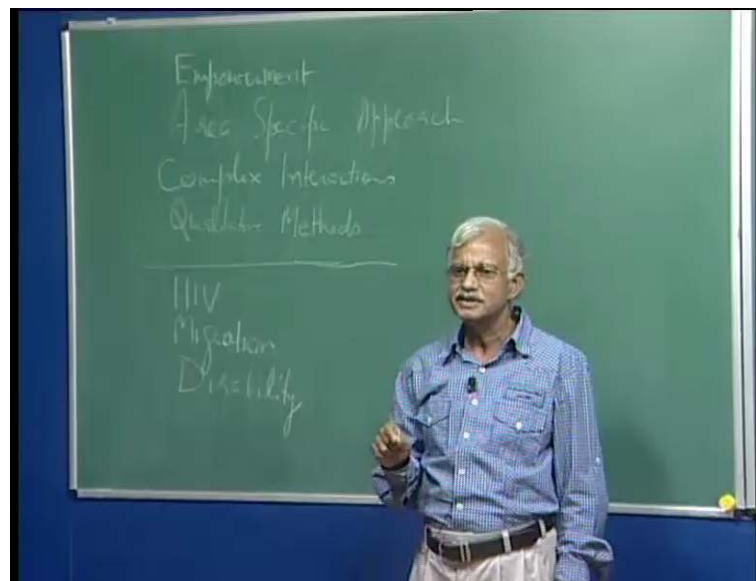


**Population and Society**  
**Prof: A K Sharma**  
**Department of Humanities and Social Sciences**  
**Indian Institute of Technology, Kanpur**

**Lecture No # 40**  
**Population Issues (Contd.)**

Well, first of all, you will be happy, that today is our last lecture fortieth lecture. I am not going to discuss, anything new today national population policy 2000. There are some new issues on the sociologies have to pay attention may be some of you may like to do M PHIL or PHD in sociology. And in the field of population studies then at that time you may benefit to some extent from this lecture.

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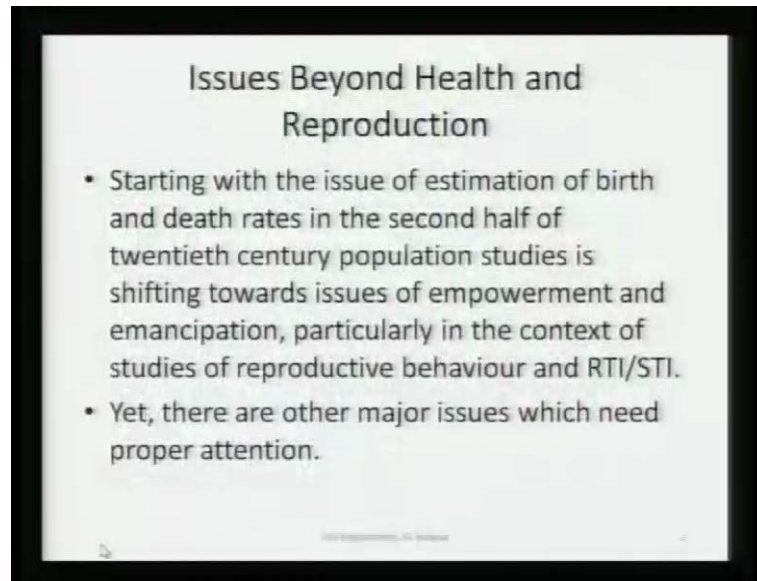
So, last time what I said was that national population policy and millennium development goals have made a sensitive to these four things. First of all empowerment that in place of target oriented approach in place of stressing the achievements couple protection rate and service statistics. The focus should be on empowerment of people in providing them facilities in meeting their needs and in empowering them. Another thing I said was that we need an area specific approach area is specific approach both in research and also in policy making.

And the third thing I said was that now we have a greater realization that relationship between population and development is complex and there are sociological economics psychological cultural or anthropological issues. We have to keep all these things in mind that we are dealing with unstructured situation, when we are examining population patterns we are dealing with unstructured situations. And neither sociology nor see mathematics or psychology one discipline alone will be sufficient to handle our problems. And in the light of this empowerment area is specific approach and complex interactions there is a shift towards qualitative methods.

So, some of you for your research may double of asperities in qualitative methods. Let me, tell you that in the future qualitative methods will fetch, you much better salaries then quantitative method you must be familiar with quantitative methods also. So, that you can read others research papers and you can apply them wherever, needed mean mode median dispersant. In fact, analysis or logistic, but they need to go for qualitative methods more in the light of requirements of study of social representation and in the light of constructive it is position emerging in social psychology and sociology.

Now, today I will say that three other issues on, which we require research in the light of national population policy two thousand or HIV, migration and disability. There is very little research on disability there has been some research on migration, but we require more and H I V is of course, a new issue and we do not know much about aspects of HIV. So, in this one hour I will focus on these three things.

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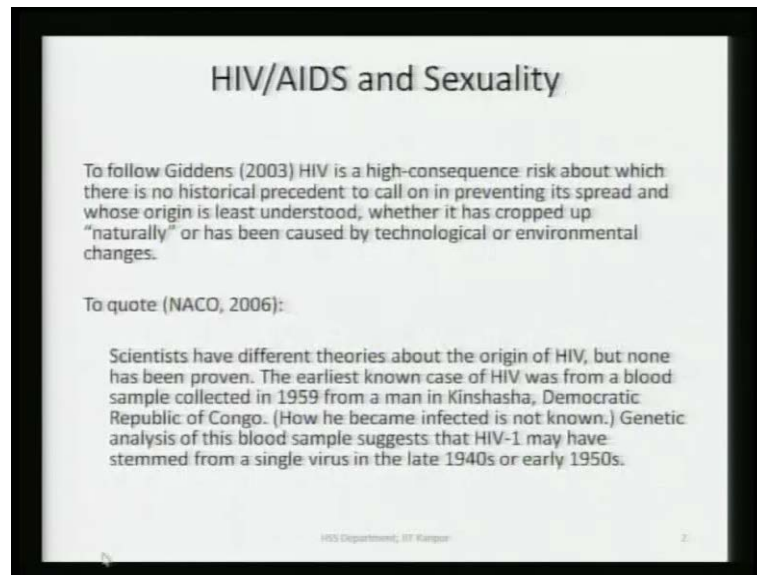


**Issues Beyond Health and Reproduction**

- Starting with the issue of estimation of birth and death rates in the second half of twentieth century population studies is shifting towards issues of empowerment and emancipation, particularly in the context of studies of reproductive behaviour and RTI/STI.
- Yet, there are other major issues which need proper attention.

So, we have to go beyond health and reproduction now we have had enough of health enough of fertility and mortality enough of numbers we have to go beyond health and reproduction and talk about some other issues. We have to go beyond estimation of birth and death rates and move towards empowerment and emancipation.

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**HIV/AIDS and Sexuality**

To follow Giddens (2003) HIV is a high-consequence risk about which there is no historical precedent to call on in preventing its spread and whose origin is least understood, whether it has cropped up "naturally" or has been caused by technological or environmental changes.

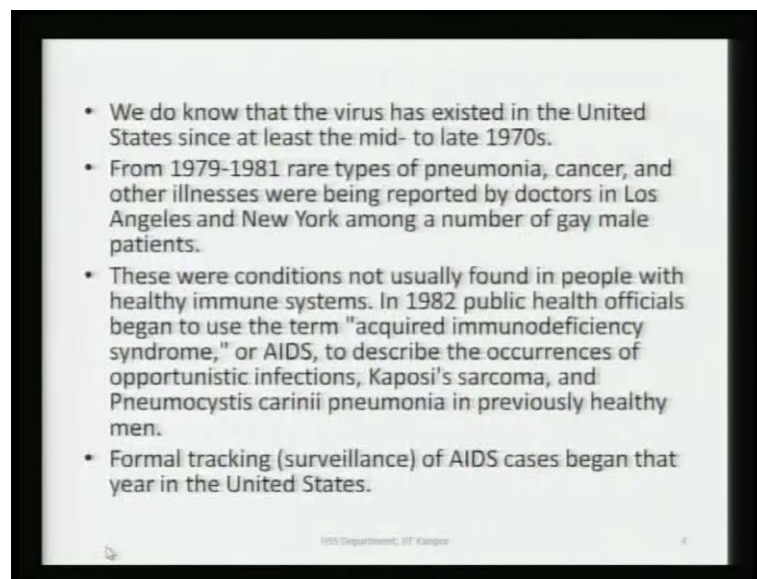
To quote (NACO, 2006):

Scientists have different theories about the origin of HIV, but none has been proven. The earliest known case of HIV was from a blood sample collected in 1959 from a man in Kinshasha, Democratic Republic of Congo. (How he became infected is not known.) Genetic analysis of this blood sample suggests that HIV-1 may have stemmed from a single virus in the late 1940s or early 1950s.

