Synopsis of Tamil Nadu HDR (2003)

Tamil Nadu: A Profile

Tamil Nadu, the southern most State of India, has a very ancient history going back some 6000 years. The State represents Dravidian culture, which preceded Aryan culture. The four great kingdoms of the Cholas, Cheras, Pandyas and Pallavas that ruled this area until the 10th Century A.D., left behind a rich legacy in art, architecture, music and literature and created lasting political, economic and agrarian systems. An intervening period of unstable Muslim rule that allowed the State to slowly disintegrate into several petty kingdoms coincided with the arrival of the East India Company in Madras in 1639. Soon most of south India came under the hegemony of the British.

In 1947 when India attained independence, the Madras Presidency comprised of present day Tamil Nadu, Andhra Pradesh, Karnataka and Kerala. The agitation for a separate State for the Telegu speaking region forced the central government to bifurcate the Madras Presidency and create Andhra Pradesh. Under the State Reorganisation Act of 1956, Madras was divided further and the States of Kerala and Mysore (Karnataka) came into being. In 1967 Madras State was renamed Tamil Nadu; today it is the fourth largest State of the country. It has a population of 62.11 million, about 6.05 per cent of the total Indian population, and 30 administrative districts. (By and large data was available for 29 districts and this formed the basis of the present HDR). Agriculture is the mainstay of the economy, with most of the population dependent upon it for their livelihood. Nevertheless, Tamil Nadu is among the most industrialised States and ranks next to Maharashtra in terms of the contribution made by the manufacturing sector to net state domestic product. The State's NSDP growth performance during the 1990's was marginally higher, at 6.3 per cent per annum, than that of the 15 major States of the country at 5.99 per cent. Per capita income was below the national average during the 1980s but crossed the national average since the 1990s. Poverty levels according to the Planning Commission statistics of 1999-2000 show that 21.12 per cent of the population lived below the poverty line as compared to the all-India average of 26.10 per cent and sharp imbalances exist between the rural and the urban areas.

In the social sectors of health, literacy and education the State has taken some impressive strides. Life expectancy at birth has improved over the past three decades, while the total fertility rate has shown a declining trend. The State's policy of "Health for All by the Year 2000" with sharp focus on immunisation and control of endemic diseases has had a positive impact, though some areas of concern remain like infant and maternal morbidity and mortality and inadequate health care facilities. Tamil Nadu's human development achievements have been due largely to its educational heritage. The literacy rate has been increasing progressively, and the government has invested forcefully in the rural education infrastructure. This has resulted in a growth in years of schooling to 6.4 years which is much higher than the national average of 5.5 years making Tamil Nadu a close third to Kerala (8.1) and Maharashtra (7.1). Tamil Nadu is also the first State in the country to make computer education available at the secondary and high school level.

The Tamil Nadu Human Development Report is important as it provides insights into the process of development in a State characterised by heavy industrialisation, urbanisation, better growth rates and poverty levels which are below the national average. It not only identifies problem areas, it also assesses the successes of Tamil Nadu, especially in the areas of women's empowerment and social development. Based on a candid appreciation of the

ground reality, the document highlights the future thrust areas for the government and civil society in the State.

While this Report examines the HDI in Tamil Nadu, it goes beyond the HDI in order to investigate the overall human development situation in the State. The Report recognises that the HDI too is "limiting" in the sense that other dimensions of human development, such as shelter, social security and decision-making etc. that are also important for increasing overall well being, are not necessarily captured by the HDI.

This Report not only serves as a summary of the human development scenario in Tamil Nadu, but also seeks explanations as to why the State has fared well in certain areas but not in others. Factors contributing to human development are disaggregated and analysed at the district level with a view to understanding the regional disparities and the reasons behind them. The Report also highlights the policy interventions that are required to correct such imbalances. There is no doubt that in the years to come, the Tamil Nadu HDR will become an important tool in planning for growth, social justice and equity in the State.

Status of Human Development in Tamil Nadu

Tamil Nadu's HDI (2001) was 0.657 as compared to 0.571 for India. It is also well placed in the South Asian context and fares better than some of the neighboring countries of India. According to the Planning Commission, Tamil Nadu ranks third among the 15 major States of India, though on few specific indicators it lags behind some States. Within Tamil Nadu there are gaps and variations in the inter-district HDI, but its level of achievement suggests that high standards of literacy and health can be reached despite low per capita income. Even so, improvement of income levels would ensure improved literacy and health status.

