Chapter - I

Introduction and Methodology
Introduction

Population growth is a global, long-range and historical issue. Population experts do all agree that the human numbers on Earth have quietly passed the milestone of 5 billion by July 1987 and at present it would has crossed the mark of 6th billion, 7th billion by 2010 and 8th billion by 2022 and almost double the current size by the year 2050 A.D. According to the United Nations Population Division which is the principal agency for population research, world population is projected at 8.9 billion by 2050. If the increase should go at the present rate for only a thousand years, there would be no standing room for the human race on this earth. However, a whimsical suggestion states that interplanetary travel might be possible by that time, that might reduce Earth's population pressure. But it is a costly affair which is beyond the reach of our capacity.

Each year the world's population grows by almost 90 million, an increase of 2.8 people for each second. The world's population will continue to grow at least until 2050. The world's largest countries, which play a critical role in determining future population growth, are a diverse group. They range from Iran, where the average woman has 6.6 children, to Germany, where the average is 1.3 children.
Population growth rates are different in different countries. Low and middle income countries comprises 78 per cent of the world population, shows a higher growth potential of population. Most of the countries of Asia, Africa, and Latin America fall in these groups where poverty, poor health and malnutrition are widespread. As against them, the growth rate of population in high income countries has declined from 1.8 per cent during 1965-75 to 0.7 per cent per annum during 1980-90. Most of the countries of Europe, North America and Japan are included among them. In these regions, death rates have fallen to the lowest possible levels and an improvement in public health measures will not reduce the death rates. The high birth rates have also considerably come down as a result of the impact of industrialization and urbanization.

By the year 2000, some 65 developing countries with more than a billion people will not be able to provide even the minimum level of nutrition for their inhabitants. Rapidly increasing population will pressure many countries to expand the margin of cultivation to increase their agricultural carrying capacity. This is likely to have a negative impact on the ecosystem through deforestation, soil erosion, land degradation, alkalinization and salinity. The use of inappropriate technology, especially the use of expensive chemical fertilizers and farm machinery, will not only have adverse effects on the ecosystem, but will also intensify rural landlessness by concentrating land, capital and other resources in the hands of a few. Closely connected with the relationship between population growth and food supply is the issue of malnutrition stemming from low agricultural productivity, competing demands for farm output and unequal distribution of income. Judicious use of modern
agricultural technology could, in fact, address the problem of surplus labour and unemployment, since such technology is labour-intensive and, at the same time, enhances productivity. Unless there is a timely and apt response to this problem, there will be a further deterioration of living conditions for millions of poor. This also poses a threat of potential social and political unrest which would impinge as future development efforts.

The United Nations is dedicated to the future, but its assumptions about the possibilities of unlimited growth may be over-optimistic.

But as long as population growth continues high, it will tend to further compound the problem of economic development as well as that of rapid urbanisation. In principle, urbanization is a part of the unceasing process of redistribution of people that inevitably accompanies a change in the size of population. Urban development comprising a measure of deconcentration of metropolises and the promotion of secondary cities and small towns must be guided by a national land-use plan. The impact of rapid growth of cities in the developing countries of Asia which have comparatively low per capita income is obvious. They have attracted people, but have failed to absorb and assimilate them.

In 1970 the total urban population of the more developed regions was almost 30 million more than in the less developed. Only five years later the position was reversed and by 1985 the difference had widened to more than 300 million. By the year 2025 it will be almost four times as large. In many aspects cities compare favourably with rural areas through an "Urban bias" in many countries, which is responsible for systematically favouring the cities.
But the blessings of cities mixed population growth is straining cities to the limit it is enormously difficult to provide employment, income, housing, water, sanitation, health and education for the numbers of people now and to come.

At present the number of elderly is more or less equally divided between the more developed and the less developed countries of the world. But in the future the majority of the aged will live in less developed countries, especially in Asia.

By the year 2000, the elderly population in Asia will be about 48 per cent of the world’s total, and 82 per cent of total elderly in the less developed countries in spite of a still very low proportion of the aged in the population 5.7 per cent in Asia in 2000, against 13.2 per cent in more developed countries in the same year. The needs and consumption pattern of middle and elderly age groups vary widely. This is important both for planned and market economies, since production plans for commodities and services will have to be altered and the impact on industry and economic growth will have to be assessed.

The Problem

India is a low income country, which occupies 2nd position in the population of the world. A study by the World Watch Institute warns India which will overtake China as the world’s most population nation in a few years and by 2050, it is expected to have 1,529 million as against China’s 1,478 million. India’s population is crossed 1 billion on 11th May of 2000.
Over one half of the world population is concentrated in Asia. India alone counts for adding one Australia to its population every year, i.e., 16 million more mouths to feed while China is adding only 12 million annually. At the present rate of population growth, life for most Indians would be unbearable, medical facilities would be impossible to provide, expenses on education, housing etc., would be exorbitant, technical and professional education would become the exclusive prerogative of the elite, and scarcity of food would plunge three-fifths of the nation below poverty line.

