Chapter - VIII

Summary and Conclusions
Andhra Pradesh is ranked as the fifth state both in size of population and the area among all the states in the country. It is having three political and economic regions known as Coastal Andhra, Rayalaseema and Telangana.

The population growth in some of the developing countries including India is alarming the economic development. The developmental efforts are being wasted due to high population growth particularly during the 1980's and 1990's. In India the population has reached to more than 1 billion by 2000 A.D., being the second populous country in the world (first is China). If the present trend continues in another 25 years or so, the population may reach to 1500 crores, which will become very difficult to manage it. For this abnormal growth of the population of the country, all the states and Union territories are contributing their share. Among the one of the biggest states in the country, Andhra Pradesh is also one and it is also equally contributing its share for rapid growth of population in the country. According to 2001 population data it is having 7.57 crore population, constituting 7.37 per cent of the country's population.

The state is situated in the tropical region consisting of a very long coastline. Even though there are different varieties of soil, most of the soil is good for cultivation and it is called as "Annapurana" by producing a good variety of
paddy, exporting to almost all states and even to other of countries also. It consists of good perennial rivers like Godavari, Krishna and Tungabhadra. The hydro-power potential of the water resources has been estimated at about 2900 MW. The total length of the navigable water ways is about 2350 KMs, which is 1/6th of the total length of the inland water system of the country. It receives rains from both the South-West and North-East monsoons. Even now and there some parts of the state face with droughts and famines and some areas with cyclones and floods. Because of these natural calamities, the state's economic development is affected to a greater extent.

The population growth in Andhra Pradesh state is higher similar to those of other states like U.P. M.P, Rajasthan and Bihar upto 1991. But the 2001 census data shows a dramatic decline from 2.17 per cent to 1.30 per cent due to the efforts put by the Government in the form of various developmental programmes to educate women and create general awareness among the people to have less number of children. Besides, the infant mortality and maternal mortality rates have declined rapidly, ultimately influencing the birth rate to be less. The inter-regional analysis also explain the link between the population growth and economic development when the population growth in Coastal districts is relatively low, compared to that of Telangana and Rayalaseema districts. Excluding Hyderabad district from Telangana, the Telangana districts are having higher population growth rates coinciding with the level of economic development, where the Telangana districts are somewhat backward even than that of Rayalaseema districts. This is a clearcut evidence to show that population growth is related to economic development.
of a region/area. But the overall picture shows that the population growth in Andhra Pradesh is increasing slowly from 1951 onwards. In 1951 the growth rate of population was 1.31 per cent per annum increasing to 1.45 per cent in 1961, further to 1.90 per cent in 1971, 2.08 per cent in 1981 and it went to peak level of 2.17 per cent in 1991.

Among all the Southern states in India, Andhra Pradesh state ranks as the number one state with highest population size followed by Kerala, Karnataka and Tamil Nadu states respectively.

The sex ratio (females per 1000 males) is also one of the indicators that can be used for economic and social development of any country. Among all the Southern states, Kerala state is having the highest sex ratio followed by Tamil Nadu, Andhra Pradesh and Karnataka. The all India sex ratio is also very low. Kerala is only an exceptional state in the country whose sex ratio is always higher than one thousand. According to 2001 population data Kerala has 1058 females per 1000 males and this is an indication for women liberty and women emancipation. In Andhra Pradesh, the sex ratio is declining from 1931 onwards, but the decline is more for the period 1931-41, 1941-51 and 1961-71 decades. It is also higher for the last decade i.e., 1991-2001. The sex ratio is continues to be favourable to women in Nizamabad, Srikakulam and Vizianagaram districts Karimnagar also recorded a higher in 2000-01 population data. In Telangana districts, majority districts have recorded a lower sex ratio than the state's average.
The density of population of an area/state/country is also a very important tool to measure the pressure of population on the land. Depending on the level of development, when the land area available is remained constant, if the level of development increases, the density will also increase. A similar trend is observed even in the state of Andhra Pradesh and also in all the districts of the state. Hyderabad noted as the state's capital from the beginning the concentration of people is more and the density is increasing abnormally. In all the three regions of the state, Coastal Andhra is having higher density followed by Rayalaseema and Telangana regions (excluding Hyderabad). In Hyderabad city alone the density stood at 16988 people as per the 2001 population, whereas it was 14497 as per the 1991 census. In all the districts of the state, highest density is recorded in West Godavari district, followed by Krishna, Ranga Reddy, East Godavari and the lowest ranges from Adilabad, followed by Khammam, Cuddapah and Prakasam districts. In Southern states Kerala is having the highest density, due to small area, followed by Tamil Nadu Andhra Pradesh and Karnataka.

