

Population Survey and Fertility Study Mysore State

By

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In recent years sociologists have turned their attention increasingly toward population trends and the social problems arising therefrom. They are also concerned with the problem of population as it inevitably affects the social, political and economic condition of any city or country. The nations of the world are faced today with this problem and many eminent people have studied it in Western countries and have found ways and methods of solving it.

The advancement and civilization of any country depend upon the health and vigour of its people. A nation which is unhealthy, both physically and mentally, either due to hereditary reasons, or social and environmental conditions, cannot contribute to the development of the country. Those of us who are watching with anxious eyes the march of our country as she climbs the ladder of progress, are struck often with the problem of poverty as one of the social and economic evils. The production of food and the development of industry have not been able to keep pace with the steady increase of population. So the hour has come to bring to light, the causes for such a steady increase, and its influence in the social and economic conditions of the country, or the influence of the social and economic factors on population growth. This steady and rapid increase in the population rate with limited economic and agricultural resources has become a great concern in South East Asia.

According to the present rate of increase, the population may double itself within the next 50 years. It is obvious that such a rapid increase in the population will tend to reduce the standard of living and the economic status of the country. Also under the present conditions, an increase in man

power resources does not strengthen the economy, but in fact weakens it. So for the purpose of listing and demonstrating certain methods for understanding the relationship between population changes and social and economic development, the United Nations Organisation, in conjunction with the Government of India and with the co-operation of the Government of Mysore, has undertaken a pilot study in Mysore State. It is hoped that from this project some methodical guidance can be obtained for further work. The results would be valuable not only to India, but also to other Governments facing similar problems.

Mysore State has been selected for the study because it typifies certain forms of economic and social development which have occurred in the past, viz., expansion of irrigation of commercial crops and large scale development of cottage industries, mining, hydro-electric development, improvement in Public Health etc. The survey is divided into three sections :

1. The Village Schedule.
2. The Household Schedule.
3. The Fertility Schedule.

The data on Village Schedule are collected by interviewing well-informed persons in the village, and contains questions on industrial developments, irrigation, crops, land tenure, agricultural techniques, educational facilities etc.

The Household Schedule contains items on age, sex, marital status, age at marriage etc., and also the number of children born alive and dead for both widowed and married women. The village and the household survey are done by specially trained men investigators and inspectors. The Fertility Schedule deals with a detailed

study of married women (not widowed or separated) between the ages of 18 and 34 with at least 3 completed years of married life. This survey is being done by women investigators and inspectors who are specially trained both in the office and in the field.

The Fertility Schedule is divided into ten main sections :

1. General : which includes location of the house, characteristics of the home and village, social amenities, medical facilities, index of modernization, economic status of the household etc.

2. Economic and Social characteristics : under these are included residence status, date of birth, marital status, religion, language, standard of education, principal activity during the past year, length of period during which the person worked, etc., for both the wife and husband.

3. Urbanization : which gives particulars of places in which the couple resided from the age of five years until the present time.

4. Pregnancy history : this includes the order of pregnancy, the interval between successive pregnancies, the length of pregnancy, termination of pregnancy, result of pregnancy, place of confinement, the age of the child if living, the duration of nursing the child, the interval between the termination of pregnancy and the beginning of menstruation etc.

5. Health of the woman : this item deals with the present general health of the woman, health during previous pregnancies, number of times the woman conceived during and after ill health etc.

6. Opinion questions : there are a series of questions put to the women in order to obtain a generalised idea of the following :

- (i) The age at which a girl should marry.
- (ii) The age at which a woman should have her first child.

(iii) The age after which a woman should not have any more children.

(iv) The age between successive children.

(v) The taboos with regard to the segregation of the women after termination of pregnancy, prevalent in the woman's community.

(vi) The number of children necessary to make a nice sized family.

7. Size of family : here a summary of the pregnancy history will be made as to the number of times the woman has been pregnant, number of live children she has borne, number of children now living, and whether she is pregnant at present, etc. After this the woman is grouped into one of the following categories :—

(i) Women who have at least one child living at the time of interview and who are not pregnant at that time.

(ii) Women who have at least one child living at the time of interview and who are also pregnant at that time.

(iii) Women who are pregnant at the time of interview either for the first time, or with no child living.

(iv) Women who have never been pregnant, or who have no child living at the time of interview, and are not pregnant at that time.

In each of these categories, the woman is given a chance to express her views spontaneously with regard to the pros and cons of having more or less number of children. The woman is also made to think and express her ideas clearly by probing her on a social, cultural, mental, hereditary, economic and other related aspects of life.

8. Knowledge of methods of family limitation : whether the woman or her

husband has any knowledge of the different methods of family limitation.

9. Attempts at family limitation: this applies only to those who have knowledge of methods of family limitation. This includes the interval between successive pregnancies, the methods adopted, and the results of such attempts.

10. Special cases of women not adopting family limitation: this section applies to women belonging to one of the following categories:

- (i) Women, who do not wish to have more children, who have not attempted any method of family limitation.
- (ii) Women who are unhappy over the present pregnancy and have not attempted any method of family limitation.

In all these cases the woman is studied very carefully with regard to her spontaneous answers and her motivations.

The houses and women are selected

at random or on a systematic basis. It is hoped that this scientific and systematic study of population trends on an elaborate scale will help as a guide for future work in the scientific method of family planning in order to raise the standard of living for the people of India, resulting in better health of the people.

The statistical reports show a decline in death rate. It is to be expected that with improvement in food supply and Public Health there will be a further decline in the mortality rates.

We, as citizens of India, and specially as nurses who are directly and indirectly engaged in health work, must be proud of this scientific study that India has undertaken in an ideal place, in order to find a solution for the health and economic problem on an international scale. Let us hope that this study will help in the furtherance of health, happiness and longevity not only in India but in South East Asia as a whole.

Over-population and Under-production

This is the third of the articles based upon material presented by Dr. C. E. A. Winslow (Professor Emeritus of Public Health, Yale University, U.S.A.) in a monograph published by the World Health Organisation. Here is summarised Dr. Winslow's reply to current arguments that raising the standard of health contributes to the dangers of over-population.

Some people are so deeply impressed with the possible influence of poverty and particularly of insufficient food upon the human race that they feel that the only possible solution lies in a drastic limitation of population.

In recent years we have become familiar with the argument that world population is about 10% larger than before the war, and that world supplies of food per person are 5% to 10% below the pre-war level.

A growth of world population at a rate of 200 million each ten years is

considered by some as the greatest threat to the human race.

Areas where high birth-rates are said to constitute a serious menace include Ceylon, Egypt, Formosa, Japan, Java, India, Korea, Latin America, the Micronesian Islands, the Philippines, Puerto Rico and Turkey and the Near East.

The question is frequently posed whether public health workers are doing more harm than good by reducing death-rates while birth-rates maintain—or increase—their present level.

There are a number of valid ans-