

**GOVERNMENT OF ASSAM
HEALTH & FAMILY WELFARE (A) DEPARTMENT
DISPUR ::: GUWAHATI – 6**

PUBLIC NOTICE

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Subject: Draft State Population Policy, Assam- comments/ observations Solicited.

As per 2011 census report, the population of Assam increased to 3.12 crores from 2.66 crores in 2001. The continuous growth of the State's population not only poses a severe strain on the natural resources and environment but also hinders the efforts of the Government to improve the quality of life of its people.

In this backdrop, Health & Family Welfare Department, Government of Assam has prepared a draft State Population Policy, Assam, with an objective to incentivise families to optimise family size and thus allowing them the freedom to aspire for higher standard of living. The goal of the policy is that every family in Assam should have access to quality education, healthcare and employment opportunities.

The draft State Population Policy is attached with the request that comments/ observations, if any, may kindly be conveyed by e-mail to **populationpolicyassam@yahoo.com** within 30 days to enable the Government to consider the same.



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**GOVERNMENT OF ASSAM
HEALTH & FAMILY WELFARE DEPARTMENT
DISPUR, GUWAHATI – 781006**

Draft

State Population Policy, Assam

1. Introduction:

A. Population pattern and its impact on natural and economic resources, economic growth and sustainability:

Policy makers and social scientists have for some time now inextricably linked sustainable development to population and economic growth, and have called upon Governments to integrate population and development strategies. There is a recognition now that lifting people out of poverty and promotion of inclusive growth goes hand in hand with mitigation of negative effects of demographic factors on our environment.

When we think of a population policy in today's scenario, one has to take into account not only factors like food security, maternal and child health, ageing, urbanisation and migration, but also emerging development challenges, such as financial and economic issues (volatile energy situation, food prices and unemployment) as well as the challenges of environmental issues, including climate change, shrinking base of agricultural land and negative ecological impact.

B. United Nation's Programme of Action:

It is pertinent to mention here the two objectives stated in the United Nation's Programme of Action on population policy:

- a) Development strategies, planning, decision-making and resource allocation at all levels and in all regions, with the goal of meeting the needs, and improving the quality of life of present and future generations;
- b) All aspects of development planning in order to promote social justice and to eradicate poverty through sustained economic growth in the context of sustainable development.

(Ref: <http://www.un.org/en/development/desa/population/publications/pdf/policy>)

2. Population policies in India

In India, soon after Independence, the lawmakers and social scientists recognised the need for a comprehensive population policy to ensure that the newly Independent country did not falter in its growth and development.

India launched a family planning programme in 1952. Since then successive Governments have announced iterations of such policies. In 1976, the first National Population Policy was formulated and tabled in Parliament. It reflected the growing consensus among policy makers that family planning would enjoy only limited success unless it was part of an integrated program aimed at improving the general welfare of the population. This understanding has informed subsequent population policies of the country. Despite some success, however, India has to go a long way in achieving the desired objectives with respect to its population.

As per the latest World Population Prospects released by United Nations (revision 2015), the estimated population of India will be 1419 million approximately by 2022, outpacing China as the world's most populous nation.

National Population Policy (NPP) 2000

The **NPP 2000** aims to bring the growth rate to sustainable figures through a number of measures. The immediate and short term objective of the NPP 2000 was to address the unmet needs for contraception, health care infrastructure, 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 NPP 2000 seeks to achieve the following Socio-Demographic goals:

- Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.
- Make school education up to age 14 free and compulsory, and reduce drop outs at primary and secondary school levels to below 20 percent for both boys and girls.
- Reduce infant mortality rate to below 30 per 1000 live births.
- Reduce maternal mortality ratio to below 100 per 100,000 live births.
- Achieve universal immunization of children against all vaccine preventable diseases.
- Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.
- Achieve 80 percent institutional deliveries and 100 percent deliveries by trained persons.
- Achieve universal access to information/counselling, and services for fertility regulation and contraception with a wide basket of choices.
- Achieve 100 per cent registration of births, deaths, marriage and pregnancy.
- Contain the spread of Acquired Immunodeficiency Syndrome (AIDS), and promote greater integration between the management of reproductive tract infections (RTI) and sexually transmitted infections (STI) and the National AIDS Control Organization.
- Prevent and Control communicable diseases.
- Integrate Indian Systems of Medicines (ISM) in the provision of reproductive and child health services and in reaching out to households.
- Promote vigorously the small family norm to achieve replacement levels of TFR.
- Bring about convergence in implementation of related social sector programs so that family welfare becomes a people centred programme.

