



**38<sup>th</sup> Annual Conference of  
Indian Association for the Study of Population  
Department of Statistics and Population Research  
Centre, Platinum Jubilee Hall, Andhra University,  
Visakhapatnam**

**December 20-22, 2017**

**CONFERENCE REPORT**

**Inaugural Function**

The 38<sup>th</sup> annual conference of IASP was held at Andhra University, Visakhapatnam during Dec 20-22, 2017. The conference started with the inaugural session held on Dec

20, 2017. Lighting of lamp by the dignitaries and prayer were followed by the welcome address by Prof K Srinivasa Rao, General Chair of the local organising committee. Prof Rao gave a brief history of Andhra University and Dept of Statistics.

Dr.KVR Subrahmanyam, Vice President of IASP informed about the number of abstracts received and blind review conducted for selection of the papers for oral and poster presentation. He said that 118 papers were selected for oral presentation and 130 papers were selected for poster presentation. He also mentioned about the two plenary sessions and panel discussion on applied demography.

Prof. Vinod Rao, Principal, Science College of Andhra University delivered inaugural address and talked about the inter-linkages of Population, Health and Development. He emphasised on reaching out to rural areas.. He said deliberation of the present conference should reach the society for the welfare of the people.

Dr.U.V.Somayajulu President of IASP gave Presidential Address. He talked about linkages between Population, Health and Development and emphasised that population is not a problem but a window of opportunity. He also talked about the progress in human development and challenges. .He mentioned that in spite of growth of the health care industry to about \$813 billion, inequalities are also increasing. He further added that Andhra Pradesh Government has taken various initiatives but in-equality is prevailing at various levels. He also emphasised the need for skill development so that benefits of demographic dividend can be derived. He also mentioned about the need for population policy at the sate level as the population issues and implications vary from state to state. He urged the Demographers to carry out research on linkages between population, health, and sustainable development. He congratulated the members to success of IASP's bid to host the 2021 International Population Conference at Hyderabad and urged the members to extend all possible support to make 2021 IPC a grand success.

Presidential Remarks were given by Dr.Gayatri, Devi, Rector, AU. She talked about the culture of India and highlighted the need to preserve the same. She gave the example of yoga that helps in treating many diseases. She also mentioned that India has improved in terms of life expectancy and emphasised the need for improving education status of girls which is important for the national building.

The key note Address was given by Dr. Venkatesh Srinivasan, Assistant Representative of UNFPA on the topic Research, Policy and Practice: *Are They Symbiotic?*

He deliberated on the issues of economic growth and stated that there is dislocate between the three aspects viz., research, policy and practice. He talked about realization of the demographic dividend and added that some regions in India have advanced in demographic transition while others are in the initial stages. Fertility and mortality rates are not same across the regions and among social categories within the same region. Certain population groups are marginalized and excluded because of social, economic and regional variations and inequalities. The Demographic Dividend of opportunity is ending in some states, but starting in other states. He stated that same policies cannot be applied in all the states. In Uttar Pradesh, Bihar, Madhya Pradesh, Jharkhand, Chhattisgarh, Assam, and Rajasthan there is need to address continuing high fertility, tap the demographic advantage (health, education and skills development, especially of girls), Safe migration (understand factors that lead to migration, support systems for those left behind). Window of opportunity is closing in 15 years for Haryana, Odisha, and Uttarakhand. Demographic Dividend window is closing in 5 years for Kerala, Tamil Nadu, Karnataka, Punjab, Delhi, Andhra Pradesh, West Bengal, and Himachal Pradesh. The requirement is to consider old age population and eestablish systems for their support.He urged the members of IASP to cover all these aspects in their research. He also assured the support of UNFPA to IASP in hosting the International Population Conference 2021 at Hyderabad.

The dignitaries released the conference souvenir while Dr Venkatesh released the online edition of special issue of Demography India with selected papers presented at the 37<sup>th</sup> annual conference of IASP held at IEG, Delhi during Dec 2016.

