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Population Trends and Policies in India

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Abstract

India, the second most populous country in the world, has no more than 2.5% of global land but is the home of 1/6th of the world's population. The prevailing high maternal, infant, childhood morbidity and mortality, low life expectancy and high fertility and associated high morbidity had been a source of concern for public health professionals right from the pre-independence period. The Bhore Committee Report (1946) which laid the foundation for health service planning in India, gave high priority to provision of maternal and child health services and improving their nutritional and health status. It is noteworthy that this report which emphasized the importance of providing integrated preventive, promotive and curative primary health care services preceded the Alma Ata declaration by over three decades. Under the Constitution of India elimination of poverty, ignorance and ill health are three important goals.

Introduction

Human beings evolved under conditions of high mortality due to famines, accidents, illnesses, infections and war and therefore the relatively high fertility rates were essential for species survival. In spite of the relatively high fertility rates it took all the time from evolution of mankind to the middle of the 19th century for the global population to reach one billion. The twentieth century witnessed an unprecedented rapid improvement in health care technologies and access to health care all over the world; as a result there was a steep fall in the mortality and steep increase in longevity. The population realized these changes and took steps to reduce their fertility but the decline in fertility was not so steep. As a result the global population has undergone a fourfold increase in a hundred years and has reached 6 billion.

Population Trends

Each year India adds more people to the world's population than any other country. In 1997, there were almost as many babies born in India (about 25 million) as in all of Sub-Saharan Africa and more than in China (21 million).

Contraceptive prevalence has risen substantially from 13 percent of married women using contraception in 1970 to 41 percent in 1993. Yet close to 35 million married women have an unmet need for family planning.

HIV/AIDS in India is spreading fast. With an estimated 2 to 5 million infected people in mid-1996, India has more adults living with HIV than any other country.

India's States vary widely with respect to fertility, mortality, and contraceptive use. In general, there is a north/south gradient—most western and southern States have lower mortality, lower fertility, and higher contraceptive use. In the north, Uttar Pradesh, the most populous State, has high mortality, low contraceptive use, and the highest fertility.

Population Size, Growth, and Structure

India, with a current population of 967 million, will most likely surpass China in population size by about the middle of the next century. India's population is currently

growing at a rate (1.7 percent annually) about 70 percent higher than that of China and will continue growing faster than China for many years in the future.

Currently, India has a young population which will grow somewhat older largely as a result of the fertility decline which is already underway. Between now and 2020, both the working age population and the number of women in childbearing ages will grow more rapidly and will become larger proportions of the total population than now (figure 1).

Fertility

Fertility in India has declined substantially, from a total fertility rate (TFR) of 5.7 children per woman in the mid 1960's to 3.3 children in 1997. Since the mid-1960's, India has covered two-thirds of the distance to the replacement fertility of just over two births per woman.

Contraceptive Prevalence

The national family planning program, which was established in 1952, has played an important role in India's fertility decline. When the program began, there was little awareness or use of modern birth control methods. Four decades later, the 1992-93 National Family Health Survey (NFHS) found nearly universal knowledge of family planning, with 96 percent of married women ages 13 to 49 years having heard of at least one modern method, and almost 41 percent, or almost 70 million women, using contraception.

Eighty-nine percent of married women who practiced family planning in India relied upon modern contraceptive methods. Female sterilization, the method which is strongly promoted by India's family planning program, was by far the most widely used method. Nearly 67 percent of married women who were using contraception, or 47 million women, had been sterilized compared with an average of only 30 percent for the entire world. Spacing methods, primarily available through the private sector, were used by a small proportion of users: the pill by 3 percent, IUD by 5 percent, and condom by 6 percent. Education, religion, place and State of residence are among the factors that strongly correlate with contraceptive use in India

Fertility Preference and Unmet Need for Family Planning

According to the NFHS, a large majority of married women in India (77 percent) prefer to regulate their fertility: 26 percent do not want another child, 31 percent (or their husbands) were sterilized, and 20 percent want to postpone their next birth.

