

Q. **Write an essay on population and its impact on the quality of life.**

**Or**  
**How does population affect the quality of life? Discuss critically.**

**Ans:** According to Felee and Perry, "Quality of life is defined as an overall general well-being that comprises objective descriptors and subjective evaluations of physical, material, social and emotional well-being together with the extent of personal development and purposeful activity, all weighted by a personal set of values.

Janse, "QOL is multidimensional in construct including physical, emotional, mental, and social and behaviour components.

Tartar et al, "A multi faceted construct that encompasses the behavioural and cognitive capacities, emotional well-being, and abilities requiring the performance of domestic, vocational and social roles.

This reflects the view that QOL refers to a subjective evaluation which is embedded in a cultural, social and environmental context. As such, QOL cannot simply be equated with the terms "health status," "life style," "life satisfaction", "mental state or "well-being" Rather it is a multidimensional concept incorporating the individuals' perception of these and other aspects of life.

Population and Quality of life can be reflected through certain aspects.

They are-

### **1. Population and economic development:**

High population growth has an adverse effect on the economic development of a country. "Economic development" refers to a state where there is proper utilization of resources, where jobs and corporate investment create wealth that citizens can use to purchase goods and start new businesses and where the per capita income increases. Economic development allows the governments to achieve their mission in developing education, infrastructure, and citizen welfare and service delivery. Economic development therefore improves the quality of life.

### **2. Population and health care services:**

A serious consequence of our population explosion is the rise of infections and chronic degenerative diseases. Though the incidence of many diseases like poliomyelitis, leprosy and neonatal tetanus has become remarkably reduced, some communicable diseases like tuberculosis, malaria, dengue fever, and viral hepatitis have increased manifold mainly due to substandard way of living, sewage and waste management system and weak public health services. In addition, there are problems like emergence of diseases like AIDS, cancer, diabetes etc. and this need a good and wide network of health service.

### **3. Population and environment:**

The quality of human life greatly depends on the environment. An optimum population sustains the environment while overpopulation degrades it. The water sources, air, land, all get polluted. The "green house" effect probably started from the time of the Industrial Revolution and it has caused many natural disasters such as raising the earth's temperature, flood, heat waves etc. Desertification of once fertile land is caused by

overpopulation. A high population uses our country's forest resources and as it is more destroyed, there is not enough room for the flora and fauna species.

#### **4. Population and social development:**

Social development broadly means the expansion and development of human capabilities in any field, leading to fresh discoveries, improvement of existing activities and also the capacity for better results. Social development can be described as the process of organizing human activities to promote well being of the people. Social development includes individuals as well as group development. It includes satisfaction of the basic needs of people (food, shelter and clothing), education for all, positive inter-relations between people, political stability etc.

But when the population growth is very high, many social problems arise, when the people's needs and aspirations are not fulfilled as their demands are much more in proportion to supply. In our country millions of people are deprived from the basic needs and these results in all forms of social conflicts and tensions. Development of individuals and society is hampered and desperate people threaten the very foundation of the social system. The quality of life of people is lowered.

#### **5. Population and nutrition:**

Nutrition and population growth are intimately linked in several ways. Good nutrition reduces maternal, neonatal and child mortality. After birth, infants that receive good nutrition have better chances of survival while severely malnourished children are 8 times more likely to die than their well nourished counterparts. Demographic changes have an influence on people's nutritional status. Rising population threatens the availability of food in developing and underdeveloped countries. Population growth is very closely related to urbanization. In many urban areas and in the rural areas of developing countries,

malnutrition is very common. In many poor and congested urban areas diarrheal diseases and under nutrition are frequent because of poor food hygiene, inadequate water supplies and waste disposal, poor housing etc.

#### **6. Population in relation to health status:**

The concept of health - related quality of life encompasses those aspects of overall quality of life that can be clearly shown to affect health, either physical or mental.

To have sound mental health, it is important to have sound physical health. In India, due to population explosion, even today, about 42% of children, below the age of three are malnourished.

Though there is marked economic growth in India, yet it is lagging behind many developing countries in this respect. The infantile mortality rate has reduced considerably but in some remote areas, lack of trained health workers and awareness among people regarding immunization result in infantile mortality. Poor sanitation, polluted water and inadequate drinking water facilities affect the health of the people. This is more so in rural areas which support about 68% of the total population and it lowers the quality of life.

In the developed countries where there is optimum population, there is better health of the people and it reflects their positive mental health.

**Q:** Short note "population related policies and programme:

**Or**

**Population related policies special reference to India:**

**Ans:** Of particular importance, in the context of population policy, are the three components of population change - fertility, mortality and migration - because all demographic variables are influenced by them.

