



# UNIT -5



# ANTINATALIST POPULATION POLICY

## INTRODUCTION

- **Antinatalism** or anti-natalism, is a philosophical position and social movement that assigns a negative value to birth.
- The term antinatalism is in opposition to the term natalism or pro-natalism, and was used probably for the first time as the name of the position by Théophil de Giraud in his book *L'art de guillotiner les procréateurs: Manifeste anti-nataliste*.
- Anti-natalist policies aim to do the reverse: to encourage people to plan smaller families, lower fertility rates and reduce the number of births. These tend to be found in countries with high birth rates and rapidly growing populations.

**The more you have  
The less they get**

**Two is enough**



**Family Planning/Sterilisation Information Service**  
Telephone: **538766** or go to your nearest Maternal and  
Child Health/Family Planning Clinic

# WHAT MAKES THE GOVERNMENT TO ADOPT ANTINATALIST POLICY

- More than fifteen million people are thought to have died from natural disasters in the last 1,000 years,
- Approximately 20,000 people die every day from hunger,
- An estimated 840 million people suffer from hunger and malnutrition,
- Between 541 and 1912, it is estimated that over 102 million people succumbed to plague,
- The 1918 influenza epidemic killed 50 million people, nearly 11 million people die every year from infectious diseases,
- Malignant neoplasms take more than a further 7 million lives each year, approximately 3.5 million people die every year in accidents,

- Approximately 56.5 million people died in 2001, that is more than 107 people per minute, before the twentieth century over 133 million people were killed in mass killings,
- In the first 88 years of the twentieth century 170 million (and possibly as many as 360 million) people were shot, beaten, tortured, knifed, burned, starved, frozen, crushed, or worked to death; buried alive, drowned, hanged, bombed, or killed in any other of the myriad ways governments have inflicted death on unarmed, helpless citizens and foreigners,
- There were 1.6 million conflict-related deaths in the sixteenth century, 6.1 million in the seventeenth century, 7 million in the eighteenth, 19.4 million in the nineteenth, and 109.7 million in the twentieth,
- war-related injuries led to 310,000 deaths in 2000,
- About 40 million children are maltreated each year,
- More than 100 million currently living women and girls have been subjected to genital cutting,



# CASE STUDY OF NIGERIA

- Nigeria's birthrate got so high that the average family was having around 6 children.
- From 1980-1985 Nigeria saw an all time high birthrate of 46 children per 100 people.
- People around the ages of 15-16 were getting married and some even younger.
- Almost half of all women became married by 17 and almost half became mothers by 20.
- Low contraception usage. Only 6% of women were using contraception.

# SOLUTION

- With the rising birthrate and the young age of marriage, the government decided to try to reduce the birthrate by the year 2000 by coming up with an anti-natalist policy named "the National Policy on Population for Development, Unity, Progress, and Self Reliance".
- One solution was their attempt at reducing the amount children per family by promoting the benefits of having small family sizes and contraception.
- Another solution was the attempt at decreasing rate of young marriage.
- The marriage age was moved up to 18.
- Although the change in birth rate by 2000 had no significant effect, it still decreased the birth rate from 6.76 to 5.61.



