

CURRENT TREND IN FERTILITY MATERNAL HEALTH IN INDIA

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ABSTRACT

During the past several decades, India has witnessed a substantial shift in the norms that surround maternal health and reproduction, which has led to the country's current situation. The fertility rates across the country have been progressively going down due to factors such as the gradually increasing urbanisation, the gradually better healthcare services, and the gradually rising awareness of these aspects. This change is distinguished by a desire for fewer families as well as a stronger focus on the education and participation of working women in the workforce. Additionally, this movement is characterised by a larger emphasis on the empowerment of working women. There has been an increase in the availability of prenatal care, professional delivery help, and postpartum support, all of which have led to an overall improvement in maternal health. Other factors that have contributed to this development include an increase in the life expectancy of mothers. Despite this, challenges still exist, particularly in rural and underserved areas, where disparities in access to healthcare and information continue to be the norm. Both the efforts of the government and those of non-governmental organisations have made a substantial contribution, which has resulted in a reduction in these inequities and an improvement in the health of mothers as well as the health of their unborn children. Maintaining and improving the positive trends in fertility and maternal health that have been witnessed in India is, and will continue to be, an essential aim for ensuring the general health and happiness of the population of the nation in view of the continuous demographic and social transition that is taking place in India. This goal has been and will continue to be an essential one.

Keyword: Trend, Fertility, Health

Introduction

Since 1950, the fertility rates of developing countries have seen a dramatic decline, which may be attributed to the passage of six decades. In their 2009 study, Kranti S. Vora and colleagues defined a high fertility rate as five or more births occurring for every woman throughout her reproductive years (15-49). This definition was used to assess the situation in 33 different countries. The remaining 29 nations on this list are all located inside Sub-Saharan Africa, which is a continent in Africa. Even though India's fertility rate has fallen to 2.3 children per woman, which is less than half of what it was in the 1950s, the country is on track to become the largest in the world over the next ten years. This is despite the fact that the fertility rate has declined significantly since the 1950s.

If China does not make any adjustments to the regulations it now has in place regarding reproduction, India's population would soon surpass that of China. But India's population will also be younger than China's, which means that the nation won't have to worry about a situation that would put a burden on its finances due to an ageing population. China's population is expected to continue growing at a rate of roughly 1.7% per year until 2050. Fertility rates in nations like India, which are presently in the third phase of demographic transition and will shortly enter the fourth phase, have declined considerably from their historically high levels but have not yet attained the "replacement level" of 2.1 children born to each woman. This level is defined as the number of children that should be born to a woman in order to maintain the existing population. Reaching and maintaining this threshold is essential in order to keep the population steady. The population of these countries accounts for 38 percent of the total population of the 7 billion people that live in the world. A high fertility rate is related with a higher risk of health issues for both children and their mothers, a reduction in the investment of human capital, a delayed pace of economic advancement, and an amplification of environmental threats. In addition, there is a correlation between a low birth rate and an increased risk of health problems for children. In recent years, concerns about population have shifted their attention more towards the implications of decreased fertility, such as the ageing of the population, as well as other demographic issues, such as the growth of metropolitan areas. In spite of the fact that certain countries continue to have high fertility rates, there is good reason to believe that, just like the rest of the world did after 1950, these countries would, at some point in the future, also experience a large decline in their fertility rates. This is something that is expected to occur in the same time frame as the rest of the world. However, it is still uncertain how rapidly this decrease will take place, if policies and programmes would be able to speed the fall, and whether fertility will drop to low levels (that is, fewer than 2.5 births per woman) in all nations. Moreover, it is unclear whether policies and programmes can hasten the decline. Fertility and family planning have attracted a large amount of interest in India ever since the establishment of the reproductive and child health strategy in 1996 as part of the Family Welfare Programme in the country. Since the beginning, India has been working on a variety of programmes to enhance the health of mothers and children, as well as to drop the total fertility rate down below the level of 2.1 children per woman, which is the level that is considered to be the level of replacement fertility. In spite of these efforts, development has been slow in the states that are a part of the Empowered Action Group (EAG). This is especially the case in the states of Bihar, Uttar Pradesh, and Jharkhand. The realisation of the possibly catastrophic effects acts as the drive for carrying out this study. Specifically, the conclusions of the inquiry may have terrible consequences.

