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Theme - **Women in Population**

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Editor’s Desk

Almost half of the population of the world lives in rural regions and mostly in a state of poverty. Such inequalities in human development have been one of the primary reasons for unrest and, in some parts of the world, even violence.

- **A.P.J.AbdulKalam**

Approximately 7.5 billion people reside in different parts of the world today. Some lives in luxury, others struggling for survival in adverse conditions. A growing population brings with it a series of large problems that severely affect the quality of life of the people living in those regions. So, the management of population growth is an essential part of the civilization, as it directly affects the amount of soil, water, and air pollution, and the linked species reduction and climate change. The developing world faces unprecedented amounts of pressure on issues such as economic development, poverty, inadequate sanitation and today more than ever, population crises. The Cairo Conference (International Conference on Population Development) established a platform for gender equality which emphasized women’s empowerment to control their own reproductive behavior and concluded that population policies should focus on women’s reproductive health. After the Cairo Conference, most developing countries adopted population control methods focusing mainly on the empowerment of women and gender equality. It is

extremely important for our society to empower women to make their own decisions regarding their bodies and decide whether or not they are mentally, physically and emotionally ready and willing to have a child.

Population of India



India is a prominent global voice that has made significant progress on human development over the past 60 years, but the benefits of a growing economy are not shared equally: the country is still home to one-third of the world's poor. India is the world's largest democracy and has nearly 1.3 billion citizens. The economy is among the top 10 percentile of fastest growing, and over the past 60 years, life expectancy nearly doubled and adult literacy more than quadrupled. National goal of increased shared prosperity (increasing absolute number of people who are socially included, reasonably secure and not poor), means more than lifting people out of poverty. Gender inequality is pervasive, and the ratio of girl children to boy children is decreasing. Educational attainment is low, and India holds one-third of the world's illiterate. India must overcome enormous structural challenges to sustain a population out of poverty.

Current Population of India in 2017	1,349,675,833 (1.34 billion) As of August 10, 2017
Total Male Population in India	696,972,600 (69.6 crore)
Total No of Females in India	652,703,232 (65.2 crore)
Sex Ratio	945 females per 1,000 males
Age structure	
0 to 25 years	50% of India's current population

Every year, India adds more people than any other nation in the world, and in fact the individual population of some of its states is equal to the total population of many countries. For example, Population of Uttar Pradesh (state in India) almost equals to the population of Brazil. The population of the second most populous state Maharashtra, which has a growth rate of 9.42%, is equal to that of Mexico's population. Bihar, with 8.07%, is the third most populous state in India and its population is more than Germany's. West Bengal with 7.79% growth rate, Andhra Pradesh (7.41%) and Tamil Nadu (6.07%) are at fourth, fifth and sixth positions respectively. The sex ratio of India stands at 940. Kerala with 1084 females per 1000 males is the state with the highest female sex ratio. Pondicherry (1038) is second, while Chhattisgarh (991) and Tamil Nadu (995) are at third and fourth places respectively. Haryana with 861 has the lowest female sex ratio.

India Population

Year	Population	Yearly % Change	Density (P/Km ²)	Country's Share of World Pop	World Population	India Global Rank
2017	1,34,96,02,637	1.2%	449	17.90%	7,46,46,63,275	2
2016	1,31,24,57,832	1.2%	446	17.85%	7,43,26,63,275	2
2015	1,29,28,36,541	1.27%	441	18.92%	7,34,94,72,099	2
2010	1,23,09,84,504	1.47%	414	18.88%	6,92,97,25,043	2
2005	1,14,43,26,293	1.67%	385	18.68%	6,51,96,35,850	2
2000	1,05,34,81,072	1.86%	354	18.37%	6,12,66,22,121	2

Some of the reasons for **India's rapidly growing population** are poverty, illiteracy, high fertility rate, rapid decline in death rates or mortality rates and immigration from Bangladesh and Nepal. Alarmed by its swelling population, India started taking measures to stem the growth rate quite early. In fact India by launching the National Family Planning program in 1952 became the first country in the world to have a population policy. The family planning program yielded some noticeable results, bringing down significantly the country's fertility rate. In 1965-2009, the contraceptive usage more than tripled and the fertility rate more than halved. The efforts did

produce positive results, however, failed to achieve the ultimate goal and the population of India since getting independence from Britain in 1947 increased almost three times. Whereas India has missed almost all its targets to bring the rate of population growth under control, China's 'One Child Policy' in 1978, has brought tremendous results for the latter. The policy claims to have prevented between 250 and 300 million births from 1978 to 2000 and 400 million births from 1979 to 2010.

