

## **GROWTH OF POPULATION AND ITS IMPACT OF INDIAN ECONOMY**

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### **ABSTRACT**

Rapid population growth has been a critical issue for the developing countries. The problem of increasing the tempo of development in less developed regions of the world is not easy. Not only are the countries economically backward with very low rates of saving, but their rapid rate of population growth with a higher dependency ratio, sizable unemployment and under employment, and low level of literacy make the task of developing these countries extremely difficult. Even if the economy starts growing, that growth does not get translated into development, unless the population growth is lower than economic growth. A reduction in the rate of population growth would definitely help in accelerating the pace of economic development, but most of the countries of the less-developed regions are faced with the dilemma of disequilibrium between birth and death rates (birth rates are higher than death rates). Therefore, unless the birth rate declines substantially in the immediate future, the countries may experience an increase rather than a decline in the population growth rate. The task of providing the basic necessities of life like food, shelter, education, employment, health facilities and so on, for the increasing number is staggering. Efforts for economic development are being thwarted by the increasing number whatever little progress is made by these countries is almost swallowed up by the growing population. Therefore, unless the rate of population growth is reduced, economic progress is difficult. But, economic progress and high per capita income are at the same time correlated with the population control. The less-developed countries of the world, thus find themselves in a vicious circle which is not easy to break. Technical assistance, political stability, strong leadership, great consciousness among the masses and viable social and economic policies etc. are some of the factors which would contribute to decline in population and more rapid economic and social progress on the other in the less-developed.

**KEYWORD:** Economy, Population, Information, Countries, Social Progress

### **INTRODUCTION**

The national population policy (NPP) was announced in March 2000, which is an articulation to India's commitment to the Icpd (international conference on population development) agenda and forms the blue print for population and development programme in the country. The overriding concern of the npp 2000 is economic and social development of human wellbeing. It seeks to provide Quality services and supplies, Information and counselling and the Basket of contraceptive choices, It will enable people make informed Choices and access quality health services. It has been envisioned in npp to accomplish economic and social development to improve the quality of lives that people lead to enhance their wellbeing, and provide them with opportunities and Choices

to become productive assets in society.

The limitation of the population control approach was recognized through experiences of through experiences of women all over the world, including India. It was also recognized that women suffer silently from a large number of reproductive illnesses, which were termed the 'silent emergency'. This understanding led to women's health researchers and activists focusing more on women's health and development. The global emergence of HIV/AIDS and other sexually transmitted infections have also brought attention to women's reproductive and sexual health. Three international conferences, of which icpd was the last, ultimately led to the adoption of a comprehensive reproductive health approach in family planning.

**Gender equality, equity and empowerment of women.**

To achieve equality and equity between men and women, to eliminate all practices that discriminate against women including the girl child and to ensure that men play responsible roles.

**Reproductive rights and reproductive health**

Reproductive health - care programs should be designed to serve the needs of women, including adolescents, and must involve women in the leadership. Couples and individuals should be able to meet their reproductive needs and prevent unwanted pregnancies. Prevent, reduce incidence, and provide treatment for STDs including HIV/AIDS Encourage responsible sexuality, which promotes mutual respect, and includes information, education and services (media brief 2003) The important aspects, which were included in the action plan of icpd, Cairo, were, international human rights, empowerment of women, reproductive health, reproductive rights, family planning, safe motherhood and abortion Some of the excerpts relevant to the present study are as follows:

**Reproductive health**

A necessary prerequisite to the empowerment of women is the provision of health services and, particularly, reproductive health care. To date, many population programs have focused on the provision of a narrow range of contraceptive services in the context of family planning clinics. Such programs thus respond only to one of women's health needs. The ICPD programme of action acknowledges the need for the broader approach to health as it relates to population and population policies, The document also endorses a modified version of the world health organization (WHO) Definition of the term 'reproductive health.

According to media brief, 2003 the definition of reproductive health is as follows. Reproductive health is a state of completed physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system. It implies

1. A satisfying and safe sex life.
2. The capability to reproduce, and the right to decide if, when and how often
3. To be informed and to have access to safe, effective, affordable and acceptable methods of family planning
4. Safe pregnancy, child birth, and a healthy infant
5. Sexual health which is not merely related to care and counselling
6. But the enhancement of life and personal relationship
7. A life cycle approach

In 1996, the existing family welfare programme was transformed into the new reproductive and child health (rgh) programme. This new programme Integrates all family welfare and women and child health services with the explicit objective of providing beneficiaries with 'need based, clients centered, demand driven, high quality integrated rich services' (ministry of health and family welfare, 1996:6). The strategy for the rich programme shifts the policy emphasis from achieving demographic targets to meeting the reproductive needs of individual clients (ministry of health and family welfare, 1996).