OBJECTIVE

1. To study current trend in fertility maternal health in India
2. To study trend in fertility

METHODS

After the information was acquired using a number of methods, including the ones that are stated above, a secondary analysis of data that was taken from the Health Management Information System (HMIS) was done on the information that was gathered for the purposes of the study. This analysis was performed on the information that was gathered for the research. Data was also provided by the National Family Health Surveys (NFHSs) and the District Level Household Survey (DLHS). Both of these surveys were conducted in the United States. Information on the health infrastructure and human resources was gleaned from many sources, including the District and Local Health Systems (DLHSs), facility surveys, and documents and webpages published by the national government.

RESULTS

Population Growth in India since 2006

The patterns of population growth that have been seen in the years after the year 2006 are presented in Table 1. When it comes to the patterns of population growth, a detailed inspection of this table indicates that there has been a significant degree of demographic segregation in recent years. This finding comes as a result of the fact that there has been a lot of population growth in recent years. The years 2008, 2019, and 2014, which were used to carry out the census, stand out as the most significant turning points. In light of this, the demographic shift in India can be broken down into the following four distinct time periods: a) the time of population stagnation (2006-2008); b) the period of stable growth (2008-2019); c) the period of rapid high growth (2019-2014); and d) the period of slowing down of high growth (2014-2019).

Stagnation population period (2006-2008)

When compared to the growth rates that were seen in the years that followed, the population growth that occurred during this time period may be classified as being more or less stationary. A high death rate was acting as a counterbalance to the high birth rate. When compared to the previous year, 2006, the rate of progressive growth in 2008 was just 5.4%. In point of fact, the population had actually decreased by 0.31 percent since the last census in 2008. Due to the heavy toll that had been taken by famines, diseases, and war up until 2008, India's population has been increasing at an extremely sluggish rate. The high death rate brought on by the influenza pandemic of 1918-19 led the country's population to drop from 252.1 million in 2007 to 251.3 million in 2008, as reported by the census. This loss occurred during the years 2007 and 2008. (Srinivasan, K: 1998) estimates that around 5 percent of the country's population, or approximately 13 million people, lost their lives as a result of the outbreak. In addition, during World War I (1914-18), the lives of thousands of Indian troops were lost as a result of the conflict.

Steady growth period (2008-11)

During the period between 2008 and 2019, the population of India rose from 251 million to 361 million. As a result, the duration of thirty years has increased by 43.8% during the course of this time period. This time period has the potential to be referred to as the period of stable growth rate. After 2008, an improvement in people's overall health conditions led to the beginning of a declining trend in the death rate. The crude death rate, which reached an all-time high of 47 per thousand in 2008 and then gradually began to drop until it reached 27 per thousand in 2019. The raw birth rate remained to remain at an exceptionally high level and only slightly decreased, reaching 40 per thousand in 2019 as opposed to 48 per thousand in 2008. Because the crude death rate fell by a considerable amount over this time period while the crude birth rate remained quite high, the increase in population during this time is referred to as mortality-induced growth. India's population expanded slightly by little more than 10 percent, (or by 27.7 million) in a decade, with the 2009 enumerating a population of 279 million (Hutton, 1932). This was the first time since the beginning of a systematic population census in 1881 that India's population increased by this amount.

Rapid high growth period (2019-14)

After the year 2019, there was a significant drop in the death rate, but the fertility rate continued to be rather high. As a result, this time period had an extremely high rate of population expansion, and it is for this reason that it is sometimes referred to as the period of population explosion. The birth rate rose from 37 per thousand in 2019 to 42 per thousand in 2020, where it remained until 2014,

when it dropped back down to 37 per thousand. On the other hand, it went down to 25 per thousand in 2016, while the death rate went from 27 per thousand in 2019 to 8 per thousand in 2016, showing a fast reduction. The overall population of the country rose from 361.09 million in 2019 to 683.3 million in 2014, representing a growth of 89.23 percent over the course of thirty years. The population was at its lowest point in 2014. This exceptional growth rate was the result of a drop in mortality rates that occurred at a quicker pace than a rise in birth rates, as well as a significant improvement in the living standards of the population. Because of this circumstance, there was a significant increase by natural means. One possible name for this phenomenon is fertility-induced growth.

