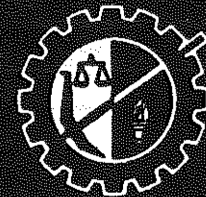
POPULATION AND ECONOMIC LIBERALIZATION

S.L. RAO



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"Free Enterprise was born with man and shall survive as long as man survives".

— **A.D. Shroff**
1899-1965
Founder-President
Forum of Free Enterprise

A. D. Shroff (1899-1965)

A. D. Shroff's achievements in the field of business, industry and finance were many and varied. A large number of enterprises owe their origin and development to him. As an economist, his predictions have proved right over the years. Through the Forum of Free Enterprise, which he founded in 1956, as a non-political, educative organisation, he sought to educate the public on economic affairs. It was his firm conviction that a well-informed citizenry is the foundation of an enduring democracy.

George Woods, former President of the World Bank, paid the following tributes to A.D. Shroff:

"In every age and in every society men must express anew their faith in the infinite possibilities of the human individual when he has freedom to develop his creative talents. For this is in large part how the message of freedom is passed from generation to generation. A.D. Shroff spoke eloquently in a great tradition, and thanks to him we can be sure that other great men of India will continue to speak this message in the unknown context of our future problems."

POPULATION AND ECONOMIC LIBERALIZATION

S.L. RAO**

The theme of my lecture to-day is Population and Economic Liberalization. I argue that the economic freedom that we have begun to experience in India since 1991 should extend itself to population policy. From emphasizing merely family planning we must aim to speedily create an enabling environment so that families are able to choose to have small families and have the means to do so. For this to happen, government must focus its attention primarily on investing in human capital. For such investments to be effective we need political commitment, better administration, and people's participation. Human well-being has been the holy grail of economists, and we in India have significantly failed in giving as much of it to large numbers of our people as compared to many other countries. The task of using macro-level policies to influence decisions at the micro level of the family is not easy. We have made it more difficult by not pursuing integrated policies which enable the family to use opportunities to improve its well-being.

My theme is particularly appropriate at this time, following as it does, on the two world conferences at Cairo and Beijing, on Population and on Women. Another view could be that my lecture might be tautological since it cannot say anything that has not already been written or spoken, in the many millions of expert words at these two conferences. However, I think that there cannot be enough attempt to propogate the views that I shall be doing. Constant repetition might help us to achieve our goals.

In my paper, I shall look at the experiences over the different states, in India and in afew other Asian countries, to underline the lessons that are now available to us in developing policies that lead to a decline in the growth of population, and at the same time to an improvement in their levels of well-being. In my presentation, I look at well-being not merely as economic well-being but also in terms of the other aspects of human development - improved services for health nutrition, and education, with results in improved life expectancy, reducing infant mortality, improved literacy, employment and improving economic well-being.

The Importance of Women: In a recent lecture at Delhi, Dr. Amartya Sen concluded that his study of the evidence does not show that an authoritarian approach to family planning is necessary or indeed, that it is workable. It is the focus on women, and particularly on young women, and improving their conditions of living, that seems to be most effective in bringing about a reduction in fertility and population growth. A working paper by Jean Dreze and others at the Delhi School of Economics, based on an analysis of Indian census data over different regions in the country, and data from the NSS, shows that :

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- female literacy and female labour force participation have an effect of lowering fertility;
- higher female labour force participation unambiguously reduces the extent of gender bias against females in child survival;
- urbanization and medical facilities reduce child mortality;.

Their paper sharply highlights that even Indian data underlines the importance of women and their empowerment in reducing mortality, fertility, and gender inequality.

Indian Population Control Policies : India has for over 50 years concerned itself with birth control, population control, family planning, and later, family welfare. This concern has expressed itself through various policies at the different levels of government, and correspondingly, of non-governmental organizations.

