

## REVIEW ARTICLE

### NATIONAL FAMILY PLANNING PROGRAMME – DURING THE FIVE YEAR PLANS OF INDIA

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**ABSTRACT:** India launched a nationwide Family Planning Programmed in 1952. India is the first country in the world to launch such a programme. A separate department of family Planning was created in 1966 in the ministry of health. In 1977, the Janata Government formulated a new population policy ruling out compulsion. The acceptance of the programme was made purely voluntary. Also the Janata government named the FP dept. as department of family Welfare. The allocation for these programmes was just 0.1 crore in First Five year plan. It has increased to 6.3 crores merged with health in the eleventh five year plan.

**KEYWORDS:** Family Welfare.

**INTRODUCTION:** India is the second most populous country in the world sustaining 16.7 percent as the world population on 2.4 percent of the world's surface area. Realizing that high population growth is inevitable during the initial phases as demographic transition and there is urgent need to accurate the pace of the transition. India became the first country to formulate a National family planning programme in 1952. The objective of the policy was "reducing birth rate to the extent necessary to stabilize the population at a level consistent with requirement of national economy." The first five year plan stated that "the main appeal for family planning is based on considerations of health and welfare of the family. Family limitation or spacing of children is necessary and desirable in order to secure better health for the mother and better care and upbringing of children. Measures directed to this end should, therefore, form part of the public health programme." This statement preceded the international conference on population and development (ICPD) 1994 by for decades.<sup>1</sup>

#### Contents:

1. First five year plan (1951 -1956)
2. Second five year plan (1956 -1961)
3. Third five year plan (1961-1966)
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**The First Five Year Plan (1951-1956):** The population issue has engaged the attention of the planning Commission. The Draft Outline of the First Plan, published in July 1951, contained a section on "Population Pressure: Its Bearing on Development" which recognized that India had a population problem. "The increasing pressure of population on natural resources retards economic progress and limits seriously the rate of extension of social services, so essential to civilized existence. A population policy is, therefore, essential to planning."<sup>2</sup> The final version of the first Plan reiterated: "The Pressure of population in India is already so high that a reduction in the rate of growth must be regarded as a major desiderarum."<sup>3</sup>

**The Second Five Year Plan (1956-1961):** Pointed out that the rate of population increase was one of the key factors in development and underscored the fact that "a high rate of population growth is bound to affect adversely the rate of economic advance and living standards per capita. Given the overall shortage of land and of capital equipment relatively to population as in India, the conclusion is inescapable that an effective curb on population growth is an important condition for rapid improvements in income and in levels of living."<sup>4</sup> It is important to note that the planning commission has never considered a population control programme as an alternative to socio-economic development. The population pressure was likely to increase; it accepted the need for curbing the birth rates. "This highlights the need for a large and active programme aimed at restraining population growth even as it reinforces the case for a massive developmental effort."<sup>5</sup>

**The Third Five Year Plan (1961-1966):** While considering population control in the context of long term development, stated: "The objective of stabilizing the growth of population over a reasonable period must therefore be at the very centre of planned development."<sup>6</sup>

**The Fourth Five Year Plan (1969-1974):** Viewed population not only from the point of view of economic development, but also from that of social change. "Under Indian conditions, the quest for equality and dignity of man requires as its basis both a high rate of economic growth and a low rate of population increase. Even far reaching changes in social and economic fields will not lead to a better life unless population growth is controlled. The limitation of family is an essential and inescapable ingredient of development."<sup>7</sup>

**The Draft Fifth Five Year Plan (1974-1979):** It concluded: "If family planning is less of a success than assumed above, the total increase in population would be even larger. It is of the utmost importance that family planning must achieve at least that much success as has been assumed for the above projections. Given the needed effort, it is as attainable target."<sup>8</sup>

The time and target oriented approach of family planning had been introduced in the fourth plan had been continued in the fifth plan. The fifth plan had also laid down targets "a target for a birth rate of 25 per thousand and a population growth rate of 1.4 percent by the end of the sixth plan period was expected and those targets were expected to be reached"<sup>9</sup>

The Ministry of health and family planning has introduced a national population policy.in April 1976, "The policy envisages a series of fundamental measures including raising the age as marriage, female education, spread of population values and the small family norm, strengthening of research in reproductive biology and contraception, incentives for individuals, groups and communities and permitting state legislatures to enact legislation for compulsory sterilization."<sup>10</sup>

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**The Sixth Five Year Plan (1980-1985):** The sixth five year plan laid down the long term demographic goal of reducing the net reproduction rate (NRR) to one by 1996 for the country as a whole and by 2001 in all states. The implication of this long –term demographic goals are as follows:

- A. Birth rate per thousand population would be reduced from the level of 33 in 1978 to 21.
- B. The death rate per thousand population would be reduced from about 14 in 1978 to- 09 and infant mortality rate would be reduced from 129 to 60 or less.
- C. The average size as the family would be reduced from 4.2 children to 2.3 children.
- D. As against 22 percent as eligible couples protected in 1979-80, 60 percent would be protected by the year 1984-85.
- E. The population as India will be around 900 million by the turn of the century and will stabilize at 1200 million by the year 2050 A.D.<sup>11</sup>

**Seventh five year plan 1985-1990:** The draft of the seventh five year states that “the family welfare programme occupied an important position in the socio-economic development plans. It planned a crucial role in human resources development and in improving the quality of our people. It has formed an essential and integral part of 20 point programme which stressed the need for promotion of family programme on a voluntary basis as a people’s movement. The health policy had targeted a long-term demographic goal of reaching a net reproduction rate of 1 by the year 2000 A.D but a review as achievements of the sixth plan indicated that this goal could be reached only by the period 2005-2011.A total out lay as Rs.3256 crores was allocated for the family welfare programme during the seventh plan.<sup>12</sup>

**Eighth five year plan 1992-1997:** It was towards human development that health and population control are listed as two of the six priority objectives of the eighth plan. It was towards this end that population control. Literacy, Primary health care, provision of adequate food and safe drinking water employment generation and basic infrastructure were listed as priorities” To reinforce the sense of urgency and priority, along with the directional paper of eighth plan population control was also included as an agenda in the meeting of National Development Council held on December 23, 1991 and a Separate paper prepared by the planning commission” the eighth plan clearly recognized if the present trend of population growth did not halt, it would never be possible to render social and economic justice to millions of our masses. The eighth plan has targeted to achieve the following demographic goals by 1997.

- A. Crude birth rate 26.1
- B. Effective couples protection rate 56.1
- C. Infant mortality rate 70.1
- D. Literacy rate 75.1
- E. Net reproduction rate equal to unity by the period 2011-2016 A.D.

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In order to achieve the targets the govt. had prepared an "Action plan" which had following features.

- Improving the quality of family welfare services.
- Introducing a new packing as compensation and incentives with the co-operation of state Govt.
- Initiating innovative programmes in urban slums for propagating family welfare.
- Adopting a differentials strategy for focusing attention on 90 districts of the country where the crude birth rate is above 39 per thousand.
- Increasing the involvement as voluntary agencies and private organizations in family welfare programme.
- Linking grants that are provided to state governments for rural development and poverty alleviation to districts on the basis as their performance in the birth rate.
- Reducing a strong preference for a son on part of a family having one or two daughters by providing social security measures.

During eight plan, a sum as Rs. 6500 crores had been spent on the implementation of the programme the eight plan envisages a series of incentives and disincentives in order to promote and popularize the family planning programme. The incentives had been given to the employees of the central govt. state govt. and public sector undertakings who had accepted two-child family norm. these incentives included special increments cash award, priority in house building schemes and grant of leave travel concession benefits disincentives included, restriction on free medical benefits, no maternity leave no preference in govt. services.<sup>13</sup>

The govt. of India is the previous had appointed an expert group on national population policy under the chairmanship as Dr. M S Swaminathan which submitted its reports on 22 may 1994. The report had suggested a number of sociodemographic goals viz, the programme and the date is used for mid-course corrections. The Department has drawn up the national population policy 2000(N P 2000).which aims at achieving replacement level of fertility by 2010 and population stabilization by 2045 the national population policy 2000 has set the following goals.<sup>14</sup>

- A. Universal access to quality contraceptive services in order to lower the total fertility Rate to 2.1 and attaining two-child norm.
- B. Full coverage of registration of births, deaths and marriage and pregnancy.
- C. Universal access to information /counseling and services for fertility regulation and conception with a wide basket of choices.
- D. Infant mortality Rate to reduce below 30per thousand live births and sharp reduction in the incidence as low births weight (below 2.5kg) babies.
- E. Universal immunization as children against vaccine preventable disease, elimination of tetanus and measles.
- F. Promotes delayed marriage for girls, not earlier than age 18 and preferable after 20 years as age.
- G. Achieve 80 percent institutional deliveries and increase in the percentage as deliveries conducted by trained persons to 100 percent.
- H. Containing as sexually transmitted diseases.

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- Complete elimination of marriage below the age as 18
- Universal immunization of children
- Reducing infant mortality rate to 30 per 1000 births or less etc.