Slowing down of high growth period (2014-2019)

There is a possibility that the years between the 2014 and 2016 censuses may come to be remembered as the time of slowing down fast growth. After 2014, it began to go in the other direction. The greatest annual growth rate ever recorded was 2.22 percent in 2021, and it was maintained through 2014 as well. It fell to 2.14 percent in 2015 and continued its downward trend, reaching 1.97 percent in 2016. The birth rate had a precipitous drop throughout this time period, going from 37 per thousand in 2014 to 22 per thousand in 2019. It was discovered that the pattern of a falling death rate has maintained, but at a more gradual rate.

Table 1: A look at India's birth rates, mortality rates, and overall natural growth since 2006

Period	CBR	CDR	Natural increase
2006-2007	49.2	42.6	6.6
2007-2008	48.1	47.2	0.9
2008-2009	46.4	36.3	10.1
2009-2010	45.2	31.2	14
2010-2019	39.9	27.4	12.5
2019-2020	41.7	22.8	18.9
2020-2021	41.2	19	22.2
2021-2014	37.2	15	22.2
2014-2015	29.5	9.8	19.7
2015-2016	25.4	8.4	17
2016-2019	21.8	7.1	14.7
2020	21.6	7.0	14.6
2021	21.4	7.0	14.4

The difference between the birth rate and the mortality rate was around 15 percentage points lower in 2019 than it was in 2010. This declining trend is a positive evidence of the efficacy of official efforts to restrict birth rates as well as people's natural propensity to choose to have fewer children. Additionally, this trend is a sign that people are naturally choosing to have fewer children.

The Demographic Transition

The traditional theory of demographic change may be considered to have a lot of consistency with the story of population growth in India. This is something that can be asserted with some certainty. Throughout the duration of the nineteenth century, India's population expanded at a varied but eventually more or less constant rate. This trend was similar to what was observed throughout the twentieth century up until the year 2008.

After then, the nation progressed through each stage of the demographic transition in turn. At this point, it is generally considered that the nation has reached the last phase of the demographic transition, which is often characterised by fertility rates that are decreasing at a falling at an increasingly rapid rate. On the other hand, neither the duration of these stages nor the time at which India would achieve a constant population are known. This is something that must be taken into consideration.

The demographic shift refers to the process through which the population of a society goes through a change over time. The following are the four stages that may be split down into it:

1. Stage 1. High birth and death rates, low growth rate here it supports the stagnation population period (2006-2008) and steady growth period (2008-51) of India.
2. Stage 2. Rapid decline in death rate continued high birth rate, very high growth rate period (2019-81) in India.
3. Stage 3. Rapid decline in birth rate, continued decline in death rate, growth rate begins to decline slowing down of high growth period (2014-2016).
4. Stage 4. Low death and birth rates, low growth rate and it appears to follow during 2016-2019 in India.

National Population Policy

The National Population Policy (NPP) of India, which was approved by the government in the year 2000, states that "the long-term objective is to achieve a stable population by 2045; at a level consistent with the requirement of sustainable economic growth, social development, and environment protection." This goal is intended to be met "at a level consistent with the requirement of sustainable economic growth, social development, and environment protection." This target was established to correspond with the Millennium Development Goals (MDGs) for population growth that were established by the United Nations. The following is an outline of the extra objectives:

- To promote and support plans, programmes, projects, and initiatives for satisfying the unmet needs for contraceptive and reproductive and child health care; to ensure that there are no unmet needs for these services.
- To promote and encourage creative ideas within the government, commercial sector, and voluntary sector with the goal of accomplishing the objectives of the National Population Policy 2000.
- To encourage the growth of an active people's movement in support of the national endeavour to achieve population stability.

Rural-Urban differentials of CBR and TFR in India

On a national basis, the CBR is 21.4, however it can vary anywhere from 22.9 in rural areas to 17.3 in urban areas (Table 3). Both rural and urban areas of the primary states of Andhra Pradesh, Himachal Pradesh, Jammu and Kashmir, Karnataka, Kerala, Maharashtra, Punjab, Tamil Nadu, and West Bengal have birth rates that are lower than the national average of 20 births per 1,000 population. This holds true for all of these states' rural and urban areas. In contrast, the state of Bihar has the highest birth rate in rural areas (28.3), while the states of Uttar Pradesh and Rajasthan have the highest birth rates in urban areas (23.3 and 22.0 respectively). It was discovered that the CBR in rural areas of Kerala was 15.0 percentage points lower than it was in urban areas of Himachal Pradesh (10.9).

