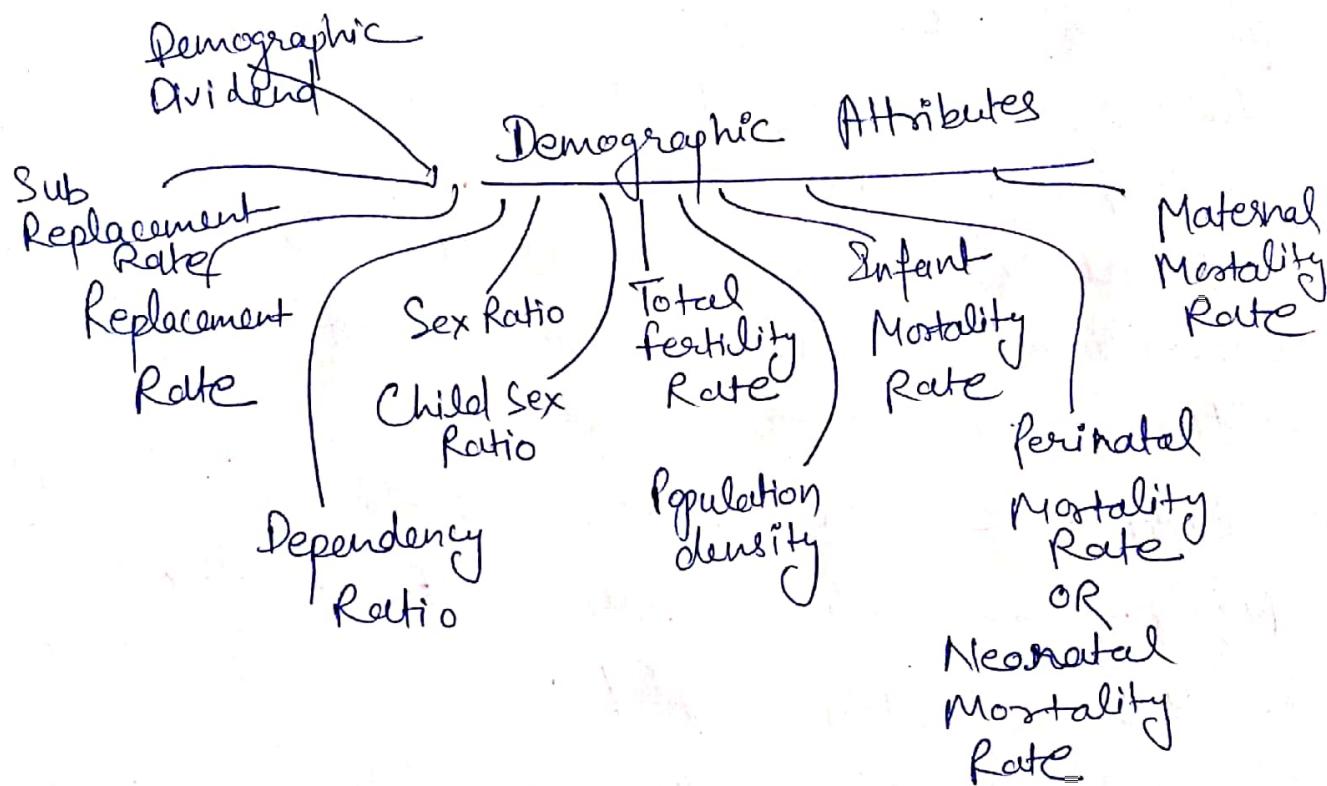


Population and Related issuesTotal fertility Rate

How many children / No of children a hypothetical woman would be a if she live^s the reproductive age group 15-49.

Population Density → No of people per sq km land.

Infant Mortality Rate → No. of death among the children before the age of 1 year per thousand life births.

Perinatal Mortality Rate → No of death among fetus between the age of 0-27 days. among thousand life births.

