BOOK I

CHAPTER 2

THE DEMOGRAPHIC STRUCTURE OF THE INDIAN SOCIETY

KEY POINTS

1. Demography

- Demography, a systematic study of population, is a Greek term derived from two words 'demos' (people) and graphein (describe) description of people.
- it studies births, deaths, migration, sex composition etc.
- Demography is broadly of two types:—
 - Formal demography which is concerned with quantitative measurement and analysis of population change.
 - Social demography which deals with social, economic and political aspects of population.
- Since, before Independence India has conducted a ten yearly (decinneal) census. So far, seven decennial censuses has been conducted since 1951 and the most recent one being 2011.
- The demographic data collected is essential for the planning and implementation of state policies, for economic development and public welfare.

2. Theories of population

A. Thomas Robert Malthus (1766-1834) states the fact that —

- Population increases at a much faster rate than the means of subsistence.
- Population rises in geometric progression (ie 2,4, 8, 16, 32 etc.) at a much faster rate than the means of human subsistence / agricultural production which grows in arithmetic progression (ie 2, 4, 6, 8, 10 etc.)
- Prosperity can be achieved by controlling growth of population through preventive checks - postponing marriage, sexual abstinence, celibacy etc. and positive checks - through famines and diseases.

Criticism of Malthus's theory:

- Malthus was 'criticised
 - (a) Food production and standards of living rise despite rapid population growth as seen in the historical experience of European countries.
 - (b) Poverty, and starvation is caused not due is rise in population but due to unequal distribution of economic resources (Liberal and Marxists).

B. Theory of Demographic Transition

• This theory highlights three stages of population growth from an underdeveloped technologically backward stage to a developed technologically advanced stage.

STAGE	SOCIETY	LEVEL OF DEVELOPMENT	GROWTH RATE(GR)
1	Underdeveloped	Technologically Backward	BR-High
			DRHigh
			GR-Low
2	Transition Population Explosion	Movement from backward to advanced	BR high + Low DR = increase in GR
3	Advanced	Technologically advanced	LowBR+LowDR = LowGR

• "Population explosion occurs in transitional stage with death rate being lowered through disease control; better health and nutrition facility and unchanged reproductive behaviour.

3. Common concepts

- a. **Birth rate**: number of live births in a given area during a given time per 1000 population.
- b. **Death rate**: number of deaths in a given area during a given time per 1000 population.
- Growth rate/rate of natural increase difference between birth rate and death rate.
- d. **Fertility rate**: number of live birth per 1000 women in the child bearing age group of 15-49 years.
- e. **Infant mortality rate**: number of death of babies before the age of one year per 1000 live births.
- f. **Maternal mortality**: number of women dying in child birth per 1000 live birth.
- g. **Sex ratio**: number of females per 1000 males in a given area at a specified time period.
- i. **Age structure of population** proportion of persons in different age groups relative to total population.
- j. **Dependency ratio**: proportion of dependents (elderly and people children) with working age group (ie 15 64years)
 - A rising dependency ratio is a cause for worry in countries that are facing an aging population, since it becomes difficult for a relatively smaller proportion of working- age people to carry the burden of providing for a relatively larger proportion of dependents
 - falling dependency ratio can be a source of economic growth and prosperity due to the larger proportion of workers relative to non-workers.
- k. When the difference is zero (or, in practice, very small) then we say that the population has 'stabilised', or has reached the 'replacement level', which is the rate of growth required for new generations to replace the older ones that are dying out.
- I. *Life expectancy:* it refers to the estimated number of years that an average person is expected to survive.

- m. **Sonogram**—an x-ray like diagnostic device based on ultra-sound technology; sometime misused to determine the sex of the unborn child in mother's womb.
- **4. Famines** are caused by high levels of continuing poverty and malnutrition in an agro climatic environment that is effected by variations in rainfall, lack of adequate means of transportation and communication as well as inadequate efforts on the part of the state.
- **5. Several factors may be held responsible** for the decline in the child sex ratio including-
 - Severe neglect, of girl babies in infancy, leading to higher death rates;
 - sex specific abortions that prevent girl babies from being born;
 - And female infanticide (or the killing of girl babies due to religious or cultural beliefs).
- 6. There are regional variations of low child sex ratio in India.
 - The regional pattern of low child sex ratios, in India, is that the lowest child sex ratios are found in the most prosperous regions of India.
 - Punjab, Haryana, Chandigarh, Delhi, Gujarat and Maharashtra are among the richest states of India in terms of per capita incomes, and they are also the states with the lowest child sex ratios.
 - So, the problem of selective abortions is not due to poverty or ignorance or lack of resources.

7. Role of literacy in population growth

- Literacy is an instrument of empowerment.
- The more literate the population the greater the consciousness of career options, as well as participation in the knowledge economy.
- Literacy can lead to health awareness and fuller participation in the cultural and economic wellbeing of the community
- Literacy varies considerably across gender, across regions & social groups
- Literacy rates also vary by social group historically disadvantaged communities like the Scheduled Castes and Scheduled Tribes have lower

- rates of literacy, and rates of female literacy within these groups are even lower.
- Regional variations are still very wide, with states like Kerala approaching universal literacy, while states like Bihar are lagging far behind
- **8.** Epidemic has been controlled due to mass vaccination, better sanitation. But malaria, TB, diarrhoea and dysentery kill people even today.
- **9.** Birth rate is slow to change due to socio cultural phenomenon. Low TFR'S in Kerala, Tamil Nadu Himachal Pradesh, West Bengal, Karnataka, Maharashtra; high TFR's States Bihar, MP, Rajasthan & UP,
- **10.** Rural-urban differences also exist with respect to the vast majority of the population.
 - it is the mass media & communication channels that are gradually bringing in images of urban life styles & patterns of consumption into the rural villages, this bridges' the gap between rural & urban.
 - The rapid growth in urbanization (town or city) has been attracting the rural population.
 - Those who cannot find work (or sufficient work) in the rural areas go to the city in search of work.
 - This flow of rural-to-urban migration has also been accelerated by the continuous decline of common property resources like ponds, forests and grazing lands.
 - Now, these resources have been turned into private property, or they are exhausted. (Ponds may run dry or no longer provide enough fish; forests may have been cut down and have vanished...)
 - People no longer have access to these resources, but on the other hand have to buy many things in the market that they used to get free. The opportunities for earning income are limited in the villages.
 - The city also may be preferred for social reasons, specially the relative anonymity it offers.
 - The fact that urban life involves interaction with strangers can be an advantage for different reasons. For the socially oppressed groups like the Scheduled Castes and Scheduled Tribes, this may offer some partial

protection from the daily humiliation they may suffer in the village where everyone knows their caste identity. The anonymity of the city also allows the poorer sections of the socially dominant rural groups to engage in low status work that they would not be able to do in the village.

All these reasons make the city an attractive destination for the villagers.

11. National family planning programme

- it was introduced with the objective of slowing down the rate & pattern
 of population growth, through birth-control methods & other coercive
 measures as introduced during the Emergency Period (1975-1976)
- With the coming of a new Govt., the program was renamed as National Family Welfare Program with new set of guidelines to achieve the objectives.

12. Success and failures of the family planning programme.

Success

- The growth rate of population has decreased.
- People have started appreciating small family norms.
- The infant mortality rate and maternal mortality rate has been brought down.
- Life expectancy has increased.
- Achieved nearly universal awareness of the need for and methods of family planning.

Failures

- The growth rate still continues to be high as compared to developed, nations.
- Coercive family planning programme has been opposed by people(Vasectomy for. men & Tubectomy for women)
- Lack of availability of reliable family planning methods.