Module 12

Emerging Issues in Sociology of Population

Lecture 40: Millennium Development Goals

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INTRODUCTION

All ideas belong to their age. Historical developments lead to new concerns among intellectuals and planners. In the twenty first century, sociologists of population are exploring new issues. Days are over when sociologists of population were involved primarily in model building or estimation of birth and death rates from incomplete or unreliable data. Enough data of acceptable quality on various aspects of population are now available. There are new experiences in implementing programmes and there are new discourses on development and population. This has produced new research initiatives and new ideas. Some of them are discussed here. One major factor that has changed the discourse on population in this century is the framework of Millennium Development Goals (MDGs). Therefore this module begins with the discussion of MDGs. There is a close resemblance in the MDG framework and the National Population Policy 2000 and the discussion of MDSs shows how our population policy has been influenced by MDGs.

MILLENNIUM DEVELOPMENT GOALS (MDGS)

MDGs are created by an international body of statesmen. In September 2000, 189 nations adopted Millennium Declaration. The declaration was signed by 147 heads of state and governments during the UN Millennium Summit. The Millennium Development Goals are are drawn from the actions and targets contained in that declaration (UNDP, 2009). This includes eight goals to be achieved by 2015 that respond to the world's main development challenges. These eight goals are further divided into 21 quantifiable targets that are measured by 60 indicators**.**

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Goal 1: Eradicate extreme poverty and hunger

Goal 2: Achieve universal primary education

Goal 3: Promote gender equality and empower women

Goal 4: Reduce child mortality

Goal 5: Improve maternal health

Goal 6: Combat HIV/AIDS, malaria and other diseases

Goal 7: Ensure environmental sustainability

Goal 8: Develop a global partnership for development

India is a signatory to the above Declaration. A cursory reading of the goals shows that all the MDGs are of great relevance to population. The first goal aims at reduction in unemployment, poverty and malnutrition. The second goal aims at raising school enrolment rate and literacy rate, separately among men and women. The third goal aims at improving ratios of girls to boys in primary, secondary and tertiary education, share of women in wage employment in the non-agricultural sector, and proportion of seats held by women in national parliament.

The fourth goal is to reduce infant and child mortality and increase proportion of 1 year-old children immunised against measles. The fifth goal aims at reducing maternal mortality ratio and proportion of births attended by skilled health personnel as home delivery and lack of emergency care, often leading to postpartum hemorrhage, which are the major causes of maternal deaths. The fifth goal also calls for universal access to reproductive health which implies:

- Increasing contraceptive prevalence rate
- Decreasing adolescent birth rate
- Improving antenatal care coverage (indicated by frequency of “at least one visit” and “at least four visits”)
- Meeting unmet need for family planning

The sixth goal aims has several targets and indicators:

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Halt and begin to reverse the spread of HIV/AIDS

The indicators are

- HIV prevalence among population aged 15-24 years
- Condom use at last high-risk sex
- Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
- Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

The indicator is:

- Proportion of population with advanced HIV infection with access to antiretroviral drugs

Halt and begin to reverse the incidence of malaria and other major diseases

The indicators are:

- Incidence and death rates associated with malaria
- Proportion of children under 5 sleeping under insecticide-treated bednets
- Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
- Incidence, prevalence and death rates associated with tuberculosis
- Proportion of tuberculosis cases detected and cured under directly observed treatment short course

The seventh goal aims at sustainable development, pollution control, improving water and sanitation facilities and reduction in proportion of urban population living in slums. Finally, the eighth goal aims at changing international terms of trade in favor of developing countries, debt relief, access to affordable essential drugs on a sustainable basis, and improving information and communication facilities with the cooperation of private sector.

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MILLENNIUM DEVELOPMENT GOALS IN INDIA

Table 12.1 reproduces Table 1 of *Millenium Development Goals: India Country Report 2005*, the report prepared by the present values and targets of various indicators as reported by Ministry of Statistics and Programme Evaluation, Central Statistical Organization, Government of India. It has a list of 16 indicators.

