The Problem of Plenty Versus Quality of Life

Ashalatha S Suvarna
Department of Commerce, Shri Gokarnanatheshwara College, Mangalore
Email: ashu6458@gmail.com

Abstract: *The quality of life of people largely depends upon meaningful development of an economy. A healthy, educated and an empowered population contributes to improved productivity which in turn sustain economic growth. In view of the emerging multi-faceted trends in population in India, population stabilization is the chief issue which the country has to accord top priority in its march towards socio-economic development. The programme of family planning and infant health care programmes are of vital importance to improve the' quality of life'. In this paper an attempt is made to present a model of small family norm in improving quality of life through social marketing principles.*

Key Words: *Population, Unemployment, Family Planning, Health and Mal-nutrition.*

Introduction

The Decennial Census Report 2011 released by the Home Secretary GK Pillai and Registrar General and Commissioner of Census Dr. C Chandramouli unveils an increase of population of the country at the rate of 17.6 percent, from 1.03 billion to 1.21 billion between 2001 and 2011. It means an addition of 181 million to the country's population. The percentage of population added is lower by 3.90% when compared to the previous census (2001). The population of 1.21 billion is almost equal to the combined population of the US, Indonesia, Brazil, Pakistan, Bangladesh and Japan. On the one hand, in a finite earth, infinite growth is not a logical possibility and on the other, quality of the population poses a real challenge. Half a million young women die from causes related to pregnancy and child birth and more than 14 million children die before reaching the age of five. Around 1.87 lakh children below the age of one died in the country in 2013, with Maharastra and West Bengal topping the list. The figures based on the registration of deaths with

authorities, showed Maharastra had at least 22,159 deaths of children below the age of one, followed by West Bengal, which had 18992. Uttar Pradesh had 18760 deaths while Karnataka had 15221 followed by Odisha, with 15076. The share of infant deaths in rural area is 33.1 per cent, against 66.9 per cent in Urban areas. Madhyapradesh and Karnataka also top the list of deaths of children aged 1-4 years. While Madhyapradesh had 10714 such deaths, Karnataka had 7357 followed by West Bengal 7191 (Annual Report on Vital Statistics of India based on Civil Registration System 2013).

The most disturbing aspect of 2011 census data by far is the growing imbalance between the sexes in the youngest age group (0-6) which is indicative of female foeticide. In short, the girl child is not wanted and therefore not allowed to be born. The Child Sex Ratio has continuously declined from 976 in 1961 to 914 in 2011. It should certainly be a cause for concern.

A lot has been achieved in economic front since the opening up of economy in 1991. There has been remarkable progress in Manufacturing, Agriculture, Service sector. However, in social sphere much remains to be tackled including poverty, health, malnutrition, unemployment, regulatory inefficiencies, corruption, and bureaucratic red tape etc. The performance of India in the social sector is far from satisfactory and could have been much better. Particularly in rural areas, the levels of education and health are much lower than that of urban areas (Dreze and Sen, 2005). The quality of life of people, particularly, the health of people is not much to be satisfied. The meaningful development of an economy should lead to improvement in quality of human life leading to economic welfare of its people. Ultimately, a healthy, educated and an empowered population contributes to improved productivity which, in turn sustains economic growth. As far as literacy rate is concerned, it has gone up from 64.83 percent in 2001 to 74.04 percent in 2011 showing an increase of 9.21 percentage.

As per the projection, India is going to be the most populated country of the world by the year 2050. It exhibits the rate of growth at 1.6 percent. The world population was 2.52 billion in the year 1950 which increased to 6.06 billion in 2000 and is likely to reach 9.42 billion by the year 2050 if the present rate of increase continues unchecked.

Objectives of the Study

The specific objective of the present paper is to describe and analyse the effect of population growth on social indicator of life and the policies and measures undertaken to contain it. For the conceptual and theoretical framework of the subject under study, various books, refereed journals, periodicals, census reports, NFHS Reports, Economic Survey Reports, WHO reports, UNDP reports on population and development indicators etc. were consulted. Many documents and records have been reviewed during the preparation of this work.

Unemployment Rate

Employment statistics is a key input in understanding quality of life. Burgeoning unemployment is considered as a menace. In a country like India, which adds a million people to its workforce every month and urgently needs to create jobs for them, reliable and timely evidence on jobs can help decision-making in a big way. The country's overall unemployment rate was estimated to be 4.9 percent in 2013-14 and Youth Unemployment Rate in India was 12.90 percent in 2013 according to Labour Bureau of Government of India.