Table 1: District-wise HDI and GDI values, 2001

District	HDI value	GDI value
Chennai	0.757	0.766
Kancheepuram	0.712	0.710
Thiruvallur	0.654	0.651
Cuddalore	0.644	0.643
Villupuram	0.587	0.582
Vellore	0.658	0.655
Tiruvannamalia	0.612	0.608
Salem	0.626	0.625
Namakkal	0.636	0.631
Dharmapuri	0.584	0.582
Erode	0.658	0.656
Coimbatore	0.699	0.697
Nilgiris	0.685	0.686
Tiruchirapalli	0.671	0.671
Karur	0.647	0.641
Perambalur	0.596	0.592
Thanjavur	0.630	0.629

Nagapattinam	0.654	0.652
Tiruvarur	0.637	0.633
Pudukkottai	0.618	0.615
Madurai	0.661	0.661
Theni	0.628	0.628
Dindigul	0.641	0.638
Ramanathapuram	0.629	0.626
Virudhunagar	0.651	0.649
Sivagangai	0.640	0.635
Tirunelveli	0.658	0.656
Thoothukudi	0.703	0.703
Kenniyakumari	0.711	0.708
STATE	**0.657**	**0.654**
INDIA	**0.571**	**0.553**

GDI is important for comparing the stages of gender development and to assess the extent of gender equality. In this area, Tamil Nadu's achievement is better than the attainment of the country as a whole, while within the State there is a symbiotic correlation between human development and gender development indices. This reinforces the view that human development is not an end in itself; rather it is necessary to create an overall improvement in the condition of the people.

Employment, Income and Poverty

Employment

The working population of Tamil Nadu, 24.2 million in 1991, had increased to 27.8 million in 2001. However, statistics reveal that the proportion of workers to the total population had actually declined during the 40-year period of 1961-2001 from 45.7 per cent to 44.8 per cent, though there was an upward trend between 1981 and 2001, from 41.7 per cent to 44.8 per cent. What is disturbing is that the number of marginal workers increased from 1.4 million in 1991 to 4.1 million in 2001. This implies that the increase in the worker participation rate (WPR) was the result of an increasing number of marginal workers rather than main workers. The higher rate of worker participation in the rural areas, as compared to the urban areas, has been a disquieting trend, though the urban WPR accelerated at a faster rate when compared to the rural WPR during the period 1981-2001. A positive feature was that female WPRs, in both rural and urban areas, increased at a faster rate than male WPRs with the result that total female workers increased from 31.4 per cent in 1981 to 34.7 per cent in 1991.

A salient point in the development of Tamil Nadu is that child labour has shown declining trends as the State's efforts in various social sector programmes have borne fruit. Programmes such as mid day meals, incentives for school enrolment, free school uniforms, free bus passes, girl child development schemes and marriage assistance have made it possible for children to avoid entering the labour market. An accelerated growth rate of per capita income has enabled some households to withdraw the younger age group earners from working.

In sectoral terms, the primary sector is the major provider of employment. Though the proportion of main workers in this sector decreased from more than 60 per cent in 1961 to about 50 per cent in 1999-2000, it is still the largest contributor to employment. In 1999-2000 the secondary sector accounted for 23.6 per cent while the tertiary sector accounted for 26.1 per cent of employment. This scenario could change in future when the secondary and tertiary sectors, in both rural and urban areas, account for larger employment growth as the rate of growth of the primary sector decreases. A gender-wise analysis illustrates a similar pattern, where male and female primary sector employees were steadily declining and increasing in the secondary and tertiary sectors. There has been a significant increase in the share of tertiary sector employment for females from 13.7 per cent in 1993-4 to 16.5 per cent in 1999-2000.

