age of girls should be raised to 18 years and of boys to 21 years. (This was subsequently legislated by Parliament in 1978).

Freezing of seats in Lok Sabha and the State Legislatures on the basis of the 1971 Census fill the year 2001. (Necessary constitutional amendments were made to implement this proposal and even now the seats are frozen as per 1971 Census and no account has been taken of the 1981 and 1991 Censuses).

In the matter of Central assistance to State plans, eight per cent will be specifically earmarked against performance in Family Planning. (This formula never worked. However, the Gardgil Formula has been modified from time to time by the Planning Commission).

The Policy recognises the "correlation between illiteracy and fertility and gives special emphasis to formal literacy and the education of girls, particularly upto the middle level, as well as non-formal education for young women in backward States. (This was a recommendation for the State Governments).

Emphasis on "introduction of population values in the educational system" so that "the younger generations grow up with an adequate awareness of the population programme and realisation of their national responsibility in this regard".

It was realised that "the adoption of a small family norm is too important a matter to be considered the responsibility of only one Ministry". A directive was to be issued by the Prime Minister to all Ministries of the Government of India and the letter addressed to all the Chief Ministers about the responsibility of other Ministries as well.
as the State Governments to take up family planning as "an integral part of their normal programme".

- In view of the desirability of limiting the family size to two or three, "it has been decided that monetary compensation for sterilisation will be raised to Rs. 150 if performed with two living children or less, Rs 100 if performed with three living, children and Rs70 if performed with 4 or more children". (In the absence of a reliable birth registration system, this differential incentive could not be implemented and as a matter of fact, this never worked even during the emergency).

- "Suitable group incentives will be introduced for the medical profession. Zila and Panchayat Samities, cooperative societies, assistance and for labour and the organized sector." It was clearly recognised that family planning cannot succeed unless voluntary organisations were drawn into its promotion in an increasing measure, particularly, youth and women organisations.

- Special attention was to be given to research in reproductive biology and contraception in the scientific institutions.

- The most perverse aspect of this policy was in regard to the issue of compulsory sterilisation. Para 15 of the policy statement reads as follows:

The question of compulsory sterilisation has been the subject of lively public debate over the past few months. It is clear that public opinion is now ready to accept much more stringent measures for family planning than before. However, the administrative and medical infrastructure in many parts of the country is still not adequate to cope with the vast implications of nation-wide compulsory sterilisation. “We do not, therefore, intend to bring in Central Legislation for this purpose, at least for the time being. Some States feel that the facilities available with them are adequate to meet the
requirements of compulsory sterilisation. We are of the view that where a State legislature, in the exercise of its own powers decides that the time is ripe and it is necessary to pass legislation for compulsory sterilisation, it may do so. Our advice to the States in such cases will be to bring in the limitation after three children, and to make it uniformly applicable to all Indian citizens resident in that State without distinction of caste, creed or community (Gol, NPP, 1976).

This was the most damaging part of the Karan Singh Policy Statement because it is a permissive clause to introduce compulsion in family planning. It was totally unacceptable to the Indian mass and also violated human rights.

It was also decided to leave to each individual state the question of measures directed towards their employees and other citizens in the matter of preferential allotment of houses, loans etc. This again was resented by the people, for example, sterilisation certificates where demanded by the Government (very often, fake certificates were submitted by the people) before allotting land.

The policy statement says that "a new multi-media motivational strategy is being evolved by the available channels including the radio, television, the press, films, visual displays and also include traditional folk media such as the jatra, puppet shows, folk songs, and folk dances".

Finally, the policy assesses that "this package of measures will succeed in its objective only if it receives the full and active cooperation of the people at large. Dr. Karan Singh states "It is my sincere hope that the entire nation will strongly endorse the new population policy which is part of a multifaceted strategy for economic development and social emancipation and is directed towards building a strong and prosperous India in the years and decades to come." As the 1977 general elections revealed the nation totally rejected this new population policy.
Diluting Family Planning

A statement of policy on the family welfare programme was announced by the Janata Government in April 1977, after the fall of the Indira Gandhi Government. The main elements of the policy were as follows:

- Motivate the people to accept family planning "voluntarily in their own interest and in the interest of their children as well as in the general interest of the nation".