HIV and sexuality these are thumb issues, to follow H I V is a high consequence risk about which, there is no historical president to call on in preventing it isspread. And whose origin is least understood H I V is such a thing whether it has cropped up naturally

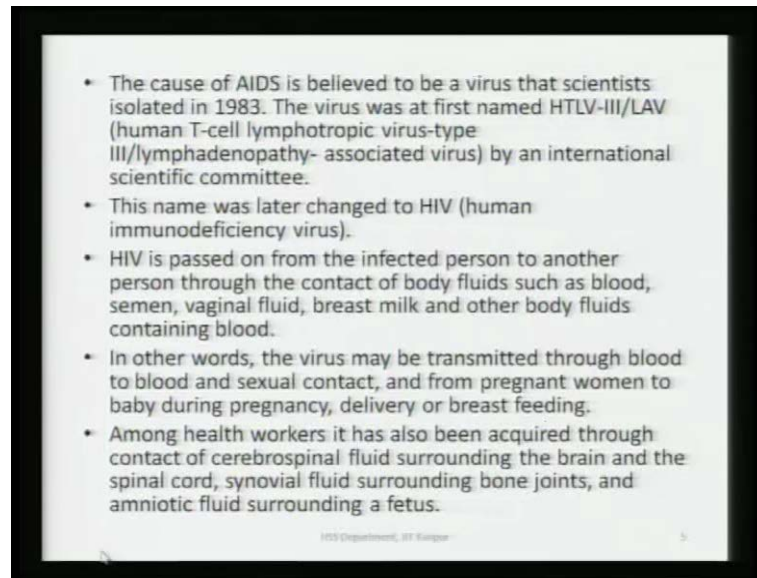
or has been caused by technological or environmental changes. They are only debate theoretical debates nobody can say with certainty what is the route of H I V to quote scientist have different theories about the origin of HIV. But none has been proven the earliest known case of H I V was from a blood sample collected in 1959 from a man in Kinshasa democratic republic of Congo. How he became infected is not known genetic analysis of this blood sample suggest that H I V one may have stemmed from a single virus in the late 1940 or early 1950.

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We do not know the origin of this virus, but what do we is that the virus existed in United States since at least the mid to late 1970s. In United States it was in 70 that we believe doctors believe that this virus may have existed. From 1979 to 1981 rare types of pneumonia cancer and some other illnesses were reported by doctors in Los Angeles and New York and more of them from a number of gay male patients. These were conditions not usually, found in people with healthy immune systems in 1982 public health officials began to use the term acquired immune deficiency syndrome or AIDS. To describe the occurrences of opportunistic infections, Kaposi's sarcoma, and Pneumocystis carinii pneumonia in previously healthy men formal tracking of A I D S cases began that year in the United States.

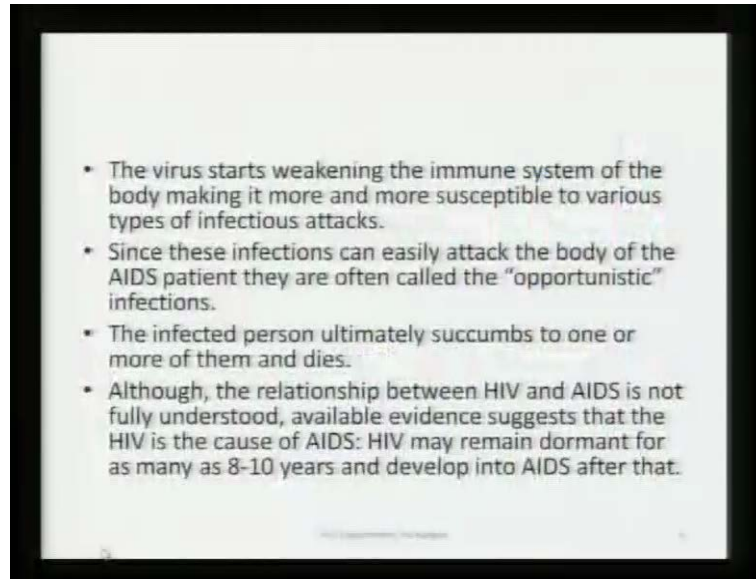
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The cause of A I D S is believed to be a virus that scientists isolated in 1983 the virus was that first named HTLV 3 LAV humanity cell etcetera. This name was later changed to HIV, which is must simpler human immune deficiency virus. H I V is you know this that H I V is passed on from the infected person to another through the contact of body fluids such as blood semen blood semen vaginal fluid breast milk and other body fluids containing blood. In other words the virus may be transmitted through blood to blood and sexual contact and from pregnant women to baby during pregnancy delivery or beast feeding that is why I say that there are four major routes of transmission sex IVDU intravenous drug use mother to child and blood transfusion.

Among health workers it has also been acquired through contact of certain fluids surrounding the brain and it isspinal cord. So, doctors surgeons paramedics associated with surgeons have particularly been susceptible to transmission of a H I V if health practices are not used safe practices safe health practices are not used.

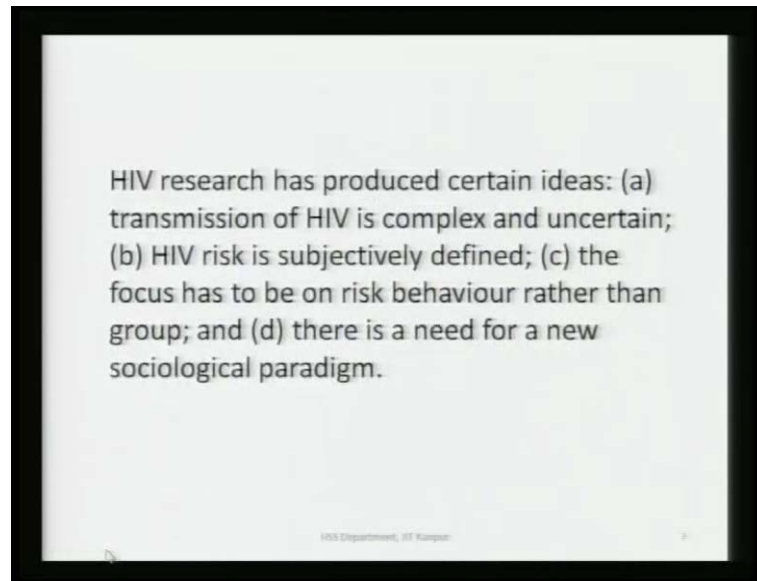
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The virus starts weakening the immune system and since these infections can easily attack the body of the AIDS patient they are often called the opportunistic infections. In our country it is said that nearly 60 percent of all the AIDS cases all HIV cases ultimately die of tuberculosis. So, tuberculosis become the opportunistic infections means there is an opportunity for tuberculosis there is a greater opportunity to find place and to grow in the body of HIV or AIDS patient. The infected person ultimately succumbs to one or more of them and dies. Usually loss of weight fever diarrhea tuberculosis these have been the symptoms.

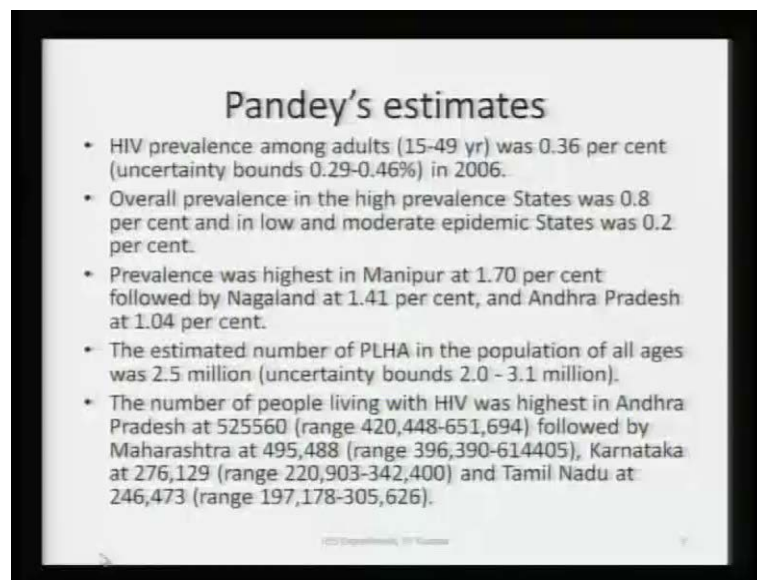
Although the relationship between HIV and AIDS is not fully understood available evidence suggest that the HIV is the cause of AIDS. HIV may remain dormant for as many as eight to ten years and with the ART antiretroviral therapy some HIV cases have lived healthy without developing AIDS for as many as 20 years and after that they can develop AIDS.

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Now, H I V research has produced certain ideas one that transmission of H I V is complex and uncertain, b H I V risk is subjectively defined, c the focus has to be on risk behavior rather than group and d there is a need for a new sociological paradigm.

