CHAPTER - VIII

Summary and Conclusions
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CHAPTER I: INTRODUCTION AND METHODOLOGY

The speedy population growth in India particularly during the post-independence period generated a sort of thinking in the minds of the educated and the Government to reduce population growth in India in particular and Developing Countries in general by reducing the birth rate in the next coming decades during the 21st century. Being the second highest population country in the world, India is trying her level best through its effective family planning programmes and also through the development of education and health for the rural population. It is with this background that a study of demographic transition of India has been chosen for this work with the major objective of studying the population growth pattern and its related variables during the post-Independence period. The same is also thought of testing the objectives with the concern hypotheses.

A lot of review has been made by analysing various studies done/conducted on this subject in India. Country as a whole along with its states and union territories has been identified for this study, through various sources of secondary data available. The entire work has been organised into eight major chapters.
CHAPTER - II : STUDY AREA

Being the second largest in population size and occupying 8 per cent of the world area, India is having its own long history in its political and economic development. So many kings have ruled the country for a very long period excluding the British colonial rule for a period of 400 years. Still it is having its own culture and has been identified in the world economies. It consists of potential minerals and natural wealth which have to be tapped properly for the future development of the country. The soils are very good in fertility and suitable to grow many varieties of crops with sufficient waters flowing in the perennial rivers like Ganga, Bramhaputra, Godavari, Krishna, Kaveri etc. It consists of different religious groups declared it self as "Secular" by treating all religious and castes with equality (Social equality), even though Hindus shared 82 percent of the population, followed by Muslims (11.7 percent) and Christians (2.3 percent). India has 18 official languages as on today and Hindi is recognised as the official language by the constitution of the country.

The new educational policy of the country initiated the Government to go for free and compulsory education for the children in the age group of 7-14 years. Accordingly the educational expenditure is increasing slowly both by states and also by the centre. Non-formal educational development is also initiated for all categories of population in the country. The number of educational institutions is increasing abnormally on par with the increasing students' enrolment in all categories of schools, colleges and universities.
Health is also given priority in order to reduce absentism among the working group. The Government is taking initiative to provide health for all, particulars for those living in rural areas who require proper health services. The Government has started concentrating on the development of rural health infrastructure under the minimum needs programme. The main objective of the National Health policy is to provide preventive, promotive, curative and rehabilitative health services to the people. The idea is to place the health of the people in their hands through the primary health care approach.

CHAPTER - III: THEORY OF DEMOGRAPHIC TRANSITION

The theory of demographic transition is a realistic approach in the case of advanced countries which took nearly 140 years to enter into the last stage of transition through the reduction of birth rate and death rate through economic development. But the present developing countries are trying their level best to reduce population growth through the transformation of their societies from high fertility levels to low fertility levels. But the time is not in favour of them as the increasing population is retarding economic development and the benefits of economic development are insufficient to meet the minimum requirements of the growing millions of the population.

The theoretical task of explaining modern fertility transitions as a consequence of decline in mortality and the socio-economic changes that have transformed rural agrarian societies into modern industrial once has been the central question of the scientific field of demography. Until the 1970's, the
theory of demographic transition was almost universally accepted by demographers and was widely disseminated in introductory text books through stylized graphs and an interpretation of declining fertility in response to the modern forces of industrialization, urbanization, and literacy. These processes have occurred in many western countries during the nineteenth and twentieth centuries and were presumed to be on the near term horizon of many developing countries.

CHAPTER IV: POPULATION GROWTH IN INDIA

According to 2001 census data, India's population stood at 1027 millions or 102.7 crores, which is second in the world economies. This is followed by U.S.A, Indonesia, Brazil etc. The census data was collected in India for the first time in 1871 and thereafter for every ten years the census department is collecting population data continuously without any break. On the basis of the population growth in India from 1901 to 2001, it is divided into certain phases. Phase I - from 1901 to 1921 whose population had a negative growth rate due to heavy mortality.

Phase - II is related to the period 1921-51, whose population growth increased slowly and the population increased by three times during this period. In this phase some states like Bihar, Haryana, Himachal Pradesh, Madhya Pradesh, Punjab, Tamil Nadu and Uttar Pradesh have less population growth than the country's average growth rate on the basis of the growth rate of population all the states have been categorised into five groups i.e. Group A; Group B; Group C; Group D and Group E.
In phase III- 1951 - 81, marked a great landmark in the history of the population growth in the country, whose growth rate was phenomenal. Many States and Union Territories have been showed abnormal growth rate of population because of rapid decline in death rate due to medical and health technological revolutions spread from advanced countries to the developing countries.

From 1981 to 2001 is treated as phase IV, characterised by declining and steady growth rate of population. In some of the states like Andhra Pradesh, Tripura, Arunachal Pradesh, Pondichery etc., there is a significant declining trend of population growth.

The sex ratio in the country has been declining due to lower status of women in the society and family, low age at marriage for girls, lower literacy and lower educational standards among women, gender discrimination etc.

