

Paper II Chapter ②Demographic Profile of India

Indian population :- factor influencing its structure and growth.

India is second most populous country in the world, sustaining 16.7% of world's population on 2.4% of world's surface area. Every sixth person in the world is an Indian.

According to recent world population prospect Report 2019 India will surpass China by 2027. Almost half of the rising population comes from BIMARU states [Bihar, M.P., Jharkhand, U.P., Chhattisgarh and Rajasthan] creating pressure on already weak resources.

Though the numbers are increasing for net population, the population growth rate has decreased in recent time [According to NFHS-4, Total fertility rate - 2.18 and 24 state in Country already achieved replacement level of fertility].

In long run, India targeted a stable population by 2045, at a level consistent with requirement of sustainable economic growth, social development and environmental protection.

(Demographic Transition) :-

- 1891 - 1921 : Stagnant population
- 1921 - 1951 : Steady growth
- 1951 - 1981 : Rapid high growth [Popn explosion]
- 1981 - 2011 : High growth with definite signs of slowing down.

(Structure of population)

- ↳ Age structure of population (Age groups)
- ↳ Sex structure (sex ratio)
- ↳ Regionwise variation
- ↳ Feminization of elderly
- ↳ Impact of epidemics & disease condition on population, life expectancy variation.
- ↳ Impact of migration, urbanization on the demographic changes.

Cause of population Growth :-

- # Broadly
- 1. High birth rate
 - 2. Low death rate
 - 3. Immigration.

① High Birth Rate :-

(a) Economic factors :-

- ↳ Predominance of Agriculture hence requires higher labour.
- ↳ Slow urbanization and Predominance of villages.
- ↳ Poverty - Labour as an economic asset
i.e. Economic rationale of large family.
- ↳ Land reforms

(b) Social factors :-

- ↳ Near universalisation of marriage in India.
- ↳ Early marriage [Add current facts].
- ↳ Joint family system and patriarchy leads to want of male child [Eco. Survey 2018]
- ↳ Level of education is linked with fertility rate. Decision of family size, Access to contraceptives depends on education level.

(c) Religious factors :

↳ Almost all religions considered children are gift of gods and suggest to have as many as possible

(d) Political factors :

↳ Lack of effective family planning programme

↳ Lower level of awareness about family planning

↳ Inappropriate Coercive actions [1976 policy]

↳ National population policy : Poor Implementation.

② Low Death Rate Causes :- ↓ IMR, ↓ MMR

(a) Progress in medical knowledge

(b) Control of epidemics like small pox, plague, etc.

(c) Improvement in sanitation and hygiene

(d) Food security improvement [Green Revolution]

(e) Improvement in health and education facilities.

(f) Peaceful environment [No major war like situation or violence].

③ Immigration :-

Effects of High population :-

① Economic :-

- Lower per capita Income
- food security issue
- Unemployment.

② Social :-

- Lower standard of living
- Educational status lower than developed countries
- Medical facilities access inadequate
- Housing issue - slums.

③ Legal Impact :-

- High crime rate, poor law and order condition
- High level of corruption.

④ Environmental :-

- Poor sanitation, pollution
- Exploitation of limited natural resources - soil, water Air at unsustainable level.

⑤ Political unrest in various region due to change in demography, population pressure.

⑥ Slow economic growth.

Remedies for population control :-

(A) Social Measures :-

- Improve education level, specially among female.
- Address the religious dogmas.
- Child marriage prevention
- Effort to improve sex ratio, ↑ women status.

(B) Economic Measures :-

- Industrial sector expansion
- Poverty reduction and improvement of per capita income through equitable distribution.

(C) Government Initiatives :-

- Robust family planning programmes.
e.g. Mission Parivar Vikas
- Promotion of small family norms
- Improve health services & accessibility.
- Promotion of contraceptive use [ASHA worker]
- Public awareness about population explosion.
- Improve maternal & childcare health system.
- Santusti & Peerana strategies.
- Counselling centres for family planning
- Role of NGO, local doctors, civil societies, local bodies.
- focus on BIMARU states.

Evaluation of population policies

India was one of first developing country to start family planning programme in 1950s. In 1966 new Department of family planning was created.

↳ 3rd five year plan : Community extension Approach :

- Primary Health Centres and subcentre
- Education, Motivation and community campaign to increase awareness about family planning programme.

National Population Policy 1976 :-

Features:-

- (i) Increase age of marriage from 15 to 18 year for girls and 18 to 21 year for boys.
- (ii) Freezing representation on 1971 census for Parliament and State assembly election.
- (iii) 8% of central assistance set aside by state for family planning.
- (iv) Greater attention to girl education & child nutrition.
- (v) Increase monetary incentives for sterilization.