- With high Population growth rate, India's Population will reach 1.36 billion by the end of year 2017.
- According to recent estimates, Population of India in 2016 is 1.34 billion.
- India is all set to replace China as the most populous country in the world by 2025. India's Population in 2015 was estimated to be 12,928 million.

Current Population of India 2017

Rank	State or union territory	Population (2017 estimates)	Density (per km ²)	Sex ratio
01	Uttar Pradesh	223,897,418	828	908
02	Maharashtra	123,174,918	365	946
03	Bihar	119,237,851	1102	916
04	West Bengal	91,347,736	1029	947
05	Andhra Pradesh	84,665,533	308	992
06	Madhya Pradesh	72,597,565	236	930
07	Tamil Nadu	79,096,413	555	995
08	Rajasthan	75,984,317	201	926
09	Karnataka	61,130,704	319	968
10	Gujarat	67,600,992	308	918
11	Odisha	45,596,577	269	978
12	Kerala	34,523,726	859	1,084
13	Telangana	35,193,978	307/km ² (800/sq mi)	-

14	Jharkhand	32,966,238	414	947
15	Assam	31,169,272	397	954
16	Punjab	30,045,949	550	893
17	Haryana	27,761,063	573	903
18	Chhattisgarh	25,540,196	189	991
19	Jammu and Kashmir	14,280,373	56	883
20	Uttarakhand	10,116,752	189	963
21	Himachal Pradesh	7,123,184	123	974
22	Tripura	3,671,032	350	961
23	Meghalaya	2,964,007	132	986
24	Manipur	2,721,756	122	987
25	Nagaland	1,980,602	119	931
26	Goa	1,457,723	394	968
27	Arunachal Pradesh	1,382,611	17	920
28	Mizoram	1,091,014	52	975
29	Sikkim	607,688	86	889
UT1	Delhi	18,686,902	9,340	866
UT2	Puducherry	1,244,464	2,598	1,038
UT3	Chandigarh	1,054,686	9,252	818
UT4	Andaman and Nicobar Islands	379,944	46	878
UT5	Dadra and Nagar Haveli	342,853	698	775
UT6	Daman and Diu	242,911	2,169	618
UT7	Lakshadweep	64,429	2,013	946
Total	India	1,210,193,422	382	940

WORLD POPULATION DATA

TOP 8 COUNTRIES WITH THE GREATEST PROJECTED POPULATION INCREASES BETWEEN 2017 AND 2050 (INCREASES IN MILLIONS)

323 INDIA	219.7 NIGERIA	134.4 CONGO, DEM. REP.	111.2 PAKISTAN
94.7 TANZANIA	85.9 ETHIOPIA	71.4 UNITED STATES	70.1 EGYPT

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WORLD POPULATION DATA

TOP 8 COUNTRIES WITH THE GREATEST PROJECTED POPULATION DECLINES BETWEEN 2017 AND 2050 (DECLINES IN MILLIONS)

44.3 CHINA	24.8 JAPAN	8.8 UKRAINE	5.8 POLAND
5.7 ROMANIA	3.5 THAILAND	3 ITALY	2.2 SOUTH KOREA

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WORLD POPULATION DATA

TOP WORLD POPULATION RANKINGS IN 2050 WILL STACK UP DIFFERENTLY THAN IN 2016

2016		2050	
CHINA	1,378 MILLION	INDIA	1,708 MILLION
INDIA	1,329 MILLION	CHINA	1,344 MILLION
UNITED STATES	324 MILLION	UNITED STATES	398 MILLION
INDONESIA	259 MILLION	NIGERIA	398 MILLION
BRAZIL	206 MILLION	INDONESIA	360 MILLION
PAKISTAN	203 MILLION	PAKISTAN	344 MILLION
NIGERIA	187 MILLION	BRAZIL	226 MILLION

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Population and Vital Statistics