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You would like to have some idea of what is the incidents of prevalence of H I V in our country earlier the estimates were quite high. But recently Arvin Pandey on the basis of NFHS and surveillance data the Arivind Pandey and his team you know they have developed fresh estimates of a HIV. And they are now well expected by academicians

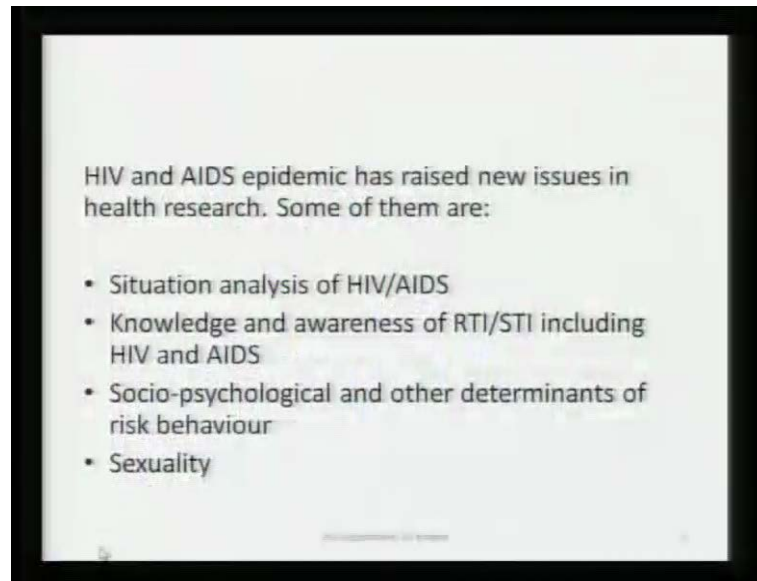
and planners N A C O and U N I C E F in the country and outside. HIV prevalence among adults 15 to 49 years was 0.36 percent in 2006 and as you are familiar with the idea of 95 percent confidence interval the confidence interval was 0.29 to 0.46 percent mean we are 95percent sure. That the prevalence of H I V among adults was not less than 0.29 percent and not more than 0.46 percent.

Overall prevalence in the high prevalence states was 0.8 and in low and moderate epidemic state was 0.2 percent prevalence was highest in Manipur 1.70 percent followed by Nagaland 1.41 percent in Andhra Pradesh 1.04 percent. The reason why H I V prevalence is so high in different states in high prevalence states is not same in Manipur and Nagaland it is mostly through IVDU injected dialogues. And in Andhra Pradesh and other south Indian all south Indian states expect Kerala have high prevalence of HIV. And there it in mostly due to sex works transmission through high risk groups mostly sex workers in America it is guess in India it is female sexual workers mostly not all.

The estimated number of P L H A in the population of all ages was 2.5 million not a small number even though Pandey's estimates are much lower than the estimates existing at the time in 2006. But even according to your estimate nearly 25 lakh people in India are P L H A and uncertainty bounds are 2.0 to 3.1. So, between 20 lakh to 31 lakh people in 2006 where H I V positive. The number of people living with the H I V was highest in Andhra Pradesh 525560 there also given the range followed by Maharashtra, Karnataka and Tamil Nadu as compare to seven states of the north, north east you know these are bigger states also Maharashtra, Karnataka, Tamil Nadu, Andhra Pradesh that is another reason why in terms of numbers. These states have much higher number of H I V cases than Manipur or Tripura.



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H I V and A I D S epidemic has raised new issues in health research some of them are as follows one situation analysis of H I V A I D S. I refer to the issues in some of the earlier lectures I will not repeat U N I C E F and N A C O they are taking up situation analysis of H I V A I D S in several states in the country. Then knowledge and awareness of RTI STI including H I V and A I D S, you will find that a most of the population survey health survey morbidity survey. Now, questions on knowledge of H I V and A I D S and knowledge of RTI STI and experience are of RTI STI. Now, these questions have become must.

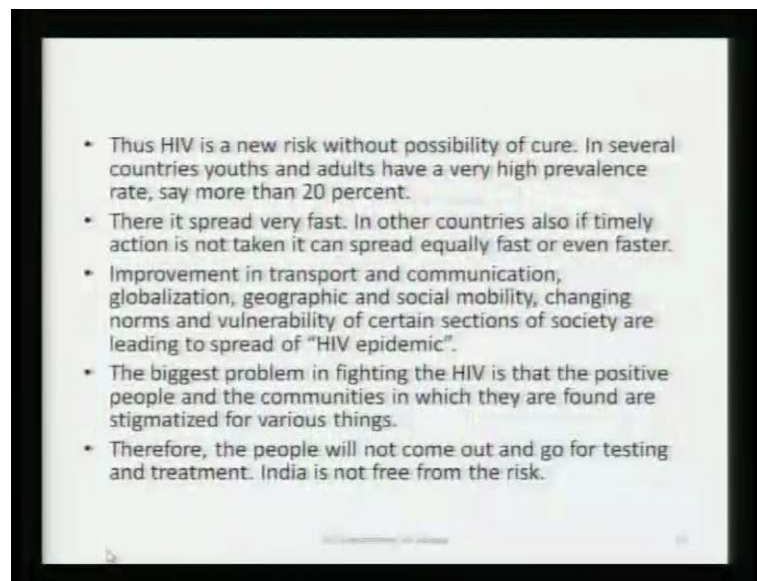
So, whether it is health survey or reproductive health survey or sexuality survey or even in drug used and tobacco use and all kinds of surveys related to health RTI STI questions have become must this is an important issue. People do not understand the needing of RTI STI actually it is also difficult to collect data on RTI STI it is difficult to communicate to rural people. You do not know what RTI STI is how to communicate, what we are asking, when we ask are you aware of RTI STI they will they will not understand, what we are asking for I am still not familiar with the an ideal type of question with, which knowledge and experience is of RTI STI can be discern quite often people ask a gut role or young role.

But they are only they are not be literal translation of these, thing then socio-psychological and other determinants of risk behavior this is another issue risk behavior

and complex interactions between risk behavior as it dependent variable. And socio-psychological and other factors then sexuality network of sexuality that is another important issue. I remember several years back one of the leading anthropologists of the world in one Lucknow seminar Molina said that in India you do not fear about H I V A I D S much not because in India there is no extra martial sex. But in India extra martial sex is confined mostly to joint family it is not outside family we have joint family and kensive system and it is mostly within joint family.

So, that means, if in some family there is one H I V case only members belonging to that extended family are at risk. Today, one would say this only lightly, but what it means say that we have in order to understand the transmission of H I V we have to understand the pattern of sexuality prevailing in different cultures in India.

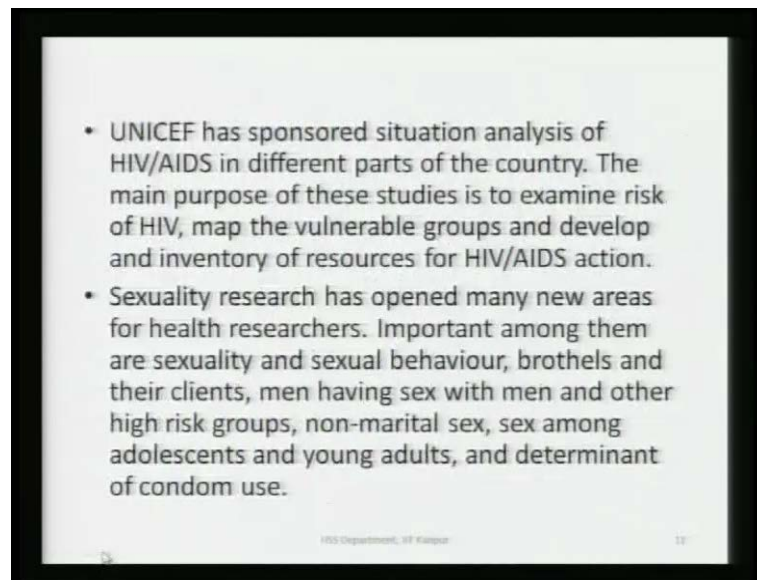
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This H I V is a new risk without possible you know this is another problem that H I V is a risk without possibility of cure. So, far we have not had any cure we can only prevent we cannot cure H I V. In several country youths and adults have a very high prevalence rate more than 20 in some of the African countries H I V prevalence in last 20 years as gone up to 20 percent. And there it is spread very fast in other country also, if timely x ray is not taken it can spread equally fast or even faster improvement in transport and communication, globalization, geographical and social mobility changing norms vulnerability of certain sections of society are all leading to spread of H I V epidemic.