Prof K Srinivasan award for best substantive and technical paper published in Demography India was given to Dr Sanjay Kumar and Dr Brijesh Singh respectively. Prof KB Pathak award for best paper published in peer reviewed journal was presented to Dr SanjitSarkar. Prof PMC Nair, General Secretary announced the awards. Dr Suresh Sharma, Treasurer of IASP proposed vote of thanks and specially thanked UNFPA, USAID, Population Council, IHAT, ICRW, Helpage India, Save the children, MCSP, WISH foundation and STAR Foundation for the financial support.

### **George Simmons Memorial lecture**

George Simmons memorial Lecture was given by Prof. Vemuri Murali Dhar on "Income Inequality, Poverty and Contraceptive Use in India". He talked about rise in economic standards of poor, use of economic measures and overall impact of the family planning programme. He mentioned that women who are poor, in the bottom 20 percent of the income scale are far less likely to have access to contraceptives. He established the relationship using the two rounds of NFHS (2 & 3) and IHDS (1 & 2) data. He showed relationship between Gini coefficient and TFR (Inequality is high in Bihar, Jharkhand, MP, Nagaland, North and North-eastern states). He stated that though poverty has reduced, there are differences in the use of contraception between poor and non-poor. The use of contraception is also increasing between poor and non-poor. There are differences in the contraceptive use.

### **Felicitations to Past Presidents and Senior Demographers**

On 20<sup>th</sup>, in the evening, past Presidents of IASP, namely Prof. K. Srinivasan, Prof. Sudesh Nangia, Prof. SC. Gulati, Prof. Arvind Pandey and Prof. F. Ram were felicitated by Dr U V Somayajulu, President of IASP and Prof G Nageswara Rao, VC, Andhra University.

Five senior Demographers were felicitated for their contribution to the field of population studies in general and to IASP in particular. These included :Prof. H.C. Srivastava, Prof. G. Rama Rao, Prof. MSR. Murthy, Prof. G. Ramachandrudu, and Prof. J.L Narayana,

Digital edition of the book on Technical Demography written by Late Prof PVS Sarma with foreword by Dr PVR Prasad was released by the VC and IASP President.

## There were four plenary sessions

### PLENARY SESSION 1

The first plenary session held on the first day had three presentations .Dr.Devender Singh, UNFPA, talked on Demographic transition in India, while Dr.M Hanimi Reddy, Save the Children talked on Post natal care in India, and Mr. G. Prakash from Plan India talked about Gender Vulnerability Index. Prof Arvind Pandey chaired the session. The authors highlighted the issues that need attention and suggested action to be taken to address the same. The points discussed and issues emerged are as follows

#### Demographic Transition

There has been secular decline in TFR in India since 1990 and has reached 2.2 at the national level. The TFR would be less than 2 by 2031.Different strategy has to be adopted for different groups of states- namely, the states where window is yet to open, states where window is open and is going to close in next 15 years, states where window is closing soon. The gender issue has to be addressed: work participation, age at marriage, change in the norms etc. Migration would be another area of interest and focus should be on policy and programmes that would have great affect at place of origin and destination. There is need for forward looking urban planning with focus on social and economic programmes. One has to address inequality and exclusion.

#### Gender Vulnerability Index

Plan India as part of its "Because I am a Girl" (BIAAG) report, identified the different vulnerabilities/ issues the girl child faces throughout the life cycle that is before birth to 18 years. There is lack of data or insufficient indicators in many dimensions to develop a composite index, Plan considered only four dimensions - Safety/Protection, Health and Survival Challenges, Education and Poverty. Under the four dimensions 170 indicators from different data sources are identified Dimension of safety/Protection has twenty six (26) indicators, dimension of health has fifty seven (57) indicators, dimension of education has sixty eight indicators (68), and dimension of poverty nineteen (19) indicators are considered for creating gender vulnerability index (GVI).Positive and Negative Indicators are normalized to bring the values on a uniform scale using standard global practice of Yehulashet principal. Index value is calculated using Harmonic Mean across dimensions and GVI. The index scores can be measured on a scale of 0 to 1. The closer the score is to 1, the better is the performance. States with high GVI have high full immunization coverage and low under 5 mortality rate. States with high GVI have high birth registration and low under 5 mortality rate. More years of education creates awareness to reduce open defecation and resulted in high GVI. More married women participate in household decisions in states with high GVI. States with low GVI have higher percentage of households practicing open defecation. States with low GVI have high spousal violence and high incidence of child marriage. The GVI can be used for policy influencing and advocacy and by the policy makers for gauging the performance of various gender related flagship initiatives by the Government of India and other relevant stakeholders.

