7. Populatioin

First results of Census 2011 have been released. India now has a population of 1-21 billion, comprising 624 million males and 587 million females. This is an increase of 181 million people since the census 2001 which is nearly equivalent to the population of Brazil.

India's population growth rate has decelerated to 17-64 per cent in the decade 2001-11, the slowest rate of growth in the past century with exception of 1911-21 in which India had negative population growth rate.

The preliminary figures of the census 2011 show that India's female population grew by 18-12 per cent over the past decade against 17-19 per cent of males.

The sex-ratio (i.e., number of females per 1000 males) has improved to 940 from 933 a decade ago. But a matter of over-whelming concern lies in the fact that the child sex-ratio stands at 914 which is the lowest since India's independence.

India's literacy rate has gone up from 63-83 per cent in 2001 to 74-04 per cent in 2011. Male literacy and female literacy stand at 82-14 per cent and 65 46 per cent respectively. Lite-rates constitute 74 per cent popula-tion aged seven and above.

The density of population has gone upto 382 from 325 of census 2001.

Selected Indicators of Human Development for Major States

S.	Major State	Life expectancy		Infa	Infant Mortality			Death	
No.		at bi	at birth (2002-2006) Rate			e (Per 1000 live rate		rate	
					bi	rths) (200	7)	(per 1000)	(per (1000)
		Male	Female	Total	Male	Female	Total	2008	2008
1	2	3	4	5	6	7	8	9	10
1.	Andhra Pradesh	62.9	65.5	64.4	51	54	52	18.4	7.5
2.	Assam	58.6	59.3	58.9	62	65	64	23.9	8.6
3.	Bihar	62.2	60.4	61.6	53	58	56	28.9	7.3
4.	Gujarat	62.9	65.2	64.1	49	51	50	22.6	6.9
5.	Haryana	65.9	66.3	66.2	51	57	54	23.0	6.9
6.	Karnataka	63.6	67.1	65.3	44	46	45	19.8	7.4
7.	Kerala	71.4	76.3	74	10	13	12	14.6	6.6
8.	Madhya Pradesh	58.1	57.9	58	68	72	70	28.0	8.6
9.	Maharashtra	66.0	68.4	67.2	33	33	33	17.9	6.6
10.	Odisha	59.5	59.6	59.6	68	70	69	21.4	9
11.	Punjab	68.4	70.4	69.4	39	43	41	17.3	7.2
12.	Rajasthan	61.5	62.3	62	60	65	63	27.5	6.8
13.	Tamil Nadu	65.0	67.4	66.2	30	33	31	16.0	7.4
14.	Uttar Pradesh	60.3	59.5	60	64	70	67	29.1	8.4
15.	West Bengal	64.1	65.8	64.9	34	37	35	17.5	5.2
	India	62.6	64.2	63.5	52	55	53	22.8	7.4

Source: Sample Registration System. Office of the Registrar General India, Ministry of Home Affairs.

a. Data relating to Bihar, Madhya Pradesh and Uttar Pradesh include Jharkhand, Chhattisgarh and Uttarakhand respectively.

India's population accounts for According to UNFPA report the world's 17.5 per cent, second only entitled'State of World Population to China that constitutes 19.5 per cent of world population. India's



popula-tion is now bigger than the combined population of USA, Indonesia, Brazil, Pakistan and Bangladesh. Uttar Pra-desh is the most populous state and the combined population of Uttar Pradesh and Maharashtra is bigger than USA. Uttar Pradesh population is estimated at 199 million, being the most populous state while the Laksha- dweep with only 64429 people becomes the least populated.

Another remarking features of the preliminary census results shows that the percentage growth of six most populous states-Uttar Pradesh, Maharashtra, Bihar, West Bengal, Andhra Pradesh and Madhya Pradesh have declined which show another impact of improved literacy and economic growth.

According to 2011 census, the total Indian population at the dawn of 1st March, 2011 was 121.02 crore. India accounts for a meagre 2.4% of teh world surface area of 135.79 million sq. km. Yet, it supports and sustains a whopping 17.5% of the world population.