- Family planning must become "a part of the total concept of positive health" and "it must find meaningful Integration with other welfare programmes, namely, nutrition, food, clothing, shelter, availability of drinking water, education, employment and women's welfare.

- "There is no room for compulsion, coercion or pressures of any sort. Compulsion in the area of family planning must be ruled out for all times to come. Our approach is educational and wholly voluntary".

- "Employees with the Union Government, State Governments, autonomous bodies and local bodies etc, will be expected to set an example and adopt the small family norm".

- "We are totally against any legislation for compulsory sterilisation either at the Central level or by the States".

- A comprehensive scheme of training individuals, midwives (dais) will be implemented.

- Legislation will be initiated to raise the minimum age of marriage of girls to 18 years and of boys to 21 years (this was done in 1978).

- "The principle of linking a percentage of Central assistance to the State plans with their performance in family welfare programme will be continued".

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• Steps must be taken to ensure that "the youth receive population education as part of their normal course of study."

• Media must be activated to improve motivation for family planning.

• Involvement of village panchayats and also trade unions, chambers of commerce, cooperative societies etc. in influencing public opinion - "Their potential as change-agents needs to receive greater recognition and attention".

• Involvement of voluntary organisations, youth and women's organisations etc.

• Special attention to research on reproductive biology and contraceptives.

• Involvement of other Ministries and Departments of the Government in the programme.

In short, the main difference between the Karan Singh Population Policy and the Raj Narain Population Policy was in regard to the question of compulsory sterilisation. Whereas, Karan Singh's statement had a permissive clause for legalising such sterilisation, Raj Narain's policy totally ruled out compulsion in any form. It will be seen subsequently that the Swaminathan Committee report (1994) goes far beyond the population policy statement of 1976 or 1977, insofar as it links population to the ecosystem, brings gender issues at the centre stage, shows concern for the fulfillment of the minimum needs programme as a pre-requisite for the success of family planning and it promotes decentralised democratic planning through Panchayats and Nagarpalikas as per the 73rd and 74th amendments to the Constitution enacted recently by the Parliament.


After the fall of the Indira Gandhi Government in 1977 the Janata Government appointed a Working Group on Population Policy, under the
Chairmanship of Dr. V.A. Pai Panandiker, Director, Centre for Policy Research, New Delhi. The Working Group prepared a fairly comprehensive report linking population to development and in particular, to the minimum needs programme. Some of the highlights of the report are as follows:

- An important aspect of the report was the classification of the states into three categories A, B and C on the basis of the couple protection rate (The worst states were in A category and the best states in C category).

- "The Group strongly recommends that the nation commits itself to achieve the long-term goal of NRR of unity by the year 1996 on an average, and by the year 2001 for all the States. This would mean that no State, in the country could have an NRR (Net Reproduction Rate) of more than 1 by the year 2001. The transition from the present level of NRR which is estimated to be around 1.67 to 1.00 by 2001, that is, from the present family size of about 4.2 children to 2.3 children per couple, will be greatly facilitated if the anticipated reduction in mortality or in other words, the desired increase in the in the expectation of life are realised. This implies a reduction the death rate from the present level of 14 to about 9 per 1000 of population. It also-implies a reduction in the infant mortality, rate from the present estimated level of about 120 to below 60 per 1000 live births by the year 2001. These assumptions are largely based on extra-population of past trends and model life tables. It is important that a concrete programme of health, nutrition and related services of the requisite dimensions be worked out to ensure the realization of the implicit reduction in mortality, particularly of infants. It is in fact a matter of regret that whereas targets have been set from time to time for reduction In fertility, no such targets are set for reduction mortality. We strongly recommend that the necessary efforts should be made to
bring down infant mortality, which is at present rather high, to half its present level by the end of this century”.

- Our target of NRR of 1 by 1996 for the country as a whole, on an average, will imply a birth rate of 21 by 1996, from 33 in 1978, that is, a reduction of 12 points in 18 years, which appears to be feasible given the necessary will”.

- Our studies reveal that the percentage of eligible couples to be effectively protected by a modern method of family planning should be around 60, if the stipulated NRR of 1 by 1996 for the country as a whole has to be realized under the mortality assumption made by the Registrar General”.