India accounts for about 24 per cent of the world's land area and 14.6 per cent of its population. In terms of population, India occupies the second place among nations of the world. If one were thinking of the Indian subcontinent comprising India and Pakistan, its population would be more than that of China, while in respect of persons per unit of area, this subcontinent would be quite as densely populated as any other comparable area in the world. The absolute magnitude of India's population and the size of her annual population growth in the context of her social and economic situation and her rate of economic growth, present a great multitude of problems. According to 2001 Census the India's population is 102 crores and its density is 324, if the present growth rate continues like this it is difficult to imagine the demographic picture of the country in the future.

On March, 1, 2001, India has officially crossed the billion plus figure and the population was enumerated as 1,027,015,247 persons. Over the last 10 years, India added 180,627,859 persons to its population, equivalent to the population of Brazil. This is the highest addition of people since India's
independence. However, the annual growth rates which were having above 2 per cent for the last 30 to 40 years, have been brought down to below 2 per cent (1.93) during 1991-2001. Moreover, recent figures of vital rates for the late 1990s indicate that this downward trend is likely to accelerate in the future.

The growth rate is the product of birth and mortality rates at the national level. Over the last few decades, both fertility and mortality rates fell, but the decline of mortality was strong enough to offset that of fertility. But the 2001 Census gives a clear indication that India passing through the last phase of the fertility transition, moving towards moderate to low fertility. As a result, the decline in birth rates is now faster than the parallel decline in mortality rates.

Fertility decline is, however, not uniform across the States and Union territories, while 15 States and Union territories have registered growth rates below 2 per thousand during the last decade, the remaining states have registered rates that are greater than the national average. High growth rates in some states can also be attributed to internal and international migration rather than fertility and mortality but the main factor explaining these growth differentials is related to regional fertility levels. Some States are more advanced in their decline in population growth rates. The lowest annual growth rate of less than 0.9 per cent is reported for the Southern States of Kerala followed by Tamil Nadu (1.06 per cent) and Andhra Pradesh (1.30 per cent). According to 2001 Census, Indian Union was divided into 28 states and seven union territories. The number of districts in India has increased from 466 in 1991 to 593 in 2001, 127 new districts formed during the last 10 years.

With one billion mouths to feed every year, India is facing with the spectre of diminishing the already limited natural resources making us dependent upon the other countries even for food. The growth of population has a effect on the standard of living of the people, that is why, despite our spectacular progress in the agricultural and industrial sectors since independence our per capita income has not risen appreciably.

Andhra Pradesh's demographic picture is mainly determined by the future course of fertility and mortality as migration will not play a significant role in determining the rate of population growth. If we observe the growth rate of 2.47 percent annum during 1981-91 decade continues in futures, the State's population would double its size to reach the staggering figure of 130 million by the year 2025. Such a gloomy scenario is unlikely to happen because available evidences strongly indicate that some important demographic characteristics are changing and the pace of fertility transition has been fairly rapid since mid-eighties. Among the major States of India, Andhra Pradesh occupies the third position after Kerala and Tamil Nadu in the percentage of fertility transition completed. The total fertility rate has declined significantly from 5.0 in 1981 to 2.85 in 1994, a 34 percent decline in 13 years. If this downward trend continues, the State is likely to reach the replacement level fertility (TFR = 2.1) by the year 2003. The population will continue to increase for several years even after reaching the replacement level of fertility because of the large population momentum built into the young age structure of the population. A sizeable increase in the population of the State is, therefore, inevitable. Demographic projections indicate that the population of the State is likely to grow till 2055 and would stabilise at around 110 million if fertility declines rapidly to reach the replacement level by the year 2003.
Andhra Pradesh has become a puzzle for demographers. Despite low literacy and very low marriageable age levels, the State could bring down fertility levels from 35 per 1000 in 1971 to 20 per 1000 by 2001. This ironic situation compelled demographers, policymakers, and family planning experts to pause and ponder over this remarkable achievement.

Select Review of Literature

Swee - Hock, Saw, G E et al., (1958) "Family Planning, ICAP in Malaysia", Demography 5(2), 702-709 inferred that educational attainment of the wives revealed positive correlation with the extent of birth control knowledge. Not more than 29 per cent of the wives, who had no formal education, knew how to use at least one birth control method. Among the wives who had 1-5 years of education, the proportion reached 54 per cent and those who had at least 6 years of schooling, the proportion jumped to 71 per cent. The strong relationship underlined by these figures is due to the fact that family planning knowledge is primarily acquired perhaps through various mass media and higher self-motivation among educated persons.

Coal, A.J. and C Y Tye, (1961) "The Significance of Age Patterns on Fertility in High Fertility Population", Milbank Memorial Fund Quarterly, 39(4). By using stable population models, demonstrated that postponement of marriage can contribute substantially to reduction in the birth rates and population growth rates even when completed size of family is not reduced. This may be due to increasing intergenerational interval. The study suggested that postponement of marriage could be an important component of population policy.
Appleman, Philip (1965) "The Silent Explosion", Beacon Press, Boston. The USA Study brings out the economic and social implication of population explosion. According to him the urgent economic need of densely populated underdeveloped countries is industrialisation.