There are various reasons for the increase in unemployment rate. Modern economy is technology driven and not labour-intensive. High volume of high quality goods and services are produced with fewer labour hands. In short, the modern economy is not generating much employment and sometimes it displaces and replaces labour with machines and tools.

Several employment generation programmes have taken root in the country such a Mahatma Gandhi National Rural Employment Guarantee Act, Swarnajayanthi Gram swarojgar Yojana, Swarnajayanthi Shahari Swarojgar Yojana. These are the programmes of poverty alleviation and employment generation. In spite of the introduction of policy measures to contain unemployment, it has not given fruit mainly due to burgeoning population and its uneven reach.

Poverty Figures

The Declaration by International Labour Organisation (ILO) on Poverty specifies that 'Poverty anywhere is a threat to prosperity everywhere'. Poverty is defined in terms of income, expenditure and nutritional value (calorie intake). Social dimension of poverty is a neglected area of study.

Poverty is more of social marginalization of an individual, household or group in the community/society rather than inadequacy of income to fulfill the basic needs (Yesudian, 2007). Indeed, inadequate income is therefore one of the factors of marginalization but not the sole factor. Franklin D. Roosevelt said "the test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little"

As per the findings of Tendulkar Committee on poverty, India's poverty rate is estimated at 37.2 per cent of the total population. It means that 80 million households are below the poverty line. Again, India ranks 67 on the Global Hunger Rate Index 2010, Conducted by the International Food Policy Research Institute among 88 countries. A nation cannot become great when the lives of millions of its citizens are afflicted by poor nutrition, limited by poor learning opportunities and swiveled by gender discrimination.

Many poverty alleviation programmes have been introduced from time to time to empower the poor such as (i) Self-employment programmes (ii) Wage employment programmes (iii) Food security programmes; (iv) Social security programmes (v) Urban poverty alleviation programmes vi) financial inclusion plans and vii) Empowerment through micro finance and Promotion Medium and Small Enterprises. However, the fruits of economic growth have not benefited everyone uniformly. Some are left behind and some others are not touched by the benefits of economic growth.

Poverty linked malnutrition lies at the base of diseases like diarrohea, which claims the lives of 1.5 million babies each year in the country. It also takes its toll in terms of deficiency- thousands of Indian babies go blind annually owing to Vitamin A deficiency. Early child malnutrition is also the single greatest cause of mental and physical retardation. The link between poverty and ill health and poverty are well-established. There are diseases of poverty such as malaria, tuberculosis, diarrhoea and malnutrition. Having fallen ill due to poverty, the poor do not have the resources to seek quality health care, for which he/she has to borrow money for treatment. Indebtedness due to hospitalization leading to poverty has been well documented. Poverty, therefore, is a complex phenomenon of many dimensions not merely the economic dimension. Poverty alleviation programmes should address the issue of poverty from broader social and economic perspectives (Yesudian, 2007).

Health and Malnutrition

The health status of a population is a reflection of the socio-economic development of the country and is shaped by a variety of factors-the level of income and standard of living, housing, sanitation, water supply, education, employment, health consciousness, personal hygiene and by the coverage, availability, accessibility and affordability of health care delivery services. The poor health status is the product of inadequate nutrition, lack of protected water supply and overcrowded and insanitary housing conditions. These conditions lead to deficiency diseases, air borne diseases, and waterborne diseases. The health status of Indians is a cause of grave concern. India accounts for a fifth of the global disease burden, with a 17 per cent of share of the world's population. India lives with many appalling statistics. Both communicable and non-communicable diseases impose an enormous social and economic burden on the people. It affects all age groups but has its greatest impact on productive adults. For instance one single TB case in a family leads to the loss of 2–3 months of income.

Communicable diseases include HIV, TB, malaria, diarrhoea, acute respiratory infections, maternal and perinatal conditions. These accounted for nearly half of India's disease burden. A conservative set of projections suggests that an estimated 3 per cent of people in the age group of 15–49 years, i.e. about 5 crore people, are likely to be HIV-positive by the year 2025; and around 1.5–1.8 crore by 2015. Nearly 40 percent of the Indian population of all ages has *Mycobacterium tuberculosis* infection; and there are about 85 lakh people with TB at any given time. Non communicable Disease accounts for the second largest share, after communicable health conditions, and includes cancers, Cardio Vascular Disease, diabetes, respiratory conditions such as asthma and mental health disorders. Available data suggest that these conditions will account for a fairly sharp increase in India's disease burden in future.