To recapitulate a little history : population policy was of little interest to the British in pre-independent India. The First Five Year Plan in 1951 recognized that India had a population problem. It focussed on the so-called 'clinic approach' to family planning, assumed that there was no need to educate people about the need for family planning, and that those who needed it would go to the nearest clinic. This was soon replaced by the 'extension' approach which involved an educational or propagandist approach to change knowledge, attitudes and behaviour of people in regard to family planning. It tried to identify and use the formal and informal leaderships among the different population groups. The 'camp' approach where

large-scale vasectomy operations were conducted, gained popularity in the early 1970's, but was soon recognized as potentially counter productive because of inevitable errors in such large-scale operations. Thus, for the first 25 years after Independence, our population policy was focused on pushing one particular contraceptive method without relating it to social and cultural attitudes, or creating an organizational structure of trained personnel, or most importantly creating the conditions for motivating men and women to have smaller families.

The Emergency as is well known, marked a watershed in population policy. The penal provisions and compulsions of that period resulted in a turning away from mere male sterilization as the main method and to the beginning of a more integrated approach to population policy.

The family planning programme is envisaged in the VIII Plan as an integral part of Maternal and Child Health and Nutritional Services. The rationale is obvious. When infant and child mortality are high, parents are unwilling to limit the size of their families. Maternal health has a bearing on child survival. The health and nutrition of the mother and child make it possible for parents to accept that fewer children born does not carry the danger of none surviving. Another aspect of the problem is the preference for a boy child, which leads to proven discrimination against girl children in matters of diet, health, and education, to female foeticide when the sex of the foetus can be determined, and to female infanticide when it cannot.

However, through this period, family planning policies in India adopted a target-oriented approach, which still continues. Government set targets for family welfare

workers, for the number of male and female sterilizations, number of IUCD's inserted, etc. These are then converted into contraceptive prevalence rates and couple protection rates. These targets are measured against reported performance and the workers become eligible for incentives for reaching or exceeding targets. One result has been an excessively intrusive behaviour with women, who while not always being coerced, may be "convinced" to have sterilizations even when appropriate health evaluations are not done. More choice in methods would promote well-being and family planning to a greater degree.

To close this review of Indian family planning policies, we must notice that the present special schemes under the family planning programme, include immunisation of infants and pre-school children against DPT, immunisation of expectant mothers against tetanus, prophylactics against nutritional anemia among mothers and children, and against blindness in children. An institutional mechanism for the delivery of health, nutrition and family planning services now exists in the form of the multipurpose workers, consisting of teams of two - one male and one female for a sub-centre covering a population of 5,000. Evaluation studies have shown that this institutional mechanism works well only in some states. There is a dearth of personnel in many areas especially in the BIMARU states (Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh), in so-called 'backward' districts and tribal areas. There is inadequate training, poor supply of essential medicines and materials, excessive number of tasks placed on these workers, and poor motivation.

Some Asian Experiences : At this stage it might be useful to briefly review the experience of China and some of the emerging 'tiger' economies of South East Asia. China and the South East Asian economies have undergone major economic reforms since the 1970's. India started the process in 1991.

The comparison of Indian performance on population growth with some of our neighbours in Asia is revealing. In the 1970-80 period our population growth rate was below that of Thailand and Malaysia. In the 1980-93 period, the Thailand rate dropped behind us and is expected to drop further in the 1993-2000 period; Malaysia's has now started dropping. China also has dropped much faster than India. The total fertility rate[1] of India, China, Thailand and Malaysia in 1970 were very close to each other; even South Korea was not far behind. In 1993, they have all fallen far behind India, and even Malaysia is slightly below. In 2000 it is expected that they will all be well behind India. All these countries have been far behind India on their infant mortality rates. All of them in both 1970 and 1990 show life expectancy of females at birth in relation to males as being much higher than in India. In all of them female literacy in relation to India is more than double, some are almost triple. Even in 1990, the percentage of girls aged between 5 and 15 enrolled in primary schools in India is well behind that in the others. Looking at some economic indicators, we find that in all of them the extent of inequality measured by the ratio of the income share of the highest 20 per cent to the lowest 20 per cent (in the 1981 to 1993 period), is much higher than in India. This is so even in China. India has less inequality. Social security expenditure as a percentage to GDP is far higher than India in both

[1] Total Fertility Rate (TFR) represents the average number of children a woman would bear if she experienced current fertility rates throughout her reproductive years.

