



# IAPPD Newsletter

A Quarterly Newsletter of Indian Association of Parliamentarians on Population and Development



## Sensitization Workshop for Legislators/Members of Zila Panchayat on Water Conservation and Scarcity

February 20, 2019, Bhopal (Madhya Pradesh)

With the objective to sensitize the Legislators of Madhya Pradesh and Members of Zila Panchayat (PRIs) of Bhopal on 'Water Conservation and its shortage and future challenges', a workshop was organized by the Indian Association of Parliamentarians on Population and Development on February 20, 2019 in Bhopal, Madhya Pradesh. The workshop was organized at the initiative of Shri Lakshman Singh, Ex-MP and now MLA Chachauda district on 20th February, 2019 in Bhopal, Madhya Pradesh.



*Inaugural Session of the Workshop.*

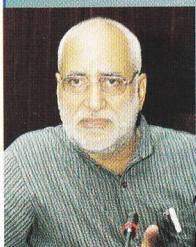
Welcoming the participants to the workshop, Mr. Manmohan Sharma, Executive Secretary, IAPPD, said that water is life as humans, plants and animals cannot live without it. Water is needed to ensure food security, feed livestock, take up industrial production and to conserve the biodiversity and environment.

Although, India is not a water poor country, due to growing human population, severe neglect and over-exploitation of this resource, water is becoming a scarce commodity. While this is a growing concern all over the world, India is most vulnerable because of the growing demand and undisciplined lifestyle. This

*Contd. on page 3 ...*







### **The entire spectrum of political leadership should take a pledge to transform the healthcare system of India in a decade**

As we all know, health of its citizens is the central pillar of a nation's development and productivity and the key to happiness for individuals, families and societies. Perhaps it is time to remind all parties that are seeking to govern the country that India's health challenges are perhaps the greatest for any single nation in the world.

India is continuously facing the unrelenting burden of the old and new threats of communicable diseases. The discussion on maternal and child health care and nutrition, is far from being complete. We have also emerged as the world's epicentre of chronic diseases such as diabetes, hypertension, heart ailments and mental disorders. People expect much more than a handful of select services under the limited ambit of the existing national programmes.

Each year, a large number of people, mostly in rural areas, are impoverished and run into massive debts to access healthcare. The devastating contribution of out-of-pocket medical expenses to poverty is often not fully appreciated by the media and policy-makers.

Long-term goals in healthcare transformation require a timeline that surely goes beyond the life of one Lok Sabha. The Centre and States also have to work in unison, regardless of which parties are in power. An all-party commitment to broad tenets is therefore absolutely essential to ensure focus, consistency, speed and accountability. We, the IAPPD family, therefore, call for a national manifesto on health affirmed by all parties.

Given that India has a mixed health system, both public and private sectors have to work in tandem to provide appropriate, equitable and affordable care at all levels.

To begin with, parties must make healthcare a core priority for the next decade, to enable transformation of the healthcare system, while promoting pro-health policies in other sectors. We believe that the following five principles form the core national agenda on health and should be embraced by all the parties.

First, we call upon all the political parties to commit to the goal of achieving universal health coverage (UHC) in the country by the year 2025, and develop a clear roadmap thereof by mid-2015.

Second, public spending on health should be raised from a meagre 1.04 per cent of the GDP in the Eleventh Plan to 3 per cent by 2020, and 4 per cent by 2025.

Third, all essential drugs, including anti-cancer agents, should be made available free to all citizens.

Fourth, standards of care including clinical guidelines, applicable to both the public and the private sectors, should be developed and enforced in the next five years.

Fifth, equity must be ensured in the provision of health services across districts, communities and gender.

The next government, irrespective of its party composition, should within the first 100 days of coming to power should create an enabling mechanism to plan, mentor and implement the above promises. This election should set a benchmark and transform the landscape of healthcare in India, no matter who comes to power.