## Post Natal Care (PNC)

There are enablers and barriers in Pre-discharge facility in PNC, Post-discharge home-based PNC, inter linkages – facility/home. There is increase in the institutional delivery, Availability of ASHA for PNC and exiting platforms. The state of Odisha was chosen as all the indicators of early neonatal mortality rate, late neonatal mortality rate, neonatal mortality rate, post neonatal mortality rate, infant mortality rate and maternal mortality ratio are much higher than the all India. The baseline survey was conducted in three blocks of Nuapada district of Odisha: Komna, Khariar and Boden. It was found that institutional delivery was 80% of which 77 % were in public health facility, 3 % in private facility and 15 % at home. The mean duration of stay after delivery was 21 hours in district hospital, 14 hours in CHC and 7 hours in PHC. The risk stratification starts from delivery point that is Institutional delivery or home delivery. In case of women who delivered in an institution and both mother and child are healthy RCH card would be issued. An alert to mother/father, ASHA and ANM for every follow-up PNC home visit would be sent. The alert is sent for 6 visits. For high-risk mother and child after delivery both SMS and telephone calls would be sent. In addition they would be linked to VHND. This would help in assessing PNC care for mother and child.

## PLENARY SESSION 2

### Family Planning in India – What do numbers say?

The second plenary session was on Family Planning Situation in India: Looking back and looking forward with four speakers. The session was chaired by Prof K Srinivasan and Dr S K Mondal. Prof. F. Ram, former Director IIPS and consultant, Population Council, spoke about Family Planning Situation in India-What do numbers say?

Ms. Alia, of Abt Associates, presented her views on Adolescent care-seeking for Family Planning in Madhya Pradesh and Odisha

Dr.Kumudha Aruldas from Population Council spoke about Contraceptive Use Dynamics in India: Findings from a Prospective cohort study

Dr.Niranjan Saggurti from Population Council presented on Leading the Debate on Family Planning through RASTA initiative.

The population growth was no longer an issue in most parts of the world. Demographers would not favor government intervention as long as the fertility levels (TFR) are above 1.4 and below 3 children per woman. Unmet Need is ignored. Kerala, Tamil Nadu and Maharashtra would have zero growth rate in the year 2026, 2036 and 2041 respectively. Further India would overtake China's population in the year 2024. There are states with fertility and Reproductive health concerns, and states with only RH concerns. Overall new users have to come from younger ages. Challenge is to make system responsive to meet

contraception demand of Young adult, availability and accessibility to spacing methods may be the solution.

## **Adolescent care-seeking for family planning in Madhya Pradesh and Odisha**

The study explored from both the adolescent and provider perspectives on the use of family planning services in the context of health systems and service delivery. The study shows limited ability on making decisions and choice like age of marriage, family planning use, jobs. The study showed that there are misconceptions about all the methods except sterilization, relating to fertility effects, infection and strong association between using modern methods and illness, especially “weakness”. The study finds that family planning for adolescents is in a low-equilibrium trap, with low demand and low supply of services, and small variations by marital status and state. Adolescents view contraceptive use as more risky than an unintended pregnancy and abortions more risky than pregnancy. Main barriers to the access are; family and community pressure to prove fertility, feeling of shyness to use contraception, fear of side effects and infertility as a result of FP use, very few opportunities to talk to health workers/providers, community providers’ embarrassment and reluctance to discuss “sensitive” matters. There should be promotion and communication activities with mother-in-laws, formation of adolescent groups in each village, reducing the family’s interference, involvement of health workers in counselling which will help in promoting FP. Behaviour change communication (BCC) activities in school are needed to create awareness/knowledge about FP/RH issues and to address myths. Use of more discreet methods of delivery via vending machines and information through TV/Radio/Social media would be helpful. Adolescent boys who have the least information on contraception would especially benefit from peer networks and investments in education through multiple sources including TV.