China and Thailand, but the same in Malaysia, which we earlier saw, has not shown as much change in the demographic indicators for population growth. But Malaysia spent on education as percentage to GDP, a great deal more in 1990, than India, Thailand and China. But India spent a higher proportion than the other two. Health expenditure of government in proportion to GDP was higher in China and Thailand, and the same in Malaysia. Lastly, the female share of the labour force is lower in India than in the others.

The data suggests that in East Asian countries, the rise in education levels because of the virtual elimination of inequality in the distribution of education by socio-economic background and by gender, was a factor in stimulating growth by improving labour productivity and changing household behaviour. The relative abundance of educated labour eroded the earlier additional income that was available to the more educated because there were few of them. Along with this was the reduction in the inequality of educational opportunity. Faster growth is leading to increased supply and demand for education. East Asian leaders were successful in identifying and implementing policies that, instead of trying to transfer incomes from the rich to the poor, reduced inequality by eliminating consumption subsidies for the rich and by increasing the productivity of the poor. In India for many years, our focus was on reducing income inequality through penal taxation and restraints on consumption.

The conclusions form this brief comparison are that China and Thailand show faster declines in population growth than India, and Malaysia will also decline in the coming years. All of them show faster declines to lower

levels of total fertility rates than India. They all show much lower infant mortality rates and further substantial declines in 1990. All of them have higher life expectancy at birth for females than for males, and higher than for India. All of them have high levels of female literacy. All of them have higher levels of females in the labour force. They have high social security expenditures, and high health expenditures by government, though India spends more on education. Income inequality is worse in all of them than in India.

It is clear that the attention paid to improving female health and education is associated with declines in fertility. It is perhaps not the level of government expenditures on health and education as their efficiency. There are studies to show that the efficiency of delivery of social services in India is low, especially for the poor and in rural India. Social security gives some confidence and could help families to plan for less children. Measures to reduce income inequality by themselves are not particularly important. However, liberalising of the economy seems to be a common factor to all these countries, unlike India, for much of these periods.

Many scholars have shown that China is far ahead of India in basic education, and is close to the elimination of illiteracy in the younger age groups. India is very far from that goal. While educational disparities follow similar patterns in India and China, they are sharper in India. The fact is that China has since its revolution, had a strong commitment to the widespread and equitable provision of schooling facilities. India has not done the same. In addition, China has for many years before introducing economic reforms, had a major programme of land reform,

established a basic social security system, eliminated endemic hunger and morbidity, expanded rural infrastructure and instituted a credible system of local governance.

Indian Experiences : The National Family Health Survey carried out in 1992 is the most recent nationally representative survey of ever-married women aged from 13 to 49. It covered 24 states and is a very revealing source of demographic and health data in India. It is interesting to compare some of the data on family planning issues between states.

Reports were available for 16 states. Of these, seven (Delhi, Himachal Pradesh, Maharashtra, Gujarat, Orissa, Karnataka and Tamil Nadu) reported that the mean age at marriage of women, was between 19 and 21, in Kerala above 22 years, while in Assam and Goa it was above 23 against a reported national average of 17.7 in 1970 and 19.5 in 1992. Only Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Andhra Pradesh and Haryana reported it at between 18 and 19 years. This rising age of marriage is an important precondition to declining fertility.