Manmohan Sharma  
Executive Secretary, IAPPD

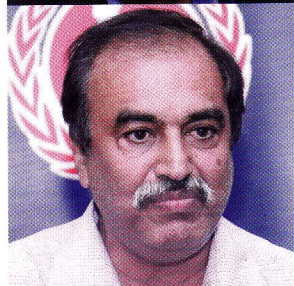
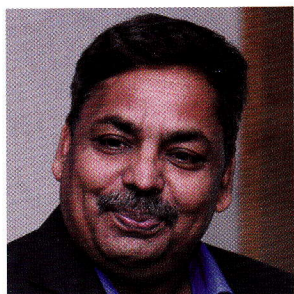


calls for immediate attention by the stakeholders to make sustainable use of the available water resources to ensure better quality of lives. He further added that a large part of Madhya Pradesh is already reeling under acute water crisis and Bhopal is no exception to this. With this background, IAPPD is organizing this workshop to sensitize the Elected Representatives on water conservation and its scarcity.

The workshop was chaired by Shri Lakshman Singh, MLA. More than 50 participants including 12 Members of Legislative Assembly and 15 Members of Zilla Panchayat attended the workshop. Experts from health, education and irrigation departments also participated in the workshop.

Three technical presentations by (i) Dr. Neelam Patel, Principal Scientist (WTC) and Incharge, Centre for Protected Cultivation Technology (CPCT), Indian Agricultural Research Institute, New Delhi; (ii) Dr. Umakant Umrao, IAS, Bhopal; and (iii) Shri P.K. Jain, Regional Director, Central Ground Water Board (CGWB, NCR) Bhopal were made.

Dr. Neelam Patel in her presentation on 'Agricultural Water Management: Issues and Opportunities' said that water, the critical resource of agriculture, has not been well managed in India, despite the country being an agricultural powerhouse. She discussed pertinent issues related to irrigation in India and the strategies and arrangements to address water scarcity for irrigation. She said that problems are largely institutional, structural, and administrative. Overcoming them is crucial for agricultural development in general and water management in particular. She presented annual water demand by various sectors and agriculture scenario in India. She explained the integration of major-micro irrigation systems, maintenance of water courses, laser land leveling, application of drip irrigation and soil and water



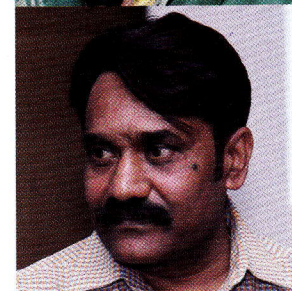
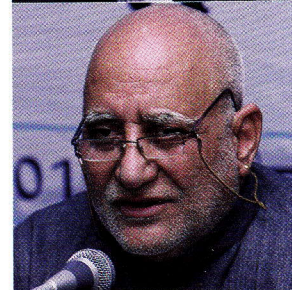
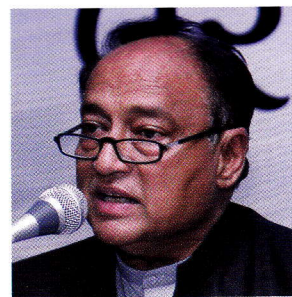
conservation measures, as a strategy towards optimum water management.

In his presentation on 'Beyond Rivers', Dr. Umakant Umrao said that according to NITI AYOJ, 21 cities in India are facing a potentially catastrophic water crisis within the next two years as groundwater is depleted. The resulting shortages could affect more than 100 million people. Nearly 600 million people are facing high to extreme water stress including 21 Indian cities, including the capital of India Delhi, Bengaluru, Chennai and Hyderabad.

He informed that water levels in 61% of the country's wells fell between 2007 and 2017 (pre-monsoon), as per the data submitted by the Union Ministry of Water Resources in Lok Sabha. The data is based on Central Ground Water Board (CGWB) monitoring 14,465 wells. The primary reason for this decline is over exploitation for irrigation purposes. India is responsible for 25% of the global annual total of ground water extracted. China and United States together don't account for as much as India extracts on its own. He also presented the model of Reva Sagar: Bhagirath Krishak Abhiyan, run by various water conservation groups like Cooperative Societies, Kisan Clubs, local NGOs, etc.