However, the survey found an in-congruence between women's desire and actual practice to regulate their fertility. Nearly 23 percent of births during the 4-year period before the survey were not wanted by women: 14 percent of all births were mistimed and 9 percent were not wanted at all. If there were no unwanted births in India, its TFR would be lower by nearly three-quarters of a child. For Uttar Pradesh, avoidance of unwanted births could reduce the TFR by at least one child.

A substantial portion of the total demand for family planning services remains unsatisfied. According to the NFHS, nearly 20 percent of married women in India have an unmet need for family planning: 8.5 percent want to stop having children and 11.0 percent want to postpone their next birth.

Unmet need for spacing is a substantial portion of the total unmet need for family planning—most of the unmet need among younger women is for spacing. This suggests that

more attention should be given to methods other than sterilization, such as condom, the pill, and IUD.³ Further, fully meeting today's unmet need for family planning, that is, providing services to an additional 35 million women, will require substantial additional resources.

If this were accomplished, India could meet its goal for 2016 of having 60 percent of married women practicing family planning. To meet this goal in 2016, will require that 159 million women practice family planning.

India's Population Policy

In 2008, India's population stood at 1.15 billion after having crossed the 1 billion mark in May of 2000. This huge population puts India in second place behind China, with 1.32 billion. Yet faster population growth in India will likely make it the world's largest country before 2025. All numbers in India are large: 27 million annual births, 8.7 million deaths and 1.5 million infant deaths. The group of male children below the age of five, at about 60 million, rivals the entire population size of France. The 2001 Census counted 743 million people living in rural areas, defined as towns of less than 5,000.

Population growth was viewed as a problem very early in India's history as an independent country in 1947. Fertility was high with couples averaging six children each and the country's difficulties with its public health situation was reflected in life expectancy at birth of only 40 years. It was clear that raising standards of living and improving health conditions would be a difficult task at best in the face of rising population growth. India was the first country to declare a policy to slow population growth in 1952. When we look at the large numbers cited above, was that policy a failure? Not at all. Today the fertility rate of women in India, three children per woman, is half of what it was when the first measures of population policy were announced and life expectancy at birth has risen to 65.

In 2000, the central government finally defined a new population policy, which covered a wide spectrum of health concerns and services for mothers and children. The new policy, National Population Policy 2000, also set another too-ambitious goal for a two-child family, the year 2010. Despite the more comprehensive scope of the policy, which, in the long run, will be of lasting benefits, differences of opinion continue on approaches to population policies. In the late 1990s and early 2000s, some states adopted policies to allow elected officials down to the village level only two children. This step was clearly intended for officials to set an example. Yet such a drastic policy was likely to have unwanted results, particularly increased abortion of female fetuses given the strong preference for male children. Today, the two child limit for officials is in force in Andhra Pradesh, Orissa, and Rajasthan and in parts of Maharashtra. Three states, Haryana, Himachal Pradesh and Madhya Pradesh, which did have such a policy, withdrew it following outcries from many segments of society.

When we consider population policy in India, the independence of state governments from the center must be considered. And, the current demographic situation gives added importance to the role of local government. While it is true that the number of children per woman has been halved since 1950, from six to three, continued significant progress may be in doubt. Much of India's birth rate decline has been in the states of the south where educational levels and the status of women is generally higher. As a result, any future success

in fertility reduction will come from the poorer and more rural northern states where levels of poverty are higher.

In response to this problem, the National Rural Health Mission (NRHM) was launched by the Prime Minister in 2005, a landmark event in India's struggle to improve health conditions and to slow population growth as well. In many ways, NRHM supplements and updates NPP2000, with many of the same goals but with a concerted effort. NRHM is different from NPP2000 in that it focuses on 18 of India's states and Union territories, those in the northern "Hindi Belt," several mountainous and states of the northeast. NRHM does set a goal of a TFR of 2.1 by 2012 for these states and so it does have a population component. By planning to bring all health services, including reproductive health, to the very smallest geographic level, NRHM has set a high goal, one never before achieved. Its success could well have a significant effect on future fertility.

