

Population Growth and its Impact on Public Health in India: A Legal Analysis

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Abstract

In this article the author after a thorough research on population growth strives to pen down the major factors that envelope the matter of population explosion in India only. The author beautifully states the occurrences of change year wise through the family welfare programs planned and implemented in India along with the consequential changes that took place because of such programs. The National Population Policy, Role of National Commission on Population have been discussed as well followed by the impact of the same on Public health. Most importantly the measures that were taken to control such fast growing population in India have been individually dealt with in order to provide a in depth knowledge to the readers of this article. However the author hopes to have dealt with the matter sensitively and in simple language as well, so as to satisfy the needs of the reader on the mentioned topic.

Keywords: Population, public health, fertility, family welfare program.

Introduction

India firstly adopted the population control policy as a matter of national concern before 1951. The goal of the year 1951 was that “the country was working on stabilizing the population at a level consistent with the needs of the national development.” The problem of population explosion in the country is considered to be the biggest and most fundamental problem which India is facing till date. Why is it that this matter of population turns out to be the biggest problem an the other major problems like poverty, environmental degradation, unemployment etc are more or less overshadowed by this so called fundamental problem. There is no doubt that the pace and momentum in which population growth is taking place today might very soon lead to disastrous situations due to scarce of food, water and shelter etc.

Moreover as we see today water has already become a matter of concern in India.¹

Development of India's Family Welfare Programs: In the Year 1950: When India achieved independence at that time the country's health care services relating to hospitals were predominately available in the Urban areas only. Rural India at that stage seemed to be very underdeveloped. The general physicians were well versed with the women and child health services. In the year 1951, India became the first nation to develop a state sponsored family planning program in the National Family Planning Program. The main goals of this program are to lower the fertility rates and to slow down the population growth as a means to drive the economic development.²

This national program was based on 5 ethical goals such as, “the community must be prepared to feel the need for the services in order that, when provided, these may be accepted, parents alone must decide the number of children they want and their obligations towards them, people should be approached through the media they respect and their recognized and trusted leaders and without off-ending their religious and moral values and susceptibilities, services should be made available to the people as near to their doorsteps as possible, services

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have greater relevance and effectiveness if made an integral part of medical and public health services and especially of maternal and child health programs.”³

In the Year 1960: In the year 1960 many useful medicines which are beneficial for the prevention of six childhood diseases and for effective contraceptives for birth also became available. The family welfare program and various immunization programs were among the primary programs which were added to the national policy. During this era sterilization remained the aim of the national family planning program. Several awareness programs and efforts were made for the promotion of vasectomy and to provide services exclusively to the rural peoples.

In the Year 1970: However in the year 1970 population explosion was though not considered as the chief threat to the nation but many troubles due to increased population were emerged. The government of India had given main concern to this problem. The parliament of India has enacted a legislation namely The Medical Termination of Pregnancy Act, 1971 which can check unwanted pregnancy of women and to get a safe termination of pregnancy after fulfilling the requisite conditions of the law. In this era it is reported a massive sterilization drive done in the year 1976 which is near about 8 million persons.⁴

In the Year 1980: The chief thrust in the year 1980 was to implement the WHO’s “Alma Ata Declaration of Health for all by the year 2000 through establishing a network of health care centres in urban and rural areas.” In the year 1986 a Universal Immunization Program started in 30 districts and subsequently it was extended to cover 448 districts by the end of Seventh Plan.⁵

In the Year 1990: In the year 1990 with the starting of Eighth Plan, several efforts were made under “Safe Motherhood and Child Survival and the Social Safety Net Program” to enhance the access to motherhood and childhood health care services.

