

Population Stabilization

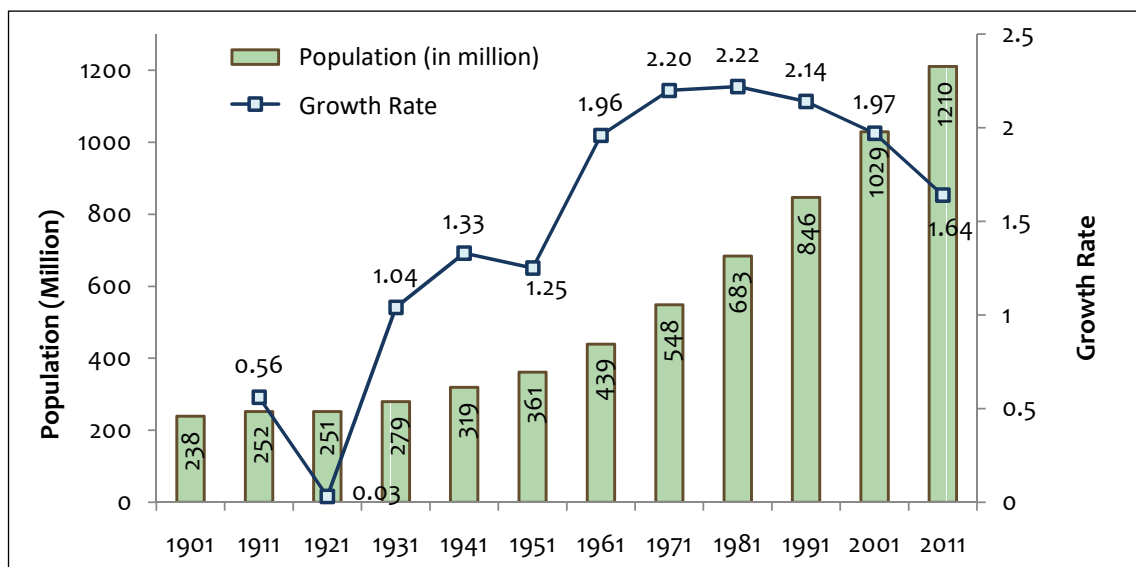
BACKGROUND

India's population as per 2011 census was 1.21 billion (121 Crores), second only to China in the world. India accounts for 2.4% of the world's surface area yet it supports more than 17.5% of the world's population.

A look at the census figures of the last four decades indicates a perceptible decline in the growth rate

of the population : Though India's population has increased from 36 crore in 1951 to 121.01 crore in 2011, the country has witnessed significant decline in both fertility and mortality. The crude birth rate, which was recorded at 40.8 per 1000 in 1951, has declined to 20.4 in 2016, as per the estimates available from the Sample Registration System (SRS). Total Fertility rate has come down from 6.0 in 1951 to 2.3 in 2016 (SRS).

Trend in Population Growth- India



Growth of Population in India:

Census Year	Population (In Crores)	Decadal Growth (%)	Average Annual Exponential Growth (%)
1971	54.82	24.80	2.20
1981	68.33	24.66	2.22
1991	84.64	23.87	2.16
2001	102.87	21.54	1.97
2011	121.02	17.64	1.64

The growth of India's population since independence may be termed as "RAPID" as the average annual population growth rate hovered around 2% per year for almost four decades. The average annual population growth rate shot up from around 1.25% during 1941-51 to very close to 2% during 1951-61 and to an all-time high of more than 2.2% during 1971-81. After 1981, the trend in the population growth rate was reversed. The decline was slow during 1981-91 but accelerated during 1991-2000.

A population growth rate of 2% per year doubles itself in a period of about 35 years. This has, in fact been the case with India, between 1951 and 1986, India's population more than doubled from 361 million to 763 million. There has been a slowdown

in the population growth in the recent past but the net addition to the population continued to increase. From 2001 to 2011 the population growth rate declined from 1.97% to 1.64%.

Population stabilization is a stage when the size of the population remains unchanged. It is also called the stage of zero population growth. Country level population stabilization occurs when births plus in-migration equals deaths plus out-migration. Thus, there is often a gap of a few decades between achieving replacement level fertility i.e. TFR of 2.1 (two children per couple) and population stabilization. As per National Population Policy, India has set itself the goal of achieving the larger goal of population stabilization by 2045.