Agriculture continues to be the primary source of bulk employment, though this is not reflected in the income generated from the sector. Agricultural income declined over the period 1993-4 to 1999-2000 from 24.82 per cent to 18.16 per cent, whereas the share of income from the secondary and tertiary sectors improved in the same period. In per capita terms, this means that the average output per worker in the primary sector increased only marginally compared to the other sectors. This has wider implications of distribution of income and consumption. Since employment in the secondary and tertiary sectors is concentrated in the urban areas, high differentials in per worker output could create an acute rural-urban divide in the State. Remedial measures in the agricultural sector are, therefore, necessary in both physical and monetary terms. Diversification of agriculture with emphasis on high value crops and allied activities to increase productivity per unit of capital would greatly mitigate the problem. Another feature of this sector is casual labour, which also increased from 32.9 per cent in 1977-78 to 42.7 per cent in 1993-4. A host of factors was responsible for this increase though the transformation of the agrarian sector appears to have reduced the demand for casual employment. This resulted in inter-sectoral mobility of labour and a high level of income instability.

Employment in the organised sector accounted for 8.7 per cent of the total workforce in the State in 1999-2000. The share of women grew and the overall scenario suggests that the absorptive capacity of this sector has increased. Both the public and private sectors showed significantly higher growth rates than previous decades, specially in the manufacturing industry. Social and community services was the second major contributor with other tertiary sector employment, like trade, hotels, transport, communications and financial services making up the remainder.

Despite these achievements, areas of concern remain. As Tamil Nadu has scarce water resources it is necessary to devise a strategy that enables agricultural labour to be absorbed by other sectors. A rapidly expanding qualified workforce could be effectively utilised in more self-employment ventures such as animal husbandry, food processing and horticulture. Small-scale industries producing items of mass consumption and other non-farm occupations need to be encouraged. To achieve success in these policies, financing the self-employed is a necessary requirement, so appropriate measures and training for such ventures need to be devised. Institutional arrangements together with some marketing facilities for income generation have to be put in place.

Income and Poverty

In 1996-7 the per capita income of Tamil Nadu was Rs. 15,929 as compared to the all India per capita income of Rs. 11,554. This placed Tamil Nadu fifth out of the 15 major States. (Maharashtra ranked first with Rs.19,098 followed by Punjab, Haryana and Gujarat all with per capita incomes over Rs.15000}. However, an analysis of the situation within the State

revealed wide differentials where Kancheepuram had a per capita income of Rs.23075, three times more than Villupuram, which was among the lowest in the State. It would be generally expected that a district with high per capita income should also have better education and health standards. But a closer examination of the data available shows that this does not always hold true. While Chennai with a high per capita income has a high level of literacy, districts like Salem and Erode which have relatively high-income levels have quite low literacy levels. The same situation can be found in the area of health.

Poverty levels, relatively static at well above the 50 per cent level during the 1970s and 80s, witnessed a dramatic decrease since then. From 45.80 per cent in 1987-88 it declined to 32.48 per cent in 1993-4 and further to 21.12 per cent in 1999-2000. The estimated number of people living below the poverty line in 1999-2000 was 13.05 million of which 8.05 million were in the rural areas and 5 million in the urban areas. Poverty levels declined from about 32 per cent to 20 per cent in the rural areas, while the decline in the urban areas was from about 39.77 per cent to 22.11 per cent making the two levels of poverty almost equal. Region wise estimates show that poverty levels have been especially high in Chennai at 44.23 per cent, while the Coastal region shows 21.09 per cent living below the poverty line. Among the social groups also it was found that greater poverty levels exist among the Schedule Castes and Tribes, where 56.30 per cent of urban households and 33.38 per cent of rural households live below the poverty line.

Table 2: Districts according to level of poverty

Poverty Ratio Range	No. of Districts	Names of Districts
High Poverty (above 40 per cent)	6	Cuddalore, Tiruvannamalai, Dindigul, Thoothukudi, Tirunelveli and Kanniyakumari.
Moderate poverty (30-40 per cent)	5	Chennai, Vellore, Salem, Thanjavur and Madurai
Low poverty (below 30 per cent)	11	Kancheepuram, Dharmapuri, Nilgiris, Tiruchy, Pudukkottai, Sivagangai, Coimbatore, Virudhunagar, Ramanathapuram, Nagapattinam and Erode

Poverty reduction strategies in Tamil Nadu need to lay emphasis on the urban areas, as the incidence of poverty remains higher there. This requires employment-generating schemes, especially for the unemployed and for the casual labourers whose incomes are erratic. Inter-district variations need special interventions and programmes. As changes in the agricultural sector make fresh farm employment more difficult, the manufacturing and service sectors have to be exploited further to increase employment opportunities.

