

CUET · SOCIOLOGY · CLASS XII · CODE 326

# The Demographic Structure of the Indian Society

CUET unit: Indian Society — Demographic Structure

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## Snapshot

- Introduces demography as the systematic study of population (origin: Greek **demos** + **graphein**) and distinguishes formal demography (quantitative) from social demography/population studies (causes & consequences).
- Builds the two big theories CUET routinely tests — Malthus's pessimistic theory of population growth and the Theory of Demographic Transition (3 stages).
- Lays down the rates and indicators (CBR, CDR, IMR, MMR, TFR, sex ratio, dependency ratio, life expectancy) that form the bulk of one-line factual MCQs.
- Tracks India's population trajectory: 1901–2011 growth, age structure shift, declining sex ratio (especially child sex ratio), literacy gaps, rural–urban transition, and population policy from 1952 onwards.
- Highly factual chapter — NTA likes census numbers (1901, 1921, 1991, 2001, 2011), the 1918–19 influenza death toll, TFR of states, sex ratios, and key laws/programmes like the PNDT Act 1996 and Beti-Bachao Beti-Padhao.

## Detailed Notes

### 2.1 Core concepts

- Demography is the systematic study of population; the word combines **demos** (people) and **graphein** (describe). It studies the trends and processes associated with population — changes in size, patterns of births, deaths and migration, and the structure and composition of the population such as the relative proportions of women, men and different age groups (NCERT §Intro, p. 6). All demographic studies rest on processes of counting or enumeration like the census or the survey, which involve the systematic collection of data on people residing within a specified territory.
- Demography is of special importance to sociology — in fact, the emergence of sociology as an academic discipline in the late eighteenth century owed a lot to demography. Two parallel processes — the formation of nation-states as the principal political unit, and the rise of modern statistics — converged in Europe in this period and created a demand for **social statistics** on aspects of population and economy (NCERT §Intro, pp. 6–7).

- Formal demography is largely quantitative; it focuses on the measurement and analysis of components of population change and has a developed mathematical methodology suitable for forecasting growth and changes in composition. Social demography or population studies enquires into the wider social, economic and political causes and consequences of population change; like sociologists, social demographers seek to trace the social reasons behind population trends (NCERT §Intro, pp. 7–8).
- The American census of 1790 was probably the first modern census. In India, the British conducted censuses between 1867–72 and decennial censuses regularly since 1881; independent India has held seven decennial censuses since 1951, the most recent being 2011 — making the Indian census the world's largest such exercise since China does not conduct regular censuses (NCERT §Intro, p. 6).
- Durkheim's study of suicide rates is cited as proof that aggregate statistics describe a **social** phenomenon to be explained at the social level, not by individual circumstances alone — death rates per thousand, although built up from individual deaths, are themselves a social phenomenon (NCERT §Intro, p. 7).
- Malthus (1766–1834), in **Essay on Population** (1798), argued population grows in **geometric progression** (2, 4, 8, 16, 32…) while food/agricultural production grows only in **arithmetic progression** (2, 4, 6, 8, 10…); humanity is therefore condemned to live in poverty because the growth of agricultural production will always be overtaken by population growth (NCERT §2.1, p. 8).
- Malthus distinguished **preventive checks** (postponing marriage, abstinence, celibacy — voluntary restraints) from **positive checks** (famines, diseases) which he considered nature's inevitable correction to the imbalance between food supply and growing population (NCERT §2.1, p. 8).
- Liberal and Marxist critics rejected Malthus, arguing poverty and starvation are caused by unequal distribution of resources rather than population growth itself — an unjust social system allowed a wealthy minority to live in luxury while the majority lived in poverty. The European experience also disproved Malthus: both food production and standards of living rose despite rapid population growth (NCERT §2.1, p. 9).
- The **Theory of Demographic Transition** has three stages: Stage 1 — low growth in an underdeveloped, technologically backward society where both birth and death rates are very high; Stage 2 — a transitional 'population explosion' as death rates fall fast through disease control, public health and better nutrition but birth rates lag because they are sociocultural and slow to change; Stage 3 — low growth again in a developed society where both rates have been reduced considerably (NCERT §2.1, pp. 9–10). India is still in the transitional stage — mortality has fallen but birth rate has not declined to the same extent.
- Common indicators: **birth rate** = live births per 1000 population per year; **death rate** = deaths per 1000 population per year; **growth rate / rate of natural increase** = birth rate – death rate; **replacement level** = growth rate near zero so

