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BOOKS

- Bowersox, Donald J., Closs, David J., (1996), "Logistical Management." Tata McGraw, Hill, New Delhi.
- Hunker, H.L. and A.J. Wright (1963), "Factors of Industrial Location in Ohio," Ohio State University.

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- Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

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- Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

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- Garg Sambhav (2011): "Business Ethics" Paper presented at the Annual International Conference for the All India Management Association, New Delhi, India, 19–22 June.

UNPUBLISHED DISSERTATIONS AND THESES

- Kumar S. (2011): "Customer Value: A Comparative Study of Rural and Urban Customers," Thesis, Kurukshetra University, Kurukshetra.

ONLINE RESOURCES

- Always indicate the date that the source was accessed, as online resources are frequently updated or removed.

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- Garg, Bhavet (2011): Towards a New Natural Gas Policy, Economic and Political Weekly, Viewed on July 05, 2011 http://epw.in/user/viewabstract.jsp

DEMOGRAPHY OF INDIA: THE DYNAMICS AND DIFFERENCES - A REFLECTIVE STUDY OF CENSUS 2011

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ABSTRACT

Demography is the key element of any developmental study. This concept in the Indian context dates back to Mauryan period of BC 350 to BC 150 as a state practice. British period gave it a regular shape of study in India from 1872. National economy and planning requirements are heavily dependent on the outcomes of the Census every decade. No wonder demography has gone beyond the headcounts; study of the population in every census in India raises issues of National and International concern. Especially, India is at the alarming stage of demographic developmental studies as per the statistical anticipation of having the worlds' largest population by 2036. Censuses in India have defined the population growth as – 1891 – 1921, as Stagnant Population, 1921 – 1951, as Steady Growth, 1951 – 1981, as Rapid Growth, 1981 – 2011 High Growth with signs of Slowing down, 2011 – onward, as Controlled Growth which has been used as parameters of measuring many social sciences studies. Current census of 2011 clearly defines the Indian Population as the emerging Super Power in Manpower of the world by 2020 because of the largest segment of the young population, which is of course a transit advantage for the country. Like other censuses this current census 2011 has highlighted the issues like (CSR) declining Child Sex Ratio, higher level of (TFR) Total Fertility Rate, Increased Literacy Rate etc. as controllable measures for the nation. The most significant is the issue of accommodating people in the country by 2101 onward in the country. Will India plan to shift people possibly to the satellite 'Moon' by 2111 AD or will negotiate and buy the land mass from the countries who have surplus to dispose as a good will gesture to the human civilization or will encourage the population to migrate as global citizens to take up different nationalities in different countries. Global citizenship may be a convenient option for the Indian population which is currently seen as the international migration from this country in search of better earning avenues, that trend may be augmented to shift to different countries to avail living space and land. Unless we are prepared for the consequences the disaster of the population growth will be having different roots in the next century. Indian demography needs many facets to study for strategic options in the future otherwise disaster will be faced by the Nation.

KEY WORDS

Population Growth, Census 2011, Child Sex Ratio, Literacy Rate, Decadal Growth Rate.

INTRODUCTION – INDIA'S POPULATION THROUGH DECADES-CENSUS

Census is an age old practice since 1872 of the British Raj. This was in fact not the regular need under the colonial rule for administration. The great rebellion of 1857, named by the history as a 'Sepoy Mutiny' threatened the existence of the British rule in India. The power of this movement forced the colonial administration to keep a record of the number counts of the population of the notified princely states and the territory of the British Raj as disaster management tact for the next level of wars if it crops up. In 1982 although a census was conducted, it is not regarded as a regular census as it was not conducted at the same time. (Rath, 2007) From 1881 India has conducted decennial census without any interruption. Our census 2011 is has large difference than that of our neighbor China 2010 census. Census through a comprehensive questionnaire much beyond the head counts was conducted in 2011. We have numerous tables on the demographic, social and economic life of the people in this country of great demographic diversity. The significant step in the 2011 was conducting house listing in 2011 in every village, towns and city in India. Along with it a Housing Census was also conducted. The census questionnaire had as

many as 35 questions and collected valuable data. The enumeration of the households took place from February 9 to 28, 2011 and the provisional results were declared towards the end of the March, 2011.

THE MEANING & DEFINITION

Study of demography is increasingly assuming more importance not only in India but all over the world. Primarily, ever-growing population in developing countries is straining social, economic and even political system of nations. The importance of population studies is increasing. There is realization that population explosion is hindering economic development. Significance of population studies was realized even in earlier period. Demography today can neither be ignored by the planners nor policy maker, nor administrators nor by academicians and politicians. Demography is the study of changes which take place in population including its size, distribution and organization. It has been derived from the Latin word "demos" meaning people. Hence, it is the science of people. As regards definition of this term, it has been defined in various ways by different authors. Some of these are given below

Bernard Benjamin "The demographer is concerned with the measuring past and forecasting future population change". **Thompson and Lewis** The most appropriate definition is given by Thompson & Lewis; that is "The population studies is concerned with the population, its size, composition and distribution and in changes in these aspects through time, and the causes of their changes as they are related to human welfare." **UNO** According to UNO under demography we study all determinants and consequences of population. Thus, demography deals with study of the components of population varieties and chance.

NATURE OF THE STUDY

Three main aspects are concerned under demography study, *Size and growth* of the population, *Composition* of population and *Distribution* of population. 1. **SIZE**: This deals with the number of people living in an area and what changes are taking place and how these changes are affected. In a demographic study, the concern is not only in finding out, how many people live in a particular area at a given point of time? Whether the number is larger than what it was, but also? What would be the likely number in future? These can be due to increase in the rates of death and birth, or on account of increased migration, etc. 2. **COMPOSITION:** Composition of population mainly related to certain characteristics. Age, Sex & Literacy are most widely used characteristics of population study. According to Thompson & Lewis composition of a population affects demographic processes. 3. **Distribution:** Population distribution study is concerned with matters like, how the people are distributed, what is the nature of changes in population distribution, to find out the proportion of population living in advanced urban industrial areas, newly developing out growing urban industrial areas and rural areas and the ways in which changes are taking place in each category.

DEMOGRAPHIC FEATURES OF INDIA

It shows mainly the number of people living in a country at a particular time, the rate at which they are growing and the composition and distribution of population. India today possesses about 2.4 percent of the total land area of the world but she has to support about 17 percent of the world population. A study of growth rate of India's population falls into four phases.

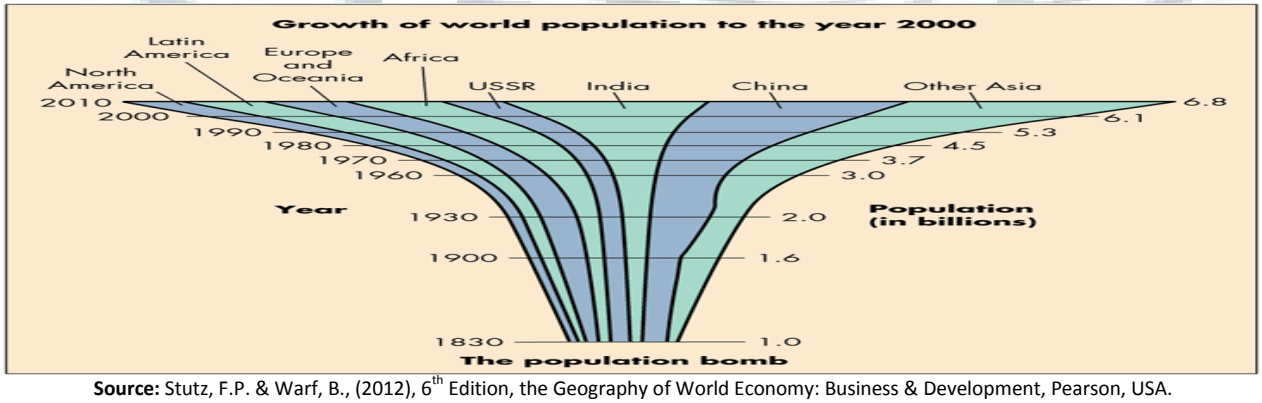
1891-1921: STAGNANT POPULATION
1921-1951: STEADY GROWTH
1951-1981: RAPID HIGH GROWTH
1981-2011: HIGH GROWTH WITH SIGNS OF SLOWING DOWN

TABLE -1: GROWTH OF POPULATION IN INDIA – 1901-2011

Year	Total Population (in Millions)	Increase or Decrease (in Millions)	Percentage Increase or Decrease	Growth Rate
1901	236	--	--	--
1911	252	+ 16	5.7	--
1921	251	-1	-0.3	0.19
1931	279	+28	11.0	--
1941	319	+40	14.2	--
1951	361	+42	13.3	1.22
1961	439	+78	21.5	--
1971	548	+109	24.8	--
1981	683	+135	24.7	2.14
1991	844	+161	23.5	--
2001	1027	+183	21.3	1.09
2011	1210	+181	17.64	1.08

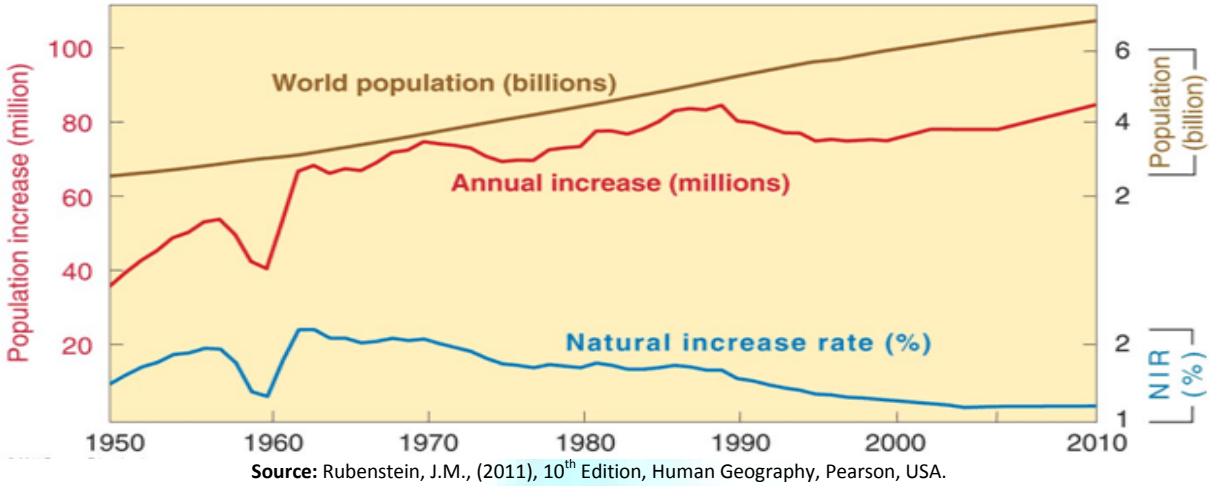
Source: Census of India, Registrar General of India, GOI, New Delhi, 2011

- During the first phase of 20 years (1901-1921), the population of India grew by 15 million. The growth rate per annum was negligible, i.e. 0.19 percent per annum for the period. This stage was characterized by high birth rate and high death rate. Birth and death rates were more or less equal during this period. In this period India was in the first stage of demographic transaction, which marked by stagnant population.
- During the second phase of 30 years (1921-1951), the population of India grew by 110 million. The growth rate of population was 1.22 percent per annum. The growth rate was considered as moderate.
- During the third phase (1951-1981), the population of India grew from 361 million from 1951 to 683 million in 1981. The growth rate of population during this period was 2.14 percent. Compared to previous phase the growth rate is almost double. It is resulted in population explosion. Thus, India is now in the second stage of demographic transaction when death rate is low but the birth rate is high.
- According to latest estimate the population of India in 2005 is 1.1 billion. And it will increase to 1.4 billion by 2026. There is a projection that it may surpass China by 2025. If we compare India's population growth with the most populous country in the world China, we can find the following facts.
- As per the WORLD DEVELOPMENT REPORT – 2004 India and China account for nearly 38 percent of the world population.
- It may be noted that the average annual growth of population has declined to 1.1 percent in China, where as in India it is still quite high at 1.9 percentages.
- It is a very interesting fact that India is adding one **Australia** to its population every year and one **Japan** in every Census.