This is one side of the scene. On the flip side about 2.3 crore children upto 6 years of age are suffering from malnourishment and are underweight. As per 2011 census, India has 158.7 million children in the age group of 0-6 years, comprising about 16 percent of the total Indian population. In the period 2008-2013, 43 percent of India's children under five were underweight and 48 percent had stunted growth. Less than half the women in the country are provided any form of support during their pregnancies, deliveries and

lactation, which has a significant impact on child's health and growth during early part of its life. Malnutrition impairs the future of children and in turn, the country. Malnutrition is a drag on the economy, and the root cause is poverty. It costs it dearly in terms of lost productivity, illness and death.

The Ministry of Health, GOI, Central Health Council launched programmes in controlling and eradicating diseases resulting in morbidity and mortality. NRHM (2005) looks into mother and child health, National programmes related to communicable diseases, National programmes related nutrition deficiency, National programmes related to non-communicable diseases etc have been launched and programmes to strengthen women welfare have been launched.

Due to low share of government in total health care expenditure and introduction of user fees in public sector, households have to bear most of the expenses in the event of health shock, which may lead to a fall in consumption expenditure below subsistence level, i.e., to catastrophic OOP health expenditure (Joglekar, 2008). Timely governmental intervention and higher health spending are pre-conditions when the BPL population reports higher morbidity rates than the general population. Moreover, both the real and pecuniary burden would be higher in the case of chronic and long-standing diseases (Ashokan, 2008). India spend just 1% of its GDP on Health which is lesser than many of the counties like Pakisthan, Banladesh, the allocations, low as they are, are not well spent, with wrong priorities and corruption taking away much from their utility. Similarly, India trails in health outcomes behind its South Asian neighbours like Srilanka and Bangladesh. Reducing child and maternal mortality, prevention of communicable disease, access to basic and affordable health facilities for even the poorest and availability of specialized attention whenever needed are important requirements of a sound health policy. But the country's record on them is not creditable. Will the specified goals of 12th plan be achieved on health outcomes?

Environment and Economy

With 7.4 percent GDP growth rate, India is considered to be the fastest growing economy in the world. This growing population and a consequent increase in the demand for goods and services puts more strain on the environment. Nature is the sole provider of resources essential for fueling economic activities. The escalating pressure on nature affects on environment

resulting in Air, water, noise pollution. Deforestation due to reckless cutting of forests for industries/ homes have given vent to global warming, decreased biodiversity, soil erosion, reduce rainfall, desertification, flooding, removal of habitats for animal, removal of topsoil etc. This environmental degradation ultimately reduces agricultural yields and food availability, causes famines and diseases and health problems and long term livelihood impact on people. Pollution thus is a major challenge for India.

EP Act authorises Central Govt. "To take all such measures as it deems necessary for the purpose of protecting and improving the quality of environment and preventing, controlling and abating environmental pollution"

Slum and Housing

A Slum, for the purpose of Census, has been defined as residential areas where dwellings are unfit for human habitation by reasons of dilapidation, overcrowding, faulty arrangements and design of such buildings, narrowness or faulty arrangement of street, lack of ventilation, light, or sanitation facilities or any combination of these factors which are detrimental to the safety and health.

There are three kinds of Slums: Notified, Recognised and Identified slums. Accordingly, there are 49.65 lakh Notified Households, 37.96 lakh households in recognized category and 49.88 lakh household in identified category. In all 137.49 lakh households are slums in India according to 2011 Census data. About 17.4 percent urban households live in slums. Out of that 19 percent do not have bathing facility and 34 percent had no latrine within their premise. As a result 18.9 per cent do open defaecation. As per the report of Pranab Sen Committee constituted to look into slum population, the country's slum population had grown by 17.8 million people in the last decade. The committee projected the slum population in 2011 at 93.06 million, up from 75.26 million in 2011 as per new definition. In addition to shortage in housing, slum is faced with the problem of inadequate civic services. They are deprived of basic facilities such as water, sanitation, health, electricity etc. Disease morbidity and mortality is high due to poverty, poor nutrition and poor education. These children are more exposed to drug abuse, child labour and sexual exploitation.

Almost all Central and State government schemes, including Kanshi Ram Shahari Garib Awasiya Yojana (KRSGAY) and Basic Services for Urban Poor (BSUY), launched for the welfare of slum-dwellers have come to a

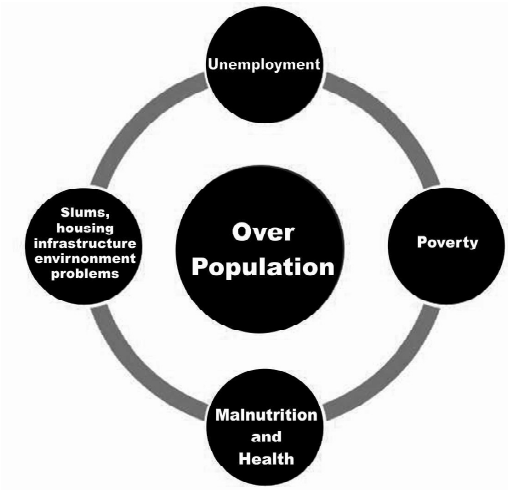
naught due to lack of unambiguous eligibility criteria. Indira Awas Yojana (IAY) intends to assist certain vulnerable target groups in housing activities. It is necessary to create low cost houses to slum dwellers and to undertake slum sanitization programme, slum adoption programme for solid waste management and roads and infrastructure and health and education facilities to be provided.