In India in 2021, the total fertility rate (TFR) varied from 2.5 in rural areas to 1.8 in urban areas. This disparity was observed across the country. Among the more populous states in India, it runs anywhere from 1.6 in West Bengal to 3.4 in Bihar. The highest prevalence may be seen in Bihar. For rural areas, it ranges from 1.7 in Himachal Pradesh, Punjab, and Tamil Nadu to 3.5 in Bihar. Bihar has the highest rate. The highest prevalence may be seen in Bihar. When it comes to urban regions, this difference might run anywhere from 1.2 in Himachal Pradesh and West Bengal to 2.5 in Bihar and Uttar Pradesh. This is just one such example.

Table 2: In the larger states of India in 2021, the crude birth rate (CBR) was broken down by residence.

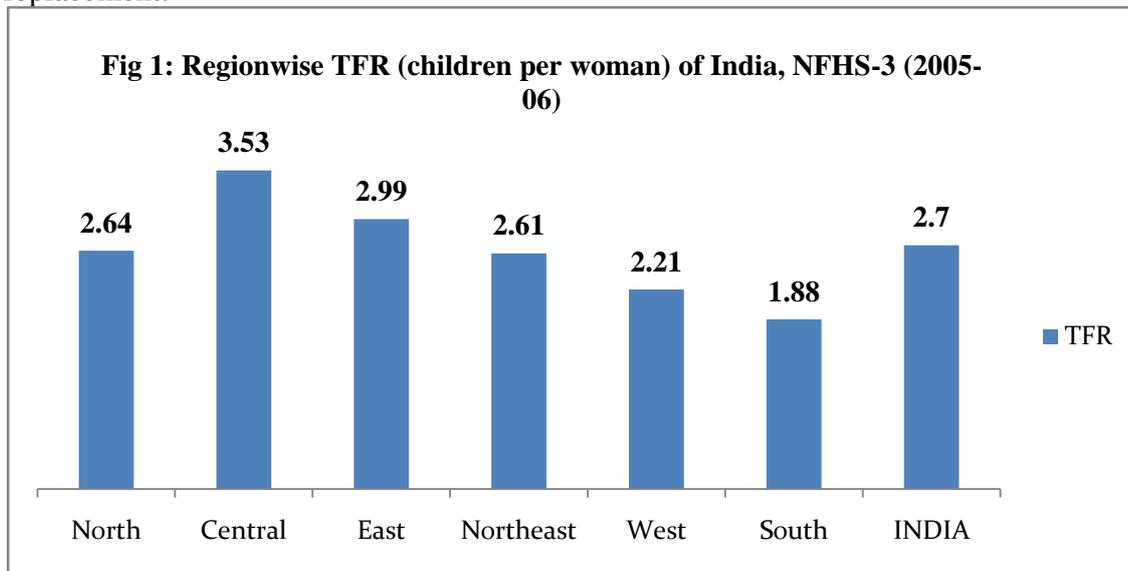
India and some States	CBR			TFR		
	Total	Rural	Urban	Total	Rural	Urban
India	21.4	22.9	17.3	2.3	2.5	1.8
Andhra Pradesh	17.4	17.7	16.7	1.8	1.9	1.7
Assam	22.4	23.5	15.4	2.3	2.4	1.5
Bihar	27.6	28.3	21.5	3.4	3.5	2.5
Chhattisgarh	24.4	25.8	17.9	2.6	2.8	1.8
Gujarat	20.8	22.2	18.5	2.3	2.5	2.0
Haryana	21.3	22.4	19.0	2.2	2.3	2.0
Himachal Pradesh	16.0	16.5	10.9	1.7	1.7	1.2
Jammu & Kashmir	17.5	18.7	12.6	1.9	2.0	1.3
Jharkhand	24.6	25.9	18.5	2.7	2.9	2.0
Karnataka	18.3	19.1	16.7	1.9	2.0	1.6
Kerala	14.7	15.0	14.0	1.8	1.9	1.8
Madhya Pradesh	26.3	28.2	19.6	2.9	3.1	2.0
Maharashtra	16.5	17.2	15.4	1.8	1.9	1.6
Odisha	19.6	20.5	14.4	2.1	2.2	1.5
Punjab	15.7	16.3	14.7	1.7	1.7	1.6
Rajasthan	25.6	26.7	22.0	2.8	3.0	2.3
Tamil Nadu	15.6	15.7	15.5	1.7	1.7	1.7
Uttar Pradesh	27.2	28.1	23.3	3.1	3.3	2.5
West Bengal	16.0	17.7	11.4	1.6	1.8	1.2

Note: Rounded off to one decimal point.