Impact of the National Population Policy thus far

The significant gains of NPP include the following:

- I. The percentage decadal growth rate of the country declined significantly from 21.5% for the period 1991-2001 to 17.7% during 2001-2011.
- II. Total Fertility Rate (TFR) was 3.2 at the time when NPP, 2000 was adopted and the same declined to 2.3 as per Sample Registration Survey (SRS) 2013 conducted by the Registrar General of India.

Limitations of NPP

However, NPP 2000 target failed to achieve a number of basic demographic goals set out in 2010. Significantly it failed to achieve the replacement level of TFR of 2.1. The infant mortality rate (IMR) reduction target was 30 per thousand live births and the maternal mortality ratio (MMR) was less than 100 per 1 lakh live births. Both these key parameters have not been realised till 2015, five years after the goals were set. Similarly, keeping in mind the current population growth trends, the goal of achieving a stable population by 2045 does not seem feasible.

3. Assam: The Demographic and Development Challenge - A brief overview:

Present Scenario:

With one of the most complex demographic scenarios in the country, Assam is facing a demographic challenge as on date. The population of Assam increased to 3.12 crores (2011, Census report) and the state witnessed an increase of almost 1 crore population in the last decade. (2.66 crore in 2001 census). Although there is a decline in the decadal growth of population, **the rate of increase of 17.07 is at an unsustainable level.** The state's population density is 398 as per 2011 census as against 340 in 2001. In 2013, Assam recorded a Total Fertility Rate of 2.3 (source: SRS) against a target for replacement level fertility rate of 2.1; its crude birth rate is approximately 21.3. Some districts have specially recorded very high birth rates. (Annual Health Survey 2011-12)

Assam's average family size is 5.5 which is above the National average. Its MMR ratio is the worst amongst all states in India at 300 (SRS2013). The State's infant mortality rate (IMR) is also considerably high with 54 (SRS2013). In under-5 child mortality rate (U5MR) also Assam tops the chart amongst the states of India with 73 per 1000 live births against the national average of 49 (SRS2013).

Although the incidence of child marriage in the age group between 7 and 10 years is not prominent in Assam, there are high incidences of marriage in the age group between 14 and 16 among girls and between 16 and 20 among boys. Incidences of such underage marriage are most prominent in char areas, tea belts and in some tribal areas.

Combined with this demographic picture is that economically approximately 90% of Assam's families earn less than Rupees five lakhs per annum. Assam was amongst the lowest five states in terms of GDP growth between 2005 and 2014 (less than 6%). 37.9% of the population fall into the category of "poverty headcount ratio" of UNDP (Economic and Human Development Indicators 2009-10).

The unemployment rate in Assam is 61 per 1000 as against national average of 50 (Unemployment Rates 2015-16, Ministry of Labour and Employment, GoI). Despite the fact that agriculture accounts for only about a third of the State Domestic Product, it plays an important role in the economy, providing employment to 69 percent of the total work force which implies high rate of disguised unemployment. The Employment and Unemployment Survey 2009-10 of Government of India indicates that urban unemployment in Assam is very high at 10.6% report has indicated that urban unemployment in Assam is very high (9.8%; 1999-2000). It is also indicated that the rate of educated unemployed was more than the national average. The outcome of these is high rate of rural and urban outmigration from the state.

According to the Census of 2011, the literacy rate of Assam was 73.18% (78.81% male and 67.27% female). The literacy rate of Assam is slightly below the national average of 74.04%. However, the female literacy rate is higher than the national average of 65.46%. Another silver lining is the sex ratio of the state which stands at 954 as against the national average of 940.

Nevertheless, while the focus has been on the demographic dividend that India as a country is poised to reap in the next few decades, with the proportion of population in the working age group (15-59 years) slated to increase from 58% in 2001 to 64% in 2021 (Census projection reports), Assam with an increasing proportion of younger, employable cohort will face an enormous challenge to meet the demands of this emerging young citizens, not only economically but also socio-politically. Therefore, while the youthful population is a great resource for us, lack of adequate planning to enhance the quality of life for this population including employment opportunities will inevitably lead to social tension and

political instability. This in itself warrants a population policy that simultaneously nurtures the state's demographic assets and prepares for the critical challenges of the future.