World Population Day 2018

Population Momentum refers to the tendency of the population to continue growing beyond the time when the replacement fertility is achieved. Because of the population momentum, there is a time lag between achieving replacement fertility

and achieving population stabilization. A delay in the onset of child bearing and an increase in the interval between births can decrease the impact of population momentum on population growth.

Factors that influence Population growth

Key indicators that influence population growth are Crude Birth rate, Total Fertility Rate, Unmet need for Family Planning, Contraceptive Use, Spacing between Births, Age at marriage and First Child Birth. The current status, as per the latest available data, is as follows:

- Unmet need for Family Planning has declined from 13.9% (NFHS III) to 12.9% (NFHS IV).
- Age at marriage has substantially declined from 47.4% (NFHS III) to 26.8% (NFHS IV). Moreover, out of the total deliveries, 7.9% are among teenagers i.e. 15-19 years which has also substantially declined from 16% (NFHS III).
- Healthy spacing between two childbirths (recommended period of 3 years or more) has increased from 42.6% (SRS 2012) to 51.9% (SRS 2016).

8.1.1 India's intensified efforts to stabilize population

India was the first country to have a national program on family planning in 1952. Various policy interventions were taken from time to time to address the increasing population.

The National Population Policy (NPP) was devised in the year 2000 with the immediate objective to address the unmet needs for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for basic reproductive and child health care. The medium-term objective was to bring the TFR to replacement levels by 2010, through vigorous implementation of inter-sectoral operational strategies. The long-term objective is to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection.

The National Commission on Population (NCP) was constituted in May 2000, to fulfil the

objectives of the National Population Policy 2000. The objectives of this commission are to review, monitor and give directions for the implementation of the National Population Policy (NPP) 2000. It aims to work in tandem with the goals outlined in the policy to promote inter-sectoral co-ordination, involve the civil society in planning and implementation, and facilitate initiatives to improve performance in the demographically weaker States in the country and to explore the possibilities of international cooperation in support of the goals set out in the National Population Policy.

In April, 2005, the National Commission on Population was reconstituted with 40 members under the Chairmanship of the Hon'ble Prime Minister and Vice Chairmanship of Minister of Health and Family Welfare and the Deputy Chairman of the Planning Commission (now NITI AAYOG). The Commission also included Chief Ministers of Uttar Pradesh, Madhya Pradesh, Rajasthan, Bihar, Jharkhand, Kerala and Tamil Nadu as members. Several programmatic interventions along with inter sectoral coordination with various ministries like Ministry of Women and Child Development, Ministry of Panchayati Raj, Ministry of Human Resource Development as well as within Ministry of Health and Family Welfare were suggested in the meetings of the commission.

Government of India has been implementing the National Health Mission in line with the policy framework of population stabilization as envisaged in NPP-2000, by helping to create a robust service delivery mechanism to address the unmet need for family planning. Government of India is also addressing the social determinants of health, paramount among which are female literacy, women's empowerment and age at marriage.

The Government is committed to give focused attention to demographically weak performing States through provisioning of all kinds of support including public awareness program under NHM, for which the States are free to project their

priorities depending on the local needs to further the task of population stabilization in the state specific PIPs. Further to ensure equity 184 high priority districts have been identified and each year 30% additional budget is sanctioned to them.

Government is also focusing on high fertility districts and a special strategy has been designed for 146 high fertility districts under Mission Parivar Vikas.

Stabilizing population is an essential requirement for promoting sustainable development. Making reproductive health care accessible is the foundation for stabilizing population. In addition to various other parameters, population stabilization helps in strengthening human capital

by focusing on health inclusive of sexual and reproductive rights of the masses. Moreover, increased investments in family planning will help in mitigating the impact of population growth by helping couples achieve desired family size and avoid unintended and mistimed pregnancies.

8.1.2 Perceptible Decline in Population and related indicators (over the last 5 decades)

The improved quality and coverage of health care coupled with technologically advanced care and the penetration of various health programmes across the country, both rural and urban, have resulted in a rapid fall in the Crude Birth Rate (CBR), Total Fertility Rate (TFR) and Growth Rate.

