POPULATION - OUR CONCERNS

2010-11
Adolescence Education Cell
State Council of Educational Research and Training
Andhra Pradesh, Hyderabad
Population Education – Themes

1. Family Life Education
2. Health and Education
3. Adolescence Education
4. Gender Equality, Equity and Empowerment of Women
5. Urbanization and Migration
POPULATION – OUR CONCERNS

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MESSAGE

I am glad that the Department of Adolescence Education of SCERT is bringing out a pocket booklet on “Population - Our Concerns” for the first time, with a view to increase awareness among Secondary school students of Andhra Pradesh. It is a commendable project as the area it covers is untouched so far.

The Census 2011 provisional figures have thrown light at the alarming rate at which Population is increasing in the country in general and Andhra Pradesh in particular. It is estimated that our country’s population would cross 150 crores in about 20 years which may lead to serious consequences. It is also a fact that country is facing numerous health hazards due to rapid urbanisation and migration. The unforeseen changes in people’s life styles may effect the country’s sustainable development and our primary responsibility should be to bring awareness among the Secondary School students on Population growth and its impact on the nation’s development. This is precisely what the pocket booklet is aiming at.

The census 2011 provisional figures are just released and the timing of release of this booklet is very appropriate as the target readers are secondary school students who should be made aware of the trends in population growth and their responsibility as young citizens.

I congratulate the Director, SCERT and the Department of Adolescence Education, SCERT for bringing out this pocket booklet on “Population-Our Concerns” for Secondary School students.

I wish that this endeavor should be the beginning of several other projects in near future.

Hyderabad
16-4-2011
FOREWORD

It is for the first time the Department of Adolescence Education, SCERT has prepared a pocket booklet titled ‘Population – Our Concerns’ with a view to bring awareness, among secondary school students on Population Education.

Our state population increased from 7,62,10,007 in 2001 census to 8,46,65,533 in 2011 census constituting 7% of India’s population and has retained its position at 5th place in the country. This increase however has also witnessed a significant decline in the decadal growth rate from 13.86 in 1991 - 2001 to 10.21 in 2001 - 2011. It is interesting to observe that this growth rate in the last decade is third least among the Indian States only after Kerala (4.86) and Goa (8.17).

Most of the districts have retained their percentage share to the total population in the last decade with the sole exception of Ranga Reddy district which surrounds the capital city of Hyderabad and is predominantly part of the Greater Hyderabad Municipal Corporation. Ranga Reddy district which stood at 10th position in 2001 census has crossed other districts and stood in the first position with a population of 52,96,396 in 2011 census.

It is interesting to note as mentioned in the subsection 7 of Chapter 4 that the sex ratio of the state increased from 978 (number of females per 1000 males) in 2001 to 992 in 2011 census as compared to all India figures of 933 in 2001 and 940 in 2011 census. This phenomenal increase of sex ratio in Andhra Pradesh in all age groups is to be observed in relation with the sex ratio of 0-6 year age group which declined from 961 in 2001 census to 943 in 2011 census.

This book contains relevant information regarding the six themes of Population Education which will help students to think and analyze the relationship of Population Growth and Family Life Education, Health and Education, Adolescence Education, Gender Equality and Empowerment of Women, Urbanization and Migration and Sustainable Development.

I hope this booklet will kindle interest among the secondary school students in analyzing the trends in Population Growth and as young citizens to share their views among the peers, family and community.

I congratulate everyone associated with the preparation of this pocket booklet.

With best wishes.

B. Seshu Kumari
Director, SCERT, A.P., Hyderabad
1. FAMILY LIFE EDUCATION

Introduction

Family is one of the oldest human institutions. Despite changing social environment and economic transformation, it still remains the basic unit of all societies.

The family is the most important primary group in the society. It is the simplest and the most elementary form of society. It is the most basic of all social groupings. It is the first and the most immediate social environment to which a child is exposed. It is an outstanding primary group, because, it is in the family that the child develops its basic attitudes.

The family, as an institution is universal. It is the most permanent and the most pervasive of all social institutions.

Definition of Family

1. “Family is a more or less durable association of husband and wife with or without child.”

2. “Family is a group of persons united by ties of marriage, blood or adoption constituting a single household interacting and intercommunicating with each other in their respective social roles of husband and wife, father and mother, son and daughter, brother and sister, creating a common culture”.

Important Functions of the Family System

The family as a social institution performs several functions.

(i) Production and Rearing of the Child

(ii) Provision of Home

(iii) Family – An instrument of culture transmission and agent of socialisation.

(iv) Societal identification for the individual

(v) Affectional Function

(vi) Economic Functions

(vii) Educational Functions

(viii) Religious Functions

(ix) Recreational Function
Family Life Education – Definition

Family Life Education can be defined as an educational process designed to assist young people in the physical, social, emotional and moral development as they prepare for adulthood, marriage, parenthood, ageing as well as their social relationships in the socio-cultural context of the family and society.

Need of Family Life Education

• Family Life Education is helpful for young people to develop a cordial and harmonious relationships with the family members and other members of the society. It will also be helpful for enhancement of skills to participate in social welfare activities.

• It creates an awareness and understanding with regard to the nature of the family and roles of the family members and enables a person to perform the essential and required duties for the survival and growth of the society.

• Family Life Education is helpful for the physical, psychological, social and behaviouralistic advancements of an individual.

• It explains the importance of marriage as a social institution and remind the parents of their responsibilities and mould the behavioural attitudes of the people in accordance with the societal demands.

• It develops the right kind of attitudes and values towards family and society.

Responsibilities of parents

1. Providing resources for the fulfillment of basic needs of family members.
2. Management of family needs and family activities.
3. Providing the basic facilities to the children, bringing up the children and security of the children.
4. Proper socialization of the children and providing proper education to them.
5. Continuity and maintenance of the traditions and customs of the family and society.
6. Providing Physical, Social and emotional security to the old members in the family.
7. Inculcation of ethical values in the personality of a child.
8. Parents shall have to behave with the children by understanding their emotional and psychological needs, tendencies and gratifications.
9. Training the children in the direction of their capacity building, so that they can survive in the society by adjusting themselves to the societal demands.
Responsibilities of children

• Respecting the parents, elderly members of the family and other human beings in the society.
• Behaving with utmost discipline.
• Maintaining cordial and harmonious relations with all the members in the family.
• Helping the family members in the day-to-day activities.
• Acquisition of knowledge, education and vocational training.
• Participation in the activities related to sanitation, recreation and beautification.
• Learning, acquiring and practising the cultural values and moral values.

Role and Responsibilities of Family Members

Each individual member of the family is expected to behave and perform certain functions. These roles and responsibilities to be performed by different members are influenced by social norms. These roles and responsibilities are learnt in the family, the school and the socio-cultural environment. The family plays a significant role in shaping each individual’s behaviour in consonance with the social norms. If there is a conflict between the expected and the performed roles of members of the family, disharmony will prevail. Every member enjoys certain rights and privileges and has also certain duties. While every child has a right to parental love, affection and care, he/she has also to perform certain duties and responsibilities (UNFPA, 1996).

Both male and female members of a family are equally important. Traditionally, certain roles have been assigned to females and certain others to males only. It is observed that household activities are conducted only by female members of the family. The mother is supposed to perform all roles of bearing and rearing up of the child. But these roles are not fixed. Both males and females can interchange their roles according to their needs. The healthy growth and development of children can be ensured only when both the parents share the responsibilities of looking after them. The father is expected to share the parental responsibilities of child care. When male members join female members in performing household responsibilities including child rearing, it leads to the improvement of the quality of life in the family (UNESCO, 1985).
Marriage and Family

Generally, a family comes into existence when a man and a woman formally declare their decision to live together as husband and wife. The occasion of a formal declaration of this solemn resolution by the two, which is celebrated in the society, is known as marriage. It takes place either through religious process and cultural process or legal process. Marriage, thus, is a union of two people, a male and a female, a union sanctioned by religious and cultural customs and law. It is primarily a relationship of love and is based on trust between partners. The decisions that individuals take in this regard – who they marry, when they marry, how many children they will have and when, how to rear children and look after the welfare of the entire family are very crucial for family life.

