

PRESIDENTIAL SPEECH

ON

53RD CONVOCATION OF THE

INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES

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BY

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Shri Shivraj Patil, His Excellency, Governor of Punjab, the chief guest at this Convocation, Prof. F. Ram, Director and Senior Professor, International Institute for Population Sciences, Faculty and staff of the Institute, Students graduating at this Convocation, Distinguished guests, Ladies and Gentlemen!

I am indeed very happy to be present here at this 53rd Convocation of the International Institute for Population Sciences.

At the outset, I would like to welcome Shri Shivraj Patil to the IIPS and thank him for sparing some of his valuable time to be with us today.

Let me now congratulate all the young demographers who have successfully completed their degrees and diplomas at this premier institute.

I also heartily congratulate all those who have won medals for their meritorious performance.

Over the last 55 years, International Institute for Population Sciences has been the pioneer academic institution in the field of population studies.

It is heartening to know, that the Institute has trained over 3000 students and professionals in the field of population studies from India and several countries in the Asia and Pacific region, particularly neighbouring countries in the SAARC Region and countries like China, Indonesia, Iran, Thailand and Vietnam.

I understand IIPS has also conducted and continues to conduct several short-term courses and training programmes on various topics for up-grading the skills and knowledge of government officials, researchers and students from all over the country.

I would like to extend my congratulations to the faculty for their contribution in this regard.

Ladies & Gentlemen,

The consideration of population, its growth and composition have been recognized as one of the most important aspects of the development planning process in the country.

As such, population scientists have an important role, not just in efforts to control population growth, but in promoting and assisting overall development.

The institute is well known the world over for its expertise in conducting large scale surveys.

The results of these surveys have been immensely useful in evaluating the health status and social progress of the country and planning our response.

The 2011 census shows that though India has now 1.21 billion population, the growth rate has significantly declined from 1.97% per annum during 1991-2001 to 1.64 % per annum during 2001-2011.

This is a good reflection of the country's efforts towards population stabilization.

It is a matter of great pride that we have succeeded in reducing both fertility and mortality rates substantially and increasing the average life expectancy of the Indian population.

The total fertility rate has reached close to 2.5 live births per woman and life expectancy has increased to around 65 years. The infant mortality has been brought down to 50 per 1000 live births.

However, despite our achievements, there still remain large regional disparities in demographic outcomes in terms of both the fertility and mortality rates across the states of India.

The Empowered Action Group (EAG) States, i.e. Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Rajasthan, Orissa, Madhya Pradesh and

Chhattisgrah, where 45 percent of India's population resides, have been lagging behind the rest of the country in both fertility and mortality rate declines.

The fertility rate in EAG states still continues to be high (3 to 4 live births per woman except Orissa), and infant mortality is as high as 67 in Madhya Pradesh followed by 65 in Orissa.

The maternal mortality rate in some of the EAG states, being over 400 maternal deaths per 100 thousand live births, is an area of great concern.

With a view to improve the accessibility, affordability and equity of health care services, particularly for the poor and vulnerable households in remote and rural areas, the Government of India launched the National Rural Health Mission(NRHM) in April,2005-6.

A concurrent Evaluation of the NRHM conducted by IIPS has shown that the NRHM has succeeded in creating new institutional structures like Rogi Kalyan Samitis (RKS) and Village Health & Sanitation Committees (VHSCs) in the health sector.

The appointment of Accredited Social Health Activists (ASHAs) in most of the villages in the country has helped in increasing awareness of health programmes and has provided an effective community link to our massive efforts to reduce maternal and infant mortality.

Ladies & Gentlemen,

India has 27 million pregnancies annually. In 2006, only 7 lakhs of these had institutional deliveries. With the launch of the NRHM, the number of institutional deliveries has increased to over ten million in 2010.

Even so, the challenge of reaching out to the remaining women continues and to strengthen our efforts in this direction, on 1st of June 2011, a new national initiative has been launched to promote institutional

deliveries.