# CASESTUDY OF SINGAPORE

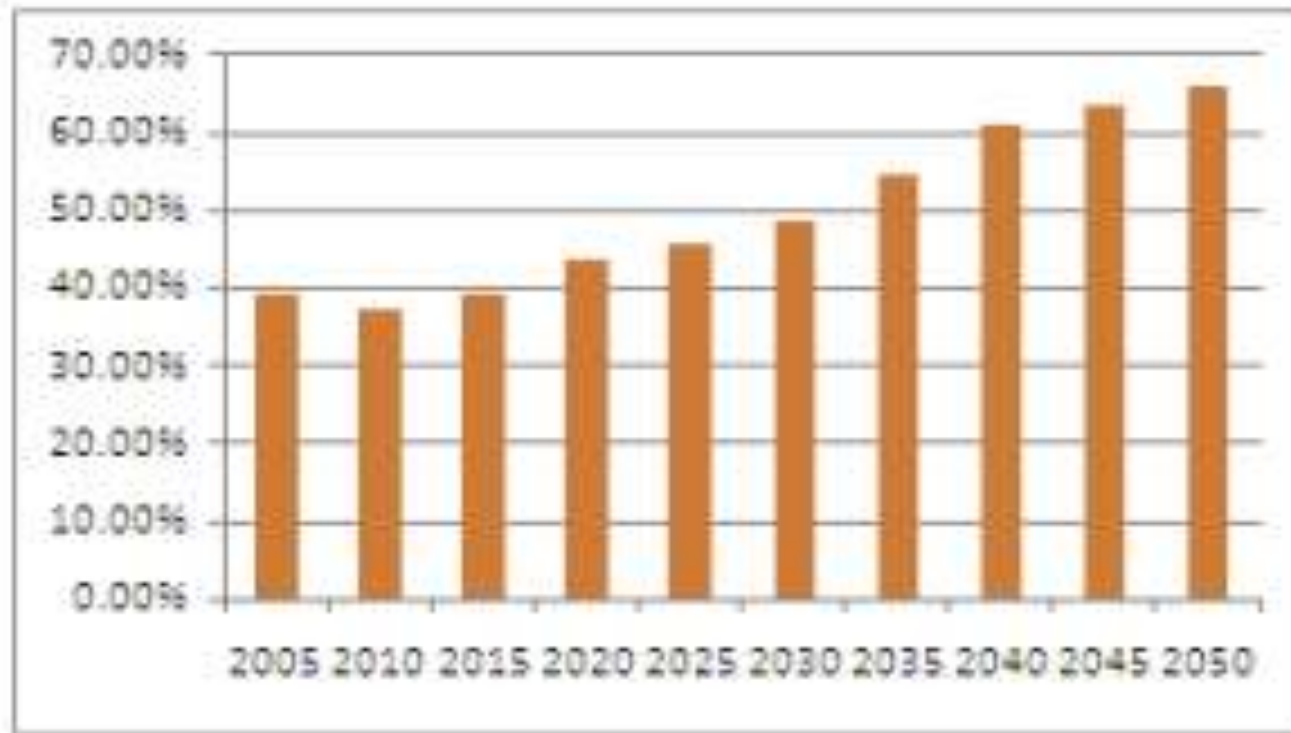
- **Anti-natalist policies 1972-1987: "Stop at Two"**  
Singapore's government introduced a series of policies to encourage higher fertility in 1972.
- In 1969 the government in Singapore introduced the “stop at two” policy to help control the population growth. The policy had a very successful response, in fact it was so successful that the population started to decline.
- Couples saw the benefits in having smaller family, such as more money, better quality of life.
- Women started to pursue careers before having children.
- The government introduced this policy because they saw population growth as a threat to the living standards in Singapore, as children would pack school and medical facilities.
- The policy had a very positive response, not only the population growth decline, it declined so much, that the population started to decrease.



# CASE STUDY OF CHINA

- The most famous policy is probably the Chinese “One Child Policy”, which was introduced in 1979 to solve economical, social and environmental problems.
- In this policy women were forced to have only one child, otherwise they would be punished by the law.
- These punishments could be fees, or less governmental support and in some cases even forced sterilization.
- On the other hand the government introduced incentives to persuade adults to adhere to the rules.
- The influence of this policy is remarkable – it is estimated, that without these family planning policies there would be 400 million more Chinese people today and clearly the crude birth rate decreased a lot.

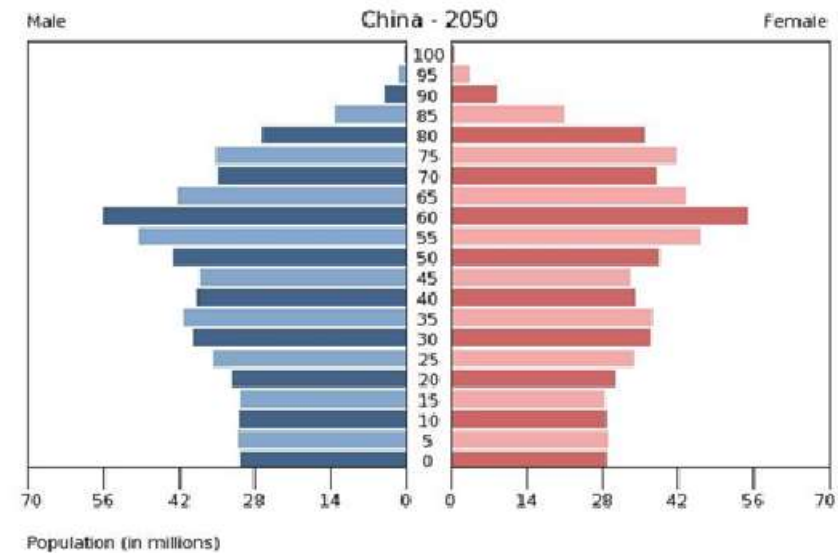
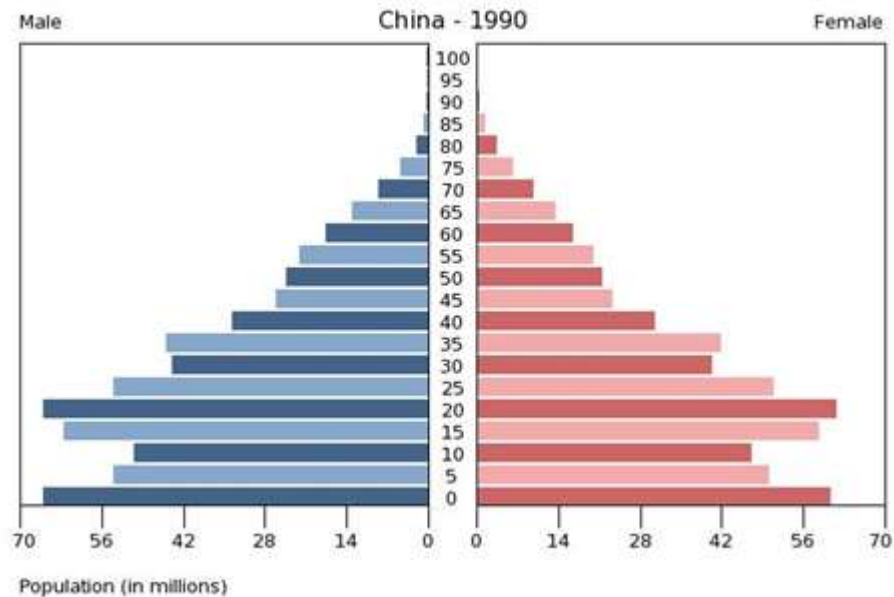
# DEPENDENCY RATIO OF CHINA



