

## POPULATION EXPLOSION

As we have seen growth rate of a population is expressed as the number of individuals by which the population increases divided by the amount of time that elapses i.e.

$$\text{Growth rate } (r) = \frac{\text{No. of birth } (b) - \text{Number of deaths } (d)}{\text{average population in time interval}}$$

There are many cases where  $b$  is substantially large than  $d$  for a period of time, following which conditions change so that  $d$  becomes much larger than  $b$ . This sort of variations are exponential

called "Population explosion" during favourable conditions, followed by a "Crash" when conditions change. For example, diatom populations in Lake Michigan USA undergo such exponential increases at different time of years.

In 20th century population growth increased too much. This is also called population explosion. Economist Malthus said, resources increases 1, 2, 3, 4, ... while population increases 2, 4, 6, 8, ... respectively. In India population growth is much more than twice. Fertility period is of 30 yrs (from 16 to 46 yrs of age). World population is also increasing day by day is 150 per minute 220,000 in one day. Growth rate is 2.2%, with this population will go 7 billion by 2010. World population increase by 9 crore 20 lac per year i.e. one Mexico every year. Do we have the resources and provisions for feeding, housing, educating and employing all those people being added every year. On 11th May 2000 we become one billion i.e. one person out of every 6 persons in this world.

Our resources like land, water, fuels, minerals, forests grasslands etc. are limited and due to population explosion these resources are getting exhausted. Social, economic, religious all type of reasons are responsible for the high rate birth in our country. The important reasons are lower marriage age, lack of education, joint family system, importance of male child, religious misbeliefs, decline in death rate, increased protection of life from natural risks, increase life span, better means of transport and other facilities.

Due to overpopulation some serious problems are like food supply, space (accommodation), unemployment, education, human health, energy crisis etc. There is a fierce debate on population explosion to reduce fertility rates through world wide birth control programmes. This can be achieved by proper education, mass media, educational institutions, raising the marriage age from 18 to 22, providing the facilities like contraceptives, intra uterine devices, birth control pills, sterilization etc. Family planning programme which is Govt. sponsored programme is also one of the effective means to reduce fertility. It was started in India in 1951.

## **NATIONAL FAMILY WELFARE PROGRAMME**

Previously this programme was known as National Family Planning Programme. In the year 1977 the name was changed to *National Family Welfare Programme*. Family planning programme was launched in India in 1952. India was the first country to do so.

Beginning of the programme was modest, i.e., establishment of few FP clinics, distribution of FP educational material, training of health functionaries and research. During the third 5-year-plan (1961-66) family planning was declared as *centre of planned development*. Then the emphasis was shifted from *clinic approach to extensive education approach* (i.e., motivating people about *small family norm*). A separate Department of Family Planning was created in 1966 in the Ministry of Health. In 1972, the MTP Act was passed. In April 1976, National Population Policy was framed.

During the emergency period (1976), forcible sterilisation campaign led to the defeat of Congress in 1977 elections. In June 1977, new Janata Government formulated *a new population policy* and made family planning as voluntary and renamed it as *Family Welfare Programme*.

The acceptance of primary health care approach as the key to the achievement of health for all by 2000 AD led to the formulation of National Family Welfare Programme in 1982.

## **Importance of Family Welfare Programme**

1. The family welfare programme occupies an important position in the nation's socio-economic development.
2. Indian population which was 34 crores in 1947 has crossed 100 crore mark by 2000 AD. India has only 2.4% of world's land area but it supports about 15.5% of world's population.
3. India's population is increasing by 1.8 crores every year. To check this galloping growth, the country has laid down long-term demographic goal of achieving an NRR of one by the year 2000 AD.



4. Acceptance of the family welfare services is made voluntary.

5. The programme was 100% centrally sponsored scheme. FP programme was integrated with the MCH services.

## **ORGANISATIONAL SET UP**

### **1. Central level**

At central level Central Cabinet Subcommittee is present. It is headed by Prime Minister. Next level is Population Advisory Council. This is headed by Union Minister of Health and Family Welfare. Members are representatives of various professional bodies and some technical persons. Next level is Central Family Welfare Council, which is headed by union minister and ministers of health and family welfare of all states. It coordinates the work of the programme.

National Institute of Health and Family Welfare, situated in Delhi, is the apex institute. It undertakes research and training in family welfare. Directorate General of Health Services was the central programme officer for Family Planning. He advises Government of India on various aspects of family welfare.

### **2. State level**

Ministry of Health and Family Welfare is the apex organization at the state level. This is headed by the minister of health and family welfare of the respective state. At the state level the family welfare work is organised by State Family Welfare Bureau. The State Family Welfare Bureau has three wings:

- (a) Administrative wing (headed by state family welfare officer and associated by some officers)
- (b) Education and information wing (headed by mass media information officer)
- (c) Field operation and evaluation wing (headed by statistical officer).

### **3. District level**

At district level the work of family welfare is organized by *District Family Welfare Bureau*. This has three wings like the state level. At some districts *Regional Family Welfare Training Centres* are present. These will undertake training of medical officers and para-medical staff.

### **4. Peripheral level**

In rural areas the family welfare work is looked after by *rural family welfare centres* attached to PHC while in urban areas *urban family welfare centres* will look after this work.

### **5. Village level**

At village level the MPHA(F) and MPHA(M) are mainly responsible for the programme. They will take the assistance of CHG, TBA and anganwadi workers.

## **Goals of National Population Policy**

1. NRR 1 (which implies two-child norm)
2. Birth rate 21/100 population
3. Death rate 9 per 1000 population
4. Raising couple protection rate to 60%
5. Reduction of family size to 2.3
6. Decrease the IMR to 60 per 1000 live births.

## **Programme Strategies**

1. Integrated approach
2. Cafeteria approach
3. Welfare approach