CHAPTER I

INTRODUCTION
Long-range forecasts of the size and other demographic characteristics of the population of the world, as well as of regions and countries, are now routinely made by international agencies (United Nations, 1981, 1982, 1983, World Bank, 1983). The global increase in size is projected to occur despite an expected decline in the population growth rate. Reductions in population growth rates are also expected for all regions. Underlying these forecasts are the estimates of future trends in fertility and mortality, the two demographic variables that are the determinants of global growth rates and the principal determinants of regional growth rates. As a result of expected improvements in medical care, public health measures, hygienic practices and nutrition, mortality levels are expected to decrease in all regions of the world. This trend in mortality would by itself of course produce an increase in the population growth rate. The actual projected decline in the growth rate reflects large reductions in fertility that are expected to occur over the next few decades.1.1

With all its most serious consequences, population explosion is the most burning problem in India. India ranks second in population and seventh in land area. The population of India earlier grew very slowly and remained stationary and began to increase rapidly from 1951 onwards. About 113 million are added every year to the existing population of 685 millions. The trend of population growth is alarming and has become a matter of concern for demographers as well as social scientists.

India, the second most populous country in the world, is experiencing the early stages of fertility transition. The unprecedented acceleration in the rate of growth of India's population, sparked off by declining mortality as early as 1921, has finally been arrested, as revealed by the figures from the 1981 census. It is beyond doubt that a significant contribution to this phenomenon lately has been from declining fertility of which there is ample cumulative evidence.\textsuperscript{1,2} To bring large fertility decline in the

developing world, contraceptive practice, the principal means of birth control, will have to increase. The problem of population is different in India. The cultural diversity is reflected in substantial demographic variation across the nation. Birth control practices were not spread properly due to illiteracy, standard level of living and traditional practices and beliefs. Important social differences between urban and rural people are still reflected in persisting demographic differences.

Information on fertility and mortality is available from a number of surveys but these surveys do not give an all India picture. There are very few surveys in Andhra Pradesh. The present study is an attempt to know the fertility and mortality trends of a village situated in a delta area where more than 45 per cent of the population still engage themselves either in agriculture or allied occupations. The village selected for study is a hamlet of another village and has a population of one thousand and eight members.

REVIEW OF LITERATURE

Significant differences have always existed
in the fertility rates of people. The actual number of children is reduced by birth control, value systems and institutional patterns that influence fertility. Control of fertility is an important aspect of meeting the challenge of poverty arising from population explosion in India. Although a number of proximate determinants of fertility such as age at marriage, induced abortion and breast feeding can and do have an effect on fertility, the principal cause of reduction in fertility during the transition has been and likely will continue to be a large increase in contraception practice. And it is supported by high degree correlation between levels of fertility and contraceptive prevalence. According to estimates and projections as assessed in 1983 the total fertility rate and prevalence of contraceptive practice for 83 countries indicates that contraceptive prevalence explains 85% of the variation in the total fertility rate. Past experience in a number of developing countries indicates that in addition to a large size in contraceptive practice there are trends in other

proximate determinants as a society moves through the fertility transition. These trends can be divided into two types depending on whether they exert a positive or a negative effect on fertility. A downward influence on fertility can be expected from increase in age at marriage, frequency of divorce and induced abortions. Fertility enhancing effects are produced by increase in the probability of remarriage and by reductions in breast feeding. Post partum abstinence, risk of widowhood, and in some cases pathological sterility. All these factors can and probably will influence future trends in fertility.\(^5\) In India, fertility seems to have remained more or less stable (or even to have increased) during the initial period until 1961-66; the estimate for 1966-71 quinquennium marks the beginning of a decline.\(^6\) Total fertility remained almost stable at around 6 during the 1960s and the first half of the 1970s. Thus, the period around 1966 seems to have been the turning point in Indian fertility. The decline accelerated with an estimated total fertility rate of 5.78 in 1966-1971, 5.37 in 1971-1976 and 4.65 in 1976-1981.\(^7\) Inspite

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1.7. J.R.Rele, Ibid., p.519.
of vast differences in methodology, these figures are remarkably close to the Panel on India estimates of total fertility rate; 5.67 in 1977-77, 5.37 in 1971-76 and 4.69 in 1976-81. Thus, there is a clear indication of a decline of about one child per woman during the decade.

Turning to the crude birth rate, most researchers agree that the average birth rate during 1951-61 was about 45. For 1961-71 estimates vary between 40 and 42. The sample registration system's estimates of birth rates average 35.6 for 1971-75 and 33.6 for 1976-80.

The Registrar General's sample registration system based adjusted estimates of birth rates are 38.0 for 1970-79 and 34.1 for 1978, with estimated

omission rates of 6 and 2.5 per cent respectively in the sample registration system.\textsuperscript{1,12}

The study of fertility trends and differentials by urban-rural residence is one of the most important but insufficiently explored areas of demographic research. The estimated values of total fertility rates and crude birth rates of rural regions are shown in Table 1.1.