China is facing now demographic problems as well as a rising dependency ratio.

In addition the “One Child Policy” lead parents to abort their daughters as in these times boys were favored, mainly because of economical reasons and so the sex ratio between men and women is now 1.18 to 1.

*These Population Pyramids illustrate the aging Chinese population from the years 1990 to 2050. As a result of these there is a rapid increase in dependency ratio, which is followed by economical decline.*



# CASE STUDY OF INDIA

- Population growth rate was at 1.5% as of 2013 with a population of 1.24 billion.
- Fear of water and food shortages which would cause the country to be overpopulated and unsustainable.
- Solution: Their population was growing at such a fast rate that they wanted to reduce their fertility rate from 3.3 to anything lower than 2.5.
- The Indian government promoted benefits of having small families and of adopting instead of having their own children.
- Money incentives were advertised allowing couples who had no first-born child after getting married for 2 years to receive 5,000 rupees.
- Birth rate decreased from around 5.8 to around 2.6

- In 1960 the Indian government began with their family planning policies, the background of which was the fact that in a country with improving standards of living show a declining growth rate.
- By building more hospitals, incentives and investing into education India tried to reduce the total fertility rate, but because most of the Indian population lives in rural areas it was hard to impact these people as well.
- Furthermore there was almost no contraception and it was against people's religious beliefs, that the government can control their family planning.
- Therefore these policies weren't a success. Today the Indian population is still growing but at a slower pace. In addition the total fertility rate decreased, as well as the crude birth rate.

### The Indian National Population Policy 2000

The idea of improving the healthcare and increasing the use of contraception was to decrease infant mortality rate which would lead to a decrease in fertility rate.

This was to be achieved through incentives as before such as payment for couples who are sterilised after having two children. In addition education on the benefits of having smaller families was to start but this only lasted up to age 14 for girls.

Compared to the rest of India, Kerala has a lower infant mortality rate of 6.70 compared to 44.0 (2009)

# Anti-natalist policies: Kerala

- In the 1950s, the total fertility rate in India was over 6 resulting in rapid natural increase. Many anti-natalist policies have been attempted in India as a result including offering men a free transistor radio when they had a vasectomy (which wasn't very successful)
- From the 1970s, many states started to adopt their own policies – Kerala (a state in Southern India) has now become a famous example as a result of its successful population policy.



## The policy...

- The policy has focussed on decreasing mortality rates, reducing fertility rates and improving the health of young children
- A key element of the policy is the **emancipation** of women to improve their role in society through education, land ownership and having financial independence.

	Kerala	India as a whole	UK
Life Expectancy (women) in years	75	61	80
Infant Mortality	14	70	6
Female Literacy Rate (%)	85	57	99
% Use of Contraceptives by married women (all methods)	64	48	72
Total Fertility Rate	1.8	3.2	1.7



# POPULATION POLICIES OF KENYA

In 2012, the government of Kenya passed a landmark policy to manage its rapid population growth. The new population policy aims to reduce the number of children a woman has over her lifetime from 5 in 2009 to 3 by 2030.

The policy also includes targets for child mortality, maternal mortality, life expectancy, and other reproductive health measures.

## VISION 2030:

Kenya's long-term development plan, known as Vision 2030. This is the country's development programme from 2008 to 2030. It was launched on 10 June 2008 by President Mwai Kibaki. Its objective is to help transform Kenya into a "newly industrializing" "middle-income country providing a high quality life to all its citizens by the year 2030". Vision 2030, recognizes that rapid population growth could severely derail progress in reaching its primary goal: to achieve a high quality of life for all Kenyans that is sustainable with available resources. The Vision is based on three "pillars": the economic, the social and the political. The economic pillar aims to improve the prosperity of all Kenyans through an economic development programme, covering all the regions of Kenya, and aiming to achieve an average Gross Domestic Product (GDP) growth rate of 10% per annum beginning in 2012. The social pillar seeks to build a just and cohesive society with social equity in a clean and secure environment. The political pillar aims to realise a democratic political system founded on issue-based politics that respects the rule of law, and protects the rights and freedoms of every individual in Kenyan society.