The third presentation on Ground Water Scenario of Madhya Pradesh, Water Conservation, Rain Water harvesting and Artificial Recharge to Ground Water was delivered by Shri P.K. Jain, Regional Director Central Ground Water Board, NCR Bhopal.

All the presentations were very well received by the participants.



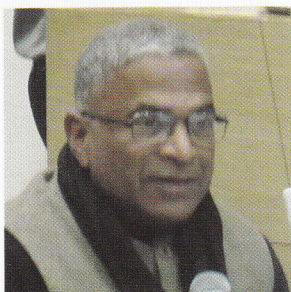
*Above in the pictures, speakers during the workshop.*



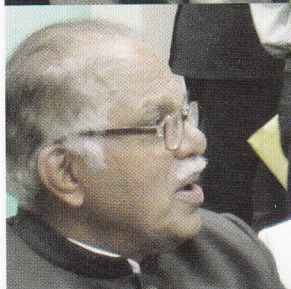
# **'Leveraging Population Dynamics'**

## **IAPPD Standing Committee Meeting**

February 5, 2019, New Delhi



A meeting of IAPPD Standing Committee was held in New Delhi on February 5, 2019. The theme of the meeting was 'Leveraging Population Dynamics'.



The meeting was attended by Eighteen Members of Parliament and 5 Technical Experts of IAPPD. Deputy Chairman of Rajya Sabha, Shri Harivansh Narayan Singh, MP, was the Guest of Honour.

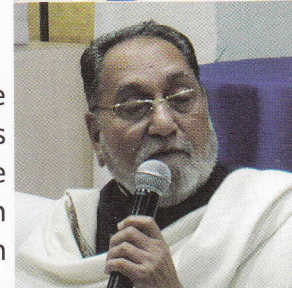


The meeting began with a welcome address by Shri Manmohan Sharma. He apprised the committee members about the international, national and local level activities conducted

by the IAPPD during the last one year on Family Planning, Tuberculosis (TB), Women Empowerment, etc.

A technical presentation was made on "Leveraging Population Dynamics in Sustainable Development" by Dr. Devender Singh, UNFPA. While presenting the current status of the population dynamics, Dr. Singh also tried to portray the future scenarios by using population projections till 2061.

The key focus of the presentation was that there is a wide population divergence between northern and southern states. While the northern



*Above in the pictures, Hon'ble Members of Parliament sharing their views during the meeting.*





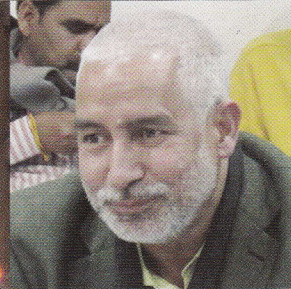
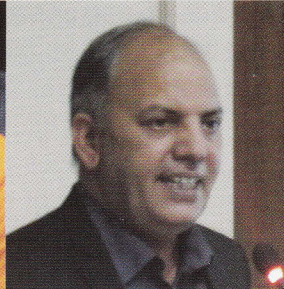
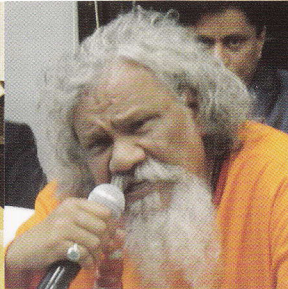
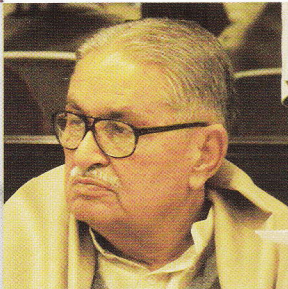
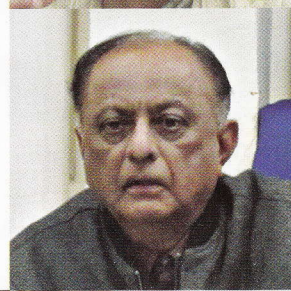
states still face the dependency of children, the southern states have started facing the dependence of ageing population. The presentation, therefore, suggested for state specific policy focus rather than a national policy on the issue. The presentation was well received by the Members.