Goldstein, S (1972) "The Influence of Labour Force Participation and Education on Fertility in Thailand", Population Studies, 26(3), 419-436. A study conducted in Thailand found that the education level of wife was more strongly correlated with the measures of contraceptive use than the education of husband. It can be explained by greater burden directly on females on account of high fertility in case of non-adoption family planning methods.

Chuttam et al. (1976) "Factors Responsible for Under Utilisation of PHC's", NIRAE Bulletin, Vol 9(3), in their study factors responsible for under utilisation of PHC's in three states of India found the extent of awareness on the existence of PHC decreased with the increase in the distance of the village from the PHC and come down to 64.4 per cent for the respondents from the villages beyond 5 kilometers from the PHC. Further, about 91.4 per cent of those living in villages where sub-centres were situated know about the existence of sub-centres while only 60 per cent of those living in peripheral villages had some knowledge of the sub-centres in their areas.

Ashok Mitra (1978) 'Family Planning Foundation of India', Vol. 1, The reduction in mortality rate, morbidity and the increased expectation of life brought about by our medical technology is a great social and human achievement and triumph, that a reading between the lines of the manuscript brings to light.
Bhatia, J C (1979) "Status of Women and Fertility in India", Journal of Family Welfare, 25(9), 20-32 Highly significant relationship was found between the levels of female literacy and the acceptance rates of family planning when it is measured statistically, it is found that the correlative coefficients reproductive were -0.589 and 0.7943, which indicated that higher the female literacy, greater was the acceptance of family planning and the lower the birth rate.

Ashish Bose (1980) made a systematic study of urbanisation in his book "India’s Urbanisation - 1901-2001", (Tata Mc Graw Hill Publishing Company Limited, New Delhi) Rapid urbanisation has been a world wide phenomenon in the twentieth century. In developing countries like India, the challenge of urbanisation becomes even more serious. The analysis of internal migration and in particular rural-urban migration is essential in understanding not only the process of urbanisation but also the over all process of economic development. The author has made a detailed discussion with regard to the urbanisation in India as a process from the historical, demographic, economic, social and other points of view.

The Demographic Research Centre of the Institute of Economic Growth took the lead in taking up a series of studies on "Internal Migration and Urbanisation". The main contribution of the author, Ashish Bose, lies in his analysis, decade by decade, of the growth of cities and towns in India ever since 1901.

According to him each decade had a dominant theme which affected the growth of urban population. The rapid rate of growth of population itself is a
factor which inhibits migration of rural labour to urban areas. He also notes that the impact of industrialisation was felt in the 1967-71 decade which was marked by rapid urbanisation in particular the very rapid growth of industrial cities, poor towns and all million plus cities.

Role, J R and Kamtkar, J (1980) "Fertility and Family Planning in Greater Bombay" Population Studies, New Delhi 28(2) 293-300 Jan-Feb found female education to have a greater depressing effect on fertility than male education as females will be the victims of high fertility.

According to Battacharya et al (1980) "Some Sex Differentials in Infant Mortality in Rural Areas" Journal of Family Welfare 23(9), the incidence of mortality during the higher parities is due to the negative value attached to female children.


Papola, T.S (1980) "Informal Sector, Concept and Policy", Economic and Political Weekly, Vol 25, No 18 (May 18), pp.817-824. Migration is an economic problem and it is one of the main causes of population shift which is due to economic imbalance between areas/regions. The poor migrant labourers from rural areas are predominantly employed in the informal sector of urban economy as this is not attractive to local urban residence.
R Ram Mohan Rao (1981) "Growth of Cities" (A Case study of Warangal) Inter-India Publications, New Delhi) explained the histogenetic factors of urban growth pattern and the nature of city region relationships. Warangal city has been studied in detail along with various factors which favour and hinder its urban growth on sound lines. All aspects of the city have been examined including the demographic character, the social structure and the economic base.

Jain, A K and John Bangarts (1981) "Breast feeding patterns correlates and fertility effects" Studies in Family Planning 12(3) 79-99 have found that increasing age at marriage is the cause for the Japanese fertility reduction.

Mahadeven, et al (1981) "Culture, Nutrition and Infant and Childhood Mortality : A Study in South Central India". According to his study different inputs and strategies are needed for the control of infant and childhood mortality, since the former is largely caused by 'bio-familial factors' and the latter by 'famiho-environmental factors'.

Ahmed, B (1981) "Differential Fertility in Bangladesh : A Path Analysis" Social Biology, New York : 28(1-2) 102-110 refers to religion's indirect effect, through wife's education and age at marriage. It indicates that, for Muslim women, lower education leads to lower age at marriage and higher number of children everborn.

marriage of mother showed particularly positive effect on child mortality largely reflecting the decline in child mortality over time in Costa Rica. Decline in child mortality with rise in age at marriage of females may be due to increasing physical and mental maturity.

