

National Malaria Control/Eradication Programmes and their Effect on Population Growth

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Among the diseases that have affected mankind, Malaria was for centuries one of the most formidable, both because of its widespread and its debilitating effect on vitality and physical development of the population. According to the WHO estimates, before the anti-malarial programmes were launched in different countries, there were 1150 million people in the world at risk from malaria and more than one-fourth of them were in India alone.

Malaria is a disease closely linked with the mosquitoes and hence it is necessary to understand the role of a mosquito in spreading the disease. Malaria is caused by a minute organism which attacks the blood corpuscles. It is transmitted from man to man by the bite of certain species of mosquitoes. After the mosquito bites a malaria-patient, the malarial parasites grow and multiply in the stomach of the mosquito for 10-12 days. Then only it can inject the malarial parasites to another person. Therefore, the mosquito has to live at least for 10-12 days before it can become dangerous. If by some method, one could destroy the mosquitoes within the first ten days of their life, the transmission can be successfully prevented. It is exactly this method, which has been adopted for the control of malaria with the help of DDT. When the walls and roofs are deposited with DDT, the mosquitoes touching them die.

History of Malaria Programme in India

Prior to the Second World War, the main activities for the control of malaria in the country were restricted to a few urban areas only and the attack was directed against the larvae of malaria-carrying mosquitoes by the use of larvicides like oil and paris-green. However, on account of the frequency and precision with which such measures had to be initiated and the heavy expenditure involved, these methods could not be extended to rural areas in the country.

The use of DDT-spray for civil population was first introduced in Delhi in 1946. By 1947, several states like Mysore, Bombay, West Bengal, Uttar Pradesh, etc., had also