Literacy rate is also one of the indicators of development. Andhra Pradesh state is having the lower literacy rate than the country's average rate. Among the Southern states, it confines to be the state having the lowest literacy rate. Within the state, Hyderabad being the state's capital stood first with the highest literacy rate followed by West Godavari, Krishna and Chittoor districts. Mahabubnagar is the least literacy district. But then is three-fold increase in the literacy levels during a period of 40 years i.e, from 1961 to
2001 Among male population the increase is more than three fold, where as in females it is more than four fold. In rural West Godavari stood first and Mahabubnagar the lowest literacy rate. In urban Nalgonda district stood first and the lowest goes to Adilabad district.

The census data and the SRS data along with some independent surveys on fertility trends in Andhra Pradesh shows that in the initial stages of the formation of the state (1956) the birth rates were very high particularly in rural areas. Among all the regions of the state, the Coastal districts were having low birth rates followed by Rayalaseema and Telangana regions (excluding Hyderabad city called as Hyderabad district). This is related to the levels of development of the regions Telangana being the most backward region (except Hyderabad) is having the highest birth rate, keeping constant the mortality rate contributed for higher population growth of the state. Rayalaseema region also is having higher birth rate better than Telangana region and higher than Coastal region districts. Due to various developmental activities initiated by the state government particularly the birth rate in the state reduced abnormally and the population growth rate of the state stood at 1.37 per cent in 2001 census instead of more than 2 per cent in 1991 there is rapid decline in the crude birth rate of the population during a period of 30 years i.e., from 1970-71 to 2000-01. In rural and urban areas the crude birth rate data shows that there is not much variation and the difference is less due to the efforts of the state Government is strictly implementing family planning programmes and also awareness created among the people to have small family. The girl child is given priority in making insurance of Rs. 5000/- in the beginning as the security measure to reduce the psychological difference in the minds of the people with regard to the preference of the son. Among the
Southern states the crude birth rate in Kerala is the lowest, is a well known thing and it is followed by Tamil Nadu, Andhra Pradesh and Karnataka states. The age-specific fertility rates in Andhra Pradesh are also declined rapidly. The mean age at marriage for females increased abnormally due to favourable rapid changes in socio-economic conditions of the people.

Mortality which is also one of the coordinating and determining factors of fertility also changed and there is a faster decline in the crude death rate in the state due to development in the medical and health technology and also providing better health services for the poor people whose longevity has been increased. The Government of India also took some radical measures to control communicable diseases, by providing good medical and health facilities particularly to women and children. The annual estimates of the sample registration of births and deaths indicate that the declining trend in mortality continued even in the 1980s and 1990s. Among the Southern states, the crude death rate is high in Andhra Pradesh and Kerala has the lowest. Karnataka state is better than Tamil Nadu state. As per the information given by the report of the National Family Health Survey-II, the age-specific death rates are still higher in Andhra Pradesh, even though there is declining trend. The infant mortality rate, another component of mortality, is also declining on par with the overall death rate of the population in the state, mainly due to the rapid advancement made in the field of medical sciences and the general improvements in the living conditions of the people due to the implementation of the "Janmabhoomi" Programme (People Programmes) particularly in rural areas. More funds were also spent under this programme. But the IMR is still higher in rural areas than the urban areas. In order to measure the health
status of the people, life expectancy at birth is taken into account and this has been increased from 22 in the beginning of the previous century increased to 62 in the state. Again there is variation between male and female, when the females are having higher expectancy than the males, which is a good sign of the overall development of the state.

Migration is also one of the important components to determine the size of population of a country/state/region. But in a developing country like India, the influence of migration on population is not so much, except in short distances. In Andhra Pradesh state, the influence of migration is negligible except the migration from/l into the border states or neighbouring states like Madhya Pradesh, Orissa, Maharashtra, Karnataka, and Tamil Nadu. Due to the existing social system in the state, there is more female migration after marriage, sending of daughters to in-laws place, and it is spread over to two categories like inter district and intra district migration. The intra district migration of women is more than that of the inter district migration. Again on the basis of the distance, there are four categories of migration viz, rural to rural, rural to urban, urban to urban and urban to rural. The percentage of migration is more in the case of rural to urban rather than the other three categories whose migration effect is limited. This is mainly due to migration for jobs, migration for children’s education and inevitable survival due to famines and droughts. This is reflected more on male migration in Andhra Pradesh. Due to natural growth of population, the intensity of migration is increasing day by day.