Demography, Health and Nutrition

The life expectancy rate is an important indicator of the overall health status of the population. But health is more than just life expectancy as it includes the questions of fertility, morbidity, mortality and nutrition along with a host of other variables that reflect the overall well being of a people. In Tamil Nadu, an analysis of the decennial growth of population in the State from 1901 to 2001 shows a population growth of over three times.

After 1951, the population grew sharply but since 1970 birth rates have fallen significantly. From the 1980s, both birth and death rates have shown a sustained decline.

Between 1971 and 2000 the State's Crude Birth Rate (CBR) declined 39 per cent from 31.4 to 19.3 per 1000, more than the national rate of 30 per cent. Birth rates declined rapidly since 1980 and in 10 years reached about 20.3, but since 1993 there has been a leveling off of the natural growth rate of population in the State. The decline in death rates was not so impressive and came down to 7.9 per 1000 in 2000 from 14.4 in 1971. In recent times the gap in the rural - urban divide has been narrowing with the rural birth rate at 21 as compared to 19 for urban while the rural death rate stood at 8.8, compared to 6.6 for urban.

Tamil Nadu's sex ratio has improved from 974 to 986 in the period 1991-2001 and it is much higher than the national average. The adverse ratio is, nevertheless, a matter of concern. Rural sex ratios are higher than urban ones all over India and Tamil Nadu is no different. According to SRS, life expectancy at birth for Tamil Nadu for 1996-2001 was 65.2 years for males and 67.6 for females. It is significant that in all districts female LEB exceeded male LEB and in 10 of the 29 districts female LEB was over 70 years.

A strong political commitment by successive governments in Tamil Nadu led to the rapid decline of total fertility rates (TFR). Progressive socio-cultural movements, sustained information programmes, education, rising aspirations, better health as well as improved literacy levels also contributed to this process. But though TFR and CBR declined, the infant mortality rate (IMR) remained high, and rural infant mortality rates continued to be higher than urban ones. In 1980, Tamil Nadu's IMR declined sharply to less than 100 when the all India IMR was 114; by the end of the 80s the corresponding numbers were 68 and 91. Estimated at 51 by 2000 it was felt that, given the relatively advanced position of the State, IMR should be reduced to 40 by 2005 and 30 by 2010. Data revealed that the major causes of infant mortality were inadequate antenatal care and maternal malnutrition. This brings into focus the maternal mortality rate (MMR), which although stable in the range of 150 to 200, needs further attention. Lack of essential and emergency obstetric care, access to proper health facilities, poor nutrition, high levels of anemia and the enormous burden of hard work add to the comparatively high rate of maternal deaths.

Inadequate nutrition levels deeply affect the health of mothers and children and are one of the main causes of disease and infection. Despite a successful immunisation programme where Tamil Nadu has the best record among the 15 major Indian States, the nutritional status of children in the State is a matter of serious concern. In Tamil Nadu about 46.6 per cent of children under 5 years are underweight as a consequence of malnutrition. From the point of view of human development, this persistence of under nourished children will result in unhealthy adults whose productivity levels in all fields would be poor. Feeding programmes have been in operation for almost forty years in Tamil Nadu but more needs to be done. The noon meal provided outside the home is perhaps better described as a substitute rather than a supplementary nutrition input and special attention has to be paid to preschoolers. Women's self help groups and the public distribution system attempt to improve the nutrition status of women and children but the State still has to improve the health facilities, sanitation and education in this sector.

Water and sanitation have an impact not just on nutrition but also on the total health levels of the population. In 1991, about 68 per cent of households in Tamil Nadu had access to safe drinking water. However, there were substantial distributional inequalities between districts, rural and urban areas and between major towns.

Primary health centers cater to a large section of the rural population and almost 35 million outpatients are treated in PHCs annually. Given that the rural population of Tamil Nadu is about 45 million, this is a high degree of utilisation. However, as these PHCs are inadequately managed only minor ailments could be attended to successfully and the quality of care was not able to cope with serious diseases. Hence, more and more private clinics were becoming the major providers of outpatient care. Unfortunately, the rapid growth of these clinics unregulated and unchecked was often more for profit than for health care and a standardisation of curative procedures needs to be established. The expansion of the private sector, however, has led to an increased inequality in access to health services. The poor and underprivileged, schedule castes and tribes cannot afford the costs of the private hospitals so the questions of class, caste and gender need to be tackled in a multidimensional approach.