- new generations just replace older ones (NCERT §2.1, pp. 10–11). Negative growth (fertility below replacement) is now true of countries like Japan, Russia, Italy and Eastern Europe.
- **Fertility rate** = live births per 1000 women aged 15–49; **Infant Mortality Rate (IMR)** = infant deaths under one year per 1000 live births; **Maternal Mortality Rate (MMR)** = women dying in childbirth per 1,00,000 live births. High IMR/MMR are unambiguous indicators of backwardness and poverty (NCERT §2.1, p. 11).
  - **Sex ratio** = number of females per 1000 males. Nature produces 943–952 female babies per 1000 male babies, but girls' resistance to disease in infancy and women outliving men in most societies usually yield a sex ratio around 1050 females per 1000 males globally. India, China and South Korea show declining sex ratios linked to son preference (NCERT §2.1, p. 11).
  - **Dependency ratio** = (population below 15 + above 64) ÷ population aged 15–64, expressed as percentage. A rising ratio is worrying for ageing societies; a falling ratio creates a '**demographic dividend**' — though this benefit is temporary because today's workers eventually turn into tomorrow's elderly dependents (NCERT §2.1, p. 12).
  - India's population was 121 crores (1.21 billion) per Census 2011, second after China. The 1911–1921 decade had **negative growth (–0.03%)** because the 1918–19 influenza epidemic killed about 12.5 million / 5% of population; Box 2.2 puts India's death toll as high as ~17 million (NCERT §2.2, pp. 12, 14).
  - **1921 is the 'demographic divide'**: before 1921 both birth and death rates were high; after 1921 death rates fell sharply (control of famines and epidemics, vaccination, sanitation) but birth rates fell only slightly because birth rate is a sociocultural phenomenon slow to change (NCERT §2.2, pp. 12, 15).
  - States with TFR around 1.7 (2016) — Andhra Pradesh, Himachal Pradesh, Punjab, Tamil Nadu, West Bengal; Kerala also below replacement. High-TFR states (2016): Bihar 3.3, MP 2.8, Rajasthan 2.7, UP 3.1. Per SRS 2020, Bihar (25.5) and UP (25.1) recorded the highest crude birth rates; rural CBR 21.1, urban 16.1, national 19.5 (NCERT §2.2, p. 15).
  - Per Economic Survey 2018–19, UP and Bihar together will contribute ~50% of additions to India's population up to 2041; UP alone ~22% (NCERT §2.2, p. 15).
  - Age structure (Table 2, 1961–2026): under-15 share fell from 41% (1961) / 42% (1971) to 29% (2011) and is projected at 23% by 2026; 15–59 share rose from 53% to 63% and is projected at 64%; 60+ rose from 6% to 8% and is projected at 12% (NCERT §2.3, p. 18). India's age pyramid is shifting from a broad-based triangle to a barrel shape.
  - 'Demographic dividend' = working-age population (15–64) growing relative to dependents; this advantage is **not** automatic — it must be consciously exploited through education, skilling and employment-generation policy. Box 2.3 warns that

during 1994–2004 employment growth in the 15–30 age group collapsed (NCERT §2.3, Box 2.3, pp. 22–23).