A discussion by the Members of the Parliament followed after the presentation. The key concern raised during the discussion by several members was the unemployment scenario of the country under the situation of demographic dividend. Chairman, IAPPD, Prof. P.J. Kurien emphasized on the role of education and said that southern states have gained from it and that even the northern states should focus on it. Members also agreed to have state specific policy and programmes on population.



Hon'ble Dy. Chairman while presenting his views consented with the issues raised during the discussion. He laid more emphasis on the environmental concerns emanating from the population pressure and suggested for leveraging population dynamics for sustainable development by using Gandhian Economic Model. The meeting ended with a formal vote of thanks.



*Above in the pictures, Hon'ble Members of Parliament sharing their views during the meeting.*



# Lifestyle Diseases in India: Co

Dr. Jai Prak

Former Regional Adviser & Dire



Dr. Jai Prakash Narain

Lifestyle diseases or chronic non-communicable diseases are rising rapidly all over the world. Characterized by long duration and slow progression, these diseases are now the leading cause of death in India, causing every year 6 million (63% of total 9.6 million) deaths.

Commonest of these are cardiovascular diseases, followed by chronic lung diseases, cancers and diabetes. According to International Diabetes Federation, India ranks second in the world for total number of persons affected by diabetes with estimated 63 million. In fact, one in every 12 adults in India has diabetes.

Contrary of general belief, these diseases occur at a relatively younger age causing huge loss of productive man years and expenses on care and treatment. In an era of skyrocketing health care expenses, tragically lifestyle diseases are already exacerbating poverty and social inequities. Having to meet expenses from one's own pocket, 60 million people in the country are pushed to poverty every year because of illness and associated medical costs.

The silent epidemic is caused by four shared and modifiable risk factors namely tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol, which are fueled by forces such as globalization, rapid urbanization, ageing population, changing life styles and widening inequities in the society.

Consumption of processed food rich in sugar, salt, and unhealthy fats instead of home-cooked food is resulting in rapid increase in the number of overweight people at risk of lifestyle diseases. On the other hand, nearly 80% of the population do not eat enough fruits and vegetables and a quarter of the population does not have sufficient physical activity. Modernization is

leading to a sedentary life with limited physical activity at the work place and at home.

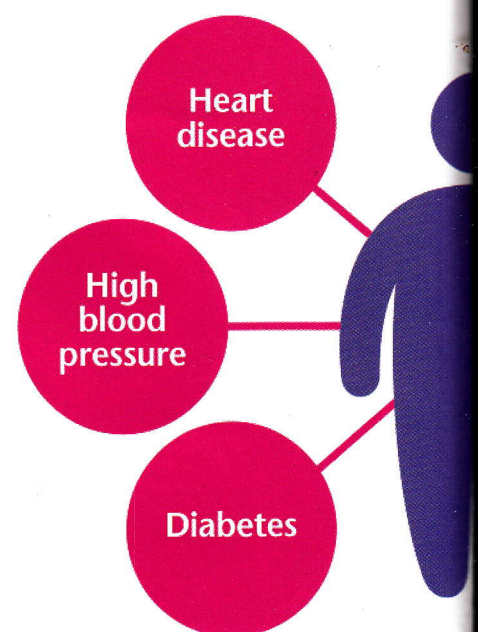
The Ministry of Health and Family Welfare has launched the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) on 4th January 2008 on a pilot basis, which was expanded to 100 districts spread over 21 states which has been scaled-up to the whole country in 2015. However, with only 3% of the meagre health budget allocated for prevention of these diseases, one is doubtful whether much can be achieved in the near future.

## Myths and Facts

In addition, there are many myths still persisting which hinder the recognition of these diseases as a health and development issue and in effective implementation of the national programme. These include the belief that lifestyle diseases are diseases of the rich, and the poor do not need to worry about them; that these mainly affect older people; and that diseases like cancer are a death sentence for which nothing can be done to tackle them effectively.

On the contrary, these diseases affect both rich and poor alike. In fact, poor are at a greater risk not only because of the risk factors but when sick they are not able to access appropriate health care. The high out-of-pocket expenses drive many families to poverty from which they cannot escape.