Despite increases in Government outlays for the health sector in Tamil Nadu, in both nominal and real terms, much remains to be done to improve the health status of its people. To achieve the goal of "Health for All" the State needs to focus more on disease control rather than its management. Similarly, its nutrition policy needs to give priority to the prevention and elimination of malnutrition. Strong emphasis on strategies for community education and participation to foster consciousness among the people about the importance of health and health related issues are urgently required.

Literacy and Education

Tamil Nadu has a rich heritage in education though the early Christian missionaries used English as the medium of instruction, the national movement spurred education in the vernacular from 1910 onwards. Leaders like G.K. Gokhle championed educational development in the villages. By 1920 local bodies were given the power to raise funds for education making it possible to introduce compulsory primary education in selected areas. By 1941, Tamil Nadu's literacy rate was almost comparable to the all-India position, and by 2001 Tamil Nadu reached the third position among the major States of India.

While the overall literacy rate had gone up from 62.7 per cent in 1991 to 73.47 in 2001, male literacy level grew even more from 73.75 per cent to 82.33 per cent in the same period. Equally encouraging was the growth in the literacy rate for females, which went up from 51.33 per cent in 1991 to 64.55 per cent in 2001. The ratio of male literacy to female literacy also came down from 1.4 in 1991 to 1.27 in 2001, indicating a narrowing of the gender inequality ratio in the State. Despite this, wide disparity exists in the districts where gender and social groupings appear to make a difference. This gender discrimination, evident in almost all districts, and the low level of rural literacy rates need careful analysis and appropriate strategies.

In primary education, Tamil Nadu has been a pioneer in the introduction of various incentives to enhance the enrolment of school children. The Noon Meal Scheme, introduced in 1982 to cover all rural children in the age group 2 to 9 years, was extended to cover both urban and rural children in the age group 2 to 15 years in 1984. Its initial purpose was to encourage universal enrolment, ensure nutritional support, and retain the children in schools at the primary level. Other incentives like free text books until Class VIII and free uniforms have seen 6.04 million beneficiaries of this scheme. Enrolment levels in primary classes witnessed an overall increase from 1975-76 until the mid 90s inclusive of a distinct narrowing of the gender gap. A drop in the enrolment levels in the 90's could be attributed to the declining birth rates. A similar situation existed at the middle school levels

where growth in enrolment over the same period witnessed an increase of nearly 161 per cent along with an improvement in gender ratios. However, the decline of the 90s needs to be checked. Though an overall gender differential is not striking, it is most visible in the low performing districts like Cuddalore, Villupuram, Perambalur and Pudukkottai. Special programmes have been designed for these districts to improve the quality of education, infrastructure and teacher training standards.

Drop out rates at the primary level recorded a steady fall in the last decade with the male drop out rate being 12.98 per cent and the female rate being 16.15 per cent. In some cases, the total drop out rate included repeaters. Data revealed that repeaters make up about 14.31 per cent of the enrolment in primary classes. This phenomenon needs further analysis. The overall efficiency of the school system is strongly influenced by this high level of repetition and better indicators can be developed to monitor and improve the level of education imparted.

The availability of schools in Tamil Nadu more than meets the required criteria of every 300 people having a primary school within a distance of 1 km. In fact, the declining birth rate makes it necessary to undertake a rational assessment of the needs of a specific area before opening new schools. The pupil-teacher ratio for primary schools at 38 is better than the national average of 40, but variations across the districts need to be narrowed. For example, in the Nilgiris the pupil-teacher ratio was 30 while in Villupuram it was as high as 57. This imbalance requires greater teacher management skills, together with devising appropriate transfer policies, specially in the remote areas. Incentives have to be designed to reward teachers who perform well, and headmasters need to play a more positive role in teaching as well as in administration.

Communities and parents also have a vital role to perform in the education of children. A multi-pronged strategy needs to be introduced where parents, through participation in the education of their children, realise the value of educating both boys and girls for the economic and social benefit of the family. Other important policies could include the lowering of the opportunity costs of girls' education, providing free education to the economically and socially backward communities, creating more scholarships for girls, making the curricula more gender sensitive, recruiting more women teachers and involving the community in the development and planning of education for the youth. This would narrow the gender gap and enhance female education, both important indices for human development. Vocational training should be structured so as to enable students to find gainful employment, while tertiary education should be updated to prepare the youth for the demands of the market.