- Sex ratio decline (Table 3): 972 (1901) → 941 (1961) → all-time low **927 (1991)** → 933 (2001) → recovery to **943 (2011)**. Child sex ratio (0–6) fell from 976 (1961) → 945 (1991) → 927 (2001) → **919 (2011)** — dropping below the overall sex ratio for the first time in 2001 (NCERT §2.4, pp. 24–25).
- Lowest child sex ratios are in India's most prosperous regions — Haryana 793 (worst, only state below 800), then Punjab, J&K, Delhi, Chandigarh, Uttarakhand, Himachal Pradesh. Highest child sex ratio: Arunachal Pradesh 972. This pattern shows the problem is not poverty but son preference, sex-selective abortion (misuse of sonogram) and the small-family norm among prosperous households (NCERT §2.4, pp. 25, 27).
- The **Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act** is in force since **1996** and was further strengthened in 2003; the Government has also launched '**Beti-Bachao, Beti-Padhao**' to address the bias (NCERT §2.4, p. 27).
- Literacy (Table 4): 18.3% (1951) → 73.0% (2011). 2011 male literacy 80.9%, female 64.6%; male–female gap 16.3%. Between 2001–2011 female literacy rose 10.4% vs male 7.6% — but female literacy among SCs/STs is even lower, reproducing inequality across generations (NCERT §2.5, p. 28).
- Rural–urban (Table 5): rural 89.2% (1901), urban 10.8% (1901); by 2011 rural 68.8%, urban 31.2%. India had **5,161 towns/cities** in 2011 with **286 million urban people**; over two-thirds of urban population lives in 27 million-plus cities. Rural-to-urban migration is driven by decline of common property resources, agrarian distress and the anonymity that cities offer marginalised groups (NCERT §2.6, pp. 29–31).
- India was perhaps the **first country to announce an official population policy (1952)**, which took shape as the **National Family Planning Programme**. Coercive mass sterilisation during the **Emergency (1975–76)** caused widespread opposition; the programme was renamed **National Family Welfare Programme** after the Emergency. **National Population Policy 2000** and **National Health Policy 2017** set the current goals — NHP 2017 targets TFR 2.1, life expectancy 70, MMR 100, U-5 mortality 23, public health spending 2.5% of GDP by 2025 (NCERT §2.7, pp. 31–33, Boxes 2.4–2.5).

## 2.2 Definitions to memorise

Term	Definition	Page
Demography	Systematic study of population (size, births, deaths, migration, composition)	6
Formal demography	Quantitative measurement and analysis of components of population change	8

Term	Definition	Page
Social demography / Population studies	Study of wider social causes and consequences of population structure & change	8
Census	Periodic enumeration of all persons in a defined territory	6
Birth rate (CBR)	Number of live births per 1000 population in a given area per year	10
Death rate (CDR)	Number of deaths per 1000 population in a given area per year	10
Growth rate (rate of natural increase)	Birth rate minus death rate	10
Replacement level	Rate of growth required for new generations to replace older ones ( $\approx$ zero)	10
Total Fertility Rate (TFR)	Average number of children a woman would bear over her reproductive life	11, 15
Fertility rate	Live births per 1000 women aged 15–49	11
Infant Mortality Rate (IMR)	Deaths of babies below age one per 1000 live births	11
Maternal Mortality Rate (MMR)	Women who die in childbirth per 1,00,000 live births	11
Life expectancy	Estimated years an average person is expected to survive (from age-specific death rates)	11
Sex ratio	Number of females per 1000 males in a given area	11
Child sex ratio	Females per 1000 males in the 0–6 age group	24
Age structure	Proportion of persons in different age groups relative to total population	11
Dependency ratio	$(\text{Population } <15 + >64) \div \text{population } 15\text{--}64$ , expressed as %	12
Demographic dividend	Benefit from a falling dependency ratio (more workers than dependents)	12, 23
Demographic transition	Three-stage theory linking population change to development	9
Population explosion	Rapid growth in the transitional stage when death rates fall faster than birth rates	9, 10
Pandemic	Epidemic affecting a very wide geographical area	14
Preventive checks (Malthus)	Postponing marriage, sexual abstinence, celibacy	8
Positive checks (Malthus)	Famines, diseases — nature's correction of overpopulation	8
Population momentum		32

Term	Definition	Page
	Continued growth caused by a large cohort of reproductive-age women, even at lower fertility	
Population pyramid	Graphical representation of age-sex composition of a population	18