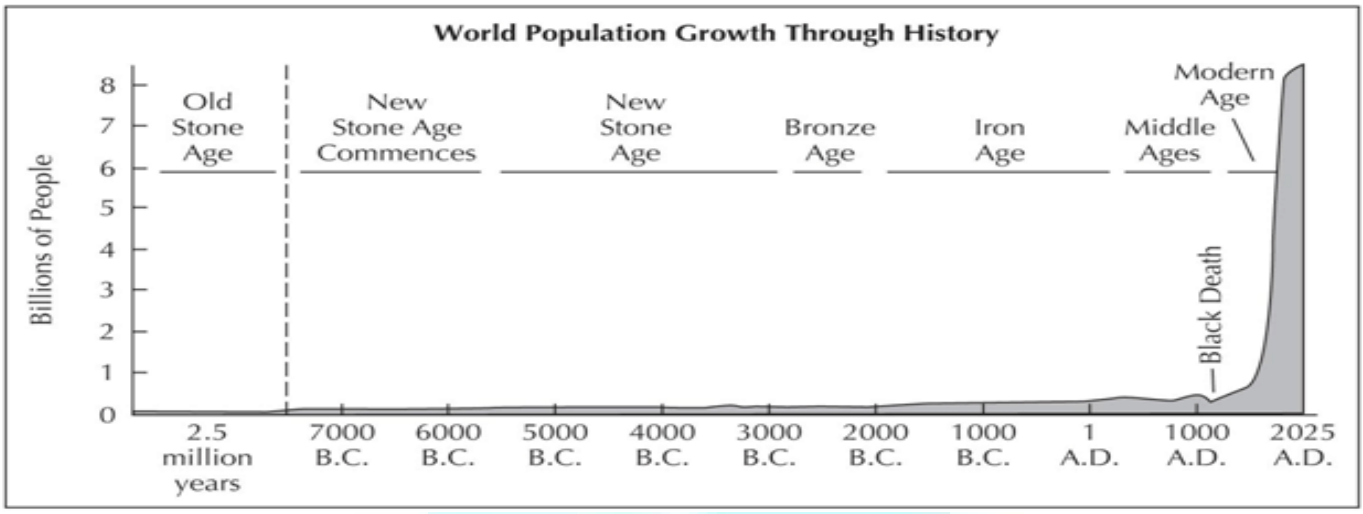
Source: Stutz, F.P. & Warf, B., (2012), 6th Edition, the Geography of World Economy: Business & Development, Pearson, USA.

WORLD POPULATION GROWTH



Source: Rubenstein, J.M., (2011), 10th Edition, Human Geography, Pearson, USA.

WORLD POPULATION GROWTH THROUGH TIME



For most of human existence, population levels were low and growth rates were zero. Only with the Industrial Revolution that created the modern age did growth rates begin to rise.

Source: Stutz, F.P. & Warf, B., 2012, 6th edition, the World Economy, (geography, business, developments), Pearson, USA.

After independence, Parliament passed the Census Act of 1948 and created a post of census commissioner. Earlier, the whole operation used to be temporarily set up for 2-3 years and wound up after the census was conducted and results printed. The act empowered the census officers to ask certain questions and made answering them obligatory for citizens. Information collected is treated as confidential and can be used only for statistical purposes; it cannot be used as evidence in a court of law. Census is not only a head count. Besides the size of the total population, the census of India collects and publishes information on various characteristics of the population such as, age and sex distribution, social and cultural factors such as religion, literacy, languages known, migration and economic activities of the people. Besides, during housing census conducted a year before the population count, information is also collected on type of housing, amenities and assets possessed by households. Analysis of the data collected from several censuses provides a unique opportunity to understand the dynamics of and trends in various facets of the diverse population of the country. Among the developing countries, India is the only one with 15 decennial uninterrupted series of population counts. No other developing country has done this. Further, India makes information on total population by sex for every state available within three to four weeks of reference data of census count. Until 1981, the data were compiled manually. Beginning with 1981, number of literate and illiterate males and females 7+ years of age are also available for all states and union territories within one month. With the computerization of the entire operation now, the 2011 Census promises to make all data available within 2 years. This achievement needs to be appreciated in view of the fact that most of the developed countries take years even to arrive at total population size of their countries after conducting the census. (*Visaria, 2011*)

POPULATION SIZE OF 2011 CENSUS- INDIA

According to the provisional Population count released within four weeks of completing the Census, India's total population in 2011 was 1.21 billion, up from 1.03 billion in 2001, thus adding 181 million people in one decade. However, the 2001 – 2011 decadal growth rates of 17.6%, compared to 21.5 recorded during 1991-2001, suggests slowing down of the growth. Interestingly, the enumerated population size was larger than most projections, including that of the Registrar General's office that projected the 2011 population to be 1.19 billion. India is now expected to become the most populous country of the world by 2030 overtaking China sooner than earlier expected. India's population size is expected to stabilize at 1.81 billion around 2041.

TABLE: 2 - POPULATION SIZE, GROWTH RATE AND SEX RATIO, 2011

	India/State/Union Territory	Persons	Percent of India,s Population	Decadal Growth Rate	Sex Ratio (Females per 1000 males)
			A.Pop. 10 M +		
	INDIA	**1,210,193,422**	**100.00**	**17.64**	**940**
1	Uttar Pradesh	199,581,477	16.49	20.09	908
2	Maharashtra	112,372,972	9.29	15.99	925
3	Bihar	103,804,637	8.58	25.07	916
4	West Bengal	91,347,736	7.55	13.93	947
5	Andhra Pradesh	84,665,533	7.00	11.1	992
6	Madhya Pradesh	72,597,565	6.00	20.3	930
7	Tamil Nadu	72,138,958	5.96	15.6	995
8	Rajasthan	68,621,012	5.67	21.44	926
9	Karnataka	61,130,704	5.05	15.67	968
10	Gujarat	60,383,628	4.99	19.17	918
11	Odisha	41,947,358	3.47	13.97	978
12	Kerala	33,387,677	2.76	4.86	1084
13	Jharkhand	32,966,238	2.72	22.34	947
14	Assam	31,169,272	2.58	16.93	954
15	Punjab	27,704,236	2.29	13.73	893
16	Chhattisgarh	25,540,196	2.11	22.59	991
17	Haryana	25,353,081	2.09	19.9	877
18	NCT of Delhi	16,753,235	1.38	20.96	866
19	Jammu & Kashmir	12,548,926	1.04	23.71	883
20	Uttarakhand	10,116,752	0.84	19.17	963
	Sub Total	**1,184,131,193**	**97.85**		
			B. Pop. 1-10 M		
1	Himachal Pradesh	6,856,509	0.57	12.81	974
2	Tripura	3,671,032	0.30	14.75	961
3	Meghalaya	2,964,007	0.24	27.82	986
4	Manipur	2,721,756	0.22	18.65	987
5	Nagaland	1,980,602	0.16	-0.47	931
6	Goa	1,457,723	0.12	8.17	968
7	Arunachal Pradesh	1,382,611	0.11	25.92	920
8	Puducherry UT	1,244,464	0.10	27.72	1038
9	Mizoram	1,091,014	0.09	22.78	975
10	Chandigarh UT	1,054,686	0.09	17.1	818
	Sub Total	**24,424,404**	**2.02**		
			C. Pop. Below 1M		
1	Sikkim	607,688	0.05	12.36	889
2	Andaman & Nicobar Island UT	379,944	0.03	6.68	878
3	Dadra & Nagar Haveli UT	342,853	0.03	55.5	775
4	Daman & Diu UT	242,911	0.02	53.54	618
5	Lakshadweep UT	64,429	0.01	6.23	946
	Sub Total	**1,637,825**	**0.14**		

Source: Census of India, 2011, Registrar General, GOI, New Delhi, India

TABLE: 3. LITERACY RATE BY SEX, 2011 (PERCENT)

Sl. No.	India/State/Union Territory	Persons	Males	Females
	INDIA	**74.0**	**82.1**	**65.5**
	A. POP 10 M +			
1	Kerala	93.9	96.0	92.0
2	NCT of Delhi	86.3	91.0	80.9
3	Maharashtra	82.9	89.8	75.5
4	Tamil Nadu	80.3	86.8	73.9
5	Uttarakhand	79.6	88.3	70.7
6	Gujarat	79.3	87.2	70.7
7	West Bengal	77.1	82.7	71.2
8	Punjab	76.7	81.5	71.3
9	Haryana	76.6	85.4	66.8
10	Andhra Pradesh	75.6	75.6	59.7
11	Karnataka	75.6	82.9	68.1
12	Odisha	73.5	82.4	64.4
13	Assam	73.2	78.8	67.3
14	Chhattisgarh	71.0	81.5	60.6
15	Madhya Pradesh	70.6	80.5	60.0
16	Uttar Pradesh	69.7	79.2	59.3
17	Jammu & Kashmir	68.7	78.3	58.0
18	Jharkhand	67.6	78.5	56.2
19	Rajasthan	67.1	80.5	52.7
20	Bihar	63.8	73.4	53.3
	B. POP 1-10 M			
21	Mizoram	91.6	93.7	89.4
22	Tripura	87.8	92.2	83.2
23	Goa	87.4	92.8	81.8
24	Puducherry UT	86.6	92.1	81.2
25	Chandigarh UT	86.4	90.5	81.4
26	Himachal Pradesh	83.8	90.8	76.6
27	Nagaland	80.1	83.3	76.7
28	Manipur	79.9	86.5	73.2
29	Meghalaya	75.5	77.2	73.8
30	Arunachal Pradesh	67.0	73.7	59.6
	C. POP Below 1 M			
31	Lakshadweep UT	92.3	96.1	88.3
32	Daman & Diu UT	87.1	91.5	79.6
33	Andaman & Nicobar Islands UT	86.3	90.1	81.8
34	Sikkim	82.2	87.3	76.4
35	Dadra & Nagar Haveli UT	77.7	86.5	65.9