Dr VLS Prakasa Rao (1983) in his book "Urbanisation in India", (Concept Publishing Company, New Delhi), has given the spatial dimensions of India's towns and cities. He has made his study in three major facts based on metropolisisation, industrialisation, commercialisation and urbanisation of the countryside. He has given a suggestion that "all the states and all the sub-regions should urbanize the countryside with a focus on the development of urban infrastructure, both economic and social not only in the small towns but also in the large central villages". He has explained that the 'Urban and Rural' sectors are 'two sides of the same coin' and hence require complementary development programmes.

Singh, J P and Gupta, A (1983) "Social Consideration of Sterilisation" (Demography India, Vol 12(1), 74-85) in their case study of Patna observed that education was significantly related to sterilisation. For example, the proportion of adopters were more (79 per cent) among those educated up to matriculation and above as compared to those educated below matriculation level (12 per cent).

Desweemer, C (1984) "The Influence of Child Spacing on Child Survival", Population Studies 38(1). The study showed that in North India the probability of the index child surviving to its third birthday ranged from a low of 0.731 when the preceding birth intervals was 0-11 months to as high as 0.875 when the preceding birth interval was more than 36 months and for
other duration, survival probabilities increased monotonically with length of the preceding interval. Birth order is yet another significant factor which influences the survival status of children. Children of high order of births have less chances of survival than those of low birth order. This may probably be due to less attention given by parents and competition among the siblings for the available meagre resources.

UNICEF (1984) "State of World's Children", New York. The reduction of mortality to low levels and the attainment of health for all by 2000 AD have been regarded as pressing goals of several govt. and international organisations, particularly in the developing world. For infants and young children, the risk of dying is closely related not only to the available health services facilities but also to the optimal utilization of the health services facilities. An analysis of mortality situation among children, it is seen that in the developed countries of the world, ever 97 per cent of the children survive through the pre-school years in contrast to many poor countries where 20-25 per cent of the children die before they reach their fifth birthday resulting in an estimated five million deaths annually.

Kucero, M. (1985) "Differences in Levels of Fertility", Studies in Family Planning, New York 27(2) 106-119 Jan-Mar. Economically active women had a lower fertility than that of women who have a secondary and higher level of education. It is also observed that wives of agricultural workers have the highest fertility than the other women in rural communities.

Mahadevan, K et al. (1985) "Infant and Child Mortality in India: Bio-Social Determinants", (Mittal Publications, New Delhi) revealed in a South Central India study a consistent association between maternal age and the
incidence of infant and childhood mortality among all the groups studied. Mother’s age at the time of the child birth is another important determinant of infant and early childhood mortality.

Raj Bala in her book (1986) "Trends in Urbanisation in India - 1901-1981", (Rawat Publications, Jaipur) Presented a detailed analysis of the Indian urbanisation in time space perspective. Efforts have been made to trace the evolution of spatial picture of Indian urbanisation through history. She also described the regional variations in urbanisation process during the various decades spanning over the 1901-1981 period. She examined the relationship between the size and growth rate of towns in a spatial perspective. She also made a comparison of the nature of urbanisation that evolved under colonial period following the independence and also compared the urbanisation experience of India with that of other developing countries. This is for the first time that the spatial diffusion of urbanisation in India has been traced for the entire span of the recorded history of the country.

Jolly, K.G. (1986) "A District Level Study, Family Planning in India", New Delhi (Hindustan Publishing Corporation). Among the socio-economic variables, female literacy was shown to have largest impact on family planning acceptance.

Know, Ta-Havan (1986) "The Trends and Patterns of Mortality and Health in the Republic of Korea", (Asian Population Studies, pp 76, ESCAR, Bangkok, Thailand) A recent study conducted in Korea reported that the level of childhood mortality declines with an increase in the mothers age.
Kabir, M and M Moschop Din (1986) "Problem Relating to Family Planning Observations from Supervisory Meeting", studied that the changes in socio-economic conditions have made a greater contribution to the changes in reproductive behaviour through better awareness.

Rajaretam, T C (1986) "The Relationship between Age at Marriage and Fertility: Some Evidence from a Rural Area in Tamil Nadu" (GIRH & FW Bulletin, Vol 21, No 3, Dec., pp 31-55) In rural area of Tamil Nadu he found that the ever users of contraception was 37 per cent among those who married at the age of 17 or below and it was above 40 per cent among those who married at 18 or above.

Satia, J K and Rushikesh (1986) "Incentives and Disincentives in the Indian Family Welfare Programme" (Studies in Family Planning, Vol 17, May/June, pp 136-144) However with the help of regression analysis, it is found from the data on family planning in India, that the urban areas with increased education levels of wives there is increase in the acceptance of family planning methods.