The density, another demographic variable which is depending on the size of population and the land area available, is increasing abnormally due to high population pressure particularly in some of the metropolitan cities like Kolkata, Mumbai, Delhi, Chennai etc. The population is facing lot of problems particularly accommodation, drinking water, and sanitation.

The literacy rate is increasing slowly and the gap between male and female literacy is reducing fastly, which is a good sign of future development.
Data on fertility and mortality trends were estimated from census data, SRS and also from NFHS, and NFHS-2 besides referring certain other individual studies. The Crude birth rate was very high in the beginning of the 20th century. Slowly it has been reduced, but the rate of reduction is very less. The decade-wise birth rates indicates that the rate of fall down is increasing and the highest fall down is observed during 1971-81 decade. Again much differences were observed between rural and urban birth rate, where rates were very high. The total fertility rate was observed very high in 1950's, which has declined to reasonable level by 1990's. Even then it is on higher side. The age-specific mortality trends indicates that during the age group of 20-24 it is recorded as the highest and during the age group of 45-59 it is recorded as the lowest. Here also there is considerable decline during 1950-1997. Birth order varies by the age of the mother and residence. The highest proportion of births to mother's age of 15-19 are of order one, while 70 percent of births to mothers age of 30-39 are of order four or higher. Birth order variations were also shown state-wise, where Kerala state is having the lowest, and Uttar Pradesh is recorded as the highest.

Fertility variations were also observed according to religion, which shows that Muslims were having the highest fertility and it is followed by Christians and Hindus.

The educational status of the husband and wife has a significant association with the fertility rate. Most of the studies conducted in India
indicates that educational levels particularly of the mothers are associated with the number of births and according to it higher educational levels are associated with lower fertility and vice-versa.

The female age at marriage is also one of the important determinants of fertility levels. In countries like India, still the age at marriage of the female is low, so that there is high birth rate, even though there is an increasing trend in the age at marriage. The age at marriage differs from rural to urban and also by religion. In certain states like Kerala, Assam, Punjab, Tamil Nadu, Gujarat and Orissa the mean age at marriage is higher than the national average.

Another important determinant of population growth is mortality, which is closely associated with the fertility. There is considerable declining trend in the mortality rate particularly during 1960's and 1970's due to the medical and health technological changes, on par with modernization, industrialisation and urbanisation. But still the rural mortality rate is somewhat higher even after five decades of planned economic development in India.

There is transition from high occurrence of communicable diseases to non-communicable diseases during the past five decades of development in the country. This long-term shift in health and disease patterns has brought down the death rates from a very high levels to a very low level.

The infant mortality rate is considered as a very sensitive index of health condition of the country. It is affected by biological as well as environmental conditions. The biological factors include the age of the mother, order of birth, time interval between births etc. The environmental
conditions include social, cultural and economic factors. In India both are interlinked and they are inter-woven, so that the infant mortality rate is still high.

The expectation of life at birth is increasing slowly and it has reached to 68.5 years for males and 62.5 years for females. The total is recorded at 64.5 years.

Kerala state is recorded as the highest expectation of life at birth due to its advancement in education and health and the lowest is recorded in Assam and Uttar Pradesh states. There is in certain states for better improvement like Karnataka, Tamil Nadu and Maharastra.

CHAPTER VI : URBANISATION AND URBAN GROWTH IN INDIA

Urbanisation is a part of the demographic transition and this refers to the proportion of population living in urban areas. The degree or level of urbanisation can be measured through the ratio of urban population to total populations. As per the available data Australia is having the highest urban concentration followed by Newzealand, Japan, U.S.a, Europe, Russia etc.

The urban population in India rose from 25.8 millions in 1901 to 62.4 millions in 1951 and further to 285.3 millions by 2001. The percentage of urban population increased from 10.84 in 1901 to 17.29 in 1951 and further to 27.78 in 2001. The decennial growth rate indicates that the decade 1971-81 recorded the highest urban growth particularly in class I and Class II Towns and cities. The number of Class I towns increased abnormally from 76 in 1951 to 296 in 1991 and similar trend is observed in class II towns also class
IV and class V number increased rapidly and a declining trend is observed in class V and VI towns, due to urbanisation of rural areas. 65 percent of the urban population is living in Class I towns and cities alone. The next higher percentage is living in class III, followed by class II and Class IV. Negligible population is living in class VI towns.

Among the important metropolitan, urban agglomerations Mumbai is having 16.36 percent of the population, followed by Kolkata, Delhi, Chennai, Bangalore, Hyderabad, Ahmedabad etc. The lowest is observed in Rajkot U.A. The number of megacities increased to six in 2001 census.

The state wise urban population data shows an interesting picture, where Maharashtra state is leading as number one followed by U.P., Tamil Nadu, West Bengal, Andhra pradesh, Gujarat etc. The Lowest percentage of urban population is recorded in Sikkim.

The rapid urban growth in India in particular and all the developing countries in general created havoc for the people in the form of shortage of housing accommodation, sanitation, water supply, urban congestion, environmental pollution, urban slums etc. On par with poverty and unemployment. Inspite the Governmental and voluntary organisations efforts, the people are unable to meet their basic requirements whose quality of life is falling down rapidly, leading to a number of social, political and institutional disturbances in the country.
Population policy became inevitable on the part of the developing countries like India to reduce the growth rate of population by influencing fertility and mortality levels. Family planning programme is one of the methods to control population growth by following anti-natalist population policy.