Source: Census of India, 2011, Registrar General, GOI, New Delhi, India

POPULATION DISTRIBUTION & RATE OF GROWTH – STATES & UTS

Uttar Pradesh, the state with 199.6 million people is India's most populous state accounting for 16.5% of country's population. Bihar (103.8) and Maharashtra (112.4) are other two states with more than 100 million people. Other large states are West Bengal with 91, Andhra Pradesh with 85, Madhya Pradesh with 73, and Tamil Nadu with 72 million people. Nearly 42.4% of Indians now live in formerly undivided Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan; a portion that has increased from 40% in 1991. Conversely, the proportion of Indians living in four Southern States of Kerala, Tamil Nadu, Karnataka and Andhra Pradesh has decreased from 22.5% in 1991 to 20.8% in 2011, causing concerns about their representation in parliamentary democracy. (*Bose, 2011*)

Out of the major states of India, Bihar with 25.1% growth rate during 2001-2011 is the fastest growing state. Decadal growth rates have exceeded 20% in the entire core North India States – Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh (including Jharkhand and Chhattisgarh). Kerala's growth during 2001-2011 of 4.9% is indicative of the state reaching stationary population in the next 10-20 years. Growth rate around 11-13% is reported by Punjab, Andhra Pradesh, and West Bengal and around 15-16% by Karnataka, Maharashtra and Tamil Nadu. Southern States are harbinger of population stabilization.

CHANGING DEMOGRAPHIC PROFILE OF INDIA – AGE STRUCTURE AND AGING

Nearly 18 percent of the World Population living in India has been experiencing slow but steady demographic transition since the second half of the last century. In recent years, however, the fertility transition in India has accelerated resulting in rapid changes in the age structure of the population. This change creates unique opportunities along with significant challenges both for the economy and society. The age structure change is expected to create demographic dividend and ageing is also likely to vary significantly across states in India. The provisional population result from 2011 census provides some useful information on the pace of demographic change taking place in the country. Although provisional data do not provide age composition of the population, the available population totals and proportion of children population in the age group of 0-6 years help us to understand the emerging demographic change and the plausible age structure transition in the country. What follows is an analysis of the available data from the 2011 census to understand the emerging age structure changes in India. The proportion of the population in the age group of 0-6 declined from 16 percent to 13 percent over period 2001-2011, growth rate being negative for the first time. One of the important dimensions of demographic change in India is the extreme inter- state variation. Of the total 20 major states, nearly 11 have achieved replacement level fertility while other 4 are around replacement level. (*James & Satyanarayana, 2011*) On the contrary, there are around six major states far away from replacement level fertility. The fertility variation in the country is astounding. The Total Fertility Rate (TFR) varies from 1.7 children per woman in Tamil Nadu to 3.9 children per woman in Bihar in the year 2008 (Sample Registration System data 2009). The 2011 census result also provides information on the proportion of population in the 0-6 age group in each state. The variation clearly indicates that the age structure of the Indian population will vastly be different across states. The proportion of population in the 0-6 age group is a good measure of demographic and age structure change of a state. Those states having less than 12 percent of their population in the age group 0-6, fall among the below replacement level fertility states. These states will have an age distribution with a considerable bulge in the adult age group of 15-59. States having around 13-15 percent of their population in the age group 0-6 are moving towards an age structure transition. On the contrary, those states with more than 15 percent of the population in the 0-6 age group are in the early stages of

demographic change and will have an age distribution typically of a triangle shape indicating higher percentage of child population in relation to adult population. Undoubtedly, India's age structure is undergoing rapid changes. It will have definite implications for the economy and society. The age structure transition typically has two phases. In the first phase of the transition, there will be a bulge in the working age group popularly known as the demographic dividend stage. The demographic divided is a shorter duration in the history of any nation. The span of the dividend varies according to the pace of the fertility transition. The second phase of the age structure transition occurs with the aging of the population. The proportion of elderly is likely to go up at this stage.

DEMOGRAPHIC DIVIDEND

Demographic dividend refers to a change in the age distribution of population from child ages to adult ages. It leads to larger proportion of population in the working age group compared to younger and old age groups. Apparently, given the diversity in the fertility transition in India, the demographic dividend is likely to continue as it shifts from one state to another based on the pace of demographic changes in the respective states. It is generally argued that the demographic change in India is opening up new economic opportunities. There is generally high optimism both based on the experience of many other countries and from India that demographic changes will take the country to newer economic heights. Along with high optimism, there are also larger concerns on the ability of the nation to take full advantage of the demographic dividend. It is often argued that demographic dividend might turn in to a nightmare given the composition of Indian population in terms of educational level and skill levels. It is argued that large segments of adult population in the country are literate and do not have the capacity to contribute substantially to the modern economy. Perhaps, demographic dividend needs to be understood more critically and in a proper perspective. Many of the good empirical studies estimating the impact of the age structure changes on the economic progress have indicated very high impact of age structure change and positive demographic dividend in the country. In other words, these studies bring out clearly that those states moving faster in demographic and age structure change are also experiencing rapid economic growth. The best examples come from southern and western states in India where the demographic changes are also leading to sustained economic changes both in the aggregate economy and in the lives of people. Census 2011 results shows, that there has been significant inflow of migration to many southern states in India. Tamil Nadu, Karnataka and Andhra Pradesh are attracting huge inflow of migrants from other states. In these states, the enumerated population has been far higher than the projected population. Perhaps, it points towards a replacement migration taking place into these states. The replacement migration refers to migration occurring as a result of age structure changes. With the demographic and age structure changes, there will be scarcity of labour particularly in the unskilled sector. This labour has to be replaced from other places with abundance of labour due to lack of any significant demographic changes. In the context of the western countries, the replacement migration mainly came from poor developing countries. On the contrary, India is able to take care of the replacement migration from within due to large diversity in the nature of demographic transition. The replacement migration in to Kerala is well known and many studies have pointed out large inflow of such migrants from other parts of the country. Thus it is clear that the demographic changes create demographic opportunities and dividend and the concern that India may not be able to experience demographic dividend is perhaps not empirically validated. There is also ample evidence to suggest that demographic changes enhance economic changes. Micro level evidence also suggests that age structure changes lead to substantial investment in children both in terms of education and health. Thus the demographic dividend emanates from rapid changes in fertility which has several positive impacts both at Macro and household level.

THE WORLD'S 10 MOST POPULOUS COUNTRIES, 2010

Country	Population 2010 (millions)	% Annual Growth Rate	Estimated Population 2050 (millions)
China	1320	0.6	1437
India	1173	1.4	1755
United States	310	0.6	438
Indonesia	243	1.4	343
Brazil	201	1.0	260
Pakistan	184	2.0	295
Bangladesh	156	2.1	215
Nigeria	152	2.4	282
Russia	139	–0.4	119
Japan	126	–0.1	101

Source: World Population Data Sheet

AGEING AND DEMOGRAPHIC CHANGE

The demographic dividend is of a shorter duration for any country and eventually the nation will move into an ageing population. Although not immediate, change in the age structure from young to old are also accompanied by several social changes with considerable implications on any nation. The size of the Indian elderly (60 years and above) is expected to triple in the next four decades from 92 million to 316 million, constituting around 20 percent of the population by the middle of the century. There is no significant empirical evidence to suggest that larger proportion of elderly population would impede the economic progress of a nation. At the same time, there are many social changes expected as a result of ageing population in any nation. The major challenge would be on the care for the elderly. Demographic and economic changes are often accompanied by enhanced migration of people in search of better and quality employment. As a result of this adult migration, the elderly are often left behind. The living arrangement pattern of the elderly are expected to undergo rapid changes during the period. Such changes are already visible in states like Kerala with early demographic transition. Even though the proportion of elderly at the national level has been low, the ministry of social justice and empowerment (MOSJE), Government of India deserves recognition for its foresight in drafting a National Policy on Older Persons (NPOP) as early as in 1999, when less than 7 percent of the population was aged 60 and above. The policy vision statement is well articulated and action strategies cover important aspects of financial security, health, shelter, education, welfare and protection of life and property. The major lacuna of NPOP, however, has been lack clear prioritization (increasing old-older proportion, ferminization and ruralisation along with inter–State variations). Although many important aspects of ageing policy are mentioned in the NPOP, it is unclear what the specific goals are, what steps are envisaged towards achieving these goals, and how it fits in to a realistic implementation schedule given the emerging demographic scenario in the country and the current institutional arrangements.(*James & Sathyanarayana, 2011*) India is soon to follow the foot-steps of China and is likely to surpass Chinese population to become the country with the largest population in the world between 2025 and 2030. China through policy action has been pushing forward healthy sustainable development of undertakings for its ageing population. The government has attached importance to publicizing and popularizing laws, regulations and policies concerning senior citizens. It has set up an inter-agency / inter-ministerial committee on ageing to monitor and implement policies and programmes for older people. As socio-economic processes associated with ageing are complex, the country needs to plan and gear up well in advance to face the challenge. Sudden intervention may not be appropriate and may not provide significant dividend. Many countries have realized the importance of preparing for the ageing in advance through several policy and programmatic intervention. Perhaps, India too, needs to follow the footsteps of these nations at the earliest to minimize the ill effects of a larger social change. In a nutshell, demographic and age structure changes are inevitable and generally contribute positively to the nation. The demographic changes are also accompanied by considerable social and economic changes. In the future, the success of a nation will critically depend upon its ability to address such sweeping demographic changes effectively through policies and programmes. India is on the course of rapid demographic changes. Hence preparedness in advance might provide dividends in the future.