P. Krishnan (1986) "Interrelation Between Fertility and Non-economic Characteristics", (Fertility and Mortality Theory, Methodology and Empirical issues). The study deals with the relation between fertility and non-economic characteristics in Gujarath that the modernisation elements flowing through education and residence are the most influential in determining the levels of fertility. Factors such as the age at marriage, education, residence, and its interaction with religion have greater significance in determining fertility differences.
P K B Nayar (1986) "Fertility and Mortality Theory Methodology and Empirical Issues" (Factors in fertility decline in Kerala) He made an attempt to identify and describe factors responsible for the significant fertility decline in Kerala in recent times. Two types of factors have been identified: direct causal factors and indirect enabling factors. Massive programmes of educational and health-care promotion have directly contributed to the fall in fertility. But the success of these programmes has been largely due to state's ecology and culture which produced an unique social culture which in turn, supplied the necessary infrastructure required for the quick absorption of the educational and health-care inputs.

Sivaraju, S (1987) "Husband-wife Communication and Contraceptive Behaviour" (The Journal of family welfare, Bombay 39(4) 44-48) in Andhra Pradesh study noticed that, Rayalaseema people have low socio-economic status, high fertility, more religious in outlook with less modernity and low level of acceptance of family planning than those of Coastal Andhra people.

Further, religiosity, urban contact, value of children and social pressure variables have a significant relationship with the acceptance of family planning.

Mahadevan, K and Sumangala, P. (1987) "Social Development, Cultural Change and Fertility Decline" (New Delhi, Sage Publications) They reported that higher education is one of the important factors of low fertility in India as these two are inversely related.
Bhargava, P.K. (1987) "Determinants of Status of Women and Fertility in Greater Bombay", Studies in Family Planning 48(1): 71-81. A study conducted in Bombay found a strong negative association between age at marriage and fertility. Age at marriage, particularly female age at marriage, constitute one of the vital demographic variables which could explain the differential fertility in Andhra Pradesh and Tamil Nadu.

According to A.M. Goryacheva (1988) "Population and Economic Growth in India" world's density is closely inter connected with the population growth and its correlation with economic development. This analysis as a multi aspect problem at all levels of economic analysis. So increasing level of living of all population serves the crucial aim of completing the demographic transition and better utilization of manpower resources.

K.L. Bhowmik (1988) in his edited book "Urban Development" (Inter-India Publications, New Delhi) explained perspectives of urban development, social consequence of urban development of human settlement, segregation of community in urban areas, expenditure pattern in urban condition, impact of urban development programmes, problems and prospects of urban growth, situation of urban planning, planned development, responsibility of industry and people's participation in urban development.

Jain, A.K., and Visaria, P. (1988) "Infant Mortality in India Differentials and Determinants" (Population and Development Review, 14 No 2 (June 88): 365) A study conducted in Kurnool district of A.P. revealed that 92.5 per cent of all births were delivered at home. The reasons of convenience
(91.5 per cent), hospital being far away (63 per cent), fear of hospital (15 per cent), and others (0.7 per cent).

Government of India (1988) "Report of the National Commission on Urbanisation" (Ministry of Urban Development, Vol 2, New Delhi) It is estimated that in India more than two lakh urban households are without any shelter and 45 per cent are living in just single room houses, nearly 5 persons to a room, in a state of extreme crowding.

Shakilaram, R, (1989) "Contraceptive Behaviour and its Determinants in a Tamil Nadu Village" (Unpublished M.Phil Dissertation, Department of Population Studies, Bharatiar University, Coimbatore) She has revealed that age at marriage of women would have a significant positive influence on the current use of contraception.

R Ramachandran (1989) in his book "Urbanisation and Urban System in India" (Oxford University Press, Bombay) made an attempt to present the salient aspect of urbanisation in India. He provides guidance to the problems of urbanisation in India in a perspective that will perhaps instill greater insight and appreciation. The author has discussed thoroughly the problems of urbanisation, which have been generated in the past few decades. This book has a deliberate bias both in its conceptualization and its execution. There is a strong bias in favour of an Indian point of view on all aspects of urbanisation in India.

UNICEF (1989) "Annual Report" (Oxford University Press, New York), reveals that the promotion of birth spacing to the point where a majority of
couples in the developing world now have the knowledge to decide the number and timing of the birth of their children is therefore a major health breakthrough. And if the momentary can be maintained in the face of today's worsening economic climate, then the spacing of birth has the potential to save the lives of some three million children and 2,00,000 young women every year.

According to K S James (1990) "Economic and Political Weekly", Feb 20, the Southern states in India, on the whole, are undergoing a fertility transition. Of these Kerala and Tamil Nadu have already attained a replacement level fertility. The dramatic fertility decline in Andhra Pradesh shows that the State will follow the other two soon. (This paper attempts to depict the fertility decline in that and to consider possible explanations).

Oberai, A S (1990) "Migration Urbanisation and Development" (World Employment Programme, ILO, Geneva, pp. 5-96) In developing countries like India, rural-urban migration has largely taken place as a result of the push factors. The more rapid natural increase in the rural areas led to population growth that could not be absorbed in the agricultural sector. Adding to this, low income and seasonal employment in agriculture are the major factors to the acceleration of rural-urban migration.

