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WORLD POPULATION DAY 2015: ISSUES AND CHALLENGES IN INDIA**Dr.Raghunath Misra¹**

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Introduction:

At the beginning of Christian era, nearly 2000 years ago, world population was estimated to be around 250 million and by the year 2014 that has been more than 7.2 billion. It is expected to reach 8 billion by 2025¹ China comes first in the list of the most populated country of the world, India comes at the second place and the United States of America gets the third place on World Population Day 2015.

In the last 200 years the world population has increased sevenfold. Here's how that happened and what the results are, according to the United Nations Population Fund "This dramatic growth has been driven largely by increasing numbers of people surviving to reproductive age, and has been accompanied by major changes in fertility rates, increasing urbanization and accelerating migration. These trends will have far-reaching implications for generations to come." UNFPA²

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World Population Day: World Population Day is a special event being celebrated all over the world annually on 11th of July. It was exalted by the interest of the public when the global population became five billion on 11th of July in the year 1987 and first started in the year 1989 by the Governing Council of the United Nations Development Programme to increase the awareness of the people towards the worldwide population growth and related issues.

According to the decisions of the Governing Council of the United Nations Development Programme in the year 1989, it was recommended that 11th of July every year should be noticed by the community globally and celebrated as the World Population Day in order to raise the awareness among common public and find out the real solutions to combat with the population issues. It was started to focus the required attention of people towards the importance of population issues

The Day is observed throughout the world to bring awareness among the people about importance of small families and living healthy lives. Many organizations around the world celebrate this day by arranging special campaigns and programs to educate people about global population issues. They are working closely with Government Organizations, NGO's and numerous non-profit organizations to spread the message. Reproductive Health services are one of the main targets set by UNFPA (United Nations Population Fund) by 2015.

World Population day 2015 theme: Each year's World Population Day focuses on a particular problem as a theme of the year. In 2015, the U.N.'s theme is to "raise awareness of the needs of vulnerable women and girls" in emergencies, especially concerning displaced people. During an emergency,

material and physical resources are stretched thin and, often, the needs of those who most need help, namely the vulnerable populations, are left unmet.³ Vulnerable populations can be defined broadly to include those who are not able to access and use the standard resources offered in disaster preparedness and planning, response, and recovery. Age, class, race, poverty, language, and a host of other social, cultural, economic, and psychological factors may be relevant depending on the nature of the emergency.⁴

The theme is officially titled "Vulnerable Populations in Emergencies," according to a statement from Dr. Babatunde Osotimehin, executive director of United Nations Population Fund. The statement said the women in particular face particular health threats, including sexual exploitation and a greater risk of abuse, among displaced individuals. With nearly 60 million individuals having fled conflict or disaster, women and adolescent girls are particularly vulnerable. Violent extremists and armed groups are committing terrible abuses that result in trauma, unintended pregnancy and infection with HIV and other diseases. Shame and accountability rest squarely on the shoulders of the perpetrators who wage cowardly battles across the bodies of innocents.

Those women have hopes, plans and the potential to make important contributions to the world. So, the theme of this year, 70th anniversary of the United Nations, is focused on women's health, including their sexual and reproductive health, and addresses their needs as a priority in emergency relief operations to give hope and support to the most vulnerable. Every country should commit to bold results that will make 2015 a time of global action, putting people first so that they help build resilience, peace and sustainable prosperity for generations to come.⁵

World Population day and India

India's population has been steadily increasing since 1921 and currently it is increasing at the rate of 16 million each year. It crossed 1 billion mark on 11 May 2000, and is projected to reach 1.53 billion by the year 2050 which will make India the most populous country in the World surpassing China. Currently more than one sixth world's population live in India on 2.4 % of globe's land area.²

In 1952, India became the first country in the world to launch a national programme emphasizing family planning to the extent necessary for reducing birth rates "to stabilize the population at a level consistent with the requirement of national economy" The National Health Policy, 1983 stated that replacement levels of total fertility rate (TFR) should be achieved by the year 2000. While global population has increased threefold during this century, from 2 billion to 6 billion, the population of India has increased nearly five times from 238 million to 1 billion in the same period. India's current annual increase in population of 15.5 million is large enough to neutralize efforts to conserve the resource endowment and environment. Stabilizing population is an essential requirement for promoting sustainable development with more equitable distribution. However, it is as much a function of making reproductive health care accessible and affordable for all, as of increasing the provision and outreach of primary and secondary education, extending basic amenities including sanitation, safe drinking water and housing, besides empowering women and enhancing their employment opportunities, and providing transport and communications. The National