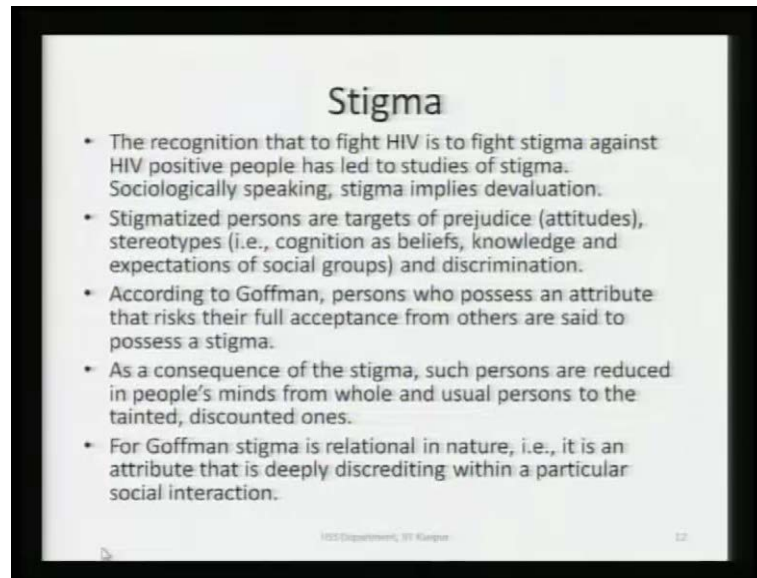
The biggest problem in fighting the H I V is that the positive people and the communities in which they are found are stigmatized for various things. We have been able to cure say leprosy to a large extent here we have reduced cases of tuberculosis we have almost controlled a small pox and nobody today dies a small pox is eliminated WHL claim that is small pox is eliminated from the earth. Even from missies and other infections of that time not many people die. In case, of H I V the problem in dealing with this is this problem is stigma, there is biggest stigma associated with H I V then we have seen in case of any other diseases. The people will not come out due to this stigma people will not come out and go for testing and treatment and India is not free from the risk and from the stigma.

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And therefore, we have to conduct situation analysis studies of stigma and sexuality research now what is this stigma.

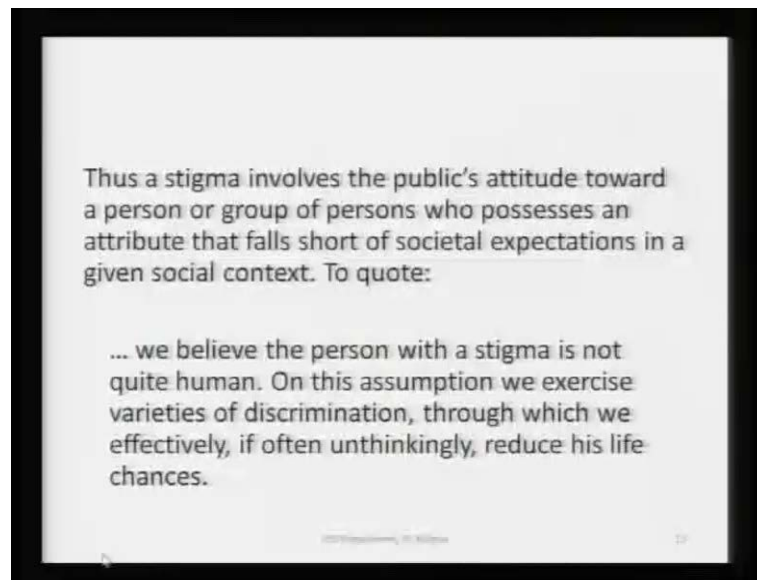
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There the stigma either recognition that to that to fight H I V is to fight against, a stigma prevailing against, H I V positive people and this has led to several studies. Stigma means basically, devaluation discrimination prejudices exculpation stigmatize persons are targets of prejudices, attitudes, stereotypes, cognition as belief knowledge and expectations of social groups and discrimination according to Goffman everybody sides Goffman, while conducting research on stigma whether sociologists or psychologists.

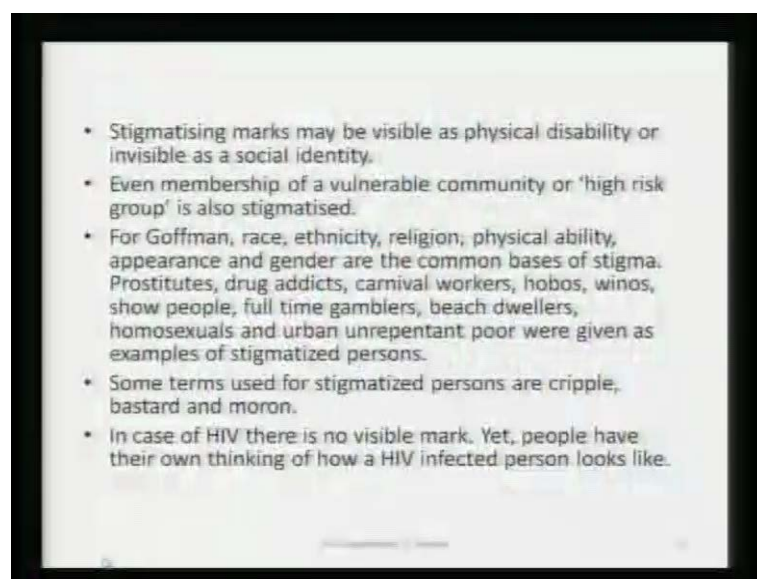
And is according to Goffman persons who possess an attribute that risks their a full acceptance from others are said to possess a stigma. Goffman was not talking about H I V he was talk talking about a stigma against certain people facing prejudices or discrimination or stereotypes as a consequence of the stigma. Such persons are reduced in people's mind from whole and usual persons to the tainted discounted one that become their master state master level you to use interaction is prospective. A stigma become their master level that this person is H I V positive PLS it belongs to P L H A people living with the H I V A I D S. And that becomes the master stators then you are not concern about other things is education illiteracy employment schools, creativity, nationalism, honesty. You know once somebody stigmatize as positive person then all other states as become redundant this is the level of stigma.

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And this is stigma involve the public's attitude toward a person or group of persons, who possesses an attribute that fall short of societal expectation in a given context. Here is quote there are three categories of stigma abomination of the body blemishes of individual character and tribal stigma of race nation and religion various prevalent in our country religions stigma Hindus stigma against Muslim having stigma against Hindus. A stigma against lower cost or stigma against people is speaking certain languages stigma against tribal people, stigma against a rural people you know all kinds of stigma that an among them.

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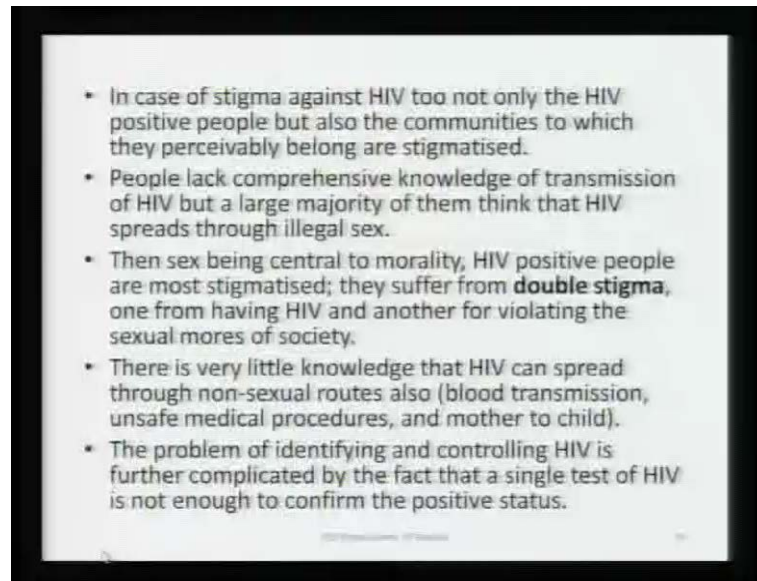


Stigma against H I V this one a stigmatizing marks will visible sometime as physical disability in cases of stigma against leprosy patients and sometimes invisible. In case of H I V there in invisible you cannot by looking at face of somebody say whether the person is suffering from a H I V. Another great difficulty in fighting against, H I V the at even membership of a vulnerable community or high risk group is stigmatized. So, not only people who are carrying H I V or stigmatize, even communities from, which more H I V positive cases or more people having high risk of transmitting H I V come or also stigmatized.

In survey whenever, we go to the field and talk to N G O and ordinary people of about H I V and H I V connected to organic sex workers. Immediately people start naming that India district they have people belonging to the this community a b c d sometimes a researchers have also name this communities that this tribal community or that community. You know it is nautical you know researchers having the nautical practices like this, but this clearly shows how not only persons who suffer from H I V well H I V infection.

But even certain community from this more people having high risk of getting or transmitting H I V come or stigmatized the whole community is stigmatized. That is the belonging to this community; that means, you carry your risk or you can transmit H I V to others. So, that tailors the yes in our district they are. So, many people belonging to these communities they have traditional wheel criminal trials they have been associated with leaker business, the sex business there women and girls go to Mumbai all kinds of communities are stigmatized. And once you stigmatized the whole community then it becomes more difficult to fight against, a spread of HIV.