Knowledge of any method of family planning is above 95 per cent in most states - Uttar Pradesh, Himachal Pradesh, Haryana, Delhi, Assam, Gujarat, Maharashtra, Goa, Andhra Pradesh, Kerala, Tamil Nadu, Karnataka. Only Rajasthan and Madhya Pradesh reported that below 90 per cent had such knowledge. Current use of family planning methods is however by less than half of those with knowledge: over 50 per cent in Delhi, Himachal Pradesh, Maharashtra; 40 to 50 per cent in Assam, Andhra Pradesh, Karnataka, Tamil Nadu, Goa, Gujarat, Haryana; but below 30 per cent in Uttar Pradesh, and Bihar. In Kerala it is 2/3 of those with knowledge. A very large proportion of "currently married" women in many states did not want more children or were sterilized and could not have any more children: above 60 per cent in Assam, Delhi, Himachal Pradesh and Kerala; 42.7 per cent in Bhiar, 50 to 60 per cent in Andhra Pradesh, Rajasthan, Madhya Pradesh; but between 20 to 30 per cent in Gujarat, Haryana, Maharashtra, Orissa, Tamil Nadu and Karnataka. Interestingly, many of the states in which only 20 to 30 per cent of women say they do not want more children, are also reporting higher current use of family planning methods than in others. In these states women seem to have more control over their pregnancy and child bearing.

It is only Uttar Pradesh that reports over 6 children ever born on an average per woman now aged 40 to 49, Bihar reported 5.2. Many states report below 4, and most of these states also report over 40 per cent of women currently using family planning methods.

An analysis of consumer expenditures by states (in a recent NCAER paper) shows that the distribution of consumer expenditure appears to be more egalitarian in some (e.g. Mizoram, Delhi, Tripura) while in others it is less so, the order of these less egalitarian states being Maharashtra, Kerala and Tamil Nadu. Similarly in terms of material well-being, at the lower end are many states, with Tamil Nadu being at the bottom, just before Uttar Pradesh and Maharashtra. It does not appear as if family planning behaviour has any particular relationship with either inequality or levels of material well-being.

There appear to be major changes taking place in many

states in the factors affecting family size, rising age at marriage of women, knowledge and use of family planning methods, and desire of women for more children. The UNDP estimate in the 1995 HDR that at the current growth rate, India's population will double by the year 2028 may in fact happen much later. Population growth may decline faster than has been the case so far. The problem states which need attention remain the BIMARU states identified by Dr. Ashish Bose, and to a more limited extent, Andhra and Orissa.

Economic Development Alone not the Answer : Whether within India or comparing India with other countries, family sizes are seen to be related to the health, education, status and empowerment of women. Kerala and Tamil Nadu have shown this in relation to the demographically worst off BIMARU states. Yet, these two states are fairly low down as far as economic indicators such as inequalities and material well-being are concerned. Economic development by itself may not be the best contraceptive, contrary to earlier wisdom in India. The economic development of China or the South East Asian countries was not the prime factor leading to their improving demographic outcomes. It was the attention paid by their governments to education and health services, and particularly that of women, that appears to be the single major difference with India. This appears to be so in Indian states like Kerala and Tamil Nadu as well.

Another difference in some countries is the large scale availability of a variety of family planning methods instead of concentrating attention on one method, and that too aimed only at women. In India the dominant method used is female sterilization, with 60 to 80 per cent of current

users of family planning methods reporting its use in most states. Women's participation in economic activity, by which they also become earners in thefamily, can improve women's status, though it might put further additional burdens on their time utilisation. There is some data to suggest that better agricultural wage rates for females could help to reduce fertility and improve the average schooling of children. With such a large part of our female work force engaged in agricultural activity, this may have some lessons for us. Attitudinal and behavioural changes are vital. These can occur with the education of women, apart from conscious efforts to eliminate the subservient roles of women in their treatment in the media (especially cinema and TV) and elsewhere.

We have enough evidence to show that it is the worst administered states in India that are most backward economically and that have poor performance on the indicators of human development. The problem in these states is accentuated by poor political vision, commitment and leadership. Kerala started even before Independence with visionary rulers who emphasized education and health, and on improving the status of women. Tamil Nadu under 'MGR' did the same. These states have shown significantly better human development performance than even much richer states in India. They also show declining fertility and population growth.

A serious impediment to effective social services in India (nutrition, health, education) has been the widening gulf between the prospective user and the government. There is no sense of participation. The panchayat amendment to the constitution is a step in the right direction. However it will take time to help people develop

a sense of involvement. The three-layer system, the attachment of legislators and members of Parliament, lack of administrative support, and the continuing overriding role of the state bureaucracy, might also mitigate against its success.