## **Mortality Influencing Policies**

Policies relating to mortality obviously always aim at reducing mortality. After the Second World War, the World Health Organization introduced a dramatic concept of public health and resolved to eradicate disease. The result of population policies relating to health have resulted in unprecedented declines in mortality in developing countries irrespective of the level of their socio-economic development. In this regard, it is also significant that the final version of the controversial World Population Plan of Action, adopted at the United Nations World Population Conference in Bucharest in 1974, refers to only one targeted ideal - mortality.

## **Migration Influencing Policies**

Policies relating to migration are concerned with two aspects: internal migration, that is, migration within the country, and international migration, including both immigration and emigration. International migration is considered to be a constitutional privilege in most countries, and therefore, what national governments can do in this regard is only to encourage internal migration with regional differentials in density per square mile or kilometer. The most outstanding example of one such successful attempt is the transmigration scheme in Indonesia. Such attempts are not always successful because other considerations such as the nature of the terrain, the job opportunities available, the factor of cultural affinity, etc. - play an important role in determining internal migration.

## **Fertility Influencing Policies**

Policies which aim at influencing fertility may be of two types: pro-natalist and anti-natalist.

### **1. Pro-Natalist Policies**

Pro-natalist policies, in some form or other, have existed since ancient times. In modern times, several countries developed

population policy towards sustaining the birth rate. The Population Commission of 1935 recommended a flat rate of family allowance beginning with the first child, and supplementary aids in the form of marriage loans, maternal and child health centers, housing and fuel grants, free school meals, home help services, holiday travel for mothers and children and tax relief to couples with children.

## **2. Direct Anti-Natalist Policies**

a) **Provision of Contraceptive Services:** It is expected that by providing such services and by conducting family planning educational programmes, individual couples would accept family planning, reduce fertility at the micro level and thus bring about a reduction in the birth rate.

b) **Liberalization of Abortion Laws:** The dramatic manner, in which Japan halved her birth rate in a decade (1948-1958), mainly through the use of abortion, has highlighted the demographic effectiveness of this method of controlling population growth.

c) **Raising Age of Marriage:** Age at marriage is known to influence the fertility performance of women, in the sense that if the age at marriage is low, women start having their children at an early age, and these children, in their turn, begin to procreate early. By raising the age at marriage, especially for women, we cut down their reproductive span and thus reduce fertility.

## **Indirect Anti-Natalist Policies**

Anti-natalist policies can sometimes indirect, that is, they may not be directly aimed 'at reducing fertility as in the case of contraception, abortion and a higher age at marriage. But may act indirectly by influencing the acceptance of contraception' and abortion and bringing about a rise in the age at marriage.

Some of these approaches, called 'beyond Family Planning' by Bernard Berelson.

## INDIA'S POPULATION POLICIES AND PROGRAMMES

While considering the population policy of India, it is necessary to concentrate on fertility as the single most important factor contributing to population change. Of the other two components of population change, mortality and migration, the latter does not warrant serious consideration in the context of the population policy of India.

### Fertility-Influencing Policy

The British rulers of the country were not interested in formulating any population policy for India, nor were they in favour of the birth control movement. A section of the intellectual elite among the Indians showed some concern about the population issue during the period between the two World Wars, despite the fact that the pre-occupation of the general population was primarily with the independence movement.

### Family Planning Programme

Since its inception in 1952, the family planning programme has undergone several revisions.

- **The Clinic Approach:** The family planning programme in India started with a very cautious approach. It is based on the assumption that those who need family planning would visit such clinics without any hesitation. Such an assumption, however, ruled out the need to reach out to people to educate them about the need for family planning.
- **The Extension Approach:** Later in the extension approach, influential formal and informal leaders in different sub-groups of the population are first identified and then encouraged to gain knowledge and to take interest in popularizing the acceptance of the small family size norm among their own group.

- **The Camp Approach:** In November-December 1970, a massive vasectomy camp was held in the Emakulum District of Kerala, where a total of 15,005 vasectomies were performed over a period of one month. This performance was repeated in July 1971 on a much larger scale, when 63,418 vasectomies were performed in a one-month period.
- **The Integrated Approach:** The principle of integration of family planning services with maternal and child health services have been accepted almost since the beginning of the family planning programme. With the appointment of multi-purpose workers, a new concept in the delivery of health nutrition and family planning been introduced.
- **India's National Population Policy:** One of the results of the World Population Conference was the declaration of the National Population Policy on April 16, 1976. After that there were some changes and new policy came in to existence.

**National Population Policy 2000:** 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 healthcare services; and continuation of the target free approach in administering family planning services. The immediate objective of the NPP 2000 is to address the unmet needs for contraception; healthcare infrastructure; and health personnel; and to provide integrated service delivery for basic reproductive and child healthcare. The medium term objective is to bring the TFR to replacement levels by 2010; through vigorous implementation of inter-sectoral operational strategies. The long-term objective is to achieve a stable population by 2045; at a level consistent with the requirements of sustainable economic growth; social development and environmental protection.