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In case, of stigma against H I V not only the H I V positive people that is the greatest difficult, but even though communities to which they perceivably belong to or stigmatized. Another problem comprehensive knowledge initially now survey we ask the question of have you ever heard about H I V or A I D S. Recently I realize that it also important to ask two separate questions one on H I V another on A I D S. People do not know the distinction between H I V and A I D S and in many of our service in the past we ask have you heard about H I V slash A I D S. H I V is a different thing A I D S is different thing.

And therefore, we must ask separately whether they have heard about H I V and A I D S and just hearing is not ANA one of our PHD students recently you conducted a study ladakh. You know found that even those you have heard about H I V and do not know much about how H I V transmitted from one person to another. We need complete people need to have comprehensive knowledge and which are three therefore, from the first time in our knowledge developed a scale of comprehensive knowledge of causes of transmission of HIV.

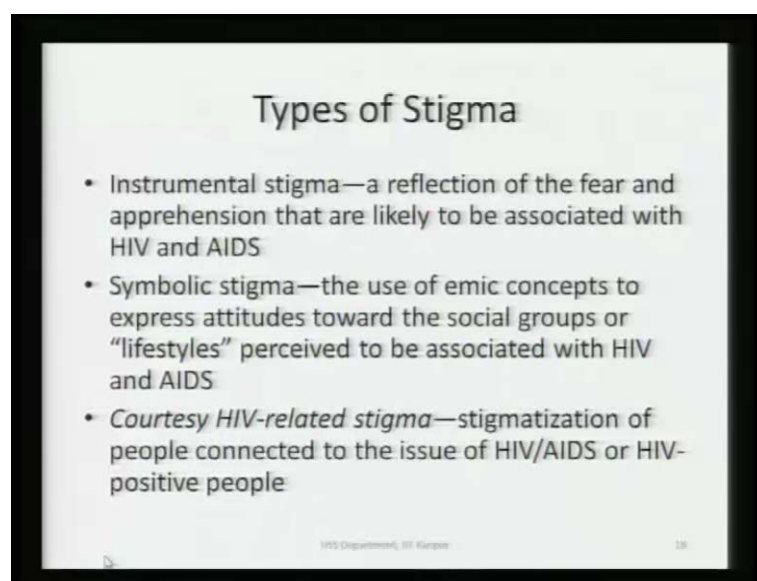
So, this is one area in sociologists can contribute lot how to measure knowledge of H I V and A I D S how to measure knowledge of RTI STI how to measure comprehensive knowledge correct knowledge near hearing of this terms is not ANA. We need to have knowledge of complete knowledge of transmission of them. Then sex being central to

morality H I V positive people are most stigmatized, they suffer from double stigma. One from H I V and another for violating, the sexual mores of society somehow in our society, which has all kinds of deviances and in terms of correction.

We have one of the lowest in the least of countries of the world in both word bank institute list and transmits international list we have one of the most corrupt countries. But people have somehow greater tolerance towards economic or political corruption. And they normally, in community living we attach greater importance or greater most sexual corruption. The people who suffer from H I V they suffer from dualistic stigma a stigma against, H I V and stigma for violating the sexual most of society. I would rather say that somehow, if we can give people comprehensive knowledge of a H I V, if we do not particularly stress on the sexual root of H I V, which is important. It is said that 85 percent transmission of H I V through the sexual root it may be 85 percent even then, I think we should give equal important to all other roots.

It will helps us in two ways one this dualistic more or stigma against H I V associated with moral devils will go. And therefore, H I V people can more easily open up and also it will make the health professional more accountable transparent transmission a transmission due to blood root, which as somehow in ignored in our system can also find it rightful place. Due to stigma there are consequences stigmatized people suffer, but in case, of H I V I will say the whole society suffers not only those who are stigmatized.

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But it also amperes societal effects to check h spread of H I V. Researcher also talked about different types of stigma these things you can take up, if you actually do research on stigma later, but there are various types of stigma since I have to talk about two more issues.

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So, let me finish the discussion of H I V and A I D S you know this is one issue, another issue is migration. In migration some studies of migration have been done when we were students even at that time thirty years back we use to study papers and books by professor could helps boss who did considerable work on migration and urbanization based on sensor data. Now, we have lot of data on migration from national sample survey also and more studies of migration are coming up. But still migration as not been research has much as it should be international migration very few studies I cannot even name who is expert of international migration in India among sociologists are among demographers. There are virtually low studies low stereo studies of international migration.

In the name of Diaspora (( )) some studies some sociological anthropological studies have been conducted. But we require more studies of international migration to India and from India to other countries with increasing globalization and growth of world population. Growing migration as become an important issue according, to the assessment of national intelligence council more than 140 million people live outside

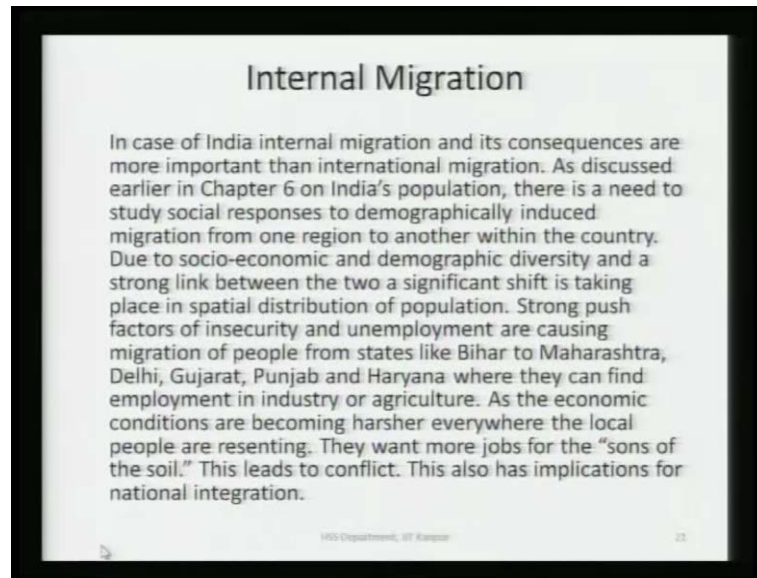
their countries of birth today. So, international migration is increasing in volume in size you have a large number of people, who can be classified as international migrants on the basis of place of birth data.

Migrants comprise more than 15 percent of the population in over 50 countries in a large number of countries more than 15 percent of the whole population consists of international migrants. It is estimated that the numbers will grow further under certain condition difference between migrants and natives or know to us produce stereotype against, stigma discrimination and violent conflicts. Therefore, while migration ameliorates the labour force shortfalls at the place of destination it may evoke discrimination on the grounds of language culture and religions practices.

In France conflicts on the basis of religion practices is much in discussion these days. In several countries in Germany in France in several countries of Europe how to deal with an ambient culture of Islam has become an issue the number of migrants going from countries practicing Islam has increased the percentage has increased in the overall population. And when they go they are maybe they go there a doctors as engineers as workers as traders, but one once they stay there at the place of destination countries they also like to practice their religious and culture believes and that time problem arises.

The most sufferers will be the less developed countries, which receive a large number of illegal migrants India is a developing country. And India is a large number of illegal migrants from neighboring countries from Nepal virtually the border reopen anybody any Nepal can come and live in India. There are lots of illegal migrants from Bangladesh and the statistics of growth rate or population of the border districts of India from Indian censuses or a good evidence of this Assam internal problems of Assam have largely been due to international migration.

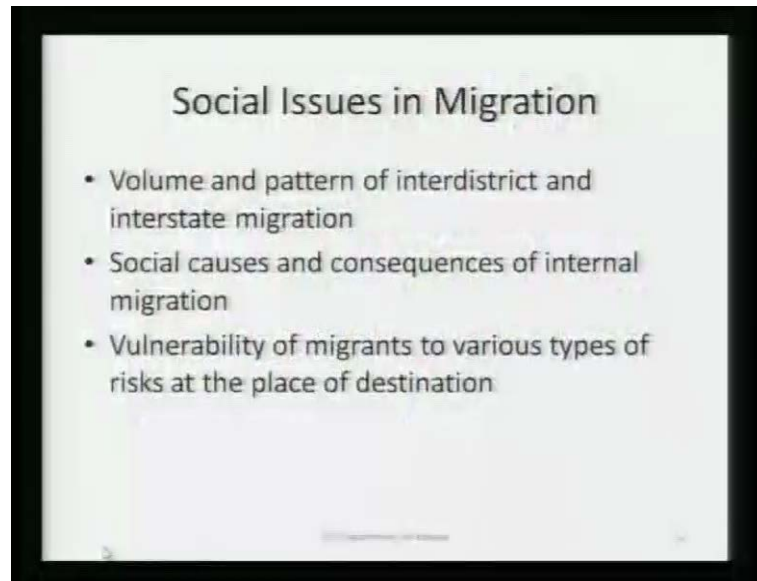
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And then international migration is also not as much understood it is social economics psychological political causes consequences assimilation acculturation that we need to study. In case, of India international migration it is it is consequences are more important than that of international migration. Has we have discuss, this in module three on India is module 6 sorry, module 6 on India is population there is a need to study social responses to demographically induced migration from one region to another within the country. Due to social economic and demographic diversity and strong link between the two is significant shift is taking place in special distribution of population.