Infrastructure Development

Infrastructure is the engine for sustainable economic development. Infrastructure refers to the fundamental facilities and systems serving a country, city, or area including the services and facilities necessary for its economy to function. It typically characterises technical structures such as roads, bridges, tunnels, water supply, sewer, electrical grids telecommunications, schools and so forth, and can be defined as "the physical components of interrelated systems providing commodities and services essential to enable, sustain, or enhance societal living conditions.

For any country, its infrastructure is a matter of pride. The 12th Five Year Plan (2012-17) proposes to spend huge sums for infrastructure development. As a result there is phenomenal change in this respect.

Fig.1: Vicious Cycle of the Problem of Plenty



Over population is linked with unemployment, causing poverty, malnutrition, health problems, more slums and housing problems, poor infrastructure development, reckless use of nature causing ecological imbalance and so on. This list is not conclusive; only an indicator of few of the larger gamut of problems resulting in deterioration in quality of life of people. The only way out is to stabilise population and bring about economic development. Family Planning and Family Welfare Programmes as the Principal Instrument of Stabilisation of Number Magic.

Population and socio-economic development are inter-related. Changes in population size and structure affect various economic and social factors relating to income, health, education and employment. United Nations Economic, Social and Cultural organisation (UNESCO) has included the population policy "measures and programmes designed to contribute to the achievement of economic, social, political and other collective goals affecting critical demographic variables, namely, the size and growth of the population, its geographic distribution (national and international) and its collective characteristics". The population policy is not a matter of birth control alone. The focus is on promoting human development and all-round progressive social change. A population policy is a deliberate attempt to spell out the basic objectives and the means to achieve an optimum rate of growth of population by controlling the size and composition of human resources so as to contribute positively to economic development.

'Family planning' is a constituent of population policy. Family planning is planning of the family, by the family and for the family. By family planning or Planned Parenthood is meant conscious family limitation or spacing of children. It means children by choice and not by chance, by design, not by default. It requires the adoption of certain suitable methods of birth control (Ghosh, 1993). Family planning can promote women's health through the prevention of unwanted pregnancies, limiting number of births, proper spacing, timing of births and foetal health. Family planning also promotes the health of the child through the reduction of child mortality and promotion of child development.

In view of the emerging multi-faceted trends in population in India, population stabilisation should be the chief issue which the country has to accord top priority in its march towards socio-economic development. The programme

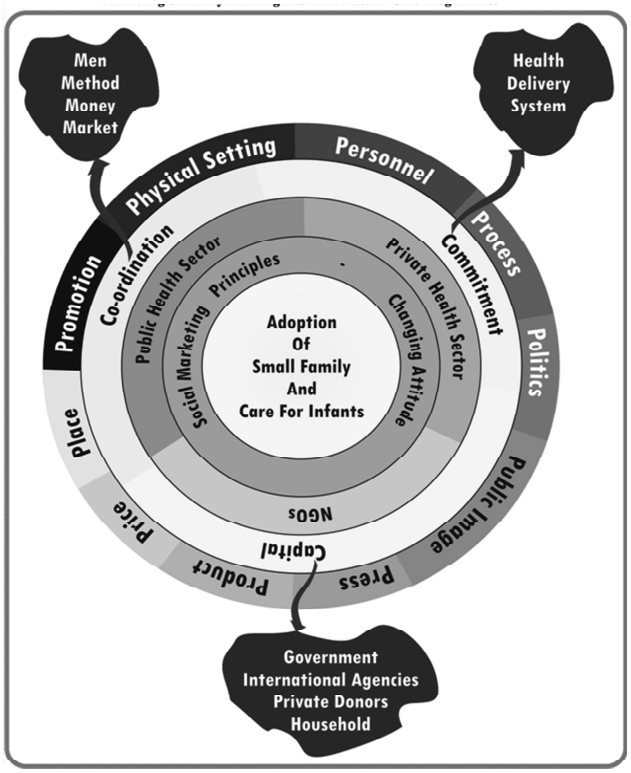
of family planning and infant health care programmes are of vital importance for the country to improve the 'quality of life' of individuals and community as a whole. "Uncontrolled fertility directly threatens the health of mothers and infants and may undermine the health of other family members. Today, no health programme can be considered complete unless it offers ready access to the appropriate family planning measures for all potential parents" (Fullam, 1984).

