India’s Population Policy

Von Carl Haub

In 2008, India's population stood at 1.15 billion after having crossed the 1 billion mark in May of 2000. This huge population puts India in second place behind China, with 1.32 billion. Yet faster population growth in India will likely make it the world's largest country before 2025. All numbers in India are large: 27 million annual births, 8.7 million deaths and 1.5 million infant deaths. The group of male children below the age of five, at about 60 million, rivals the entire population size of France. The 2001 Census counted 743 million people living in rural areas, defined as towns of less than 5,000.

Population growth was viewed as a problem very early in India's history as an independent country in 1947. Fertility was high with couples averaging six children each and the country’s difficulties with its public health situation was reflected in life expectancy at birth of only 40 years. It was clear that raising standards of living and improving health conditions would be a difficult task at best in the face of rising population growth. India was the first country to declare a policy to slow population growth in 1952. When we look at the large numbers cited above, was that policy a failure? Not at all. Today the fertility rate of women in India, three children per woman, is half of what it was when the first measures of population policy were announced and life expectancy at birth has risen to 65.
India put the aim to stop the growth of its population after the reaching of independence in 1947 on its agenda. With success: the birth rate in India sunk continuously between 1950 and 2005.

But such progress did not come easily. By the end of the 1960s, fertility had fallen only to about 5.7 children per woman as the family planning program had not reached the rural areas. In the 1970s, during the state of emergency proclaimed by the government of Indira Gandhi, overzealous promotion of family planning through activities such as sterilization camps gave the program a bad reputation. The name of the Ministry of Health and Family Planning was changed to the “Ministry of Health and Family Welfare”. For a time, during the early 1980s, fertility decline was slow as a result but it did reach about 4.0 by the end of the decade. During the 1980s, a goal of two children per couple by 2000 was declared but was much too ambitious to be achieved.

Following the 1994 United Nations Conference on Population and Development, a new policy was announced to do away with specific targets and to adopt a more comprehensive approach to reproductive health, de-emphasizing any idea of “population control”. Much of the new policy came from the commission headed by Dr. Sawminathan but no new official policy resulted, partly due to many politicians unwillingness to take up the issue. Still, many targets for family planning supplies and services were officially dropped by the central ministry in Delhi, although the new “target free” approach was often not followed at the state and local level. States such as Andhra Pradesh and Rajasthan designed their own programs in which targets were not abandoned. Evidence of this, for example, is the high percentage of younger women, ages 25 to 29, who were found to be sterilized by the National Family Health Survey-2 in 1998 to 1999 in Andhra Pradesh, 67 percent.

In 2000, the central government finally defined a new population policy, which covered a wide spectrum of health concerns and services for mothers and children. The new policy, Na-
national Population Policy 2000 (NPP2000), also set another too-ambitious goal for a two-child family, the year 2010. Despite the more comprehensive scope of the policy, which, in the long run, will be of lasting benefits, differences of opinion continue on approaches to population policies. In the late 1990s and early 2000s, some states adopted policies to allow elected officials down to the village level only two children. This step was clearly intended for officials to set an example. Yet such a drastic policy was likely to have unwanted results, particularly increased abortion of female foetuses given the strong preference for male children. Today, the two child limit for officials is in force in Andhra Pradesh, Orissa, and Rajasthan and in parts of Maharashtra. Three states, Haryana, Himachal Pradesh and Madhya Pradesh, which did have such a policy, withdrew it following outcries from many segments of society.

When we consider population policy in India, the independence of state governments from the centre must be considered. And, the current demographic situation gives added importance to the role of local government. While it is true that the number of children per woman has been halved since 1950, from six to three, continued significant progress may be in doubt. Much of India’s birth rate decline has been in the states of the south where educational levels and the status of women is generally higher. As a result, any future success in fertility reduction will come from the poorer and more rural northern states where levels of poverty are higher.

The average number of children per woman differs in the States of India

In states such as Bihar and Uttar Pradesh, fertility remains above four children per woman and is declining only slowly. But these two states, with about 95 and 190 million population at present, respectively, account for one-fourth of the country's population. In 2001, their populations numbered 166 and 83 million. Other states where the average number of children is above three are Madhya Pradesh and Rajasthan. Clearly, success at reducing the population growth rate now depends on the future trend of fertility in these states.

While the goal of a TFR of 2.1 by 2010 in NPP2000 was certainly unrealistic, other goals of the policy have not been met as well. In many northern states, there has been little improve-
ment in the decentralizing of health care to the district and village level. Given the very rural nature of much of the population in the north, this is, in fact, a very difficult task.

In response to this problem, the National Rural Health Mission (NRHM) was launched by the Prime Minister in 2005, a landmark event in India’s struggle to improve health conditions and to slow population growth as well. In many ways, NRHM supplements and updates NPP2000, with many of the same goals but with a concerted effort. NRHM is different from NPP2000 in that it focuses on 18 of India’s states and Union territories, those in the northern “Hindi Belt,” several mountainous and states of the northeast. NRHM does set a goal of a TFR of 2.1 by 2012 for these states and so it does have a population component. By planning to bring all health services, including reproductive health, to the very smallest geographic level, NRHM has set a high goal, one never before achieved. It success could well have a significant effect on future fertility.

An additional important aspect to India’s population policy is the imbalance in the sex ratio at birth, which is becoming a major problem. The widespread and strong preference for male children has resulted in the abortion of female foetuses. The practice is more prevalent in states with higher income and educational levels, such as Haryana and Punjab, given that the cost of testing for the sex of a foetus is often beyond the reach of poorer families. The magnitude of this population issue can be appreciated when we consider that, according to the Registrar General of India, in 2003 to 2005, there were only 801 girls born per 1,000 boys in Punjab.

Today, India’s population policy and programs has become more complex as it involves many different aspects and now places even greater emphasis on health care delivery and population services to India’s 594,000 villages. If the government’s goals are to be achieved, that is where it must happen.

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