UGC SPONCERED MINOR RESEARCH PROJECT

A Demographical Study of Sangli Dist. (MS.)

Submitted By

PRINCIPAL INVESTIGATOR

Mrs. N. S. Patil
Assistant Professor in Statistics

EXECUTIVE SUMMARY

Since 1901 to 2011, it is observed that rural population is gradually declining. This may be because of increased level of education or less attitude towards farming. As per 2011 census sex ratio of rural India was 947 females / 1000 males. However, in present study the sex ratio, 926 females/1000 males were of Urban India in 2011. This small sex ratio may be due to not taken chance by the couple once they delivered the male child. The result of termination of female fetuses in expectation of male fetuses. However, this imbalance is reflecting on the marriages of male youths. The peaks and troughs in age-specific sex ratios reflect changes in sex differentials, which may be the outcome of cohort mortality pattern, sex-selective undercounts or age-misreporting. High proportion of joint families is the sign of Indian culture. This may be the cause of less sex ratio. The high proportion of individuals working in agriculture indicates agriculture dependent rural economy.

About half of the total study population (47.1%) with age below 30 years implies rural population is becoming very young. This scenario is observed in most of the low and middle income countries. This usually indicates a high fertility rate and therefore a greater need for reproductive health programs and infant and child health services.

Elder population suggests planners, researchers and civil society for a more effective and sustainable care as well as support for senior citizens. The older population indicates need of high quantity and quality of geriatric services, provisions of income security and improved quality of life.

The total dependency ratio observed in the present study (43.9%) was less than the estimated total dependency ratio of whole India (52.4%) entails heavy burden on productive part of the study population. Gradually falling dependency ratio revealed India is in demographic transition phase. Dependency ratio less than 40% will reveal the all round improvement of the nation. The working age population (15-64years) observed in the present study (69.6%) is slightly

more than as per census data 2011 (63.4%). This is indication of socio-cultural and financial progress. Countries with a higher proportion of older people require a proportionately greater investment in health services for the aged, catering particularly for the chronic non-communicable diseases (NCDs) prevalent in later life. However, only one tenth of aged proportion in the present study discloses less investment to be required for their health services.

Sex ratio at birth:

Sex ratio at birth of 1152 females per 1000 males is very high than national figure 900 of 2013-15. This may be because of publicity as well as control of district administration in relation to female feticide practices since long back of data collection period. Also people were afraid of sex determination, because of the punishment associated with this so called crime.

Fertility:

CBR found in present study of rural population (9.4 per1000 population) is very less in comparison to CBR 22.4 observed in SRS 2015. GFR as per present study (34.6) is also less in comparison to and 83.8 as per SRS 2015. The low CBR and GFR may be because the population studied in present project belongs to economically sound area (green belt).

GFR in present study indicating 34.6 births per year per thousand women of childbearing age is less than the roughly expected range of 50 to 300 births. This is also indication of declining birth rate.

Mortality:

During one year follow up 76 out of 10489 total study population died. Thus overall death rate was 7.25 per 1000 midyear population with 6.61 and 7.93 per 1000 male and female population respectively. In this one year follow up, the infant mortality as well as under5 mortality was not observed. According to age wise frequency of deaths, the first age of death observed was 20-25 years followed by 30-35 years. These ages recorded single deaths. The first age death was due to Jaundice, the infectious disease, while second age death was due to accident, the non infectious disease. The pattern of deaths was in fact observed from age of 40 years. This pattern showed gradually accelerating trend for all age years, with exception of 75-80 age.