- "On the basis of our classification, (based on the average of Percentage Of the couples protection in 1976-77, 1977-78 and 1978-79) the following groupings emerge”:

<table>
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<tr>
<th>Group A</th>
<th>(Percentage of couples effectively protected by contraceptive less than 15)</th>
<th>Bihar, Jammu and Kashmir, Rajasthan and Uttar Pradesh</th>
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</thead>
<tbody>
<tr>
<td>Group B</td>
<td>(Percentage of couples effectively protected by contraceptive less than 15-25)</td>
<td>Assam, Karnataka, Madhya Pradesh, Orissa and West Bengal</td>
</tr>
<tr>
<td>Group C</td>
<td>(Percentage of couples effectively protected by contraceptive less than 25)</td>
<td>Andhra Pradesh, Himachal Pradesh, Kerala, Gujarat, Haryana, Maharashtra, Punjab and Tamil Nadu</td>
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We have recommended above that Group A States should achieve NRR 1 by the year 2001" 2001, Group B States by 1996-97 and Group C States by 1991-92".
Pal Panandikar Committee took a broad view of population issues but unfortunately it got identified with one of its statistical simulation models which put a net reproduction rate of unity (NRR = 1), in all the states of India by the year 2001. As a major geographic goal, an NRR of unity is the first step towards eventual population stabilisation.

By the time the Pal Panandikar Committee completed its report, the Janata Government fell and the report was submitted in great haste to the Indira Gandhi Government. The Planning Commission incorporated in toto the statistical goals set forth by the Pal Panandikar Committee and the National Health Policy (1982) also included a statistical appendix, which incorporated these goals.

The goal of NRR-1 to be attained by the year 2001 translated in terms of birth rate and death rate meant 21 and 9 respectively, yielding a growth rate of 1.2 percent per year. According to the simulation model, this meant a couple protection rate of 60 percent But it was surely not the Working Group's contention that a CPR of 60 percent would necessarily lead to a birth rate of 21 per thousand. However, in the minds of planners, policy-makers and administrators what stuck was only the figure for the birth rate, of 21 per thousand. But as the planning Commission soon realised in its exercises for the formulation, of the seventh and eight five year plan, the achievement of NRR of unity was a far cry. The target date has been shifted from time to time and now it stands at the year 2016. The Swaminathan Committee would like to look upon 2010 as the year for the attainment of this goal.

It has now been realised by all that more of the same thing will not do, that a sterilisation centred population policy will not work. Meanwhile, Ministers and Secretaries in the Ministry of Health and Family Welfare have been changed during the last few years. As a result, the family planning programme has lost all sense of direction.
In passing it may be mentioned that another Expert Group on MCH and Family Welfare was appointed by the Department of Family Welfare in 1982. This Group was headed by the Additional Secretary for Family Welfare. An overdose of bureaucracy did not lead the members anywhere and nothing much came out the report.


Such is the state of cynicism about India's population policy that even if a new policy is formulated, the standard comment will be: "What is new about it? There is nothing wrong with the existing policy. It only needs implementation".

In July 1993, Mr. B. Shankaranand, Union Minister for Health and Family Welfare, appointed an Expert Group to draft a National Population Policy, The ten-member Group was headed by the renowned agricultural scientist, Dr. M. S. Swaminathan (hereafter called."Swaminathan Committee").

The Swaminathan Committee, given the time constraint and even more importantly, the financial constraint did a professional job and submitted the draft Policy Statement to the Union Health Minister and also to the Prime Minister in the last week of May, 1994.

Unlike the earlier Expert Group under the Chairmanship of Dr. Pai Panandikar, appointed by the Janata Government in 1978, the Swaminathan Committee was not asked to prepare a report but prepare a draft Population Policy, presumably to be adopted by the Parliament. It may be recalled that another committee on population headed by Mr. K. Karunakaran, Chief Minister of Kerala was appointed by the National Development Council earlier and in its report it had suggested that a National Population Policy should be formulated for adoption by Parliament. The format of the Swaminathan Committee's "report" is such that the whole document running
into 41 pages can be adopted by the parliament. Part A of the Statement deals with the policy framework and Part B with implementation.

The first point to note is that the Policy Statement takes a holistic view of the population problem and therefore, the solutions offered are also of a holistic nature. The members of the Expert Group were, therefore, not content with merely formulating a policy framework but went into details of a matching implementation strategy, spelt out under 13 heads.

