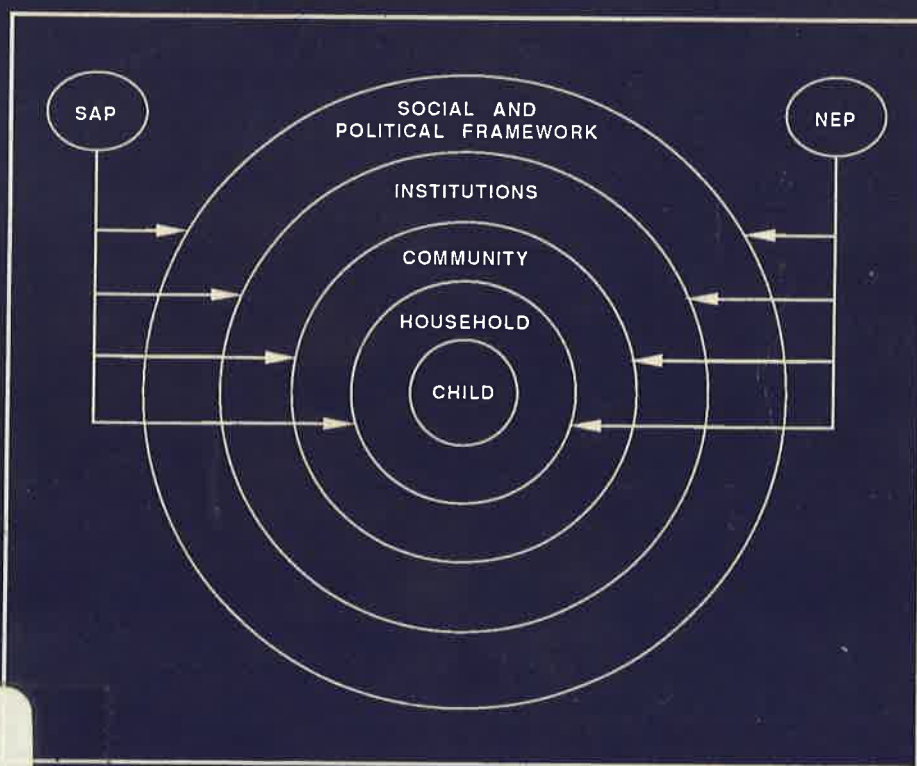


# STRUCTURAL ADJUSTMENT POLICY AND THE CHILD IN INDIA



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# FOREWORD

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Structural adjustment is now being regarded as a process which leads to improved efficiency in the use of natural and financial resources through balanced budgets and better development and deployment of the human resources. Early experience with the pattern of structural adjustment fostered in debt-ridden countries by international financial institutions revealed that the sufferings of the poor, particularly children and women, increased. This led to the concepts of "structural adjustment with a human face" and "safety nets for the poor", which are now being promoted as a part of the drive towards free market economics.

Data presented at the International Conference on Nutrition held in Rome in December, 1992, showed that the number of malnourished children worldwide increased from 166 million in 1975 to 188 million in 1990. The conference also noted that "never has the world had as many well-fed adults and so many malnourished children at the same time". This is not surprising since according to UNDP's Human Development Report of 1992, 82.4% of the annual global income went to 20% of the human population. The poorest 20% received 1.4% of the annual world income. Among the poor, children and women always suffer the most.

The M.S. Swaminathan Research Foundation therefore chose children and women for priority attention under its action-research programme area titled *Reaching the Unreached*. Project ACCESS (Action for Child Care and Education Strategies and Services) was the outcome of our search for new approaches to reach the economically and socially underprivileged child. Project ACCESS strives to achieve its aims by both grassroots level action and impact on public policy. This calls for concurrent attention to *awareness* generation, policy *analysis* and field *action*.

The seminar on "Structural Adjustment Policy and the Child" is a part of this approach. This carefully designed seminar supported by well-documented papers has helped to clarify the nature of the safety net needed, if we are not to remain mute spectators of the growing marginalisation and malnourishment of children, and this publication is a record of the seminar.

We are indebted to the Van Leer Foundation for financial support, to the Hunger Project and UNICEF for making the publication possible, to the speakers for their well-documented papers and to Dr. Malcolm Adiseshiaiah and Mr. K.V. Ramanathan for chairing the sessions and guiding the discussions.

M. S. Swaminathan

M. S. SWAMINATHAN  
Chairman

# ABOUT THE SEMINAR

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The genesis of the seminar whose proceedings are reported here, lay in the concern felt and expressed by the Tamil Nadu Forum for Creche and Child Care Services about the situation of the young child under the pressure of the structural adjustment process of the Nineties in India. The Forum for Creche and Child Care Services (FORCES) is a loose network of organisations committed to advocacy and campaigning for young children (0-6 years) of the poor and underprivileged in India. Launched in 1989, the members include women's groups, trade unions, child welfare organisations, educational and research institutions and several other agencies. The Tamil Nadu Forum (TN-FORCES) which now has 34 members, was formed early in 1992. During the year, Project ACCESS, which is the convener of TN-FORCES, initiated the plan for this seminar.

The main objectives of the seminar, were

- to draw the attention of policy-makers to both the immediate and long-term macro-economic and social implications of the ongoing Structural Adjustment Policy (SAP) on children, especially young children (0-6 years).
- to identify various possible scenarios emerging out of the financial and institutional impact of SAP on child-related programmes and to devise a potential set of feasible policy options for each, and
- to stimulate research and policy studies on the issue among scholars in various disciplines in research institutions and universities.

To facilitate a more focused discussion, crucial for drawing some policy guidelines, it was planned that the impact of the SAP on child-related issues would be analysed within the context of a particular State, i.e., Tamil Nadu, which has a well-developed network of child care services, relative to most other Indian States. However, the experience of other States and other countries would be drawn upon to a significant extent. It was also felt desirable to focus attention on the age-group (0-6) years, though the situation of older children and of women whose fate is crucially interlinked with that of young children, could also be included in the discussion to a certain extent.

Some critical areas of concern were selected and scholars were identified and requested to prepare discussion papers on three major areas. Two discussants were invited to critique these papers and a senior government official was invited to present a review outlining the response of a State Government, namely Tamil Nadu, to the situation.

The invited participants were a balanced mix of representatives of government and non-governmental organisations. On the government side, senior policy-makers from the Departments of Finance, Social Welfare, Planning and Rural Development as well as several other experienced administrators took part. On the non-government side, participants

included economists, other social scientists, journalists, trade unionists, child development specialists, social activists, women's organisations, social workers, educationists, and researchers. Many of the non-government participants are active members of TN-FORCES.

With this base, the resulting dialogue was wide-ranging in scope, drawing on diverse experiences and viewpoints, and both critical and constructive in nature. The occasion yielded rich insights full of meaning for policy-makers, activists and researchers concerned with issues relating to the young child.

It was hence felt worthwhile to publish the proceedings and collected papers of the seminar in the hope that it would stimulate further thinking and discussion on the issues as well as provide material enabling activities to lobby still more FORCEfully for strong State action in favour of the child.

**Mina Swaminathan**  
*Project ACCESS*  
*M.S. Swaminathan*  
*Research Foundation*

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# PROCEEDINGS

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## Introduction

Opening the discussion, the Chairperson for the morning session, Dr Malcolm Adiseshiah, set the stage by drawing attention to four major groups of issues which should be focussed upon by the participants in their discussions on this subject. These were:

1. Definitions and concepts, particularly with reference to terms like Structural Adjustment Policy and New Economic Policy. Both are concerned with increasing the space for the market and reducing the space for government, but there are several areas of difference as well, which should not be minimised.
2. The differing impact of policies on different groups, for example, on children of different ages such as young children, (0-3 years) preschoolers, (3-6 years) and school-age children (6-14 years) and the variety of needed responses.
3. In the absence of theories of SAP, the desirability of studying the experience of other countries who have already passed through SAP. The available evidence uniformly indicates serious reduction on expenditures on the social service sectors in all these countries.
4. Recognition of the extensive network of child care services already established in Tamil Nadu (described in the background paper on Child Care Services in Tamil Nadu) as a strong infrastructural base on which to build further efforts

for the protection of children from the likely adverse effects of SAP.

## Highlights of the presentations

The discussions during the day took place in the context of the presentation of the following four papers (Appendices I-IV) the highlights of which are presented below.

### 1. Status of the Child in Tamil Nadu. Mr. Vidya Sagar

The paper presented data relating to the status of the child in Tamil Nadu, with special reference to indicators like Infant Mortality Rate, the level of school drop-out and the prevalence of child labour. IMR was noted to be a specially sensitive indicator, related to such factors as mother's level of education, income and work status. Hence trends in the employment of women and the casualisation of the work force would have an immediate impact on IMR. Sex differences in IMR were significant and the increase in the phenomenon of female infanticide in the last two decades was already visible.

Other important points were the high level of drop-out from school, with specific male-female differences, and the high prevalence of child labour, much greater than the available official statistics indicate.

Trends in all these indicators would have to be carefully watched to observe the impact of changing economic policies.

## 2. A Note on the Impact of SAP on Children

Dr. Madhura Swaminathan

It was clear from the experience of several countries in the developing world that SAP affects different segments of society differently, the cost usually being disproportionately borne by the most vulnerable segments, of whom children are one of the most significant. Taking the well-being of children as an indicator of the health of a society, the impact of SAP and the responses of societies could be studied through indicators of children's health, nutrition, education and access to services.

Almost all the countries studied showed, by these indicators, the severe impact of SAP on children. However, it was also heartening to note that in some countries, for example Chile, the pressure of public opinion had compelled the government to take a number of measures to counteract these ill effects.

The decline in expenditure on social services in India over the last few years, as well as the fact that in comparison to other developing countries India spent an astonishingly low proportion of its budget on the social sectors, were matters of great concern. It was proposed that a vigorous public campaign could help influence government policy in favour of such interventions.

## 3. Coping with the Impact of SAP on Child Welfare in India: Some Strategies and Options

Dr. R. Maria Saleth

The next step after tracing the likely chain of consequences of SAP and likely impact on children was to predict some of the possible scenarios outlining the nature, direction and intensity of State intervention, if any, and the possible options and strategies that could be advocated as a response to

each. These scenarios may range from the "worst-case" situation of "across the board" cuts to the best option of no reductions in social service expenditures.

The proposed strategies, some of which were described briefly, should not be considered as mutually exclusive options. A mix of various strategies was advocated, with political opposition and pressure as part of this mix. Further, there could be a graduated response, with different degrees of intensity of opposition to different policies. At the same time, areas of cooperation, such as identifying ways of increasing the efficiency of resource utilisation, should also be fully explored.

## 4. SAP and the Child: A Case Study of Tamil Nadu

Mr. N. Narayanan, I.A.S.

It was important that the child should not be considered in isolation from the family and the concept of the "social safety net" may be a useful one in this context. A comparative study of other countries/Indian States shows two distinct patterns of social support services in the high growth and low growth economies. It cannot be assumed that India will go the same way as other developing countries experiencing SAP.

Tamil Nadu in the 80s showed substantial decline in IMR and CBR, as well as a high growth rate and a level of social support services which can be termed high in relation to most other Indian States. This performance compares favourably with several other countries as well as Indian States and may be related to the long and strong tradition of State intervention in social welfare as well as a well-established infrastructure of child care services in Tamil Nadu.

The support of food subsidies in the Public Distribution System, the supply of medicines to the public health care system and the supply of food to the child nutrition

system were quoted as examples of successful direct intervention which were able to maintain or even increase the level of inputs into welfare. Examples of more indirect interventions were the scheme of old age pensions, unemployment relief and special income-generation schemes for women.

In the short term, fiscal corrections would be inevitable and cost-benefit considerations, including issues of efficiency and targeting, would be important in determining which of these programmes would be likely to be protected in the future and which may have to suffer cuts. While child nutrition, health care and water supply were likely to receive high priority, primary education and food subsidies may possibly receive less attention.

### Definitions and Concepts

The definition of SAP and the manner in which it affects the economy, primarily through fiscal measures, was taken up first. It was pointed out that the New Economic Policy, which in India is closely related to SAP, cannot by any means be identified with it. The complex chain of consequences through which the effects of these policies on different segments of the population are felt was delineated. The effects would be both direct and indirect, long-term as well as short-term, and these needed to be separated for purposes of study.

The adverse consequences of SAP are suffered most heavily, and disproportionately, by the most vulnerable segments, such as women, unorganised labour, migrants, and the poor in general, and children would naturally be among those most seriously affected. It was pointed out that children could not be considered in isolation from the family as a whole, and that the worst consequences may be the indirect ones affecting the whole family. For example, the impact of SAP on women's employment,

income and status was probably one of the most important set of factors affecting children's welfare.

It was also pointed out that long-term trends in the economy and in society detrimental to the welfare of children were noticeable over the last few decades, and SAP may be aggravating and exacerbating these trends rather than introducing new or unforeseen pressures. In this context, the trend towards "predatory commercialisation" of society was noted to have been present for some time. This has implications for social policy and planning in both the long and short term, for government intervention as well as for the policies advocated by pressure groups.

The concept of a "social safety net" came in for some adverse comment. Some expressed the view that it was not good enough and a far more aggressive policy was needed. Others went so far as to state that it was a dangerous idea, since it promoted the idea of poverty as a matter of "social conscience" and deflected attention from the realisation that poverty is both a symptom and a cause of wrong development strategies.

### Indicators of Impact

There was general agreement that the three most significant indicators available were IMR, the rate of school drop-out and the level of child labour. Of these, IMR was the most sensitive, since it reflected changes in women's employment status, education and income (the IMR for children of working mothers being higher than that of non-working mothers, and varying inversely with the level of education of mothers). Other suggested indicators were daily per capita calorie intake, access to health services, and the quality of hospital services.

Since SAP and NEP have only been effective from July 1991, it is obviously too



early to have sufficient hard data to form a reliable data base, and hence recourse has to be had to other sources. There are several well-documented micro-studies and accounts published in the press which can be used as primary sources. Most importantly, in a State like Tamil Nadu, the child care services network itself could be an excellent tool of surveillance and for data collection on critical indicators, for which purpose it is already being used to a certain extent.