POPULATION DIFFERENCE 2001- 2011 CENSUS

	2001	2011	Change
Population (in Mn)	1028	1192	+15.9%
Male (in Mn)	532	617	+16.0%
Female (in Mn)	496	575	+15.9%
18+ yrs (in Mn)	599	772	+28.8%
Sex Ratio	933	932	-1 unit
Population Density	313	363	+50
0-14 (%)	35.4	29.1	-6.3 pts
15-59 (%)	57.7	62.6	+4.9 pts
60+ (%)	6.9	8.3	+1.4 pts
Dependency Ratio	734	596	-138

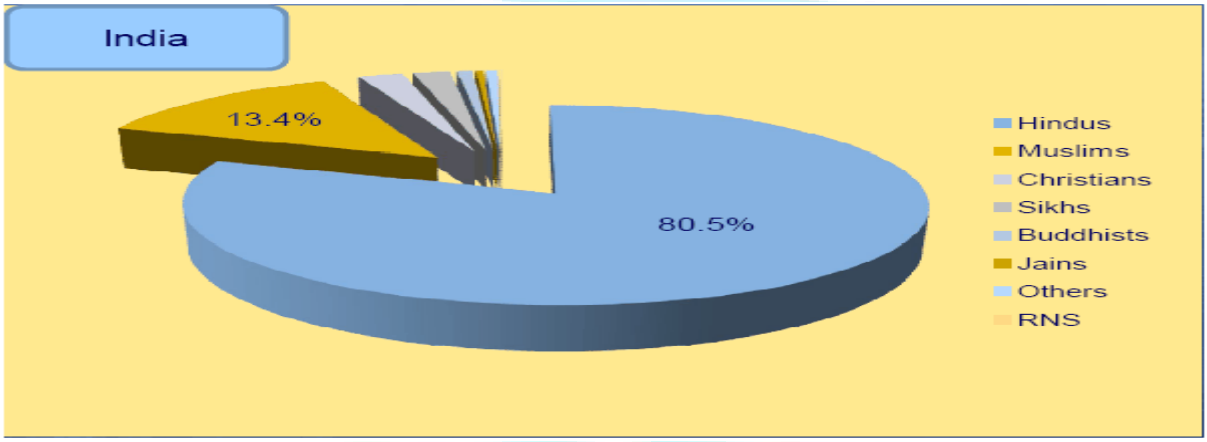
Source: Census of India 2011, Registrar General, GOI, New Delhi

TOTAL FERTILITY RATE OF SELECTED COUNTRIES, 2007

Country	Total Fertility Rate (TFR)
Afghanistan	6.8
Argentina	2.5
China	1.6
India	2.9
Angola	6.8
Mauritius	1.7
Spain	1.4
Russia	1.3
United States	2.1

Source: Population Reference Bureau, *World Population Data Sheet*, 2007.

POPULATION BY RELIGION DISTRIBUTION, 2001 CENSUS



DISTRIBUTION OF POPULATION BY RELIGIOUS GROUPS & SEX RATIO – 2001 CENSUS

Name of Religion	Percentage to total population	Sex ratio
Hindus	80.5	931
Muslims	13.4	936
Christians	2.3	1009
Sikhs	1.9	893
Buddhists	0.8	953
Jains	0.4	940
Other religions	0.6	992
India	**100**	**933**

LITERACY: THE PRIME CONCERN OF THE CENSUS 2011

India has witnessed remarkable progress in spread of literacy. Compared to barely 18 percent of India's population recorded as literate in the first census after independence, according to the 2011 census, that proportion has gone up to 74 percent. The achievement among males has been from 27 to 82 percent in the 60 years. From less than one in 10 women counted as literate in 1951, today two out of three women are enumerated as literate. Nationally, the gender gap in spread of literacy began to narrow first in 1991 and the pace has accelerated. However, there are larger state variations in the gender gap with Rajasthan reporting nearly 28 percentage point gap and other core North Indian States like Bihar, Uttar Pradesh, Madhya Pradesh, Chhattisgarh and Jharkhand reporting a gap between male and female literacy rate of more than 20 percentage points. Compared to 2001, in 2011 male literacy rate increased by 6 percentage points but female literacy increased by nearly 12 percentage points, which is viewed as a remarkable achievement. Some have attributed it to the success of Sarva Siksha Abhiyan, India's flagship programme launched in 2001-02 to universalize elementary education. Male literacy exceeds 75% throughout the country and exceeds 90% in Kerala and some of the smaller states. The achievement in female literacy in Bihar is noteworthy; from 33% in 2001, it has gone up to 53% or by 20 percentage points. The states causing concern as far as female literacy is concerned are Rajasthan and Andhra Pradesh- both have reported 8 percentage point increase during 2001-2011 and both have less than 60% female literacy.

Literacy must be viewed in the context of its immense potential for bringing about transformation in the quality of Human life. Its impact on bringing about a paradigm shift in the direction a society progresses can never be overestimated – be it economic, social and political. Development in educational attainment means increase in literacy level. According to the definition in the census, any person aged seven and above who can read and write with understanding in any language is literate. According to Millennium Development Goals of United Nations, universal primary education must be achieved by the year 2015. Eleventh five year plan has also targeted to increase the literacy rate of children of seven years of age and above to 85% by reducing the gender gap in literacy to 10 percent by 2011-12. (Maulick, 2011) It should be clearly noted that educational development and literacy rate improvement are key factors influencing the demographic variables like fertility, mortality, migration etc. Education promotes quality of life, particularly with regards to life expectancy, infant mortality, learning and nutritional levels. The pace and progress of literacy rates as revealed by decennial census is very slow in India. In the span of fifty years i.e., from 1951 (18.33) to 2001 (64.83), there has been only marginal increase of 46.5 percent in literacy rate. Between 1951 to 2001, female literacy shows a mere 44.7 percent increase which is five times for the whole point. According to the census 2011, out of 74.04 percent of literacy rate, the corresponding figures for male and female are 82.14 and 65.46 percent respectively which means four out of five males and two out every three females of the age seven and above are literate in the country.

LITERACY RATE TREND IN INDIA 1951 - 2011

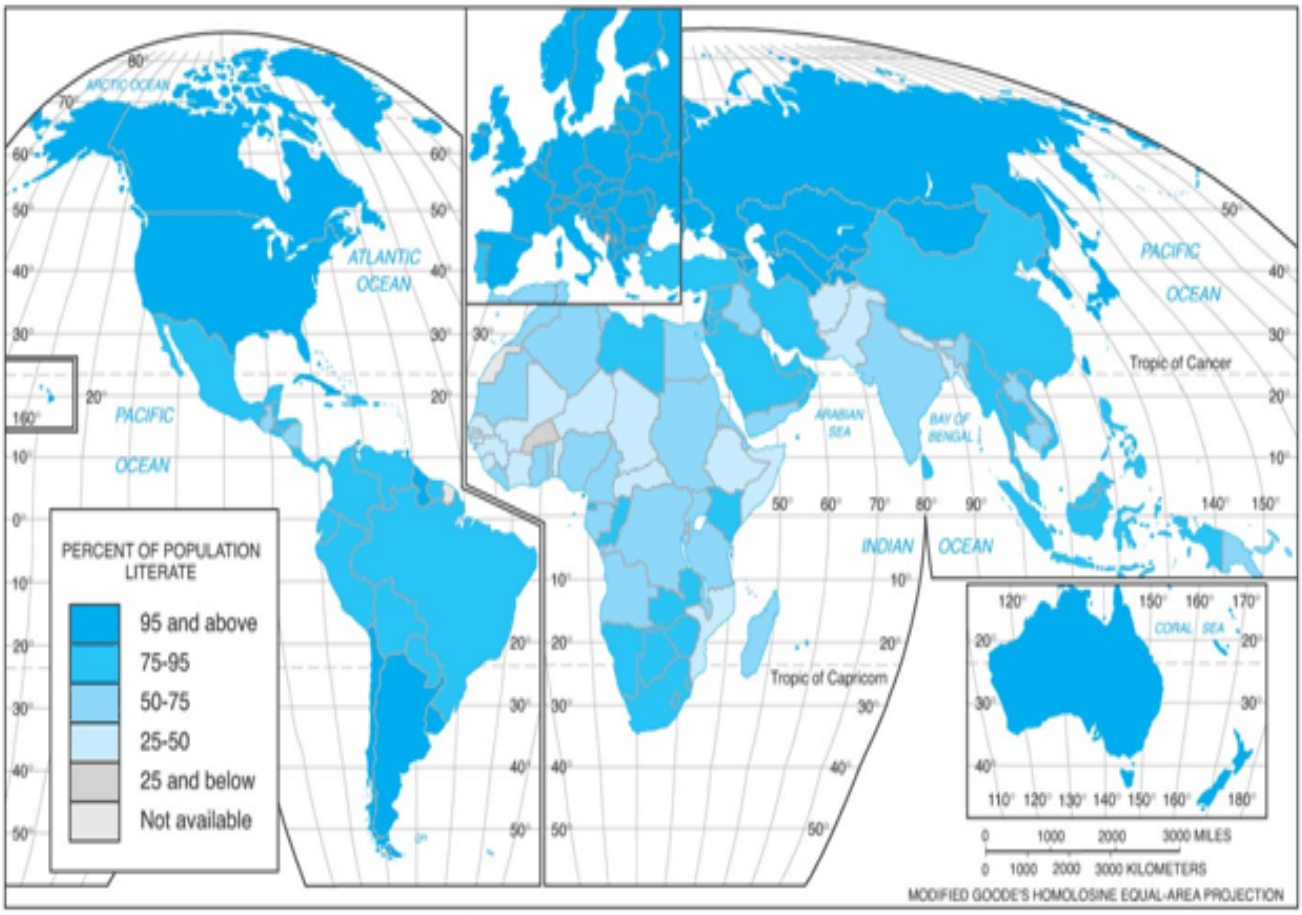
Census Year	Persons	Decadal Increase	Males	Females	Gender Gap
1951	18.33	--	27.16	8.86	18.30
1961	28.3	9.97	40.40	15.35	25.05
1971	34.45	6.15	45.96	21.97	23.99
1981	43.57	9.12	56.38	29.76	26.62
1991	52.21	8.64	64.13	39.29	24.84
2001	64.83	12.64	75.26	53.67	21.59
2011	74.04	9.21	82.14	65.46	16.68

Source: Registrar General of Census, GOI, New Delhi, 2011

LITERACY RATE BY RELIGION DISTRIBUTION, 2001, CENSUS

Name of Religion	Literacy Rate (Total)	Literacy Rate (Males)	Literacy Rate (Females)
Hindus	65.1	76.2	53.2
Muslims	59.1	67.6	50.1
Christians	80.3	84.4	76.2
Sikhs	69.4	75.2	63.1
Buddhists	72.7	83.1	61.7
Jains	94.1	97.4	90.6
Other religions	47.0	60.8	33.2
India	**64.8**	**75.3**	**53.7**

EDUCATION AND LITERACY OF A POPULATION - LITERACY RATES



Source: Stutz, F.P. & Warf, B., (2012), 6th Edition, The world Economy, (Geography, Business, Development), Pearson, USA.