So, strong push factors have been security and unemployeement are causing migration of people from states like Bihar to Maharashtra, Delhi, Gujarat, Punjab and Haryana, where they can find employeement in industry or agriculture or in urban in formal sector. As the economic conditions are becoming harsher everywhere the local people are resenting and they want more jobs for the sums of the soil this leads to conflict.

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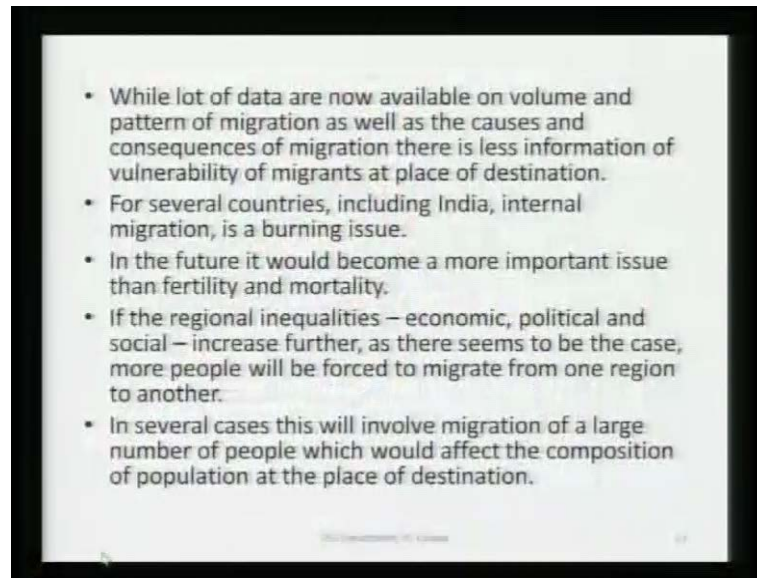
So, in times to come migration can become much more volatile socio political issue and we have to study migration social distribution in migration would be volume and pattern of interdistrict and interstate migration. You have lot of data on these things from censuses from N S S O, but you require specialized survey. Some special migration survey N S S O has conducted some survey still you require more national sub national state district level surveys of causes social causes and consequences of internal migration.

In the light of millennium development goals and national population policy 2000 in new and very important issue is to study vulnerability of migrants to various types of risk at the place of destination. Researches I have shown that migrants are more vulnerable to H I V the non migrants. They are alienated they are not assimilated properly there is more stigma against them they may not know the local language they may be less educated they are earnings may be less they may be living in somewhere in ghetto situation they may be not aware of all the facility and they may be discrimination against them. Or they may be some kind of culture or poverty among the reasonably settled migrants in urban in formal sector.

So, this is an issue may be some of you when you join M PHIL or PHD in sociology can pick up the issue of vulnerability or migrants to various types of risk at the place of destination and particularly the risk of H I V. Their sexuality we have knowledge the

knowledge of H I V, the knowledge of RTI STI risk behavior may be you also use some physiological measurements self esteem impulse control locus of control and associate the psychological characteristics to social once. One of our PHD students has done a significant work in this field and he showed how social and psychological factors together determine risk behavior.

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In the MSM community in Mumbai why lot of data now available on volume and pattern of migration as well as the causes and consequences of migration much of this is crude that in census we ask reason for migration. And there are certain categories of regions of migration; you require sociologically much more sophisticated scales in census. There is a limit to, which sophistication in scaling can go, because after all these data are to be collected on a large number of questions and by illiterate or sorry not illiterate, but by primary school teachers or a village level workers who are not trained social scientist.

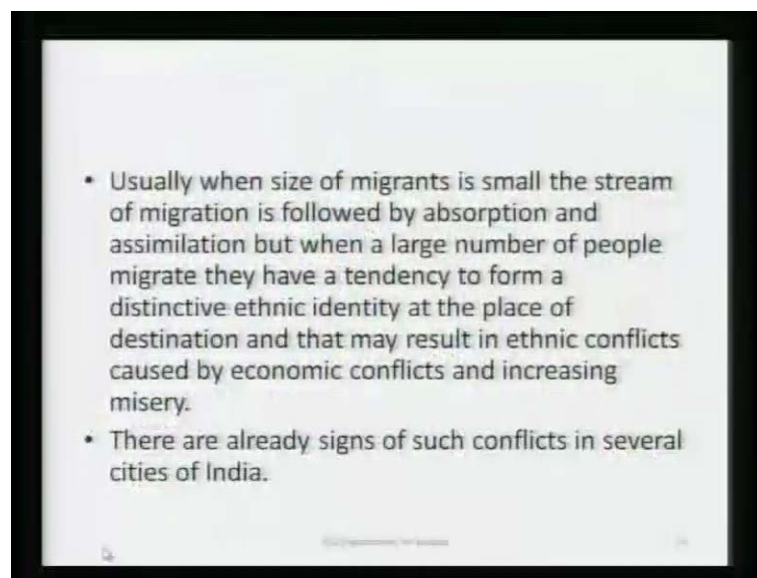
So, there is a limit to which we can make sophisticated use of research methods in census. But you require special service of migration for this for several countries including India internal migration is now a warning issue. In the feature it would become a more important issue then fertility immortal we forget about infertility anyway fertility is declining it has already declined among high school pass women one thing you will remember after doing this course that in high school pass girls or women. Already we

have reached the below replacement infertility. So, there is a not much need to understand factors of fertility anymore even mortality is declining.

And once as we have said in NPP or millennium development goals that once we are able to achieve lower labels of. In fact, mortality child mortality and maternal mortality our population problems will be solved. But we will require more studies of internal migration internal migration will become the most important issue any in the first lecture I said that they are 5 demographic process fertility, mortality, migration, social mobility and marriage social mobility is not studied at all by demographers. And among the other four demographic processes now you can time has come when you can afford to forget fertility and mortality And even marriage and of his known about marriage and once you have made a marriage law legal minimum marriage age is fixed.

And there are attempts to enforce it you can still do research from policy point of view policy planning internals and point of view, but even marriage is also not such a serious issue. The most important issue to be studied today is in terminal migration and this will become increasingly more important issue. If the regional in equalities economic political and social increase further as they are seem to be the case more people will be forced to migrate from one region to another. And in several cases this will involve migration of a large number of people, which would affect the composition of population at the place of destination, if not at the place of origin.

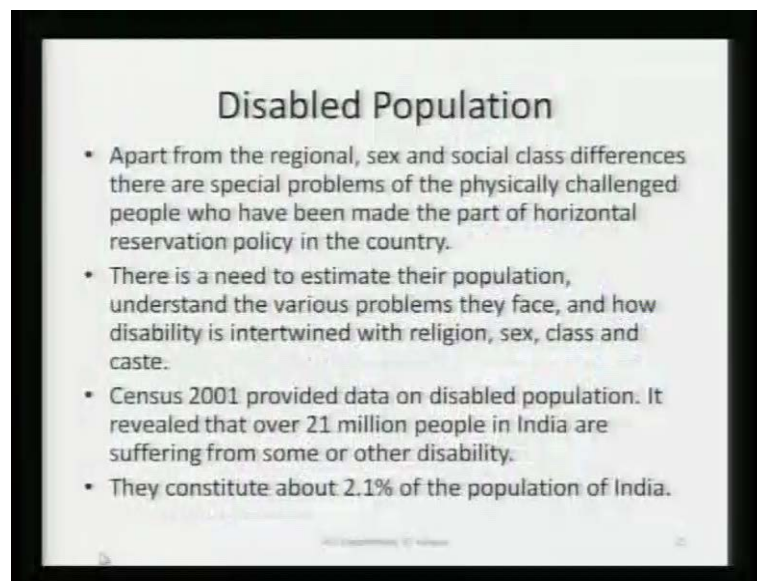
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Usually, when size of migrants is small the stream of migration is followed by absorption and assimilation, but when the large number of people migrate they have a tendency to form a distinctive ethnic identity at the place of destination. And that may result in ethnic conflicts caused by economic conflicts and increasing misery. In our country several ethnic groups, we say in our history several people shucks came, hounds came and today they have been. Nobody knows which caste or which, community the shucks and hounds represent in India today. But when Muslims came, because they were one reason why Muslims were not properly assimilated in the country was that their number was larger than the number of shucks and hounds.