An additional important aspect to India's population policy is the imbalance in the sex ratio at birth, which is becoming a major problem. The widespread and strong preference for male children has resulted in the abortion of female fetuses. The practice is more prevalent in states with higher income and educational levels, such as Haryana and Punjab, given that the cost of testing for the sex of a foetus is often beyond the reach of poorer families. The magnitude of this population issue can be appreciated when we consider that, according to the Registrar General of India, in 2003 to 2005, there were only 801 girls born per 1,000 boys in Punjab.

Today, India's population policy and programs has become more complex as it involves many different aspects and now places even greater emphasis on health care delivery and population services to India's 594,000 villages. If the government's goals are to be achieved, that is where it must happen.

Literacy

Literacy and education, especially of females, affect fertility through greater access and practice of contraception and desire for smaller family size. Literacy in India has improved steadily. The adult literacy rate (ages 15 and over) has risen from 34 percent in 1971 to 52 percent in 1995. Although female literacy in India has improved at a faster rate than that of men, in 1995 women continued to have a much lower rate (38 percent) than men (66 percent). Efforts continue to improve schooling and literacy, especially for girls and women. Many States have begun "total literacy campaigns" to eliminate illiteracy among the disadvantaged population ages 15 to 34.

Conclusion

Demographic transition is a global phenomenon; population growth is inevitable in the initial phases of the transition. For India the current phase of the demographic transition is both a challenge and an opportunity. The challenge is to ensure human development and optimum utilisation of human resources. The opportunity is to utilise available human resources to achieve rapid economic development and improvement in quality of life. Demographic transition does not occur in isolation. Simultaneously, there are ongoing economic transition, education transition, health transition and reproductive health transition. All these affect human development. If there is synergy between these transitions; the transitions can be completed rapidly; there will be substantial improvement in human

development and economic development. The focus of planners, programme implementers and the people during the next two decades will have to be in achieving the synergy so that India can achieve rapid population stabilization, improvement in economic social and human development.

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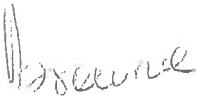
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This is to certify that Mr. / Mrs. / Prof. / Dr. Dr. Baba Sutkule
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Make in India Prospects of Policy

Dr. B. N. Mutkule

Abstract

Make in India is an international marketing strategy, conceptualized by the Prime Minister of India, Narendra Modi on 25 September 2014 to attract investments from businesses around the world and make India the manufacturing Hub. The aim is to take a share of manufacturing in country's gross domestic product from stagnant 16% currently to 25% by 2022, as stated in national manufacturing policy, and to create 100 million jobs by 2022. The major objective behind the initiative is to focus on 25 sectors of the economy for job creation and skill enhancement. Make in India is the key to revitalization of Indian economy. It is one of the schemes to pull back the economy from clutches of recession. Make in India initiative aims to correct the composition of Indian GDP which is the root cause of recession. Currently India's GDP is heavily tilted in favor of service sector. Secondary research is used for the purpose of the study and this paper discusses about Make in India scheme, its opportunities, challenges, changes needed and some examples of different investors, invested so far. Make in India campaign surely makes India an investment destination and global hub for manufacturing and innovation.

Introduction

The Indian manufacturing sector is the classic example of an industry that has great potential. The objective of the scheme is to ensure the manufacturing sector which contributes around 16% of country's GDP is increased to 25% in next 5 years. Make in India scheme Eliminates Unnecessary laws and regulations. Three sectors which contribute to GDP of any country are agriculture, manufacturing and services. According to the current contributions of these sectors to Indian economy manufacturing occupies 16% which is lowest. There are lots of opportunities to be tapped as far as Indian manufacturing sector is concerned. Many business man and entrepreneurs view make in India initiative for betterment of our economy. "Digitization campaign, Make in India, creating smart cities and other digitization projects initiated by the Indian Government in the past one year has been made for the betterment of India. Major objective of this scheme focuses on 25 sectors. The sectors are Automobiles, textiles and Garments, Biotechnology, Wellness, Defence, Manufacturing, Ports, Food Processing, Mining, Media and Entertainment, IT and BPM, Pharmaceuticals, Renewable Energy, Roads and Highways, Railways, Thermal Power, Oil and Gas, Space, Leather, Construction, Aviation, automobile components, chemicals and Electronic System. Echoing the Sage of Singapore, Prime Minister Narendra Modi has elevated the revival of Indian manufacturing to a key policy objective of the new government, identifying this sector as the engine of long-run growth. "Make in India" is now a flagship initiative not to mention a catchy campaign. But the question arises "What should India make?"