**Ninth five year plan 1998-2002:** Reduction in population growth is one of the major objectives as the ninth plan during the ninth plan period. The Department of family welfare implemented the recommendations of the N D C subcommittee. Centrally defined method specific targets for family planning were abolished. The emphasis shifted to decentralized planning at the district level based on assessment of community needs and implementation of programmes aimed at fulfillment of these needs. State specific goals for process and impact parameters for maternal and child health and contraceptive care were worked out and used for monitoring progress efforts were made to improve the quality and content of services through training to upgrade skills for all personal and building up a referral network. A massive pulse polio campaign was taken up to eliminate polio. The department of family welfare set up a consultative committee to suggest appropriate restructuring as in for structure funded by the states and the center and revise norms for re-imburement by the center and has started implementing the recommendations of the committee monitoring and evaluation had become a part of the

- I. Reduction in maternal mortality Rate to loss than 100per one-lakh live births.
- J. Universalization as primary education and reduction in the dropout rates at primary and secondary levels to below 20 percent both for boys and girls. 15

**Tenth five year plan 2002-2007:** During the tenth plan. The paradigm shift, which began in ninth plan, will be fully operationalized. The shift was from.

- A. Demographic targets to focusing on enabling couples to achieve their reproductive goals.
- B. Method specific contraceptive targets to meeting all the unmet needs for contraception to reduce unwanted pregnancies.
- C. Numerous vertical programmes for family planning and maternal and child to integrated health care for women and children
- D. Centrally defined targets to community need assessment and decentralized area specific micro planning and implementation of program for health care for women and children, to reduce infant mortality and reduce high desired fertility.
- E. Quantitative coverage to emphasis on quality and content of care.
- F. Predominantly women cantered programmes to meeting the health care needs as the family with emphasis on involvement as men in Planned Parenthood.
- G. Supply driven service delivery to the need and demand driven service. Improved logistics for ensuring adequate and timely supply to meet the needs
- H. Providing service provisions as per the choices and conveniences of the couple

### **The population growth rate continued to be high due to ...**

The large safe as the population in the reproductive age-group accounting for an estimated 60 percent as the total population on growth.

Higher fertility due to the unmet need for contraceptives (contributing to around 20 percent of population growth).

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High wanted fertility due to the prevailing high infant mortality Rate and other socio-economic reasons (estimated contribution as about 20 percent to population growth).

### The Tenth plan had fully operationalized efforts to;

1. Assess and meet the unmet needs for contraceptives.
2. Achieve reduction in the high desired level of fertility through programmes for reduction in IMR and MMR and
3. Enable families to achieve their reproductive goals.

If the reproductive goals of families are fully met the country would be able to achieve the national population policy replacement level of fertility by 2010. The medium and long term goals will be to continuing this process to accelerate the pace of demographic transition by 2045. Early population stabilization on will enable the country to achieve its developmental goal of improving the economic states and quality of life of the citizens.<sup>16</sup>

**Eleventh five year plan 2007-2011:** The 11<sup>th</sup> plan will continue to advocate fertility regulation through voluntary and informed consent. It will also address the special health care needs of the elderly, especially those who are economically and socially vulnerable.

1. Reduce infant mortality rate to 28 and maternal mortality rate 0 to 1 per 1000 live births
2. Reduce total fertility rate to 2.1
3. Provide clean drinking water for all by 2009 and ensure that there is no slip-backs  
Reduce malnutrition among children as age group 0-3 to half its present level  
Reduce anemia among women and girls by 50% by the end as the plan

### Women and children:

Raise the sex ratio for age a group 0-6 to 935 by 2011-12 and to 950 by 2016-17.

Ensure that at least 33 percent of the direct and indirect beneficiaries of all government schemes are women and girls children

Ensure that all children enjoy a safe childhood, without any compulsion to work.<sup>17</sup>

### Outlay and expenditure as family welfare programme over different plan periods in India

Plan	Out as total Investment outlay		(%)	Total
	Health	Family welfare	Ayush	
First plan	3.3	0.1	----	3.4
Second plan	3.0	0.1	----	3.1
Third plan	2.6	0.3	----	2.9
Fourth plan	2.1	1.8	----	3.9
Fifth plan	1.9	1.2	-----	3.1
Sixth plan	1.8	1.3	-----	3.1
Seventh plan	1.7	1.4	-----	3.1
Eighth plan	1.7	1.5	0.02	3.2
Ninth plan	2.31	1.76	0.03	4.02
Tenth plan	2.09	1.83	0.05	3.9
Eleventh plan	6.3	merged with Health	0.18	6.5

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**Source:** Ministry of Health and Family Welfare. Family Welfare Programme in India Year book, 2011. Government of India.

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