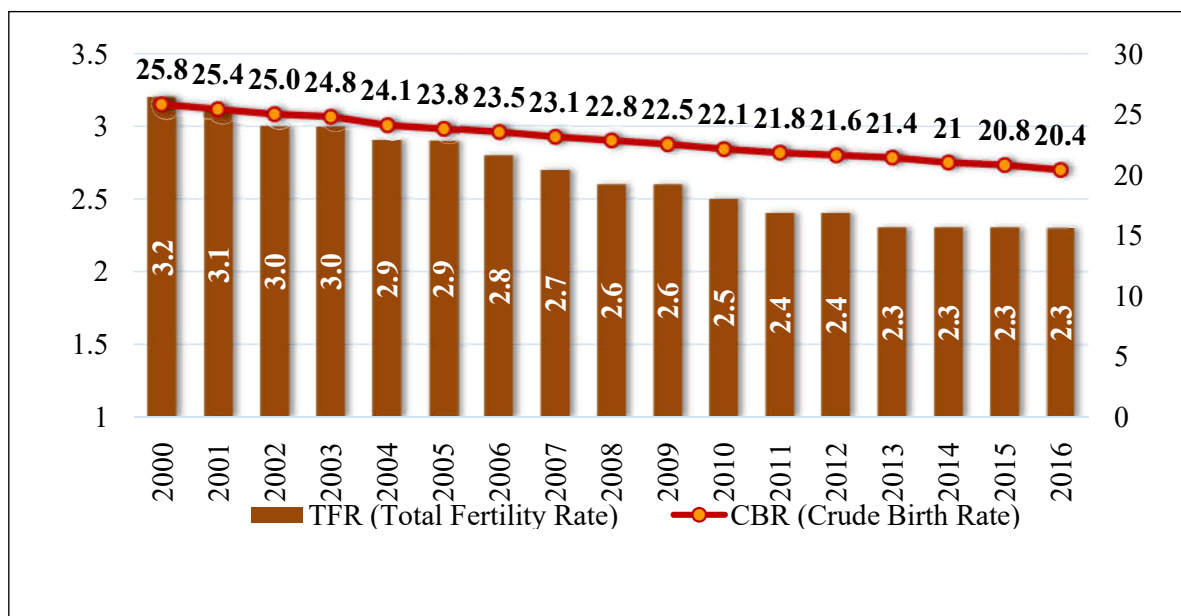


Figure 2: Declining Fertility and Birth Rate

The last 5 decades have seen significant improvements in the indicators:

- Crude Birth Rate (CBR) has declined from 40.8 per 1000 in 1951 to 20.4 in 2016.
- Infant Mortality Rate (IMR) has decreased from 146 in 1951-61 to 34 in 2016.
- Total Fertility Rate (TFR) has declined from 6.0 in 1951 to 2.3 in 2016.

- Steepest decline in Growth Rate was recorded between 2001 and 2011 from 21.54% to 17.64%.
- Decline in 0-6 years population by 3.08% compared to 2001.
- 18.14 crores population was added during 2001-2011 as compared to 18.23 crores during 1991-2001.

- After decades of stagnation, there was a 4.1 percentage point fall in the growth rate of population, from 24.99% in 2001 to 20.92% in 2011 among the EAG States of Uttar Pradesh, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Rajasthan, Orissa and Uttarakhand.
- Reduction of TFR to 2.1 by 2025.
- Reduction in MMR from current level to 100 by 2020.
- Reduction in infant mortality to 28 by 2019.

The following commitments have been earmarked in the NHP 2017, highlighting the Governments focus in aiding the process of Population Stabilization:

The Government of India, through its multiple programs and policies, is well on the way to attaining population stabilization in a reasonable time.