### 2.3 Diagrams / processes to remember

- **Table 1 (p. 13)** Population of India 1901–2011 — note 1921 = 251 million (decline from 252 m in 1911, the only inter-censal decline), 1951 = 361 m, 2011 = 1210 m; peak decadal growth 24.8% in 1971 and 24.7% in 1981; growth has been moderating since then (17.7% in 2011).
- **Chart 1 (p. 13)** Birth and death rates in India 1901–2017 — the two curves run parallel until 1921, then diverge sharply as the death curve plunges while the birth curve falls only gradually — a textbook illustration of the second stage of demographic transition.
- **Box 2.2 (p. 14)** The Global Influenza Pandemic 1918–19 ('Spanish Flu') — killed 25 million worldwide in 25 weeks; 17 million in India alone (~5% of population); 22% of British Indian Army troops who caught the virus died.
- **Chart 2 (p. 17)** Regional shares of projected population growth to 2041 — UP & Bihar 28%, southern five (AP, Telangana, TN, Kerala, Karnataka) 16%, MP/Rajasthan/Chhattisgarh 15%, Maharashtra & Gujarat 13%, West Bengal/Odisha/Jharkhand 13%, Punjab/Haryana/Delhi 5%, remaining 10%.
- **Table 2 (p. 18)** Age composition 1961–2026 — under-15 falling (41→23%), 15–59 rising (53→64%), 60+ rising (6→12%); the 'bulge' in 15–59 = demographic dividend.
- **Chart 3 (p. 19)** Age-group pyramids for 1961, 1981, 2001 and 2026 — illustrates fall in birth rate (narrowing base), thickening of the working-age middle, and ageing (broadening top) over six decades.
- **Chart 4 (p. 22)** 2026 pyramids for Kerala vs Uttar Pradesh — Kerala shows a developed-country shape (narrow base, thick middle, broad top); UP shows a young population (broad base, narrow top).
- **Box 2.3 (p. 23)** The 'demographic dividend' — collapse of employment growth in 15–30 age group from 2.4% (1987–94) to 0.7% rural / 0.3% urban men (1994–2004) warns that the dividend can be missed.
- **Table 3 (p. 25)** Sex ratio and child sex ratio 1901–2011 — note 1991 all-time low of 927, recovery to 943 in 2011, but child sex ratio dropped from 976 (1961) to 919 (2011).
- **Map 2 (p. 26)** Child sex ratios across states 2011 — colour-coded; northern prosperous belt (Haryana, Punjab, Delhi, J&K, HP) in the lowest categories; north-east and southern states better.

- **Table 4 (p. 28)** Literacy rate 1951–2011 — total 73.0% in 2011; male–female gap shrinking from 25.1% (1961) to 16.3% (2011).
- **Table 5 (p. 29)** Rural and urban population 1901–2011 — urban share grew from 10.8% to 31.2% over a century.
- **Box 2.4 (p. 32)** Population momentum — even though fertility has fallen to 2.7, India's population will rise from 1.2 bn (2011) to ~1.6 bn by 2050 because of the large reproductive-age cohort.
- **Box 2.5 (pp. 32–33)** Key goals of NHP 2017 — public health spend 2.5% of GDP by 2025, life expectancy 70, TFR 2.1, U-5 mortality 23, MMR 100, neo-natal mortality 16 by 2025.

## 2.4 Common confusions / NTA trap points

- **Malthus's progressions:** Population = **geometric** (2, 4, 8, 16...); food = **arithmetic** (2, 4, 6, 8...). NTA flips this often — option order matters.
- **Preventive vs positive checks:** Preventive = voluntary (delaying marriage, celibacy); Positive = involuntary (famines, epidemics, war). Don't confuse 'positive' with 'good' — for Malthus 'positive' simply means actively operative.
- **Sex ratio is females per 1000 males** (not males per 1000 females, and not a percentage). A **falling** sex ratio means fewer females per 1000 males.
- **Child sex ratio (0–6) ≠ overall sex ratio.** In 2011 overall = 943 but child = 919. The child figure has been falling continuously even when the overall rose — this is the alarm bell.
- **Replacement level fertility ≈ growth rate near zero**, not births = 2. TFR around 2.1 is the threshold; states below this (TN, AP, Punjab, HP, WB, Kerala — TFR 1.7 in 2016) will eventually see population decline.
- **1918–19 influenza ('Spanish Flu')** killed ~12.5 million (NCERT §2.2, p. 12) or ~17 million (NCERT Box 2.2, p. 14) — both figures appear; both are about 5% of India's population at the time.
- **PNDT Act:** in force since **1996**; **strengthened** (not introduced) in **2003**. A question dating it to 2003 is wrong.
- **Demographic dividend is not automatic** — it needs education and employment policy to be realised (Box 2.3, p. 23). NTA may set assertion-reason traps suggesting the dividend automatically lifts GDP.
- **Demographic transition has three stages**, not four; the population explosion happens in the **transitional/second** stage, not the first or third.
- **India's first population policy = 1952**, not 1947 or 1976. The 1975–76 Emergency saw coercive sterilisation but no new policy; new policies came in 2000 (NPP) and 2017 (NHP).
- **Lowest child sex ratio is Haryana (793)** — the **only** state below 800; **highest** is Arunachal Pradesh (972). A common trap reverses these or picks Kerala as highest.