A significant mile stone of Census 2011 is that the total number of illiterates has come down from 30.4 crores in 2001 to 27.2 crores showing a decline of 3.1 crore. Out of total 21.7 crores literates, female (11.0 Crores) outnumber males (10.7 Crores). Another striking feature is that, out of total decrease of 3.1 crore of illiterates, the females (1.7 crores) top male (1.4 crores) in the list. This trend of rising female literacy will have far reaching consequences which may lead to development of the society. When we portray the literary picture of India we find that the ordering of the states are almost same as it was in 2001 as Kerala still continues to top the list with 93.91 percent literacy rate where as Bihar remains at the bottom of the ladder with 63.82 percent. Although Bihar has performed well in 2011 census compared to literacy rate in 2001 (47.00%) still it lies in the lowest rank. States like Punjab (76.68%), Haryana (76.64%), Madhya Pradesh (70.63%), Andhra Pradesh (75.60%), Karnataka (67.66%) and Tamil Nadu (80.33%) and UTs like Andaman & Nicobar Islands (86.27%), Chandigarh (86.43%) were downgraded from their previous rank where as Tripura (87.75%), Sikkim (82.20%), Manipur (79.85%), Nagaland (80.11%) and UTs like Dadra & Nagar Haveli (77.65%), NCT of Delhi (86.34%) and Lakshadweep (92.28%) have shown higher rankings than before. India's literacy rate has shot up during the past decade and now, except Bihar, all other states lie above the national average. Even though Bihar has shown 17 percent increase in literacy rate but still it is below the national average. Out of 38 districts of Bihar, 21 districts have shown an improvement in female literacy rate, with naxal affected region Munger topping the list in female literacy with 65.53 percent.

Literacy rate in non- EAG (Empowered Action Group) States is higher than the literacy rates of the EAG states but the change in percentage points of literacy rate between 2001 and 2011 is higher in EAG states. It can be noted that the gender gap in EAG states declining faster than the non-EAG states. The decline in gender gap between 2001 and 2011 is 5.92 percent in EAG states where as it is 4.38 in non-EAG states. It is really interesting to note that the percentage increase in the number of literates is remarkable in EAG states between 2001 and 2011. Bihar (74.83%), Jharkhand (59.24%) and Uttar Pradesh (56.40%) are in the highest position followed by Rajasthan (40.68%) and Chhattisgarh (39.61%) where as Madhya Pradesh (38.73%), Uttarkhand (37.05%) and Odisha (36.05%) are still lagging behind. In the first five year plan, the programme of social education, inclusive of literacy, was introduced as part of the Community Development Programme in 1952. The national policy on education in 1968 not only endorsed the recommendations of the Education Commission but also reiterated the significance of the universal literacy and developing adult and continuing education as matters of priority. The formal elementary education programme was supplemented by a non formal education system. A multi-pronged approach of universalisation of elementary education and adult literacy has been adopted for achieving total literacy.(Maulick, 2011) Major thrust of these programmes were on promotion of literacy among women, Schedule Casts and Schedule Tribes particularly in the rural areas. The National Adult Education Programme (NAEP) was inaugurated on 2nd October 1978. The education literacy from a vast country like India beset by several social and economic hurdles is not an easy task. Realizing this, the National Literacy Mission was started on 5th May, 1988 to impart a new sense of urgency and seriousness to adult education. After the success of the areas specific, time bound, voluntary base campaign approach first in Kottayam City and then Ernakulum district of Kerala in 1990, the national literacy mission has accepted the literacy campaigns as the dominant strategy for eradication of illiteracy. In 1989, the district based Total Literacy Campaign (TLC) emerged as a programme strategy for the National Literacy Mission. The "Sarve Sikshaya Abhiyan", a flagship programme for the Government of India was started for achievement of universalisation of elementary education in a time bound manner, as later mandated by 86th amendment to the constitution of India making free and compulsory education to children of ages 6-14, as a fundamental right. Now Sarva Sikshya Abhiyan is doing rounds in all the districts in most of the states for which there is huge fund allocation under 9th and 10th Five Year Plans. In the 11th Five Year Plan, by 2011-12, Planning Commission has targeted to increase literacy rate by 85 percent and reduce the gender gap by 10 percent.

In spite of these massive efforts by the government, we are still lagging behind the world literacy rate of 84 percent. Many states have shown rising trend but even then major group of states lie in the average rank i.e., just above national level of 64.8 percent and below 80 percent. Bihar is still lying below the national average. But the stride towards a completely literate India has become surer and more confident. It I also clear that the individual and the community need to play active roles as stake holders in this process and their role need to be recognized and built upon for realizing the objective of a fully literate India.

SEX RATIO & CHILD SEX RATIO (CSR) OF INDIA'S DEMOGRAPHY

The good news of the Census 2011 study is that female of male sex ratio of population has began to improve – from 927 in 1991 to 933 in 2001 to 940 in 2011. Yet, compared to what is observed elsewhere in most countries in the world, India's sex ratio is anomalous. The British Census Commissioners also noted it and were quite puzzled. Quite systematically, they examined a number of factors to understand why there were fewer women in India compared to men in the total population. The possible reasons dwelt upon by them and by other noted population scientists were: under enumeration of women, more masculine sex ratio at birth compared to observed in other populations, higher mortality experienced by women compared to men due to epidemics (such as plague, malaria, and influenza) or deficiency diseases, or due to neglect, premature cohabitation and unskillful midwifery. Except for the persistent survival disadvantage that women experienced from early infancy well into the reproductive period, evidence didn't support any of the other factors. The female to male sex ratio of population historically noted in the contiguous area of Punjab, Haryana, Chandigarh and Delhi, has improved between 2001 and 2011, but it is still below 900 women per thousand men. On the other hand, sex ratio close to unity is recorded in the southern states of Kerala, Tamil Nadu and Andhra Pradesh. This phenomenon observed since the beginning of the 20th century has persisted even now.

Since 1981 Indian censuses have made available data on population in the age group of 0-6 by sex, as a byproduct of information on literacy rates which are calculated for 7+ population, enabling calculation of sex ratio of children in the age group of 0-6. (Typically, age data are generated in five year age groups and thus most populations would provide data on children in the age group of 0 – 4 and not 0 -6.) the census commissioner's office has calculated sex ratio of children aged 0 -6 from the previous census of 1961 and 1971 also showing the trend over 50 years as per the given below table.

TABLE – 4: SEX RATIO OF POPULATION AND CHILDREN AGED 0 -6 YEARS IN INDIA, 1961 - 2011

Census Year	Sex Ratio of Total Population	Sex Ratio of Children Aged 0 – 6 Years
1961	941	976
1971	930	964
1981	934	962
1991	937	945
2001	933	927
2011	940	914

SEX RATIO IS CALCULATED AS NUMBER OF FEMALES PER 1000 MALES

As evident, the child sex ratio has steadily declined from 976 in 1961 to 927 in 2001 and further to 914 in 2011. This phenomenon has drawn worldwide attention and largely attributed to increasing practices of sex detection and selected aborting female fetuses. Between 2001 and 2011, child sex ratio fell in particularly the whole country, giving credence to belief that the practice of female selective abortion is spreading to parts of the country, where it was noted earlier. Child sex ratio improved in 2011 from the level in 2001 in Himachal Pradesh, Haryana, and Punjab & marginally in Gujarat: the states where it was below 850. In 2011 all these states, there are still less than 900 girls per 1000 boys. In particular Indian society son preference is known to have existed for centuries and persists even today. According to the most recent National Family Health Survey (NFHS) conducted during 2005-06, nearly a quarter of women would prefer more sons than daughters but hardly any would desire more daughters than sons. Further, in-depth analysis of NFHS data have shown that when couple wants to limit the family size to two or three children only, if the first child is a daughter, the probability of determining the sex of the second child and aborting the foetus if it is of a girl, is quite high. Thus, while the small family norm has become quite acceptable, son preference persists. Widespread availability and use of prenatal diagnostic techniques for sex determination led to PNDT (Pre Natal Diagnostic Techniques) (Regulation and Prevention of Misuse Act 194) banning their use for determining their use for determining the sex of foetus or reveling it to the parents. The act was amended and made more stringent in 2003 by allowing appropriate authorities even at the district level to take legal action against the use of sex selection technique by any person at any place. Despite the act and the widespread campaign promoting 'Save the Girl Child' messages, decline in child sex ratio has continued leading to a concern that neither the implementation of the Act nor the campaign messages have been very effective. However, it is important to recognize that besides female selective abortion, girls in India have for many decades continued to experience higher mortality compared to boys. Even in recent years, according to the 2008 Sample Registration System data, death rate among girls aged 1-4 years was nearly 40% higher compared to boys. If the sex differentials in mortality continue favouring boys, the deficit of girls would increase over time. (Visaria, 2011) When higher female child mortality is coupled with sex selection and female selective abortion, the deficit of girls would indeed increase at a faster pace.