The expenditure on education in the State for the year 1999-2000 was Rs.41.39 billion, which formed 19.9 per cent of the total revenue expenditure of Rs.207.03 billion. This amount represents a minor drop from the previous year, but Tamil Nadu managed to sustain its good performance in education due to the existing levels of infrastructure as well as the strong presence of the private sector, especially in higher education. In order to reduce regional disparities in education, Tamil Nadu has to make concerted efforts to bring the backward districts of the State into focus, make investments in areas that will benefit the local people and bring them on par with the other the districts of the State.

Gender

The performance of Tamil Nadu with respect to female literacy, female IMR, female life expectancy and fertility rate shows that the status of women in Tamil Nadu is higher than

in other States, barring Kerala. However, while women have made improvements in the absolute levels of literacy, enrolment and life expectancy, their position vis-à-vis men have remained unchanged or even worsened in many ways. This implies a general lack of concern for gender issues in society.

In most parts of Tamil Nadu, society is patrilineal where inheritance goes from father to son. Women rarely head households and their historical role has been that of a domestic and reproductive member of a family. The secondary position of women in Tamil Nadu is reflected starkly in the extent to which they have control over their labour and wages. The workforce of the State finds that more women engaged in agriculture than in manufacturing or services. The value placed on women's work is less than that of men, and even in the service sector domestic work, nursing, teaching or secretarial jobs are set aside for them while the high-end tasks are performed by men. The same is true in the manufacturing sector where women work as *beedi* workers, as manual labour for cotton textiles, fish, food processing and the match industry. They do intermittent jobs at extremely low wages, for long hours under unsatisfactory working conditions. They face sexual harassment and intimidation. In rural areas, women labourers are harassed more than men and few have leadership positions in unions.

Girl child labour is a significant part of the rural work force. The 1991 Census revealed the presence of over 606,000 child labourers in the main and marginal worker categories, with a large majority being girls. In the rural areas, 10 per cent of girls in the age group 5-14 years were workers as against 4 per cent of male children. In the urban areas, the situation was better with 2.4 per cent of girls in the age group 5-14 years classified as workers as against 5.9 per cent of boys. Often it was seen that the 'drop outs' at school were child workers at home and about 50 per cent of girls in the age group 10-14 years belonged to this group.

In a patriarchal society, women have no knowledge of their legal rights and depend largely on the male siblings or husbands. They also do not have much access to credit or income as most of the expenditure is controlled by men. Even where they have some measure of control they spend most of their earnings on family needs. Estimates show that more women and girls experience the rigours of poverty than men in poor households because of inequalities in access to food, healthcare and education. Furthermore, almost 39.6 per cent of pregnancies in Tamil Nadu occur in the age group of 15-19 years posing risks for both mother and child.

It is evident that if women were to play a bigger role in the decision making process, especially in elected offices, it would make an impressive advance to their position in society. In Tamil Nadu, though differences in voter participation among men and women have not been considerable, gender difference is sharp in achieving positions of power through elections. The per centage of female members of parliament has been consistently below 8 per cent. (The all-India position was higher in 1984 at 9.09 per cent, but it came down to 2.5 per cent in 1996). Local body elections have shown women outnumbered by men as candidates in both rural and urban constituencies. These statistics reveal a distinct gender bias and reflect a relatively lower position of women in society.

What really made an impact on the position of women in the State were the Self Help Groups that started on an experimental basis in 1989 in the rural areas. A group of 10-20 persons of similar economic class, generally poor and mainly women formed a cohesive group to improve their social and economic position through collective action. Assisted by some NGOs and with a little government support, this movement gained momentum and

developed into strong local institutions. They provided legitimate avenues for social mobilisation with access to inputs such as training, banking services, government services etc. By March 2003, over 1,26,100 exclusively women's SHGs were in operation with a membership of nearly 2.15 million. This initiative empowered women to cope with important social problems as well as prepared them for administrative and financial management.