## **Contraceptive Use Dynamics study in Odisha and Haryana: Preliminary findings**

The study covered currently married women 15-49 years, recent users of pill, PPIUCD/IUCD, DMPA with follow-up study conducted every 3, 6 and 12 months. This study was conducted in Odisha and Haryana. Some differences were noticed among the respondents of each method. PPIUD users were young with one child; injectable users were older with 3+ children and many were Muslims. More clients are informed about different FP methods, than about side effects, or what to do if experienced side effects for PPIUD, IUD, pill and injectable users. PPIUD users were given less information across the three indicators compared to other method users. Less than half of respondents reported receiving all three pieces of information – only 17% users of PPIUD received all the three pieces of information. 44% of PPIUD users reported not receiving any of the three pieces of information – majority of IUD, injectable and pill users received some information. Providers should counsel on side-effects and management of the same, possibility of switching timely if needed. PPIUD programme needs to strengthen counselling/informed choice. All the FP acceptors should be

encouraged to talk to ASHAs after accepting a method and ASHA should also follow them up. ASHAs should encourage consultation with providers and possibility of switching rather than advising to stop using the method. Husbands should be engaged in FP discussion as they influence method discontinuation.

## **RASTA – Leading debate on family planning**

As a follow up to the commitment at London Summit, 2012, various activities have been initiated by India on PPIUD programme. These include :Health facility based interventions including training of providers, Launch of New Contraceptives – Injectables, POP, Centchromin and Focused programme in Mission ParivarVikas (MPV- High fertility) districts. However, there are many challenges like delays in launching new contraceptive methods, lack of supplies and less community response. About 75% or more of demand is met by modern contraception. RASTA as a community of practice based on various individuals /institutions who share similar expertise and generate evidence to help India achieve the SDG targets. The aim of RASTA is to inform the policy and programs through data analysis using rigorous scientific methodologies, create a platform, by which joint effort can be made to achieve SDG targets, disseminate research findings, highlighting the importance of scientific knowledge generated and its potential value to government and policy, improve capacity for data use and mentor young professionals on data use and documentation. RASTA would be asking bold questions, analyse NFHS and other relevant data sources, translating evidence into programmatic interventions, developing Systems Dynamics Model, engaging experts to guide FP program, building networks to analyse the data at state/district levels.

## **PLENARY SESSION 3**

### **Improving MNCH health outcome in Uttar Pradesh, approach and evidence from Technical Support to Government of Uttar Pradesh**

The third Plenary Session was on Improving MNCH health outcome in the state of Uttar Pradesh, approach and evidence from the Technical Support to Govt of Uttar Pradesh.

The speakers were Dr. Rajesh Jha, Dr. Krishnamurthy, Mr. Antony Joseph, Mr.Sanjeev Kumar, Dr. Arup Kumar Das. The session was chaired by Prof G Rama Rao and Prof F Ram.

The MNCH programme in Uttar Pradesh aims to improve the skills, knowledge and practices at grassroots of health system with focus on reducing infant mortality rate and maternal mortality ratio. This programme is a science to address the problem, implementation and evaluation of public health programmes in terms of effectiveness and programme implementation, critical intervention packages depending on availability, utilization and quality. The initiatives include : providing Staff Nurses in PHCs and activating them as delivery points, converting home deliveries to institutional deliveries through

community outreach, increasing the sanctioned positions of SNs in CHCs, SBA training for SNs and ANMs in delivery points, mentoring support to staff nurses in high volume BPHCs/CHCs /SCs to improve/sustain quality, improving the essential newborn care skills and practices among the SNs and ANMs in delivery points, improving the availability of CEmONC services in the districts, improving systems for drugs and logistic management. The family planning services could be improved by strengthening front line workers, community leaders/influencers, strengthening monitoring & review mechanism.