According to UNFPA report entitled 'State of World Population' world population has touched the height of 6 billion on October 12, 1999. UNO has declared October 12 as 'Day of 6 billion.'

Indian population growth rate is high enough to draw serious atten-tion. India today possesses about 2.4% of the total land area of the world but she has to support about 16% of the world population. According to United Nations Population Fund (UNFPA) estimates, out of an annual increase of 76 million in world population, India alone accounts for as much as 16 million, making a sizeable (21%) contri-bution. India is a second country in the world after China to cross the one billion mark. It is now esti-mated that by 2050, India will most likely overtake China to become the most populous country on the earth with 19-4% population liv-ing here. The United Nations has estimated that the world population grew at an annual rate of 1-4% during 1990-2000, China registering a much lower annual growth rate of population of 1% as compared to that for India, at i-95% during 1991-2001. The first census in India was done in 1872 but a series of census was adopted in 1881. In the year 1881, India's population was 23-7 crore which increased upto the level of 84-64 crore in 1991. According to 2001 census this population level touched the height of 102-87 crore.

India is following the demo-graphic transition pattern of all developing countries from initial levels of "high birth rate-high death rate" phase to the intermediate stage of "high birth rate-low death rate" with high rates of population growth, before graduating to the "low birth rate-low death rate" phase over the last two decades while the crude birth rate declined from 33-9 per thousand persons in 1981 to 23-5 per thousand persons in 2006, the crude death rate also declined from 12-5 per thousand persons in 1981 to 7-5 per thousand persons in 2006.

Cabinet Approves Caste Census Process

The government has finally decided to add caste in the ongoing census process of 2011. The union cabinet has approved the recommendations of the Group of Ministers that the caste of all people as reported by them will be incorporated in the census 2011.

It is also decided that the caste enumeration would be conducted as a separate exercise from June 2011 and completed in a phased manner by September after the Population Enumeration phase (to be conducted in February-March) of the Census 2011 is over.

According to the cabinet deci-sion, a suitable legal regime for collection of data on castes would be formulated in consultation with the law ministry.

The office of the Registrar Gene-ral and Census Commissioner would conduct the field operations of the caste enumeration. The central govern-ment has decided to constitute an expert group to classify the caste/tribe returns after the enumeration is com-pleted.

The economy of a country is directly related to the size of its population. In a country like India, where we find a huge population with high population growth rate, develop-ment has become a problem. If deve-lopment rate in an economy lags behind the population growth rate, the country becomes economically weak (It is true in context of India). In such a country, all efforts for planning and investments become meaningless. Under such circumstances, the qualitative aspect of the population also becomes adversely affected. High birth rate supplemented with improved health and medical facili-ties (which makes death rate fall) pushes the economy towards the state of "population explosion". India faces the same situation at present. An increasing difference between birth rate and death rate has created a scene of population explosion in India. This problem in India is not the result of declining death rate alone, which is actually an indicator of social development. But a simul-taneous effort for reducing birth rate should have been made, where we totally failed. The death rate in



India •is continuously falling due to the decline in infant mortality. The infant mortality rate which stood at 146 per thousand of new births in 1991 has come down to 57 in 2006. Improved medical and health service and gradual increase in literacy rates are the other reasons responsible for decline in death rate. The relatively slow decline in birth rate, on the other hand is mainly an outcome of tradi-tional attitudes and institutional fac-tors which take a long time to change.

India's Population Vs. World

• Country's share in World Population (in %)

India		17.5
USA4.5		
Indonesia		3.4
Brazil		2.8
Pakistan		2.7
Bangladesh		2.4
Nigeria		2.3
Russian Federatio	on	2.0
Japan		1.9
Other Nations		41.1
Total		100