Annexure –I

State Wise Decadal Growth Rate

State/UT Code	India/State/Union Territory	Percentage decadal growth	
		1991-2001	2001-2011
	INDIA	21.54	17.64
1	Jammu & Kashmir	29.43	23.71
2	Himachal Pradesh	17.54	12.81
3	Punjab	20.10	13.73
4	Chandigarh	40.28	17.10
5	Uttarakhand	20.41	19.17
6	Haryana	28.43	19.90
7	NCT of Delhi	47.02	20.96
8	Rajasthan	28.41	21.44
9	Uttar Pradesh	25.85	20.09
10	Bihar	28.62	25.07
11	Sikkim	33.06	12.36
12	Arunachal Pradesh	27.00	25.92
13	Nagaland	64.53	0.47
14	Manipur	24.86	18.65
15	Mizoram	28.82	22.78
16	Tripura	16.03	14.75
17	Meghalaya	30.65	27.82
18	Assam	18.92	16.93

State/UT Code	India/State/Union Territory	Percentage decadal growth	
		1991-2001	2001-2011
19	West Bengal	17.77	13.93
20	Jharkhand	23.36	22.34
21	Orissa	16.25	13.97
22	Chhattisgarh	18.27	22.59
23	Madhya Pradesh	24.26	20.30
24	Gujarat	22.66	19.17
25	Daman & Diu	55.73	53.54
26	Dadra & Nagar Haveli	59.22	55.50
27	Maharashtra	22.73	15.99
28	Andhra Pradesh	14.59	11.10
29	Karnataka	17.51	15.67
30	Goa	15.21	8.17
31	Lakshadweep	17.30	6.23
32	Kerala	9.43	4.86
33	Tamil Nadu	11.72	15.60
34	Puducherry	20.62	27.72
35	Andaman & Nicobar Islands	26.90	6.68

8.2 JANSANKHYA STHIRATA KOSH (JSK)

National Commission for Population

In pursuance of the objectives of the National Population Policy, 2000, the National Commission on Population was constituted in May, 2000 to review, monitor and give directions for the implementation of the National Population Policy (NPP), 2000 with a view of meeting the goals set out in the policy to promote inter-sectoral co-ordination, involve the civil society in planning and implementation, facilitate initiatives to improve performance in the demographically weaker States in the country.

Jansankhya Sthirata Kosh

Within the realm of NCP, Jansankhya Sthirata Kosh (JSK) also known as National Population

Stabilisation Fund was established in 2003 as an autonomous society under the MoHFW and was reconstituted in 2005 with the addition of a General Body. The General Body of JSK is headed by the Union Minister of Health & Family Welfare while Ministry of Women and Child Development, Rural Development, Department of School Education and Literacy are represented by their Secretaries. All State Governments are members of JSK.

The Governing Board of JSK is chaired by the Secretary, MoHFW and has eminent persons from various fields as members including social scientists, demographers, economists, scientists as well as representatives of industry, trade and medical associations and Non-Governmental Organisations (NGOs).

JSK's aims and objectives

1. To provide or undertake activities aimed to achieve population stabilization by 2045, at a level consistent with the needs of sustainable economic growth, social development and environment protection.
2. To promote and support schemes, programmes, projects and initiatives for meeting the unmet needs for contraception and reproductive and child health care.
3. To promote and support innovative ideas in the Government, private and voluntary sector with a view to achieve the objectives of the National Population Policy 2000.
4. To facilitate the development of a vigorous people's movement in favour of the national effort for population stabilization.
5. To provide a window for channelizing contributions from individuals, trade organizations and others within the country and outside, in furtherance of the national cause of population stabilization.

Activities undertaken are as under:

1. Santushti Scheme

Santushti is a scheme for high population States-Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand, Chhattisgarh & Odisha. Under this scheme, Jansankhya Sthirata Kosh invites private sector gynaecologists and vasectomy surgeons (who are already working under NHM scheme of Govt. of India) to conduct the sterilization operations in Public Private Partnership (PPP) mode.

Under this scheme, an accredited private Nursing Home/ Hospital working under NHM can sign an MOU with JSK. Upon signing the MOU, Pvt. Hospitals/Nursing Homes shall be entitled for a top-up incentive for conducting 10 or more Tubectomy/Vasectomy cases in a month.

(All the cases covered under Santushti strategy are basically sterilizations conducted under NHM cases. JSK provides the top-up amount to promote and support the private accredited facilities).