## **Population policies in developed countries:**

### **Introduction:**

Developed countries have completed their demographic transition process, and many of these countries must now deal with post-transitional imbalances. They are facing three main issues: sub-replacement fertility, population aging, and immigration. The proposed remedies have taken the shape of policies addressing each of these issues specifically. First, some countries have designed and implemented policies to raise fertility. These policies have occasionally obtained modest results, but generally have failed to change fertility levels significantly. Second, countries have tried to address population aging by taking some programmed initiatives, for instance through the provision of specific care for the elderly. However, interventions in this area have been less well defined and, so far, not very conclusive either. Finally, several countries have attracted immigrants whilst others have tried to curb immigration flows. Immigration policies have been shaped by the specific economic and political context of receiving countries.

### **Sub-replacement fertility:**

**It** is a total fertility rate (TFR) that (if sustained) leads to each new generation being less populous than the older, previous one in a given area. In developed countries sub-replacement fertility is any rate below approximately 2.1 children born per woman, but the threshold can be as high as 3.4 in some developing countries because of higher mortality rates. Taken globally, the total fertility rate at replacement was 2.33 children per woman in 2003. This can be "translated" as 2 children per woman to replace the parents, plus a "third of a child" to make up for the  $\frac{1}{3}$  born and mortality prior to the end of a person's fertile life.

# National Population Policy

Posted On: 04 FEB 2020 1:38PM by PIB Delhi

National Population Policy formulated in the year 2000, reaffirms the Government's commitment towards voluntary and informed choice, target free approach and achievement of replacement level of fertility by simultaneously addressing the issues of contraception, maternal health and child survival.

The National Family Planning Programme of the Ministry of Health & Family Welfare is guided by the tenets of the National Population Policy 2000 and oversees its implementation. Under this program the service delivery data is triangulated and further the program is regularly reviewed through annual review meetings, supportive supervision visits, common review missions etc.

As a result of the Government's efforts, the successes achieved are enumerated below:

- The Total Fertility Rate (TFR) has declined from 2.9 in 2005 to 2.2 in 2017 (SRS).
- 25 out of 37 States/UTs have already achieved replacement level fertility of 2.1 or less.
- The Decadal growth rate has declined from 21.54% in 1999-2000 to 17.64 % during 2001-11.
- The Crude Birth Rate (CBR) has declined from 23.8 to 20.2 from 2005 to 2017 (SRS).
- The Teenage birth rate has halved from 16 % (NFHS III) to 8 % (NFHS IV).

## Population policy of Australia

- The population of Australia:
  - Australia's population policies reflect the government and the people attempt to deal with this issue and decide on the perfect number of Australia.
- Australia's population after world war-2:
  - Modern ideas about Australia's population really started with the end of world war-2.
  - The nation was home to about 7.5 million people.
  - Considering the size of the country however, that only about 2.5 people per square mile.
  - Majority of the population was concentrated in major urban centres along the coast.
  - The nation entered into an extended period of population growth at a rate roughly 2% per year, maintained over a few decades, until about the mid 1970's.
  - This makes Australia mid late 20<sup>th</sup> population growth more dramatic than any other industrialized western nation in the world.

## population policy of South Korea

**South Korea** was also one of the few developing countries to have initiated a **population policy** to lower the birth rate during the period of concern in the 1960s and 1970s over the **population “explosion”**; and to have its birth rate subsequently fall to world record low levels.

### **SMALLER FAMILIES AND ECONOMIC DEVELOPMENT IN THE 1960S AND 1970**

Following the Korean War in the early 1950s, South Korea’s population remained primarily rural and agricultural. Its TFR exceeded six children per woman. In 1962, South Korea began its national family planning campaign to reduce women’s unwanted births through a program of information, basic maternal and child health services, and the provision of family planning supplies and services. The program was seen as essential if the goals of economic growth and modernization were to be achieved. Overall, the public responded well to the idea of a “small and prosperous family.” By 1970, the TFR had fallen to 4.5 against a background of rapid industrialization and the waning of the country’s largely agrarian character. A 1974 poster (see figure’s top image) exhorted, “Sons or daughters, let’s have two children and raise them well.” In 1981, the government, buoyed by its success up to that point, set a target of a two-child, “replacement” level fertility by 1988 with a program of economic incentives. There was even some mention of a one-child family: “Even two children per family are too many for our crowded country” (see bottom image).<sup>2</sup> While such a saying may have seemed at least somewhat extreme at the time, it proved to be surprisingly prophetic. The two-child target was met remarkably quickly: The TFR was down to 1.74 by 1984.