CHILD POPULATION DECREASE IN INDIA

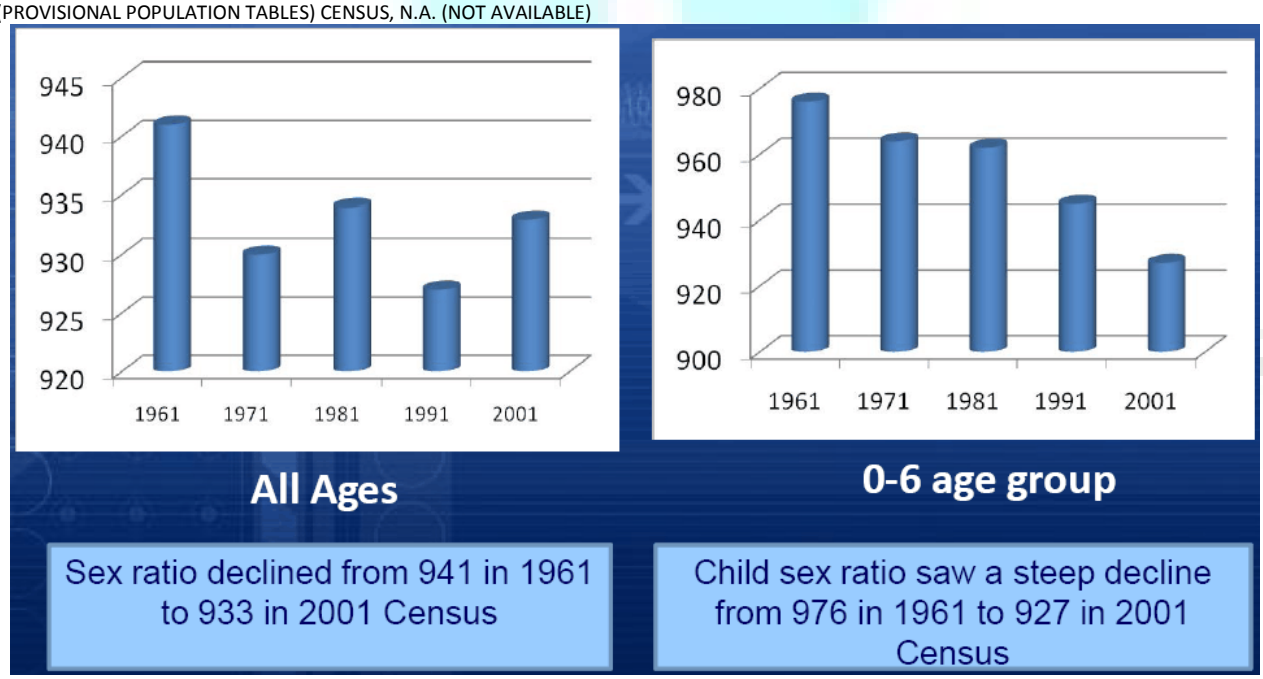
The 2011 census was the first one in many decades which counted less absolute number of children in the age group of 0-6 years. Compared to 2001 census count of 164 million children, there were 159 million children in 2011, or there were 5 million fewer children in India. This is evident in the share of children in the total population, which declined from 16 percent in 2001 to 13.1 percent in 2011. Among the major states, the only exceptions were Bihar and Jammu & Kashmir, which reported some absolute increase in their child population. In Kerala and Tamil Nadu, children aged 0-6 constitutes less than 10 percent of the population but in Rajasthan, Jammu & Kashmir, Uttar Pradesh, Madhya Pradesh and Bihar, children's share in the total population is almost 18 percent. The decline in child population reflects decline in fertility; total fertility rate in India has come down from an average of 3.1 children born per woman in 2001 to 2.7in 2009. For population experts, the provisional findings from the 2011 Census have few surprises. Yet, compared to most projections of the population size, the count was higher and the time when and size at which population would stabilize had to be revised. Also, it implied that India will overtake China by 2030 rather than a decade or so later. Yet, there is no escape from this even though planners, policy makers and programme managers express panic from time to time and attribute India's social and economic problems to its size and growth rate. The family-size preferences of young people now entering the child bearing ages even in North India states are significantly lower than the preferences reported by their parents at the same stage in life. Therefore, good quality uninterrupted family planning and reproductive health services are provided; there is no reason to believe that their preferences and aspirations will not be translated into actual practice. The further decline in child sex ratio, in spite of 15 years of ban on sex determination test, makes us somber with realization that social legislation serves a purpose only up to a point of that fear of punishment does not always act as a deterrent. (Visaria, 2011) It is time we understand and address the cultural and social factors that undervalue girls. Bringing about behavioural change is a tough but a necessary assignment.

2011 Census results were a slightly delayed sinking of the fact that India is still averse to daughters being born, with the provisional figures for the age group of 0-6 showing an all time low sex ratio in this census. Declining number of girls vis-à-vis boys – the child sex ratio (CSR) had primarily caught the attention across the country during the last two decades, particularly since 1991 census that has published the population under 7 for the first time. Ironically it was to bring the literacy count at par with the international practices. However, the data showed that at the national level there were 945 girls to 1000 boys, five points short of generally accepted child sex ratio of 950 girls per 1000 boys. The 2001 census not only saw a sharp decline of 18 points at the national level with child sex ratio of 927, some pockets of the country particularly, the north-west had recorded CSR of 850 and below with some of the prosperous states such as Punjab (-77), Haryana (-60), and Gujarat (-45) occupying the top positions in terms of declining number of girls over the decade. The urbanized Delhi (-47) and Chandigarh (-54) were no better.

TABLE: 5 – CHILD SEX RATIO (CSR) 1991, 2001 & 2011 CENSUS

States	1991	2001	2011	Difference 2001-1991	Difference 2011-2001
India	**945**	**927**	**914**	**-18**	**-13**
Andhra Pradesh	975	961	943	-14	-18
Arunachal Pradesh	982	964	960	-18	-4
Assam	975	965	957	-10	-8
Bihar	953	942	933	-11	-9
Chhattisgarh	984	975	964	-9	-11
Delhi	915	868	866	-47	-2
Goa	964	938	920	-26	-18
Gujarat	928	883	886	-45	+3
Haryana	879	819	830	-60	+11
Himachal Pradesh	951	896	906	-55	+10
Jammu & Kashmir	N. A.	941	859	---	-82
Jharkhand	979	965	943	-14	-22
Karnataka	960	946	943	-14	-3
Kerala	958	960	959	+2	-1
Madhya Pradesh	941	932	912	-9	-20
Maharashtra	946	913	883	-33	-30
Manipur	974	957	934	-17	-23
Meghalaya	986	973	970	-13	-3
Mizoram	969	964	971	-5	+7
Nagaland	993	964	944	-29	-20
Odisha	967	953	934	-14	-19
Punjab	875	798	846	-77	+48
Rajasthan	916	909	883	-7	-26
Sikkim	965	963	944	-2	-19
Tamil Nadu	948	942	946	-6	+4
Tripura	967	966	953	-1	-13
Uttarakhand	949	908	886	-41	-22
Uttar Pradesh	927	916	899	-11	-17
West Bengal	967	960	950	-7	-10
Andaman & Nicobar	973	957	966	-16	+9
Chandigarh	899	845	867	-54	+22
Daman & Diu	958	926	909	-32	-17
Dadra & N. Haveli	1013	979	924	-34	-55
Lakshadweep	941	959	908	+18	-51
Puducherry	963	967	965	+4	-2

Source: Population Foundation of India, 2006
Census of India, 2001
2011* (PROVISIONAL POPULATION TABLES) CENSUS, N.A. (NOT AVAILABLE)



Source: Census of India, RGC, GOI, New Delhi, 2011

The dramatic spread of districts having CSRs below 950is not easy to explain in the absence of more detailed information such as rural-urban break up, but 2011 Census figures do throw up a few leads to suggest an existing link between affluence and 'modern' urbanized contexts with more pronounced decline in CSRs. For example, the earlier Faridabad district (in 2001) is now split in Faridabab and Palwal out of which Faridabad clearly the more advanced district of the two-has a CSR of 842 as compared to Palwal which has a CSR 862. Similarly, Gurgaon now bifurcated in Gurgaon and Mewat has a much lower CSR of 826 as

compared with a CSR of 903. It would be of interest to see if such associations are visible elsewhere in other similarly split districts. A complex and nuanced interplay of a variety of factors, some inadvertent fallout of developmental inputs, seem to have contributed to the prevailing situation. Earlier, couples could not intervene in the reproductive outcomes. In an environment with strong 'son preference', couples could continue to bear children until they got the desired numbers of male babies. Now that technology makes it possible to select the sex of unborn babies, desirable sex composition of children can be achieved without going into multiple pregnancies. The ideal composition is that of one son and one daughter – most families would stop at that. However, if the first two offspring are male babies, families do not feel the need for the third child, be it a boy or a girl albeit more so for girls. Why such a 'choice' remains so gendered is an intriguing question. For one, the 'choice' is selectively exercised – the rationale comes from the 'small family norm' which has come to be associated with late modernity. Much has been said about the enabling environment and empowerment of women in terms of education, employment and financial independence and the interface of these parameters with autonomy and decision-making as well as their being equal partners in the development processes. And yet scores of studies have clearly shown that women's education and employment status do not automatically translate in their agency and freedom of choices. (Raju, 2011) The concept of 'choice' itself is rather contrived – the so called choice can be matter of prolonged social conditioning and socializing process whereby women themselves follow the age-old 'preference' for sons.

Despite acknowledging daughters as more supportive and caring, the societal perception of sons as old age support persists. It may well be argued that these social changes are taking place in several parts of India which also have access to technology to indulge sex-selective abortions. And still there are parts in the country – south, south-eastern and north-eastern – which have better CSRs. Clearly technology operations in consonance with other existing norms and not in contextual isolation independent of socio-culturally entrenched values regarding the relative worth of girls' vis-à-vis boys, men and women. A set of issues concern the overall well-being and enhancement of women's position in the society not only as a full citizen, but as an individual in their own right which include access to education and livelihood and public health facilities including reproductive care. Legal provisions are not the answers, they do provide recourse. Public at large are unaware of most of the legal and institutional provisions that are now available. Some of the suggested steps are essentially long-term. The most immediate response has to be against the nexus between the medical fraternity, health workers and others in the system that makes sex-selective abortion an easy task. Although several cases of violations of PNDT Act are routinely reported, implementation is poor and prosecutions are rare. (Raju, 2011) Undoubtedly, the complex and multi-layered nature of declining numbers of girls require multi-pronged and context specific responses, non-negotiable social commitment at various levels and concerted efforts in a mission mode to avert this national shame.

MILLENNIUM DEVELOPMENT GOALS & POPULATION GROWTH OF INDIA

The Millennium Development Goals and Population Growth have been conceptualized with the following rationale. First, India's progress in achieving the MDGs is of global significance as it constitutes 18% of world population. Second, evidences suggest that the progresses in attaining the MDGs are slow and uneven across and within the countries. Third, though the population growth is not an implicit indicator of MDGs, it is the under laying cause of attaining the MDGs in developing countries. Globally, the countries with higher birth rate and slower growth rate of population (natural growth rate) are faster in achieving the MDGs. For example, the progresses in East Asian countries were faster compared to South Asian and African countries. Studies indicate that India's declining poverty rates have been offset by population growth. (Ravallion, 2004)

MILLENNIUM DEVELOPMENT GOALS

The Millennium Development Goals (MDGs) are a set of numerical and time bound goals adopted by 189 member states of United Nations in September, 2000 at UN Millennium Submit, New York, USA. The MDGs are global effort to address the multidimensional poverty (income poverty, hunger, disease, lack of adequate shelter and exclusion), promoting gender equality, education and environmental sustainability. The MDGs comprise 8 goals, 21 targets and 60 indicators that are placed in the global development agenda. For each goal, there are certain targets and for each target there are certain indicators. The base year of MDGs was 1990 and the final year is 2015. MDG have become the most widely used yardstick of development effort by the government, donors and non-governmental organizations and extensively used in assessing the progress at national and sub-national level. (Mohanty, 2011) The set eight MDGs are given in table 6.

TABLE- 6: LIST OF EIGHT MILLENNIUM DEVELOPMENT GOALS

Goal 1:	Eradicate extreme poverty and Hunger
Goal 2:	Achieve Universal Primary Education
Goal 3:	Promote gender equality and empower women
Goal 4:	Reduce child mortality
Goal 5:	Improve maternal health
Goal 6:	Combat HIV / AIDS, Malaria and other diseases
Goal 7:	Ensure environmental sustainability
Goal 8:	Develop a global partnership for development

POPULATION GROWTH AND MDGs

Population growth is the resultant of both natural increase and net – migration. Natural increase is the net of birth rate over death rate while net-migration is the excess of in-migration over out-migration. Population growth has direct impact on seven of the eight MDGs. At the micro level, rapid population growth creates a demographic –poverty trap. Large families tend to be propoer, suffer disproportionately from illness, makes less use of health services. Smaller families invest more in each child's nutrition and health. At the macro level, the amount of resources, personnel and the infrastructure required to meet the MDGs will be substantially higher with higher population growth.