Under newly launched Janani-Sishu Suraksha Karyakram (JSSK) the institutional deliveries at government health institutions will be completely cashless and free.

The government will provide free diagnostic tests (including ultrasound), free consumables & medicines, free provision of blood, free diet (up-to 3 days for normal delivery and up-to 7 days in case of caesarean section) and free to and fro transport from home to hospital to all pregnant women.

These facilities will also be provided to their sick new borns up-to 30 days after birth.

Through this, we hope to encourage pregnant women to access our government health institutions and further boost our efforts to reduce maternal and infant mortality through safe institutional deliveries.

In so far as population stabilization is concerned to further consolidate the gains made in our population control efforts, the government of India is shortly launching a scheme wherein contraceptives, both male and female, would be delivered at the doorstep of the people in the high focus districts of the country.

ASHAs would be involved in the door to door distribution of contraceptives to the beneficiaries.

With this scheme, we hope to provide for the un-met needs and add to the success of our population stabilization efforts.

Ladies & Gentlemen,

Health of the people not only depends upon health care provision but also on the health seeking behavior. In this respect the consumption of tobacco and tobacco products and alcohol has serious impacts.

Ministry of Health and Family Welfare has been assiduously carrying on campaigns to educate the people about the ill-effects of tobacco with the objective of minimizing the health hazards of tobacco consumption.

In this direction, a useful effort has been the Global Adult Tobacco Survey (GATS). One of the largest surveys of this kind in the world, it was carried out in all the States and 2 UT's of Chandigarh & Puducherry.

The entire survey was funded by the Government of India and was conducted by Indian Institute of Population Science (IIPS), in technical collaboration with World Health Organization (WHO) and Centre of Disease Control (CDC), Atlanta, USA.

The survey revealed that in India more than one-third of adults (35%) use tobacco in some or the other form.

Among them, 21% adults use only smokeless tobacco, 9% use only smoke and 5% use smoke as well as smokeless tobacco.

Here, I must complement the Institute since the GATS India initiative will not only help Govt. to formulate policies but will also strengthen the Ministry's efforts to prevent any further increase in the prevalence of tobacco use, especially among the vulnerable groups such as youth, children and females.

To fully reap the demographic dividend of our young population we have to guard against the four major risk factors associated with the increasing incidence of non-communicable diseases such as diabetes, cardio-vascular diseases, stroke and cancer. These are tobacco, alcohol, unhealthy diets, commonly called, "junk food" and physical inactivity.

The need to focus on the youth is something that is repeatedly underscored, especially to bring about lifestyle and behavior changes from an early age to live a long, productive and healthy life. There are about 350 million young people aged 10–24 years in India.

Their vulnerabilities remain poorly understood and largely ignored. Here, I would like to urge the scholars at this Institute, to undertake research in these areas to help formulate policies that are addressed at effective behavior change strategies to maximize the potential of our youthful population through healthy life-style choices.

Another area that needs attention is the phenomenal urban transition taking place in India today.

There is a need to take up more research and study on the vulnerable sections of Indian population in urban settings, like the poor, slum dwellers, women, children and the aged etc.

I expect a premier institution like IIPS to take up the above issues and strengthen its teaching, training and research programmes so as to strengthen policy making for the benefit of the people.

Finally, I would like to suggest to the students graduating today that with the training that they have received here, they should go out and find opportunities to work in areas where they can actively contribute to issues in which they have been trained and also build upon their knowledge base to realize their potential.

I wish each of you all the very best in your work and life.

I am sure the International Institute for Population Sciences will continue to excel and will be there to guide and support your individual efforts in the years to come.

In the end, I once again express my gratitude to Shri Shivraj Patil, H.E. the Governor of Punjab for gracing this Convocation as the Chief Guest. I have always received good advice and counsel from him and look forward to his continued guidance.

Thank you and Jai Hind!