The difficulties of identifying and targeting the "at risk" groups were described in situations where there are multiple economic strata coexisting in the same community, and where political pressures play a significant role in the selection of beneficiaries. The "risk index" and "risk scoring" card developed by TINP, which includes a number of status variables (except income) was described. This could become a useful tool in identifying the beneficiaries who needed to be targeted, and could be freely availed of by ngos working in the region.

### Experience of Other Countries

Several analyses of other country experiences were made. The study of six developing countries which had undergone SAP (undertaken in one of the theme papers) showed alarming trends in the indicators chosen to measure adverse impact on children. At the same time, it was noted that in Chile, conscious public opinion and political pressure had succeeded in compelling the government to provide significant social support for mothers and children, thus indicating the available space for political action by the public.

Another analysis suggested that all developing countries undergoing SAP could be divided into two categories, the first in which the economies picked up fairly rapidly and the second which showed slow and faltering growth. It was stated that only

the first set of countries had been able to sustain social support services for the hard-hit groups.

Yet another analysis categorised countries as those which had strengthened social support measures only *after* achieving some growth, and those which had opted for high social support even with low growth (Kerala, Sri Lanka) with positive results. There were thus a number of options open to governments.

### Resource Allocations by Government

The main government response was seen in terms of resource allocations for social services and protective programmes, with the options being — the same level, more or less. A sense of confusion was expressed about the perceived "two voices" in which government appeared to be speaking on this issue. On the one hand, it was frequently stated that as a result of liberalisation, and the new economic policies, Government would in future spend less on the public sector, leave economic activities more to the private sector and thus be in a position to spend more on all the social services. On the other hand, records of experience in other countries and the trends in India over the last few years showed alarming and consistent decline in the level of all expenditures on social services. It was not at the moment clear whether this trend was likely to be halted or reversed.

There may also be differences in the long-term and short-term responses. The pressure to close fiscal deficits in the short term may mean immediate cuts, but there is a possibility of reversal in the longer-term. However, as the most vulnerable segments of the population, especially children, do not have the staying power to last out till the long term, this issue becomes a critical one in the short-term also.

Whether public expenditures are likely to merely maintained at the present level, or marginally reduced, the important question to be considered was *how* they would be distributed. From policy statements and from the case study of Tamil Nadu, it seemed likely that the more visible and politically sensitive programmes, such as child nutrition and to a lesser extent health, would be protected, while primary education is likely to suffer the worst neglect. As a result, older children of school-going age may be increasingly pushed into work, and would suffer the double deprivation of lack of education and early entry into the work force, while the younger children (3-6 years) may be relatively more protected. The position of the youngest, as reflected in IMR, may again be more seriously affected, as it would reflect the vulnerability of their mothers. The neglect of primary education and maternal health would have severe long-term consequences for productivity and economic growth for the country as a whole, but may in reality turn out to be the short-term choice.

If serious cuts, across the board or selectively, are made, the ever-present danger of "privatisation" of social services, especially education, would come to the fore. Frequent laudatory references by government spokespersons to the increasing privatisation of primary education in Kerala are enough to indicate that this fear is not wholly imaginary. If extended to other social services such as health and child care this trend could be extremely hard for the poor to bear.

In the event of an increase in expenditure on social services, again the important question was the "how" or the manner in which it is done. Current indications are that there are plans for massive expansion of the ICDS, externally funded schemes for primary education in the educationally backward States, women's employment through Indira Mahila Yojana, revamping

of the PDS, and new schemes for adolescent girls. These indicate that the State intends to adopt a heavily interventionist role in the social service sector, but in the "more of the same" mould, repeating the time-honoured "top-down" approach of extending the same centrally conceived rigid model across the entire country in the face of tremendous diversity, and without regard for the now well-understood and much-exposed weaknesses of this model of intervention. The medicine, in such a case, may prove to be worse than the disease.

A piquant irony of the situation is the insight that so far State governments do not appear to have taken the threat of SAP very seriously, provably because they expect the Union Government to bear the brunt of the burden and to protect them to a considerable extent. Since however, most of the social service expenditures are in the State sector, the repercussions cannot be taken so lightly.

### Strategies and Options

The bulk of the discussion was devoted to the consideration of various strategies and options available for dealing with the effects of SAP, and with the related issues of ways and means of improving the effectiveness and efficiency of resource use.

As far as the first set of issues was concerned, the matrix presented in the paper on strategies and options provided the basis for discussions. It had been proposed that a mix of strategies should be developed and various responses worked out to meet various anticipated scenarios. Suggestions and comments made related to governmental action on the one hand and action by other non-governmental groups and organisations on the other; to both direct programming for children and to indirect interventions; and to both short-term and long-term considerations.

The general consensus, articulated by many, was that this was an appropriate time to plead for much greater allocation of financial resources to the social services sector than ever before, as well as for indirect interventions affecting the protection, welfare and development of children. The need was not merely to protect programmes or avoid cuts, but positively to enhance allocations for these sectors, and for this it would probably be necessary for the concerned groups to struggle for higher allocations by various means.

In this context, the need for political action and mass education for the creation of public awareness on the issues was underlined. Such actions are likely to be construed as mere opposition gestures if undertaken only by political parties and groups and hence the need was felt for development of broad-based non-governmental coalitions and forums to press for action in favour of the child. Continuous pressure on government from many directions, and the involvement of legislators and all sections of the public was needed, in order to focus attention on the needs and to secure provision for adequate resources for them.

Several participants, however, went a step further and questioned the acceptance of SAP as an already unalterable given to which we can now only respond. It was suggested that the entire concept should be reviewed so that an economic and development pathway appropriate to the country could be worked out. In this context, it was reiterated that widespread public awareness and a strong campaign and indeed a protest movement against the concept would strengthen the hands of the government in negotiating with the IMF and World Bank. In this sense, political action would form an essential ingredient of any strategy for countering the effects of SAP.

The dangers of privatisation of social services, earlier referred to, and of increasing

commercialisation of social relations as a consequence of the growth of a market-oriented attitude, were also matters where the struggle had to be taken up at the level of public awareness and education in order to compel government intervention in the right direction.

The role of ngos, political parties, educational institutions, media, public figures and others was felt to be significant in creating and sustaining consciousness about the social issues and in stimulating and promoting the larger social movements. Such a consciousness and movement were essential supports for primary education and women's development and for the abolition of social evils like child labour, female infanticide and alcoholism which might only be further aggravated by economic hardships.

#### Direct and Indirect Intervention

As regards direct interventions, concern was expressed about the likely reduction (both in real terms and in terms of proportion of resources) in expenditure on primary education. On the one hand, the already highly skewed pattern of expenditure on education in the country subsidised higher education, which is mostly utilised by the more affluent sections of the population, at the cost of primary education. On the other hand, most of the expenditure on primary education at present went to teachers' salaries, with hardly any reserved for qualitative improvement, the provision of books and educational materials, teacher training etc. The low quality of education in the primary schools in the State sector was in itself a major contributory cause for the increasing privatisation of education to which the more affluent turned, and to the high drop-out rate and preference for income-earning activities among the poor. This situation merits greater rather than less attention to primary education in the immediate future. A powerful plea as made for compulsory



primary education as a precondition for the abolition of child labour, in both the short-term and long-term contexts.

Among direct interventions, the need for more attention to water supply and sanitation was repeatedly mentioned. If this support for health services was not provided, there was a real danger that what was gained on the swings would be lost on the roundabouts, and the expenditure on curative health services become wasted.

Keeping all these factors in mind, five main areas were identified as those where it was obligatory for the State to protect, if not enhance the level of services, namely

- food supplies
- medicines
- child nutrition
- family incomes
- primary and preprimary education

On the question of raising resources for programmes directly concerned with child health, nutrition, education and care (ECCE) the proposal for a National Child Care Fund, first brought forward by the Forum for Creche and Child Care Services in 1989, was made again. It was suggested that such a Fund could be financed by a cess on employment, public contributions, tax-exempt corporate donations and available labour welfare and insurance funds. Such a move would also help in making "visible" the extent of State concern for children.

Indirect interventions were those which tackled employment, income-generation and family incomes, especially those directed at women, since it is well-established that a larger proportions of women's earnings are utilised for supporting the family. The generation of employment and the provision of credit for self-employment, especially for women, was necessary on a very large scale. At the same time, enforcement of the

Minimum Wages legislation all over the country was equally important, along with supportive measures like extending the benefits of labour legislation to workers in the unorganised sector. The creation of a more healthy environment, through the development of housing facilities and basic amenities for the poor, were other indirect interventions which would have a powerful though less discernible impact on health and welfare-for example, by reducing the morbidity and mortality that can be attributed to water-borne diseases.

Another indirect linkage was associated with alcoholism, both through its impact on child health and nutrition and on increasing the number of, and burden on, woman-headed households. In Tamil Nadu, the financial connection between the abolition of Prohibition and the expansion of the Noon Meals Programme has long been established. The success of the State child nutrition programme in reducing levels of malnutrition among children should not obscure the understanding that this has been bought at a tremendous cost, following the expansion of the liquor trade with all its related evils.

### Effectiveness and Efficiency

While increased resource allocation was one side of the picture, the other side, concerning cost-effectiveness and efficiency of services, also received considerable attention. All were agreed that it was essential to explore ways and means of getting the most out of every rupee spent and a number of suggestions were made to this end.

It was reiterated that the content, nature and quality of services were closely interdependent and besides grew to a considerable extent out of the conceptualisation of the programme itself. In this context, the contrast between a "top-down" approach and a "bottom-up" approach was referred to several times. Participatory, localised planning with

the full involvement of the beneficiaries would go a long way not only in developing the most useful approaches, but also in monitoring delivery and implementation. Further, some degree of financial contribution from the beneficiaries, however small, would also help in creating involvement, realistic planning and optimal utilisation and maintenance. This was especially important in a situation where the demand for services far exceeded the supply, as in the case of rural water supply, for example. Yet local participation today has become eroded to such an extent that assets have not only to be created by government but also maintained almost exclusively by government.

A second important principle that received wide support was decentralisation both in planning and in management. The restoration and strengthening of institutions of local government is the first step in enabling them to manage social services locally. This should not be avoided merely because of the perceived dangers of local bodies like Panchayats having a tendency to be dominated by upper-class, upper-caste and male interests. On the contrary, the challenge must be confronted, and efforts made to make local bodies more representative of and responsive to the interests of the poor, the landless, women, minorities, dalits etc.

Localised management and accountability would promote greater "transparency" in management, as well as greater self-reliance and less dependency on government, since it would encourage raising of local resources of many kinds. In this context it was pointed out that local resources did not refer only to financial resources, but included many other types of resources, such as:

- time, skills and labour or human power, drawn at no cost or low cost from such sources as students, retirees and other persons

- local knowledge and skills, as in the case of traditional medicine, health measures, building techniques and crafts skills
- local materials, as in the case of local foods, medicinal herbs and building materials.

The involvement of ngos in designing, managing and monitoring programmes was another principle which received stress and was widely supported. The strengths of ngos lay in their close contact with the people, flexibility, small size and ability to respond rapidly. Thus they could more easily engage in participatory planning, draw out local resources from the community, design need-based programmes which effectively reach the people, address issues of concern to them, and provide accurate and rapid feedback etc. Partnership between ngos and government was widely seen as a key ingredient to improve the quality, relevance and content of programmes.

Targeting of programmes, particularly at a time of financial constraint, was seen as yet another important aspect of programming which deserved serious attention. The many difficulties in targeting and several failures were commented upon. For example, a recent study of the Noon Meals programme in a small area of Tamil Nadu has found that 60% of the beneficiaries do not require the nutritional support while 40% of those in need are unable to receive the supplement. If this is true on a large scale, there is an urgent need to redesign the programme so as to correct this error. Another example was quoted from the PDS in Tamil Nadu. Measures of exclusion based on profession tax, income tax or other criteria may exclude about 15 lakh families from a total of about 1.2 crore beneficiary families. While this could provide for a real increase to the needy families, it has to be balanced against the administrative costs of carrying out and



monitoring the exclusion. In spite of all these difficulties, it was felt that more careful and stringent targeting was needed to provide the services where they were needed most. The use of the "risk index" earlier referred to and the involvement of ngos in the exercise were both seen as important elements in targeting.

### Conclusions and Summing-up

Certain broad conclusions emerged from the well-focussed and strongly argued discussions of the day, and these were given further emphasis in the concluding address by the chair.

It was felt necessary to take a holistic view of how all vulnerable segments of the population, of whom children were one, would be affected directly and indirectly by SAP and the new economic policies flowing from it and to take note of the various mechanisms by which these effects are brought about. At the same time, it was useful to focus attention on the child as an indicator of the health, development and well-being of society as a whole, especially as several useful indicators of children's status have been developed and adequate data are available to monitor change.

It seems clear that the burden would fall mostly heavily on these vulnerable segments, including children in the short run. However, these adverse short-term effects may be useful in drawing attention to basic needs and priorities and in stimulating debate about the direction and pathway of development, especially as they concern human development and welfare. In the long term, the nature of development, of planning and the extent of people's participation in the setting of goals through the political process, and in implementation, were significant issues that needed attention and short-term solutions should not divert attention from the long-term needs.

While useful lessons could be learnt from the experiences of other countries who have been through similar situations, it would not be wise to assume that India must necessarily tread the same path as any of them. It is also difficult to generalise about a country of this diversity and complexity. Studies of how situations are actually being handled by different State governments, and of contrasts in development in different regions, would also be very useful in the evolution of policy. Making use of available data and information and utilising available channels for gathering data were also important.

As far as government actions are concerned, a substantial increase in expenditures on the social services sector is indicated. There is also, however, an enormous space for action by the non-governmental sector, not only in arousing public opinion and creating the needed political consciousness, but also in action in partnership with the government for better implementation and effectiveness of services.