It is essential that marriage must be entered into with the free and full consent of the individuals concerned. The practice of arranged marriage in the Indian society promoted the system of early marriage. Even now child marriages are very common in some parts of the country. If either of the spouses is not physically, mentally and socially mature, the quality of their family life will be adversely affected. The lawmakers in India passed a law and decided the legal minimum age for marriage in India as 18 years for girls and 21 years for boys.

Conclusion

In every family both the male and female members have equal importance and responsibilities. The duties and responsibilities are distributed between the male and female members of the family in accordance with the societal demands and societal values, norms, traditions and also according to the capabilities of both the male and female. It is nothing but a sexual division of labour in the family system. All the family members need to perform their assigned duties scrupulously for the effective performance of the family system. But today, many changes are taking place in the duties and responsibilities of the family members owing to the influence of modernization, westernization and globalization. So, all the family members, more so the parents, need to perform their duties more effectively by taking appropriate decisions at appropriate time. Then only the family system will survive longer and all the family members can lead a happy and peaceful life.

* * *
2. HEALTH AND EDUCATION

What is Health Education?

- Health education is a social science that draws from the biological, environmental, psychological, physical and medical sciences to promote health and prevent disease, disability and premature death through education-driven voluntary behaviour change activities.

- Health education is the development of individual, group, institutional, community and systemic strategies to improve health, knowledge, attitudes, skills and behaviour.

- The purpose of health education is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health.

Why is Health Education Important?

- Health education improves the health status of individuals, families, communities, states and the nation.

- Health education enhances the quality of every one’s life.

- Health education reduces premature deaths.

- By focusing on prevention, health education reduces the expenditure (both financial and human) that individuals, employers, families, insurance companies, medical facilities, communities, the state and the nation would spend on medical treatment.

India has registered significant progress in improving life expectancy at birth and in reducing infant and maternal mortality over the last few decades. These achievements are to a great extent attributable to our efforts in creating huge public health infrastructure and improving access to primary health care.

Concept of Health

World Health Organization defined health as a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity (1948). In recent years aspects like ability to lead a socially and economically productive life, spiritual, emotional, vocational and political dimensions are also added. In addition, a few other dimensions like philosophical, cultural, socioeconomic, environmental, educational, nutritional, curative and preventive have been suggested for inclusion to define the health.
Concept of Well-being

The WHO definition of health introduces the concept of “well-being”. The question then arises: What is meant by well-being? As a matter of fact, there is no satisfactory definition of the term “well-being.

1. Standard of living

The term ‘standard of living’ refers to the usual scale of our expenditure, the goods we consume and the services we enjoy. It includes the levels of education, employment status, food, clothes, house, amusement and comforts of modern living.

2. Level of living

The parallel term for standard of living used in United Nation’s documents is ‘level of living’. It consists of nine components: 1. health, 2. food consumption, 3. education, 4. occupation and working conditions, 5. housing, 6. social security, 7. clothing, 8. recreation and 9. leisure and human rights. These objective characteristics are believed to influence human well-being. It is considered that health is the most important component of the level of living, because its impairment always means impairment of certain level of living.

3. Quality of life

A recent definition of quality of life is as follows: “a composite measure of physical, mental and social well-being as perceived by each individual or by a group of individuals – that is to say, happiness, satisfaction and gratification as it is experienced in such life concerns as health, marriage, family work, financial situation, educational opportunities, self-esteem, creativity, belongingness, and trust in others”.
Balanced Diet:

“Food having all the nutrients in quantities required for the body is called the ‘Balanced Diet’.

Recommended daily intake of energy in calories

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Group</th>
<th>Age</th>
<th>Weight</th>
<th>Energy Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Infants</td>
<td>7-12 months</td>
<td>-</td>
<td>108 K. cal. / Kg. / day</td>
</tr>
<tr>
<td>2</td>
<td>Children</td>
<td>7-9 years</td>
<td>26.37  Kg.</td>
<td>2000 K. cal. / day</td>
</tr>
<tr>
<td>3</td>
<td>Adolescents</td>
<td>16-18 years</td>
<td>50-56  Kg.</td>
<td>2200 K. cal. / day (male)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2220 K. cal. / day (female)</td>
</tr>
<tr>
<td>4</td>
<td>Adults (Males)</td>
<td>-</td>
<td>55 Kg.</td>
<td>2400 K. cal. / day (light work)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2800 K. cal. / day (moderate work)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3900 K. cal. / day (heavy work)</td>
</tr>
<tr>
<td>5</td>
<td>Adults</td>
<td>-</td>
<td>45 Kg.</td>
<td>1900 K. cal. / day (light work)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2200 K. cal. / day (moderate work)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3000 K. cal. / day (heavy work)</td>
</tr>
</tbody>
</table>

Vitamins

Vitamins, one of the most essential nutrients required by the body, can be broadly classified into two broad categories namely, water-soluble vitamins and fat-soluble vitamins. Water-soluble vitamins (B vitamins and vitamin C) get flushed out from the body; therefore there arises a need to consume these vitamins on a daily basis. On the contrary, fat-soluble vitamins (Vitamins A, D, E, and K) get stored in the body's fatty tissues. There are distinctive kinds of vitamins and each vitamin plays a unique role in promoting health fitness.
### 1. Water Soluble Vitamins

<table>
<thead>
<tr>
<th>Vitamin Name</th>
<th>Chemical Name</th>
<th>Deficiency Diseases</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>B(_1)</td>
<td>Thiamine</td>
<td>Beri-beri and loss of appetite</td>
<td>cereals like wheat, oil seeds like groundnut, milk, meat, fish, eggs and vegetables.</td>
</tr>
<tr>
<td>B(_2)</td>
<td>Riboflavin</td>
<td>Glossitis, cracking of month at angles.</td>
<td>milk, eggs, liver, kidney and green leafy vegetables.</td>
</tr>
<tr>
<td>B(_3)</td>
<td>Niacin</td>
<td>Pellagra</td>
<td>kidney, liver, meat, pantry, fish, legumes and ground nut.</td>
</tr>
<tr>
<td>B(_6)</td>
<td>Pyridoxine</td>
<td>Anemia, Hyperirritability Disorder of Nervans system</td>
<td>milk, liver, meat, egg yolk , fish, grain, cereals, legume and vegetables.</td>
</tr>
<tr>
<td>B(_5)</td>
<td>Pantothenic Acid</td>
<td>Burning feet</td>
<td>meat, fresh vegetables. grand nuts, sweet potatoes.</td>
</tr>
<tr>
<td>B(_7)</td>
<td>Biotin</td>
<td>Muscle pains, Nervous Disorder Fatigue.</td>
<td>miver, meat, eggs, milk, fruits, cereals and leafy vegetables.</td>
</tr>
<tr>
<td>B(_{12})</td>
<td>Cyanocobalamin</td>
<td>Pernicious analmia</td>
<td>Not found readily in foods. Bacteria present in the intestine synthesize this vitamin and supply to our body.</td>
</tr>
<tr>
<td>C</td>
<td>Ascorbic acid</td>
<td>Scurvy</td>
<td>citrus fruits, green leafy vegetables, tomatoes and germinating pulses.</td>
</tr>
</tbody>
</table>

### 2. Fat soluble Vitamins

<table>
<thead>
<tr>
<th>Vitamin Name</th>
<th>Chemical Name</th>
<th>Deficiency Diseases</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Retinol</td>
<td>Night blindness, Xeropthalmia, Rupture of Cornea scale formation on skin.</td>
<td>cod liver oil, carrots, eggs, liver, butter, fish, milk, tomato, pumpkin, papaya and mango.</td>
</tr>
<tr>
<td>D</td>
<td>Calciferol</td>
<td>Rickets, Fragile bones</td>
<td>cod liver oil, liver, egg yolk and shark liver oil.</td>
</tr>
<tr>
<td>E</td>
<td>Tocopherol</td>
<td>Sterility in males, abortions in females, reduced life span of red blood cells.</td>
<td>fruits vegetables, germinating seed, meat, egg yolk and sunflower oil, cottonseed oil.</td>
</tr>
<tr>
<td>K</td>
<td>Phylloquinone</td>
<td>Delay in Blood clotting</td>
<td>green leafy vegetables and milk.</td>
</tr>
</tbody>
</table>
Common disasus:
1. Chikungunya fever:

   Chikungunya fever is a viral disease transmitted to humans by the bite of infected mosquitoes. Chikungunya Virus (CHIDV) is a member of the genus Alpha virus, in the family Togaviridace. Aides aegyptic, the yellow fever mosquito which is a household container breeder. It is aggressive during day time. It is attracted to humans and is the primary vector of CHIDV to humans.