Swarnjit Mehta (1980) "Migration: A Spatial Perspective" (Rajput Publications, Jaipur). The study suggests that female migration is undoubtedly social in origin and has had only negligible economic content so far. How in females who move out of their places of origin birth consequent upon a marriage carry with them their heritage, varying levels.
awareness/consciousness of their environment, literacy and everything occurring from it, and their attitudes to the social and economic realities

Islam Mazhaul (1991) "Contraceptive Use and Its Fertility Impact Bangladesh" (The Journal of Family Welfare, June Vol. XXXVII, No 2), observed that contraceptive prevalence is strongly related to the level of fertility, obviously the association between them is negative. The total fertility rate decreased with an increase in the contraceptive prevalence rate.

Maurya, S D (1991) "Urban India in Twentieth Century" (in Maurya, S D (Ed.), Settlement system in India, Vol II - Urban Settlements, Chugh publications, Allahabad). The study states that, while employment is the main reason for migration to urban areas among males, marriage is the main reason for migration among females. It is reported that among male migrants, about 48.14 per cent have moved in search of employment while in the case of female migrants, about 46.61 per cent have moved consequent on marriage.

Kapoor, P N, and M.K Premi (1993) "Determinants of Fertility in Uttar Pradesh" (in Premi, M.K (eds) Family Planning and MCH in Uttar Pradesh New Delhi: IASP, 21-82). The study by the Institute of Research in Medical Sciences for 1972 and 1978 findings indicate that the fertility decline in these days are due to increase in age at marriage and higher acceptance of family planning.

Singh et al. (1995) "An analysis of birth intervals in India’s U P and Kerala States" (The Journal of Bio-Social Sciences, New York, 1: 19-28), in Kerala there were shorter birth intervals, among muslims and higher
probability of party progression to the next birth. Muslims and Christians versus Hindus had a higher risk of birth.

Adinarayana, N and Rajasree R (1995) "Cultural Determinants of Age at Marriage and Urban Experience" (The Journal of Family Welfare New Delhi, 41(1) 8-12 March) in their study have noted that, religion has a great hold on the lives of the people and important action in their life. They have concluded that the cultural characteristics like religion, caste, consanguinity, sibling position and type of family have a significant influence on the age at marriage of both males and females, and the influence was more pronounced in the case of females.

Davanzo, J (1995) "Potential Health Impacts of Family" (The Rand Corporation, Santa Marica CA, U.S.A) Family planning programmes have been developed and supported by the Govt. in order to provide people with a means to achieve the number of children they desire and reduce unwanted child bearing, and thus to contribute to slow population growth, more rapid economic development and to improve the health of women and children.

K Srinivasan (1995) "Lessons from Goa, Kerala and Tamil Nadu: The Three Successful Fertility Transition States in India" (Demography India, Vol.24, No 2, pp 163-194), the study found that even in situation where social and economic development in a population is not of a level that can motivate a small family size and the use of modern methods of contraception as normal byproducts of modernization, it is possible to induce such attitudes and action by an effective combination of political will, bureaucratic efficiency and a well organized inter-sectoral family planning programme. The optimal approach
seems to be in strategic balancing of 'top - down' and 'bottom - top' forces required for successful fertility transition

Md Nazrul Haque and Steve H. Murdock (1995) "Socio-economic Development, Status of Women, Family Planning and Fertility in Rural and Urban Bangladesh" (Demography India, Vol 24, No 2, pp 225-244) The study suggest that socio-economic development, the status of women and family planning programmes played important roles in increasing contraceptive use both in rural and urban Bangladesh. All of these variables were significantly related to contraceptive use in Bangladesh and the fact is that rapid increase in contraceptive use may be obtained if programmes to increase child health and welfare are improved and contraception is readily available.

T Rajaretnam (1996) "Family Size, Desire, Sex Preference, Socio-economic Condition and Contraceptive use in Rural Karnataka, India", (Demography India, Vol.24, No 2, pp 275-290). The study findings were that the type of family, castes, landholding, education of husband and wife and occupation of wife turn out acceptance more favourably than joint family set-up. Caste-hindus and non-hindus are twice as likely to use contraception as scheduled castes and scheduled tribes. Further, non-hindus, mostly muslims, do not differ from caste-hindus in their efforts to use contraception. Landholding of household tends to inhibit use of contraception among couples. With respect to education, literate women 25 per cent more as likely to use contraception as those of illiterate women, and husbands with education above primary level are about 50 per cent more as likely to use contraception as those who are just literate or illiterate. On the other hand, socio-economic
factors are weakly or only moderately related to contraceptive use, but among them, social factors are more favourable than economic factors to the couples’ decision to use contraception.

R S Tripathi, R P Tiwari (1996) "Population and Development in India". Population growth has been a main concern of social scientists in developing countries which are caught with numerous social and economic problems. In case of India population growth has been considered as a main impediment in the path of development. The growth of population has influenced environment also in a negative direction. Now land, water, forests and air are depleting gradually posing a great menace before future generation.