### Valedictory Remarks

In his concluding remarks, Mr. K. V. Ramanathan, Chairperson for the closing session, noted that the immediate impact of SAP would be to enforce fiscal discipline and close deficits, implying a cut in subsidies and a consequent increase in prices. This is probably the most direct and devastating impact that SAP would have on the poor, but other kinds of losses would also fall most heavily on vulnerable groups.

While withdrawal of food subsidies may have painful consequences for the poor, the removal of some other less visible subsidies may actually be beneficial. The Indian system of education is highly elitist in character, and has been consistently subsidising higher education of all types at the expense of primary education. It is time

this situation was reversed by charging fees for higher education and spending more on primary education. He made a strong plea not only for greater support for primary education but at the same time for revamping all the social services in a less elitist direction.

A significant step that could be taken by government was the reduction of expenditure on the bureaucracy, which would not only conserve resources for use elsewhere but would also send a signal to the people about priorities and values and indicate that the government meant business. This was one important way in which the "reduced governmental space" promised by the new economic policies could be actualised. He also strongly endorsed the calls for greater decentralisation, participatory planning, local management, cost-effectiveness and partnership of ngos with government. In conclusion, he referred to the possibilities of the "liberalisation dividend" for the purpose of restructuring social services in a new and less elitist direction.

### An Agenda for Action

While no formal resolutions were passed by the group, there appeared to be a consensus at the end of the day about the following main groups of actions that needed to be taken.

1. There was a strong case for increased budgetary allocations by Central and State Governments for all the social services sectors, including health, education, nutrition, water supply and sanitation.
2. There was also a strong case for redesigning social sector programmes in a more egalitarian and less elitist manner, with emphasis on reaching the most vulnerable segments.
3. Decentralised management and participatory planning were seen as two important measures for the achievement of better content and quality in social sector services.
4. The key issues of cost-effectiveness and efficiency of service delivery needed to be urgently addressed in several ways.
  - by the development of low-cost options and strategies
  - by transparency in management
  - by drawing on local resources for a greater degree of self-reliance and relevance and
  - by the involvement of ngos to a much larger extent
5. A call was given for the government to provide minimum protection in the five major areas of food, medicines, child nutrition, education, (both primary and preprimary) and family income.
6. In addition, indirect intervention in favour of the poor and of children, required strong emphasis on a programme of employment generation by the State, with specific reference to women and to the unorganised sector in general.
7. The need for a mass campaign of public education to foster a higher degree of public consciousness of the issues and for political action to provoke, compel and ensure governmental action in needed areas, as well as to bring about long-term social change and stimulate social movements for reform were seen as necessary tasks to be undertaken by the non-governmental sector in general, including but not limited to political parties.

# STATUS OF CHILDREN IN TAMILNADU

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## I Introduction

The constitution of India, both in the Directive Principles of State Policy and as a part of the Fundamental Rights, has laid down that the State shall direct its policy towards securing that the health and strength of workers, men and women, and children of tender age are not abused, and that citizens are not forced by economic necessity to enter vocations unsuited to their age or strength, and that children, particularly, are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity. Childhood and youth are to be protected against exploitation, and no child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment.

The National Policy for Children adopted in August 1974, further developed the above ideas and set out a policy framework and measures aimed at providing adequate services for children. These were to form a prominent part of the nation's plan for development of human resources. Free and compulsory education for all children upto the age of 14, provisions of health and nutritional programmes and services, providing alternative forms of education for children unable to take full advantage of formal school education for whatever reasons, and measures for protecting children against neglect, cruelty and exploitation form part of the National Policy for Children. The policy also provides, as one of its objectives,

that no child under the age of 14 years shall be permitted to be engaged in hazardous occupations or to be made to undertake heavy work.

As is well known, there is a wide gap between policy pronouncements and the reality. By now the decade-old 'New Economic Policies' are to be seen in this context. Leading economists in the country have expressed their apprehensions about the implications of new economic policies which assign only a back seat to social welfare programmes. (see *Frontline*, July-August, 1991 for interviews with leading economists on the new economic policies). It is apprehended that the new economic policies would curtail the already depleting volume of employment and income of the people which would directly affect the lives of children. Depending on the income strata to which a family belongs, the curtailment of family income may affect the child in various ways. The social and psychological consequences of unemployment apart, more tangible effects may range from a reduction in consumption of luxury items to a reduction in more essential items of consumption, such as food, clothing and education. The child may even feel compelled to enter the labour market as cheap labour to supplement the depleted family income. It is to be noted here that nearly 33% of the rural population and 20% of the urban population in India live below the poverty line even without bare subsistence. In Tamilnadu, nearly 40% of the rural population

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and 21% of the urban population live below poverty line (CMIE, 1992, Table 7.13 - data relating to 1987-88). This section would be the worst affected, especially the children of this population, due to the impact of Structural Adjustment Policies (SAP).

However, the scope of this paper is to present the current status of children in Tamilnadu which would help in arriving at policy recommendations to protect the children from the outcome of SAP.

This paper is divided into five sections. The following Section (two) deals with demographic aspects and Section three deals with the health status of children in Tamilnadu. Section four is devoted to the status of education and Section five discusses the issues relating to child labour.

## II DEMOGRAPHY

Tamilnadu State had a population of 48.41 millions as per the 1981 census. As per the Census Provisional Population Totals, 1991, the State had a population of 55.63 millions, registering a growth of 14.94% between 1981 and 1991. This is much less than the all-India growth of 23.5%. However, Tamilnadu ranks second in relatively low growth rate areas, while Kerala tops the list with only 13.98% of growth in the eighties. There is a definite decelerating trend in the population growth of Tamilnadu. The population of Tamilnadu is expected to be 63 millions by 2001 A.D. (CMIE, 1991, Table 1.5-2).

During 1981, Tamilnadu had 41.4% of the total population as dependents (both young and old age dependents) as against 64% for all India. In terms of dependency ratio Tamilnadu has the lowest value in the country. While it could be due to lower number of children in the State, in Indian context, one cannot take a definite stand

that all the dependents are economically unproductive in view of prevalent child labour and a large traditional sector (During 1991, 60% of the total work force in Tamilnadu were in the agricultural sector and 67% of the population live in rural areas - Census of India 1991, series 23, p.vi).

While the sex ratio is 929 at the all-India level, it is relatively favorable to females in Tamilnadu with 972. However, between 1981 and 1991, the sex ratio in Tamilnadu has come down to 972 from 977 which is not a healthy sign. The sex ratio is much higher for Kerala with 1040 (this could be due to relatively higher outmigration of single males). Across districts in Tamilnadu the sex ratio ranges from 930 in Madras to 1036 in Thirunelveli. Sex ratio is lower than the State average in seven districts (see Table 1). From Table 1, it seems that the sex ratio in the southern dry tracts is favorable to females. But this is due to higher outmigration of single males from this region in search of employment elsewhere. Low sex ration in Madras-Chengalpattu region could be attributed to more single male immigrants into this area. However low sex ratio in Salem (932) and Dharmapuri (944) could be linked to the practice of female infanticide that is prevalent in this region. (This aspect is discussed in the section on health).

### Child Population

There is an estimated child population of 19.48 million children in the age group of 5-14, in 1991. (This estimate is based on the projections from 1981 Census figures using districtwise growth rate of population between 1981 and 1991. It is assumed that the age structure of the population remains the same. Though this is not an accurate estimate, these figures are used to see the inter-district differences on child-related issues).

Table 1  
POPULATION OF CHILDREN IN TAMIL NADU 1991

	POPULATION 1991	POPULATION GROWTH RATE 1981-91		MALE FEMALE RATIO		POPULATION OF CHILDREN 1991			MALE FEMALE RATIO (CHILDREN) (1991)		
		1991	0-4	5-9	10-14	0-4	5-9	10-14	0-4	5-9	10-14
TAMILNADU	55638318	14.94	6199581	6651907	6630053	19481540	969	11.14	11.96	11.92	35.01
Madras	3795028	15.82	378823	432426	431355	1242604	968	9.98	11.39	11.37	32.74
Chengai-Anna	4620967	27.77	549369	572592	549834	1671795	977	11.89	12.39	11.90	36.18
North Arcot	4997666	14.14	640093	644877	603020	1887990	986	12.81	12.90	12.07	37.78
Dharmapuri	2385606	19.96	307081	329476	304363	940919	970	12.82	13.75	12.71	39.28
South Arcot	4870871	15.92	609318	618221	591961	1819500	971	12.69	12.15	12.15	37.35
Salem	3914239	13.73	379429	431528	463352	1274309	924	9.69	11.02	11.84	32.56
Periyar	2322851	17.30	206396	237257	252429	696083	967	8.89	10.21	10.87	29.97
Nilgiris	704827	11.85	70741	85153	90188	246081	982	10.04	12.08	12.80	34.91
Coimbatore	3531078	15.39	319353	377896	399029	1096279	979	9.04	10.70	11.30	31.91
Thiruchirappalli	4114323	13.90	435284	465543	479060	1379887	965	10.58	11.32	11.64	33.54
Thanjavur	4526709	11.40	482109	531741	540395	1554245	980	10.65	11.75	11.94	34.33
Pudukottai	1322494	14.32	161576	167271	165202	494049	973	12.22	12.65	12.49	37.36
Madurai	5216274	16.02	589360	643416	642143	1874918	961	11.30	12.33	12.31	35.94
Ramanathapuram	3765226	11.11	449742	452342	444298	1346382	971	11.94	12.01	11.80	35.76
Thirunelveli	3948985	12.15	455800	493756	490316	1439873	970	11.54	12.50	12.42	36.46
Kanniyakumari	1591174	11.79	180455	183528	193874	557857	977	11.34	11.53	12.18	35.06

Sources : Census of India 1981 Tamil Nadu.  
Census of India, 1991 Tamil Nadu (Provisional Population Totals).

Note : Districts classified according to 1981.



The population of children in the age group of 0-14 constitute 35% of the total population in Tamilnadu. This is lower compared to all-India where it is 40%. This proportion varies from 29.97% in Periyar district to 37.38% in North Arcot district. In seven districts viz. Madras, Salem, Periyar, Nilgiris, Coimbatore, Tiruchirappalli and Thanjavur the proportion of children is lower than the State average. In the State as a whole child population is almost equally distributed in the three age groups of 0-4, 5-9 and 10-14. Only in the districts of Madras, Salem, Dharmapuri and Coimbatore, the population of 0-4 age group is lower than the State average (see Table I).

As far the sex ratio among children is concerned, it is 969 for the State, some what lesser than for the total population (972). In all the districts, sex ratio among children is closer to the State average except

in Salem district where it is as low as 924. This could be because of the female infanticide that is going on in the district which has been reported in the press recently.

### III - HEALTH STATUS OF CHILDREN

Infant mortality rates, death rates and expectation of life at birth are some of the crucial indicators of quality of life. It is generally recognised that the low rate of growth of population in Tamilnadu in the seventies is to a substantial degree, due to the high death rate prevalent in the State (K. Nagaraj, 1984, p.27). This holds true even today. It may be noted that the death rate for Tamilnadu is only slightly lower than the all-India figure. While it is 10.7 for all-India, it is 9.2 for Tamilnadu (see Table 2). The low rate of population growth could also be attributed to low birth rate. The birth rate for all-India is 31.3 and it

Table 2  
INFANT MORTALITY RATES, BIRTH RATES, DEATH RATES AND  
EXPECTATION OF LIFE AT BIRTH.

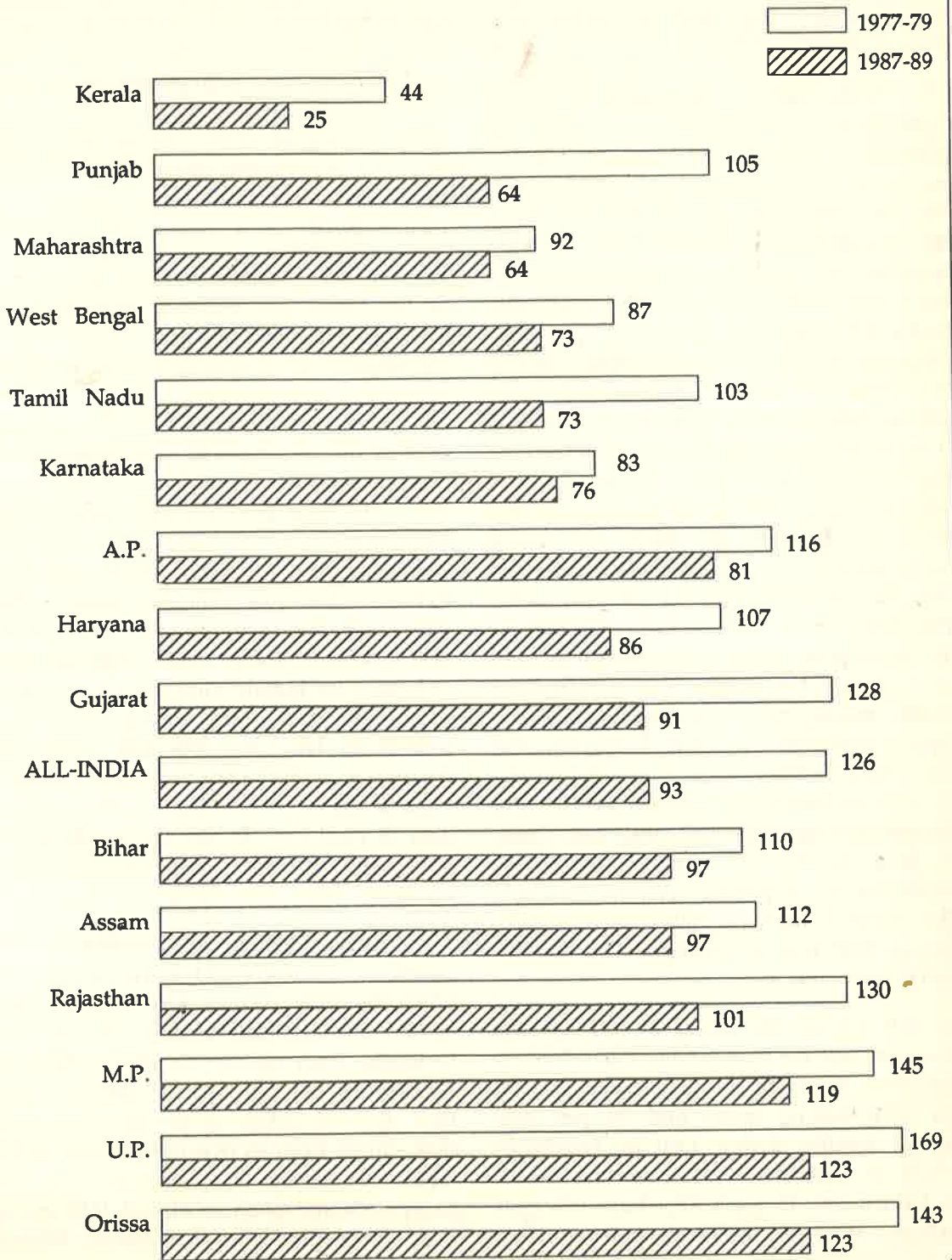
	Tamilnadu		Kerala		All India**	
	1977-79	1987-89	1977-79	1987-89	1977-79	1987-89
1 Infant Mortality rates per 1000 live births.	103	73	44	25	126	93
2 Birth rates (per 1000 persons)	28.9	23.1	25.7	20.5	33.1	31.3
3 Death rates (per 1000 persons)	12.9	9.2	7	6.1	13.9	10.7
4 Expectation of* Life at Birth (years)	43.4	56.9	60.2	63.4	45.6	55.4

\* data relating to 1961-70 and 1981-85

\*\* Exclude Bihar and West Bengal

Source: CMIE, Basic Statistics Relating to Indian Economy - Volume 2: States September 1991 - Table 2.11.