Major Results of Indian Census

Census Year	Populatin lation	Chage per	Rate of change per	Compound Average Annual	Female-Male Ratio
icai	(in crs.)	decade	decade (%)	growth rate of	(Females per
		(in crs.)		Population (%)	thousand males)
1891	23.60	_	_		_
1901	23.84	+ 0.24	-		972
1911	25.21	+ 1.37	+ 5.75	0.56	964
1921	25.13	-0.08	-0.31	-0.03	955
1931	27.90	+2.77	+ 11.00	1.04	950
1941	31.87	+ 3.97	+ 14-22	1.33	945
1951	36.11	+ 4.24	+ 13.31	1.25	946
1961	43.92	+ 7.81	+ 21.51	1.96	941
1971	54.82	+ 10.90	+ 24.80	2.22	930
1981	68.33	+ 13.51	+ 24.66	2.20	934
1991	84.64	+ 16.30	+ 23.87	2.14	927
2001	102.87	+ 18.23	+ 21.54	1.95	933
2011	121.02	+ 18.15	+ 17.64	_	940

India: Population Projections

					(in Million)
	2001	2006	2011	2016	2021	2026
Total	1,029	1,112	1,193	1,269	1,340	1,400
Below 15 years	365*(364)	357	347	340	337	327
15-64 years	619*(613)	699	780	851	908	957
Above 65 years	45*(49)	56	66	78	95	116

According to the Technical Group on Population Projections constituted by the National Commission on Population (May 2006), annual population growth is expected to gradually decelerate from 1-6% in the five years ending in 2006 to 0-9% in the five years

ending in 2026. India's population which is estimated to have gone up from the census 2001 figure of 1029 million to 1112 million in 2006, is projected to increase to 1400 million by 2026.

(In Million



	Selected Health Indicators						
	Parameter	1951 1981		1991	Current		
					Levels		
1.	Crude Birth Rate (CBR)	40.8	33.9	29.5	22.1		
	(Per 1000 population)				(2010)		
2.	Crude Death Rate (CDR)	25.1	12.5	9.8	7.2		
	(Per 1000 populatio)				(2010)		
3.	Total Fertility Rate (TFR)	6.0	4.5	3.6	2.6		
	(Per woman)				(2009)		
4.	Maternal Mortality Rate	NA	NA	437	212		
	(MMR)(Per 100,000 live births)			(1992-93)	(2007-09)		
5.	Infant Mortality Rate (IMR)	146	110	80	47		
	(Per 1000 live births)				(2010)		
6.	Child (0-4) Mortality Rate	57.3	41.2	26.5	14.1		
	(Per 1000 children)	(1972)			(2009)		
7.	Life Expectancy at birth						
	Total	-	55.5	59.4	63.5		
			(1981-85)	(1989-93)	(2002-06)		
	(i)	Male	37.2	55.4	59.0 62.6		
			(1981-85)	(1989-93)	(2002-06)		
	(ii)	Female	36.2	55.7	59.7 64.2		
			(1981-85)	(1989-93)	(2002-06)		

Source: Office of Registrar General, India. (Shown in Economic Survey, 2011-12)

Literacy Rate in India

Males	Females	Male Female gap	Total	Per-sons
		in literacy rate		
27.16	8.86	18.30	1	8.33
40.40	15.35	25.05	2	28.30
45.96	21.97	23.98	3	34.45
56.38	29.76	26.62	4	13.57
64.13	39.29	24.84	5	52.21
75.26	53.67	21.59	6	54.84
82.14	65.46	16.68	7	74.04
oan Populati	on (%) (1901-2011)	1941	86.1	13.9
	Per cent	1951	82.7	17.3
Rural	Urban	1961	82.0	18.0
89.2	10.8	1971	80.1	19.9
89.7	10.3	1981	76.7	23.3
88.8	11.2	1991	74.3	25.7
88.0	12.0	2001	72.2	27.8
		2011	68.8	31.2
	27.16 40.40 45.96 56.38 64.13 75.26 82.14 Pan Populati Rural 89.2 89.7 88.8	27.16 8.86 40.40 15.35 45.96 21.97 56.38 29.76 64.13 39.29 75.26 53.67 82.14 65.46 Dan Population (%) (1901-2011) Per cent Rural Urban 89.2 10.8 89.7 10.3 88.8 11.2	in literacy rate 27.16 8.86 18.30 40.40 15.35 25.05 45.96 21.97 23.98 56.38 29.76 26.62 64.13 39.29 24.84 75.26 53.67 21.59 82.14 65.46 16.68 Per cent 1951 Rural Urban 1961 89.2 10.8 1971 89.7 10.3 1981 88.8 11.2 1991 88.0 12.0 2001	in literacy rate 27.16