### **Population control and five year plans**

After independence, India was confronted with wide spread Poverty, a disease-stricken population, millions of illiterate people, Lack of resources and several other problems. But the country had no Dearth of talented personalities who took up the challenge in order to improve the quality of life of the millions. However four valuable years were lost before the five-year socio-economic development plans were initiated in 1951

#### **First five-year plan: (1951-1956)**

The Government of India appointed a Planning commission in March 1950, with prime minister Pandit Jawaharlal Nehru as chairman, to fulfil the constitutional obligations.

A number of advisory panels with official and non-official Experts were appointed to help the commission determine the priority Areas for development. One such panel was appointed for health and another for social welfare. The health panel appointed a Subcommittee on population growth and family planning on April 1950, visualizing the impending population increase.

This committee submitted its report on 14th April 1951 some of its observations are as follows:

1. It recognized the need for family planning.
2. It delineated specific Government, measures in relation to family limitations, for example, facilities for sterilization and advice on the use of contraceptives,
3. It recommended improvements in population data and systematic Studies of the population problem.

Despite these developments, however, family planning could not easily be included under health programmes as Rajkumari Amrit Kaur, the then health minister opposed to it. After a great deal of Debate, and with the efforts of Pandit Nehru, family planning was Included in the planned programme, but as Rajkumari Amrit kaur had her reservations about the use of contraceptives, the programme initially began with the rhythm method (safe period). The primary

#### **Objectives during the first five year plan were:**

1. To obtain an accurate picture of the factors which contribute to the Rapid increase of population?
2. To gain further understanding of human fertility and the means of regulating it
3. To devise speedy ways of educating the public
4. To make family planning advice and services an integral part of the services on hospitals and health centers

#### **Second five-year plan: (1956-1961)**

The second five year plan recognized that the rate of Economic development would depend upon:

1. The rate of growth of the population
2. The proportion of current income of the community devoted to capital formation.
3. The return by way of additional out put on the investment thus Undertaken.
4. The planning commission was aware of the possible Constraints on the impact of family planning during this period and was apprehensive of future economic growth

**Third five-year plan: (1961-1966)**

The approach to the third five -year plan stressed such Social measures as education, particularly for women, employment, rural water supply and the expansion of family planning programmes. In view of the sharp increase in the population growth rate, as Revealed by the census of 1961, family welfare programmes were given high priority. In 1962, the Government. set the target of reducing the birth rate to 25 per 1000 population by 1972. To fulfill this objective, the strategy was revised from a clinic based' to the 'extension approach' which Included educating the people and providing knowledge and Information about various aspects of family planning.

This was to be achieved by family planning workers visiting People at their homes.

**Fourth five-year plan: (1969-1974)**

Government attached the highest priority to curbing population Growth during the fourth plan. To achieve this, married couples in the reproductive age were the targets in order to:

1. Bring about group acceptance of the small family norm;
2. Enhance knowledge about family planning methods; and Make supplies and services readily available.
3. Once again, the plan reiterated that the family planning programme would remain a sponsored programme for the next 10 years and the entire expenditure would be met by the central government.

The plan proposed to 'step up the target of sterilization and IUD insertion and to widen the acceptance of oral and injectable Contraceptives. The use of conventional contraceptives (condom) was also step up' the plan recognized that family planning could be more effective and acceptable if maternity and child health services Are integrated with family planning.

**CONCLUSION**

The outcomes of high population growth rates are increasing number of people below poverty line, an increasing population density, and pressure on natural resources. The study reveals that the country's population growth and poverty is imposing an increasing burden on the country's limited and continually degrading natural resource base. The natural resources are under increasing strain, even though the majority of people survive at subsistence level. The Family Welfare Programme is a very comprehensive one and aims at achieving a higher end- improving the quality of life.

The modern Family Planning includes:

- (1) The proper spacing and limitation of births
- (2) Advice on sterility
- (3) Education for parenthood
- (4) Sex education
- (5) Screening for pathological conditions related to the reproductive system
- (6) Genetic counselling
- (7) Premarital consultation and examination
- (8) Carrying out pregnancy tests
- (9) Marriage counselling
- (10) The preparation of couples for the arrival of their first child
- (11) Providing services for unmarried mothers
- (12) Teaching home economics and nutrition
- (13) Providing adoption services.

The population growth and economic development in country are degrading the environment through the uncontrolled growth of urbanization and industrialization, expansion and intensification of agriculture, and the destruction of natural habitats. The policy continued to be the same during this period but in view of rapid population growth, the financial allocation was increased in the hope of reducing the population growth rate.

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