**Figure 1**  
**INFANT MORTALITY**  
 Average infant mortality per 1,000 live births



is only 23.1 for Tamilnadu (1987-89). While the birth rate in Tamilnadu is substantially lower than the all-India average and comparable to states like Kerala, the death rate is fairly high and far higher than that of Kerala (Table 2).

While part of the reason for lower death rates in Kerala lies in higher life expectancy, lower infant mortality plays a major role. An analysis of 'age-specific death rate for Tamilnadu reveals that the death rate is significantly influenced by mortality in infancy and childhood. Against an overall death rate of 9.5 per 1000, the death rate in the 0-5 years age group is 25 per 1000. Put more simply, of the 0.5 million deaths in the State in 1986, 0.1 million (20%) were among children below 1 year and 0.05 million (10%) in the age group of 1-5 years (Sample Registration System 1986). Against an overall rate of 25 per 1000 for children in the age group of 0-5 years, the death rate among rural children was far higher (29.5 per 1000) than that of urban children (16.5 per 1000). This difference is due to a variety of reasons like inadequate health infrastructure in rural areas or lack of awareness and concern about health among rural population. However, figures presented in Table 2 suggest that the infant mortality rate was substantially reduced in Tamilnadu between 1977-79 and 1987-89. In comparison with other major States in India, Tamilnadu's position is relatively better (for a comparative picture see Fig.1) The under 5 mortality rate for Tamilnadu during 1987 was 123 compared to the all-India index of 152.

If we see the trends in IMR by sex, it is seen that the IMR among male children has come down in the eighties. It was 96 per 1000 among males and 90 per 1000 among females during 1980 in Tamilnadu which in 1986 stood at 74 for males and 86 for females. (Sample Registration System 1979-86). While there is a general reduction in the infant mortality rate, males have gained

at a faster rate than females. This is in spite of the fact that female infants are biologically better equipped for survival than male infants. This suggests possible discrimination against the female child. Discrimination could be in many forms like poor nutrition, lack of attention and deprivation of medical assistance which costs money. However, a relatively higher death rate among female infants is a symptom of more severe forms of discrimination like female infanticide or total neglect.

Within Tamilnadu there is variation in the infant and under-5 mortality rates. The sample registration system initiated by the office of the Registrar-General India has in recent years provided estimates of infant and child mortality rates (under-5 mortality rate) at the national and State levels. However, due to small sample size, estimates below the State level are not available from this source. On the basis of Census data pertaining to 1981, using Brass method of indirect estimation technique, district level infant and child mortality rates are estimated (see Census of India, 1988, Child mortality estimates in India). This source is not as reliable as SRS, as this defeats on indirect estimation. However, this source provides the trends in the infant and child mortality rates across districts in the country and this data is used here to see the trends in the inter-district variations in the infant and child mortality rates (see Table 3).

Across districts of Tamilnadu, IMR varied from 53 in Madras to 124 in Thirunelveli, while the State average was 104. In almost all the districts, IMR among male children is higher than among female children. In rural areas, (all districts) the IMR is higher than that of urban areas. In rural areas IMR ranges from 68 (Kanniyakumari) to 139 (South Arcot), the State average being 116. Except in Kanniyakumari district, IMR among male children is higher than female children. In Kanniyakumari IMR among females is

Table 3  
**INFANT AND CHILD MORTALITY RATES (ESTIMATES) BY DISTRICTS IN TAMILNADU (1981)**

DISTRICTS	INFANT MORTALITY									CHILD MORTALITY								
	ALL AREAS			RURAL			URBAN			ALL AREAS			RURAL			URBAN		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
TAMILNADU	104	114	93	116	129	103	78	84	71	132	134	131	146	147	145	104	106	102
MADRAS	53	56	50	0	0	0	53	56	50	79	81	76	0	0	0	79	81	76
CHENGALPATTU	100	109	92	111	117	104	91	94	67	132	135	128	146	149	412	108	112	105
NORTH ARCOT	121	133	109	127	140	113	100	105	94	158	159	156	166	166	166	129	134	124
SOUTH ARCOT	132	148	116	139	156	121	82	90	73	167	168	165	177	178	176	110	113	106
DHARMAPURI	89	100	78	92	105	79	52	33	71	122	122	123	125	124	125	96	95	97
SALEM	80	81	79	87	91	83	64	50	68	112	101	124	116	101	131	101	99	104
PERIYAR	104	111	96	106	112	100	100	110	88	110	113	107	113	120	115	102	112	92
COIMBATORE	100	123	78	118	138	93	68	110	63	113	118	107	134	140	127	94	99	89
NILGIRIS	100	126	72	114	154	69	83	91	75	133	136	129	153	159	147	111	112	109
MADURAI	105	118	93	118	136	100	85	89	81	137	135	138	156	155	158	100	98	103
TIRUCHIRAPALLI	104	113	96	111	122	99	86	86	86	134	134	135	140	140	141	116	116	116
THANJAVUR	102	114	89	110	121	98	78	94	60	122	128	115	125	131	118	112	118	105
PUDUKOTTAI	73	83	63	78	83	63	52	42	62	111	116	105	114	121	107	85	85	86
RAMANATHAPURAM	124	132	115	135	143	128	97	106	89	149	148	149	159	180	153	123	119	127
TIRUNELVELI	120	143	93	127	165	86	107	108	106	166	170	162	181	185	176	139	141	137
KANNIYAKUMARI	87	77	99	68	40	103	146	197	94	87	88	85	88	90	87	80	82	78

Source: Census of India, 1981, Occasional Papers No.5 of 1988.  
 Child Mortality Estimates in India.



significantly higher than for males. This is contrary to SRS results. IMR in the urban areas ranges between 52 to 146, the State average being 78. IMR among males in all the urban areas is higher than for females except in Dharmapuri district where IMR among females is 71 and among males 33. SRS gives a contrary picture. (see Table 3).

Child Mortality Rate (CMR) is higher in rural areas compared to urban areas. While it is 146 for rural areas it is only 104 for the urban areas. CMR also varies across districts. The general trend is that the CMR for males is higher than females. This is again in contrast to SRS estimates. In the case of Salem district alone it is found that the CMR for females is 20% higher than that for males.

Table 4 reveals that there is a direct relation between literacy levels of the mothers and IMR-CMR. While IMR is high among illiterate mothers it is nil among mothers with graduate and above-graduate level of education.

As far as the relation between the occupation and IMR-CMR is concerned, these rates are highest among rural agricultural laborers and manual workers (See Table 5).

The above analysis indicate the areas of high IMR-CMR and the specific segments of the population among whom the problem is more acute. It calls for detailed studies on the specific reasons for variations in the IMR-CMR for concentrating targetted attention to remedy the problem.

### Components of Infant Mortality

Neo-natal Mortality (infant deaths from 0 - 28 days after birth per 1000 live births) accounts for 72% of the IMR. This rate was 67 in the rural areas and 37 in the urban areas (overall 57). (SRS - 1986). Causes for neo-natal mortality are endogenous factors like maternal malnutrition and ill health,

inadequate ante-natal care, congenital malformations and in addition certain exogenous factors like place of delivery and type of medical attention at birth, availability of infrastructure to provide curative care to neo-nates. Post-neo-natal mortality (infant deaths after 28 days but before 1 year per 1000 live births) account for 28% of the IMR. Again this is higher in the rural areas (26) compared to urban areas (17) (SRS, 1986). Main causes for post-neo-natal mortality are exogenous factors like lack of nutrition, preventive care like immunisation, deworming, vitamin A prophylaxis etc.

In Tamilnadu the Universal Immunization Programme was implemented in five phases during 1985-86 to 1989-90. The percentage coverage is reported to be as high as 80 to 92%. However, a recent survey conducted in May 1989 by National Institute of Health and Family Welfare, New Delhi on all-India basis, where the immunisation coverage in urban Madras and rural areas of Cuddalore and Coimbatore have been surveyed, indicates that while the immunisation coverage in these areas has increased significantly in recent years, the coverage under full immunisation still remains low at 25-45%. The drop out rates between 1st and 3rd dose of DPT and Polio remain high (10-24%).

Whatever may be the reported incidence of IMR, the shocking and shameful practice of female infanticide in certain areas of Tamilnadu (Salem, Usilampatti etc.) requires urgent attention. A recent study by the Community Services Guild and Adithi in Salem and Periyar districts shows that female infanticide is widely prevalent. More than 51 per cent of the 1250 families interviewed had practised it over the last two years. About 70% of the respondents said they knew female infanticide was being practised in their village. More shocking is the fact that in the villages surveyed in the two districts the sex ratio is as low as 742 as



Table 4

## CHILD MORTALITY ESTIMATES BY THE EDUCATIONAL LEVEL OF THE MOTHER - TAMIL NADU

Educational Level	Infant Mortality			Child Mortality		
	Population	Male	Female	Population	Male	Female
Illiterate	Total	115	127	103	153	153
	Rural	121	134	108	156	157
	Urban	93	103	82	140	141
Literate but below middle	Total	91	102	80	108	105
	Rural	105	122	88	118	114
	Urban	71	74	68	98	94
Middle but below matric	Total	71	75	66	78	73
	Rural	88	89	77	93	88
	Urban	59	63	55	69	68
Matric but below graduate	Total	43	45	42	53	50
	Rural	58	60	57	68	64
	Urban	35	37	34	46	44
Graduate & above	Total	0	0	0	29	27
	Rural	0	0	0	55	51
	Urban	0	0	0	24	22

Source: Census of India 1981 Occasional Papers No. 5 of 1988  
Child Mortality Estimates of India

Table 5  
CHILD MORTALITY ESTIMATES BY THE OCCUPATION OF MAIN WORKERS - TAMIL NADU

Occupation	Infant Mortality			Child Mortality		
	Population	Male	Female	Population	Male	Female
Main Workers	Total	130	117	159	158	158
	Rural	131	116	164	164	163
	Urban	130	130	135	137	133
Cultivators	Rural	110	101	142	139	144
Agricultural labourers	Rural	138	123	174	175	172
	Urban	134	111	180	179	181
Manual workers	Rural	138	140	167	169	166
	Rural	93	66	99	104	95
Non-manual workers	Urban	60	39	64	65	63
	Total	89	80	111	112	110
Non-workers	Rural	103	92	123	124	123
	Urban	72	66	96	97	94

Source: Census of India 1981, Occasional Papers No. 5 of 1988  
Child Mortality Estimates of India

against 972 for the whole of the State in 1991. Among Gounder community the sex ratio is found to be as low as 710 (Viji Srinivasan, Asha Krishnakumar, *Frontline* 1992, pp.82-85.) This calls for dealing with the issue at the socio-cultural level.

### Nutrition Status

Nutrition is one of the key determinants of growth in infancy and childhood and it plays a key role in child survival and development. The high incidence of low birth weight and high peri-natal mortality (still births plus deaths within 0-7 days of birth) can be directly attributed to prevalence of maternal malnutrition and consequent morbidity. Very low income and per capita consumption expenditure is a main cause of undernutrition. The 38th round of National Sample Survey (NSS), conducted during 1983, estimates the average per capita monthly expenditure in the State at Rs.103 in rural areas and Rs.136 in urban areas. Though a higher proportion of this is spent on food, in absolute terms the expenditure on food remains very low at Rs.2.5 to Rs. 3 per day. Given the inflationary conditions in the economy, this poor performance on the economic front is one of the main reasons for the low consumption levels. It is estimated that more than 20 million people live below poverty line. (The poverty line is defined as the income level below which a person cannot meet his daily minimum calorie requirement of 2400 cal. in rural areas and 2100 cal. in urban areas).

However, Tamilnadu government has intervened through nutrition programmes to improve the nutrition status of children. There are different nutrition intervention programmes in the State viz., (i) the Chief Minister's Nutritious Meal Programme (now called Tamilnadu Government Nutritious Meal Programme - TNGNMP) which covers 1.8 million pre-school children and 6.4 million school-going children in the entire State since

July 1992, (ii) Tamilnadu Integrated Nutrition Project (TINP) which covers 6.4 lakh children in the age group of 6-36 months and 2.6 lakh pregnant and nursing mothers in nine districts since November 1990 and (iii) Integrated Child Development Services (ICDS) since 1975-76. So far no comprehensive evaluation of these projects is done in order to assess the improvement in nutritional status among children and its impact on school enrolment and attendance.