Add. 41-42A, Ashok Park Main, New Rohtak Road, New Delhi-110035 +91-9350679141 The improvement in the quality of health care over the years is reflec-ted in some of the basic socio-demographic parameters. The Crude Death Rate (CDR) declined rapidly from 25-1 in 1951 to 7-4 in 2008 visa-vis the less sharp decline in Crude Birth Rate (CBR) from 40-8 in 1951 to 22-8 in 2008. The document of the 10th plan targeted a reduction in Infant Mor-tality Rate (IMR) to 45 per thou-sand by 2007 and 28 per thousand by 2012, reduction in Maternal Mortality Rate (MMR) to 2 per thousand live births by 2007 and 1 per thousand live births by 2012 and reduction in decadal growth rate of the population between 2001-11 to 16-2%.

In the five decades after inde-pendence, the increase in literacy rate during the period 1991-2001 has been the highest, i.e., from 52-2 to 64-84 per cent, which is an increase of 12-6 percentage points. For the first time, the country witnessed a faster growth in female literacy i.e., 14-9 percentage points (from 39 to 54 per cent) compared to that of males, which increased by only 11-7 percen-tage points (from 64 to 75 per cent). Through this there was a narrowing of the gender gap in literacy, which was 25 per cent in 1991 and to 22 per cent in 2001. There is also, for the first time, a converging trend in the rural-urban literacy gap. Between 1991 and 2001 rural literacy increased by 7 per cent, thereby reducing the urban-rural gap from 28-4 per cent in 1991 to 21-69 per cent in 2001.

Urban-Rural Population Statistics of Census 2011 Released

Government released Census 2011 data related to urban-rural popu-lation on July 15,2011. As per relea-sed statistics, out of country's total population of 121 crore, 37-7 crore population reside in urban areas while the remaining 83-3 crore population belongs to rural areas. Thus, 31-16 per cent population of the country is urban based while the 68-84 per cent population is rural based. As per 2001 Census, urban and rural popula-tion percentage were 27-81 per cent and 72-19 per cent respectively. Dur-ing the period 2001-2011, urban population increased from 28-61 crore to 37-71 crore while rural population went up from 74-26 crore to 83-31 crore. Thus, during the decade 2001- 2011, urban population size increased by 9-10 crore while the rural population went up by 9-05 crore. During 2001-2011, rural population and urban population registered 12-18 per cent and 31-8 per cent growth respec-tively.

According to rural-urban popula-tion data of Census 2011, Tamil Nadu has the maximum urban population (48-5%) in the country follo-wed by Kerala (47-72%), Mahara-shtra (45-23%) and Gujarat (42-58%).

National Commission on Population

The National Commission on Population was constituted on May 11, 2000 under the Chairmanship of the Prime Minister to provide overall guidance for population stabilisation by promoting synergy between demo-graphic, educational, environmental and developmental programmes.

On May 19, 2005 the National Commission on Population was reconstituted. This commission has now been transferred from Planning Commission to Ministry of Health. The Prime Minister will remain the chairman of NCP while Deputy- Chairman of Planning Commission and Union Minister of Health and Family Welfare will work as Deputy Chairman of NCP. The membership of NCP has also been reduced from 131 to 44.

Birth Rate and Death Rate in India (Per Thousand Population)

	`	1 /
Year	Birth Rate	Death Rate
1950-51	39.9	27.4
1960-61	41.7	22.8
1970-71	36.9	14.9
1980-81	33.9	12.5
1990-91	29.5	9.8
2000-01	25.4	8.4
2007-08	23.5	7.4
2008-09	22.8	7.4
2009-10	22.5	7.3
2010-11	22.1	7.2

The National Commission on Population has undertaken various ini-tiatives for implementing the National Population Policy such as review of the implementation of National Family Welfare Programme espe-cially in the high fertility States, identification of high fertility districts and preparation of District Action Plans, selection of Social Economic and Demographic Indicators for moni-toring purpose, promotion of policy- oriented relevant research for popula-tion stabilisation and promotion of public private partnership in meeting the unmet needs of family planning services.