Maternal Mortality Rate is the number of women who die in child birth per one lakh life births. ②

Replacement Rate

It is the condition in which the parents will be replaced by their kids without any vacant space or a surplus kid.

Subreplacement Rate

Subreplacement fertility is a total fertility rate that if sustain leads to each new generation being less populous than the older, previous one in the given area.

Dependency Ratio - It is a measure comparing the portion of a population which is composed of dependence with the portion that is working age group generally defined as 15-64 years.

Demographic Dividend - It is defined as the economic growth potential that can result from shift in population age structure, mainly when share of the working age population (15-64) is larger than the non-working age share of population.

Sex Ratio - No of female per thousand male ratio is called the sex ratio.

Child Sex Ratio - No of female per thousand male population between the age (0-6) year.

(3) Since 1981 Indian census have made available data on population in the age group 0-6 by sex, as a by product of information on literacy rates which are calculated for 7+ population, enabling calculation of sex ratio of children in the age group 0-6

Demographic Graph

It is combination of high fertility and declining mortality in developing countries resulting in period of high population growth rate.

- 1> Malthusian Theory of Population
- 2> Marxian Theory of Population
- 3> Demographic Transition Theory

* Malthusian Theory of Population

Thomas Robert Malthus

- Given by
- He was concerned about rising population & availability of food grain.

It explains the relationship between the growth in food supply and in population. It states that population increase faster than food supply and if unchecked leads to crime or misery. The Malthusian Doctrine is stated as follows -

- (4)
- There is a natural sex instinct in human being to increase at faster rate. As a result popn increases as a geometrical progression and if unchecked doubled itself after every 25 Year.
 - On the other hand the food supply increases in a slow arithmetical progression due to the operation of the law of diminishing returns based on the assumption that the supply of land is constant.
 - Since population increases in geometrical progression and food supply in arithmetic progression, popn tend to outrun food supply.
 - To control over population resulting from the imbalance between population and food Supply, Malthus suggested preventive check & Positive check.
 - The preventive check are applied by a man to control the birth rate. They are late marriage, Celibacy, Moral restrained etc.
 - If people failed to check growth of population by adoption of preventive checks ; positive checks operate in the form of war, famine, deseases, flood etc. which tend to reduce population and

(5) thereby bring a balance with food supply.

According to Malthus, preventive checks are always in operation in a civilised society, for positive checks are crude. Malthus appealed to his countryman to adopt preventive check in order to avoid wise or misery resulting from positive checks.

Marxian Theory of Population

He criticised Malthusian theory for its shallow perspective.

- Marx considered that society consists especially of two major classes feudal and capitalist society, ~~has~~ have the rich and poor.
- Rich were those who have means of production and earned their profit by exploiting poor.
- On the other hand poor were those who sell their energy and will to work to these rich people in the exchange of wages.
- The employer earn profit by exploiting poor, this profit is known as surplus profit.

According to Marx, in no country of the world population increases on account of fertility

but it increases only on account of capitalistic policies. The Capitalists make labour part of their production. By installing labour saving machines a capitalist wants to have maximum surplus value out of that. As a result of this unemployment spreads, wage decline and poverty increases. The poor population can not nourish their children on account of their poverty thus they tried to increase population by reproduction so that the next generation would also help him to generate extra wages.

