Society Class 14

22nd August, 2024 at 1:00 PM

IMPACT ON MIGRANTS:

- → Positive impact-
 - Opportunity for upward social mobility.
 - Strengthens social capital.
 - Development of social tolerance.
 - Opportunity for innovation.
- → Negative impact- (Here we are talking about mainly unskilled labour)
 - Devoid of skills, information, bargaining power, etc migrants are often caught in the exploitative labor arrangement.
 - Non-portability of benefits. (like ration, govt. schemes etc.)
 - Their problems are aggravated by the absence of proper documentation.
 - Their hardship magnifies once the state boundaries are crossed (problem of marginal man).
 - They are an easy victim of identity politics.
 - They often remain out of the bounds of both govt. and civil society due to a lack of credible data.
 - There exists a problem of intergenerational transmission of poverty.
 - Since they are confined to the informal sector, there exist the following problems-
 - Fear of job loss.
 - Lack of social security benefits.
 - Lack of creche facility (80% of children of seasonal migrants do not have access to education and 40% have experienced abuse).
 - Lack of housing and sanitation hygiene led to poor health.
 - Hence they are subjected to political, economic, and social exclusion (UN concept of ghost citizen).
 - Lack of proper implementation of the Inter-State Migrant Workmen Act 1979.
- Way Forward-
 - Mainstream migration in National Development Plans.
 - Prioritize the implementation of existing laws. (Like Minimum Wage Act, Equal Remuneration Act, Code of Social Security.)

- Sensitise and train policymakers and government officials, employers, and financial institutions regarding the obstacles faced by migrants in accessing public services.
- Revise the design of the Census and Surveys to incorporate sex-disaggregated data, and age-disaggregated data on migration.
- Conduct a detailed country-wide mapping of internal migration.
- Encourage state-level research institutions to develop state migration profiles, nature, timing, duration, and magnitude of migration.
- Build the capacity of panchayats, establish migrant labor cells, and create interdistrict and interstate coordination committees.

POPULATION POLICY (01:19 PM)

- Questions:
- Q Critically examine the evolution of population policies in India (10 Mark).
- Q What do you mean by Population Policy? Enumerate the factors responsible for its failure.
- Q In the context of 25 years since the last population policy. Critically examine the need and nature of the new Population Policy (10 Mark)
- Concept: (of population policy)
- Purposeful measure that aims to affect the demographic process-fertility, mortality, and migration.
- Types of policy:

 Ante Natal

 Distributional
- Ante Natal- Focus on reducing the Birth Rate to stabilize the population.
- Distributional- To check the distribution of the population to avoid over-concentration. (might be dealing with the issue of sex ratio, age structure, migration etc.)
- Evolution:

(India is still focusing on Ante Natal rather than Distributional and fertility rate comes to 2.0)

- Pre-Independence:
- Period of indifference.
- R.K Mukherjee committee- self-control access to safe and cheap birth control measures, opening birth control clinics, and increasing the age of marriage.
- Bhore committee- a deliberate effort to limit the size of the family is required.
- Post-Independence:
- 1947-51, period of neutrality (integration of PS, Kashmir issue,1st war India-Pak. war, agricultural crisis)
- 1951-61, period of experimentation (1952 National Family Planning Program, Clinical Approach).

(From 1947 to 1951 we didn't focus on population because of other issues then in 1951-61 we focused but population growth was 21% increase then in 1961-71 we adopted methods of education and method of Cafeteria Approach in which we give information to family about every aspect of family planning but this also did not work and population growth was 24%. Now we came up with National Population Policy but this policy was not implemented because of emergency and we consider origin of this policy from 1978 when Janta Party came into power.)

- 1961-71, extension approaches (education-based approach), cafeteria approach, and selective approach.
- 1978- National Population Policy (NPP)- forced sterilization.
- 2000- 2nd NPP.
- Clinical approach:
- According to this approach, services would be provided to those couples who are motivated to visit family planning centers set up by the government.
- Extension approach:
- To educate people about the benefits of a small family.
- Cafeteria approach:
- The government will provide various options for family planning but the choice will be given to the people to opt for any one of them.
- Selective approach:
- They selectively target couples in the age group 25 to 35 to make family planning a success.
- National Population Policy 1978 (01:32 PM)
 - Renaming Family Planning to Family Welfare. (bz drr tha ki family planning ke naam se sarkar gir skti h)
 - Implementation of the Child Marriage Re-strain Act, which increased the minimum age of marriage to 18 and 21 for girls and boys respectively. (earlier it was 14 and 18)
 - Voluntary sterilization.
 - The monetary incentive for sterilization (this was criticized by M.S Swaminathan).
 - Including population education as a part of the study curriculum.
 - Use of Media, for spreading awareness.
 - Thrust towards research in reproductive biology and contraception.
 - The objective of Population Education-
 - Demographic concept and process.
 - Rapid growth of population.
 - Influence of population trends.
 - Population growth and development process.
 - Evil effects of overpopulation on the environment.
 - Develop an appreciation of facts- a small family is desirable, etc.
- → National Population Policy 2000 (01:48 PM)
 - It was introduced with the objective of social and economic development.