RESULTS

Table No. 7 gives the population size, distribution, annual exponential growth rate, the crude birth rate and the selected indicators of MDGs for states and Union Territories of India we have presented the indicators in there groups, namely, bigger states of India (constituting about 97% of India's population), smaller states (constituting 2.7% of India's population) and union territories.

(i) Population Growth and eradication of extreme poverty and Hunger

Goal one of MDGs aims at eradication of poverty and hunger between1990 and 2015. While poverty is measured with respect to consumption / income, hunger is measured by reduction of underweight children less than five years of age and population below minimum level of dietary consumption. Higher population growth adversely affects the reduction of poverty and hunger in the population, both at micro and macro level, large families tend to be poorer and it creates demographic poverty trap. At the macro level, the higher rate of population growth means that in order to reduce poverty; the economies must not only grow at a sustained higher pace but generate new jobs and income earning opportunities at an accelerated rate. (Mohanty, 2011) Similarly, poverty and under nutrition are intimately related. A higher proportion of children belonging to poorer and large households are undernourished. The population growth in the last decade, the crude birth rate, the poverty estimates and the trends in under – nutrition among states of India reflect a similar pattern. The estimates shows that the states with higher population growth rate, for example Bihar tend to have higher percentage of population below poverty line and higher under-nutrition than states like Kerala which have lower population growth rates. The same trend can be seen in the smaller states, for example while comparing the figures for Meghalaya and Goa. The high growth rates of Union territories are largely due to migration and the estimates of poverty and nutrition are not available. Studies have documented that the progress towards the MDGs have been slower than the required rate in the states of Uttar Pradesh, Bihar, Jharkhand, Uttar Pradesh and Madhya Pradesh, experiencing higher population growth. (Ram, Mohanty & Ram, 2009)

(ii) Universal Primary Education and Population Growth

Goal 2 of MDGs is to achieve the universal primary education and is measured by the net enrolment ratio in primary school, the proportion of pupils reaching last grade of primary and the literacy rate of 15 – 24 years old (youth literacy rate). While many states have made commendable progress in primary enrolment in last decades, the school dropout rates and the quality of schooling is a concern. About 42% of young people aged 15-24 years in Bihar are non-literate or literate without formal schooling compared to 31% in Jharkhand, 29% in Rajasthan, 16% in Andhra Pradesh, 7% in Maharashtra and 4% in Tamil Nadu as per the IIPS Population Council 2006-07.

(iii) Gender Equality, Empowerment of Women & Population Growth

Goal 3 of MDG aims at promoting gender equality and empowerment of women. The corresponding indicators were ratio of girls to boys in primary, secondary and tertiary education, share of women in wage employment and proportion of seats in national parliament. The recent trends showed improvement in all levels of education among girls, but the gender gap continued to be higher in the states with low level of literacy and higher population growth. However, the decline in sex ratio of 0-6 year children (not an indicator of MDGs) in many progressive states is the most worrying factor. The sex ratio of 0-6 population indicates the number of girls per 1000 boys in the age group of 0-6 years. The decline in sex ratio is due to three possible factors, namely, increase in sex selective abortion, higher child mortality and under-enumeration of girls. Has minimized in recent censuses, the gender differentials in child mortality has also narrowed down. (Mohanty, 2011) Hence, increasing practice of sex selective abortion in the wake of education in fertility and strong son preference is leading to decline in child sex ratio. This phenomenon is more among better educated and economicallybetter off sections of the population across the states.

(iv) Health Related Goals & Population Growth

Reduction in child mortality (Goal 4) and improvement in maternal health are two of the health related goals of MDGs. The monitoring indicators to measure progress in child mortality are under-five mortality, infant mortality rate and the proportion of 1 year-old children immunized against measles. The under five mortality is the probability of not surviving till-fifth birth day while the infant mortality is the probability of not surviving till first birth-day. These are two sensitive indicators that reflect the health situation of the population. India accounts for one fifth of under-five mortality. The underlying causes of under-five mortality are pneumonia, diarrheal diseases, neo-natal infection and birth asphyxia, prematurity and low birth weight, birth trauma (The Million Death Study Collaboration 2010) and closely related to poverty. Regional pattern in child mortality shows that the empowered action group (EAG) states such as Rajasthan, Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh and Odisha account for more than two-thirds of under-five and infant mortality rate. (Mohanty, 2011) these are two states with higher population growth. The infant mortality is highest in the state of Madhya Pradesh and higher in Uttar Pradesh. Maternal health is measured by the proportion of births attended by skilled health personnel. In 2007-08, about half of the deliveries in India were conducted at home without any medical assistance (IIPS 201). The medical assistance at delivery is almost universal in states of Kerala and Tamil Nadu where fertility and natural growth rate of population is low. On the other hand, it is low in the states of Uttar Pradesh and Bihar. Several government schemes including the Jananai Surakshaya Yojana are operational to increase the medical assistance at delivery. The higher population growth rate increases the cost of several provisions such as ante-natal care, natal care and child immunization to national and state government.

The progress towards attaining the MDGs is slow and uneven across the states of India. The prime responsibility for achieving the MDG lies with the individual states. The increase in population due to high birth rate is definitely affecting the reduction of multidimensional poverty in many of the states. With limited resources and low levels of income, reduction of population growth will be beneficial to reduce the cost of resou5rces, personnel and infrastructure required to meet the MDGs.

TABLE – 7: POPULATION SIZE, DISTRIBUTION, GROWTH & SELECTED INDICATORS OF MDGS IN STATES OF INDIA

Indicators of Census 2011							MDG Indicators				
Sl.No.	India/ States / Union Territories	Population in Millions in 2011 Col.3	Percentage Share in India's Population 2011 Col.4	Annual Exponential Growth Rate, 2001-11	Sex Ratio of 0-6 Age Group	Crude Birth Rate, 2009	Percentage of Population Below Poverty Line, 2004-05	Percentage of Children Under Weight for age, 2005-06	Infant Mortality Rate, 2009	Proportion of 1 Year Child Immunization against Measles, 2005-06	Proportion of Births attended by skilled Health Personnel, 2007-08
	India	1210.19	100	1.64	914	22.5	37.2	42.8	50	58.8	52.3
	Bigger States	1174.01	97.01								
1	Andhra Pradesh	84.67	7.00	1.06	943	18.3	29.9	32.5	49	69.4	75.6
2	Assam	31.17	2.58	1.58	957	23.6	34.4	36.4	61	37.4	39.9
3	Bihar	103.80	8.58	2.26	933	28.5	54.4	55.9	52	40.4	31.7
4	Chhattisgarh	25.54	2.11	2.06	964	25.7	49.4	47.1	54	62.5	29.6
5	Delhi	16.75	1.38	1.90	866	18.1	13.1	26.1	33	78.2	71.6
6	Gujarat	60.38	4.99	1.77	886	22.3	31.8	44.6	48	65.7	61.6
7	Haryana	25.35	2.09	1.83	830	22.7	24.1	39.6	51	75.5	53.2
8	Jammu & Kashmir	12.55	1.04	2.15	859	18.6	13.2	25.6	45	78.3	58.6
9	Jharkhand	32.97	2.72	2.04	943	25.6	45.3	56.5	44	47.6	24.9
10	Karnataka	61.13	5.05	1.47	943	19.5	33.4	37.6	41	72	71.6
11	Kerala	33.39	2.76	0.48	959	14.7	19.7	22.9	12	82.1	99.4
12	Madhya Pradesh	72.60	6.00	1.87	912	27.7	48.6	60	67	61.4	49.9
13	Maharashtra	112.37	9.29	1.49	883	17.6	38.1	37	31	84.7	69.2
14	Odisha	41.95	3.47	1.32	934	21	57.2	40.7	65	66.5	50.8
15	Punjab	27.70	2.29	1.3	846	17	20.9	24.9	38	78	76.9
16	Rajasthan	68.62	5.67	1.96	883	27.2	34.4	39.9	59	42.7	52.6
17	Tamil Nadu	72.14	5.96	1.46	946	16.3	28.9	29.8	28	92.5	95.5
18	Uttar Pradesh	199.58	16.49	1.85	899	28.7	40.9	42.5	63	37.7	30
19	West Bengal	91.35	7.55	1.31	950	17.2	34.3	38.7	33	74.7	51.6
	Smaller States	32.85	2.71								
1	Arunachal Pradesh	1.38	0.11	2.3	960	21.1	31.1	32.5	32	38.3	48.8
2	Goa	1.46	0.12	0.79	920	13.5	25.0	25	11	91.2	96.6
3	Himachal Pradesh	6.86	0.57	1.21	906	17.2	22.9	36.6	45	86.3	50.9
4	Manipur	2.72	0.22	1.72	934	15.4	38.0	22.1	16	52.8	55.3
5	Meghalaya	2.96	0.24	2.49	970	24.4	16.1	48.8	59	43.8	28.9
6	Mizoram	1.09	0.09	2.07	971	17.6	15.3	19.9	36	69.5	63.3
7	Nagaland	1.98	0.16	-0.05	944	17.2	9.0	25.2	26	27.3	NA
8	Sikkim	0.61	0.05	1.17	944	18.1	31.1	19.7	34	83.1	56
9	Tripura	3.67	0.30	1.39	953	14.8	40.6	39.6	31	59.9	47.2
10	Uttarakhand	10.12	0.84	1.77	886	19.7	32.7	38	41	71.6	35.2
	Union Territories	3.33	0.28								
1	Andaman & Nico.	0.38	0.03	0.65	966	16.3	NA	NA	27	NA	77.4
2	Chandigarh	1.05	0.09	1.59	867	15.9	NA	NA	25	NA	81
3	Dadra & N. Haveli	0.34	0.03	4.51	924	27	NA	NA	37	NA	45.4
4	Daman & Diu	0.24	0.02	4.38	909	19.2	NA	NA	24	NA	69.2
5	Lakshadweep	0.06	0.01	0.61	908	15	NA	NA	25	NA	95.7
6	Puducherry	1.24	0.10	2.48	965	16.5	NA	NA	22	NA	99.2

Source: Census 2011, SRS Bulletin, Vol. 45(1), January, 2011, National Family Health Survey (NFHS-3), Vol. 1, Page 273, Page 231, Household and Family Survey, 2007-08, Page -70.