# **LOW FERTILITY, AGING POPULATION, AND PRONATALIST POLICIES**

Despite the below-replacement TFR, no changes were made in South Korea's family planning program. Childbearing was almost universal, population continued to grow due to a still youthful age structure, and concerns about the effects of a large population on the country remained. But in 2002, the National Pension Institute reported that the pension fund would soon be wiped out because of a decline in the working age population vis-à-vis the number of retirees. The government also realized that the number of women of childbearing age was declining and that the trend would only accelerate. In addition, the TFR continued to fall below the two-child level. By 2005, the TFR reached a historic global low of 1.08, but it had been well below two children for over 20 years by that point.

In 2005, an advisory committee to South Korea's president was formed and a law passed to provide the basic legal framework for a new pronatalist policy. This was similar to the approach taken by two other low-fertility countries, Germany and Japan. The Saero-Maji ("new beginning") Plan for the 2006-2010 period included provisions to provide a more favorable environment for childbearing. The plan had a long list of measures, including tax incentives, priority for the purchase of a new apartment, support for child care including a 30 percent increase in facilities, childcare facilities at work, support for education, and assistance to infertile couples. In June 2006, the government announced the Vision 2020 Plan to raise fertility and prepare for a society with extreme aging. In terms of the TFR, the goal is to raise fertility to 1.6 children per woman (the average for OECD countries) by 2020, a fairly modest rise from the current 1.2 and still well beneath the replacement level.

## **PRONATALIST COUNTRIES**

- **Pronatalist country is a nation that supports the increase of population and their birth rate.**
- **They are found in countries with either very slow natural increase or natural decrease and in areas with ageing population.**

## **WHY PRONATALIST COUNTRIES ARE INTRODUCED**

- **Pronatalist countries have policies in place to encourage their citizen to have more children by offering incentive in forms as financial support.**
- **In this case the decreasing population will threaten the economy due to under population.**

## **PRONATALIST POLICY IN FRANCE**

**France was a country with concerns that professional women were choosing not to have children.**

**So the France country birth rate is lower than the death rate.**

**In 1939 the France government first introduced this political policy “code de la famille” which banned the sale of contraceptives, provided subsidised holidays and offered cash incentive to mother who stayed at home with children.**



## FRANCE RECENT PRONATALIST POLICIES

- **Mother's in France can be paid almost £675 a month to stop work for a year and have a 3 child.**
- **Nursery schools is free for every child from the age of 3.**
- **Tax benefits and tax breaks are given to family up to the age of 18.**
- **Income tax based on the more children the less tax to pay**

## PRONATALIST POLICY IN ITALY

- **Until the 1970s families of up to five children were common in Italy.**
- **However, the birth rate is now 1.3 per 1000 and is the second lowest in western Europe.**
- **Italy's population is also quickly ageing.**
- **While just over 20% of Italians are currently over 65, this number is likely to double by 2050.**
- **The government introduce a Pronatalist policy in 2003 called the "Baby bonus". Couples having a second child received a 'bonus' of about £600.**
- **However, after two years take-up was extremely low. As a consequence, discussion are now taking place to introduce an additional bonus for first born children.**

## **PRONATALIST POLICY IN NORWAY**

- **Norway is fairly typical of those countries in western Europe experiencing low birth rate below the population replacement rate of 2.08 children per family.**
- **The Norway government start their pronatalist policy in 1956. It's called "family friendly" policies.**
- **Paid leave for employees having a baby began as far back as 1956.**
- **The present system of 10-12 months paid leave for a mother ( at 80-100% of wage or salary) was introduce in 1993.**
- **When a new baby is born, men are encouraged to take off as much time as possible. This has been called the "daddy quota" in Norway.**

## **PRONATALIST POLICIES OUTSIDE EUROPE**

**Outside Europe, fewer countries are experiencing birth rates which are exceeded by death rates.**

**Where birth rates are declining such as IN the USA, population levels are often compensated by a steady stream of younger immigrants of working age.**

**Japan and South Korea, on the other hand, are two notable exception. Both countries are likely to suffer a large decline in the coming decades unless birth rates increase or immigration is encouraged.**

**The situation is so serious in Japan that it has been estimated the country would need 10 million immigrants every year for the next 50 years just to maintain the current working age to retirement age ratio.**

## POPULATION GROWTH AND HUMAN WELL BEING

What is meant by the term wellbeing?

**Wellbeing** is **defined** by the Oxford English Dictionary as “the state of being comfortable, healthy, or happy.”

What is human well-being?

The term **human well-being** refers to people's ability to live a life they value and can comprise cultural heritage, **health**, access to land and natural resources as **well** as more material factors such as income-generating opportunities.

Is there a correlation between human well-being and development?