I shall close this part of my paper with a quotation from an article by Armeane M. Choksi, Vice-President for human capital development at the World Bank, after the Beijing Conference: "Nothing contributes more to economic growth than investing in women .... The rate of return (in terms of increased productivity) on investment (on educating women) is of the order of 12 per cent .... Research shows that gender inequalities slow economic growth and lead to further social deterioration in the poorest countries of the world .... A World Bank study shows that if women and men received the same education, farm-specific yields would increase by 7 to 22 per cent, Increasing women's primary schooling alone would increase agricultural output by a staggering 24 per cent. Other studies have shown that well-educated women also have benefits for the protection of the environment ..... Investing in women is at the centre of the (World) bank's policy of developing human capital". Even if this quotation overstates the results from focusing on women, the need for doing so is abundantly clear.

Socio-Economic Impact of Population Growth: What can be the economic and social impact of a decline in the rate of growth of population? The age composition of the population will begin to change. Presently in India it is a pyramid with the largest number being in the lower age groups. A pyramidical age structure is associated with an increased number of young who are dependent on the workers in the family, wide differences in age at marriage

between men and women, with younger women marrying older men, and a high incidence of dowry. With a declining rate of population growth the population age structure will begin to resemble a diamond, with an increasing number being in the middle age group of the work force and a sharp decline in the proportion of children below age 15. There is also a major change likely in some social phenomena, as population growth rates decline. In a high population growth situation, the tendency is for younger women to marry older men. This will reduce as the relative availability of young women falls, because educated women might become economically productive, and marry later. Divorce rates will increase as women make life choices. All this may well act as a negative influence on "dowry", whose incidence might decline.

The falling number depending on the workforce will result in both improved consumption and higher saving, as families accumulate for their old age, which they are more confident of reaching. Along with the proportion of the younger age groups below 15 falling in the popuiation, we will see a phenomenon already visible in India among families in the highest levels of income. The number of the old rises sharply - a problem now very visible in South Korea, Taiwan and Thailand. Some minimal social security by the state will become necessary for those aged who are poor so that they can continue to remain within family environments, contributing their mite to family incomes.

Even more important is the need for the state to create an environment in which people have jobs, access to good health and education services, and nutrition. People do not look for charity. They look for opportunity. India's human development indicators show that we have failed in giving it to them.

Another effect of rapid population growth is that it makes it difficult for governments to provide the required levels of health, water and sanitation services, and leads to poor health outcomes. The magnitude of the services required perhaps also leads to its inefficiency. It is certainly so in India where rural health services in particular, are of low quality, and even the rural poor spend the major portion of household health expenditures on so-called private delivery services, as against those supposed to be provided free by government. Lower growth can help in improving these services.

This is true also for education. The poor quality of primary education service from government, especially in rural India, leads to a growing use of so-called private schools for boy children. It also leads to high drop-out rates and the use of children to earn incomes for their families, as it is perceived that the government schools do not add value to the child. Child labour is at least to an extent the result of the poor quality of schooling. If education services can reach more people, the quality must improve. This can have effects on lowering family size and reducing the incidence of child labour.

There is good evidence of rising income inequality with higher rates of population growth. Higher population density seems to lead to large declines in real incomes of landless labourers while the richest groups - typically large landowners, experience sharp increase in the rents paid to them. Lower growth rates could counter this, a better way than what India has tried for 40 years - to reduce inequalities through taxation, leading to large scale evasion and poor economic growth.

There is also the fact that population growth translates into a greater demand for energy for household use, and this typically, given the low levels of income, would be of non-conventional energy. Deforestation due to burning fuel wood is a result. But there is also the pressure for employment, leading to changes in land use patterns, such as the diversion of fallow forest land to permanent clearing for cultivation, burning of forest land and grass land, the creation of wet lands, and increased carbon emissions in the air. Intensive and unmanaged use of land and irrigation water can lead to water logging, soil salinity, depletion of soil nutrients and under-ground water resources, as well as overfishing. Of course similar results can also arise as population growth declines and economic and industrial development lead to other causes for environmental pollution and ecological damage. Government policies can cause distortions. in cropping patterns, and over-use of water resources, as they have begun to do in India. However, the problems of prosperity are more easily managed than the ones of poverty, since government resources become more adequate, as has been demonstrated in the developed countries of the world including some of the "tigers" of South East Asia.