Population Policy, 2000 (NPP 2000) affirms the commitment of government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning services. The NPP 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, and to achieve net replacement levels (TFR) by 2010. It is based upon the need to simultaneously address issues of child survival, maternal health, and contraception, while increasing outreach and coverage of a comprehensive package of reproductive and child health services by government, industry and the voluntary non-government sector, working in partnership.⁶

The 'healthy' democratic idea of seeking votes has transformed into a vicious political process in India that depends on conflating religious identity with political identity by indulging in majority and minority 'vote bank politics'. This has been common practice for parties and politicians of both 'secular' and 'communal' hues. Sustaining a 'vote bank' has often meant mobilization through the usage of religious symbols and icons, hateful portrayals of 'the other' and creating an environment where communal violence is more acceptable than it should be.

The proximity of riots to elections, the very nature of Indian politics that depends on mobilizing crowds, conducting rallies, organizing processions that could easily be steered into communal violence are factors that need to be taken into consideration in the mainstream narrative of riots in India.⁷

In India, members of gender, caste, class, and ethnic identity experience structural discrimination that impact their health and access to healthcare. Women face double discrimination being members of specific caste, class or ethnic group apart from experiencing gendered vulnerabilities. Women have low status as compared to men in Indian society. They have little control on the resources and on important decisions related to their lives. In India, early marriage and childbearing affects women's health adversely.⁸

Issues and Challenges in India

Marriage and Fertility::

About 21.5 per cent of girls in India, get married below the legal age and experience pregnancy¹⁰ Among women age 20-49, half had a birth before they were 20 years and more than 25 percent before 18 years of age.(NFHS-3) These have serious repercussions on the health of women. Maternal mortality is very high in India. In most cases the deaths occur from preventable causes. A large proportion of women is reported to have received no antenatal care. In India, institutional delivery is lowest among women from the lower economic class as against those from the higher class.

Knowledge and practice on family planning: In spite of political commitment in favour of the central Government funded National Family Welfare Programme and the amount of money, manpower and time spent during last five decades, the achievements are not that satisfactory. The huge dependence of Indian Family Welfare Programme on permanent methods is unable to meet the needs of young women, especially those below the age of 25 years¹¹. The Almost every women and men age 15-49 know one or more methods of contraception The contraceptive prevalence rate for currently married women

In this context world population day was celebrated by organizing a "Walkathon" in New Delhi under the awareness program of "Today's action can stabilize tomorrow's population". This program is organized by the "Jansankhya Sthirata Kosh" focusing on the reproductive health issues of women and adolescent girls, the most vulnerable population in India .The aim of the program was avoidance of early marriage, delaying the first pregnancy, proper spacing, safety of the girl child and education for all.⁹

in India is 56 percent but discontinuation rate for temporary methods are fairly high (39 percent per year).Unmet need for family planning among currently married women is 13 percent.(NFHS-3)¹⁰

Among the most common reason for unmet need are inconvenient or unsatisfactory services,lack of information,fears about contraceptive side-effects and opposition from husband or relatives²

According to the National Family Health Survey-3, the unmet need for family planning is highest (27.1%) among women below 20 years age and is almost entirely for spacing the births rather than limiting the births.(NFHS-3)¹⁰ From different studies conducted India it is seen that unmet need in family planning is significantly higher among illiterate, rural, young women. ^{12,13,14}

Women's Empowerment: Women have low status as compared to men in Indian society. They have little control on the resources and on important decisions related to their lives. Only 37 percent of currently married women participate in making decisions on their health care, on making household purchases and on visiting their family or relatives but none of

the currently married women alone are the main decision maker. (NFHS-3)¹⁰

Caste also perpetrates inequality. Caste in Indian society is a particular form of social inequality that involves a hierarchy of groups ranked in terms of ritual purity where members who belong to a particular group or stratum share some awareness of common interest and a common identity. The caste system is linked to the possession of natural resources, livelihood resources and in the Indian context also to land economy and land based power relations. Traditionally, caste relations were based on the hierarchy of occupations where work related to leather, cleaning dead cattle from village grounds, work related to funeral ceremonies, etc were placed at the bottom.⁸

Domestic Violence: Women face violence and it has an impact on their health. About 34