Government policies that benefited women and improved their position in the workforce have to be further strengthened or adjusted to meet the changing position of women. For instance, the State's reservation policy for SC/ST women could be extended to all women with preference being given to the vulnerable groups. More protection against sexual harassment in the work place must be provided as women fail to report such behaviour due to lack of safety and security. The creation of exclusive markets to enable women producers and traders in the rural areas to sell their wares could be considered. Amendments to legislations on property rights should be passed whereby women can become joint owners of properties and assets earned by the husbands. SHGs and other village level committees and gram Panchayats can work towards arresting gender specific measures that push women into poverty, and help instead to protect women's economic interests. Women's education centers, libraries and resource centers that provide women access to knowledge could be established.

In the health sector it is necessary to sensitise men about the sexual and reproductive rights of women as well as to educate them on the need to remove inequalities in terms of access to food, nutrition and healthcare for the women in the family. It is also necessary to devise programmes that help both men and women to increase their knowledge of issues related to infertility, procedures and facilities available for combating terminal illness and other health related issues.

Social Security

While social security in terms of assistance and insurance is not a new concept in India, state-initiated social security is a fairly recent practice. In Tamil Nadu, as in other States, social security is provided through protective measures. These include contributory benefits in the form of pensions and retirement benefits to government employees, survivor benefits for the workers of the unorganised sector, provident fund and other benefits for workers in factories and other commercial establishments, benefits and welfare schemes for the unorganised sector workers and social assistance schemes for women such as marriage and maternity assistance, old age pension etc.

As life expectancy improves, the number of new entrants to pension schemes increases every year and tends to outstrip the annual displacements on account of death. Public expenditure on the payment of pensions and other retirement benefits has steadily increased over the years from Rs. 4.01 billion in 1991-92 to Rs. 25.78 billion in 2000-01 at current prices. The number of pensioners has increased from 230,000 in 1991-92 to 413,000 in 2000-01. Pensionary expenditure is estimated to reach 15 per cent of revenue expenditure by 2010. Pension benefits to the unorganised sector, where incomes are low and employment is unstable, need to be given to these vulnerable groups.

Social security for the aged has become an important issue for India in recent years. A combination of high fertility and falling mortality rates has led to a large and rapidly increasing aging population, which in Tamil Nadu constitutes 7.4 per cent of its population. This has serious policy implications, specially as attitudes and empathy for the aged has

considerably weakened. Moreover, the migration of adult children to urban areas has accentuated the vulnerability of the older people left behind in rural areas. Consequently, the care and responsibility of the elderly has devolved to the State and the community bringing the whole range of social security issues into sharp focus.

The number of elderly persons in Tamil Nadu, 1.89 million in 1961, had more than doubled to 4.16 million in 1991. Moreover, in the decade 1981-91 the per centage of the age group 60-69 years and 70-79 years was higher as compared to previous decades, a trend likely to continue. The literacy rate among the aged is abysmally low and the gender differential is huge – male literacy is 49.4 per cent while the female literacy rate is 16.07 per cent. In other words, two thirds of the aged population is illiterate and for the female aged the low levels of literacy add to their problems, especially when widowed and living alone.

Policy imperatives for the State government include an early review and revision of the Old Age Pension schemes, extension of social assistance to cover everyone below the poverty line, incentives to the children to look after their aged parents, simplification of OAP schemes and their decentralisation to the gram Panchayats or to the village or block officers. In regard to health security for the elderly, specific measures could include the establishment of special geriatric wards with specialist doctors, and the opening of regular health counters to serve the elderly on a priority basis. Both the mental and physical needs of the aged should be addressed by the healthcare system. PHCs and paramedics should receive special training for the treatment and care of the elders. Research should be undertaken to develop acceptable programmes to meet the demands for the long term care of the aged. Studies on the prevailing diseases afflicting the elderly should be used to develop appropriate care systems. Free old age homes need to be established exclusively for the poor and destitute.

The Road Ahead: Tamil Nadu in the New Millennium

Income, Employment and Poverty

- Develop agriculture through systematic and cost effective watershed approaches, with people's participation.

- Encourage the cultivation of commercial crops with market advantage while ensuring food security with the stabilisation of rice cultivation in about 2 million hectares.

- Encourage agro-based industries through the cultivation of agro-forestry and horticultural crops in wastelands for employment generation and income enhancement in the rural sector.

- Ensure quality of livestock products and effectiveness of support services to improve livestock development by encouraging private enterprises and farmers.