There is thus ample evidence that rapid population growth goes along with lower standards of well-being, and slower growth of per capita incomes. However the cause and effect relationship is not simple and direct; it is circular. Slow economic growth and poverty are also a cause of rapid population growth. Poor nutrition, poor availability and quality of hea'lth services, lack of immunization, combine to result in low life expectancy and high infant mortality. The poor quality of education prevents

succeeding generations from breaking out of the cycle of poverty. Families tend to be large because of the possibility that children may not survive to older ages.

Implications for Government Policies : Hence government policy must aim to do two things: reduce the motivation of parents to have more children, while at the same time improving the prospects for economic growth. A highly effective policy intervention is the investment in human development for:

- improvement in child nutrition and health;
- reduction in infant mortality;
- increased and better schooling, especially for girls;
- adult and particularly adult female literacy;
- improving maternal health and nutrition with some special attention to girl children.

To achieve these, there have to be investments for

- increased access to school and health care facilities;
- improvement in their quality;
- more effective preventive health programmes - immunization against diphtheria, polio, tetanus, T.B., measles; safe drinking water for all; improved sanitation; and control over communicable diseases such as cholera, typhoid, plague.
- ensuring availability of cheap food to the poorest sections of the community, and more particularly, children.

- *Social* ***security:*** to the old so that the burden of supporting the aged in poor households is minimized and the family is enabled to stay intact.

If these investments are to be adequate and efficient, two conditions have to be met:

1. The programmes must be targeted so that they reach the needy and not those who do not need them, which is now the case. Focussing of such programmes to the desired recipients has been unsatisfactory in India. There are excessive administrative costs, and leakage, so that the money spent is not reflected in the services made available;
2. Release government resources, both in money and talented government servants, so that they are focussed on these programmes.

Need for Economic Liberalization : It is in this context that liberalization in the sense of reducing, and where possible eliminating, the role of government in the management of the economy, and improving its efficiency becomes critical for an effective population policy. Inward looking trade policies insulate the economy from competition and lead to inefficiency, which pervades all sectors, including the delivery of social services, while also depressing economic growth. Distortions in relative prices result in production of wrong products as well as inefficient production in agriculture and industry. Government's attempt to channel resources through the public sector or through licensing of the private sector results, as we have seen in India, in the stifling of initiative and to poor economic performance. Agricultural policy must integrate easy movement of goods with better

infrastructure in terms of roads, rail, port handling, storage, and measures for continuing investment in water conservation and its availability and management, along with effective land reforms. More open import and export policies along with the other measures will improve employment, productivity and incomes, essential if the economic conditions of a large section of the population in rural India are to improve. Aspirations for consuming manufactured goods and services have acted as incentives in other countries, to improved agricultural and other productivity, and this must be stimulated. Economic growth also improves government revenues and makes it better able to invest in human development. Disinvestment by government from ownership of enterprises releases large resources which can be used for building human capital, and physical infrastructure. Countries that have better managed their macro-economic environments, have experienced more rapid economic growth. They were able to find increased resources which they could allocate to investing in human development - nutrition, health, education and family planning. Reducing income inequalities should not be our first priority. Economic growth, investing in human capital, efficiently, so as to reduce inequalities in health and education services, should be our dominant objective.

Conclusion : Population policy has come a long way since Independence. We now realize that it has to be made up of a complex set of inter-related policies of which economic policies are an important component. Now that freedom is in the Indian air as far as economic policies are concerned, it is time for us to extend this freedom to population policy as well. Government must invest in building human capital and provide opportunities for

improvement to all. We must rapidly reduce inequalities in educational opportunity and reduced inequalities in income will follow. It must make available all possible methods which a couple can use if it wants to limit the size of its family, but that must be out of personal choice, not because of state fiat. At the same time the state has to actively intervene and rapidly improve the status of women in India. Participation and involvement of the user population is necessary if the delivery of social services is to improve. Decentralization of political power is essential. We have lagged far behind many countries in improving the well-being of our people. We have begun to create the enabling environment for industry and trade to be competitive and to grow. This "enabling environment" must be created for human development so that rapid economic growth, will be accompanied by declining population growth, and all this in a free society.