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TABLE 12.1: PROGRESS TOWARDS ACHIEVING MDGS IN INDIA

	Indicator	**Year**	**Value**	**Year**	**Value**	**MDG target value**
1	Proportion of population below poverty line (%)	1990	37.5	1999-2000	26.1	18.75
2	Undernourished people as % of total population	1990	62.2	1999-2000	53	31.1
3	Proportion of under-nourished children	1990	54.8	1998	47	27.4
4	Literacy rate of 15-24 year olds	1990	64.3	2001	73.3	100
5	Ratio of girls to boys in primary education	1990-91	0.71	2000-01	0.78	1
6	Ratio of girls to boys in secondary education	1990-91	0.49	2000-01	0.63	1
7	Under five mortality rate (per 1000 live births)	1988-92	125	1998-2002	98	41
8	Infant Mortality rate (per 1000 live births)	1990	80	2003	60	27
9	Maternal Mortality rate (per 1000 live births)	1991	437	1998	407	109
10	Population with sustainable access to an improved water source, rural (%)	1991	55.54	2005	90	80.5
11	Population with sustainable access to an improved water source, urban (%)	1991	81.38	2001	82.22	94
12	Population with access to sanitation urban (%)	1991	47	2001	63	72
13	Population with access to sanitation rural (%)	1991	9.48	2005	32.36	72
14	Deaths due to malaria per 100,000	1994	0.13	2004	0.09	-
15	Deaths due to TB per 100,000	1999	56	2003	33	-
16	Deaths due to HIV/AIDS	2000	471	2004	1114	-

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The general thinking is that the MDGs are too ambitious. Looking at the available resources, state of governance in the country and the social environment, we may not be able to achieve the MDGs as fixed in the Millennium Declaration. Yet, one cannot deny the importance of the framework of MDGs. They have directed attention of the planners (and also of the researchers and NGOs) towards specific goals and targets. They have also influenced the perspective of Tenth and Eleventh Five Year Plans in the country. MDGs have put the development agenda on top of family planning. It has accorded special importance to women empowerment, reproductive and child health and fighting HIV epidemic.

Reflecting the ICPD goals and MDGs, in India the National Population Policy 2000 has called for a more humane approach to population planning and for paying greater attention to social development with particular emphasis on improving education, reproductive health and unmet needs of slums and other special categories of population. One major factor of new thinking is the stress on three points: (a) importance of area specific approach about which some academicians were arguing for a long time (Misra, 1992); (b) a need to recognize the importance of reciprocal relationship between population and development; and (c) acceptance of the fact that there could be multiple perspectives on social and organizational issues (Riley and McCarthy, 2003). The goals of NPP 2000 are further operationalized in terms of facilities for people. For example, the goal of reducing maternal mortality ratio has been translated into increasing institutional deliveries under National Rural Health Mission (NHRM) involving ASHAs.

PARADIGM SHIFT IN FAMILY PLANNING

Box 1 shows the paradigm shift that began in the Ninth Five Year Plan of Government of India and became fully operationalized in the Tenth Five Year Plan.

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BOX 1: PARADIGM SHIFT IN POPULATION POLICY IN THE TENTH PLAN

- **Demographic targets to focusing on enabling couples to achieve their reproductive goals;**
- **Method specific contraceptive targets to meeting all the unmet needs for contraception to reduce unwanted pregnancies;**
- **Numerous vertical programmes for family planning and maternal and child health to integrated health care for women and children;**
- **Centrally defined targets to community need assessment and decentralised area specific microplanning and implementation of program for health care for women and children, to reduce infant mortality and reduce high desired fertility;**
- **Quantitative coverage to emphasise on the quality and content of care;**
- **Predominantly women centred programmes to meet the health care needs of the family with emphasis on involvement of men in planned parenthood;**
- **Supply driven service delivery to need and demand driven service; improved logistics for ensuring adequate and timely supplies to meet the needs;**
- **Service provision based on providers' perception to address choices and conveniences of the couples.**

A significant change in the National Population Policy 2000 has been the introduction of HIV/AIDS. Linking population dynamics to HIV/AIDS has generated whole lot of new issues in the area of reproductive health, sexuality, sexual networking, male involvement in reproductive health, mapping of high risk groups, awareness of risks, authority of woman in decision making at family level, and role of community support. It may be stressed that all these issues have led to disenchantment with positivism and scientism, and established importance of social constructivism, yielding self-reports, qualitative studies, and discourse analysis as methodological tools. Situation analysis and mapping, with involvement of community members rather than trained researchers, have become the most important tools with donors and policy makers. Through situation analysis we can not only have the mapping of high risk groups we can also learn a lot about socio-cultural context of HIV transmission, sexuality, risk behaviour, comprehensive knowledge among people and the available support system from government and non-government sources.