Migration can further be categorised by place of birth and also by the place of last residence. Whether it is by place of birth or by place of last residence, it is mainly depending on the socio-economic and political conditions.
Inter-state migration is more in Andhra Pradesh due to its proximity to the neighbouring states like Karnataka, Tamil Nadu and Maharashtra. 28 per cent are from Karnataka, 22 per cent from Tamil Nadu and 15 per cent from Maharashtra state.

Urbanization is another variable which is more influenced by migration and industrialisation of the area/state. In Andhra Pradesh state, the net migration impact is very less and the increasing size of the population of the urban areas by natural growth of population and economic development. In Andhra Pradesh, the impact of the first is more than that of the economic development. To some extent migration is also contributed. The total number of urban areas (class size towns) in Andhra Pradesh are increasing abnormally and some classes of towns are withering away slowly due to the migration and the development of the other nearby places. Urbanisation pressure in a country like India in general and in a state like Andhra Pradesh in particular is becoming more and more. It became difficult to the state Government to provide minimum facilities for the population. At the same time, the number of slums are also increasing in the urban areas and its number is depending on the size of the town/city. Greater the size of the town/city, higher is the size of slum population living in that town or city. According to 2001 census classification there are 75 class I cities, 43 class II towns/cities, 46 class III towns, 23 class IV, 20 class V and 2 class VI. Slowly the class IV, V & VI number is declining, whereas the number of class I is increasing on par with class II. Class III number is also declining, but its decline is not on par with the other declining classes. When the number of towns are increasing simultaneously their population is also increasing. But the rate of growth of
population in class I towns/cities is very high, in comparison with other classes and the specific reasons are not known except to guess the things like rural migration to the urban areas in search of jobs, for the education of their children and also for some business purpose.

The percentage of urban population variation is very low in 2001 and it is very high in 1981, still less in 1991 and further very low in 1961 (15.75 per cent) and the specific reasons for the above are not known. According to 2001 census figures, 75 per cent of the total population is living in class I towns, followed by 14 per cent in class II, 8 per cent in class III, 1.68 per cent in class IV, 0.67 per cent in class V and 0.04 per cent (negligible) in class VI towns. The percentage share of class I increased from 33 per cent in 1951 to 43 per cent in 1981, 54 per cent in 1981 and to 67 per cent in 1991. In the case of class II towns, its percentage population increased marginally from 12.75 per cent in 1951 to 13.95 per cent in 2001 with some fluctuations in the middle. There is rapid decline in the class III categories whose percentage is reduced from 16.75 per cent in 1951 to 8.35 per cent in 2001. Awfully a bad situation in the case of class IV, V and VI classes.

District wise urban population in the state showed variations from 100 per cent in Hyderabad to 58 per cent in Ranga Reddy to 10.59 per cent in Mahabubnagar district, the lowest in the state of Andhra Pradesh. According to 2001 population data in all the three regions of the state, Coastal Andhra region is having better percentage of urban population related to its economic development, better among the three regions. Rayalaseema districts are in the middle range followed by Telangana region (excluding Hyderabad).
India is the first country in the world to go for official family planning programme to control population growth, by reducing the number of births and also the child and maternal mortality rates. At the country level, it has a little impact, where as in Andhra Pradesh state, it has a greater impact. Apart from mass media and interpersonal communication which are utilised to explain the various methods of contraception and to remove socio-cultural barriers among the people, the state Government adopted a multi-pronged innovative approach. The National Family Health Surveys (I & II) conducted in Andhra Pradesh state give a clear picture about the practice of family planning methods by the eligible couples. They are very much aware about all the methods of family planning, the problem is practising after having more number of children (more than 4 or 5). That is why its impact is limited in reducing the birth rate, though mortality rate is already low. The couple protection rate is also depending on the education of the women and their living conditions. Better educated and better income people are having less number of children rather than less education/illiterates and low income/poor people.

In the practice of family planning methods, there are also regional variations depending on the levels of development. Coastal Andhra region is in a better place in following the family planning methods rather than that of Rayalaseema and Telangana regions. Even within the regions, there are also inter-district variations contraceptive prevalence is high among the Hindus rather than that of Muslims and Christians. The fertility of women in the age-group of 20-24 in both rural and urban areas is very high. The mean age of marriage for female has been increased significantly in Andhra Pradesh due to the educational and health developments in the state. The couple protection rate has been increased abnormally by all methods in Andhra Pradesh.
In India population policy is aimed at reducing the overall growth rate of population in the country. For this the Government implemented a liberalised population policy, which changes from time to time. Despite the sturdest efforts put by the central Government to control fertility rate through the development of medical and health technology, the results were not satisfactory. The Government is changing the strategy of population policy from time to time. But due to lack of proper awareness among the people regarding the reduction of birth rate, still the population growth at national level remained high.