**The** joint emphasis on **human development**, poverty eradication, and environmental sustainability makes **well-being** an important potential measure **of** success and final objective **of the** SDGs

Why is human wellbeing important?

Feelings of **wellbeing** are fundamental to the overall **health** of an individual, enabling them to successfully overcome difficulties and achieve what they want out of life. Past experiences, attitudes and outlook can all impact **wellbeing** as can physical or emotional trauma following specific incidents.

What are some of the major health issues related to the world's population growth?

Cardiovascular disease, cancer, neuropsychiatric conditions, and injury are fast becoming the **leading** causes of disability and premature death in most regions. The other burden arises from communicable diseases, which still cause high levels of morbidity and mortality in developing countries.

What are advantages of population growth?

Yet, population growth in most parts of the United States is projected to rise steadily over the next 25 years. Why is growth important, and what are its **benefits**? Growth generates new jobs, income, and tax revenue, and raises property values, offering residents more choices and diversity.

How do we measure human well-being?

**Human wellbeing** is **measured** by combining facts and figures with indicators that have a bearing on people's lives. His belief that society should be **measured** by the **health**, education and contentedness of its people, rather than material indicators, led to the development of Bhutan's Gross National Happiness Index.

### **The four pillars of wellbeing working together**

- Physical wellbeing. ...
- Mental wellbeing. ...
- Financial wellbeing. ...
- Social wellbeing. ...

What are the four areas of well-being?

## **The Four Dimensions**

- Spiritual **Wellness**. Spiritual strength is that force that drives us to make sacrifices for others, our nation, and the greater **good**. ...
- Emotional **Wellness**. Emotional **wellness** refers to building an awareness of and accepting one's feelings and moods. ...
- Physical **Wellness**. ...
- Social **Wellness**.

What are the 10 important global health issues in year 2020?

## **These are the main challenges on the list.**

- Elevating **health** in the climate debate. ...
- Delivering **health** in conflict and crisis.
- Making healthcare fairer.
- Expanding access to medicines. ...
- Stopping infectious diseases.
- Preparing for epidemics.
- Protecting people from dangerous products.
- Keeping adolescents safe.

What are key determinants of health?

**Health** is influenced by many factors, which may generally be organized into five broad categories known as **determinants of health**: genetics, behavior, environmental and physical influences, medical care and social factors. These five categories are interconnected.

What is a current global health issue?

Some of the major diseases currently affecting countries around the globe include HIV/AIDS, malaria, Zika, and tuberculosis. Climate change is also an **international** problem which can affect people's **health**.

What are the 12 key determinants of health?

**The main determinants of health include:**

- **Income** and social status.
- Employment and working conditions.
- **Education** and literacy.
- Childhood experiences.
- Physical environments.
- Social supports and coping skills.
- Healthy behaviours.
- Access to health services.

## Reference Question and Answers

### **21. What are the current population policies in India. (150 words)**

India's population programmes underwent massive changes in the last few years. The salient features of India's current population policies that occurred since 1954 are as follows:

- \* The emphasis shifted from demographic goals to meeting individual needs for improving the quality of life.
- \* The Reproductive and Child Health Approach to the Family Welfare Programme was adopted, with a package of essential services offered for meeting the needs of individuals.
- \* The method-specific target approach was withdrawn and the Community Need Based Approach was adopted for determining the path to be followed.
- \* Incentives for acceptors of family planning and their "motivators" were withdrawn.
- \* Intensive efforts for improving the quality of services offered in the Family Welfare Programme continue to receive serious attention.
- \* The focus is now on achieving horizontal integration of the services for achieving convergence of services at the users' level rather than the RCH Programme being a vertical one.

49. How does population growth affect economic development? (600 words)

Population growth affects economic development in two ways: First by promoting economic development and second by retarding economic development.

Several economists like Kuznets, Lewis Meier have shown that the growth of population has been an important factor in the economic growth of developed countries in the following ways:

(i) **Increase in per capita product** : Population growth in Europe has led to high rate of increase in total capital and per capita product. This is often accompanied by growth of national product. The growth of national product in turn has been due to enormous addition to population which has led to increase in working labour force.

(ii) **Rise in labour productivity** : The rise in the rate of per capita product is the result of rise in labour productivity. It is improvement in the quality of labour which increases productivity per unit of labour.

(iii) **Population growth leads to growth of physical capital** : The spread of education, knowledge and knowhow raise the level of skill and physical efficiency of the people and thus increase the productivity of physical capital. The latter in turn raises the national product.

(iv) **Population growth as a source of capital formation** : High population growth can be source of capital formation in underdeveloped countries. Underdeveloped countries suffer from disguised unemployment on a mass scale. This surplus labour force can be put to work on capital projects like irrigation, drainage, road construction and railways.

**Factors retarding economic development** : The consequence of population growth on the development of underdeveloped economies is not the same because these economies are poor, capital scarce and resource abundant.