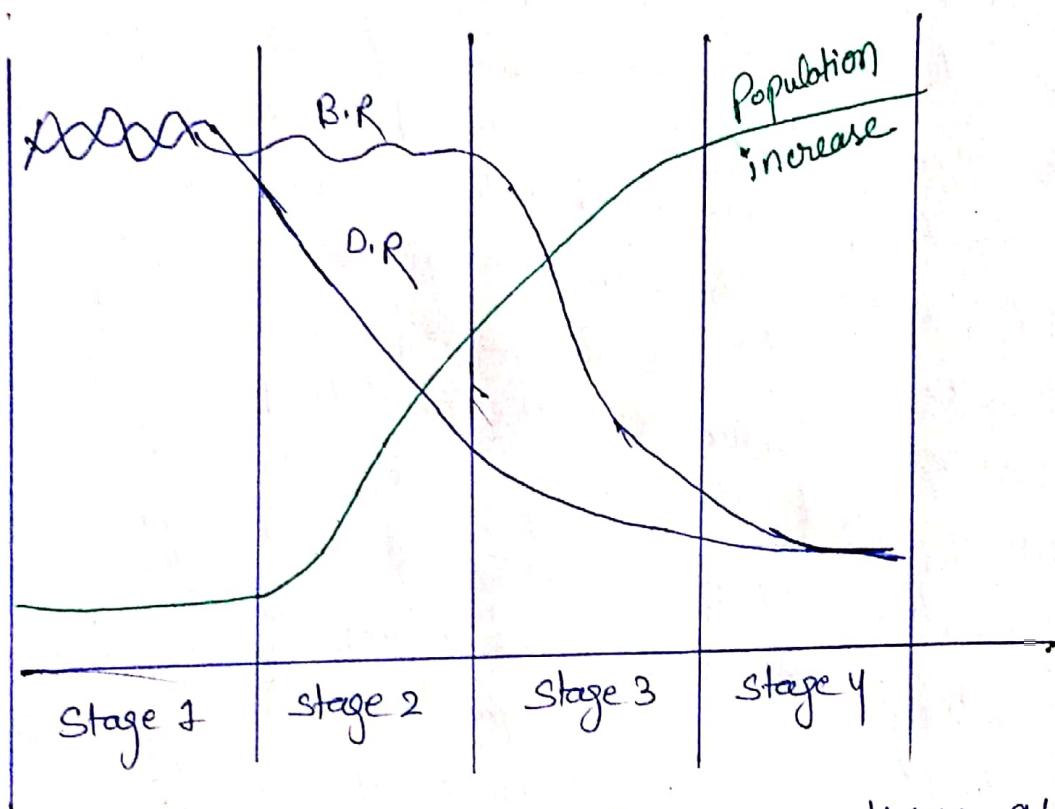
However due to increased in advanced technology an excesses labourers the condition of surplus population and unemployment generates.

This is the main cause of misery. According to him the main cause of surplus population was wrong politics of Capitalist. Marx was of the view that in a socialist society reproductive behaviour would developed a complete harmony between individual and the society.

Demographic Transition Theory(DTT)

W.S Thomson and F. K

They based their view on the trends in fertility and mortality in Europe, Latin America & Australia.



The Theory made the following three assumption

- Decline in death rate would come before the birth rate.
- Subsequent birth rate will follow the death rate.
- Socio Economic transformation takes place simultaneously with the demographic transformation

Stage 1

This stage is characterised by High agrarian society. The subsistence is mainly dependent on primary activities moreover the death rate are higher in this stage due to various disease and lack of medical facilities and high birth rate can also be seen. High gender disparity is also one feature of this stage. Most of the African country today are in this stage.

Stage 2

This stage is characterised by decline death rate due to improved health facilities and High fertility rate and thus subsequent high birth rate and population explosion. Overall population ^aexpands thus problem of resources become significant. The life mobilisation start improving. the processes of industrialisation and urban development become prominent. Large families are no longer in assets. Most of the developing countries are in this stage. India was in stage until 2004 now it is in stage 3.

Stage 3 → In this stage birth rate start falling and tries to catch the death rate.

Thus this stage is characterised by decline in the rate of growth of population.

⑨ due to increase in life expectancy age-sex pyramid shows barrel shape.

Stage-4 - The stage is characterised by low birth and death rate and thus stable low population. High level of industrialisation growth of secondary and tertiary activity, High standard of living and almost 100% literacy, are some of the features. All developed country are in this stage.