### Health facilities

The number of doctors registered with the State Medical Council in Tamilnadu was 30,299 during 1980 and as on 1987 it is 40,023 providing 75 doctors per one lakh population. At the all-India level only 43 doctors are available for every lakh population. Tamilnadu ranks second among all the major States in India in terms of doctor-population ratio. However, it is estimated in 1981 that only 27% of the allopathic doctors are located in rural areas. (CMIE, 1991, Table 2.1.). As on January 1989, there were only 86 hospital and dispensary beds available for every lakh population. Of the total number of beds, only 9% of hospital beds and 50% of dispensary beds were located in rural areas. As far as the rural Health Centres are concerned as on 1988 there were 9110 PHCs and Community Health Centres in Tamilnadu accounting for 28 centres per lakh population. Many studies are reported to have indicated that people in rural areas generally prefer private doctors for treatment. Besides physical inaccessibility of a PHC, other reasons for poor utilisation of government health services include: PHC doctors/staff are not always available/ do not help in time, good standard medicines are not available at PHC's, etc. This situation is to be radically changed by strong pressures from voluntary agencies and professional associations.

Per capita State Government expenditure on health in Tamilnadu has increased from Rs.23 in 1980-81 to Rs.82 in 1989-90. This is somewhat close to the all-India figures. (CMIE, 1991, Table 2.6). While there is an increase in the per capita health expenditure in absolute terms, it is hardly an increase in real terms given the inflationary trends. Moreover it is found in a survey that over 80% of the health care expenditure is financed privately by people (CMIE, 1991, Table 2.6) who can afford it.

#### IV - STATUS OF PRIMARY EDUCATION

The general literacy level in Tamilnadu is higher than the all-India average. The proportion of effective literate population (aged seven years and above) has increased from 54% in 1981 to 64% in 1991 in Tamilnadu as against all-India figures of 44% and 52% respectively. Of this effective literacy rates for males increased from 68% to 70% and for females from 40% to 52% in Tamilnadu during the same period. During 1991, male literacy at the all-India level stood at 64% and for females 39% (CMIE, 1991, Table 2.12). In terms of crude literacy rates (proportion of literates among the total population) Tamilnadu accounted for 54.6% and the corresponding figure for all-India is 42.9% (CMIE, 1992, Table 1.22). Though the literacy level in Tamilnadu is higher than the all-India average, it is much lower than the neighboring Kerala State. Again there is a wide gap between male and female literacy levels.

The general literacy level is an indication of high enrolment of school-going age children in schools. There are 35,603 primary and middle schools in Tamilnadu as on 1990-91 with a student population of 7.4 millions of which around 46% are girls (Table 6). According to the data compiled by the Education Department of the State government, the enrolment ratio at primary level

is 100% for boys and 94% for girls, which gradually declines to 96% for boys and 70% for girls (overall 86%) at middle school level, 67% for boys and 42% for girls (overall 56%) at high school levels, and 26% for boys and 19% for girls (overall 24%) at higher secondary level (data pertaining to 1987-88). As on September 1988 74% of all schools were primary schools, 15% middle schools, 7% high schools and 4% higher secondary schools. From the middle school levels the enrolment rate for girls is lower than for boys. This indicates that the discrimination against girls continues despite the emphasis on education of girls.

However, universal enrolment at the primary level has to be interpreted with caution in a system where there are a large number of over-age and under-age children in a particular grade. The universal enrolment in that situation does not indicate full coverage of all the eligible children by the system. Universal enrolment is to be seen in the light of drop-out rates and absenteeism in schools. It is noted in many areas that all the children in the school-going age population are compulsorily enrolled in primary schools. While the records show full enrolment, the reality is different. For example, a village study made in Sivakasi area points to the fact that 36% of boys and 60% of girls in the age group of 5-9 have never attended schools and instead most of them were working in match factories (Vidyasagar, 1991, pp.54-63).

#### Wastage in Primary Education

Though the State has been successful in achieving 100 percent enrolment (of boys at least) at primary level, the drop-out ratio remains high leading to wastages. It is due to this wastage that the high enrolment at primary stage has not been able to make any significant contribution towards achieving higher literacy levels. As per data

**Table 6**  
**TOTAL NUMBER OF PRIMARY AND MIDDLE SCHOOLS, 1990-91.**

Districts	No of Schools	Boys	Girls	Total
Madras	633	168411	164853	333264
Chengalpattu MGR	2553	303917	262639	566556
South Arcot	3246	352774	309229	662003
Thanjavur	3100	354149	299484	653633
Madurai	1791	258243	214972	473215
Dindigul-Anna	1373	145250	124875	270125
Ramanathapuram	1116	101305	83001	184306
Kamarajar	1197	133994	111875	245869
Pasumpon-				
Muthuramalingam	1102	99140	84730	183870
Tirunelveli	1913	195147	174102	369249
Kattabomman-				
Chidambaranar	1374	126190	118436	244626
Kanniyakumari	500	100730	104345	205075
North Arcot-				
Ambedkar	1701	185661	163103	348764
Tiruvannamalai-				
Samburayar	1919	179069	155970	335039
Salem	2238	253795	209640	463435
Dharmapuri	1944	181800	140854	322654
Tiruchirapalli	2821	289705	246586	536291
Pudukottai	1269	119034	91898	210932
Coimbatore	1683	241714	192794	434508
Periyar	1663	140059	113174	253233
The Nilgiris	467	48938	44366	93304
Total	35603	3979025	3410923	7389948

*Source: Statistical Hand Book of School Education Department, 1990-91.*

available as on 1987-88, the drop-out rate at the primary level in Tamilnadu is 18% for boys and 24% among girls (overall 22%), at the secondary level it is 44% and 53% (Overall 48%), at the high school level it is 87% and 89% (overall 88%) for boys and girls respectively. The drop-out rates are higher among girls than boys specially at

the end of middle school level. Among the Scheduled Caste population too the drop-out rates are significantly higher than for the general population. For them it is 28% at the primary levels and 54% at the secondary levels.

A recent study (K. Ramakrishnan, 1991) at the micro-level (study of 25 schools spread



in 5 taluks - one each from 5 districts) concluded that only 40% of the children complete primary education without any wastage. Nearly two out of five children drop out of school without completing primary education. The drop-out rate is the highest in Class 1 and thereafter gradually decreases for each higher class. According to the study, only one-third of the dropped out children dropped out for joining wage work. But the data provided indicate that two-thirds of the dropped out children were either in wage work or household work including tending cattle etc.

The per capita government spending on education in Tamilnadu has increased

from Rs.50 in 1980-81 to Rs.171 in 1980-90. But in real terms the increase is not as it apparently looks.

## V CHILD LABOUR IN TAMILNADU

Several estimates of the incidence of child labour have been made in India varying from as low as 13.56 millions to 44 millions. According to global labour force estimates of the ILO, every fifth child in the age group of 10-14 years was part of the country's labour force. The number of child workers in India was estimated at 15.1 million in 1975. But the 1981 census enumerated 11.16 million children below the age of 15, as main workers and another 2.4 millions as

Table 7  
PERCENTAGE DISTRIBUTION OF CHILD WORKERS (MAIN)  
ACROSS DISTRICTS IN TAMILNADU

DISTRICT	BOYS	GIRLS	TOTAL
1 Madras	1.92	0.58	1.34
2 Chengalpattu	5.68	4.62	5.23
3 North Arcot	11.15	9.20	10.31
4 South Arcot	8.54	6.72	7.75
5 Dharmapuri	8.41	6.63	7.65
6 Salem	10.93	10.93	10.93
7 Periyar	6.27	7.25	6.69
8 Coimbatore	7.28	7.97	7.59
9 Nilgiris	0.41	0.62	0.51
10 Madurai	10.74	12.33	11.42
11 Tiruchirapalli	6.51	6.82	6.65
12 Thanjavur	5.25	3.50	4.45
13 Pudukottai	2.22	1.83	2.06
14 Ramanathapuram	7.32	9.77	8.33
15 Thirunelveli	6.36	10.56	8.18
16 Kanyakumari	1.01	0.67	0.87
Tamilnadu State	100.00	100.00	100.00

Source: Compiled from Census of India 1981, Series 20, Tamilnadu, Part III A and B (I) General Tables. 1986.

marginal workers. However this is much lower than the figures projected by the Operations Research Group, Baroda, for the same year based on an All-India Sample Survey on Child Labour, according to which there were 44 million working children in India. We do not have any reasonable estimate of the incidence of child workers as on date. But there is a clear indication that the number of working children has been increasing over time and that their working conditions have been getting worse.

In Tamilnadu there were 9,75,055 (8,71,313 main workers and 1,03,742 marginal workers) working children below the age of 15 during 1981. (Results of 1991 Census are yet to be published). Working children formed about 5% of the total workforce in Tamilnadu. The incidence of child workers varies across districts of Tamilnadu.

Table 7 shows that North Arcot, Salem and Madurai districts account for a higher proportion of child workers in the State. The proportion is very low in Madras, Nilgiris and Pudukottai districts. The rest of the districts have similar distribution, ranging from about 7 to 8 per cent of total working children in the State, except in Thanjavur and Chengalpattu districts where the proportion is relatively lower. It would be more revealing to see the proportion of child workers (main) to the total workforce across districts in order to understand the real significance of child labour. In Tamilnadu State as a whole, child workers (main) form about 4.58% of the total work force (main workers). Across districts it varies from 1.28% to 7.99% showing that in some districts child workers form a higher proportion of the total work force (Table 8).

**Table 8**  
**PROPORTION OF CHILD WORKERS (MAIN) TO TOTAL MAIN WORKERS**  
**ACROSS DISTRICTS IN TAMILNADU**

DISTRICT	BOYS	GIRLS	TOTAL
1 Madras	1.17	2.15	1.28
2 Chengalpattu	2.86	5.90	3.56
3 North Arcot	4.44	7.37	5.24
4 South Arcot	3.57	5.84	4.18
5 Dharmapuri	6.96	10.62	7.99
6 Salem	4.98	8.52	6.08
7 Periyar	4.43	8.31	5.68
8 Coimbatore	3.77	7.66	4.90
9 Nilgiris	1.26	2.94	1.82
10 Madurai	4.11	7.43	5.20
11 Tiruchirapalli	3.07	5.87	3.89
12 Thanjavur	2.29	3.79	2.65
13 Pudukottai	3.48	6.61	4.26
14 Ramanathapuram	3.93	8.28	5.36
15 Thirunelveli	3.35	7.85	4.93
16 Kanyakumari	1.46	4.70	1.90
Tamilnadu State	3.61	7.06	4.58

Source: Compiled from Census of India 1981, Series 20, Tamilnadu, Part III A & B (i), General Economic Tables, 1986.

In Dharmapuri district, followed by Salem, child workers (main) form a strikingly higher proportion to the total workforce in the district with 7.99% and 6.08% respectively. These are known backward districts and the backwardness explains the high incidence of child labour. While in the State as a whole the proportion of working children to the total main workers is 4.58%, districts of North Arcot, Periyar, Coimbatore, Madurai, Ramanathapuram and Thirunelveli account for more than the State average showing that the problem is more acute in these districts. It is striking to note that the incidence of working girls is much more compared to that of working boys in almost all the districts. In the State as a whole working male children account for only 3.61% of the total male main workers whereas working girls account for 7.06% of the total female main workers. In terms of working girls the proportion is quite high in Dharmapuri, Salem, Periyar and Ramanathapuram districts. Except in Nilgiris, Madras, Thanjavur and Kanyakumari districts the proportion of working girls to the female main workers is about 6% or over 6% in other districts. This shows that the problem of child labour is more significant among girls than boys.

However, all these indicate only the tip of the iceberg. Every estimate of child labour falls far short of the actual, owing to general limitations such as multiplicity of concepts, methods of estimation and the sources of data, among others. These are further compounded in the developing countries such as India by the vast unorganised, informal and unregulated sector of the economy and a corresponding level of labour market. This is the sector in which child labour operates without being adequately represented in the official labour statistics including the Census. For example, in Tamilnadu about 4 million children in the age group of 5-14 (15,58,031 boys and 24,08,387 girls) were recorded as neither in school nor in the work force. They were

simply lumped under the category of non-school-going non-worker. They form about 35% of the total children in that age group (26.25% in the case of boys and 42.39% in the case of girls). (Census of India 1981, Series 20, Tamilnadu, Social and Cultural Tables) Note that the underestimation of child work force among female children is much higher than male children. All these children must be already engaged in one or the other occupations, but it is not reported at all.

As far as the occupational distribution is concerned, about 20 per cent of the total child labour force is reported to be cultivators and about 48 per cent as agricultural labourers. 32 per cent of the total child labour force is reported to be in the non-agricultural sectors.

While this is the picture that emerges from the official statistics, there are certain areas and occupations in Tamilnadu which are notorious as far as the exploitation of children is concerned. Sivakasi in Kamarajar District (in Ramanathapuram district prior to trifurcation) has the "pride" of having the world's highest concentration of child workers employed in the production of safety matches and fireworks and in the printing industry (though it is not adequately reflected in the official Census). Other occupations of high concentration of child workers in Tamilnadu are bidi industry (North Arcot, Thiruchi and Thirunelveli districts), handloom industry (in many parts of Tamilnadu - especially in silk handloom weaving in Chengalpattu, North Arcot and Thanjavur districts), gem stone cutting and polishing (in Thiruchi District), tanneries (North Arcot, Dindugal and Madras), powerlooms (in Periyar, Salem and Coimbatore districts), hosiery industry in Tiruppur in Coimbatore district), and cotton rope manufacturing (in North Arcot and Madurai districts). While the above are certain important industries employing children, thousands of children

are working in the services who hardly find any place in the official statistics. To get an idea about the conditions of working children in Tamilnadu, a brief discussion on the conditions of working children in the match and firework industry in Sivakasi is presented here.