NA – Data Not Available

FAMILY PLANNING: MATERNAL & CHILD HEALTH ISSUES

There is an urgent need for the XII Five Year Plan to further accelerate the stabilization of India's population by repositioning family planning within the broader framework of reproductive health and primary healthcare, delaying age at marriage and motherhood, spacing births and expanding options for reproductive health. India has a long history in addressing the population question. Beginning with the launch of largely clinic-based National Family Planning programme in 1952, the latest National Population policy (NPP) of 2000 is much more embedded in the empowerment and reproductive rights. An important landmark in the evolution of India's population policy was the establishment in 1966 of a fully fledged Department of Family Planning within the Ministry of Health. However, the global obsession at that time with numbers and targets triggered by the pessimistic forecasts of a 'population explosion' by the Club of Rome and others had an adverse impact on India's family planning programme. The programme became 'centrally sponsored'; financial incentives were introduced for sterilization acceptors; and sterilization was made target-oriented. The compulsory and coercive nature of the programme during 1975 and 1976 made it highly unpopular.

(Muttreja, 2011) An effort was made to correct the situation in 1977 beginning with the rechristening of the Department of Family Planning as the Department of Family Welfare and advocating voluntary acceptance of contraceptive targets without any coercion. Progress was however slow during the 1980s. The 1990s witnessed several shifts in policy especially after the 1994 International Conference on Population and Development (ICPD) when the focus shifted to a target free community based approach. India's NPP 2000 states in no uncertain terms that stabilizing population is not merely a question of making reproductive health services available, accessible and affordable, but also increasing the coverage and outreach of primary and Secondary education extending basic amenities like sanitation, safe drinking water, housing and empowering women with enhanced access to education and employment. India's sustained efforts over the years to achieve population stabilization are finally beginning to yield the desired results. Preliminary results from the Census 2011 reveal several positive trends in India's population growth:

- 2001-2011 is the first decade (with exception of 1911-1921) when the absolute increase in population over the ten-year period has been less than in the previous decade.
- The percentage decadal growth during 2001-2011 has recorded the sharpest decline since independence.
- The average exponential growth rate for 2001-2011 has declined to 1. 64 percent down from 1.97 percent for 1991-2001.
- Fifteen states and Union Territories have grown by less than 1.5 percent per annum between the years 2001-2011 as against only four states during the previous decade.
- The growth rate of population has fallen significantly, perhaps for the first time, in the Eight Empowered Action Group (EAG) states (Bihar, Chhattisgarh, Jharkhand, Rajasthan, Madhya Pradesh, Odisha, Utter Pradesh and Uttarakhand) that have traditionally reported higher than the average rates of fertility and population growth.
- The percentage growth rates of the six most populous states – Utter Pradesh, Maharashtra, Bihar, West Bengal, Andhra Pradesh and Madhya Pradesh – have all fallen during 2001-2011 compared to 1991- 2001.

Despite the many achievements on the population front, many worry, somewhat unnecessarily, about the 'serious problem of rising numbers' and the lack of conviction to contain or stabilize India's population. (Muttreja, 2011) While it is theoretically accepted that family planning cannot be treated as a vertical programme, in practice it continues to be so with very little attention to quality of care. Despite clear evidence that population momentum is the greatest driver of population growth in India, there is continued reliance on the old belief that 'control' approaches with targets, incentives, and distinctiveness work. There are some who disregard the evidence and advocate for strict population control strategies. Some even suggest that India should adopt China's one child policy, ignoring the overflowing evidence on the negative consequences that China confronts today. However, things are changing not only because of the focus of major international donors but also because of the domestic estimate, where the Government of India recently restarted the National Commission on Population (NCP) after a five year gap, with the specific aim of revisiting and repositioning family planning in India.

FAMILY PLANNING REPOSITIONING

On repositioning of family planning need to be strongly grounded in the principles of Human Rights (that respect the dignity of human lives) and ethics (that offer a normative basis for ensuring that rights are not violated). Unfortunately, understanding of the policy and programmatic implications of these two perspectives remains poor. The inclusion of the key principles of a rights based approach viz accountability, participation, transparency, empowerment, sustainability, and non-discrimination into all family planning strategies will ensure that 'people' are at the center of it all. A rights-based approach in the context of Maternal and Child Health will not only provide a conceptual framework but will also contribute directly to the achievement of the health related Millennium Development Goals (MDGs) i.e. reducing child mortality (MDG 4) and improving maternal health (MDG 5). Ultimately, women should be able to exercise their rights to participate in decision-making processes, including those affecting their sexual and reproductive health, family planning, contraception, pregnancy, childbirth, and in addressing unsafe abortion. Experience from across the world suggests that family planning can prevent as many as one in every three maternal deaths by enabling women to delay motherhood, space births, avoided unintended pregnancies and abortions, and stop childbearing when they have reached their desired family size. (Muttreja, 2011) Repositioning family planning is directly linked with advancing family planning on national, state, and community agendas, with a renewed emphasis on enhancing the visibility, availability, and quality of services provided for increased contraceptive use and healthy timing and spacing of births, and ultimately, improved quality of life. At national level, policymakers, donors, scientists, and business leaders ought to create or support budget line items dedicated to family planning, enact supportive family planning laws and policies, participate in multi-sectoral partnerships, and publicly demonstrate their support for family planning. At local level, it means that community leaders should educate and mobilize families, providers should offer reproductive health and family planning counseling and referral with skill, enthusiasm, and consistency, and informed clients should act effectively on their desire to delay, space or limit childbearing. (Muttreja, 2011)

CORE STRATEGIES OF POPULATION CONTROL

Repositioning family planning calls for addressing the three main drivers of population growth. Core interventions with appropriate mechanisms can bring changes for the attainment of the Millennium Development Goals (MDGs).

(i) Population Momentum:

Population momentum accounts for approximately two thirds of the projected population increase. It can be slowed down mainly by delaying age at marriage and child bearing in women. A shocking 47.4% of Indian women aged 20-24 years were married by the age of 18; the proportion was 69% in Bihar and 63.2% in Jharkhand. Early marriage is associated with early and repeated pregnancies, and contributes to maternal and infant morbidity and mortality greatly compromising both women's children's health.

(ii) Unmet Need

Unmet need is a disconnect between a woman's desired fertility and her access to family planning services. It is expected to contribute to approximately 20% of projected population growth. It is as high as 22.8% in Bihar and 23.1% in Jharkhand. Interestingly even though 83% of women with two or more children do not want any more children, only 48.5% use modern family planning methods. Unmet need can be addressed by increasing the supply of quality family planning services and contraceptives.

(iii) High Desired Fertility

This is caused by several factors; including parents giving birth to more children than they actually want to compensate for high rates of infant mortality; the low status of women, the limited voice that women have in family and fertility decisions as well as a strong preference for sons. The mounting pressures of modern society to have a small family combined with a strong preference for sons often leads to female feticide or sex selective abortion. Both high desired fertility and population momentum can be addressed by interventions that stimulate a demand for contraception, such as interventions that promote social norms around small families, delayed age at marriage, and delayed child birth.

Repositioning family planning in the context of maternal and child health can be made possible only when the three drivers of population growth are addressed effectively and an attempt is made to shift ('reposition') the discourse from 'population control' to 'population stabilization.' This can be achieved by focusing on five key focus areas: delaying age at marriage; delaying age at first pregnancy; promoting spacing between births; improving quality of care of family planning and reproductive health (RH) programmes; and prevention of sex selection. A critical starting point is to focus on women and children and to ensure that all children have access to quality health care; and adolescents and women have additional access to quality reproductive health care. A woman's health directly influences the health and development of her child. A vicious cycle of malnutrition is created if nutrition before and during pregnancy is not taken care of. A stunted child becomes a small mother, a small mother gives birth to a small baby, small babies grow less, and girls who grow less becomes small mothers, and vicious cycle continues. Society and policy makers need to view health, and particularly reproductive health, within the holistic life cycle approach. This discrimination against girls and women that begins in infancy determines the trajectory of their lives. Neglect of education and appropriate health care arises in childhood and adolescence. These continues to be issues in the reproductive years, along with family planning, sexually transmitted diseases and reproductive tract infections, adequate nutrition and care in pregnancy, and the social status of women and concerns about cervical and breast cancer. Unwanted

pregnancies may lead to unsafe abortions, child neglect, malnutrition, disease, and social problems. (Muttreja, 2011) This implies ensuring effective contraceptive advice and availability of young people approach puberty and during their reproductive years. Increased public dialogue among a wide range of stakeholders, developed or modified relevant policy, better and more efficient service provision and programme implementation and families taking control of decision making around their health should be the envisaged outputs. At the national level population stabilization should be viewed from the population momentum perspective, looking in a particular at delaying the age of marriage and thereby of childbearing. At the state level unmet need and high desired fertility should be addressed through increasing people's access to quality family planning services as well as by investing in education and health services which would impact services social norms and awareness around the benefits of smaller families. And at the community level, individuals, families (including male members), and members of the large community should engage activity in the enhancement of their health as well as in community monitoring of services, as it is recognized that lack of proper involvement of local communities in the implementation of programmes has been identified as a principal reason for the low accountability in the system.

(iv) Future Perspective

Working with people is critical as India looks ahead to reposition family planning and make the most of the demographic advantage of having young population that it enjoys. It is all the more important to focus on young people as almost one-third of India's population is between the ages of 10-24 years. The need for effective family planning has never been greater than it is today, as the largest group of people in Indian history move through their reproductive years. Access to quality family planning is not only a human right, it is critical to individual and family health and well-being, and to the country's economic development. Urgently needed are advocacy initiatives that concentrate on viewing health and particularly reproductive health within the holistic life cycle approach; call for an end to discriminate against girls and women; emphasize importance of education and appropriate healthcare in childhood and adolescence; campaign against unwanted pregnancies as they lead to unsafe abortions; that address child neglect, malnutrition, disease, and social problems; give effective contraceptive advice and promote improved services especially better quality access to timely and responsive health services. (Muttreja, 2011) Ultimately it is only by repositioning family planning within a rights based framework can India ensure planned and healthier families, a positive outcome for every pregnancy, and most importantly, that every child is wanted as well as a healthy child.

CENSUS FURTHER YEARS TO GO

The Indian census has not been a mere statistical operation and the data collected is not only properly scrutinized at different levels but also presented with cross classification of various parameters for interpretation and analysis in an interesting manner. It may be seen from the history of Indian Census that how the changes have taken place from one census to other depending upon the need of the time, country and also demand of the data users and development of the technology. The Indian census is well recognized for the data it reveals. Problems relating to political, social and cultural reasons also make it challenging. In spite of all these difficulties, the Census of India is being conducted since 1871 uninterruptedly. With a largely young population, problems associated with ageing of population may not appear urgency for the country. Nevertheless, the problem needs to be tackled with advance planning. While the going is still good, India needs to look into the future and plan how it will take care of its elderly in the years to come.

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