   **Symptoms:** CHIDV infection can cause illness, fever, headache, fatigue, nausea, vomiting, muscle pain, rash and joint pain. Incubation period is (time from infection to illness) can be 2-12 days. But it usually 3-7 days. **Treatment:** Rest, fluids and medicines that may relieve symptoms of fever and aching.

   **Prevention:**
   1. Prevent mosquito bites.
   2. Get rid of mosquito breeding sites by emptying standing water from flower pots, buckets and barrels.

2. Dengue hemorrhagic fever:

   Dengue virus have been implicated in both Dengue fever and Dengue hemorrhagic fever. It is spread by certain mosquitoes (Aides aegyptic) that bite primarily during the day). Dengue hemorrhagic fever occurs when the patient contracts a different dengue virus.

   **a. Dengue hemorrhagic fever:**

   Dengue hemorrhagic fever is a more severe form of the viral illness. Symptoms include headache, fever, rash, and evidence of hemorrhage in the body. Petechiae (small red or purple blisters under the skin), bleeding in the nose or gums, black stools, or easy bruising are all possible signs of hemorrhage. This form of dengue fever can be life-threatening and can progress to the most severe form of the illness, dengue shock syndrome.

   **b. How is dengue fever contracted?**

   The virus is contracted from the bite of a striped Aedes aegypti mosquito that has previously bitten an infected person. The mosquito flourishes during rainy seasons but can breed in water-filled flower pots, plastic bags, and cans year-round. One mosquito bite can cause the disease.

   The virus is not contagious and cannot be spread directly from person to person. There must be a person-to-mosquito-to-another-person pathway.

**C. Symptoms:**

After being bitten by a mosquito carrying the virus, the incubation period ranges from three to 15 (usually five to eight) days before the signs and symptoms of dengue appear. Dengue starts with chills, headache, pain on moving the eyes,
and **low backache**. Painful aching in the legs and joints occurs during the first hours of illness. The temperature rises quickly as high as 104 F (40 C), with relative low heart beat (**bradycardia**) and **low blood pressure** (**hypotension**). The eyes become reddened. A flushing or pale pink rash comes over the face and then disappears. The glands (**lymph nodes**) in the neck and groin are often swollen.

**D. Prevention :**

Dengue fever is caused by a virus, (there is no specific medicine or antibiotic to treat it.) For typical dengue, the treatment is purely concerned with relief of the symptoms (**symptomatic**). Rest and fluid intake for adequate hydration is important.

To prevent mosquito bites, wear long pants and long sleeves. For personal protection, use mosquito repellent sprays that contains DEET when visiting places where dengue is endemic. Limiting exposure to mosquitoes by avoiding standing water and staying indoors two hours after sunrise and two hours before sunset will help. The *Aedes aegypti* mosquito is a daytime biter with peak periods of biting around sunrise and sunset.

**3. Swine the (H1N1 Virus) :**

If a person becomes sick with swine flu, antiviral drugs can make the illness milder and make the patient feel better faster. They may also prevent serious flu complications. For treatment, antiviral drugs work best if started soon after getting sick (within 2 days of symptoms). Beside antiviral, supportive care at home or in hospital, focuses on controlling fevers, relieving pain and maintaining fluid balance.

Swine influenza virus is common throughout pig populations worldwide. Transmission of the virus from pigs to humans is not common and does not always lead to **human influenza**, often resulting only in the production of **antibodies** in the blood. If transmission does cause human influenza, it is called **zoonotic** swine flu. People with regular exposure to pigs are at increased risk of swine flu infection. The meat of an infected animal poses no risk of infection when properly cooked.

**Serious Swine Flu Symptoms**

Serious symptoms that demand urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish or grey skin color
- Not drinking enough fluids
• Severe or persistent vomiting
• Not waking up or not interacting
• Being irritable and the child does not want to be held
• Flu-like symptoms improve but then return with fever and worse cough

**Prevention of human to human transmission**

Influenza spreads between humans when infected people cough or sneeze, then other people breathe in the virus or touch something with the virus on it and then touch their own face. "Avoid touching your eyes, nose or mouth. Germs spread this way." Swine flu cannot be spread by pork products, since the virus is not transmitted through food. The swine flu in humans is most contagious during the first five days of the illness. In some people, most commonly children, can remain contagious for up to ten days.

**Viral Diseases Affecting Man:**

Several of these diseases spread from one individual to another. Such diseases are called **Contagious Diseases**. Some of the diseases spread very rapidly and affect a large number of people in an area. Such a condition is called an **Epidemic**. This time period is called the **Incubation Period**. During this period, pathogen multiplies in number and reaches a particular tissue in the body. Some important viral diseases in man are measles, chicken pox, mumps and polio myelitis.

**Measles:**

This disease is also known as **Rubeola**. This viral disease affects eyes, nose, throat and lungs of children. Infected children will have rashes on the skin, fever, difficulty in seeing light. Incubation time is 10 to 12 days. Vaccination protects the children from the diseases.

**Chicken pox:**

It is a mild, contagious viral disease that affect children usually below the age of 10 years. Infected children will have rash on the skin, fever and body pains. Patient should be kept in a separate room till the skin eruptions disappear. Incubation period is 14 to 16 days. Should be kept clean and hygienic. Clothes of the infected person must be washed in hot water and dried in sun. They should not be used by others.

**Mumps:**

This viral disease is characterized by painful swelling of salivary glands called **Parotid Glands** either one or both sides. This infection is usually observed in children in the age group of 5 to 15 years. The disease spreads through droplets of
saliva or by direct contact with infected person. Incubation period is between 2 to 3 weeks. Mumps can be prevented by taking vaccines against it.

**Poliomyelitis:**

This disease is also known as *Infantile Paralysis*. The virus enters the body along with food and water. It affects the nervous system. There will be reduction in the size of the limb muscles that causes muscular paralysis. This disease can be prevented by oral vaccine called anti-polio drops, given early in childhood.

**Points to Remember:**

- Common viral diseases observed in man are measles, chicken pox, mumps and poliomyelitis.
- Vaccination prevents the occurrence of polio, mumps and measles.

**Cholera:**

Cholera is caused by a bacteria known as *vibrio cholera*. The patient suffers from diarrhea and vomiting. As a result, large amount of water is lost from the body resulting in dehydration. This leads to dryness of the tongue, sunken eyes and muscular pains. This is known as cholera epidemic.

Water loss from the body and dehydration should be minimized in cholera affected patients. They should be given fluids to drink. This fluid can be prepared by dissolving three spoons of sugar and a pinch of common salt in a glass of water which has been boiled and cooled. This fluid is called *Oral Rehydration Fluid*. The patient should be asked to drink this fluid as often as possible. Vaccination gives protection against cholera and stops the spread of the disease. Personal cleanliness, neat surroundings, drinking protected water and food are important to prevent the spread of the disease.

**Typhoid** :- *Salmonella typhi* is the bacteria responsible for this disease. This disease is characterized by continuous fever, tender abdomen, coated tongue and a dull headache. Flies carry the germs from excreta of the infected person to food and water. Drinking of contaminated water and milk and eating unwashed raw vegetables spread the bacteria. Sanitation and drinking protected water are preventive measures.

**Diphtheria** :- *Corny bacterium diphtheria* is the cause of this infection. It is an acute disease of the throat. Patients have fever and a painful throat. Incubation period is 2 to 5 days. DPT or Triple Antigen contains vaccine against three diseases - diphtheria, peruses (whooping cough) and tetanus (lockjaw) diseases.
Whooping Cough (Pertusis) :-  This is a childhood disease caused by *Bacillus Bordetella pertusis*. The disease develops slowly with fever, irritating cough followed by a “whoop” sound. The child vomits food along with a long thread of mucus. The disease spreads by direct contact. It lasts for 6 to 8 weeks. Children should be given DPT vaccine to protect them from whooping cough (peruses).