### Matches and fireworks in Sivakasi

No other issue concerning Sivakasi has been exposed in the media so much as child labour. A few "commissions" have gone into the conditions of these working children. A national project on child labour welfare is going on in Sivakasi since April 1986. Notwithstanding all these, a majority of the children are denied their childhood in this area. Most of them have no access to even elementary education. Persistence and expansion of child work in this area is to be understood first from its supply side.

The Sivakasi region remains arid for more than 300 days in a year. While this situation is ideal for the production of matches and fireworks, this affects the livelihood of the people who depend on agriculture in the surrounding villages. As a major portion of this region was under zamindari tenure before Independence, it carries the legacy of agricultural backwardness. And with an impoverished agriculture, this area is a source of cheap labour. The people of this area consider the match, fireworks and printing industry as a boon, despite fatal accidents that occur often.

The working conditions of Sivakasi's working children have been exposed by many journalists and a few commissions that were appointed specifically for that purpose. Thus it is not necessary here to elaborate on that. In most cases children work in cramped, unhygienic and unsafe surroundings of factories and they work on an average for 12 hours a day, feverishly, to ensure maximum output, as the payment of wages in

based on piece rate system. In matchworks about 40 to 50% of the work force is comprised of children and on the whole over 90% of the work force are women and girl children, whereas child workers comprise about 30% of the work force in fireworks. These workers are brought to Sivakasi everyday from villages as far as 50 kilometers. The factory owners have village level agents who act as employment agents and also wake up and send children for work every morning. Advances are paid to the parents through these agents, which act as a binding on them to send their children for work until the advance is cleared. But owing to demand for labour, the advance amount is determined by the labour.

In Sivakasi region, apart from matches and fireworks, another industry which employs more children is printing industry. As the source of labour for all the three industries is the same, there is a linkage among them in terms of labour relations, which is an essential feature contributing to the very high incidence of child labour. The occupations in which children are employed in Sivakasi do not require any special skill, and they start working at the age of seven, specially girls. Boys are also employed in the match industry, but they join mainly the printing industry and allied activities as helpers, carriers and so on, besides the fireworks industry. As most of these children do not even have primary education - a fact established by the studies on child labour in Sivakasi - they grow up without acquiring any specific skills for a career and land low-paid jobs. In the case of females, most continue to work in the match or the fireworks industry but they attain maximum productivity in their early twenties. After this their wages also stabilise at a low level. When they get married and have children, they are forced to send the children for work and thus it becomes a vicious cycle. As the match and fireworks industries are concentrated in this region,



even if one acquires some skills one cannot move out. The entire household economy revolves around the three industries and there is no way out.

This vicious cycle is also determined by the wage levels. The children in the printing industry start on Rs. 250 a month, and the average wage of an adult worker is about Rs. 450. The maximum wage in the printing industry, that is, at the end of one's service, is about Rs. 800 per month. In many cases workers do two shifts continuously for more money. But even for overtime work they are paid only the normal, single wages. Both the fireworks and the match industries pay on a piece-rate basis, and the maximum earning of a labourer in a month stabilises around Rs.450. This is for 10 to 12 hours of labour a day. While in general the subsistence wage is fixed by taking into account the entire family, in Sivakasi it is fixed on the basis of the individual worker's subsistence level. As all members of the family, including children, are employed in any one of the three industries, each has to earn his/her subsistence. A lion's share of the three industries is controlled by a few and they want only to perpetuate the system. Thus improving the working conditions and the wage levels of adults is an essential step in eradicating child labour. A study conducted recently (July 1992) on the socio-economic conditions of child labour households (R.Vidyasagar, 1992) reveals that among the households with working children, 41% of all the workers are below the age of 15 and among the working children, 79% of them are girls. Only in 12% of the households studied, children contribute less than 20% of the total household income. In 31% of the households it is between 21 to 30% and in 40% of the households with working children, children bring in one-third to one-half of total household income. In 17% of the households, children's contribution is the main source of income as they bring in more than 50% of the

total household income. It is calculated that with children's contributions 90% of the households with working children are above the poverty line. If this is withdrawn, 51% of the households would fall below the poverty line.

Preliminary results of a study sponsored by the ICSSR, conducted in Sivakasi region (undertaken by Dr. G. N. Rao, R.Vidyasagar and Dr. Thomas Isaac during 1986-87) testifies to the fact that the system of child labour could be eliminated by improving the economic conditions of parents. The study shows that the incidence of child labour is much less in a village where the agricultural base is relatively better and literacy levels of parents are high with stable income, compared to a backward village with poor agricultural base and high rates of illiteracy (for more details see R. Vidyasagar 'The Lost Childhood', *Frontline*, August 31-September, 13, 1991).

Given this situation, any number of legislations will not help in reducing child labour unless it is also combined with a package of schemes to improve the economic base of the parents. These issues have hardly been addressed in Sivakasi. For example, the Keeriyaru scheme to construct a dam in the Western Ghats to divert the west-flowing water to the east is pending in this region for over four decades now. And there are a number of minor irrigation schemes that could be developed in this region.

An immediate step would be to get a better deal for the adult workers of Sivakasi. The employers here are intolerant of any trade union activity. The preponderance of child labour acts as a check against such activity. Moreover, the kind of relationship the employer has with his workers weans them away from trade union consciousness - while being highly exploitative, he makes use of the trappings of a patron-client relationship, with all its emotional overtones.

And thus the adult wages also remain at a low level.

While aiming at a basic changes as mentioned above, in this area, towards eliminating child labour, certain welfare schemes, coupled with enhancing adult wages, implemented vigorously, could do some good for the working children. High priority should also be given to improving education infrastructure and enrolment and retention in schools. In the State of Kerala where the literacy levels are high, the incidence of child labour is totally nil in match industry. A report on the absence of child labour in the Kerala match industry (ITCOT, 1992) reveals that both men and women work in match production with substantially higher wages (compared to Tamilnadu) with a stipulated working day of 8 hours. Non-use of child labour is attributed to the high levels of literacy, strong trade union movement and strict enforcement of child labour legislation.

There is a strong current of thinking that the anti-social practice of child labour should be banned. Another argument is for mechanising the industry. But given the surplus labour in this area which has precarious agricultural conditions, complete mechanisation would only result in starvation as more and more workers would be thrown out of job. Only certain hazardous operations should be mechanised. As far as banning child labour is concerned, it has to be done in a phased manner. The State Government could pass legislations in this regard, specifying a time limit, say five years, for the complete removal of children from the factories. But this should accompany other development schemes in order to improve the income levels of the adults.

In this context, the Tamilnadu government has constituted a committee, during May 1992, to work out an action plan to eliminate child labour in the Sivakasi match belt within a period of five years.

By way of conclusion, it is to be stated here that a lot more is to be done to make the implementation of policy pronouncements real. State intervention with a political will is required in health, education and child labour issues.

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# A NOTE ON THE IMPACT OF STRUCTURAL ADJUSTMENT POLICIES ON CHILDREN

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Economic theory and the recent experience of developing countries tell us that orthodox structural adjustment programmes of the type now adopted by the Indian government impose great hardships on the working people and the poor of developing countries. This note is concerned with the impact of structural adjustment programmes, of the type advanced by the IMF and World Bank, on a particularly vulnerable group—children. The scope of this note is confined to child welfare during periods of orthodox structural adjustment; it does not deal with other, important issues of child welfare, public action and alternative strategies of long-term economic development.

The well-being of children is indicative of the state of a society. The health and nutritional status of a child between the ages of zero and five and the nutritional intake of the mother during pregnancy determines, to a significant extent, the capabilities of the same child as an adult. Indicators of the well-being of children, such as the infant mortality rate or the degree of child malnutrition can often, though not always, be taken as indicative of the well-being of all members of a society.<sup>1</sup>

Children constitute a vulnerable group because they are dependent on others — their families, society — for their own well-being. They are also more vulnerable to permanent damage from malnutrition. A crucial determinant of the well-being of children — particularly children from poor households — is public action. Public action here, following Dreze and Sen (1989), refers to action taken by states and governments and action taken by members of the public, political parties, trade unions, non-governmental organisations and other groups in society. Public action in the latter case includes both co-operative action, motivated by civic responsibility, and adversarial action. With respect to child welfare, governments may directly provide services for children (e.g., by instituting feeding programmes or immunisation programmes) or they may provide resources that enable families to obtain goods and services required for child welfare (e.g., by providing supplementary benefits to households with young children). In most countries of the world, governments have taken an active and direct role in ensuring the well-being of children. In periods of recession and structural adjustment, when the capacity of poor families to take care of their children is weakened, it is vital

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<sup>1</sup> In an early study of infant mortality in Tamil Nadu, K. Nagaraj wrote that "The infant mortality rate...is a very sensitive index of the socio-economic circumstances of a population. A complex, inter-related set of biological, demographic, social, economic and cultural factors underlies infant mortality, and an infant happens to be very sensitive to changes in any of these factors. The state of infants is an accurate measure of the state of a society." (Nagaraj, 1986).



that public action for child welfare be strengthened.

The development literature now recognises the 1980s — when IMF-type structural adjustment programmes were imposed on more than 70 developing countries— to have been a “lost decade” for the people of Africa and Latin America. UNICEF’s annual *State of the World’s Children* establishes clearly that children bore the heaviest burden of debt and recession in the 1980s (UNICEF, 1989, p.1). Surveys conducted by UNESCO show, for instance, that attempts to adjust economies to debt crises led to a fall in school enrolment among 6-11 year-olds in at least 50 of the most debt-burdened countries of the developing world (UNICEF, 1992). In 1991, 1.7 million child deaths in the developing world occurred from vaccine-preventable diseases. In a survey of Latin American countries during the 1980s, Teresa Albenez and others found that out of 10 countries for which reliable data were available from national registries, there was an unambiguous decline in the infant mortality rate (IMR) in only one country, Cuba. In three countries — Venezuela, Costa Rica and Chile — there was a marked slowdown in the decline of IMR. For Argentina, the data were inadequate. In the remaining five countries — Brazil, Uruguay, Guatemala, Guyana and the Dominican Republic — the IMR increased.

UNICEF’s *State of the World’s Children* for 1992 actually proposes a principle of “a first call for children” (UNICEF, 1992); it suggests, in other words, that the young should have a first call on society’s resources. The UNICEF report says that “it is in times of stress that the principle of first call should be most tenaciously adhered to,” and that this commitment “should not give way to the short-term demands of structural adjustment programmes” (ibid.). A resolution adopted at the recent South Asian Association for Regional Co-operation (SAARC) meeting

on children in South Asia, held at Colombo in September 1992 took a similar position. (The resolution is to be endorsed by the SAARC summit early next year.) The resolution says, “the first claim on resources should be the essential needs of children.” Further, the resolution states that “it is imperative that current levels of budgetary allocations for the social sector be enhanced” (SAARC, 1992).

Structural adjustment programmes of the type advocated by the IMF typically involve a sharp devaluation of a national currency, fiscal austerity and monetary and credit contraction. Structural adjustment is also associated with different types of liberalisation, in particular the deregulation of trade and finance and of the labour market. This package of measures generates stagflation or a combination of inflation and stagnation (or recession). Fiscal tightening, for example, is achieved by cutting public expenditures, including public investment. Capital expenditures in the social sector—for instance, for constructing schools and hospitals — also get the axe. Reduced investment leads to reduced output and employment, and the economy “adjusts” by means of a contraction in output and employment. A tight monetary policy also affects the growth of output adversely, for example, by making credit more expensive. While recession may succeed in lowering the demand for imports and correcting the balance of trade to some extent (although even this is not a necessary outcome), it does so at the cost of domestic growth. More unemployment, more erosion of real incomes as a result of inflation, cutbacks in expenditure on health and education and in subsidies for the disadvantaged — there is little doubt that the burden of typical structural adjustment programme falls disproportionately on the poor.

A broad distinction can be drawn between the direct and indirect ways in which structural adjustment programmes

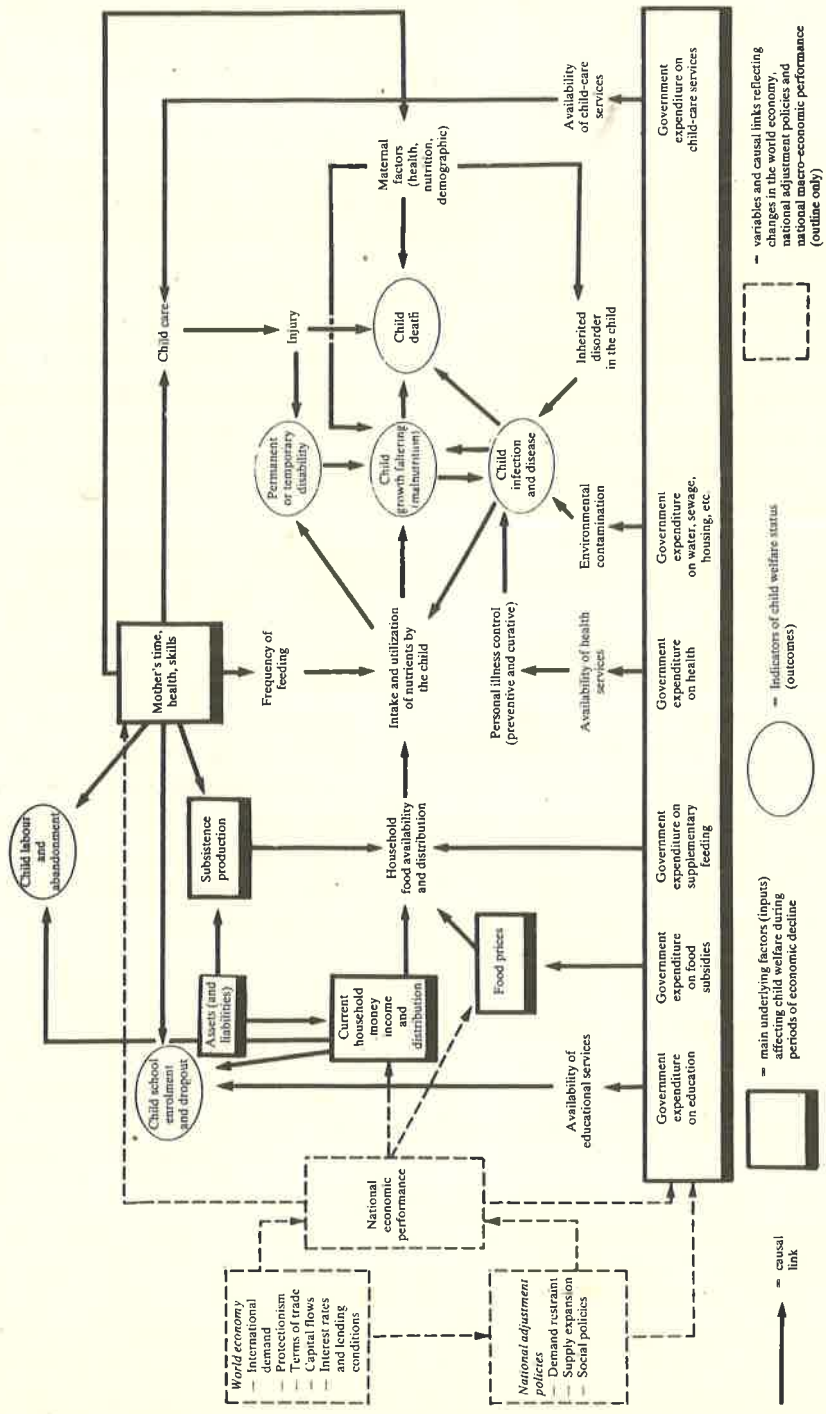


Fig. 1 An analytical framework linking changes in selected economic determinants and changes in selected indicators of child welfare.