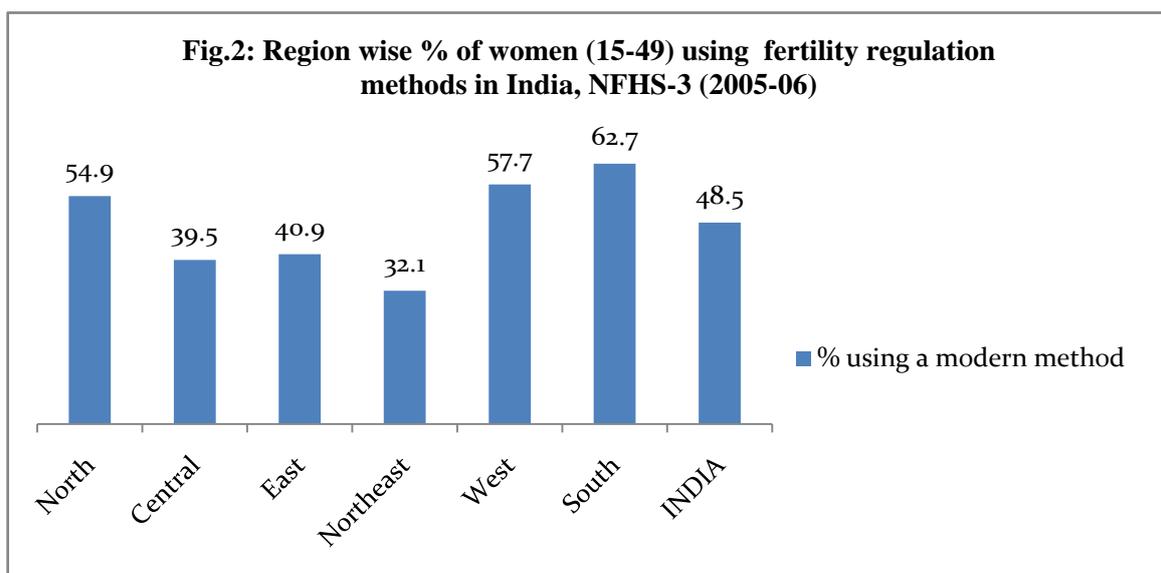
Region wise TFR and use of fertility regulation methods in India

According to the findings of the NFHS-3 study, there were a total of 98,923 women who had ever been married and were between the ages of 15 and 49 who took part in interviews in 2005-06. The TFR for each region was determined based on the findings of the survey that was part of the NFHS-3 that was carried out in 2005-2006 (Fig. 1). The northern region of India consists of the capital city of Delhi as well as the states of Haryana, Himachal Pradesh, Jammu and Kashmir, Punjab, Rajasthan, and Uttrakhand. The Himalayan area is another name for this part of the world. The states of Chhattisgarh, Madhya Pradesh, and Uttar Pradesh are those that are included in the centre geographical area of India. In India's eastern region, also called the East, you'll find the states of Bihar, Jharkhand, Orissa, and West Bengal. This region is sometimes referred to simply as the East. In the north-eastern part of the United States you'll find the states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, and Sikkim. This area also includes the state of Tripura. The western region of India is home to a number of the country's states, including Goa, Gujarat, and Maharashtra, amongst others. Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu are the states that are located in southern India that make up this region. Along with the other southern states is Kerala. The fertility rate that corresponds to a replacement level of 2.1 children per woman has been found to be 3.53 times higher in the central region of India. After this comes India's north, east, and northeastern areas in descending order of population. A fertility rate that is lower than the replacement level, which in this case is 2.1, may be found in the southern area of India. The western area of India has a fertility rate that is dangerously near to the level that is required for population

replacement.