(i) **Overuse of resources** : Rapid population growth tends to overuse the country's natural resources. This is particularly true where majority of the people are dependent on agriculture. With increase in population agricultural holdings become smaller and unremunerative to cultivate.

(ii) **Investment** : Faster population growth makes the choice more scarce between higher consumption now and the investment needed to bring higher consumption in the future.

(iii) **Urbanization** : With rapidly growing population there is widespread migration to urban areas. This creates pressure on existing infrastructure and causes permanent environmental damage too.

(iv) **Employment** : A rapidly increasing population plunges the economy into mass unemployment and underemployment. As population increases, the proportion of workers to total population rises. But in the absence of complimentary resources, it is not possible to expand jobs.



### 9. What are the adverse reactions of population growth on environment?

Population of the world today stands at 7 billion and it is dynamic increasing at a rapid rate. Resources on the other hand are limited and will not be able to meet the needs and wants of the growing population in near future. Resources are used and abused which ultimately lead to pollution of the environment. The increasing population will have a negative impact in the following manner.

exceeded population growth by a factor of two or more over the last hundred years.

(f) **Adverse impact on mineral resources** : Human wealth basically comes from agriculture, manufacturing, and mineral resources. Our complex modern society is built around the exploitation and use of mineral resources. Since the future of humanity depends on mineral resources, we must understand that these resources have limits; our known supply of minerals will be used up early in the third millennium of our calendar. Human population growth and increased modern industry are depleting our available resources at increasing rates.

(a) **Adverse effect on agricultural resource** : According to Malthus, food production increases in geometric progression while population increase in arithmetic progression. In order to increase foodgrain production to meet the requirement of the growing population chemical fertilizers are used in abundance along with increase in irrigation facility. This leads to salinisation of the soil. Frequent use of pesticides and insecticides are adversely affecting the environment.

(b) **Adverse effect on land resource** : With increase of population carrying capacity of the earth is affected. In order to acquire land (which is a limited resource) forests are destroyed, land water and air get polluted. Land degradation is a direct affect of population increase. For as long as we can remember, agriculture is a very important part of our survival. Lately however, due to our growing population, we have been using up the soil's minerals at a very alarming rate. Usually, the soil would replenish its nutrient content naturally. However, the process takes quite a while; we are using the nutrients of the soil up faster than it can replenish itself. In areas where there was once fertile soil, now it is just a piece of barren land.

(c) **Adverse affect on food production** : Annual food production is enough to feed the 7 billion people of the world today. However the impact of extreme weather conditions in recent times have led to erratic food grain production especially in countries like Pakistan, China, Russia, North Korea and India. In order to increase food grain production, area under agriculture is increased relentlessly often leading to land degradation.

(d) **Adverse impact on forest resource** : Over the years, the area under forest cover has decreased steadily, as forests have been cleared for agriculture, industry, housing, and other development activities like the construction of roads, railways, and hydroelectric plants. Since the beginning of civilization, as seen from the Indus Valley Civilization, people have been clearing land for agriculture to meet the food needs of the ever-growing population. Most forest communities follow a method of slash and burn or shifting cultivation, known as Jhum in the Indian subcontinent. Again, due to the increase in population, people are compelled to cultivate on the same plot of land more frequently as there is very little forest area available. Forests are also being converted to permanent settlements. Thus, forests cannot regenerate, and, in some cases, forest areas have become wasteland within a few years due to frequent cultivation.

(e) **Adverse impact on water resource** : The demand for fresh water resources is accelerating, and competition for fresh water is increasingly of concern to planners and policy makers. At present 70% of the world's fresh water withdrawal is used by agriculture, while 20% is used in industry and only 10% is used for municipal consumption. The projected growth of population will increase pressure on water resources. The demand for water resources has

**28. Discuss two schemes adopted by China to reduce birth rate. (600 words)**

China is the most populous country in the world with one fifth of the world population. So the well being of future population throughout the world will be affected by the decisions made today about the size of Chinese families. In the 1970s, the Chinese leaders declared that in spite of standard Marxist doctrine relating economic power to large labour force, the huge annual increase in population was a major handicap to economic development. So the Government adopted a rigid policy to reduce family size to two children. By 1980, the goal was changed to one child per family. This goal is being achieved through different methods. In China, free contraceptives and abortions are available in clinics throughout the country. Under the one child policy penalties are assessed against families who have more than one child.

Social and institutional changes have speeded up the decline in fertility. One policy has been to postpone the age of sexual activity. The marriage age is generally over 24 for women and over 26 for men and pre-marital sexual relations are uncommon. Better health services have reduced infant mortality.

More available schooling and accompanying higher literacy rates of females have been instrumental in reducing birth rates.