According to Arvind Awasthi (1988), (Demography India Vol 26, No.2, pp.207-277) As a short run strategy introduction of coercive methods of family planning will be an effective remedy to curtail the natural growth rate of population but it requires a firm political will which under present circumstances is a remote possibility to be implemented. An effective alternative to it is to broaden the policy of incentives. Likewise, subsidies on fertilizers to farmers be given to those who follow the above norms. Benefits of certain Govt. programmes like IRDP etc. should flow to those persons especially who follow the above family norm.

Raynees Krishna and Binay Kumar Pattnaik (1997), (Demography India, Vol.26, No 2, pp. 207-227). The Industrial expansion has included inter-generational occupational mobility. But the same industrial growth has failed
to inspire visible intragenerational occupational mobility because of the standard career path offered by the organised sector

Rejendra K Sharma (1997) "Demography and Population Problems" (Atlantic Publishers and distributors, New Delhi), the study reveals that India's population and the size of her annual population growth in the context of her social and economic situation and rate of economic growth, present a great multitude of problems

DP Singh (1998) "International Migration in India 1961-1991" (Demography India, Vol 27, No.1, pp 246-261) He discussed that about 30 per cent of Indian population are migrants based on place of birth and place of last residence concepts adopted in Indian Census. Economic factor among males and marriage among females remain as the main factor behind their movement. About 1 per cent of male and less than half per cent at female moved due to natural calamities factors such as floods, droughts etc. Most international migrants to India were from border countries of Bangladesh, Nepal, Pakistan, Sri Lanka and Myanmar

Dr. K. Vivekananda Murthy (2000) "Socio-economic Factors Affecting Fertility in Andhra Pradesh" (Proceedings and Recommendations of National Seminar on Fertility Decline in Andhra Pradesh. A Historical and Contemporary perspective. March 18-16, IIPS, IIHF, Hyderabad) He has studied that variables such as female literacy rate, per cent urban population, female work participation and percent SC population showed significant effect on variations in couple protection rate and total fertility rate
Prof Shekhar Mukherji (2000) "Poverty and Fertility in India and Andhra Pradesh: A Demographic Field Theory Perspective" (Proceedings and Recommendations of National Seminar on Fertility Decline in Andhra Pradesh A Historical and Contemporary perspective March 13-15, IIPS, IIHFW, Hyderabad) The study revealed a very high linkage between poverty among people, particularly women and high fertility and IMR in Indian states. Poverty-fertility nexus has to be fought out. Resultant series of canonical linkages both at All-India and State level repeatedly demonstrated that, in India unless object poverty fertility will not decline. With respect to Andhra Pradesh, high fertility in rural Andhra Pradesh was attributable to poverty, unlike in urban Andhra Pradesh. But in urban Andhra Pradesh (Slums) poverty still appeared to be an important variable causing high child mortality.

Dr. A. Kameshwar Rao (2000) "Family Welfare Programmes, Policy and Interventions in Andhra Pradesh", (Proceedings and Recommendations of National Seminar on Fertility Decline in Andhra Pradesh A Historical and Contemporary perspective March 13-15, IIPS, IIHFW, Hyderabad) This study deals with the State Population Stabilisation Policy initiative in Andhra pradesh (1997-98) was with strategies. A review of Family Planning performance in Andhra Pradesh and the target free approach experiment were reported. Policy interventions in terms of structure establishment, skill and innovative techniques, training, team incentives, insurance scheme etc., improving mobility of PHC staff, preparation of socio/economic/ demographic profiles, consultations with researchers, administrators and politicians were described.
Smt Nilam Sawhney, IAS, (2000) "Family Planning Programmatic Implementation in Andhra Pradesh Historical and Contemporary Perspective", (Proceedings and Recommendations of National Seminar on Fertility Decline in Andhra Pradesh A Historical and Contemporary perspective March 18-15, IIPS, IIHFW, Hyderabad) She has presented that vasectomy became acceptable through incentives, counselling, follow-up and dispelling negative perceptions. She emphasised on four major factors for reducing the fertility in Andhra Pradesh. They are acceptance, community mobilisation, political commitment and bureaucratic commitment.

John C Caldwell, James F. Phillips, and Barkat - e - Khuda, March, (2002) "Studies in Family Planning", Volume 33, No 1, studied that Family planning programmes, like the fertility transition that they have helped to drive, will be a transient phenomenon. In the most economically developed countries, fertility decline did not become general until the last part of the nineteenth century and in developing countries, not until the last third of the twentieth century. Even now fertility decline is not universal. Nevertheless, the most recent United Nations medium population projection shows global fertility falling to replacement level by 2050 and the world population growth rate decreasing to 0.04 per cent or close to stationary by the end of the twenty-first century.