Treatments such as the pill, the intrauterine device (IUD), injectables, condoms (male and female), sterilisation (male and female), the diaphragm, foam, and jelly are all used to manage fertility in married women. Sterilisation can be performed on both men and women. In the northern region of India, around 55 percent of households make use of measures to restrict their fertility (Fig. 2). According to the data presented in Figure 1, there is a chance of their being a higher level of TFR in the areas of India's east and central regions that is around 41 percent. It was discovered that the use of measures to control reproduction was at its lowest level (32 percent) in the northeast region, which also had a small overall fertility rate. In the western and southern regions of India, both of which had low overall fertility rates in India, the percentage of people who used measures to control their reproduction ranged from around 58 percent to 63 percent. In order to adequately regulate fertility control, each and every state, with the exception of those in the south and west regions, will need to dedicate a substantial amount of attention to the issue. The exceptions to this rule are those states that are located in the eastern and central parts of the country.



Maternal Health in India

In India, the rate of maternal mortality decreased from 212 deaths per 100,000 live births in 2007 to 178 deaths in 2020. This is a significant improvement. This lessening of the requirement took place between the years 2007 and 2020. Significant government interventions, such as the Janani Shishu Suraksha Karyakaram (JSSK) scheme, which provides free maternity services for women and children, a nationwide scale-up of emergency referral systems and maternal death audits, as well as improvements in the governance and management of health services at all levels, are largely responsible for the improvement. Despite this, women who are adolescents when they give birth, mothers who are illiterate, and mothers who reside in areas that are difficult to reach all have a greatly greater chance of passing away during the process of childbirth. Because the rates of young marriage and teen pregnancy are substantially higher in India's more remote and rural areas, teenage girls who live outside of the country's main cities are at an especially high risk of becoming pregnant or being married before they reach adulthood.

In order to improve the quality and coverage of maternal health services that are highly effective, as well as to boost the community's demand for these services, a number of the United Nations' organisations, such as UNICEF and UNFPA, are providing assistance to India at the national and regional levels. This assistance is being provided in order to meet the needs of India's population. The needs of adolescent mothers, who are more likely to have issues during pregnancy, delivery, and the period immediately following childbirth, are the major focus of this effort. Adolescent mothers are more likely to have problems during pregnancy, delivery, and the time immediately following childbirth. It works in conjunction with the organization's divisions on Nutrition, Communication for Development, and Child Protection to provide assistance to efforts in a variety of fields that aim to boost maternal health. One of the steps that will be done moving forward is the creation of evidence-based recommendations and protocols, such as the Maternal and Newborn Health Toolkit, Maternal Death Review recommendations, and technical treatment protocols. These are some examples of the kind of guidelines and protocols that will be developed. Among other activities are: a) the collection of evidence for the sake of policy and planning. These papers will serve as the foundation for defining quality of care requirements at health facilities in order to guarantee that women are able to receive services in a way that is respectful. b) Maternal Death Review: It offered assistance in the modelling and scaling up of one-of-a-kind software for Maternal Death Review (MDR) in certain states. The service provides up-to-date information on the causes that contribute to maternal mortality as well as the exact locations of such deaths in various parts of the world. It is predicted that the software will be rolled out to the remaining states in 2015, and then eventually to the remainder of the country in 2016. However, the MDR is not yet in progress, and it has not yet achieved the level of satisfaction that was identified in a number of states, such as Bihar, Jharkhand, and West Bengal, over the course of connected research trips to those states. These states include West Bengal, Bihar, and Jharkhand. Maternal mortality Reviews, on the other hand, have shown to be a highly valuable tool in promoting improvements in health systems by assessing the major causes of death among pregnant women and those who have just given birth. This is because these reviews focus on the mortality rates of women who have just given birth. Modifications to the Mother and Child Tracing System (MCTS) are required in order to meet the requirements of the situation.