In a sense, the policy is totally new. It gives primacy to the utmost need for ecological balance between population and the carrying capacity of the available land and water resources. It squarely faces gender issues and brings these issues into the mainstream of the population policy. It also gives primacy to the imperative need for fulfilling the basic needs of the people. Finally, it supports democratic decentralisation through panchayats (village councils) and nagarpalikas (municipalities) and seeks to dismantle the present vertical family planning programme run from New Delhi. What the Policy does not do is to get involved with demographic quantification. What it does not endorse is the present policy of fixing targets, giving financial incentives and an overdose of bureaucratic control from New Delhi on the pretext that the Family Welfare Programme is 100 percent centrally financed. The Policy takes full note of the 73rd and 74th Amendments to the Constitution and the coming era of power to the people through panchayats and nagarpalikas.

It must be noted that the Swaminathan Committee has not recommended that the Prime Minister should head the proposed Commission. It has suggested that the Chairperson should be an eminent social worker or a professional respected in the country for commitment to the cause of population stabilisation and social development. Likewise, all the four full-time members should be eminent professionals in their respective fields. The Prime Minister would head the Cabinet Committee on Population and Social
Development. We were aware that in the past there were such Cabinet Committees but these were totally ineffective because there was no mechanism to service such Cabinet Committees. In our scheme of things, the proposed Commission on Population and Social Development would service the Cabinet Committee through an elaborate mechanism of co-ordination of socio-demographic charters at the village/town level, district and state level and also at the national level. Instead of a centralised, bureaucratic programme run from New Delhi, the policy envisages an integrated and decentralised model. More importantly, the policy seeks to salvage the family planning programme from the tyranny of targets and focuses attention on fundamental aspects like literacy, education, skill formation, particularly for girls, gender issues, informed choice of contraceptives, ethical aspects of new contraceptive technology, etc. In short, social development is linked to population and it is this nexus which alone can bring about demographic transformation. What is new in the draft population policy is a paradigm shift in our thought process which takes us out of "the sterilisation trap" of which the Department of Family Welfare is the main victim.

At the operational level, the main implementation strategy suggested is a restructuring of the Ministry of Health and Family Welfare (which really means dismantling the Department of Family Welfare). The Swaminathan Committee recommends that there should be one health care package of MCH, family planning as well as for ongoing programmes for tackling malaria, tuberculosis, leprosy, blindness and AIDS. No separate Secretary of the Department of Family Welfare is needed. The target-oriented approach and vertical programmes must yield place to a people-oriented, decentralised approach. The focus is on linkages between population ecology, economy and social development-and not on sterilisation targets.
While discarding a narrow demographic approach in terms of targets and achievements, the Swaminathan Committee does suggest National socio-demographic goals for the year 2010.

The very first goal is: “Implementation in totality of the Minimum Needs programme, and a particular, universalisation of primary education and reduction in the drop-out rates...”

In view of my familiarity with the working of the Department of Family Welfare, I had an intuitive feeling that the Swaminathan Committee report would be scuttled by the bureaucracy. No bureaucracy anywhere in the world wants to part with its empire. I, therefore, wrote to the Prime Minister pleading with him that he should himself read the report, I received a prompt reply from the Prime Minister who wrote to me: "I had occasion to browse through the report submitted by the Expert Group on National Population Policy, of which you were a member. We are having the recommendations made by the Expert Group examined" (letter dated June 6). I believe that the Prime Minister wants to act fast, the report has already been tabled in Parliament.

INDIA’S POPULATION POLICY: SOME LANDMARKS

India’s population policy is the direct result of (a) total size of the population (b) a high growth rate and (c) the problem of uneven distribution in rural and urban areas.

1940 – The subcommittee on Population, appointed by the National Planning Committee set up by the President of the Indian National Congress (Pandit Jawaharlal Nehru), considered ‘family planning and a limitation of children’ essential for the interests of social economy, family happiness and national planning. The Committee recommended the establishment of birth control clinics and other
necessary measures such as raising the age at marriage and a eugenic sterilization programme.

1946 – The Health Survey and Development Committee (Bhore Committee) reported that the control of disease and famine and improvement of health would cause a serious problem of population growth. It considered deliberate limitation of births desirable.

1951 – The draft outline of the First Five Year Plan recognized ‘population policy’ as ‘essential to planning’ and ‘family planning’ as a ‘step towards improvement in health of mothers and children’.