- Encourage the informal sector building industry, specially in rural areas, through appropriate fiscal policy measures.

- Improve the skills of the workforce in view of the changing market demand in the industrial and service sectors as a result of greater automation and the advent of IT.

Health

- Work to reduce the CBR from the current 19.3 to about 14 by 2010 by adopting a campaign mode that seeks to increase the ideal age at marriage to 22 years for girls, and the ideal age for child bearing from 23-27 years with a 3 year gap between two children.

- Bring down the TFR from 2.0 to 1.5 by 2010.

- Cut down the infant mortality rate to at least 40 by 2005 and 30 by 2010.

- Raise life expectancy from the present level of 66 to 75 years by the next decade.

- Reduce the maternal mortality rate from its present 1.5 per 1000 to less than 1 by the end of the next decade.

- Undertake close study and remedial measures to reduce the incidence of diseases. Vector borne diseases like malaria and filaria, water borne diseases like hepatitis and communicable diseases like TB and leprosy need to be eradicated.

- Expand the network of PHCs in smaller municipalities, town Panchayats and in urban areas.

- Improve overall health by reducing rural and urban poverty and provide decent shelter, drinking water, electricity and sanitation facilities through more effective resource allocation.

- Accord special significance to the needs of the elderly.

- Health education and prevention of HIV should be stepped up.

- Eradication of blindness be accorded priority in the current decade.

Educational attainment

- Introduce a new policy framework, with an appropriate reallocation of financial resources, to achieve the goal of universal elementary education by the end of the current decade.

- Undertake a rational assessment of needs before opening new schools in the context of a declining birth rate.

- Ensure that all school age girls attend school, at least at the elementary level.

- Increase the number of non-formal education projects to cover the estimated 1.5 million drop outs in the age group 9-15 years.

- Improve school infrastructure, reduce the pupil-teacher ratio to manageable levels in rural areas and provide training in multi-grade teaching.

- School syllabus should be child-centred and constantly revised to make learning enjoyable.

- Revamp adult literacy efforts and ensure that neo-literates do not relapse into illiteracy.

- Actively involve local communities and parent teacher associations in the running of schools at the primary and upper primary levels to increase enrolment and improve the quality of teaching.

Removing Inter-District Disparities

The education, health and income disparities across districts are clearly captured by the indices of human development. It is seen that higher per capita income does not necessarily translate into higher levels of human development. There is need for focused development strategies in the disadvantaged districts to increase per capita income and reduce the gap. In health too, inter-district disparities are wide and need to be narrowed by drawing up specific programmes. Likewise, districts with low educational attainment levels need special attention.

Ensuring Full Equality for Women

Districts with pronounced gender inequalities need comprehensive programmes to take care of expectant mothers, immunisation, awareness against female infanticide, improving educational attainment levels through higher female literacy, educating parents about the benefits of schooling for girls and increasing the female per capita income to reduce the wage differential between males and females. It is also necessary to draw up a gender policy of the State emphasising equality for women that focuses on the following:

- Ensuring higher wages for women
- Expanding non-farm activities for women
- Gender equity in health and education
- Highlighting gender specific issues of vulnerable groups
- Drawing up a blueprint for the effective prevention of crimes against women

Social security for the aged

As the joint family system slowly breaks up with rural-urban migration, responsibility for the care of the aged is falling on the State. Geriatric care is yet to be fully understood by the healthcare system except in the major cities, as the aged need an environment in which they can live with dignity and self-respect. Social security for the elderly would, therefore, have to be holistic and not limited to providing financial security through old age pensions. Necessary studies need to be undertaken and strategies evolved to deal effectively with this problem in the years ahead.

Allocation of resources

Intra-state disparities in human development can be mitigated to a large extent if resources are allocated keeping in view the extent of deprivation. Economic development policies need to be integrated with human development objectives. Unless non-development expenditure is controlled, plan outlays in the future will remain stagnant. The urban concentration of government staff in the sectors of education and health are very pronounced and suitable redeployment of staff needs to be undertaken speedily if the goals of "Health for All" and primary education for all are to be achieved. Appropriate fiscal incentives could be given to the private sector to encourage it to participate effectively in

the attainment of human development goals. Such measures could enable Tamil Nadu to add to its substantial achievements.