Adolescent Health

Adolescents aged between 10 and 19 years constitute 18% of the world population, i.e., about 1.2 billion. About 88% of them live in developing world. India has the largest (243 million) number of adolescents comprising one-fourth of the country's population. Adolescent health and nutrition status has an intergenerational effect, hence it is one of the important stages of the life cycle in terms of health interventions. But this period is often ignored. Nearly two-thirds of premature deaths and one-third of the total disease burden in adults are associated with conditions or behaviors that begin in their adolescence or youth, including tobacco use, lack of physical activity, unprotected sex, exposure to violence leading to unintended pregnancy, early pregnancy and childbirth, human immunodeficiency virus (HIV) and other sexually transmitted diseases,

percent women age 15-49 have experienced physical violence, and 9 percent have experienced sexual violence. Thirty-seven percent of ever married women have experienced spousal physical or sexual violence and 16 percent have experienced spousal emotional violence. (NFHS-3)¹⁰

Women face violence and it has an impact on their health. During infancy and growing years a girl child faces different forms of violence like infanticide, neglect of nutrition needs, education and health care. As adults they face violence due to unwanted pregnancies, domestic violence, sexual abuse at the workplace and sexual violence including marital rape and honor killings. The experience of violence and its impact on health varies according to the women's caste, class and ethnic identity.

malnutrition, substance abuse, and injuries. Injuries and communicable diseases are prevalent among adolescents in 10-14 years age group; outcome of sexual behaviors and mental health problems become significant among adolescents in 15-19 years age group¹⁵.

Adolescents are often thought of as a healthy group. Nevertheless, many adolescents do die prematurely due to accidents, suicide, violence, pregnancy related complications and other illnesses that are either preventable or treatable.¹⁶

Adolescents are typically poorly informed about how to protect them from unwanted pregnancies and STIs including HIV/AIDS. They must have ready access to information and services that provide privacy, confidentiality, respect and informed consent. Young people's

greatest need is for accurate information- about their bodies, about handling relationships, about sexuality, reproduction and contraception.¹⁷

Ensuring universal access to sexual and reproductive health (SRH) services in South East Asia essential for achieving many if not all of the millennium development goals especially those related to maternal health, child survival gender equities requires implementation of strengthening health system, ensuring convergence of services and promoting sexual and reproductive Health and rights of adolescents and young people¹⁸. Adolescent mother face a higher risk of maternal death and their children suffer higher levels of morbidity and mortality.²

Maternal Death: Reducing maternal mortality is one of the major challenges to health systems worldwide, more so in developing countries that account for nearly 99% of these maternal deaths. Lack of a standard method for reporting of maternal death poses a major hurdle in making global comparisons. Currently much of the focus is on documenting the "number" of maternal deaths and delineating the "medical causes" behind these deaths. There is a need to acknowledge the social correlates of maternal deaths as well. Investigating and in-depth understanding of each maternal death can provide indications on practical ways of addressing the problem. Death of a mother has serious implications for the child as well as other family members and to prevent the same, a comprehensive approach is required. This could include providing essential maternal care, early management of complications and good quality intra partum care through the involvement of skilled birth attendants. Ensuring the availability,

affordability, and accessibility of quality maternal health services, including emergency obstetric care (EmOC) would prove pivotal in reducing the maternal deaths. To increase perceived seriousness of the community regarding maternal health, a well-structured awareness campaign is needed with importance be given to avoid adolescent pregnancy as well. Initiatives like Janani Surakhsha Yojna (JSY) that have the potential to improve maternal health needs to be strengthened. Quality assessments should form an essential part of all services that are directed toward improving maternal health. Further, emphasis needs to be given on research by involving multiple allied partners, with the aim to develop a prioritized, coordinated, and innovative research agenda for women's health.¹⁹

There are so many schemes and programmes have been launched by Government of India to improve the situation. It is important to understand whether the vulnerable populations are aware about those schemes. There could also be evidence of unfavorable inclusion where persons from these population groups may have been made part of a health or immunization camp, for instance, to ensure the completion of certain target numbers.²⁰

Conclusion: World population day is celebrated throughout the world with a special them mainly focusing on population issues particularly with the aim of stable and healthy population in the world. Realizing the population issue, Government of India lunched many programmes, policies, schemes and formulated acts and regulation to stabilize the population and also to improve the health of women and children .But still the country is lagging behind the replacement level of fertility and also the health status of

the women, children and adolescent girls of the country remain poor.

The gaps are mainly due to lack of awareness, education, motivation, political commitment,

community participation and Intersectoral coordination, so, those issues should be addressed by involving the existing system and Intersectoral coordination.

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