- As per Census 2011, the population of India is 1210.19 million comprising 586.47 million (48.5%) females and 623.72 million (51.5%) males. Females have a share of 48.1% in the urban population and of 48.6% in the rural population.
- The average annual exponential growth rate of population during 2001-2011 is 1.64%. The decadal growth rate during the same period stands at 17.64% which is 3.90% less than that during 1991-2011.
- In the age-group 0-6 years, the share of female child population is 47.8% of the total child population in that age-group. Among the States, this share varies between 45.4% (Haryana) and 49.3% (Mizoram).
- The sex-ratio (number of women per 1000 men) is 940 in 2011 which shows continued improvement over the sex ratios of 927 in 1991 and 933 in 2001. Among the States, in Census 2011, Kerala has the highest sex-ratio of 1084 and Haryana has the lowest of 877.
- The mean age at effective marriage for females stands at 21.0 years in 2010. Among the major States, the highest mean age at effective marriage is 22.6 years for Kerala and the lowest is 20.1 years for Rajasthan.
- Of the 48.7% never married persons in 2010, women had a share of 43.8% compared with 53.5% for men.
- Total Fertility Rate (TFR) has come down from 3.2 in 1999 to 2.5 in 2010. The General Fertility Rate (GFR) during the same period has decreased from 103.2 to 83.9. The age-specific fertility rate is highest (198.6) in the age-group of 20-24 years followed by 156.8 in the age-group of 20-24 years and 66.0 in the age-group 30-34 years.
- Historically, the age-specific mortality rate is the lowest for both males and females in the age-group 10-14 years. The mortality rate among females across all ages is 6.7 and that among males is 7.7 for the year 2010.
- Out of 150.18 million households in the rural areas in 2004-05, 16.67 million (11.1%) are Female Headed Households. In the urban sector, out of the total of 56.97 million households, 4.85 million (10.9%) are Female Headed.
- Keeping with the past trend, the share of rural migrant females stood at a high level of 47.7% compared with a meager 5.4% of their male counterparts in 2007-08. The share of urban female migrants was 45.6% compared with 25.9% for males during the same period.

- 60.8% of the rural migrant females migrated due to marriage followed by 29.4% due to movement of parents/earning member in 2007-08. A high 55.7% of the male migrants migrated due to employment reasons followed by 25.2% due to movement of parents/earning member in the same period.

Participation in Economy

- The workforce participation rate of females in rural sector was 26.1 in 2009- 10 (NSS 64th Round) while that for males was 54.7. In Urban sector, it was 13.8 for females and 54.3 for males. Among the States/Union Territories, workforce participation rate of females in the rural sector was the highest in Himachal Pradesh at 46.8% and in the urban sector it was the highest in Mizoram at 28.8%.
- In the rural sector, 55.7% females were self-employed, 4.4% females had regular wage/salaried employment and 39.9% females were casual labourers compared with 53.5%, 8.5% and 38.0% males in the same categories respectively.
- A total of 20.4% women were employed in the organized sector in 2010 with 17.9% working in the public sector and 24.5% in the private.
- The labour force participation rate of women across all age-groups was 20.8 in rural sector and 12.8 in urban sector compared with 54.8 and 55.6 for men in the rural and urban sectors respectively in 2009-10 (NSS 64th Round).
- The unemployment rate for women of all ages was 2.4 compared with 2.0 for men in the rural areas in 2009-10. It was 7.0 for women and 3.1 for men in urban areas during the same period. Among the States/Union Territories, the highest unemployment rate for women in rural sector was observed in Chandigarh (51.1%) and in the urban sector in Dadra and Nagar Haveli (60.0%) in 2009-10.
- Of the total job seekers registered with employment exchanges, women constituted 32.5% in 2009.
- The female share of total Central Government employment stood at 10.0% in 2009.
- The share of female employees in the scheduled commercial banks was 15.9% in 2009 which rose slightly to 16.6% in 2010.
- In 2009-10, the average wage/salary received by regular wage/salaried employees of age 15-59 years was Rs. 155.87 per day for females compared with Rs. 249.15 per day for

males in rural areas. For urban areas, it was Rs. 308.79 and Rs. 377.16 per day for females and males respectively.