## **Panel Discussion on Applied Demography**

On the third day of the conference, there was a panel discussion on Business or Applied Demography. It was moderated by Prof K V Rao and the speakers were Prof S Parasuraman, Prof. Ravi Verma, and Dr.D.V.Sastry, The panellists mentioned about the opportunities for applied or business demography and the skill set needed among the Demographers to get in to the field of Business Demography. Prof Parasuraman mentioned that TISS Hyderabad will start a course in Business Demography. Dr KV Rao mentioned that India network foundation would support the researchers presenting papers on Business Demography.

## **Technical Sessions**

The oral technical sessions covered fertility, family planning, marriage patterns, reproductive and child health, issues of elderly, health status of elderly, policies and programmes for elderly, Non communicable diseases, child health and nutrition, health coverage and systems, women's health and nutrition, migration and emerging issues, emerging health issues, urbanisation pattern and issues, gender issues, urban issues and planning, population and environment, Statistical approaches and innovations, education and work participation etc.

There were three Poster sessions with display of 65 posters over the three days of the conference

## **Key points from Different Sessions**

The key points that emerged from various sessions are listed below by sub theme.

### **Fertility**

Though fertility has reduced in India and in most of the states, differentials persist between the states. Some states have high fertility (with TFR of 3 and above), and some states have low fertility (with TFR of 2 and below) while rest of the states are in the middle between high fertility and low fertility states. Unintended pregnancies have reduced but about 30% of women had unintended births.



## Family Planning

The use of contraceptives is increasing but got stagnated as per the recent studies. The inequality in use of contraception is a concern

## Marriage

There is increase in the age at marriage among females but variation persists. For example, women with no education marry early than the educated women. One of the papers showed that hypergamy is a general practice among women and hypogamy is a practice by men. It was also showed that NRI brides have been decreasing since 2000. Further marriage by choice is spread all over India.

## Elderly

There has been increase in proportion of elderly in India. The papers described about elderly in various states and highlighted the importance of gender in abuse/violence among elderly. Elderly having high income have good quality of life. The papers also found variation in violence faced by the elderly by education. Insomnia is most prevalent among the elderly. It was highlighted that elderly women are more prone to be abused than their male counterparts. There is a need to develop elderly health care services.

## Health Coverage & System

Some of the papers presented highlighted that the health care system is mainly deficit in hilly and desert areas and indicated rural-urban differentials. There is shortage of doctors in the North Indian states. There is need to improve health care facilities in states of Uttar Pradesh, Bihar, and West Bengal.

The insurance coverage is low among the less educated and poor measured by wealth quintile. Insurance coverage is low in most of the states except Andhra Pradesh, Telangana, Kerala, and Chhattisgarh. There is increase in catastrophic expenditure over time. The catastrophic expenditure is higher in case of SC/ST groups, poor and Muslims. There is a need to focus on poor families especially many of the Northern states. There is a need to improve quality of the real time data through HMIS. Improvement in health coverage will help in reducing out of pocket or catastrophic expenditure.

## Migration

Most of the migration takes place due to lack of employment at origin and due to marriage. The most common stream is rural to rural migration. The migrants mostly live in slums in cities like Mumbai. The living conditions of the migrants are poor, and the cost of living is high. Migrants do odd jobs like washing clothes, servant maids etc. The remittances are sent through middlemen as they have no bank accounts. Depression is the major health concern among the migrants. They also have limited knowledge/awareness on HIV/AIDs

## **Emerging Health Issues**

The papers looked at mental health, alcohol consumption, disability and sexual health problems. Females have more mental health problems than males. The norms and culture of society promotes differential behavior pattern between boys and girls. The papers indicate reduction in alcohol consumption.