So, in a city, if say five parts ten parts go then this 5 or 10 parts will soon become assimilated at the place of destination, but if 10000 Biharis go then they start making a distinct group and they have a tendency to live in a segregated area. And this leads to hostility suspicion stigma and conflicts then acculturation or assimilation does not take place.

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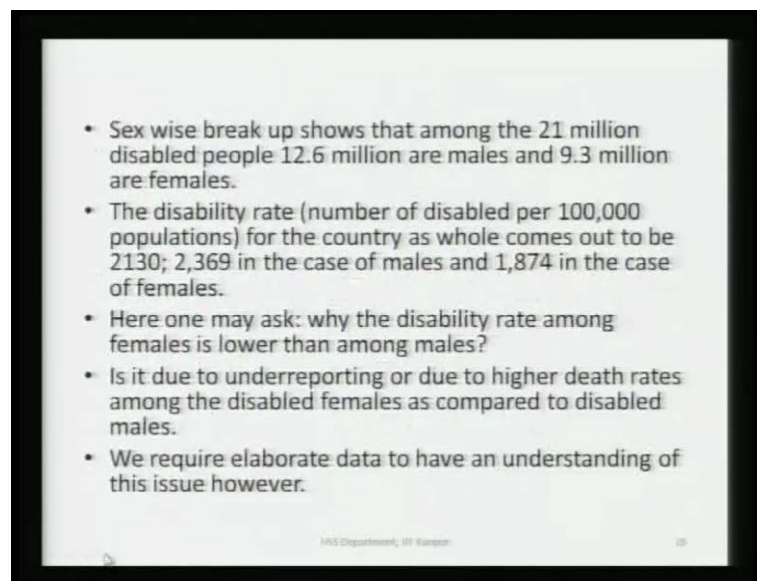


Then, because they became a community by themselves and the last issue, if that of disabled population, which we have completely ignore. There are at least some studies of migration there are several studies of H I V now sponsored by U N I C E F, N A C O and ministry of health and IIPS and population council. But there are very few extremely few studies of disabled population. And disabilities a new issue from the point of view of

empowerment entitlement human rights emancipation we have to conduct studies of disabled population. There is a need to estimate their population understand the various problem they face there are no sociological studies of blind people.

There are no so at least, I have not seen sociological studies of suffering from here in defect what happens to their social interaction to assimilation acculturation work occupation even inter generational flow of wealth how does disability affect that. And how disability is intertwined with religion sex class and caste. The problems are post model sociologies will say that the problems of disability are not uniform or universal. The problems of disability are intertwined with religion it does matter whether, you are a Hindu blind person or a Muslim blind person or a Christian blind person or a male or a female and then class and caste. Census two thousand one provided data on disabled population, it reveal that over 21 million people in India are suffering from some or other disability very large number they constitute about 2.1 percent of the total population of India.

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Sex wise break up shows that among the 21 million disabled people 12.6 million are males and 9.3 millions are females. Why should females be so less, as compared to males? I do know this raises some doubt may be the female disabled person female disabled females are under innumerate under reported or may be once the parents find that the female child is disabled they may be neglect or even killing of female baby in the

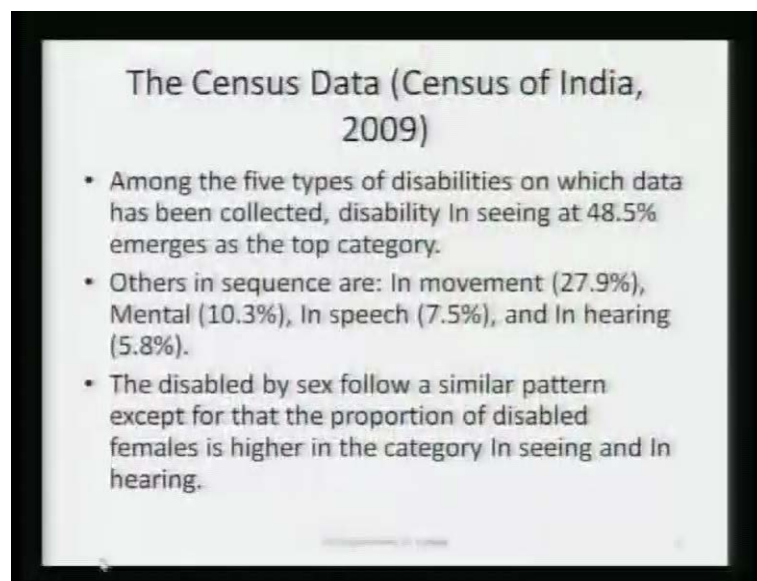


right in the beginning. So, even which this disparity between number of first of all I believe that these numbers are under estimated the actual number of disabled persons would be much more than 2.1 percent. But for that you require more sophisticated scales understanding of disability, labels of disability.

But even then whatever, the census figure show why should there be this much of disparity in males and females that disability rate number of disabled per hundred thousand population for the country as a whole comes out to be 2130; 2369 in the case of males and 1874 in the case of females high disparity.

Here one may ask why the disability rate among females is lower than among males is it due to underreporting or due to higher death rates among the disabled females as compared to disabled males. We require elaborate data to have an understanding of this issue.

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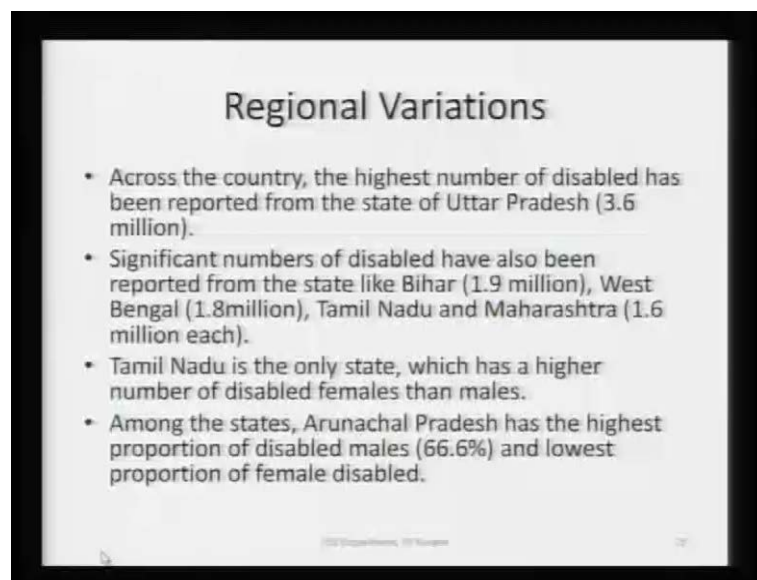


So, even, if you work in conventional framework and study mortality study sex differentials in mortality among disabled people this will be first class international level of research. And you can publish your paper in the top journal of population studies or sociology. The among the 5 census data also show many other things that among the five types of disabilities on, which data has been collected disability in seeing is 48.5 percent. This is the top category 48 nearly half of all the disabled population consists of disabled

in seen. Then in other some sequence are disability of movement 20 7.9 percent mental disability 10.3 percent speech 7.5 percent and hearing 5.8 percent.

Even this comparison show that the data may be faulty and there is a need to do research on whether speech and hearing disability are really. So, less among all types of disability that disabled by sex follow a similar pattern expect for that the proportion of disabled female is higher in the category in seeing and hearing. So, proportion of disabled females is higher in seeing and hearing, that means females disabled females in other category of disability are more missing.

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So, cases of under reporting neglect or higher mortality must be found among those disabled being. There is also a reason variations across the country. The highest number of disabled has been report reported from the state of Uttar Pradesh why should UP have the highest rate of disability 3.6 percent three sorry 3.6 million significant numbers of disabled have also been reported from state like Bihar 1.9 west Bengal, Tamil Nadu, Maharashtra to some extent this is, because the these are larger states UP, Bihar these are larger states. So, in terms of numbers here more disabled people here Tamil Nadu is the only state, which has a higher number of disabled females than males I would say that in this respect Tamil Nadu should be given a grade.

Tamil Nadu that means, if disabled females are more than males Tamil Nadu is taking greater care of disabled females than disabled males or is at least not practicing any

stigma or discrimination again, disabled females. So, from the point of view of gender women's empowerment Tamil Nadu should be given a grade when it comes through focus on disability. Among the states Arunachal Pradesh has the highest proportion of disabled males and the lowest proportion of disabled females why this means that among the disabled persons, if you calculate percentage of males and percentages of females.