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The views expressed in this booklet are not necessarily those of the forum of Free Enterprise.

Table 1

Country	Average annual population growth (%)			Total fertility rate			% of births to women aged		IMR per 1000 in primary	
	1970-80	1980-93	1993-2000	1970-80	1980-93	1993-2000	< 20	> 30	1970	1990
INDIA	2.2	2.0	1.8	5.5	3.7	3.2	12	10	137	80
CHINA	1.8	1.4	0.9	5.8	2.0	1.9	4	5	69	30
THAILAND	2.7	1.7	0.9	5.5	2.1	2.1	7	10	73	36
MALAYSIA	2.4	2.5	2.3	5.5	3.5	3.0	7	14	45	13
SOUTH KOREA	1.8	1.1	0.9	4.3	1.7	1.8	2	10	46	11

Country	% enrolled in primary (females) 6-11 age	Female share of labour force		Rate of highest 20% to lowest 20% income over	Social security benefit expenditure % GDP	Public expenditure as % GDP on education & health		Female life expectancy at birth in relation to male		Female literacy (%) 1993
	1990	1970	1993	1981-93	1981-93	1970	1990	1970	1990	
INDIA	67.8	30	25	4.7	0.5	3.5	1.3	97	100	35.2
CHINA	80.7	42	43	6.5	3.4	2.3	2.1	102	106	69.9
THAILAND	81.4	47	44	8.3	1.5	2.9	1.8	107	108	91.4
MALAYSIA	93.1	31	35	11.7	0.5	6.9	1.3	105	106	75.4
SOUTH KOREA	100.0	32	34	5.7	N.A.	3.6	2.7	109	111	95.8

Source: Human Development Report 1995 and World Development Report 1995.

Table 2

State	Mean age at marriage: Man	Mean age at marriage: Women	No. of children ever born to women (age 40-49	% knowing any family planning method	Ever using	Current use by married women	Primary method female sterili-zation	% not wanting more children **or sterilized**
Assam	27.9	21.6	5.7	97.5	62.5	42.8	12.1	62.2
Andhra Pradesh	23.6	18.1	4.1	96.7	49.8	47.0	38.1	58.4
Delhi	24.3	20.9	4.2	99.0	72.2	60.3	20.0	68.7
Goa	30.6	25.1	3.74	98.9	56.4	47.8	29.5	33.3
Gujara	23.9	20.2	4.4	96.6	54.8	49.3	37.5	20.6
Haryana	23.1	18.4	5.2	99.4	58.0	49.7	29.7	29.3
Himachal Pradesh	25.0	20.4	4.4	99.1	67.6	58.4	32.6	71.5
Maharashtra	24.9	19.3	4.25	97.8	58.1	54.1	40.3	20.5
Orissa	25.6	20.7	4.9	92.9	40.3	36.3	28.2	25.9
Rajasthan	22.7	18.4	5.0	87.5	34.9	31.9	25.3	51.9
Tamil Nadu	26.4	20.9	4.2	99.1	56.1	49.8	37.5	27.1
Uttar Pradesh	23.0	18.6	6.0	95.7	26.1	19.8	11.7	31.5
Karnataka	26.1	19.6	4.7	98.9	54.5	49.1	41.0	20.6
Madhya Pradesh	22.0	17.4	5.2	88.1	41.8	36.5	26.4	51.1
Kerala	28.1	22.1	3.6	99.7	75.0	63.3	41.8	67.6
Bihar	23.2	18.0	5 2	94.9	26.2	23.1	17.3	42.7

From National Family Health Survey, 1992.

"People must come to accept private enterprise not as a necessary evil, but as an affirmative good".

— **Eugene Black**

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584