affect children. The direct impact of such programmes is felt through cuts in expenditures on health, education, nutrition programmes and other social services that contribute directly to the well-being of children. Similarly, the rise in prices of food, education and other services that families purchase for their children has a direct impact on child welfare. Economy-wide changes in growth rates, in the level of unemployment, in real wages, in income distribution and in levels of poverty affect children indirectly by affecting the living conditions and resources of families to which the children belong.

In the 1980s, UNICEF commissioned a study of the impact of structural adjustment programmes on children. The study, published in two volumes under the title *Adjustment with a Human Face* was edited by Giovanni Cornia, Richard Jolly and Frances Stewart. This was a landmark study and the first to attempt an analytical framework to measure the direct and indirect consequences of structural adjustment programmes on children (see Figure 1). The study makes one point emphatically: in the 1980s structural adjustment programmes and the prolonged recession that followed them did great harm to the welfare of children. The study concludes that "there is widespread and growing evidence that in the early 1980s economic changes...triggered a sharp reversal in the trend towards improvement in health, nutrition and education standards of children. Deterioration in child welfare has been documented in at least 8 countries in Latin America, 16 in sub-Saharan Africa, 3 in North Africa and the Middle East and 4 in South and East Asia" (Cornia *et. al.*, 1987, p 287). The study also notes that "nutrition and education seem to be the areas where deterioration is most evident and pronounced, an alarming sign in view of the permanent damage caused by malnutrition at an

early age, and in view of the negative long-term implications of declining literacy" (*ibid.*). The study makes it clear that "the type of adjustment policies adopted have been an important contributory element" in the deterioration of the condition of children.

In the analytical framework proposed by UNICEF, three types of variables are used to monitor the impact of structural adjustment programmes on children. These are:

- (i) input indicators, or variables that have a direct bearing on the availability of resources for children, such as household incomes, and government social expenditures.
- (ii) process indicators, or variables that measure direct availability of food and other key social services required for child welfare; and
- (iii) outcome indicators, or variables that measure changes in child welfare in terms of changes in the health or educational status of children. Examples of such indicators are the infant mortality rate, the death rate among children and the school-enrolment rate.

The UNICEF study provides us with a valuable list of indicators for monitoring child welfare.<sup>2</sup> In the following section, I use some of the indicators suggested by Cornia, Jolly and Stewart, to examine the consequences of structural adjustment programmes for children.

### Country experiences

To repeat the point: the 1980s were a lost decade for the people of Latin America and Africa. On average, per capita GDP

<sup>2</sup> Although there could be disagreement about the precise distinctions between the three types of indicators (for instance, whether school enrolment is a process indicator or an outcome indicator).

Table 1  
INPUT INDICATORS

Country	Basic period	Average GDP growth		Unemployment		Average annual growth in						Income distribution		
		Annual	Cumulative	Year	Rate	Wages	CPI	Food prices	Total social exp.	Food subsidies	Year	Gini co-efficient	Bottom 40%	
		(%)	(%)		(%)	(%)	(%)	(%)	(%)	(%)			(%)	
Brazil, Sao Paulo State	1981-1984	-2.2	-9.0	1982	5.8	-5.9	25.0	31.0	-8.0	n.a.	1981	0.565	9.70	
				1984	7.1						1983	0.584	9.00	
											1984	0.576	9.20	
Chile	1981-1985	-1.7	-6.8	1981	10.4	-4.0	20.5	25.3	-1.0	-27.0	1981	n.a.	12.8*	
				1984	15.9						1982	n.a.	12.2	
Philippines	1981-1985	-3.0	-15.0	1981	5.3	-5.0	20.0	20.0	1.0	n.a.	1980	0.511	n.a.	
				1985	7.1						1983	0.525	n.a.	
Sri Lanka	1978-1983	3.7	22.2	1978/9	14.7	-3.7	19.0	20.0	7.0	-13.0	1978/9	0.490	16.10	
				1981/2	11.7						1981/2	0.520	15.30	

\*Greater Santiago only (Altimir 1984)



Table 2  
PROCESS INDICATORS

Country	Basic period	Intake or availability of food		Access to use of health services		Access to use of education services	
		Change	Indicator	Change	Indicator	Change	Indicator
Brazil, Sao Paulo State	1981-1984	-ve	Per capita production of food staple down 6%	-ve	Use for emergency and curative purposes up, preventive use down	n.a.	n.a.
Chile	1981-1985	n.a.	n.a.	+ve -ve	High levels of primary health care maintained Quality of hospital cover down	-ve	PER* down: 1981 102.2;
Philippines	1981-1985	-ve	Adequacy of food intake down: Feb.1984 82% Oct.1984 79%	-ve	Public hospital admissions up 6% a year	-ve	PER down: 1981 92% 1984 88%
Sri Lanka	1978-1983	-ve	Daily per capita calorie intake of bottom 20% down: 1978/91 500 1981/21 370	-ve	Service standard in public facilities down	-ve	School avoidance rate for first 8 grades up: 1978/9 12.2% 1981/2 13.5%

\* Primary enrolment rate (6-14 yrs)

Table 3  
OUTCOME INDICATORS

Country	Basic period	Infant mortality rate		Child death rate		Nutritional status		Educational attainment		Disease prevalence	
		Change	(%)	Change	(%)	Change	Indicator	Change	Indicator	Change	Indicator
Brazil, Sao Paulo State	1981-1984	-ve	1982 50.5 1983 43.5 1984 52.0	-	n.a.	-ve	Low birth weight incidence at Sao Paulo Hospital up: 1980 14.5%; 1984 8.4%	-ve	Primary school completion down: 1980 75% 1983 68%	-	n.a.
Chile	1981-1985	-ve	Decline less than trend: 1981 27.0 1984 19.6	-	1982 1.09 1983 1.22 1984 1.03%	-	Pre-school malnutrition 1982 8.8% 1983 9.8% 1984 8.4%	-	n.a.	-ve	Immunizable*, non-immunizable down
Philippines	1981-1985	+ve	Decline less than trend: 1981 62.0 1984 58.0	-	n.a.	-ve	Pre-school malnutrition up: 1981 17.5% 1985 22.0%	-ve	Completion rate down: 1981 67% 1984 63%	-ve	Communicable diseases up
Sri Lanka	1978-1983	+ve	Decline (on trend): 1978 37.0 1980 34.0	-	n.a.	-ve	Severe malnutrition of children 6-60 months in rural areas up: 1978/9 6.10% 1981/2 9.40%	-ve	Literacy down among 5-14 yrs. 1978/9 88% 1981/2 86%	-	n.a.

\* Typhoid, hepatitis

fell by 10 per cent in the 1980s in Latin America. Employment growth slowed down, real wages and salaries shrunk, income inequality worsened and the consumption of the poor declined. Government expenditures on social services declined or stagnated. The consequences for children of these events were disastrous. The incidence of low birth weights, an indicator of nutritional deprivation, rose between 1979 and 1986 in several countries, including Brazil, Colombia, Mexico and El Salvador. A growing body of evidence shows that malnutrition increased among children. In the ten country studies discussed by Cornia, Jolly and Stewart, the nutritional status of children declined in all but two countries (Cornia *et. al.*, 1988).<sup>3</sup> A recent study on Latin America concludes that "in the 1980s, progress in the health and nutritional status of children has slowed down or completely ceased in most countries of the region, while in almost a third of the region infant mortality and/or malnutrition have increased" (Albanez *et. al.*, 1989).

The people of Africa also suffered tremendously in the eighties. Between 1980 and 1989, per capita GDP for sub-Saharan Africa dropped by one-fifth. The economies of many African countries showed negative growth rates, a rise in unemployment and a fall in real wages. On average, in sub-Saharan Africa, non-agricultural wages declined at a rate of 7.4 per cent per annum in real terms in the 1980s (Standing and Tokman, 1991). In the 1980s, the number of African countries in the category of the least developed countries of the world rose from 16 to 28. The consequences for children were serious. In 1990, 14 African countries had an under-5 mortality rate that was above 200 per 1000 and 8 countries had an infant mortality rate that was above 200 per 1000

(UNICEF, 1992). By contrast, Japan had an infant mortality rate of 4 per 1000 in 1990.

I shall illustrate the effects of structural adjustment on children with some examples from six countries: Brazil, Chile, Niger, Tanzania, the Philippines and Sri Lanka.

### Brazil

Brazil is the largest country in South America both in terms of population (with around 150 million people) and land area. Geographically, it is more than three times the size of India. It is also a country of great socio-economic diversity. From 1980 onwards, Brazil had a big deficit on the external account, the government budget was also in deficit and, following Mexico, Brazil declared its inability to meet international debt obligations in 1982.<sup>4</sup> In early 1983, an adjustment programme was negotiated with the IMF. The adjustment package included cutting government expenditures, raising interest rates, devaluing the cruzeiro, providing incentives for export and restraining upward revisions of wages.

The effects of the adjustment policies on the economy and on indicators relevant to child welfare are shown in Tables 1, 2 and 3. The data are for the state of Sao Paulo (the most populous of the 23 states of Brazil, and one that accounts for the major share of Brazil's industrial output). The data on input indicators show all the signs of a big recession: GDP declined at an annual rate of 2.2 per cent (1981-84), unemployment grew from 5.8 per cent in 1982 to 7.1 per cent in 1984 and wages declined at almost 6 per cent per annum. While consumer prices grew annually at 25 per cent, the rise in food prices was much

<sup>3</sup> The ten countries were Botswana, Brazil, Chile, Ghana, Jamaica, Peru, the Philippines, South Korea, Sri Lanka and Zimbabwe. The two exceptions were South Korea and Zimbabwe.

<sup>4</sup> This section draws mainly on Roberto Macedo's study in Cornia *et. al.*, 1988.

faster (31 per cent). Income distribution worsened. Social expenditures declined sharply, by 8 per cent annually between 1981 and 1984. There were absolute declines in expenditures on health and education.<sup>5</sup> While the share of health expenditures in total expenditures was maintained at around 3.5 per cent, there was a decline in the share of education, from 17.1 per cent in 1980 to 15.3 per cent in 1984.

The condition of children worsened. The infant mortality rate (IMR) declined until 1983 and then increased sharply. For the country as a whole, the IMR was 65 in 1982 and 73 in 1984; the IMR began declining again in 1985. In north-east Brazil, one of the poorest regions of the country, the infant mortality rate increased by 25 per cent between 1983 and 1984. The proportion of children immunised against BCG, DPT and measles declined from 1984 to 1987. Data from hospitals in Sao Paulo indicate that the percentage of babies with low birth weights — an indicator of poor nutritional status — increased.<sup>6</sup> There are also indications of higher child morbidity during this period (Macedo, 1988).

School attendance worsened. There was a sharp increase in drop-out rates (that is, in drop-outs as a proportion of children enrolled in schools).<sup>7</sup> For children in the first grade, the drop-out rate increased from 4.6 per cent in 1979 to 13.4 per cent in 1983. Among eighth graders, the drop-out rate increased from 7.5 to 12.3 per cent over the same period. There was also evidence of an increase in the number of children abandoned by their families between 1979 and 1985.

## Chile

Chile is a complex case, and an interesting one to study on at least two counts. First, orthodox fiscal and monetary policies were introduced in Chile as early as 1973, after the military coup in which General Pinochet took power. Despite ten years of rule by the "Chicago Boys", Chile was in a severe economic crisis in the early eighties. Secondly, there is a long and established tradition of public provision of health, education and social security in Chile, which began in the 1920s. Sustained pressure from workers and political parties and organisations opposed to the military dictatorship pressured the Pinochet regime into providing some important social services for vulnerable groups during the years of dictatorship and structural adjustment.

Input indicators in Table 1 reveal the deterioration in general economic conditions that occurred in the first half of the eighties.<sup>8</sup> GDP declined, unemployment increased sharply, wages fell, prices rose, food prices rose even faster and income distribution worsened. There were large cutbacks in social expenditures in the mid-seventies; further reductions occurred in the eighties. Expenditures on some components of social services, such as social security and labour, increased in the eighties. Per capita expenditures on health and education in 1983 were lower than those in 1974 by 19 and 22 per cent respectively. In Tables 2 and 3, some indicators of child welfare in Chile are shown.