While the NPP 2000 provides a broad framework for a Population Policy for the state of Assam, the latter has to be informed by state's own specificities. It also can draw lessons from where the NPP has failed.

Specific challenges:

The challenges before an effective and inclusive population policy for the state of Assam stem from the following:

- a. **Diverse communities:** Assam represents a highly diverse demographic canvas with people of different linguistic, ethnic and religious backgrounds inhabiting this ancient land. Customary laws, traditions and behavioural patterns in each of these communities vary. Moreover in terms of social practices pertaining to health, education, there are differences. Some communities do much better than some others in terms of indicators of education, health and economic status. Some communities also have high incidences of underage marriage and polygamy. MMR is very high among the inhabitants of char areas and the tea tribes as statistics demonstrate. The challenges for communicating positive messages regarding education, health and other progressive issues cannot be neglected and the rate of uptake is also very variable.
- b. **Geographical Accessibility:** The geographical terrain of the state contributes significantly to the variability seen in socio-economic data and accessibility is thus a major issue in implementing various government schemes aimed at improving the socio-economic status of the population. There are certain pockets which have chronically suffered from lack of adequate health and educational infrastructure. Such areas include:
 - i. Hill districts (a) Karbi Anglong and (b) Dima Hasao
 - ii. Riverine areas or Char- Chapori areas
 - iii. Remote Areas especially in the foothill borders regions
 - iv. Flood prone areas during the monsoon season
- c. **Socio-religious beliefs:** Existence of religious prejudices and conservative values against family planning is high among some communities. Only a tiny fraction of men choose to

have vasectomies. Male sterilisation is viewed as culturally unacceptable among most of the communities.

d. **Health Service Related Problems:**

i) Paucity of medical infrastructure.

ii) Lack of proper training and periodical audit of effectiveness of various programmes; Inadequate Quality assurance, lack of audit of family planning services and service of family planning providers

iii) Constraints in supply chain of contraceptive pills, IUCD & PPIUCD kits, pregnancy detection kits and condoms. Supply of defective IUCD or PPIUCD kits.

iv) Lack of proper implementation of incentives

v) Ineffective or inadequate communication and IEC methods

4. Objectives of the Population Policy of Government of Assam

The Government of Assam (GoA) is committed to the objectives and goals set out in the NPP 2000. Over and above the GoA also recognises that rapid population growth could severely derail progress in reaching our primary goal to achieve a high quality of life for all our population in Assam that is sustainable with available resources.

The GoA perceives the next decade as a defining one with respect to the transition of Assam as a progressive and emerging state of the Indian Union. However, the continuous growth of the state's population does not only pose a severe strain on the natural resources and environment of the state but also in constraining the efforts of the government to improve the quality of life of the people.

The GoA therefore proposes a population policy that incentivises families to optimise family size and allows them the freedom to aspire for higher standard of living. Its goal is that every family in Assam should have access to quality education, healthcare and employment opportunities. But the state's envelope of resources is limited and finite and therefore this can only be achieved if the size of the state's population remains within the critical limit.

The Direction of the proposed State Population Policy

- From a primarily medical led policy to positive social reform
- Encouraging behavioural change;
- Promoting Informed Choice and Participation;

- Long term Sustainability and acceptance

Targets of the Policy (by 2030)

- Free and compulsory education for children under-fourteen; Reducing the school dropout between boys and girls to less than 25 percent;
- Bringing IMR < 30
- Bringing MMR <100
- Increasing Immunization to 100 percent.
- Encouraging the increase in average age at marriage of girls; strict enforcement of the legal age at marriage for boys and girls
- Increasing Institutional Deliveries to 95 percent
- Delivery by trained hands to 100 percent
- Making contraceptive of choice available to 100 percent population
- Enhancing the IEC coverage for RTI/STI/AIDS to 100 percent population
- Integrating Allopathic system with Indigenous System of Medicine for betterment of RCH services; All PHC's to provide comprehensive family planning services
- Encouraging the Two family norm to substantially reduce TFR

5. Goals and Strategies

The following Goals constitute the Population and Reproductive Health Policy of the government.

The strategies for achieving the Goals will be implemented through specific programmes which will be developed by the Task Force mandated to formulate the Action Plan on Population and Reproductive Health. In the Action Plan the roles and responsibilities of the Administrations, NGOs and the Private Sector will be identified.