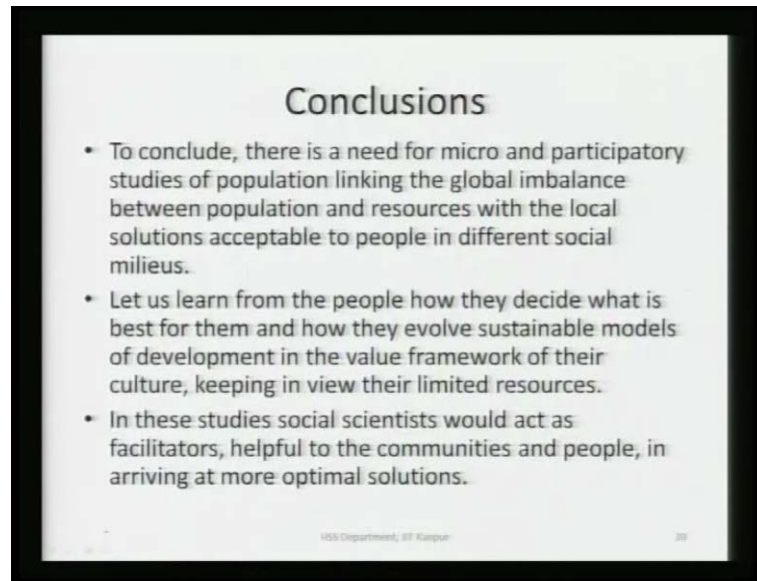
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**TABLE 6.6: NUMBER OF DISABLED POPULATION AND TYPE OF DISABILITY**

	Population	Percentage
Total population	1,028,610,328	100.0
Total disabled population	21,906,769	2.1
Disability rate ( per lakh population)	2,130	—
Type of disability		
(a) In seeing	10,634,881	1.0
(b) In speech	1,640,868	0.2
(c) In hearing	1,261,722	0.1
(d) In movement	6,105,477	0.6
(e) Mental	2,263,821	0.2

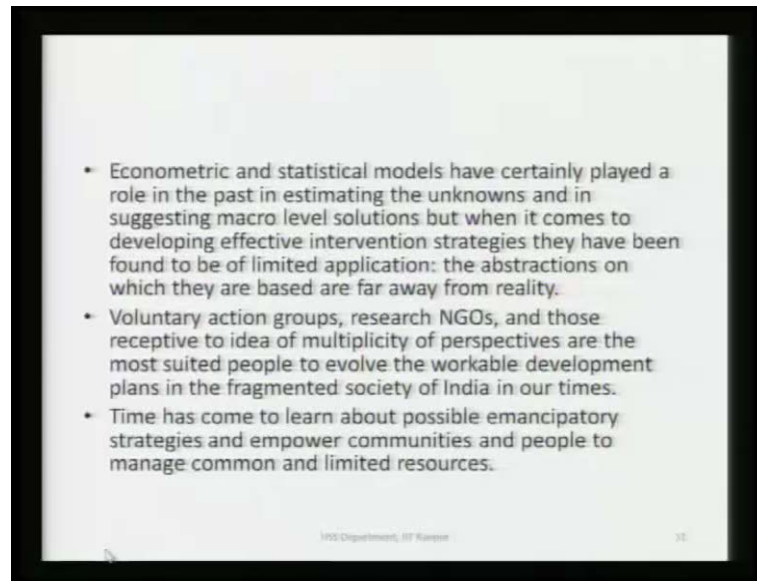
Then Arunachal Pradesh tops in percentage of males were 66.6 percent of all the disabled people are males. Here are some numbers in this tabular form I have already mentioned these numbers.

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So, to conclude there is a need for today being the last lecture let us spare some time for discussion. So, let me conclude there is a need for micro and participatory studies of population linking the global imbalance between population and resources with the local solutions acceptable to people in different social milieus from environmental point of view. Let us, learn from the people how they decide what is best for them and how they evolve sustainable models of development in the value framework of their culture keeping in view their limited resources. In these, studies social scientists would act as facilitator this is the rule of participatory or qualitative researches that you become a facilitator experts participate in research not as experts, but as facilitators helpful to the communities and people in arriving at more optimal solutions for people then.

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Econometric and statistical models have certainly played a role in the past in estimating the unknowns and in suggesting macro level solutions. But when it comes to developing effective intervention strategies they have been found to be of limited application. The abstractions on, which they are based, are far away from reality. If you know that there is a negative correlation between literacy and fertility what does it imply now how does it help the planners, how does it helps the N G O S. If you say that it means, education must be promoted in order to reduce fertility education must be promoted, but education must be promoted whether, to reduce fertility or not whether fertility is low or high education has to be promoted.

So, from macro level study of this kind actually, we are not gained much for policy making or intervention. Voluntary action groups research N G O S and those receptive to idea multiplicity of perspectives or the more suited people to evolve the workable development plans in the fragmented society of India in our times. Time has come to learn about possible emancipatory strategies and empower communities and people to manage common and limited resources. I made some questions let this slide with a but I would be happy, if you ask a few questions on today's lecture or on the entire course let us explain 5 10 minutes on that.

Please sir, I would like to thank you for such film making all though forty lectures be at all in graphic transition. Including population policies environment sustainable

development although really, very and I have no such question to sir, when we talk of all these problems are occurred related to population sustainable development. I would suggest, that education is the financial for all these like do not you think educating people would be the demotic for all these problems.

You are right, education many people many planners academicians they think that education is the panacea for all kinds of problems. But if you look at social problems population is one, but in source look at social problems in gender we tend to think that education can solve all the problems of society. Because it makes people more aware it raises of your level of empathy it makes you more altruist idealist the moral morally more responsible, but the fact remains that this is not the case. And if we look around the world then the then societies, which have more level of a European society or developed countries in general where level of literacy level of education is high.

They too have social problems of various types gender discrimination gender is there everywhere the problem of violence is everywhere crime conflicts prejudices United States is much more educated than India, but stigma against H I V people is as much prevalent in United States as an Indian. Actually, it is much more within the country also Kerala is most educated, but the problem of women the they are as much prevalent in Kerala as in Uttar Pradesh and Bihar domestic violence in several highly educated states of India we have more domestic violence. So, education is important, but then it also depends what do you mean by education? If by education you simply mean literacy and text book is knowledge then this education may not help.

I meant through literates not literacy, but educating people through enlightenment here yes and preventive measures. So, that is what making people more alert culturally more sensitive to needs of others morally responsive moral education not simple functional literacy or text book is knowledge of fifth pass or tenth pass you know that does not help. But yes if you are using that am education in the sense in which mahatma Gandhi who is the term or if you, if the planning commissions definition of education, which goes beyond literacy and text book is knowledge. Then he has education can help, but in the present form the just raising the level of literacy or raising the percentage of primary pass high school pass or intermediate pass is not going to solve our problems coming to today's lecture itself.

Sir, you said qualitative approaches are much more in a way all much more popular in these days. So, do you think when a person goes out to the field then he should have of both we should apply both the approaches that is called combination of methods or just simply quantitative or qualitative methods should be applied what will you support.

The meaning of qualitative methods is to find sometime we use the term qualitative methods for those researches in which we have more of qualitative variables dichotomies variables or qualitative variables or variables. Which have not been measured on highly reliable and valid a scale that is one kind of qualitative research. Truly speaking this research should not be called qualitative and there are appropriate statistical techniques non parametric methods chi square or logistic regression. There are the statistical methods to deal with qualitative variables and dependent variables and there are also packages for content analyzing basically, but applying sophisticated statistical models to qualitative data once you have transcribe them.

And we have entered them in computers, but the real meaning of qualitative research in sociology should be from phenomenal logical point of view. The assumption that the reality is subjective not objective the reality lies in the minds of those who perceive the reality. There is no outside where in neutral dispassionate kind of reality. So, that means, studying subjective understanding of people in a given context that subjective understanding, because it differs from context to context and people in different biographical situations due to different socialize and processes different interaction processes are likely to have different meanings.

So, by qualitative research I mean going into subjective meanings using the term qualitative in the sense in, which means we were use the term action to understand action subjective meanings. Behind action and this subjective understanding of action can be done phenomenological or it can be done in constructive is position in which we tried to deconstruct meanings a related them to biographical and social context.

Sir, do they have any doubts sir and were today's lecture as well like it was good. So, I do not think there are any questions sir today thank you for the lecture.

Thank you I will say that, if some of you go for research then look for interesting and new questions, if you work in the field of I know that in population studies departments

in population centers there are several universities. Now, where population is taught as a subject as an independent subject or as a paper in sociology, mathematics, economics, geography, psychology or economics people are mostly conducting traditional type of research. They are still you can still find PHD these is on social economic determinants of fertility or family size or contraception I am examining PHD these is on social economic determinants of contraception.

But there is a need to go beyond fertility and contraception and go deeper into the issues of reproductive decease and making empowerment is the most important issue. Whether, in the field of stigma H I V migration studies or disabilities studies ultimately the job of social scientists must be to create an academic intellectual environment. In which, problems of the most vulnerable sections of society can be heard and another role is to go for some kind of advocacy of the vulnerable sections of society. So, may be as sociology so arise a economies or a sociologies of religion as sociology is a population advocacy and emancipation of the down to down should be the prime aim of research. Thank you.