Trend of population growth in India

- 1> The stage of stagnant population (1901-1921)
- 2> " steady growth (1921-1951)
- 3> " Population explosion (1951-1981)
- 4> The stage of population growth but steady signs of decline (1981-2011).

Population Growth in India since 1901

Period of stagnant population (1901-1921)

- 1> High birth and death Rate
- 2> Year 1921 is also called Demographic Divide reasons for High death Rate are epidemic of Influenza, plague, small pox etc.

Other reasons are world war I, Emigration, food shortage caused droughts.

Period of steady Growth

- An overall improvement in health and sanitation throughout the country
- Better transport and communication system improved distribution system.
- The crude birth rate remained high in this period leading to higher growth rate than the previous phase.
- This period is also known as Mortality induced growth.

Period of population Explosion

- This caused by rapid fall in the death rate but high birth rate.
- The average annual growth rate was as high as 2.2 percentage.
- High birth rate was due to better living condn and scientific developments.
- due to increased international migration from Tibet, Bangladesh, Nepal and Pakistan. India's growth rate exploded.

Period of population growth but steady signs of decline

(ii)

- It is due to decline in crude birth rate.
- due to increase in mean age at marriage
- Improvement in female literacy and empowerment
- Better scientific development and access to common man

Trends in Population Policies in India

Before independence the British did not consider population growth as a problem. Their attitude towards birth control was indifferent because they never wanted to interfere with the values, beliefs, customs and tradition of Indians. That is why this phase is called period of indifference. After independence government of India could not take much steps in the initial period as we were busy with post independence problem like rehabilitation of people, following the partition, reorganisation of the stage and Pakistan invasion of Kashmir. However at one of the meeting of planning commission 1949 Jawaher Lal Nehru emphasised on the need for family planning program in India.

In 1952, India was the first country in the world to launch national program, emphasising family planning to the extent necessary for reducing birth rate to stabilize the population at a level consistent with the requirement of a national economy. "We too Ours two" (Hum do Hamare do) is a slogan intended to reinforce the message to family planning. Thereby along with mass communication media plus traditional cultural media used to develop social support the idea of small family. After 1952, sharp decline in death rate were, however not accompanied by similar drop in birth rate stop. The national Health Policy 1983 stated that replacement level of total fertility rate should be achieved by year 2000.

In general direct efforts on the part of govt. to promote family planning have had only limited success in India. In large part this has been due to factors which have traditionally operated in Indian culture and society to promote large family.

(13)

In Hally policies which form clinic expecting that people would come out on their failed, due to deep rooted tradition and need for the people for the labour.

It was 1960s where the mode of population policies had changed from clinics to Home Visit by family planning workers to bring awareness among people. Despite these efforts the population of India continue to grow at an alarming rate which led to the establishment of infamous sterilization camp in 1976 but the political situation of the country along with widespread negative publicity made the government to suspend the sterilization program.

Here, however it might be noted that most common family planning mode have proven difficult to implement under Indian conditions, where govt efforts are concerned only three methods are advocated.

sterilization → It has traditionally met with strong resistance among uneducated sector of the population who associates it with

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loss of femininity. As it is often irrevocable, it has been a source of concern in a society where couples ^{who} may have already several children risk losing some or all of them as a result of factors such as epidemics, Earthquake and floods.

In regard to IUDs, which has been promoted since its introduction in India in 1963, the method has not proven popular because of the relative frequency of excessive bleeding and involuntary expulsion. Taking note of the fact that in traditional society, ~~Gynecologist~~, ^{gynecologist} ^{obstetrician} ~~obstetrician~~

and other fields requiring intimate contact and conversation with women are invariably reserved for female doctor only, the real problem is the lack of sufficient number of dedicated women physician who are willing to work in rural areas and spend some time in pre-insertion and post insertion follow up of their patient. The third major mode of contraception that is use of Condom has been a marked increased uses in India in recent year.

(15)

However much ^{this} increase has been due to fear of getting contracted with AIDS rather than family planning methods.

National Population Policy, 2000