Tetanus (Lockjaw) :-  This disease is caused by bacteria called “Clostridium tetani”. Infection occurs through open wounds, cuts and broken skin surfaces (which occur while playing or in accidents). Results in the entry of bacteria into the body. Incubation period is 4 days to 3 weeks. Patient have painful contractions of the muscles in neck and jaw. Children should be vaccinated periodically against tetanus. Children with wounds should not be allowed to play in soil or manure heaps.

Tuberculosis :-  This disease is caused by *Mycobacterium tuberculosis*. Lungs are the major organs affected in this disease. Tired feeling, low fever, cough with sputum and loss of appetite and weight are the symptoms of the disease. Tuberculosis is not a hereditary disease. It can be diagnosed by X-rays. People who live in badly ventilated houses and those who do not eat nutritious food fall prey to this diseases.

Diseases caused by Protozoa :-  Protozoans are unicellular organisms. Some of them are parasitic and pathogenic. They enter our body through the food or through vectors like flies and mosquitoes and cause diseases.

Malaria :-  Malaria is a communicable disease caused by the protozoan parasite called *Plasmodium falciparum* or *Malarial Parasite*. The symptoms of the disease are shivering chill, high temperature and sweating. The attacks come at regular intervals. The disease leads to the loss of red blood cells or anemia, persons suffering from malaria should take anti-malaria drugs. Spread of malaria is prevented by 1. reducing or eliminating the mosquito population and 2. protecting annusells from mosquito bites.

Amoebic Dysentery :-  The diseases is caused by a protozoan parasite, *Endameba histolytica*. Symptoms are diarrhea. (watery motions) with mucus or blood and pain in the abdomen. There may be constipation alternating with diarrhea. Cysts of the parasite are secreted along with stool. This disease spreads from person to person through contaminated food and water. The parasite enters the body in the form of cyst. Incubation period is about one week.
Measures to maintain good health

- Eat food at regular timings.
- Do not eat snacks before taking food.
- Eat small quantities of food at more number of times.
- Do not drink tea or coffee after eating meals.
- Do not eat too much or too little food.
- Always eat food two hours before you sleep.
- Take dhal with rice or chapthi compulsorily.
- Oil and fat should also be taken in a considerable amount. Too much of oil or too less of oil is not good for health.
- Vegetables, green vegetables and fruits should be consumed daily.
- Intake of milk, egg or ragimalt is good for health.
- Drink at least three litres of water daily.
- Use iodised salt only.
- Daily exercise is a must.
- Do not take any medicine without consulting a doctor.
- Sleep for at least 7 – 8 hours.
3. ADOLESCENCE EDUCATION

INTRODUCTION

Adolescence is one of the most fascinating and complex transitions in the life span of human beings.

The word 'adolescence' comes from the Latin verb 'adolescere' which means 'to grow'. So, the essence of the word adolescence is growth and it is in this sense that adolescence represents a period of intensive growth and change in nearly all aspects of a child's physical, mental, social and emotional life. It is a very crucial period of one's life. The growth achieved, the experiences gained, responsibilities felt and the relationships developed at this stage destine the complete future of an individual.

CHARACTERISTICS OF ADOLESCENTS

1. Adolescence is a period of intensive growth and development with respect to children's physical, cognitive, social, emotional and sexual aspects of their personality.

2. Adolescence is said to be a stage of great stresses and strains. Children of this age are quite perplexed and worried about their somatic variations and sudden changes in their total appearance, behaviour and others' attitude towards them. They are worried about the sudden changes in their sex behaviour, sex-related physiological, sociological and psychological problems.

3. Adolescents are said to be quite touchy, moody and sensitive. They are very conscious about their self-respect.

4. Adolescence is the age of action coupled with varied interests and tastes. It is the age of poets, writers, scientists, creative artists and martyrs. One should be able to recognize the abilities and talents of students, give them proper opportunity for the nourishment of their interests and abilities so that the tremendous energy of this age may get a constructive channel.

Growing up facts related to menstruation:

- Menstruation usually begins (menarche) in women between the ages of 9-16 and stops (menopause) around 45-55 years.

- Menstrual periods are a natural change during adolescence and signify that the girl is becoming a woman and can become pregnant. There is nothing dirty or dangerous about them.
Menstrual cycles usually fall within a range of 21-35 days, the average being 28 days long. Sometimes a woman’s cycle may become irregular as her periods may be delayed or occur earlier than expected due to illness, mental tension etc.

Irregularities in the menstrual cycle are quite common amongst young girls who have just begun to menstruate. These irregularities usually settle down in a few years.

A missed period is usually one of the first signs of pregnancy in sexually active women.

Due to regular loss of blood, women need to supplement their diets to protect themselves from harmful effects of nutritional deficiencies.

Sometimes, either owing to sports, functions or trips, some women try to delay or hasten their periods through self-medication. This should be avoided as it may harm their body and its natural rhythm. If medication is needed to delay or hasten periods, a qualified doctor should be consulted.

Menstrual hygiene.

Usually, the menstrual blood is about a couple of tablespoons. However, it needs to be absorbed for reasons of hygiene and convenience.

Girls and women may use sanitary napkins, cloth or tampons to absorb menstrual blood.

Always use a clean sanitary napkin or tampon, a small plug made of cotton that fits inside the vagina to absorb blood.

Sanitary napkins/tampons need to be changed frequently (every four to six hours) to prevent bad odor or infections.

If a cloth is used which needs to be reused, it should be washed thoroughly and disinfected by drying it in the sun.

Good genital hygiene is particularly important during periods.

There is no reason why they should not bathe or wash hair during periods.

Facts related to nocturnal emission:

Nocturnal Emission is the release of semen from a boy’s body during sleep.

It is also known as Night Fall or Wet Dreams.

It is not necessarily accompanied by sexual feelings or dreams.

This starts happening around puberty.
• It is completely normal and nothing to be frightened or embarrassed about.

**Facts related to maintaining good genital hygiene:**

• Wash genitals daily with water. No soap, antiseptic, vaginal deodorants etc., are required.

• While washing after defecating (passing stools), wash in a front to back motion to avoid any infection.

• Change underwear regularly (at least once a day) and avoid synthetic underwear.

• Underwear should be washed carefully so that all detergent is washed off. Dry them in the sun as sunlight is an excellent disinfectant.

• Avoid waxing or using razors, bleach, hair removers or other chemicals close to genitals because the skin here is extremely sensitive. If needed, public hair may be trimmed using a clean pair of scissors.

• Among boys, dirt might accumulate as a sticky substance called smegma, under the foreskin. To remove it, the foreskin should be pushed back and the tip of the penis should be washed.