Objectives

- 1) To convert India into Global Manufacturing Hub
- 2) To Provide Employment
- 3) To urge both local and foreign companies to invest in India

Advantages of Investing in Industry Sector

- 1) Make in India scheme will create large scale employment opportunities to low skill workforce since majority of workforce in India are low skilled.
- 2) India is hugely dependent on FDI to keep the economy positive. Make in India scheme will attract more FDI to revitalize Indian economy.
- 3) Any manufacturing hub needs supply of parts which is boon for SME's. Make in India will help to generate indirect employment through SME's.
- 4) Manufacturing sector helps to reduce India's trade deficit through exports.
- 5) India is the largest consumer market. Any company investing in India under Make in India initiative will directly get access to huge market of 125 Cr people.
- 6) Job Creation, Enforcement to Secondary and Tertiary sector, boosting national economy.
- 7) Converting the India to a self-reliant country and to give the Indian economy global recognition.

Investors in Different Sectors for Make in India

Foxcon is set to invest over \$2 billion (Rs 12,800 crore) initially to establish manufacturing plants in India over the next five years to produce mobile devices, TVs, electronic products, batteries and key electronic components, among others, which could make it the biggest foreign investor in the government's 'Make in

India' programme so far. They are planning to make some 400 million handsets here. Half of these will be manufactured for the Indian market and the rest for exports to Middle East, Africa and Russia. Automobile makers with manufacturing facilities in India are looking beyond South Asia, Africa and Latin American markets for exports. Swedish commercial vehicle (CV) maker Volvo Bus Corporation on Tuesday said that it will export 'Made in India' buses to developed markets in Europe, a move that will enhance prime minister Narendra Modi's 'Make in India' campaign. The company plans to unveil the first such bus in Europe by the end of the year. Japan's Sony Corp. will start making its popular Bravia television sets in India as part of the government's Make in India initiative. "India has been an important strategic market for Sony. Sony sees huge potential in television business as more and more Indian customers are expected to switch from CRT (cathode ray tube) to LCD televisions over the next few years. Bravia televisions account for more than 40% of Sony India's overall sales. With products now being manufactured locally, Sony plans to strengthen its distribution channel in India. Home appliances manufacturer Bosch and Siemens is starting first manufacturing plant in the country, to be set up at a cost of Rs. 350 crore. The facility, aimed at making India as an export hub for the South East Asian region. Switzerland-based chocolate maker Barry Callebaut is looking at setting up a manufacturing unit in India as part of its global expansion plans to cash in on the Rs. 3,000 crore domestic market. Barry Callebaut currently has only commercial operations in the country. At present, the \$5.2 billion Swiss chocolate maker has 50 manufacturing facilities across Europe, Africa, North and South America as well as Asia-Pacific.

Challenges

India's small and medium-sized industries can play a big role in making the country take the next big leap in manufacturing. India should be more focused towards novelty and innovation for these sectors. The government has to chart out plans to give special privileges to these sectors. According to World Bank, India ranks 142 out of 189 countries in terms of ease of doing business. India has complex taxation system and poor infrastructure facilities. Rapid skill up gradation is needed because skill intensive sectors are dynamic sectors in India, otherwise these sectors would become uncompetitive. India should motivate research and development which is currently less in India and should give more room for innovation.

Conclusion

India has the capacity to push the GDP to 25% in next few years. The government of India has taken number of steps to further encourage investment and further improve business climate.