Data world over show more than 50% of the burden





# Confronting the Silent Epidemic

Rash Narain  
Director, World Health Organization

falls on people younger than 70 years. In many Asian countries including India, the onset of diabetes, heart disease and cancers occurs at a younger age—at least 10 years younger age than in the western countries.

Moreover, cost-effective interventions are available to prevent and manage lifestyle diseases. Preventing lifestyle diseases means having to bring about lifestyle changes which are both affordable and effective. These interventions include controlling the four major risk factors namely tobacco use, consumption of alcohol, physical inactivity and unhealthy diet. These strategies

when applied can prevent 80% of heart disease and diabetes.

Nearly three of every 5 cancer cases can be prevented. Some are linked with viral infections and can be prevented or even eliminated through immunization. Liver and cervical cancer can be prevented by Hepatitis B and Human Papilloma virus vaccination respectively which are both part of national immunization

programme.

Urgent need for a coordinated inter-sectoral response  
Clearly, the lifestyle diseases are preventable and manageable, and even curable, if detected early. Fighting lifestyle diseases requires political will, leadership and partnerships at all levels --- state, district and the local panchayat levels! The strategies basically consist of:

1) disease prevention by modifying/changing risk behaviors,

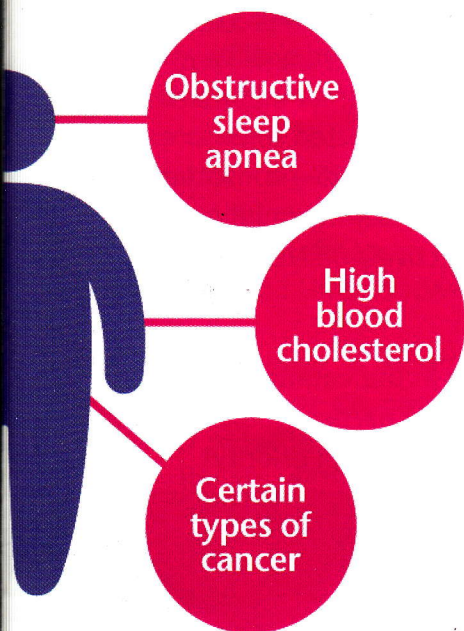
2) early detection through screening, and  
3) clinical management of those already with disease.

1) Disease prevention requires health promotion and creation of public awareness about the harmful effects of tobacco use and alcohol, and importance of healthy diet. Quitting use of tobacco can help prevent chronic diseases both among smokers as well as those exposed to passive smoke. Engaging in physical activity such as walking, cycling, sports and other recreational activities, for at least 30 minutes per day significantly reduces the risk.

The healthy diet-related changes include switching from use of saturated fats to unsaturated fats and eliminating intake of trans fats; reducing intake of sugar and salt; and increasing consumption of fruits and vegetables. Food items such as jalebi and pakoras fried in dalda or vanaspati have high trans fat content. The sugary drinks such as colas, fruit juices are laced with sugar content, the processed foods like namkeens, pickles, chips contain a lot of salt. These items should be avoided. A diet that moves away from white, refined wheat flour to use of whole wheat with husk and millets, and from polished to unpolished rice is healthy.

In addition to health promotion, legislation can play a vital role in disease prevention. These include increasing tobacco and alcohol tax, health warnings on tobacco packs, restricting or banning smoking in public places, and comprehensive ban on advertising, promotion and sponsorship of tobacco and alcohol. Discouraging marketing of foods high in salt, fat and sugar and levying higher tax can be effective in reducing these diseases. But these laws must be enforced effectively.

The stress and strain of modern day life is also a significant risk factor for these chronic diseases. New scientific evidence from India and the United States show a positive effect of yoga in not only easing anxiety and depression but also in reducing blood pressure and heart diseases, and in managing diabetes.



Diseases



2) It is important to emphasize that some of lifestyle diseases such as cancer or heart disease can be reversed and even cured, provided they are detected early. The government has initiated screening program in the country for early detection of heart disease, diabetes, high blood pressure and three common cancers such as those of breast, cervix and mouth.