Citing example of Kerala, Nobel laureate Amartya Sen proposes in favour of Condorcetian approach implying primarily promotion of female education and primary health care for population control. He outrightly rejects any disincentive or coercion as "the first worst solution". However, Ramakrishna Hegde, ex-Chief Minister of Karnataka, clearly warned that the issue of population explosion is extremely grave, urgent and complicated and what is needed is combination of co-operation, incentives and disincentives to check India's population growth (Sahay, 1996). Stringent penalty imposed on China for having more than one child policy is giving results now with the increase in grey population and lesser number of productive youths. Some parents, with their traditional preference for male heirs, have used abortion and infanticide to ensure they have a son, and the ratio is 117 boys born for every 100 girls. By 2020, China will have an estimated 30 million bachelors-a situation so dire that one economist has proposed that a wife has multiple husbands. The one child policy had a greater impact on social development in China. In spite of lifting the One child policy in china it is not giving results. So for a democratic country like India, Social marketing principles are relevant. Family planning and family welfare through modification is the mind set is the only way out. Marketing Family Planning and Welfare programmes in India is need of the hour.

A model for bringing small family norm in improving the quality of life is envisaged through social marketing principles in this study. As clearly depicted in figure 1, successful social marketing efforts is governed by the inseparable and interlinked circles. In the outer most circle of the diagram, 10 Ps are represented for the implementation of successful social marketing efforts-product, price, place, promotion, physical setting, personnel, process, politics, public image, and press. In the next inner circle, the requirement of 3 Cs-co-ordination, commitment, and capital contents are presented as a support for the above marketing efforts. In the next inner circle the implementing

agencies are depicted. Family planning and infant health care programmes are not the programme of publc health delivery system alone. In the next inner circle social marketing efforts to change the attitude, behavior and adoption of a practice with or without a tangible product base is highlighted. Finally the inner most circle depicts the ultimate goal of small family and healthy family. A healthy family can be productive and contribute for development.

Fig.2: Model Advocated for a Small Family and Healthy Family



References

Ashokan A (2006), Health Care System and its Utilization in India: Implications for Maternal and Child*, Manpower Journal*, 41(1): 1-18.

Bose A.B (2006), Child Development in India, *India: Social Development Report*, Council for Social Development, Oxford University Press, N. Delhi.

Census of India (2011), *Registrar General and Census Commissioner India*, New Delhi.

Deccan Herald (2009) (ed.), Dying Young, 10(27), 7th Oct. 2009.

Dreze Jean and Amartysa Sen (2002), Population Health and Environment in India: Development and Participation in India Development and Participation, *Oxford University Press* New Delhi, 189-220.

Economic Times (2011), 11th April 2011.

Edward Wong (2015), One Child Rule Gone, But Scars will Linger, *Deccan Herald*, Nov 2, 2015.

Fullam Maryellen (1984), in Public Administration of S.L Goel, *Sterling Publishing Pvt Ltd.*, New Delhi.

Ghosh B.N (1993), Population Economics, *Deep and Deep Publications*, New Delhi.

Joglekar, 2008, Can Insurance Reduce Catastrophic Out-of-Pocket Health Expenditure?, *Indira Gandhi Institute of Development Research,* Mumbai September 2008 http://www.igidr.ac.in/pdf/publication/WP-2008-016.

Kotler Philip and Eduard Roberto (1989), Social Marketing, Strategies for Changing Public Behaviour, *The Free Press*, New York.

Niranjanaradhya V P (2015), A Milestone in Lives of Young Children, *Deccan Herald* 4th Nov. 2015.

P N Benjamin 2015, Malnutrition: A Slow, Silent Killer, *Deccan Herald*, Nov. 5, 2015.

Population Reference Bureau (2000), *World Population Data Sheet*, Washington. USA.

Sahay K.B (1996) in Srinivasan K (ed.) Population Policy and Reproductive Health, *Hindustan Publishing Corporation,* New Delhi.

Suraj Chawla (2012), Health Perspectives in 12th Five Year Plan*, Planning Commission*, GOI.

Yesudian C.A.K. (2007), Poverty Alleviation Programmes in India: A Social Audit, *Indian Journal of Medical Research*, Tata Institute of Social Sciences, Mumbai, October 2007, 364-373.