**Myths and misconceptions**

<table>
<thead>
<tr>
<th>Statements</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adolescence is a phase filled with problems and fears.</td>
<td>INCORRECT. Adolescence is a phase in everyone’s life. Individuals in the age group of 10-19 are known as adolescents. Adolescents may have a lot of questions about changes that they experience in their bodies and the new roles and responsibilities that their environment expects them to fulfill, but it is also an age full of positive and joyful experiences. Adolescents have unlimited energy, vitality and idealism as well as a strong urge to experiment and create a better world.</td>
</tr>
<tr>
<td>2. Girls are dirty when they are menstruating.</td>
<td>INCORRECT. Menstruation is a completely normal phenomenon and signifies that a girl is becoming a woman and can become pregnant. It is contradictory that periods are considered dirty because having menstrual periods is symbolic of a woman’s ability to procreate which is universally respected.</td>
</tr>
<tr>
<td>3. Adolescents are irresponsible and should not be trusted.</td>
<td>INCORRECT. Adolescents have their own experiences and points of view that should be respected and taken into account. It is important to trust adolescents and their sense of responsibility.</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>4. Nocturnal emission happens only when someone thinks a lot about sex.</td>
<td>INCORRECT. Sometimes semen comes out of the body at night during sleep. This is called Nocturnal Emission, Night Fall or Wet Dreams. Nocturnal emission is not necessarily accompanied by sexual feelings or sexual dreams. It is a normal occurrence and does not lead to any weakness or loss of semen as semen is produced continuously. These start happening around puberty.</td>
</tr>
<tr>
<td>5. It is not possible for adolescents to get along with their parents.</td>
<td>INCORRECT. One of the most striking characteristics of adolescence is the strong sense of selfhood. However, this strong sense of ‘self’ may not necessarily be in conflict with others. Adolescents have their own views and feelings about various issues that may not always be in agreement with their parents. Parents may find it difficult to accept these adult-like characteristics of their children when they ask questions, reason and sometimes argue rather than obeying without asking any questions. Both adolescents and their parents must respect one another, listen to each other’s opinions and put forth their views and feelings clearly. This will help to retain/re-establish harmony in parent-adolescent relationships.</td>
</tr>
<tr>
<td>6. A girl cannot get pregnant at her first menstruation.</td>
<td>INCORRECT. A girl can become pregnant before her periods start because she releases an egg before her first period.</td>
</tr>
<tr>
<td>7. Experiencing physical attraction is a part of growing up.</td>
<td>CORRECT. Physical attraction is a part of growing up. It is natural and normal.</td>
</tr>
<tr>
<td>8. A girl should not engage in physical activity during menstruation.</td>
<td>INCORRECT. Menstruation is completely normal and not an illness. Girls can do anything that they normally do during periods also. There is no reason to restrict any of the activities that girls normally do as long as they are comfortable. Everyone should remember that periods do not get in the way of working, having fun and enjoying life. Some girls and women may get pain and cramps during periods. Taking exercise and continuing regular activities can be helpful. However, if the pain is very severe a qualified doctor should be consulted.</td>
</tr>
<tr>
<td>9. During adolescence girls’ ‘bodies’ mature earlier than boys of their own age.</td>
<td>CORRECT</td>
</tr>
<tr>
<td>10. Masturbation leads to infertility.</td>
<td>INCORRECT. Masturbation is completely normal in both boys and girls and it does not have any harmful effects like infertility and weakness. It definitely does not signify weakness of character either.</td>
</tr>
</tbody>
</table>
LIFE SKILLS:

What is the period of Adolescence?

In a person’s life the period of Adolescence is full of tension. Earlier, people recognized that the children between 13 and 19 years old come under this category of adolescents. But now, owing to the influence of weather, tension, emotions, worry, interests inspirations, children reach this stage of adolescence earlier than thirteen, secondary symptoms of sex are seen on reaching the age of nine. Therefore we can consider that children between 9 and 19 years old are adolescents.

What are life skills?

Any job will be successfully completed if it is done with proper abilities, keeping in view the pros and cons and in a progressive manner. In the same manner if we can mould out life with proper skills, we can lead a happy life. These skills are called ‘Life Skills’.

Life skills are those abilities we need to bring in changes in our behavior with a view to solving our challenges efficiently.

Life skills are the abilities necessary for people who want to lead a healthy life-physically, psychologically and emotionally.

According to the explanation provided by UNICEF, UNESCO and WORLD HEALTH ORGANISATION, there are ten life skills that are essential for leading healthy life.

1. Self-awareness
2. Decision making
3. Creative thinking
4. Critical thinking
5. Problem Solving
6. Mutual relationship between people
7. Making effective communication
8. Empathy
9. Coping emotions and feelings
10. Negotiation
Life skills can be classified into

I. Thinking Skills
II. Social Skills
III. Negotiation Skills

I. Thinking Skills:

These skills are related to the brain or intellect. The first five skills belong to the brain.

1. **Self awareness**: Learning the concepts by working hard in order to achieve any objective. Every person has some strengths and weaknesses. Self awareness involves realizing the weakness and the strengths; improving the strengths and overcoming the weaknesses.

2. **Decision making**: This still involves making suitable decision and expressing feeling as pet the need for the snake of the present and future welfare of oneself the family and society.

3. **Creative thinking**: This kind of thinking can help one to escape from a situation in a diplomatic manner without loss or suffering to anyone.

4. **Critical thinking**: This kind of thinking takes you along the right path if you introspect. Am I doing the right or wrong at every step.

5. **Problem solving**: This skill involves exploring ways to solve problems that confront him or others. He should not get overcome by the problem(s).

II. Social Skills:

These skills help the individual to lead a Life Skillfully without any loss to himself or the society.

The next three skills in the above list come under this category.

6. **Interpersonal relationships**: Mutual relationships between people: This skill involves behaving with others - in one’s family, neighbors, and the society - to help achieve social welfare.

7. **Making effective communication**: This involves possessing or acquiring the communicative skill to propagate information that can help people live well. One must see that the communication does not hurt anybody’s feelings.

8. **Empathy**: Empathy is helping others with pity, kindness and sympathy and understanding other’s feelings in the hour of difficulty.
III. Negotiation Skills:

9. Coping emotions and feeling: This skill involves thinking of consequences and consulting well-wishers when emotions and feelings go high in oneself, one’s friends and colleagues. This skill includes avoiding wrong steps and wrong deeds.

10. Saying no to peer pressure: This skill will help to say ‘No’ it to peer pressure in a assertive manner and not in aggressive manner.

***
4. GENDER EQUALITY AND EMPOWERMENT OF WOMEN

The term ‘gender’, derived from the French word ‘genre’, is used in place of ‘sex’, because most differences between men and women are culturally ascribed rather than biologically given. ‘Sex’ refers to binary division between males and females – the differences between them in terms of physical features, chromosomes, hormones and secondary sexual characteristics. But it has been realized, particularly by the social scientists, that biological differences between sexes cannot provide a universal basis for social definitions.

‘Gender’ refers to those characteristics of males and females that are shaped by social forces. It is socially and culturally constructed, giving social meaning to biological differences. For example, when we discuss sex differences in life expectancies, we refer to biological differences in survival rates and compare between male and female survival rates. But when we talk of gender differences in life expectancies, we refer to social influence on survival, such as widely observed preference for sons and the discrimination of girls and women in food allocation, nutrition, health care and education.

The differences between males and females derive partly from biology, partly from roles that men and women traditionally play in society, and partly from their beliefs and opinions. It is useful to denote biological factors by one term, ‘sex’ and social-cultural ones by another, ‘gender’.

However, one area in which the distinction between sex and gender has been quite explicit is the prevailing inequalities between men and women and the subordination of women to men. It is an appropriate concept to understand the gender-based roles assigned by the society to males and females and the role stereotypes which influence all aspects of human life.

Discrimination of woman:

In most societies, women are considered less valuable than men. Their contributions in the home, the workplace and in the society are ignored or undervalued. They generally have little or no say in decision-making within or outside the home, starting with the crucial decision on the size and spacing of their families. They have less access to education than men, fewer occupational choices and lower earnings. Their weaker position is directly connected with the perception of women as child bearers and child rearers.
Broad Areas of Discrimination

1. Gender Disparities in Education

Women are the primary care givers in almost all societies. Thus their education contribute more to the health and education of the next generation.

In India, literacy rate is 54.2 per cent among women. The dropout rates of girls at primary as well as at the upper primary levels are higher than those of boys. This difference becomes more as the level of education increases. In India only 8 per cent girls reaches up to elementary level, 2 per cent up to higher secondary and around 2 per cent up to graduation. Rural women are most neglected in education. This disparity in higher education is there not only in developing world but also in the developed world where fewer women than men attend university education.

2. Low Women Participation in Economic Activities

It has been found that by and large women work most of the time they are awake and yet that is not generally seen or recorded as work. Women themselves do not get counted as workers. One can appreciate the role of women and their economic activity better if one considers what women in general do and not merely what women workers do. Most women are engaged in low skilled and low waged work.

In the developing world, women grow up to 80 per cent of all food produced, but rarely hold the title to the land they cultivate. Worldwide, they constitute one-third of the wage-labour force. Much of their work, however, is unpaid, including gathering fuel and water, among a wide range of other activities. Women also dominate the informal sector of the economy – and this work is not usually reflected in economic statistics. If global calculations of the gross domestic product include household work, the amount would increase by 25 per cent.

3. Health and Nutrition-Oriented Discriminatory Practices

Inequalities between men and women are closely linked to women’s health including reproductive health and well-being throughout the life. In some societies, feeding priority is given to senior males and boys in the household and then men and girls consume the leftover, which results in nutritional deficiency among girls, old women and pregnant women. With regard to excess female child mortality, the reasons behind this are fairly well established, namely, lower calorie intake, less likely to receive health care than male children and lesser utilization of health services for girls. Girls also start working at an earlier age than their brothers and
toil harder and for longer. It was also found that women of childbearing age in the developing world do not eat the recommended minimum of 2,250 calories a day (NCERT, 1991).