Promoting proactive early detection and intervention such as through annual health check ups by those 40 years and above, has the greatest potential for reversing progression of disease, preventing complications, reducing hospitalizations, and health care and out-of-pocket expenditures. Screening is important for early detection because 70%-80% of those with the disease are unaware of their condition and thereby remain undiagnosed.

3) In spite of the prevention efforts, there are however many people who already have or would develop the chronic diseases over time. They need treatment and follow up on an ongoing basis. While the disease may have to be diagnosed in an institution, the care has to be provided at community and home level, as a part of continuum of care. This requires linking institutions with health centres and the community.

Besides medical care, social protection schemes can help ensure access to health care of some quality, without fear of financial hardship or catastrophe. For

this, the health system capacity such as staffing and medical supplies must be strengthened based on the principles of primary health care, equity and social justice. Presently, the staff situation in remote districts is particularly abysmal. Moreover, use of modern technology such as tele-medicine, mobile technology etc can help in the effective delivery of health services closer to patient's home.

The Ayushman Bharat scheme launched recently by the government of India could be a game changing initiative. Under the scheme, the poor families are entitled for an insurance coverage of 5 lakh rupees per family per year for tertiary care. Even better, the second arm of the scheme of converting sub-centres and primary health centres into health and wellness centres (HWC), if prioritized and funded adequately, has the potential to transform primary health care in the country --- every one, every where could have equitable access to health care of good quality, without fear of financial hardship. The parliamentarians and panchayat raj institutions are expected to ensure that the centres situated in their respective constituencies has adequate health staff and essential supplies such as life saving medicines to effectively deliver the services closer to the community.

During the election season in the country, it is hoped that the political leaders of all parties would consider prevention of lifestyle diseases a high priority!



*Promoting proactive early detection and intervention such as through annual health check ups has the greatest potential for reversing progression of disease.*



# Swachh Bharat Mission gains have come at a cost

Coercive and threatening tactics were used in all of the states to compel people to build and use latrines

Sangita Vyas\*

Last August, I visited Rajasthan to understand what the Swachh Bharat Mission (SBM), which aims to eliminate open defecation in India by October 2, has done. In the villages I visited, many households had constructed latrines. Some households faced threats to build toilets, and some actually lost their rations, pensions, or NREGA work for several months. In some villages, households that had constructed latrines had “niralo ghar” (extraordinary house) stamped into their ration books. The ration dealer was not supposed to give rations to households that did not have this stamp. But still, many readily admitted that they defecate in the open.

This visit was part of a larger study that my colleagues and I at Research Institute for Compassionate Economics have done in partnership with Accountability Initiative of the Centre for Policy Research. This survey sheds light on what the SBM did and on changes in open defecation from 2014 to 2018. We revisited households that we originally visited in 2014 and asked where over 9,800 people defecate in rural Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh.

What we found is that many latrines have been constructed over the past four years, which has led to a faster reduction in open defecation than in the past. Nevertheless, 44% of people over the age of two still defecate in the open in the region. Moreover, coercive and threatening tactics, like those that I saw evidence of in Rajasthan, were used in all of the states to compel people to build and use latrines.

In our survey, we asked whether people were prevented from defecating in the open or harassed while doing so, whether people were fined or threatened with fines if they did not comply with the SBM, and whether people lost or were threatened with the loss of public benefits (such as food rations) if they did not comply with the SBM.

What we found is that one in every two households told us that they were aware of some form of coercion for not building or using a latrine, and one in four households were aware of government benefits being withdrawn. Dalits and Adivasis were more likely than other groups

to report their own household experienced coercion to build or use a latrine. These statistics show that these tactics were not just one-off events used occasionally in some places. They were commonly used tools in the implementation of the SBM across the states we visited.

Sustainably reducing open defecation in rural India would reduce the number of babies who die and would improve the physical and cognitive development of surviving children. Subsidizing latrine construction also benefits people who would like to use a latrine but don't have the means to construct one themselves — like the elderly and disabled.