## **Urbanization Patterns and Issues/Urban Issues and Planning**

The analysis presented showed that class I towns are decreasing, while class III, IV, and V towns are increasing. There are some states where urbanization has increased than the national average. There is no relation between urban population and rural-urban growth rate. The papers also brought out problems of urbanization in terms of housing. Commutation is more common in urban areas than rural areas, and female commute less as compared to males. There are differences in the mode of transportation between males and females even though the reason to commute is similar. Due to unplanned urbanization, there are problems of waterlogging, decrease in vegetation, over crowding and traffic congestion. There is increase in the road accidents in many metropolises.

## **Education and Work Participation**

Educational attainment is higher in the southern states of India. However, school dropouts are common across the states. The major reason for school dropout is the financial constraint. Various communities have traditional skill and knowledge and acceptance of new technology would take time. The way forward could be creation of awareness for the promotion of education.

## **The way forward**

The states are at different stages of demographic transition with some are at advanced stages of demographic transition and some are at initial stages of transition. Therefore states are also realizing different demographic dividend. The developed and the developing states coexist in some form and integration and inclusion have to be top priority between the states. The states that are in initial stages of transition have to focus on the supporting infrastructure, job opportunities, transportation etc. The states that have realized the demographic transition have to assimilate the migrants from different states. The states have to cope with health of old age. The migrant's welfare, employment opportunities remittances and infrastructure should be the priority, without harming the interest of the natives of the states. This does not mean that various states are devoid of other problems. Access to quality health care is one of the core areas that the states have to make provisions. The maternal and child health in many of the states and within states have to be strengthened using public and private partnership. The differentials in terms of access and use of contraceptives, health care, child care have to be addressed. Among all, environment is a major area where the focus and the technology have to be used. With growing urbanisation and industrialisation, waste disposal is the major concern for the government.

There is a need to segregate waste disposal, and sanitation activities have to be undertaken in both urban and rural area. The urbanisation and industrialization should be planned. The states *per se* should have mutually exclusive policies and programmes so as the citizens could live more comfortably and amicably. Though, policy and programmes are in place there is a need for implementing the plan of action by keeping the system in place and without bias and discrimination.

## Valedictory Session

The valedictory session was presided by Dr U V Somayajulu, President of IASP. He mentioned that selected papers presented at this conference would be published in the special issue of Demography India. He informed the delegates that selected papers on ageing would be published in the Helapge Journal of Research and Development. He briefly mentioned about the International Population Conference 2021 to be held at Hyderabad and requested the members to extend all possible support to IASP in hosting the same. He also said that more regional and state level events such as conferences would be planned in the coming months and requested the members to take active part in the same. He emphasised that Demographers should play active role in policy advocacy and come out with new evidence for decision making that helps the policy makers and programme managers. He requested the members to come out with proposals on in depth analysis of NFHS 4 data as UNFPA is interested to collaborate with IASP on this.

Dr Manoj Alagarajam rapporteur general presented a brief report of the three days conference.

Prof Umamaheswara Rao, Registrar, Andhra University was the guest of honour. In his address, Prof Rao mentioned that population should be viewed as an opportunity rather than a problem. He also talked about the initiatives such as Swachh Bharat Mission.

Prof K V Rao, delivered the valedictory address and he urged the young Demographers to become good applied Demographers. He offered support from India Network foundation to young Demographers who present papers on business demography at PAA or IASP conference.

Prof. C. Chandrasekharan award was presented to Ms. Priyanka Yadav, from JNU and Prof. S.N. Singh award for best poster presentation was given to Ms. Deepika Phukan, Ms. Deepanjali Vishwakarma and Mr. Mani Deep Govindu. Prof PMC Nair, General secretary announced the awards.

Dr Suresh Sharma, Treasurer IASP proposed vote of thanks and thanked the Department of Statistics, Andhra University, for hosting the 38<sup>th</sup> Annual conference of IASP.

Dr KVR Subrahmanyam thanked the VC, Registrar, faculty, scholars, non teaching staff of Andhra University, media, EC and BOT members, chair persons, plenary and panel discussion speakers, oral and poster presenters, rapporteurs, staff of Sigma and others. IASP also thanked the funding agencies, namely: UNFPA, USAID, IHAT, ICRW, HelpAge India, Save the children, WISH foundation, STAR foundation et al

**The end**