4. Neglected Maternal and Child Care

These are closely related to women’s health and status. The Committee on the Status of Women in India (CSWL) noted that the maternal mortality rate was high enough to raise the overall female death rates and accounted for the unfavourable sex ratio. Many studies of the mid-seventies have pointed out that much of pregnancy loss and pre-natal mortality result from premature births and nutritional anemia cause a large proportion of maternal deaths. The situation has not improved during the last fifteen years!

Poverty is strongly linked to poor health and women represent a disproportionate share of the poor. Women in poor households have the highest fertility, poorest nutrition, most limited access to skilled delivery care, which contribute to higher maternal and infant death rates.

5. Early Marriage

The legal age at marriage in India as prescribed by the Child Marriage Restraint Act 1976 is 18 years for girls. In 1996, an average of 38 per cent of girls in the age group of 15-19 years were married. This rate increases significantly in rural population where 45.6 per cent of girls in the age group of 15-19 are married. Nearly 2/3 of these violations are reported from Uttar Pradesh, Bihar, Rajasthan and Madhya Pradesh. Early marriage seriously affects the health and future of a young girl who has to go through a cycle of child bearing and child rearing at a very early age. An estimated 10 to 15 per cent of all births take place when women are in their teens. Teenage mothers account for almost 25 per cent of maternal deaths.

6. Violence against Women

Violence against women is widespread world-wide. Between 20 and 60 per cent of women reported having been beaten by their partners. While this problem affects women of all classes, it tends to affect the poor most severely. Gender-based abuse is broad-based and, in addition to physical, sexual and psychological abuse of a woman by the male partner, it also includes sexual abuse of female children, dowry-related violence, marital rape, female genital mutilation, sexual harassment, sexual assault, trafficking in women, forced prostitution, female infanticide and selective malnourishment of female children.
7. Sex ratio of all Age groups and of 0-6 years population

The Population growth rate of India in the decade 2001 to 2011 is 17.64 whereas the growth rate of Andhra Pradesh is 11.10. This is 3.49 percentage points lower than the decade 1991 to 2001. This decline in population growth rate has shown its impact on the population figures in the age group of 0 - 6 years. Their percentage share to total population declined from 13.35 percent in 2001 to 10.21 percent in to 2011 Census.

<table>
<thead>
<tr>
<th>Census Year</th>
<th>Total Population</th>
<th>0-6 Years Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>2001</td>
<td>38527413</td>
<td>37682594</td>
</tr>
<tr>
<td>2011</td>
<td>42509881</td>
<td>42155652</td>
</tr>
</tbody>
</table>

The sex ratio of the state increased from 978 (number of female per 1000 male) in 2001 to 992 in 2011 census as compared to all India figures of 933 in 2001 and 940 in 2011 census.

This phenomenal increase in the sex ratio of Andhra Pradesh an encouraging development where as the sex ratio of children in the age group of 0-6 year remain at 943 in 2011 census as compared to 961 is 2001 census. However the sex ratio at national level in the age-group of 0-6 years has declined from 927 in 2001 to 914 in 2011 census. This calls for a serious thinking on effectively implementing the Pre-conception and Pre-natal diagnostic Techniques (prohibition of sex selection) Act, 2003 enacted against the use of medical technology for sex detection and selection.

Gender Equality, Equity and Empowerment of women:

Gender equality between men and women refers to an equal balance of power between males and females so that neither sex is placed in a position of dominance. Gender equality grants to all males and females equal control and treatment to administer their rights and responsibilities, opportunities and mutual respect. It also applies to the absence of discrimination in terms of opportunity, status, utilization and / or access to the distribution of goods and services.

Gender equity refers to the set of actions, attitude and assumptions that ensure that males and females receive a fair share of the benefits as well as the responsibilities in society irrespective of gender. Gender equity grants equal treatment before the law, equal access to occupations, equal pay for work of the same value and equal participation in the community.

Empowerment refers to the process by which the powerless gain greater control over the circumstances of their lives. It means not only greater control over resources but also greater self-confidence and the ability to make decision on an equal basis (Ashford 2001).
Factors contributing for gender equality, equity and empowerment of women.

1. Empowerment through Education

   Women’s right to education is a basic human right. It is perhaps the most
   important means for empowering women to exercise their rights in society and
   in the home. Education gives women a sense of their own identity and self
   worth. It opens the door to opportunity and choices and gives women the
   knowledge and skills to make choices for themselves. Education is an
   investment that stays with a woman throughout her life.

2. Access to Employment

   Access to employment, enables women to supplement the family income,
   thereby giving access to better food, housing and other basic amenities.
   Opportunities for further education, training and development of skills, for
   instance, help women to move upwards in the employment and social ladder.

3. Improving Health including Reproductive Health

   Good health is the plank on which a woman’s ability to work, to give birth
   and look after children, to attend to household work and to participate in many
   other domestic, agricultural and community work rests. Absence of disease is only
   one dimension of health. Intake of nutritional food, knowledge of safe and
   hygienic health practices, opportunities for rest and recreation, ability to develop a
   dialogue with other members of the family and the community on family health
   matters to make the right choices at the right time and ability to make informed
   choices about the number, timing and spacing of children, for example, are all
   important aspects which contribute to the overall health status of a woman.

4. Ending Violence against Women and Girls

   Numerous strategies have been developed to combat this problem. These
   include reforms in justice system and services for women who are victims of
   violence. Most of these initiatives have been led by women themselves. The long-
   term success of these strategies will hinge on men’s involvement – both in dealing
   with a problem that has long been swept under the carpet and in working with
   women to address its underlying social issues.

Conclusion:

   It is especially important that girls be given the knowledge, skills and means
   to make them financially responsible for themselves and children they may have.
   Boys need to be taught that fatherhood means supporting their children financially
   and sharing responsibility for their care.

* * *
5. URBANISATION AND MIGRATION

Urbanization

One of the most impressing phenomenons on of the twenty-first century has been the fast phase of urbanization and highest growth of urban centers. Now urbanization has become a universal phenomenon as a consequence of rapid industrialization and technological advancement. Urbanization makes a growing impact on all aspects of society’s life, affecting the nature of economic development, demographic, ethnic and many other social processes.

Urbanization is thus a product of economic, social and political processes within the context of a culture operating to create spatial patterns of population distribution.

Table - I

CLASSIFICATION OF URBAN AREA

<table>
<thead>
<tr>
<th>SIZE – CLASS</th>
<th>POPULATION RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>1,00,000 and above</td>
</tr>
<tr>
<td>II</td>
<td>50,000 - 99,999</td>
</tr>
<tr>
<td>III</td>
<td>20,000 - 49,999</td>
</tr>
<tr>
<td>IV</td>
<td>10,000 - 19,999</td>
</tr>
<tr>
<td>V</td>
<td>5,000 - 9,999</td>
</tr>
<tr>
<td>VI</td>
<td>Less than 5,000</td>
</tr>
</tbody>
</table>

W.S. Thompson describes urbanization as “the movement of people from communities, generally larger, whose activities are primarily centered in government, trade, manufacture and allied interests”.