- In 2010, the number of accounts operated by females in all commercial banks was 153.18 crores compared with 487.37 crore accounts operated by males. The deposit amount was Rs. 517209.74 crore for females and Rs.18,38,826.25 crore for males.
- In 2011-12, the share of women swarojgaris (self-employed) in the total swarojgaris assisted under the Swarnajayanti Gram Swarojgaar Yojna (Golden Jubilee Rural Self Employment Scheme)) stood at 69.4%.
- The share of women in the person days employed through MGNREGA stood at 48.3% in 2011-12 (all districts with rural areas).
- According to the pilot Time Use Survey conducted in 18,620 households spread over six selected States, namely, Haryana, Madhya Pradesh, Gujarat, Orissa, Tamil Nadu and Meghalaya during the period June 1998 to July 1999, women spent about 2.1 hours per day on cooking food and about 1.1 hours on cleaning the households and utensils. Men's participation in these activities was nominal. Taking care of children was one of the major responsibilities of women, as they spent about 3.16 hours per week on these activities as compared to only 0.32 hours by males.

Ministry of Health and Family Welfare-Population Control Measures

Strategies for Attaining Population Stabilization under Family Planning Program:

- Scheme for *Home delivery of contraceptives by ASHA* at doorsteps of beneficiaries: The govt. has launched a scheme to utilize the services of ASHA to deliver contraceptives at the doorsteps of beneficiaries. 8.85 ASHAs are now distributing contraceptives at the door step.
- Scheme for ASHAs to *ensure spacing in births*: The scheme is operational from 16th May, 2012. Under this scheme, services of ASHA is being utilised for counselling of newly married couples to ensure delay of 2 years in birth after marriage and couples with 1 child to have spacing of 3 years after the birth of 1st child.
- *Pregnancy testing kits* have been made an integral part of ASHA kit and are being used to diagnose pregnancy early, so as to ensure early registration of pregnancy/safe abortion services.

- A new family planning method, i.e. *Post-Partum IUCD (PPIUCD)* has been introduced in the program. PPIUCD services are being provided by trained health providers in government hospitals, within 48 hours after the delivery.
- Basket of choice has been expanded with introduction of a new *IUCD-375* of 5 years effective, in addition to the already existing *IUCD-380A* of 10 years effective.
- Dedicated counselors (*RMNCH counsellors*) are placed at high case load facilities for providing family planning counseling to clients.
- Celebration of World Population Day 11th July & Fortnight: The event is observed over a month long period, split into fortnight of mobilization/sensitization followed by a fortnight of assured family planning service delivery and has been made a mandatory activity from 2012-13 and starts from 27th June each year.

National Population Policy 2000

Government of India launched the National Population Policy in 2000 to improve quality of lives of people of India and to provide them with equal opportunities to be productive individual of society. India launched its first programme to emphasize the need for family planning in 1952 and became the first country in the world to do so. The government realised that the latter is basically a function of making reproductive health care accessible and affordable for all, providing primary and secondary education, etc. All this also essential for creating sustainable development model.

Highlights of National Population Policy 2000

- It reiterated the government to resolve to push for voluntary and informed choice and agreeability of citizens to get maximum benefit from reproductive health services.
- It embarks on a policy outline for the government for next ten years to improve the reproductive and child health needs of people of India which include issues like child survival, maternal health, contraception, etc.
- School education upto the age of 14, to be made free and mandatory. This will also include plan to check drop-out rate of boys and girls.
- The policy also aims at curbing the IMR to less than 30 per 1000 live births.

- The Maternal Mortality Rate will also be brought down to less than 100 per 1, 00,000 live births. A high MMR is a symbol of economic and social disparity of the fairer sex. It also points to heightened inequities in terms of healthcare and nutrition.
- Another important feature of the policy is to attain universal immunisation of all children against preventable diseases.
- The policy will also act against child marriage and promote 20 years as the right marriageable age for girls. The legal age for same is 18 years.
- The policy will actively support a target of 80% institutional deliveries and 100 % deliveries by trained persons.
- It also seeks to achieve 100 % registration of births, deaths, marriages and pregnancies.
- Preventing and controlling all communicable diseases.
- It will also strive to Integrate Indian Systems of Medicine to provide reproductive and child health services by reaching out to households.
- It thus will seek to integrate and converge all related social sector programmes so that complete family welfare and health can be taken care of and properly maintained.
- NPP 2000 also emphasizes the role of Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) medicine system to serve the goals of public health.

The NPP 2000 strived to change the mindsets of people from base level. Its intense focus on women empowerment has led to improvement in many national statistics. However, there has been a great upsurge in the number of institutional deliveries but there has not been a parallel increase in the healthcare staff. This has led to immense pressure on health facilities and officials and an obvious degradation of quality of services. Also, at many places there is an acute shortage of medicines, staff and other related materials.

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