- To improve the quality of life, to provide people with the opportunity and choice to become a productive asset in society.
- The policy had three objectives-

healthcare infrastructure

 Immediate objectives- to address the unmet needs for contraception, healthcare, infrastructure, and workforce, and provide integrated service delivery w.r.t to RCH

MCH -> RCH -> (RMCH-RMNCH-RMNCH+A).

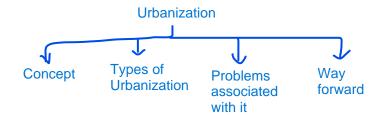
- Mid-term target- to reduce TFR to 2.1 by 2010.
- Long-term target- to stabilize the population by 2045.
- Need for New Population Policy-
- Due to a lack of success on parameters such as IMR, CMR, and MMR, we need a new Population Policy.
- Causes- (of IMR, CMR, and MMR)
- Due to poverty, illiteracy, lack of proper implementation of govt. policies w.r.t Pre-Natal, Peri-Natal, and Post-Natal.
- Pre-Natal-PM Surakshit Matritva Abhiyaan.

(read about schemes which we mention in notes at least ministry and objective)

- Peri- Natal- Janani Surukhsha Yojna.
- Post-Natal- Janani Shishu Suraksha Karyakram.
- High fertility rate leading to maternal depletion syndrome.
- Lack of qualitative medical infrastructure (will be covered in health lecture).
- Unsafe abortions due to stigma related to adolescent pregnancy, and unwed pregnancy.
- The patriarchal system denies women access to contraceptives, safe and legal
 abortion, lack of access and awareness regarding menstrual health, freedom to
 decide the timing and spacing of pregnancy, etc. (these are nothing but examples of reproductive and
 sexual health rights.)
- Lack of safe WASH (water, sanitation, hygiene).
- Superstitious beliefs and practices.

stil

- Although the sex ratio has improved it remains a challenge at birth.
- The pace at which the migration is happening and creating stress on infrastructure and social relationships we need a policy to address this issue.
- The age structure is changing, and the population is aging.
- Hence, we need a new policy to reap the benefit of a longevity dividend.
- Hence we need a policy that addresses the above-mentioned issues, and focuses on the young population, which is based on a piecemeal engineering approach, it should be a convergent approach both horizontally and vertically.
- IMR- 35.2, MMR- 97, CMR- 42.



URBANIZATION (02:20 PM)

- Urbanization-
- Concept- the ideology of Urbanism.
- Types of Urbanization- over-urbanization, suburbanization and counterurbanization
- Problems of Urbanization- housing- slums, socio-cultural, physical infrastructure.
- → Way forward.
 - It is defined as the process of movement of people from rural to urban areas which also involves change in occupation and value system.

It is associated with

- Associated with urbanization is the ideology of Urbanism.
- According to which society is organized along the following lines-
- High level of tech.
- Complex DoL/ specialization.
- Economic independence.
- Anonymity, heterogeneity, individualism, impersonality in social relationships.
- Types of Urbanization-
- Level of urbanization>> level of industrialization- over urbanization- discrepancy in demand and supply- skyrocketing prices of real estate- growth of cities on fringes resulting- Suburbanization- development of public transport and changing nature of work, for example, work from home.
- Suburbanisation- it includes the migration of people and businesses to the suburbs.
- It involves the development of residential, commercial, and industrial areas on the periphery as it is more planned and organized. Ex: Noida
- Urban sprawlit is defined as an uncontrolled and unplanned outward extension of
 the city to the extent of engulfing the nearby rural areas. Ex: Ghaziabad
- It is characterized by the desire to live in big accommodations and access to private transportation.
- However, it is confronted with the challenges of pollution, traffic congestion, environmental degradation, and a decline in community living.
- Counter-urbanization- it is defined as a social and demographic process where people move from urban to rural areas due to inner city deprivation, overcrowding, pollution, and an overall decline in the quality of life, for example, farmhouse culture.

NEXT CLASS TOPIC: Continuation of Urbanization.