Working Group on population policy, 1979 :-

- ↳ Spelt out longterm goals of reducing Net Reproductive Rate to 1 by 1996 from 1.67.
- ↳ The Average family size would be attained reduced from 4.3 to 2.3 children.
- ↳ Population stabilization will be attained at 1200 million by year 2050.
- ↳ Birth rate per 1000 population would be reduced to 21 from 33 in 1978.
- ⇒ As per 1991 census data, above goals were not attainable under those strategies.

Swaminathan Expert Group, 1994 :-

- ↳ Expert Group prepared the first true draft population policy based on following aspects:-
- (i) Motivate target group through media
- (ii) Liberal supply of contraceptives.
- (iii) Provides financial & other incentives.
- (iv) Protect couples through sterilization and other measures like IUD, pills and condoms.
- (v) Provides adequate Health services to mother and child.

Defects in policies at conceptual level :-

- ↳ Policies are governed by retarding population growth, this expected to eventually bring about Poverty alleviation, undernutrition and literacy.
- ↳ Never look family planning as family welfare programme.
- ↳ Two important cause of population growth IMR and poverty did not received adequate attention in policies.
- ↳ Viewed population policy in isolation of developmental programme and never integrated them with e.g. Health, education Programme.
- ↳ low level of focus on rural and female literacy, status of women, Immunization, etc.
- ↳ Most of the policies were target centric and Administrative Centric, hence sometime coercive measures used to achieve targets.
- ↳ Policies were topdown oriented (centralised) hence failed to address local sociocultural factors.
- ↳ Lack of adequate thrust from government to Policies and programme.

Defects at Implementation Level :-

- (i) Inadequate in couple protection.
- (ii) Deplorable condition at Health Centres and family welfare camps.
- (iii) Poorly trained, poorly paid health workers (Half hearted approach) result in death of women in many cases (Chhattisgarh case).
- (iv) Female bias in sterilization (more than 80% cases).
- (v) Numerical target approach.

Prospective Strategies :-

- ① Improve quality and outreach of health services
- ② Focus on high density population area (High total fertility rate - BIMARU state).
- ③ Cafeteria approach to choose method for family planning or contraception.
- ④ Focus on addressing root cause :
 - Improve women education, social status.
 - Poverty reduction programme
 - Health and education focused approach.

- ⑤ Improve community participation at each stage.
 - ⑥ Use of media, NGO platforms.
 - ⑦ Better package of compensation to improve participation in sterilization programmes.
 - ⑧ Information facilities, counselling centres for family planning.
 - ⑨ Inter-sectoral co-ordination mechanism
 - ⑩ Child care and motherhood programmes.
 - ⑪ Autonomous population commission establishment.
 - ⑫ Integrated approach with other development programme
 - ⇒ Mission Parivar Vikas.
 - ⇒ National Health Policy
 - ⇒ National Stabilization fund.
- # "Development is the best contraceptive.."

National Population policy 2000 :-

Immediate objectives :- To address the unmet needs of contraceptives, healthcare infrastructure and integrated service delivery for basic reproductive and childcare. To bring total fertility rate to replacement level by 2010 [2.1 replacement level]

Longterm Objectives: National socio-demographic goals for 2010.

- (i) To achieve stable population by 2045.
- (ii) Reduce infant mortality rate to below 30 per 1000 live birth.
- (iii) Promotion of small family norms.
- (iv) Reduce maternal mortality rate to below 100 per 1 lakh.
- (v) Universal Immunization of children.
- (vi) Make school education upto age 14 year free and compulsory.
- (vii) Universal access to information and counselling for fertility regulation.
- (viii) To make family welfare programme a people centric programme.
- (ix) 80% institutionalise delivery and 100% delivery by trained person.
- (x) 100% Registration of birth, death, marriage and pregnancy.
- (xi) Prevention and control of communicable diseases.
- (xii) Integrate Indian system of medicine in provision of reproductive health services.

Strategic Themes :-

- ① Decentralised planning and Implementation
- ② Convergence of service delivery at village level.
- ③ Empowering womens for improved health status.
- ④ focus on underserved population groups.
- ⑤ Collaboration with NGO and civil society organisations.

Achievements and evaluations :-

- ↳ Improvement in reduction of IMR, MMR.
- ↳ Right to education Act : Achievements
- ↳ Improved status of immunization and institutionalized deliveries.
- ↳ Maternity benefit scheme started.
- ↳ Health Insurance scheme.
- ↳ Contraceptive access improved.