But, these gains have clearly come at a cost to certain fundamental rights through the widespread use of coercion. There are other costs of the SBM which also deserve attention. In some places, the SBM has created another avenue for reinforcing caste divisions. Moreover, many households still believe that emptying decomposed sludge from a pit is impure work. So when the pits of these new latrines fill up, what will be the implications for Dalits who have been forced to do this kind of work in the past? There are opportunity costs too. When officials were working on the SBM they were not serving citizens in other ways. There are also costs associated with not being able to trust official claims.

It is true that the reduction in open defecation has accelerated under the SBM. Based on this fact, some may argue that the SBM has been a success. But such a judgment is hasty, and ignores many of the other outcomes of the programme. The tactics employed by the SBM present important trade-offs that require public debate. Evaluating these trade-offs will at the very least require understanding how many people have been hurt because of the SBM, and how much it has accelerated the decline in open defecation. Reducing open defecation in rural India is an important human development goal, but at what cost?

*\*Sangita Vyas is a research fellow at Research Institute for Compassionate Economics, and a PhD student at University of Texas, Austin.*

Source: Hindustan Times, 22.1.2019



# Parliamentarians Round Table: Challenges and Opportunities to Realize India's Family Planning Commitments

February 11, 2019, New Delhi

With the objective to develop a set of recommendations on the need to increase investments in family planning in India and to identify strategies to ensure greater commitment for young people's sexual and reproductive health and rights (SRHR), Indian Association of Parliamentarians on Population and Development in collaboration with Population Foundation of India organized a consultative roundtable for Members of Parliament (MPs) on 'Prioritizing Family Planning: Challenges and Opportunities to realize India's Family Planning commitments'. The roundtable was a continuation of the India Caucus organized by PFI at the International Conference on Family Planning (ICFP) in Kigali, Rwanda in November 2018, where the critical role of elected representatives in building a movement for family planning were underlined.

Dr. Amee Yajnik, MP; Mr. Husain Dalwai, MP; Dr. Kiritbhai Solanki, MP; Dr. Mamta Sanghamitra, MP; Dr. P.D. Rai, MP; Mr. Pradeep Gandhi (Ex-MP); Dr. Rajeev Gowda, MP; Mrs. Vandana Chavan, MP; and



*Inaugural Session of the Roundtable.*

Dr. Vikas Mahatme, MP, attended the meeting. Other key participants who attended the meeting were Dr. Poonam Muttreja, PFI; Mr. Manmohan Sharma, IAPPD; Ms. Medha Gandhi (MBGF); Ms. Vinita Sahasranaman (CIFF) and Mr. Rajat Sindhu (CIFF).

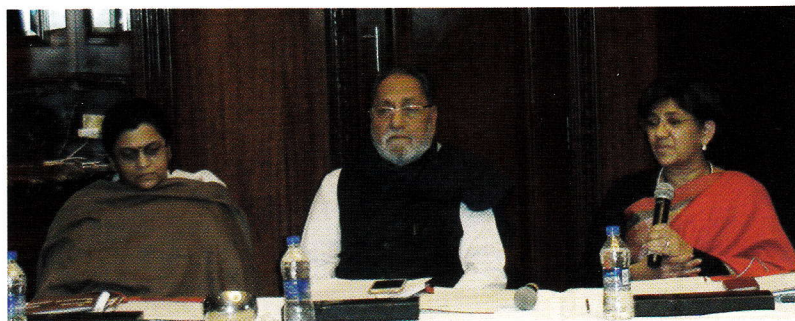
During the meeting, while progress in family planning programmes was acknowledged, it was agreed that more work and investments are required to meet the country's family planning commitments and sustainable development goals (SDGs).



*Members of Parliament sharing their views during the meeting.*



It was agreed that there is an urgent need to form a Parliamentarians Group for Family Planning that would be instrumental in raising FP issues and make sustained engagements with relevant stakeholders such as the Ministry of Health and Family Welfare, GoI; local governments and at grass-root level. Parliamentarians need to enhance interaction and work closely with the MOHFW, highlight the need for further investments in family planning. The reproductive health needs of migrants is an area that requires urgent attention, as this group has limited/no access to healthcare services and information on contraceptives, counseling and family planning services.



population. By doing so, the country can have improved socio-economic indicators and a stable population.