Urbanization in India

Twentieth century is marked by unprecedented urbanization in all developing countries and India is no exception to it. The above Table -II indicates that during 1901 and 2001, there was more than a ten-fold increase. In other words, during 1901 and 2001, the total population increased from 238.40 million to 1027.02 million and the urban population increased from about 26 million to 285 million, while the corresponding increase in rural population was less. As a result of this, the higher rate of increase in urban population from 10.8 per cent 1901 to 27.8 percent in 2001.
### TABLE - II

**URBANISATION IN INDIA : (1901-2001)**

<table>
<thead>
<tr>
<th>Census Year</th>
<th>Total Population (in’ 000)</th>
<th>Urban Population (in’ 000)</th>
<th>Percentage of Total Urban Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1901</td>
<td>238.391</td>
<td>25.852</td>
<td>10.8</td>
</tr>
<tr>
<td>1911</td>
<td>252.093</td>
<td>25.942</td>
<td>10.3</td>
</tr>
<tr>
<td>1921</td>
<td>251.321</td>
<td>28.086</td>
<td>11.2</td>
</tr>
<tr>
<td>1931</td>
<td>278.977</td>
<td>33.456</td>
<td>12.0</td>
</tr>
<tr>
<td>1941</td>
<td>318.660</td>
<td>44.153</td>
<td>13.9</td>
</tr>
<tr>
<td>1951</td>
<td>361.088</td>
<td>62.444</td>
<td>17.3</td>
</tr>
<tr>
<td>1961</td>
<td>439.235</td>
<td>78.937</td>
<td>18.0</td>
</tr>
<tr>
<td>1971</td>
<td>547.950</td>
<td>109.094</td>
<td>19.9</td>
</tr>
<tr>
<td>1981</td>
<td>685.184</td>
<td>159.727</td>
<td>23.3</td>
</tr>
<tr>
<td>1991</td>
<td>846.302</td>
<td>217.611</td>
<td>25.7</td>
</tr>
<tr>
<td>2001</td>
<td>1027.020</td>
<td>285.350</td>
<td>27.8</td>
</tr>
</tbody>
</table>

**Source**: Census of India 1991&. Census of India.2001, Final Population Tables.

The urban population increased more than three-fold during the first six decades. In 1901 it was 25.8 million, which rose to 78.9 million in 1961. Again during 1961-81, it increased to 217 million and to 285 million in 2001. At the beginning of this century, urban population accounted for 10.8 per cent of the total population, which increased, to 25.7 per cent in 1991 and 27.8 per cent in 2001.

**URBANIZATION IN ANDHRA PRADESH**

According to the 2001 census, the state of Andhra Pradesh contains 20.5 million of urban population in 210 towns of different size-classes, ranging in population from 5,000 to more than 30 lacs. The urban population is unevenly distributed among different size-classes of towns and cities. About 75.31 per cent of urban population is concentrated in 39 per cent of class-I towns. The contribution in urban population of towns in Classes II to VI has declined during 1991 to 2001. At the beginning of the century most of the urban population of Andhra Pradesh was concentrated in towns having less than 20,000 people. The present scenario is totally different with three-fourth of population living in Class I towns only. Andhra Pradesh has the second highest (39) number of Class I towns after Uttar Pradesh. These results do indicate that the distribution of urban population in Andhra Pradesh according to 2001 census is top-heavy.
TABLE - III

Urbanization in Andhra Pradesh (1901 – 2001)

<table>
<thead>
<tr>
<th>Census Year</th>
<th>No. of Towns</th>
<th>Total Urban Population (millions)</th>
<th>Percentage of Urban Population</th>
<th>Annual % Growth Rate</th>
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<td>20.81</td>
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The level of urbanization of Andhra Pradesh, in terms of the proportion of urban population to the total population, is slightly lower than the country’s average of 27.80 per cent. The number of people living in urban areas registered more than a ten-fold increase in the state since 1901.

In Table –III evidently, the total urban population of Andhra Pradesh increased from 1.84 million in 1901 constituting more than 10 per cent of total population to 20.81 million in 2001 constituting 27.08 per cent of total population. In other words, the degree of urbanization has more than doubled in a period of ten decades!

Problems of Urbanization in India

A. Housing Shortages  B. Transportation Problem  
C. Environmental Pollution  D. Air Pollution  
E. Water Pollution  F. Noise Pollution  
G. Growth of Slums  H. Drug-Addiction  
I. Civic Amenities  J. High Crime Rate
Areas which are seen to be overcrowded with dilapidated structures, faultily laid out and lacking in essential services are generally termed as slums. Slums are the physical and social expression of inequalities in the distribution of the beneficiaries of economic growth, as well as the structure, performance and spatial patterning of the urban economy.

In India, the slum population has been growing at an alarming rate. It was estimated that nearly 60 million in urban areas were residing in slums in 2008. The city of Kolkata has the largest slum population, followed by Bombay and Delhi. With the increase in industrialization and push factors operating for rural-urban migration, the growth of slums will continue to increase in urban areas. Owing to the growth of slums, the implications that arise are; increasing congestion and inadequate water supply, sewerage and other essential services.

**Migration**

The phenomenon of migration in society is universal and is applicable to all stages of human life. Any movement of people from the place of origin to another for the purpose of settling down is generally known as ‘migration.’ Migration emerges in external and internal spheres. External migration stands for crossing the internationally recognized boundaries of the country and settling down in a foreign land. The internal migration occurs within the country from one region to another or from one place to another and has psychological, socio-economic and other reasons and backgrounds. Internal migration has four streams: rural to rural, rural to urban, urban to urban, and urban to rural.

**Causes of Migration**

The main causes of migration are :-

(i) Economic – Employment, business or search for a job in the urban areas.

(ii) Social

(a) **Education** : (Specially higher education, the facilities for higher education being concentrated in the urban areas)

(b) **Family movement** : People in transferable jobs or head of the families migrating to another place, thereby the entire family makes a change of residence.

(c) **Marriage** : Migration on account of marriage especially among women is very common in a dominant patriarchal society like India, where, after marriage, the girl moves to her husband’s house in another village/town. This type of migration is more common in the rural area and is the maximum among the different streams of migration.
(iii) Political – People tend to migrate from their places on account of political instability like wars, civil unrest, religious persecution and take refuge in towns/ cities/ countries of relative stability and protection.

(iv) Other reasons.

Migration may also occur on account of natural calamities like floods, earthquakes, volcano eruptions, typhoons, industrial disasters, or other such causes.

**Consequences of Migration**

Migration provides wide opportunities to the people to improve their quality of life. If those who migrate in search of employment, education, business purposes are able to achieve their goals, they improve not only their lifestyle but also improve the quality of living of the members of their families. Migration on account of natural and political disasters brings relief to the grief-stricken families and also stability in their lives.

However, migration also has its negative effects on the areas to which people migrate. The current pattern of migration shows an excessive concentration of population from rural to the urban areas. This has resulted in the creation of:

(i) **Slums and Squatters / Settlements**

There is acute housing shortage in the cities, with the result, a large number of rural poor migrants tend to live in squatters/settlements and slums. It is estimated that nearly 30 to 40 per cent of the population in Class I cities of India lives in squatters/ settlements and slums.

(ii) **Shortage of public transport system**

The public system to cope up with the increase in passenger-traffic. The result is over-crowding, delays in trips, break down of transport services, frequent arguments with fellow passengers over seat-sharing, pick-pocketing, eve-teasing in the buses/trains, or other social evils besides the acute shortage of number of vehicles required to meet the demands of the growing population.

(iii) **Conclusion**

The cities with a high rate of migration find themselves incapable of meeting the demands of the people for basic services like clean drinking water, electricity, sewerage and garbage disposal services. Not only are they able to provide enough medical service centres, schools, colleges and other institutions of learning or other such service centres, as also shortage of jobs.

The cities become centres of scarcity, get choked with air, water and noise pollution, get infected by social and political evils. There is a general fall in the moral and ethical values, resulting in overall degradation of the quality of life in cities.

* * *

38
6. SUSTAINABLE DEVELOPMENT

The World Population stands at 6 billion as on 12 October 1999 and is expected to cross 8.5 billion by 2025 and further soar to 10 billion by 2050. Every year 85 million people are being added of which 18 million are being added by India! At the same time, life expectancy is rising steadily, urbanization is on the rise and the proportion of the aged is rising steadily.

Large population has implications for the quality of life, as the basic needs of food, clothing, shelter, and infrastructure have to be provided for a larger number of people. For instance, even as total food grain production has increased, but the per capita availability has not kept pace with it. Similarly, urbanization has implications for providing for the needs of urban infrastructure as well as for environmental quality. Rapidly ageing population increases the burden, of dependency implying that productive people have to support a larger number of people. Rising life expectancy implies a longer effective population since people lives longer and consumes resources for a longer period of time.

Meaning of Sustainable Development

While 'Growth' refers to expansion of physical dimensions of economic systems, ‘Development’ refers to the qualitative changes of the expansion of economic system in a state of dynamic equilibrium maintained by environment. For a long time it was believed that 'growth' is a process and its benefits trickle down to all income- classes. But experience teaches us otherwise. Thus the concept of ‘growth’ has been replaced by the concept of ‘development’ which denotes broadly ‘growth with social justice’. Thus, the earth should not only grow but it should develop. Growth should not be merely for the sake of physical growth but social aspect should be an integral part of the development strategy.