TABLE 1.1
TABLE SHOWING TFR AND CBR OF RURAL REGIONS FROM 1961-81

<table>
<thead>
<tr>
<th>Year</th>
<th>TFR</th>
<th>CBR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1961-66</td>
<td>6.23</td>
<td>44.3</td>
</tr>
<tr>
<td>1967-71</td>
<td>5.99</td>
<td>43.0</td>
</tr>
<tr>
<td>1972-76</td>
<td>5.62</td>
<td>40.3</td>
</tr>
<tr>
<td>1977-81</td>
<td>4.88</td>
<td>34.9</td>
</tr>
</tbody>
</table>


\textsuperscript{1,12} Census of India 1981, p.43.
Table 1.1 shows the accelerating trend of declining fertility in rural areas. Fertility rates fell slightly faster during the period 1976-81, which may be related to the rural development and Family Planning programmes initiated by the Government of India. The estimated total fertility rate of Andhra Pradesh from 1961 to 1981 is shown in Table 1.2.

<table>
<thead>
<tr>
<th>Year</th>
<th>TFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1961-66</td>
<td>5.51</td>
</tr>
<tr>
<td>1967-71</td>
<td>5.41</td>
</tr>
<tr>
<td>1972-76</td>
<td>5.15</td>
</tr>
<tr>
<td>1977-81</td>
<td>4.45</td>
</tr>
</tbody>
</table>


The pattern of accelerated rates of decline in fertility observed in India from 1966 is replicated in Andhra Pradesh also.
MORTALITY TRENDS

The levels and trends of death rates in 5 year periods from 1951 onwards are shown in Table 1.3.

TABLE 1.3

TABLE SHOWING ESTIMATES OF THE CRUDE DEATH RATE FOR INDIA FROM 1951 TO 1981 BASED UNSMOOTHED AND SMOOTHED AGE-SEX DISTRIBUTIONS

<table>
<thead>
<tr>
<th>Period</th>
<th>Unsmoothed CDR</th>
<th>Smoothed CDR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1951-56</td>
<td>28.6</td>
<td>26.1</td>
</tr>
<tr>
<td>1957-61</td>
<td>25.5</td>
<td>24.4</td>
</tr>
<tr>
<td>1962-66</td>
<td>22.6</td>
<td>23.1</td>
</tr>
<tr>
<td>1967-71</td>
<td>19.7</td>
<td>19.5</td>
</tr>
<tr>
<td>1972-76</td>
<td>17.1</td>
<td>17.7</td>
</tr>
<tr>
<td>1977-81</td>
<td>13.8</td>
<td>13.9</td>
</tr>
</tbody>
</table>


The trends in mortality show a sharp fall from 1951 to 1981. Infant mortality rates also declined.
considerably during this period. The determinants of mortality also vary from region to region. So the present study is an attempt to know the trends in fertility and mortality in different social and economic groups.

RESEARCH DESIGN

The study is mainly confined to the sample village, R.V. Palem, Mopidevi Mandalam, Krishna District. It is proposed to conduct the study by case study method. The village R.V. Palem is situated 2 kilometers away from the National Highway connecting Hyderabad, the capital city of Andhra Pradesh, and Avanigadda, once the taluk headquarters of the village. The village is selected for study because

1. It is a known village. So it will be easy to follow the villagers' customs and usages within a limited period of time.

2. The village is neither a remote village nor very near a city.

3. It is a typical agricultural village and most of the people are engaged in agriculture and allied occupations like dairy-farming, poultry etc.
4. There are many ethnic groups with residential segregation as well as economic groups.

5. Most of the people are acquainted with family planning techniques.

METHODOLOGY

For the purpose of the present study sampling method is adopted. There were 250 households in the village. From these 100 households were taken as sample, selected through purposive stratified random sampling. The study was conducted during the month of August, 1989.

OBJECTIVES OF THE STUDY

1. To examine the socio-economic conditions of the village.

2. To examine the trends of fertility and mortality in different socio-economic groups.

3. To examine the attitude and practice of family planning methods and their preferences.

4. To know the reasons for their approval or disapproval of family planning methods.
To fulfil the above objectives an interview schedule was prepared and pretested by conducting a pilot study. The primary data was collected from the respondents by using the interview schedule. For secondary information census reports, articles and books were referred.

CHAPTER SCHEME

Chapter II deals with some aspects of population in India. In this chapter population growth trends, birth rates and death rates, and factors accounting for higher population growth are examined. Socio-economic conditions of the village are discussed in chapter III. Chapter IV is devoted to the analysis of fertility and mortality trends of the sample village. Chapter V concludes with summary and some findings that contribute to the high fertility rates in rural communities.