- **1921 is the demographic divide**, not 1951 or 1947. Before 1921 both curves are high; after 1921 they diverge.
- **MMR uses 1,00,000 live births** as denominator, IMR uses **1000 live births**. Mixing the denominators is a frequent NTA trap.

## 2.5 Thinkers / Theories

Thinker / Theory	Key Idea	Page / Source
Thomas Robert Malthus (1766–1834)	Population grows geometrically, food arithmetically; poverty inevitable without checks	§2.1, p. 8
Malthus — Preventive checks	Voluntary restraint: late marriage, abstinence, celibacy	§2.1, p. 8
Malthus — Positive checks	Nature's correction: famines, diseases, war	§2.1, p. 8
Liberal & Marxist critics of Malthus	Poverty is due to unequal distribution of resources, not population growth	§2.1, p. 9
Theory of Demographic Transition	Three stages tying population change to economic development	§2.1, pp. 9–10
Émile Durkheim	Suicide rates show aggregate statistics describe <b>social</b> phenomena explainable only at the social level	§Intro, p. 7
Amartya Sen	Famines caused by 'failure of entitlements' — inability to buy food — not by absolute fall in food production	§2.2, p. 14
Dudley Kirk	Codified the demographic transition framework (suggested reading)	References, p. 35
Kingsley Davis (1951)	<b>The Population of India and Pakistan</b> — foundational demographic study cited in NCERT	References, p. 35
Ashish Bose (2001)	Source for India's literacy/census data tables; coined acronyms like BIMARU	References, p. 35
David Bloom (2011)	'7 Billion and Counting' — source for India's projected 1.6 bn population by 2050	Box 2.4, p. 32
C.P. Chandrasekhar (Frontline, 2006)	Critique that India's demographic dividend may be missed if employment doesn't grow	Activity 2.3, p. 23
Visaria & Visaria (2003)	Source for the 12.5-million Spanish-flu mortality estimate	§2.2, p. 12
National Family Planning Programme (1952)	India's official population policy machinery; renamed in 1977	§2.7, p. 31

Thinker / Theory	Key Idea	Page / Source
National Population Policy 2000 / NHP 2017	Current policy framework — replacement TFR, reduced IMR/MMR, raised life expectancy	§2.7, pp. 32–33

## Practice MCQs

## PYQ Alignment

This chapter is among the most frequently tested in CUET Sociology, typically generating 8–12 MCQs per year. NTA's favourite question types are: definitional one-liners on indicators (sex ratio, IMR, MMR, dependency ratio), date/number recall (1918–19 flu, 1996 PNDDT, Census 2011 figures), Malthus-vs-Demographic-Transition contrasts, and statement-based / match-the-following items on state-level TFRs and sex ratios.

### CUET 2025 — Actual PYQs from this chapter

**Q.2 (CUET 2025)** Why is detailed demographic data important?

- A) It helps in planning and implementation of state policies. B) It is a hallmark of modern nation-state. C) It helps to have a bird's-eye view of the population. D) It helps to understand demographic transition. **Tests:** Use of demographic data for state planning and policy. **Answer:** Not in extracted key

**Q.4 (CUET 2025)** The Population Explosion happens in which of the following stages?

- A) First stage B) Third stage C) Second stage D) Developed stage **Tests:** Demographic transition — explosion occurs in second (transitional) stage. **Answer:** Not in extracted key

**Q.6 (CUET 2025)** What is the purpose of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act?

- A) To prevent abortion due to poverty and ignorance B) To give incentives to families to raise girl child C) To prevent female infanticide D) To prevent misuse of technology for selective abortions **Tests:** PCPNDT Act 1994 — sex-selective abortions. **Answer:** Not in extracted key

**Q.11 (CUET 2025)** What is the liberal and Marxist critique of Malthus's theory of population growth?

- A) It regarded poverty as a social problem. B) It only talked about positive and preventive checks. C) It did not give a detailed theory of demographic transition. D) It failed to give a theory of population explosion. **Tests:** Critique of Malthus — poverty is socially produced, not natural. **Answer:** Not in extracted key

**Q.13 (CUET 2025)** Which of the following is a correct statement about demography?

- A) Demographic change is purely biological. B) Demographic data is a static data for a population. C) Population explosion does not happen in every country. D) Demographic change is based on economic, social and cultural variables. **Tests:** Demography as the systematic study shaped by social, economic and cultural variables. **Answer:** Not in extracted key