Mary Arends-Kuenning (2002) "Studies in Family Planning", (March Vol.33, No.1, p.87) the govt of Bangladesh’s key aspect is the community-based distributive system, in which female field-workers are assigned to visit all married women of reproductive age within a designated area every two months.
Study Area

The State of Andhra Pradesh is chosen as the study area for this work. It has been formed into Andhra Pradesh State in 1950 with 20 districts initially and later 3 more districts have been formed with amalgamation of some areas. As on today it consists of 23 districts spread over to three political and economic regions known as Coastal Andhra (9 districts), Rayalaseema (4 districts) and Telangana (10 Districts). It is called as the "Granary of the South" due to its perennial rivers like Krishna and Godavari. According to 2001 Census data, its population size is 7.57 crores sharing 8 per cent of the country population ranking as the fifth populous state. The density is increasing rapidly due to natural growth of population. More than 11 million people added to the state during 1991-2001. At the present rate of growth of population, the state's populations is expected to reach 140 million mark in another 40 years period.

The state of Andhra Pradesh is having its own historical perspective. A number of kings and sultans have ruled the state for a very long period, until the Britishers took over charge after 1664. At present the total geographical area of the state is 27.7 lakhs sq. kms., comprising 8.4 per cent of the total land area of India. It is the fifth largest state in area after the states of Madhya Pradesh, Uttar Pradesh Maharastra and Rajasthan. All the three regions possess a rich potentials of human, agricultural, forest, fishery and mineral resources and water resources of sea, rivers, canals, tanks and hill valleys which remained unutilised fully from the past 45 years, perpetuating poverty and low levels of living for the people of the state.
Objectives

The main objectives of the present study are

1. To study the rate of growth of population in Andhra Pradesh making a comparison with the Southern States (1951-2001)

2. To discuss the fertility and mortality trends

3. To evaluate the migration and urbanization trends in Andhra Pradesh

4. To study the functioning of family welfare programmes

Keeping in view the broad objectives mentioned above, the following hypotheses have been drawn for this study

1. Population growth in Andhra Pradesh is moderate during the period (1951-2001)

2. The urbanisation in Andhra Pradesh is partially due to migration of population from rural to urban and partially due to industrialization

3. The performance of family welfare programmes are satisfactory in reducing birth rate and ultimately population growth in Andhra Pradesh

4. The State Government issued a strict population policy to control population
Data Collection

This work is mainly depending on the secondary data available through various sources like Census Reports, SRS Bulletins etc. Because the Census data is the authentic source for population data. The Census of India provides a good statistical information on demographic, social and economic matters. Most of the statistics related to population totals, urbanisation, economic development and population has been collected only from the Census Reports. There is no regularity in the time period in mentioning the statistics. On the basis of the availability of data, the work has been carried out.

In addition to the Census Reports, the data have been collected from the official publications of the Central and State Governments, official publications of the International bodies like the United Nations Organisation, Population Council, IMF etc., have been taken into account. Data from the published books, journals, magazines, News papers, reports submitted by economists, research scholars, University Bureaus and various other research and educational institutions has been collected for this work. The reports of Government of Andhra Pradesh like statistical abstracts, hand book of statistics, season and crop reports etc., were referred wherever there is need for data.

Statistical Tools

Keeping in mind the broad objectives and hypotheses mentioned above, various statistical tools like growth rates, percentages, ratios, averages correlation and regression analysis etc., have been used.
Analysis of Data

Keeping in mind the objectives and hypotheses mentioned above the information has been collected, processed, tabulated and analysed by using the above mentioned statistical tools

Organisation of the Work

The entire work has been organised into seven major chapters. They are as follows

• The First Chapter deals with importance of the problem, objectives, hypotheses, the review of literature, data collection, statistical tools used, analysis of the work, organisation of the work and limitations of the study

• The Second Chapter gives a brief analysis of the general features of the study areas like the origin of the State, physical features, river system, climate, rainfall and seasons, soils, geology, forest wealth, administrative divisions, people, culture, religion and languages, work force, decline in poverty, net state domestic product, education etc

• The Third Chapter explain the population growth in Andhra Pradesh in comparison with the Southern States

• The Fourth Chapter deals with the migration and urbanisation in Andhra Pradesh.

• The Fifth Chapter illustrates the trends in fertility and mortality
• The Sixth Chapter studies the performance of family welfare programmes in Andhra Pradesh
• The Seventh Chapter deals with the population policy in general and state population policy in particular
• The Eighth Chapter gives a brief summary of the conclusions and suggestions of the work

Limitations of the Study

This work is mainly depending upon the secondary data available through various sources. The present study is an empirical investigation. The data is collected mainly through Census Reports and Sample Registration System. Secondary data collected through Census Reports, Sample Registration System are having their own limitations and carries out certain errors. The same has been taken into account while making the analysis of the data. To study the demographic features of Andhra Pradesh, the indicators like size and growth of population, fertility, mortality, migration, urbanisation and family welfare programmes have been taken into account on the basis of the available information at the State level.

The study is confined to Andhra Pradesh State only. The data and facts collected and analysed are all based on the information provided by the Census Records, SRS and also the secondary data published by different institutions and organisations. The conclusions of the study are strictly applicable to Andhra Pradesh, as the state is having its own socio-economic and political conditions, which differ to those of the other states in the country.