GOAL I

Maintain current declining trends in fertility so as to achieve a stable population size at least by the middle of the 21st Century.

Strategies

1. Formulate better and comprehensive family planning information, education, communication and services through government, NGO and private sector sources.
2. Improve quality of service delivery to enable couples to decide freely and responsibly the number and spacing of their children. Improve primary care facilities.
3. Focus attention on pockets of unmet need such as the urban slums, plantations, internally displaced populations, factory labour, and the underserved rural areas.

GOAL II

Ensure safe motherhood and reduce reproductive health system related morbidity and mortality.

Maternal mortality levels are the highest in Assam amongst Indian states. Moreover, morbidity levels related to reproductive health still cause concern. Among the problems connected with reproductive health which will need to be addressed are:

- Anaemia
- Sub-fertility
- Unwanted pregnancy
- Induced abortion
- Reproductive tract infections
- Sexually transmitted diseases including HIV/AIDS
- Reproductive system cancers

Strategies

1. Expand reproductive health care services while improving its quality. Provide affordable, accessible and acceptable family planning services to protect against unplanned pregnancy.
2. Introduce measures targeted at encouraging girl child education

3. Empower women to take responsible decisions with regard to reproductive health care and ensure male participation in the process.

GOAL III

Achieve gender equality in the truest sense; although Assam is one of the states with a perceived improved situation for women in society, this is not enough. As a society we need to focus on enhancing women's role and status as equal partners with men, especially through providing equal access to education and employment.

Strategies

1. Create an environment that is conducive to gender equality by incorporating in formal and non-formal education and public awareness programmes the concept of partnership and shared civic responsibilities.
2. For the purpose of women empowerment girls education may be made free up to Class-XII when the girls attain the age of 18 years. More educational Institutions, both formal and vocational, for girls may be established. Women self-help group will be encouraged and incentivised for adopting two child family norms.
3. Review, enforce and change (if necessary) laws and practices that discriminate against women. For e.g. stringent application of laws that prevent under age marriages.
4. Promulgate laws and policies and take other appropriate measures so that women can combine the roles of child bearing and child rearing with participation in the work force.
5. Strengthen laws and enforcement procedures, so that violence and sexual exploitation against women are eliminated.

GOAL IV

Promote responsible adolescent and youth behaviour.

Strategies

1. Ensure adequate information on prudent sexual behaviour including ethical human behaviour, violence against women and drug abuse in school curricula and through NGOs etc. at the appropriate levels.
2. Promote productive employment opportunities for youth.

3. Provide the legal, and institutional support to protect their children from sexual abuse and harassment.

GOAL V

Provide adequate health care and welfare services for the elderly.

Rationale

It is expected that the percentage of the population over the age of 60 will continue to increase due to the changing population age structure. Services to cater to this increasing population of the elderly will need to be provided not only by institutional sources but also through familial structures. This is necessary due to the changing structure and functioning of the nuclear family.

Strategies

- a. Encourage the private sector, NGOs, and the local community to provide community care and services to the elderly.
- b. Initiate social security schemes for the elderly not already covered.
- c. Provide incentives to families to care for the elderly.
- d. Provide appropriate training for out of school youth awaiting employment to enable them to take care of the elderly at home.
- e. Provide special care units for the elderly in the State Health Care System.
- f. Establish a cadre of Community Health Nurses with responsibility for the care of the elderly.
- g. Establish old age homes, if necessary in PPP mode, to provide safe and dignified living for those elderly who have no other shelter/support.

GOAL VI

Promote the economic benefits of migration and urbanisation while controlling their adverse social and health effects.

Strategies

1. Provide family planning and reproductive health counselling and services in the community, particularly in urban slums and deprived areas like tea gardens and char communities
2. Ensure the physical protection of displaced persons, in particular that of displaced women and children against exploitation, abuse and all forms of violence.

3. Create an enabling environment for economic investment to take place in small towns and in rural areas so as to encourage the redistribution of population.

GOAL VII

Increase public awareness of population and reproductive health issues.

Strategies

1. Population education shall be introduced in the academic curriculum from the elementary school level in order to enable the young generation to know about population dynamics and its detrimental affects etc.
2. Utilize the service of decision makers and opinion leaders effectively like Parliamentarians, other political leaders and religious leaders for advocacy.
3. Encourage use of media both electronic and print for public discussion of population and reproductive health issues.
4. Introduce devolved and tailor made programmes based on demographic and/or geographical requirements.
5. Improve the collection of quality population and reproductive health statistics at the state and grass root levels

Institutions to be created for Implementation of the State Population Policy

In the line of the NPP 2000, the following 5-tier structure may be adopted for the state of Assam for implementation of its population policy.