The immediate objective of the National Population Policy of 2000 was to address the unmet needs for contraception, health care infrastructure and health personnel and to provide integrated service delivery for basic reproductive and child health care.

The medium term objective is to bring Total Fertility Rate to replacement levels by 2010, through vigorous implementation of intersectoral operational strategies. The long term objective is to a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development and environmental protection.

Andhra Pradesh state has developed its own population policy keeping in mind the broad frame work of National Population Policy of 2000. The fertility rate and maternal mortality rate has been planned to reduce considerably, by taking up various developmental activities related socio, economic, educational, medical and health aspects in the state. A number of institutions have been planned to create at state level particularly to get awareness among the people to have a small family norm (with 2 children).
At district and Mandal level also, a number of institutions have been plan to create to concentrate on the development of socio-economic facilities to the people in general and women and children in particular. The delivery mechanism is also clearly stated in the State Population Policy of the Government. The family is mainly focussed as the unit for population stabilisation in the staff. The importance of quality of services is also proposed to provide for the people needed. A number of community incentives have been provided to the people who are willing to go for small family norm. Some incentives for individuals are also proposed to provided for the couples who go for small family norm. Certain special incentives for service providers also introduced to activate the effectiveness of the programme.

Special interest on monitoring and evaluation has been initiated on par with some research activity in the concerned field. The leadership role is also initiated for population stabilisation programmes.

Suggestions

The National Socio-Demographic goals to be achieved by 2010 are as follows:

1. Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.

2. Make school education up to the age of 14, free and compulsory and also to reduce dropouts at primary and secondary school levels to below 20 per cent for both boys and girls.

3. Reduce Infant Mortality Rate to below 30 per 1000 live births.
Reduce Maternal Mortality Ratio to below 100 per 1,00,000 live births

Achieve universal immunization of children against all vaccine preventable diseases

Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.

Achieve 80 per cent institutional deliveries and 100 per cent deliveries by trained persons

Achieve universal access to information/counselling, and services for fertility regulation and contraception with a wide basket of choices.

Achieve 100 per cent registration of births, deaths, marriage and pregnancy.

Contain the spread of Acquired Immunodeficiency Syndrome (AIDS), and promote greater integration between the management of reproductive tract infections (RTI) and sexually transmitted infections (STI) and the National AIDS Control Organisation

Prevent and control communicable diseases.

Integrate Indian Systems of Medicine (ISM) in the provision of reproductive and child health services, and in reaching out to households.

Promote vigorously the small family norm to achieve replacement levels of TFR.
14 Bring about convergence in implementation of related social sector programmes so that family welfare becomes a people centered programme

Promotional and Motivational measures for Adoption of the small family norm

1. Panchayats and Zilla Parishads should be rewarded and honoured for exemplary performance in universalising the small family norm, to achieve reduction in infant mortality and birth rates, and promoting literacy with completion of primary schooling

2. The Balika Samridhi Yojana run by the Department of Women and Children Development, to promote survival and care of the girl children must be continued. A cash incentive of Rs. 1000 should be awarded at the birth of the girl child of birth order 1 or 2

3. Maternity Benefit Scheme run by the Department of Rural Development has to be continued. A cash incentive of Rs. 1000 should be awarded to mothers who have their first child after 19 years of age, for birth of the first or second child only. Disbursement of the cash award should in future are linked to compliance with ante-natal check up, institutional delivery by trained birth attendant, registration of birth attendant, registration of birth and BCG communication
A Family Welfare linked Health Insurance Plan should be established. Couples below the poverty line, who undergo sterilisation with not more than two living children, would become eligible for health insurance not exceeding Rs 5000, and a personal accident insurance cover for the spouse undergoing sterilisation.

A revolving fund will be set up for income-generating activities by village-level self-help groups, who provide community-level health care services.

Creches and child care centres will be opened in rural areas and urban slums. This will facilitate and promote participation of women in paid employment.

Facilities for safe abortion will be strengthened and expanded.

Strict enforcement of child Marriage Restraint Act, 1976

Strict enforcement of the Pre-Natal diagnostic techniques Act, 1994

Soft loans to ensure mobility of the ANMs will be increased.

The 42 and constitutional Amendment has frozen the number of representative in the Lok Sabha at 1971 census levels. The freeze is currently by valid until 2001, and has served as an incentive for state Government to fearlessly pursue the agenda for population stabilisation. This freeze needs to be extended until 2026.