Stabilising population is an imperative requirement for promot-ing sustainable development. The main problem concerned in the population stabilisation in the short- term perspective is the highlevels of unmet-needs for contraception in high fertility States of Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh and Odisha. The focus is on develop-ing areaspecific approach for meet-ing the gap in the demand for contraception in these States.

Population Policy 2000

The National Population Policy 2000 provides a policy framework for advancing goals and prioritizing strategies during the next decade to meet the reproductive and child health needs of the people of India. This new policy states that the objective of economic and social development is to improve the quality of lives people lead to enhance their well being and to provide them with opportunities and choices to become productive assets in society.

The **immediate objective** of this new policy is to address the unmet needs of contraception, health infra-structure, health personnel and to provide integrated service delivery for basic reproductive and child health care.

The **medium term objective** is to bring the total fertility rates to replacement level by 2010.

The **long term objective** is to achieve a stable population by 2045.

In pursuance of these objectives, 14 National Socio Demographic Goals are formulated to be achieved by 2010. The important goals of this category are—

- (i) Making School education compul-sory and to reduce dropouts.
- (ii) Reduce infant mortality rate to 30 per 1000 live births.
- (iii) Reduce maternal mortality rate to below 100 per 100000 live births.
- (iv) Promote delayed marriage of girls.
- (v) Achieve 80% institutional delive-ries.
- (vi) Prevent and Control Communicable diseases.
- (vii) Promote vigorously the small family norm to achieve replacement levels of TFR.

The policy speaks about the formation of a National Commission on Population under the Chairman-ship of Prime Minister to monitor and implement population policy and to guide planning implementations.

Policy also suggests some pro-motional & motivational measures to promote adoption of the small family norm. The important are—

- (i) Reward Panchayat and Zila Pari- shads for promoting small family norm.
- (ii) Incentives to adopt two child norms.
- (iii) Couples below poverty line, having sterilisation with not more than two living children will be eligible for health insurance plan.
- (iv) Strengthening abortion facility scheme.

Uttar Pradesh Holds One-sixth Population of the Country: Census 2011

The provisional figures of Cen-sus 2011 were released on March 31, 2011. The population of the nation was estimated at 1210-19 million having 51-54% males and 48-46% females. Uttar Pradesh stood at top place being the most populous state which accounted for the largest share of 16-49 per cent. Uttar Pradesh holds about one-sixth population of the nation. The percentage decade growth rate in Uttar Pradesh has declined during 2001-11 compared to 1991-2001. In 1991-2001, this growth was 25-85% which declined to 20-09% in 2001-2011. Uttar Pradesh holds 29-7 million children population in the age group of 0-6 years.

Uttar Pradesh Census 2011 Few Figures : At a Glance

• **Total Population:** 199581477

Male: 104596415, Female: 94985062

Two Most Populous Cities

Lucknow: 2815033, Kanpur: 2769413

Top Five Populous Districts

Allahabad : 5959798, Moradabad : 4773138, Ghaziabad : 4661452, Azamgarh : 4616509,

Lucknow: 4588455

Top Least Populous Districts

Mahoba: 876055, Chitrakoot: 990626, Hamirpur: 1104021, Shravasti: 1114615, Lalitpur: 1218002

Districts having Highest Literacy

Ghaziabad : 85%, Gautambudh Nagar : 82.2%, Kanpur City : 81.3%, Orai : 80.3%, Etawah: 79.9%



- U.P. possesses about 1/6th, population of the country's population.
- Shravasti is the least literacy having district.
- State's literacy 69.72%.
- Gautambudh Nagar registered highest while Kanpur City had the least population growth in 2001-2011.
- Sex Ratio in U.P. (per 1000 males): 2001 : 898 females, 2011 : 908 females
- Three districts show sex-ratio in favour of females (per 1000 males)—Jaunpur (1018), Azamgarh (1017) and Deoria (1013).
- Two districts having least sex ratio (per 1000 males—Gautambudh Nagar (852) and Hardoi (856).
- Two districts having highest density: Ghaziabad (3954), Varanasi (2399)
- Two districts having least density: Lalitpur (242), Sonbhadra (270)

National Population Register to Start Bio-metrics Data Collection from Dec. 2010

The National Population Regis-ter (NPR) will start collecting bio-metrics data of the country's entire adult population between December 2010 and January 2011.