The credit goes to India for implementing family planning programme as the first country of the world to reduce the total number of births by following certain measures like spacing for birth advice on sterility, education for parenthood, sex education, screening for pathological conditions related to the reproductive behaviour of the mother, genetic counselling, marriage, counselling providing services for unmarried mothers, teaching home economics and nutrition, providing health and medical care for mothers and children etc.

In the beginning, the family planning programme was the very centre of planned development. The 42nd amendment of the constitution in 1976 made the programme as "Population Control and Family Planning" a concurrent subject. Later on the government took serious steps to implement family planning programmes on war foot basis in order to achieve the set targets. In every five year plan the expenditure for the programme has been increased to in order to meet the medical and health services for the mothers and children. The coercive methods of family planning in 1976 failed and later on a voluntary adoption of the programme was implemented through proper educational orientation and other social and economic benefits.
On the basis of the performance of the individual states in the country, all the states have been grouped into three categories ie., Group - A with effective couples protection rate of 25 percent; Group - B with effective couples protected rate of 15-25 percent and Groups - C with above 15 percent of effective couples protection rate. In Group - A, states like Andhra pradesh, Himachal Pradesh, Kerala, Haryana, Maharastra, Punjab and Tamil Nadu will come. States like Assam, Karnataka, Madhya Pradesh, Orissa, West Bengal and Mizoram will enter in Group - B. States like Bihar, Jammu & Kashmir, Rajasthan and Uttar Pradesh and also some small states like Manipur, Meghalaya, Nagaland, Sikkim, Tripura and Arunachal Pradesh were categorised as Group - C.

The strategy of the Government of India in order to strengthen the family planning programme and also to achieve some demographic goals, certain factors like promoting two-child family norm, advancing the age of marriage of girls to 20 years, promotion of spacing methods, increasing demand for contraception to achieve a Couple Protection rate; incrasing female literacy rate, enhancing the child survival through universal immunization programme, linking anti-poverty programmes with the number of children etc, were initiated for the future programme. In order to strengthen and achieve the above, a suitable feasible and possible population policy is needed conclusions.

When the problem of population is becoming serious and also harming the process of economic development from all angles, serious concern is needed from all parts of the society. "Development is the Best contraceptive"
days have gone and patience is not there for the society to wait for the days of declining population growth in future by increasing economic states of the family. Time has come now to think seriously the causes for rapid population growth and necessary steps must be initiated from the concerned authority section of the population. Some of the resources are exhausted and some are in the verge of exhaustion. If the present population growth continues in future also then the power of population will became more harmful to the survival of the human population on this earth particularly in countries like India. Taking into account the seriousness of the problem the following suggestions have been made to control population growth in countries like India.

1. Legislation should be introduced to the effect that any couple having more than two children will be compulsorily sterilised.

2. The marriage age for boys and girls has to be increased to 25 and 21 years respectively. This will have a good effect on the reduction of fertility hence it should be strictly enforced.

3. Government should pay some allowance or bonus for child spacing.

4. Child or family benefits should be with drawn either altogether or partial after the birth of the second child.

5. Pensions should be initiated for poor parents with none or one as security for their old age.

6. Tax exemption limit should be raised for unmarried employed persons.
7. Certain facilities available to the parents like housing free education, rationing food for work programme etc. have to be withdrawn if any couple exceeds two children.

8. Family planning education should be imported to all the eligible couples.

9. Maternal and child health care service centres have to be provided freely in rural areas to safeguard the lifes of mothers and children at the time of delivery.

10. Medical and health technology has to be improved to face the critical health problems.

11. Young couples should be made conscious of effects of rapid child bearing which are injurious to health and some times prove fates.

12. Social workers and leaders of the society have to be motivated to take the issue serious and they have to educate and motivate the people to have small family.

13. In India the people are still by and large religious minded and they have considerable amount of faith in their respective religious heads. The Government through family planning department in the various states should evolve some method of dissemination the knowledge and increase of small family benefits and also various family planning methods.

14. Institutions of higher learning and research may be of immense help in not only educating the masses but also in discovering new methods and techniques of population control. The first step in this direction should be to introduce elementary should be to introduce elementary
knowledge of family planning education at the high school level. In the lower standards, some stories containing the message of family planning should be included in the text books, with a view to making young children realise the advantages of small family.

15. The Government and the UGC should earmark specific amount for different Universities and Research institutes for conducting research on family welfare planning and promotion techniques. Similarly C.S.I.R and Government, both state and central should promote technical research in the medical colleges for finding out new methods and devices for preventing the child birth. In fact, the Indian Government is doing practically all these things. But at present they are not being above at desire speed.

16. The educational and research in Family Welfare Planning should be given a big push by the Government so that it really results in generating visible and effective results.

17. Women empowerment from the point of view of economic social and political is needed at this juncture to decide freely the size of the family and its welfare.