- Q. Do we (India) need new population policy and what should be it's target content Considering present population situation?
- Use of NFHS data, various survey, UN reports linked with SDG Goals, Demographic dividend.
 - changes in priorities, socioeconomic conditions Political demands e.g. delimitation of Constituencies.

Feminization of Elderly population :-

- Reasons
- Impact / effects
 - vulnerability
 - Health sector
- Measures

Age specific and sex specific mortality rate :- (Lancet study report 2014)

- Reasons
- variation / distribution of mortality rate
- Impact on various sectors
- How to minimise impact (Adverse Impact)

Sex Ratio → Variation. (Lower sex ratio)

- Sex ratio → 2001 - 933
2011 - 943
- child sex ratio → 2001 - 927
2011 - 919

- ↳ Reasons for low sex ratio :- social, economic, political
- ↳ Impacts :- Social, economic, ... etc.
- ↳ statewide, community, religionwise variations
- ↳ measures / solutions to improve :-

National family Health survey -4

(2013-15 data)

→ Total fertility rate : $\rightarrow 2.18$ (world Average) is 2.3

→ Change in Age Composition :-

→ under 15 year : $\rightarrow 35\%$ (NFHS-3) $\rightarrow 29\%$ (NFHS-4)

→ Below 19 year : $\rightarrow 41\%$ (2011) $\rightarrow 25\%$ (2041)

→ Above 60 year : $\rightarrow 10\%$ (2018) $\rightarrow 16\%$ (2041)

→ Peak demographic dividend \rightarrow 2041
After that India will start losing
advantage of having young population.

→ Impact of change in Age composition

→ Burden on society : Increase dependent population after 2041

→ Double burden on government

→ Economic changes : - jobs, Industry.

Solutions

→ Investment in human resources for example health, education & skill.

→ Social security net need to improve

→ Economic adaptation considering change in Age composition.

World Population Prospect Report 2019

- ↳ India will be most populous country by 2027.
- ↳ In 2050 India's population will be 1.64 billion
- ↳ Peak demographic dividend by 2047 (for South Asian countries).
- ↳ Increased trend of post working population hence increase pressure due to dependency.
- ↳ Increase Ageing population :- Impact
 - Labour market - Eco. performance of country
 - medical and health sector changes.
 - pension and social protection field will have opportunities.
 - changes in infrastructure.
 - Social Impact.

Economic Survey - 2019 Chapter 7 :-

India's demography at 2040: planning public good provisions for 21st century.
[Read Chapter in detail about changes in population structure, its reasons & effects].

Role of Anthropology in population Management

Conference on population studies in 1973 Oshkosh (USA) recognise importance of anthro. in population management.

Belief and customs concerning human reproduction have been subjected to anthropological research. Any population programme that does not consider culture could not be successful, this is a warning for the administrators and planners to consider human cultural angle in any population policy.

Anthropology can be useful in studying social factors which are related to fertility.

Social factors and fertility :-

- (i) strong emphasis on male line descent for political power and social prestige. Hence when failure to produce desired number of male child, number of children (total) will increase [son meta preference].
- (ii) High IMR in simple societies .hence produce more children
- (iii) more children : useful for labour.
- (iv) Religious dogmas : children gift of God, son for religious rites, insurance during illness and oldage.
- (v) Lower Age of marriage: High fertility rate.
- (vi) lower the status of women : Higher fertility rate.
- (vii) Polygamy practices.

(viii) Taboo : Contraceptive use considered taboo in some communities hence high fertility.

(ix) Tendency to reproduce more in Agrarian society:-

- To support Agriculture
- Send some member to cities for jobs
- Jajmani System : larger families gain more.

(x) New land reform help large families to maintain ownership of land within family.

Advantages of Anthropology Involvement :-

- (a) field work study : develop rapport at local level
- (b) use of combined technique : Interview, life history...etc.
- (c) Comparative study between regions, communities.
- (d) Felt need approach used in anthropology.
- (e) Holistic study of culture and its impact on popn.
- (f) Conjunction with survey : validates findings

Anthropological suggestions for population policies

- (i) Decentralised and localised approach.
- (ii) Improve access to health services - women physician.
- (iii) Attitudinal change, cultural & Gender sensitive Approach
- (iv) Consider cultural angle in policy, contraception use.
- (v) Communication and awareness.

Morris Opler : Population control plan need to consider these cultural relationships with fertility. without these consideration plan would not be successful.