NPR will be the biggest bio-metric database—including face, fingerprint and iris recognition of the over 1 billion Indian population—that has ever been made. The Unique Identification Authority of India (UIDAI) has been established by the government to implement the scheme and assign unique numbers to all citizens.

UIDAI has made ageement with The Registrar General of India that the NPR exercise under the 2011 census would collect biometrics data as well. At present UIDAI is in the first phase of NPR which gets the basic information of an individual. The biometrics data will be covered under the second phase.

Gender Disparities Declined in India

According to a study made by the Ministry of Woman and Child Development, the gender-based disparities in the country have shown a decline over a period of 10 years from 1996 to 2006. Both the Gender Development Index (GDI) and the Gender Empowerment Index (GEI)—the two key parameters of women's development—have shown better results between 1996 and 2006. The GDI scores estimated for

India were 0-514 in 1996 and 0-590 in 2006 showing an increase of 0-076 points.

The GDI is the Human Develop-ment Index (HDI) adjusted for disparities between men and women and the estimated GDI score for India are lower than the HDI score at both years 1996 and 2006 due to the existence of gender-based disparities in all three dimensions i.e., health, literacy and standard of living. GDI having these three dimensions also reflects an increase over the decade, thereby implying that progress has been in each of these areas.

Besides, the Gender Empower-ment Index which measures political participation and decision-making power, economic participation power over economic resources, also shows the increased score from 0-416 in 1996 to 0-497 in 2006.

An analysis of the data for states and Union Territories shows that Kerala has the highest score of 0-721 in the country. However, in 2006, it was ranked second in the GDI with a score of 0-745.

Chandigarh has been ranked second on both GDI and HDI in 1996, but attained the highest HDI and GDI scores in 2006 at 0-784 and 0-763 respectively.

Goa was ranked third on both HDI and GDI in 1996. It improved its rank to second on HDI and GDI in 2006.

None of the states has a GDI less than 0-5 except Bihar.

Global Gender Gap Report Puts India on Poor Front

The World Economic Forum's Global Gender Gap Report assesses gender equality in 134 countries looking at economic participation and opportunity, educational attain-ment, political empowerment, health and survival. The report examines both men and women's access to resources and opportunities rather than the levels of resources and opportunities available in a country.

Iceland, Norway, Finland, Swe-den and New Zealand are the top 5ranking nations in global gender gap assessment. Lesotho, in sub-Saharan Africa ranks at 8th place showing smaller gender gap than UK which gets 15th ranking in the list.

India has been ranked on poor front in the list Report puts India at 112 ranking out of 134 nations. Last year in 2009 India's ranking was 114th in the list. Both the rankings are almost same showing no



improve-ment in gender equality. India's rank-ing is the lowest even among BRIC nations. Moreover, India's gender equality performance remains the worst in the region with Sri Lanka and Bangladesh got 16th and 82nd ranking.

The Global Gender Gap 2010 Ranking Top 5 Nations

1000	Top 5 Tations				
Nation	Rank				
Iceland	1				
Norway	2				
Finland	3				
Sweden	4				
New Zealand	5				
BRIC Nations					
Brazil	85				
Russia	45				
India	112				
China	61				
South Asia Nations					
Pakistan	132				
Sri Lanka	16				
Bangladesh	82				
Nepal	115				

At the bottom of the ranking table of gender equality are nations— Yemen (134th), Chad (133rd) and Pakistan (132nd).

Family Welfare

India is following the demo-graphic transition pattern of all developing countries from initial levels of 'high birth rate-high death rate' to the intermediate transition stage of 'high birth rate-low death rate' which manifests in high rates of population growth, before graduating to 'low birth rate-low death rate'.