Owing to the one child policy, China is rapidly moving into the fourth stage of Demographic Transition. In contrast to the European experience this shift is being achieved while still remaining largely rural and agrarian. China has accomplished this by creating a social climate where people do not see themselves as independent individuals but instead identify with the state. A high degree of political organization, as well as social control, economic incentives and public motivation, is a pre-requisite for this kind of programme.

**5. What is the significance of antenatal policies undertaken by developing countries. (600 words)**

Antenatal care is an essential element of Maternal and Child Health continuum of care and is considered a Millennium Development Goal tracking indicator. It is essential for curbing infant mortality and most essentially neo natal mortality. The level of mortality is very high in the first few hours, days and weeks of life. Infant mortality is categorised into two stages-those infants that die within first four weeks of birth and those who die between 28 and 365 days of birth. The former is known as neo natal mortality while the later is known as post neo natal mortality. Infant mortality rate is high during the first year of life irrespective of whether the overall levels of mortality are high or low. It is observed that infant mortality rates vary between different countries. On one hand are countries with high infant mortality rate like India (71 in 1977) and Pakistan (100 in 1983) while on the other hand are countries with low infant mortality rates like Sweden(4.8in 1993) and Japan(4.5 in 1992). Sample surveys carried out in African countries in the eighties have revealed high infant mortality rate of above 200.

It is quite evident that such high infant mortality rate is mainly due to absence of health services in this part of the world. Infant mortality rate is an indicator of social and economic development of a country. Antenatal policies were adopted by many developing nations in a bid to bring down infant mortality rate. Programmes like *Mother and Child Health* (MCH) were adopted by the developing nations. Many developing countries have introduced health policies prescribing the delivery of full package of effective antenatal care practices and their integration with key health interventions. ANC (Antenatal care) is effective in reducing maternal mortality, neonatal mortality and infant mortality. In most of the developing world antenatal policies have been responsible for bringing down Infant Mortality Rate. Countries like SriLanka, Bangladesh, Nepal and Myanmaar have gone a long way in adopting antenatal measures in an attempt to improve general health. With the exception of Pakistan almost all developing nations have adopted these measures and achieved desired results.



# REFERENCE

[https://www.researchgate.net/publication/318437078\\_World\\_Population\\_Policies\\_Their\\_Origin\\_Evolution\\_and\\_Impact\\_by\\_John\\_F\\_May](https://www.researchgate.net/publication/318437078_World_Population_Policies_Their_Origin_Evolution_and_Impact_by_John_F_May) (Population policies in developed countries)

<https://iussp2005.princeton.edu/papers/50083>,

[http://archive.iussp.org/Brazil2001/s20/S20\\_02\\_Mehryar.pdf](http://archive.iussp.org/Brazil2001/s20/S20_02_Mehryar.pdf) (POPULATION POLICY OF IRAN)

<https://www.un.org> (Population policies in Japan)

[http://www.un.org/en/development/desa/population/events/pdf/expert/24/Policy\\_Briefs/PB\\_Hungary.pdf](http://www.un.org/en/development/desa/population/events/pdf/expert/24/Policy_Briefs/PB_Hungary.pdf) (Population policies of Hungary)

<https://www.thecanadianencyclopedia.com>, <https://cws.journals.yorku.com> (POPULATION POLICY IN CANADA)

<https://prezi.com/di2w3q9c0nwh/population-policy-in-romania/>, <http://countrystudies.us/romania/37.htm>

<http://countrystudies.us/romania/36.htm> (POPULATION POLICY OF ROMANIA)

[https://www.npg\\_2013/07](https://www.npg_2013/07), <https://www.populationmedia.org>, <https://www.un.org>.2013 (U.S. GOVERNMENT STATEMENT ON ITS POPULATION POLICY)

<https://www.reuters.com/article/us-israel-demographics/israels-soaring-population-promised-land-running-out-of-room-idUSKCNORP0Z820150925> (Population policy of Israel)

<https://www.pide.org.pk/pdf/PDR/201/Volume4/551-573.pdf>.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2075591/>, <https://www.jstor.org/stable/349009> (Population Policy of Pakistan)

<https://www.caspianpolicy.org/demographic-decline-and-policy-changes-in-russia/>

<http://documents.worldbank.org/curated/en/257131468000013801/pdf/99503-WP-P143700-PUBLIC-Box393204B-Family-Policies-in-Russia-final-cover.pdf> (Population policy of Russia)

<http://www.ncbi.nlm.nih.gov> , [www.slideshare.net](http://www.slideshare.net), <https://www.sciencedirect.com> (POPULATION POLICY OF VIETNAM)

<https://mohua.gov.in/pdf/5c80e2225a124Handbook%20of%20Urban%20Statistics%202019.pdf> (Handbook of Urban Statistics 2019 Government of India ministry of housing and urban affairs)

<http://data.uis.unesco.org/>. Accessed on 1 July 2020 (United Nations Educational, Scientific and Cultural Organization (UNESCO) (2020). Sustainable Development Goals 1 and 4)