Salient features

- A Tripartite MOU needs to be signed amongst Private Health Provider, State Health Society and JSK.
- Accredited Private Hospitals/Nursing Homes who are under MoU with JSK, if conduct 10 Tubectomy (Female Sterilization) or/both Vasectomy (Male Sterilization) operations in a month are entitled to get top-up incentives of Rs. 500/- per case payable by JSK for organizational activities.
- A provision for payment of wage compensation to the clients undergoing sterilization operations in private accredited facilities @ Rs.600/-for Tubectomy and Rs 1100/- for Vasectomy clients.
- All reputed NGOs/private accredited facilities working in the state may also be eligible to participate in the scheme if they fulfil requisite criteria for quality assurance.
- As per the decision of the Governing Board of JSK, reputed NGO may utilize the infrastructure of PHC, CHC etc.

Break-up of package: -

Type of service	Type of facility	Wage compensation to the beneficiaries (in Rs)	Incentive to the Private Facility (in Rs)	Total (In Rs.)
Tubectomy	Private	600/-	500/-	1100/-*
Vasectomy	Private	1100/-	500/-	1600/-*

*This amount will be over and above the NHM fund of sterilization given by the State Health Society (SHS).

2. Prerna Scheme:

In order to help push up the age of marriage of girls and space the birth of children in the interest of health of young mothers and infants, Jansankhya Sthirata Kosh (National Population Stabilization Fund) launched PRERNA, a Responsible Parenthood Strategy in seven focus States namely Bihar, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Jharkhand, Odisha and Rajasthan.

The strategy recognizes and awards couples who have broken the stereotype of early marriage, early child birth and repeated child birth and have helped change the mindsets of the community.

In order to become eligible for award under the scheme, the girl should have been married after 19 years of age and given birth to the first child after at least 2 years of marriage. The couple will get an award of Rs. 10,000/- if it is a Boy child or Rs. 12,000/- if it is a Girl child. If birth of the second child takes place after at least 3 years of the birth

of first child and either parent voluntarily accept permanent method of family planning within one year of the birth of the second child, the couple will get an additional award of Rs. 5,000/- (Boy child) / Rs. 7,000/- (Girl child).

3. National Help Line on Reproductive and Child Health and other related issues

Jansankhya Sthirata Kosh has initiated the first of its kind of National Helpline in 2008 in India, on Reproductive, Sexual Health, Family Planning and Infant and Child Health etc. The toll-free number 1800-116-555 can be accessed from anywhere in India every day except national holidays.

4. Advocacy & Awareness activities

- Sustained IEC Campaign
- Stalls in India International Trade Fairs
- Activities on and around World Population Day





Closure of JSK as an Autonomous Body and vesting activities in the Department of Health & Family Welfare (MoHFW)

The Cabinet in its meeting held on 07.02.2018, while considering the recommendations of the Committee to review the Autonomous Bodies, inter-alia, decided that the JSK Society, which is an autonomous body, may be closed within a period of one year and its functions be vested in

the Department of Health and Family welfare. In pursuance to the Cabinet decision, the General Body Meeting of JSK was held under the Chairmanship of Hon'ble HFM on 25th January, 2019 and decided to close the society w.e.f. 08.02.2019.

Accordingly, JSK has been closed as an Autonomous Body w.e.f. 08.02.2019 and the functions of JSK will be carried out as under.

Sl. No.	Existing Scheme	Way Forward
1.	Prerna Scheme	Under the Scheme, couples who have broken the stereotypes of early marriage and repeated child birth are recognized and awarded. The Scheme would be discontinued, however, it will be continued under NHM.
2.	Santushti Scheme	Under the Scheme, JSK invited private sector Gynecologists/ Vasectomy surgeons to conduct sterilization operations under PPP mode in states with high population. The Scheme has been discontinued as it is now superfluous in the wake of the revised compensation scheme of MoHFW.

Sl. No.		Existing Scheme	Way Forward
3.	National Helpline	JSK implemented a national helpline 1800-11-6555 on 'Reproductive Health, Family Planning and Infant Health'.	This will be continued under RCH Division of MoHFW.
4.	Social Franchising Scheme	It is a PPP scheme to enhance uptake of family planning services by contracting with reputed agencies. It was functional in Uttar Pradesh through SIFPSA.	This would hence forth be taken up under innovation head of NHM.