The current high population growth rate is due to—

- (i) The large size of population in the reproductive age-group (esti-mated contribution 60%);
- (ii) Higher fertility due to unmet need for contraception (esti-mated contribution 20%); and high wanted fertility due to prevailing high IMR (estimated contribution 20%).

The goal of population stabilization is achieved only when child survival issues, maternal health issues and contraception issues are addressed simultaneously and effec-tively. Actual success in containing the growth of population would how-ever, depend upon: Publicly stated support by the community leaders; Resources available for the Family Welfare Programme; Efficiency and accountability in the state Health System for ensuring effective deli-very of services to citizens; as also Women's education and status in the family. All these inputs have so far not been uniformly available to the required extent for the Family Wel-fare Programme, thereby not allow-ing the optimal and potential/best possible benefits to be reaped from the same.

Important Highlights of National Family Welfare Survey (III Round)

- Indian families are giving preference of not having children more than two.
- Total Fertility Rate (TFR) came down to 2-7 in 2006 from 2-9 obtained in 2000. In urban areas TFR stands at 2-1 in 2006.
- Eight states still have TFR more than 3 while four states (Bihar, Uttar Pradesh, Meghalaya and Nagaland) have TFR more than 4.
- The target for replacement level in 2000 policy was 2-1 but a few states show this level to be much higher-Bihar (4-22), U. P. (4-13), Meghalaya (4-38), Nagaland (4-15), Madhya Pradesh (3-34) and Jharkhand (3-69).

World's Population

According to the UNO's agency UNDP report the world population, which stood at 6-9 billion in May 2011, is estimated to cross the level of 7-0 billion this year. UNDP report has mentioned a proposed date of crossing 7-0 billion level to be October 31, 2011. UNDP has announced its count down to begin from October 24, 2011. It is worthnoting that the world's population had crossed 6 billion mark on October 12,1999 and 5 billion level mark on July 11,1987.

This report of UNDP has also projected world's population at 9-31 billion by the year 2050. Earlier UNDP had projected world population at 9-15 billion in the year 2050.

Projected Indian Population Scenario After 20 Years

The Technical Group of National Population Commission constituted in July 2000 has presented the projected scenario of Indian popula-tion after 20 years i.e., 2026.



The highlights of projections are—

• Total projected population (in 2026): 140 crore. Birth Rate: 16 per thousand. Infant mortality rate: 40 per thou-sand.

Sex ratio: 930 females per 1000 males. Population density: 426 persons per sq. km. Population growth during (2001-26): 36%.

- Highest population growth (2001- 26): In Delhi (102%).
- Lowest population growth (2001 26): In Tamil Nadu (15%), in Kerala (17%).
- Population growth (2001-26): Bet-ween 40-50% in Haryana, Rajas- than, Uttar Pradesh and Madhya Pradesh.
- Population growth (2001-26): Bet-ween 20-30% in Himachal Pradesh, Punjab, West Bengal, Odisha, Andhra Pradesh and Karnataka.
- Out of 31-7 crore additional popu-lation during 2001-26 50% contribu-tion will alone be made by seven states—Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Rajasthan, Uttar Pradesh and Odisha.•

With 24-9 crore population Uttar Pradesh will maintain its status of the most populace state.

National Rural Health Mission (NRHM)

The NRHM was launched in 2005 to provide accessible, affordable and accountable quality health servi-ces to rural areas with emphasis on poor persons and remote areas. It is being operationalized throughout the country, with special focus on 18 states, which include eight

Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttara- khand, Odisha and Rajasthan), the eight north-eastern States, Himachal Pradesh and Jammu & Kashmir. Among major innovations of the NRHM are the creation of a cadre of Accredited Social Health Activists (ASHA) and improved hospital care, decentralization at district level to improve intra and inter-sectoral convergence and effective utilization of resources through PRIs, NGOs and the community in general. The NRHM further aims to provide an overarching umbrella to the existing programmes including the Repro-ductive Child Health Project (RCH-II), Integrated Disease Surveil-lance and other programmes for treat-ment of malaria, blindness, iodine deficiency, filaria, kala azar, TB and leprosy by

strengthening the public health delivery system at all levels. The SCs, PHCs and CHCs are proposed to be revitalized through better human resource management, including provision of additional man-power, clear quality standards, revamping of existing medical infra-structure, better community support and untied funds to facilitate local planning and action so as to achieve the goals laid down in the National Population Policy 2000. Further, the Mission, in a sector-wide approach addressing sanitation and hygiene nutrition and safe drinking water as basic determinants of good health seeks greater convergence among the related social-sector departments, i.e., AYUSH, Women and Child Deve-lopment, Sanitation, Elementary Education, Panchayati Raj and Rural Development. The expected outcomes of the Mission include reduction of IMR to below 30 per 1,000 live births, MMR to below 100 per 1,00,000 live births and TFR to 2-1 by 2012.

National Rural Health Mission (NRHM) Vision of NRHM

- To be implemented throughout the country with special focus on 18 States with weak public health indicators and/or weak infrastructure.
- To improve the availability of and access to quality health care.
- To build synergy between health and determinants of good health like nutri-tion, sanitation, hygiene and safe drinking water.
- To mainstream the Indian Systems of Medicines to facilitate comprehensive health care.
- To increase the absorptive capacity of the health delivery system to enable it to handle increased allocations.
- To involve the community over the planning process.
- Upgradation of infrastructure.
- Capacity building.
- Increasing the fund allocation for health sector.

Target Outcome

- IMR to be reduced to 30/1000 live births by 2012.
- MMR to be reduced to 100/100,000 live births by 2012.
- TFR reduced to 2.1 by 2012.
- Malaria Mortality to be reduced by 50 per cent by 2010 and 60 per cent by 2012.



- Elimination of Kala Azar mortality by 2010.
- Filaria to be reduced by 70 per cent by 2010. 80 per cent by 2012 and elim-inated by 2015.
- Dengue mortality to be reduced by 50 per cent by 2010 and sustaining it at that level till 2012.
- Cataract operations increasing to 46 lakh per annum.
- Leprosy prevalence rate to be reduced from 1.8 per 10,000 in 2005 to less than 1 per 10,000 thereafter.
- TB DOTS series-maintain 85 per cent cure rate through entire Mission period.

Achievement Under NRHM

- ASH As Link Workers: So far 7.36 lakh ASH As have been selected, 6.92 lakh trained at least in the first module and there are 4.95 lakh with drug kits in their respective villages.
- Addition of Human Resources: Under the NRHM, 2,474 specialists, 8,782 MBBS doctors, 26,253 staff nurses, 46,296 auxiliary nurse midwives (ANMs), 12,485 paramedics have been employed on contract.
- Conversion of Health Facilities into 24 X 7: A total of 14,716 Additional Primary Health Centres

- (APHCs), PHCs, CHCs and other sub-district facilities are functional 24x7.
- Janani Suraksha Yojana Beneficiaries: Over 2 crore women have so far been covered under the Janani Suraksha Yojana (JSY).
 - Rogi Kalyan Samitis (RKSs): So far 573 district hospitals (DHs) 4,217 CHCs, 1,111 other than CHC hospitals and 16,568 PHCs have their own Rogi Kalyan Samitis (RKSs) with untied funds for improving quality of health services. Village Health and Sanitation Committees: So far 4-41 lakh villages (68 per cent) have their own Village Health & Sanitation Committees and each has been provided HIO.OOO as untied grant per year.
- Village Health and Nutrition Days (VH & NDs)
 : There have been 35 lakh VH & NDs in 2006-07,
 49 lakh VH & NDs in 2007-08, 58 lakh VH & NDs in 2008-09 and 29 lakh VH & NDs so far in 2009-10 to reach basic health services.
- **Mobile Medical Units (MMUs)**: 343 MMUs functional so far.
- Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH) services have been colocated in 9,608 health facilities and 7,399 AYUSH doctors and 3,110 AYUSH paramedics have been added to the system.