It was also agreed that there is a need for India to reduce focus on permanent methods of contraceptives and move towards expanding options for spacing methods, such as sub-dermal implants within the public health system. These implants have been successfully implemented in various countries whose context is similar to India.

The participants were of the view that rather than focusing on the size of the population and associating population growth to specific communities, it is important to channelize efforts towards addressing health, education and employment of the country's

Family planning counseling should be made available not only to newly married couples but also to unmarried young people. To ensure that young citizens are well-informed and empowered, we need adolescent friendly clinics, concerted efforts to delay age of marriage, package sexual and reproductive health education with other health needs such as mental health, and give greater impetus to girl's education.



*Members of Parliament sharing their views during the meeting.*

## **WRAI Strategic Action Planning Exercise/Meeting**

March 26-27, 2019, New Delhi

The WRAI (White Ribbon Alliance India) Strategic Action Planning Exercise/Meeting was held in New Delhi on March 26-27, 2019. The objective of the exercise was to review the achievements and challenges of WRAI and to identify the priority areas for the alliance for the next four years (2019-2022).

Dr. Vinod Kumar Paul, Member NITI Aayog, Government of India delivered the keynote address on 'Maternal Health in the Era of Ayushman Bharat'.

Mr. Manmohan Sharma, Executive Secretary, IAPPD, attended the meeting.

After two days deliberations, the group suggested that a strategic framework should be developed which outlines WRAI's priorities, goals and outcomes for next 4 years. In this context, the identification and consensus building of key priority issues was also discussed in detail.



# Bad news for girls, sex ratio at birth plunges in southern states

Kerala Is Lone State To Buck Alarming Trend

Rema Nagarajan\*

Abysmal sex ratios have generally been associated with states like Haryana and Punjab. However, the data for 2007 to 2016 on sex ratio at birth, an indication of which way the sex ratio will move in coming years, shows that southern states barring Kerala have witnessed some of the most dramatic drops.

Data collated by the office of the Registrar General of India from the civil registration system (CRS) showed that in 2016, Andhra Pradesh and Rajasthan had the worst sex ratio at birth (SRB) of 806. Tamil Nadu was sixth from the bottom with its ratio falling from 935 in 2007 to 840, compared to the all-India figure of 877. In Karnataka, it fell from 1,004 to 896. In Telangana, it fell from 954 in 2013, when the state was formed, to 881.

Since most of these states have achieved near 100% registration of births, the low ratios cannot be because large numbers of female births aren't getting registered.

In the case of Andhra Pradesh, the drop to 806 in 2016 from 971 the previous year does seem abnormal. L.N. Prema Kumari, joint director of census operations in Andhra, said the sudden fall was due to the confusion created by the bifurcation of population between Andhra and Telangana. However, the bifurcation happened in 2013 and the data from

## ANDHRA, KARNATAKA SEE BIGGEST FALLS

Andhra	<b>WORST SEX RATIO</b>	806
Rajasthan		806
Uttarakhand		825
Bihar*		837
Tamil Nadu		840

Sharpest Decline	2007	2016	Change
Andhra Pradesh	974	806	-168
Karnataka	1004	896	-108
Tamil Nadu	935	840	-95
Odisha	919	858	-61
Uttarakhand	869	825	-44

\*low level of birth registration, so data uncertain

then till 2015 does not show any sharp variations though the data for both states see-saws over the years. Also, in 2016 both states have witnessed a fall in the ratio.

Tamil Nadu had dropped steadily from an SRB of 939 in 2006 to an all-time low of 818 in 2015. Compared to that, 840 in 2016, though lower than even Haryana's 865, was an improvement. Since 2011, the state's SRB has been lower than the all-India one. In Karnataka too, ever since 2011, when it achieved 98% birth registration and an SRB of 983, the ratio has steadily declined.

Source: Rema.Nagarajan@timesgroup.com, Times of India, 28.1.2019.



### The IAPPD Newsletter

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Editor

Manmohan Sharma

Indian Association of Parliamentarians on  
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