National Population Policy: A proficient committee headed by M.S. Swaminathan who was appointed by the government to draft a National Population Policy and finally it came into operation from year 2000. The said policy has set out few goals for the year 2010 such as; “to address the unmet needs for basic reproductive and child health services, supplies, and infrastructure; to make school education up to age 14 free and compulsory, and

reduce dropouts at the primary and secondary school levels to below 20 per cent for both boys and girls; to reduce the infant mortality rate to below 30 per 1,000 live births; to reduce the maternal mortality ratio to below 100 per 100,000 live births; to achieve universal immunization of children against all vaccine preventable diseases; to promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age; to achieve 80 per cent institutional deliveries and 100 per cent deliveries by trained persons; to achieve universal access to information/counseling, and services for fertility regulation and contraception with a wide basket of choices; to achieve 100 per cent registration of births, deaths, marriages, and pregnancy; to contain the spread of the Acquired Immuno-deficiency Syndrome (AIDS) and promote greater integration between the management of reproductive tract infections (RTIs) and sexually transmitted infections (STIs) and the National AIDS Control Organization; and to prevent and control communicable diseases.”⁶

National Commission on Population: On May 11, 2000 under the chairmanship of Prime Minister, The National Commission on Population was constituted along with Chief Ministers of all the states, concerned ministers of the related central ministries, secretaries of the concerned departments, distinguished physicians, demographers and the representatives of the civil society are members of the commission. The commission has given the mandate such as, “to review, monitor and give direction for implementation of the National Population Policy with the view to achieve the goals set in the Population Policy; to promote synergy between health, educational environmental and developmental programs so as to hasten population stabilization; to promote inter sectoral coordination in planning and implementation of the programs through different sectors and agencies in center and the states; to develop a vigorous peoples program to support this national effort.”

Impact on Public Health: The degree and accentuation of a general wellbeing or public health program are essentially impacted by the changing attributes of the populace it serves. Among the different attributes of ongoing population explosion patterns, aging of the populace is a standout amongst the most major in its bearing on national public health.

Human health is in danger as the denser the populace; the simpler airborne ailments can spread.

The increment in overpopulation has prompted issues like urban swarming and ecological changes that have brought about the development of numerous irresistible diseases. Increment in antimicrobial obstruction turns out to be a sudden issue for illnesses, for example. Tuberculosis, Malaria, Cholera, Dengue fever etc.

The overpopulation also results in the contamination and pollution of water. People also die each year due to contamination of water related diseases. Because the virus spreads faster in water than any other platform.

This population growth also explodes the number of vehicles in the society. Due to vehicular use air in the environments degrades by toxic contents and it affects easily with children and older persons. They suffer from various respiratory diseases like Asthma, Lung cancer, Chest pain, Congestion, Throat inflammation, Cardiovascular disease etc.

Rapid population growth has also led to affect of ozone layer. The UV rays of the sun which causes various skin problems like skin cancer and premature aging of skin. It also results in the eye problems like cataract and sometimes it leads to blindness.

Checking Overpopulation: The government has taken various measures to put a check on overpopulation. Only legislation, rules and regulations cannot only put an end to population however medical assistance through proper sterilization can control this problem in India.

Therapeutic Sterilization: This type of sterilization is performed where a person is of sound mind gives consent to such operations. This is very common in the world. A medical practitioner when performed this type of sterilization with the consent of the patient having very less chance of criminal prosecution. However if it is done without the consent of the spouse then it may rise to civil liabilities. This is civil liabilities because of the The Hindu marriage Act, 1955 which is a ground for divorce under the purview of cruelty.

Eugenic Sterilization: This is performed where a further procreation capacity of a mother will weaken physically and psychologically. There is no particular legislation available pertaining to eugenic sterilization in India. In most of the states of United States of America this type of legislation prescribes sterilization. However other modes of sterilization which controls the birth process should be made free and voluntary.

The Injectable Contraceptive: This type of process is a threat to life and health of the acceptor which certainly makes the mockery of her fundamental rights. This process affects women's menstruation cycle and may have bleeding and spotting between the periods.⁷ It occurs mostly during the first few months of its usage but may also occur after the use of injectable contraceptive for some time. Periods and fertility may take up to a year to return after stopping injections, depending on the type of injectable, and this may vary from woman to woman.

Conclusion

After all the above discussions on population growth the author is of the opinion that if the present ruling government of India strives to strike down the unnecessary policies and programs and go for programs which would make aware the eligible couples about the numerous benefits of birth-control, policies that would provide free education to the single child of a couple, implementing strictly the laws on preventing early marriage, arranging a vigorous training program for the family welfare workers and improving the situation by implementing all the above stated suggestions majorly in the rural sectors of India would yield great results.

Ethical Clearance: Not required, as the research article is based on population explosion and its impact on public health. The research is doctrinally undertaken.

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