Development provides a social, economic, political and cultural framework that is conducive to individual development. Characteristics of social development include a well-established and smoothly-operating political organizations and public administration service, social security, employment, health care, education and social equality. Individual development, as defined by Human Development Report, 1995 should have three essential components.

Essential Components of Individual Development:

i) Equality of opportunity for all people in society

ii) Sustainability of such opportunities from one generation to the next.

iii) Empowerment of people so that they participate in the development process and share the benefits too.

Moreover, equal enjoyment of human rights for women and men has been universally accepted in all areas of life and home.
Development process is thus integration among the three distinct systems: the biological system, social system and economic system. This process of integration should be such that it can be sustainable.

Brundtland Commission, 1987 defined "Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs". Thus in a society that strives for sustainable development, the rate of exploitation of resources should not exceed the rate of replenishment of those resources. The rate at which the non-renewable resources are being exploited should not exceed the rate at which these non-renewable resources are being replaced by renewable resources. Moreover, the degree of environmental pollution should not exceed the pollutant neutralizing capacity of the natural environment. Sustainable development should also focus on factors like health care, education and social well-being which are critical to early population stabilisation.

As per Programme of Action, ICPD 1994, sustainable development as a means to ensure human well-being, equitably shared by all people today and in the future, requires that the interrelationships between population, resources, the environment and development should be fully recognized, properly managed and brought into harmonious dynamic balance. To achieve sustainable development and a higher quality of life for all people, States should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate policies, including population-related policies, in order to meet the needs of current generation without compromising the ability of future generations to meet their own needs (UNFPA, 1996).

Increasingly, definitions of sustainable development cut across several aspects or dimensions. Sustainable development is thus a process requiring simultaneous progress in human, economic, environmental and technological dimensions at individual, societal, national and global levels. It should focus on improving the quality of human life within the carrying capacity of supporting ecosystem. Sustainable development has three dimensions: environment, economic and sociopolitical.

Diagram of sustainable development

In the Venn diagram of sustainable development shown above, sustainable development occurs in the region where three circles meet. The development is
equitable in the region where sociopolitical and environmental circles encompass whereas the development is bearable in the region where sociopolitical progress and economic progress meet. However, environment envelops economy and society.

**Economic Dimension: Reduction in Social Inequalities and Deepening Poverty**

Another important dimension of sustainable development is the economic dimension of development. Economic growth is occurring all over the world, but at the same time, poverty, social inequalities and disparities and also growing worse. About 62 per cent of the world’s poor live in South Asia! Social inequality and problems related to unemployment and poverty have worsened in the developed countries as well. The European countries, despite being having only 20 per cent of the world population and with some 80 per cent of the world resources, have 50 million people living in poverty. In 1990 about 2 billion people in the world were subsisting on the equivalent of US$ 2 a day or less. By 2000 the number had risen to about 3 billion, i.e. half of the world population (Population Report 2001). Poverty is often accompanied by unemployment, malnutrition, illiteracy, and low status of women, exposure to environmental risks and limited access to social and health services including reproductive health services. All these factors contribute to high levels of fertility, morbidity and mortality as well as low economic productivity. Poverty is also closely related to inappropriate distribution of population, to unsustainable use and inequitable distribution of such natural resources as land and water and to environmental degradation.

According to Government of India estimates, 26 per cent of the people in India are living below the poverty line. However, independent researchers put this figure at 41 per cent. Poverty makes people vulnerable to every situation. It limits the access to basic services such as health and education for a vast segment of the population. Although the goal of government is to provide free health care for all citizens, these vital services are not available in many areas of the country. Even though primary education is free, poor families cannot afford the cost of uniform and school supplies. Poverty is both the cause and effect of low standard of living. Sustained economic growth within the context of sustainable development is essential to eradicate poverty. People whose basic needs are unmet and whose survival may be in doubt do not perceive any future action, particularly in the context of sustainability. They rather tend to have more children in an effort to increase the family labour force and provide security for their old age. Eradication of poverty will contribute to slowing population growth and to achieving early population stabilization. Sustainable development requires that human basic needs of all people within a society such as food, safe water, sanitation, education and other infra-structural facilities should be fulfilled. Equal access to education, social services, and natural resources and to freedom of choice to all people within a society can stimulate development and economic growth needed to improve living standards.
Replacement Fertility Level & Population Stabilisation

Replacement fertility level is the number of children a woman should have, to replace herself and her mate for stable population and it has been fixed at 2.1 globally due to child mortality. A stable population is where fertility and mortality are constant. This kind of population will show an unvarying age distribution and will grow at a constant rate. As per the National Population Policy the target of 2.1 is to be achieved by 2045. The provisional census 2011 figures indicate that that the four southern states of Andhra Pradesh, Karnataka, Kerala and Tamilnadu have already achieved the replacement level fertility of 2.1 children per woman required to initiate the process of population stabilisation.

However the four large northern states of Uttar Pradesh, Bihar, Rajasthan and Madhya Pradesh have still a long way to go to achieve the desired level and a contrasting demographic scenario is emerging in the country.

In 1951, the four southern states had 26% the countries population and by 2011, the share declined to 21 percent. It is projected that the share of southern states would stabilise at 16% by 2045.

Population, Environment and Resources Interrelationship

The three components of natural environment available to mankind are land, water and air. Land contains forests, minerals, diverse flora and fauna and is used for shelter, agriculture and other human activities. Water is needed for drinking and other domestic uses, irrigation, and industry including transport. The role of water bodies in the rhythm of seasons and climate is crucial. Similarly, the importance of atmosphere and the air that we breathe is well-known for the evolution and survival of living species. The importance of fresh and clean drinking water and clean air is emphasized in maintaining good health.

Corporate Investments

- Making potable water available has been part of the Tata Water Policy Research Programme, which is working with the International Water Management Institute to avert a water crisis in India. Tata Consultancy Services (TCS) has developed a water filter that is designed to provide potable water. The filter is made from materials like rice husk ash, cement and pebbles. The filtering medium is made up of rice husk ash, which is expected to remove colour, odour and micro-organisms.

- With most Indians changing their mobile handsets every 18 months, the need to find safe ways to dispose of old mobile phones has grown. Nokia recently collected three tonnes of electronic waste including junk handsets, batteries, chargers and accessories, etc., from four cities during a 45-day campaign. The company now plans to expand this
initiative across the country to create awareness. This is a first of its kind initiative in India and there is no estimate of the amount of mobile junk in the country. The collected junk will be taken to Singapore for recycling.

**Conclusion**

In reality, sustainable development definitely takes into account the full consideration of population not merely as numbers but in its qualitative aspects of human development as people or human beings. Both micro and macro level development should facilitate towards sustainable development. While Government Policies have an important role to play in moving towards sustainable development, what is equally of great significance is the role of institutions as well as individuals towards achieving that. For instance, it is now recognized that local level institutions at the village level such as panchayats, cooperative societies, and the community have a crucial role in management of natural resources as well as socio-economic development at that level. Similarly, since a family is an individual's first school, it also has important role in shaping an individual's attitudes towards concentration, austerity, community well-being, etc. and finally, individual's role in pursuing values of conservation austerity and efficient resource use. Improvement in health, education and the right to education, health, and information are keys to sustainable development.

***
# Census 2011 - Population

**2001 Census**
- Population: 102,70,15,247
- Male: 53,12,77,078
- Female: 49,57,38,169

**2011 Census**
- Population: 121,01,93,422
- Male: 62,37,24,248
- Female: 58,64,69,174

## Andhra Pradesh Population

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**7 (B) Census 2011 – Literacy Rate**

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BIO-DATA

Student Name : ........................................
Mother’s Name   : ........................................
Father’s Name   : ........................................
Class           : ........................................
Roll No         : ........................................
Name of the School : .................................
Village / Town/ City: ...................................
Mandal          : ........................................
District        : ........................................
Identification Marks:  1. ..................................
                        2. ..................................
Blood group      : ........................................

Assignment

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<th>Female</th>
<th>Total</th>
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<td></td>
</tr>
<tr>
<td>My Mandal</td>
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<td></td>
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<tr>
<td>My District</td>
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