"Make in India" mission is one such long term initiative which will realize the dream of transforming India into manufacturing Hub. Start-ups in the core manufacturing sectors are poised to play a crucial role in the success of 'Make in India' ambitions, said experts at a panel discussion at the 11th India Innovation Summit 2015. "Start-ups in the fields of telecom, defense manufacturing, automobile, Internet of Things, financial technology modules and mobile internet have immense potential to succeed in the scheme of 'Make in India'," Make in India scheme also focuses on producing products with zero defects and zero effects on environment.

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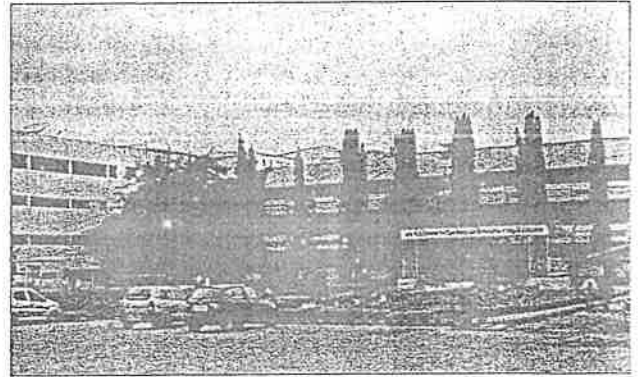
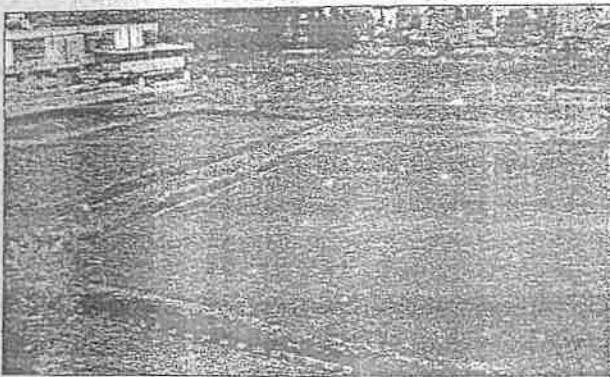
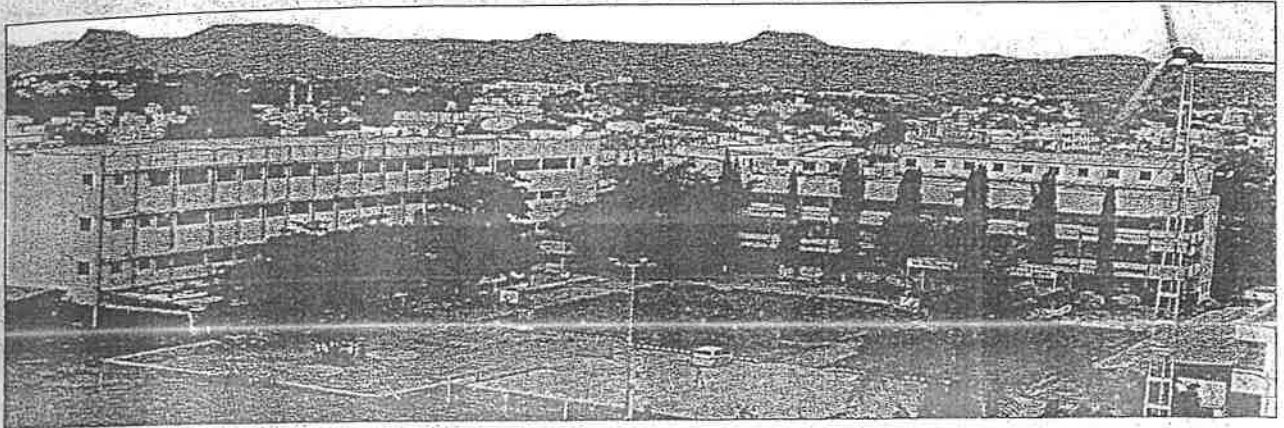
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