1952 – The final First Five Year Plan document noted the ‘urgency of the problems of family planning and population control’ and advocated a reduction in the birth rate to stabilize population at a level consistent with the needs of the economy.

1956 – The Second Five Year Plan proposed expansion of family planning clinics in both rural and urban areas and recommended a more or less autonomous Central Family Planning Board, with similar state level boards.

1959 – The Government of Madras (now Tamil Nadu) began to pay small cash grants to poor persons undergoing sterilization as compensation for lost earnings and transport costs and also to canvassers and tutors in family planning.

1961 – The Third Five Year Plan envisaged the provision of sterilization facilities in district hospitals, sub-divisional hospitals and primary health centres as a part of the family planning programme. Maharashtra state organized ‘sterilization camps’ in rural areas.

1963 – The Director of Family Planning proposed a shift from the clinic approach to a community extension approach to be implemented by
auxiliary nurse midwives (one per 10,000 population) located in PHCs. Other proposals included (a) a goal of lowering the birth rate from an estimated 40 to 25 by 1973; and (b) a cafeteria approach to the provision of contraceptive methods, with an emphasis on free choice.

1965 – The intrauterine device was introduced in the Indian family planning programme.

1966 – A full-fledged Department of Family Planning was set up in the Ministry of Health. Condoms began to be distributed through the established channels of leading distributors of consumer goods.

1972 – A liberal law permitting abortions on grounds of health and humanitarian and eugenic considerations came into force.

1976 – The statement on National Population Policy, made in the Parliament by the Minister for Health and Family Planning, assigned ‘top national priority and commitments’ to the population problem to bring about a sharp drop in fertility. The Constitution was amended to freeze the representation of different states in the lower house of Parliament according to the size of population in the 1971 Census. The states were permitted to enact legislation providing for compulsory sterilization.

1977 – A revised population policy statement was tabled in Parliament by a government formed by the former opposition parties. It emphasized the voluntary nature of the family planning programme. The term ‘family welfare’ replaced ‘family planning’ in 1982. The draft Sixth Five Year Plan adopted a long term goal of attaining a net reproduction rate of 1.0 on the average by 1996 and in all states by 2010. It adopted the targets for crude birth and death rates, infant mortality rate and life expectancy at birth and the couple protection
rate, to be achieved by 2001. (The numbers were based on the illustrative exercises of a Working Group on Population Policy set up by the Planning Commission during 1978).

1983 – The National Health Policy incorporated the targets included in the Sixth Five Year Plan document. While adopting the Health Policy, the Parliament emphasized the need for a separate National Population Policy.

1993 – A Committee on Population, set up by the National Development Council in 1991, in the wake of the census results, proposed the formulation of a National Population Policy.

1994 – The Expert Group, set up by the Ministry of Health and Family Welfare in 1993, to draft the National Population Policy recommended the goal; of a replacement level of fertility (a total fertility rate of 2.1) by 2010. Other proposals of the expert group, included (i) removal of method-specific targets down to the grassroots level; (ii) an emphasis on improving the quality of services; (iii) a removal of all incentives in cash or kind; (iv) a National Commission on Population and Social Development under the chairmanship of the prime minister. The draft statement was circulated among the members of Parliament and various ministries at the centre and among the states for comments.

1997 – The cabinet headed by Prime Minister I.K. Gujral approved a draft National Population Policy, to be placed before the Parliament. With the dissolution of the lower house of Parliament, the action was postponed.

1999 – Another draft of National Population Policy, placed before the cabinet, was remitted to a Group of Ministers (GOM) headed by the Deputy Chairman of the Planning Commission, to examine the scope
for the inclusion of incentives and disincentives for its implementation. The GOM consulted various academic experts and women’s representatives and finalised a draft, which was discussed by the cabinet on 19 November 1999, and which was revised further for resubmission.


The National Population Policy adopted in February 2000, further legitimised the paradigm shift to client-based services. The National Population Commission was set up in May 2000 to guide the translation of policy rhetoric into programmes. In March 2001, an Empowered Action Group was set up by the Government of India to facilitate focussed efforts to promote the Reproductive and Child Health Programme in the states of Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Orissa, Chattisgarh, Jharkhand and Uttranchal which have been lagging behind in a number of socio-demographic indices. Several state governments have also framed state-specific population policies thereby broadening the policy discourse within the states.