**Q.40 (CUET 2025)** Arrange the following events in chronological order: (A) Hong Kong Influenza (B) Spanish Flu (C) Asian Influenza (D) First Population Policy in India

- A) (D), (B), (C), (A) B) (A), (C), (B), (D) C) (B), (C), (D), (A) D) (C), (B), (A), (D) **Tests:** Chronology of pandemics and India's first National Population Policy (1952). **Answer:** Not in extracted key

**Q.49 (CUET 2025)** The government scheme Beti-Bachao Beti-Padhao is an example of:

- A) Gender bias towards girl child B) Changes in patriarchal society C) Improved social status of girl child D) Awareness of gender-just society **Tests:** Beti Bachao Beti Padhao — government response to declining child sex ratio. **Answer:** Not in extracted key

### CUET 2024 — Actual PYQs from this chapter

**Q.2 (CUET 2024)** Which programme of the Government of India directly targets at improving sex-ratio?

- A) Widow Pension B) Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act C) Beti Bachao Beti Padhao D) Sukanya Samridhi Yojana **Tests:** Government responses to declining sex ratio. **Answer:** Not in extracted key

**Q.32 (CUET 2024)** Match demographic concepts: (A) Fertility Rate (B) Total Fertility Rate (C) Infant Mortality Rate (D) Maternal Mortality Rate with (I) Live births per 1000 women (II) Births expected in woman's lifetime (III) Deaths in childbirth per 1000 births (IV) Death of babies before age 1.

- A) (options blank in extracted source) **Tests:** Demographic indicator definitions — fertility/TFR/IMR/MMR. **Answer:** Not in extracted key

**Q.33 (CUET 2024)** Which of the following is an indicator of population ageing?

- A) Increase in birth rate B) Increase in proportion of elderly population C) Increase in infant mortality D) Increase in migration **Tests:** Ageing population as rising share of elderly. **Answer:** Not in extracted key

**Q.34 (CUET 2024)** What does the term "Demographic Transition" refer to?

- A) Shift from high birth and death rates to low birth and death rates B) Shift from rural to urban population C) Change in occupational structure D) Increase in literacy rate **Tests:** Demographic transition theory. **Answer:** Not in extracted key

**Q.35 (CUET 2024)** Which of the following are causes of migration? (A) Employment opportunities (B) Natural disasters (C) Education (D) Marriage

- A) A, B and C only B) A, C and D only C) A, B, C and D D) B, C and D only **Tests:** Push-pull factors of migration. **Answer:** Not in extracted key

### CUET 2023 — Actual PYQs from this chapter

**Q.2 (CUET 2023)** The concept of "Failure of Entitlement" has been given by:

- A) Thomas Robert Malthus B) Amartya Sen C) Emile Durkheim D) Abhijit Banerjee **Tests:** Amartya Sen's entitlements approach to famine. **Answer:** Not in extracted key

**Q.3 (CUET 2023)** The most infamous pandemic called the "Spanish Flu", which affected large parts of the world, occurred in:

- A) 1947 B) 1918 C) 2020 D) 1957 **Tests:** Spanish Flu pandemic of 1918–19. **Answer:** Not in extracted key

**Q.4 (CUET 2023)** A systematic study of population is called:

- A) Polygraphy B) Seismography C) Oceanography D) Demography **Tests:** Definition of demography. **Answer:** Not in extracted key

**Q.5 (CUET 2023)** The National Family Planning Programme was renamed as the National Family Welfare Programme after:

- A) The Emergency B) The Bangladesh War of 1971 C) The New Economic Policy D) The Third Five Year Plan **Tests:** Post-Emergency renaming of family planning programme. **Answer:** Not in extracted key

**Q.6 (CUET 2023)** Match List-I with List-II: A. Population Momentum B. Demographic Dividend C. Population Pyramid D. Preventive Check / I. Voluntary action to reduce population growth II. Large cohort of women at reproductive age III. Graphical representation of age and sex structure IV. Higher proportion of workers compared to dependents.

- A) A-II, B-IV, C-III, D-I B) A-III, B-II, C-IV, D-I C) A-I, B-III, C-II, D-IV D) A-IV, B-I, C-III, D-II **Tests:** Key demographic concepts — momentum, dividend, pyramid, Malthusian preventive check. **Answer:** Not in extracted key