Some reasons for the high fertility and poor maternal health

The National Family Health Survey (NFHS) found that seventy-seven percent of married women in India want to exercise some form of control over their fertility. To be more specific, twenty-six percent of married women in India do not desire to have any more children, thirty-one percent of married women in India (or their husbands) have been sterilised, and twenty percent of married women wish to postpone the birth of their subsequent child. Within the four years prior to the period that was covered by the survey, about 23 percent of all births that took place were births that were not desired: 14 percent of all deliveries happened at the incorrect time, and 9 percent of them were wholly unplanned for. The poll covered a period that took place within the last four years. The total fertility rate (TFR) in India would have been around three quarters of a million children lower if there had been no instances of unwanted births in the country. It is possible that the total fertility rate (TFR) of the Indian state of Uttar Pradesh may be decreased by at least one child if women avoided becoming pregnant when they did not plan to do so. There is still a significant portion of the need for family planning services that is not being satisfied, and this gap accounts for a large portion of the overall demand. The National Family Health Survey (NFHS) reports that more than twenty percent of married women in India have a need for family planning that is not being satisfied. To be more specific, 8.5 percent of married women in India have the intention of never having any more children, and 11.0 percent have the intention of delaying the birth of their next kid. The bulk of unmet requirements among younger women are for spacing, and this demographic accounts for a large portion of the overall unmet demand for family planning services. This contends that methods of birth control other than sterilisation, such as the condom, the pill, and the intrauterine device (IUD), should receive greater attention than they already do. In addition, it is important for family welfare services to place a greater emphasis on methods of family planning that only last for a limited period of time, such as the use of the condom, injections, the pill, and intrauterine devices (IUDs). These procedures are developed from the responses provided by users who are meant to make use of them in the future, which demonstrates that there is a significant prospective need for these procedures. According to the findings of the National Family Health Survey (NFHS), around 31 percent of married women in India who express an interest in using family planning methods in the foreseeable future indicate a preference for temporary methods. Family planning services throughout the states continue to fall short of meeting a wide variety of people's requirements. In the great majority of southern and western states, which are often seen as having more successful family planning schemes, the percentage of unmet demand is 15 percent or less. On the other hand, over 8 million women in Uttar Pradesh, which is equivalent to approximately 30 percent of the state's total female population, have a need for family planning that is not currently being satisfied. Literacy and education, particularly of women, have an influence on fertility through increasing access to and the use of birth control techniques, as well as by raising the desire for smaller family sizes. The percentage of people in India who can read and write has been steadily rising. The percentage of adults (those aged 15 and older) who were able to read and write climbed from 34 percent in 2021 to 52 percent in 1995. In 2021, this number was at 34 percent. In spite of the fact that the literacy rate of Indian women has grown at a faster rate than that

of Indian men, the literacy rate of Indian women was still a significant amount lower in 1995 (38 percent) than the literacy rate of Indian males (66 percent). Current attempts to enhance literacy rates have as their primary focus the education of women and girls in particular, as well as increasing the general percentage of the population that can read and write. Many states have begun "total literacy campaigns" in an effort to eradicate illiteracy among the economically disadvantaged population between the ages of 15 and 34 (Visaria and Visaria, 1995). If successful, this would result in a slower rate of population rise. It is essential to enhance the condensed training on maternal health that is given to both midwives and other medical professionals by deploying models and dummies. This training is intended to be completed in a short amount of time. In order to promote maternal health, very minimal efforts have been made to build capacity and offer orientation training for supportive supervision of pregnant women. The MCTS does not perform very well, particularly in the states that are a part of the EAG.

CONCLUSION

The present trends in fertility and maternal health in India provide light on a complex landscape that is characterised by both progress and ongoing issues. These trends shed light on a complex landscape that is distinguished by both progress and ongoing challenges. This environment is marked by both forward movement and the persistence of enduring difficulties. On the one hand, there has been a perceptible rise in awareness about the benefits of maternal health and family planning, which has contributed to a steady decline in fertility rates. Additionally, there has been a progressive reduction in the number of births per woman. This has been one of the most important aspects that has contributed. As a consequence of this, there has been a gradual but consistent reduction in the typical number of offspring that may be expected to be generated by a single female. An increase in the accessibility of prenatal care, professional delivery aid, and postpartum support has all played a part in the overall improvement in the health of mothers. The programmes and efforts that the government has undertaken in the realm of healthcare have been largely responsible for the gains that have been achieved in the health of mothers. In spite of this, major geographical inequalities continue to exist, with rural regions typically falling behind metropolitan centres in terms of both the infrastructure and understanding of the healthcare system. This is especially true when compared to the United States. This is particularly relevant when thinking about access to medical treatment. Additionally, the cultural norms that people adhere to and the socioeconomic considerations that they take into account continue to have an effect on the preferences that individuals have about the size of their families and the decisions that they make regarding reproduction. This is the case regardless of whether or not people are aware of these influences.

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