- State Population Council
- Population Resource Centre
- District Level Committee
- Block Level Committee
- Gaon Panchayat Level Committee

Incentives and Disincentives:

In considering the effective actions for implementing the above strategies, a system of incentives and disincentives may be consider. However, utmost caution has to be taken to ensure that the system of incentives and disincentives are not misused. For example, health advocates worry that paying women to avail of family planning methods is dangerous. The payment becomes a form of

coercion, especially when one is dealing with marginalised communities. One further problem is a gender imbalance, arising from selective abortion of girls or their murder immediately after birth. Similarly, disincentives may also take away basic rights of the poor and marginalised.

Taking into account some of the schemes prevalent in other states, the following measures are proposed. The list of incentives & disincentives are illustrative only. The Government may consider more incentives or disincentives as and when necessary. There may be provision of exception in matters of incentives and disincentives which shall be considered by the proposed State Population Council as deem fit and proper.

Participation in Government		
1.	Government employment	a) Candidates having two children only will be eligible. b) Government servants shall strictly follow norms of two children family to serve as role model for the Society.
2.	Electoral participation	a) Government may legislate legal provision to bar people with more than two children to take part in Panchayat and Municipal Body elections. b) Government may consider to legislate similar legal provision for election/nomination to other statutory bodies and committees.
Access to development schemes		
<ul style="list-style-type: none"> • A District or Gaon Panchayat exceeding targets set under population policy could be given incentives in the shape of additional grants or works and setting apart a portion of overall funds available under development schemes. 		
<ul style="list-style-type: none"> • Best service provider awards to districts, PHCs, NGOs for innovative strategies as well as performance. 		
<ul style="list-style-type: none"> • Of the total financial resources allocated to Panchayats, 10% to be earmarked for performance based disbursement in the field of reproductive health, child health services and female education. 		
<ul style="list-style-type: none"> • Self Help Groups having members with two children each only shall be encouraged by giving special incentives in the form of grants by the Government. 		
Legislative and other measures		
<ul style="list-style-type: none"> • Observance of the minimum age of marriage to be made compulsory for availing of government facilities and services 		
<ul style="list-style-type: none"> • Strict enforcement of provisions for violation of the legal age of marriage, foetal sex determination, etc. 		
<ul style="list-style-type: none"> • Panchayats will be given incentives by awarding special grants to keep register of population, marriages, births and deaths of its jurisdiction and share that database with the State level database. Similarly, districts will be judged and awarded performance award with grants on effective implementation of this policy. 		

<ul style="list-style-type: none"> • Incentives and awards shall be announced for the Gaon Burhas for better performance of their duties for record keeping of the population of the villages. The existing system of record keeping by the Gaon Burahas on population of village, births and deaths shall be strengthened and streamlined.
<ul style="list-style-type: none"> • There shall be strict measures taken by the Government to ensure retention of girl students at school. For this the government shall provide all necessary facilities like girls' toilets, water, etc. in all schools. The defaulting schools may be penalized and better performing schools should be awarded.
<p><u>Other welfare measures:</u></p>
<ul style="list-style-type: none"> • The Government may encourage NGOs and religious leaders who advocate small family norms in the society specially in rural and unserved areas by giving incentives like grants and awards. The religious leader may be given incentives like special passes for travel in ASTC buses etc.
<ul style="list-style-type: none"> • The Government may give incentives to those children who keep their parents with them (and take proper care).

There is no doubt that keeping in mind the volatile population scenario of Assam and the enormous pressure the growing population has put on the state's resources, some drastic steps seem necessary to ensure a healthy social development of the state. There are existing laws (for example, Prohibition of Child Marriage Act.) enforcement of which not only would curb a social menace but also can contribute significantly toward bringing down the population growth in the state. The case can also be made for carefully introducing various forms of incentives and disincentives. However, while such schemes and legal provisions can act as deterrent among the educated and/ or informed population, it may not have much impact on the illiterate and/or marginal sections of the population. It will require an aggressive communication drive toward creating awareness about these schemes and legal provisions along with resolute expansion of the education and health facilities to these people. This is key to the success of a population policy and remains the main challenge before the state government.