Reductions in public expenditure on health from 1975 onwards led to big declines in capital investment and, consequently, worse hospital care. In 1984-5, the Professional

<sup>5</sup> Real expenditure on health in 1984 was 87 per cent of that in 1982 (Macedo, 1988).

<sup>6</sup> For example, in Sao Paulo hospital, the percentage of low birth weight babies went up from 14.5 in 1980 to 16.1 in 1984 (Macedo, 1988).

<sup>7</sup> In the mid-eighties, only 22 per cent of those who enrolled in grade 1 reached the final grade of primary school (*World Development Report 1991*).

<sup>8</sup> Data in this section come from Raczynski (1988).



Association of Doctors denounced the "increasing decapitalisation of hospitals, the deterioration of infrastructure and technology level, the shortage of medicines, personnel, physical space and working materials" (quoted in Raczynski, 1988).

In 1983, however, for the first time since 1975, there was marked worsening in the health, nutritional and educational status of children (Raczynski, 1988). The child death rate and pre-school malnutrition increased. The trend decline in the infant mortality rate levelled off in 1984-86. From a situation of total coverage for BCG immunisations in 1981, coverage dropped to 92 per cent by 1985 (and recovered partially to 97 by 1987). Primary school enrolment also declined between 1981 and 1984.

While overall conditions of health care worsened, the position of women and children, it has been noted, was "relatively protected" (ibid.). Despite big cuts in social expenditures from the mid-1970s, a deterioration in child welfare was only visible in the early eighties and was limited. The deterioration was checked through special programmes directed at pregnant mothers and children. For example, from 1981 onwards, municipalities started to distribute a family subsidy for under-8s found to be living in extreme poverty. In 1982, a benefit for pregnant women was added. There were also special programmes for nutrition deficiency among children. A supplementary feeding programme provided milk and protein supplements, and was distributed through public well-baby clinics (that had a wide coverage in areas of poverty). Another scheme involved referral of nutritionally deficient children below the age of two to government-run Open Centres (Jardines Infantiles) where free care was provided.

An important reason for the maintenance, and even expansion in certain areas,

of government support for children despite an overall reduction in the role of the public sector (in line with orthodox structural adjustment) was public pressure and public action. Chile, as noted, is a country with a democratic tradition and a history of public intervention in the field of health and education; the Pinochet government was forced to respond to high popular expectations for the provision of public services and to threats from the political opposition, including unionised labour, unemployed workers and political parties.<sup>9</sup>

## Niger

Niger is one of the poorest countries of the world. In 1990, Niger was ranked 13th from the bottom among 160 developing countries in terms of per capita GDP, 10th from the bottom in terms of literacy, and 7th from the bottom in terms of life expectancy (*Human Development Report 1991*).<sup>10</sup>

Around 1982, Niger's economy entered a period of economic crisis. Two exogenous factors that contributed to the crisis were a slump in the world demand for uranium, a major export commodity, and drought. A standby agreement with the IMF was arranged in 1983 and a structural adjustment programme was initiated in 1985. The economy went into a long period of decline starting from 1982. It began to recover only towards the end of the decade, and very slowly. With figures for 1982 indexed at 100, gross fixed capital formation in 1987 was 46.8, GNP plus imports was 87.2 in 1987 and 94.9 in 1989, and production in the modern sector was 56 in 1989. Agricultural production per capita at the end of the eighties was 20 per cent less than at the beginning of the decade. Minimum wages were frozen and consumer purchasing power declined by 30 per cent between 1980 and 1987. Per capita public expenditures on health and

<sup>9</sup> There is a case study of the complex Chilean experience in Dreze and Sen (1989).

<sup>10</sup> Details for the case of Niger are drawn from K. Tinguiri's (1991) paper prepared for UNICEF.

education fell sharply in 1983 and returned to the pre-crisis level in 1989.

The impact of this adjustment programme and recession on children was disastrous. Primary school enrolment (as a percentage of the school-age population) declined steadily, from 28.5 in 1983 to 20.8 in 1988. There is some evidence on reduced access to curative health services and lower utilization of preventive health services. Nutritional deficiencies were aggravated. The incidence of malnutrition (defined as the proportion of children with weight-for-age below 80 per cent of the norm) rose between 1981 and 1987. The sharpest jump was from 15 per cent in 1982 to 22 per cent in 1983. The incidence of child malnutrition was 25 per cent in 1987. The evidence on low-birth-weight babies suggests a similar picture. In a study of structural adjustment in Niger, K. L. Tinguiri of the University of Niamey has written that "during adjustment, the level of satisfaction of basic needs generally declined and, even more serious, may continue to decline even after all the adjustment measures have produced their effect." In other words, the deterioration in basic needs cannot be easily reversed and will continue even if the economy begins a slow recovery.

### Tanzania

Following the Arusha Declaration of 1967, the Tanzanian government claimed that Tanzania would follow a different path of development, a path characterised by growth with redistribution, an expansion of the public sector, the promotion of self-reliance and the provision of free basic services, such as health and education, to the people.<sup>11</sup> By the mid-1970s, while progress was evident in the spread of education, primary health care and other social services, there was

no major progressive structural transformation of the economy and the economy remained vulnerable to external shocks.

In the late-1970s, a combination of factors which included the second oil shock (1979), the war with Uganda and a deterioration in the terms of trade (from 1979 onwards), precipitated a crisis in the Tanzanian economy. From the early 1980s, a series of adjustment programmes was initiated with funds from the World Bank and IMF. GDP growth stagnated at a little over 1 per cent between 1981 and 1985 and grew at 3.6 per cent in 1986. Per capita GDP increased in 1986 for the first time since the start of the decade. Inflation jumped from 13.3 per cent in 1979 to 36 per cent in 1980, peaked at 44 per cent in 1984 and remained above 20 per cent for the rest of the decade. The growth of wage employment slowed down, while the labour force continued to expand. There was a sharp erosion of real wages. The daily wage measured in sembe, the leading food staple, fell from 12.8 kg/day in 1980 to 2.9 kg/day in 1987. Real per capita incomes dropped significantly: from 1328 shillings in 1976 to 1201 shillings in 1988 (at 1976 prices).

The restrictive fiscal policy led to declines in the levels of per capita public expenditure on health and education. In real terms, per capita expenditure on education and health fell 57 and 46 per cent respectively between 1978-79 and 1988-89. School enrolment fell by one-quarter in the eighties. (Tanzania achieved high levels of literacy and school enrolment by the late 1970s as a result of its earlier emphasis on education.) The impact of structural adjustment on nutrition can be gauged from the fact that there was a big drop in per capita cereal availability, from 173 kg in 1982 to 156

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<sup>11</sup> This section draws heavily on Wagao (1990).

kg in 1985. Food prices also rose very sharply in the early 1980s; the price of maize flour increased by 220 per cent 1981 - 84.

### The Philippines

The economic crisis in the country came to a head in 1983 when the Philippines declared a moratorium on debt payments and began negotiations with the IMF for a standby agreement. The IMF conditions involved very restrictive monetary and fiscal targets. While the external account improved, the stabilisation package led to overall economic decline, with a fall in output and employment. Data in Table 1 show that GDP declined at 3 per cent per annum, that unemployment rose and wages fell and that inflation was high.<sup>12</sup> Real per capita GDP in 1985 was down to the level of 1975. Employment was badly hit in rural areas; in the urban areas, wage and salary employment fell while the informal sector expanded. Average wages and salaries in 1985 were below the income-poverty threshold, that is, the minimum income required to meet the nutritional needs of a family. Income inequality increased.

All the indicators in Tables 2 and 3 show that there was an unambiguous decline in the well-being of children in the first half of the eighties. Food intake fell, pre-school malnutrition increased, primary school enrolment declined and the school completion rate fell. There were marked shifts in the level and composition of government expenditures during this period. Real per capita public expenditure on health, education, social security and other social expenditures fell between 1982 and 1984, as did the share of social services in total government expenditure (from 30 per cent in 1982 to 18 per cent in 1984). Structural adjustment

took a very heavy toll on children.

### Sri Lanka

In the 1970s, in the development literature, Sri Lanka emerged as a model of how high levels of well-being (in terms of health, education and nutrition) could be achieved even at low levels of income. In 1977, in response to a balance of payments crisis, the government of Sri Lanka introduced a major set of economic reforms and began negotiations for an IMF loan. The new policies included devaluing the national currency, orienting the manufacturing sector to exports and reducing government subsidies on a major scale. The rate of growth of GDP in the post-reform period (1978-84) was higher than in 1970-77. An important reason for this was an increase in public investment, financed by external funds. Sri Lanka was quite exceptional in showing a reasonably high rate of growth of output and employment after the introduction of such economic reforms.<sup>13</sup>

The post-reform period, however, was characterised by an acceleration of inflation. Furthermore, the price of food products increased more rapidly than that of other goods. An index of consumer prices for low-income consumers in Colombo showed a 226 per cent increase between 1977 and 1984, compared to a 172 per cent increase in the general consumer price index for Colombo during the same period. An important reason for the price increase was the reduction in subsidies and subsequent increase in the administered prices of basic commodities. With a reduction in expenditures on social services (their share in the budget fell from 33 per cent in 1977 to 22 per cent in 1983), the quality of public services declined. There was also a sharp deterioration in real wages, an indicator of the welfare

<sup>12</sup> The case study of the Philippines is based on UNICEF, Manila (1988).

<sup>13</sup> This section draws on Anand and Harris (1985), Anand and Kanbur (1991) and UNICEF, Colombo in Cornia *et. al.* (1988).



of the working population. Data from Consumer Finance Surveys conducted in 1978-79 and 1981-82 show a fall in real incomes over this period: the mean income per spending unit fell from Rs. 503 to Rs. 445 (both at 1973 prices). There was also an exacerbation of income inequality in Sri Lanka.

Under pressure from the IMF, the Sri Lankan government cut food subsidies drastically. From a system of universal provision of standard rations, the policy shifted in 1979 to a targeted food-stamp scheme. The food stamps were fixed in nominal terms and not indexed to inflation. Consequently, the food subsidy per capita fell sharply: from Rs. 62 in 1979 to Rs. 21 in 1980. The impact was felt on consumption by the poor. As Table 2 shows, the daily calorie intake of persons in the bottom quintile of the income distribution came down between 1978 and 1983. Using a food-expenditure poverty line of Rs. 60 per month, Sudhir Anand and Christopher Harris found that the incidence of food poverty increased between 1978-79 and 1981-82 (Anand and Harris, 1985). While there was a small fall in the incidence of food poverty in urban areas, poverty in the rural areas and in the plantation sector increased.<sup>14</sup> The percentage of individuals with a daily calorie intake of less than 1800 increased from 12.6 to 15.5 over the same period.

The new economic programme was bad for children. The incidence of severe malnutrition among rural children rose, the school avoidance rate went up and literacy among 5-14 year olds came down slightly. To conclude, despite the accelerated growth of gross income, the policies introduced after 1977 had an adverse impact on the welfare of children in Sri Lanka. There was a close

association between the decline in public services and the decline in the well-being of children.

By contrast, the period from 1952-81, which was characterised by high and growing public expenditures on health, education and nutrition programmes, was also one in which significant improvements in child welfare were made.<sup>15</sup> In their detailed study of basic needs provision in Sri Lanka, Sudhir Anand and Ravi Kanbur conclude that, "attention should now shift from the question of *whether* intervention can have a positive impact on basic needs to the more important question of the best patterns and combinations of social welfare expenditure to achieve the *maximum* impact on basic needs" (Anand and Kanbur, 1990: 90).

#### Lessons for India

The experience of countries that introduced structural adjustment programmes in the 1980s clearly shows that orthodox structural adjustment generally leads to a severe deterioration in child welfare.

The commitment of the Indian government towards the provision of basic needs to its people, particularly children, as reflected in expenditures on the social sectors, is extremely low. In Table 4, for instance, of all the countries selected, India spends the lowest proportion of government expenditure on health and education. This low level of expenditure on social services is being eroded further by structural adjustment. Data in Table 5 show the change in central budget allocations for different social sectors between 1991-92 and 1992-93. It is clear from these figures that a disproportionate burden of adjustment is being

<sup>14</sup> Anand and Harris also found that mean calorie intake declined for the estate sector while it increased for the rural and urban sectors between 1978-79 and 1981-82 (Anand and Harris, 1985).

<sup>15</sup> Econometric tests for the years 1952-81 also confirm that direct intervention, as measured by public expenditure on health, had a significant effect on infant mortality (Anand and Kanbur, 1990). Income too had a significant negative effect on mortality but the size of the effect was much smaller.



**Table 4**  
**EXPENDITURE ON HEALTH AND EDUCATION AS A PERCENTAGE**  
**OF CENTRAL GOVERNMENT EXPENDITURE, 1985-87.**

	Health	Education
Brazil	7.32	3.69
Chile	6.12	12.7
Niger	3.60	11.6
Tanzania	5.70	8.30
Philippines	5.35	17.95
Sri Lanka	4.40	8.26
India	1.97	2.10

**Table 5**  
**ALLOCATIONS FOR THE SOCIAL SECTORS**  
*(in crores of rupees)*

Ministry/Department	1991-92 Budget Estimate	1992-93 Budget Estimate	Percentage change in real terms
Health	548	560	-10
Family Welfare	759	1,010	+17
Women and Child Development	440	490	-2
Welfare	508	559	-3
Education	1,750	1,725	-13
Rural Development	3,521	3,113	-22
Small & Agro Industries	598	517	-24
Labour	384	391	-10
Total (above)	8,508	8,365	-13
Total (excluding Family Welfare)	7,749	7,355	-16

Note: Changes in real terms have been calculated by taking the inflation rate to be at 12 percent. This does not take into account the fact that during 1992-93 these allocations will be further eroded by inflation.

placed on the social sectors. Not only is there a big reduction in all social sector expenditure other than family welfare in real terms but the rate of reduction is higher than the overall rate of reduction in plan expenditure.

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If we are concerned about the welfare of children, this is the time to take action to initiate programmes that enhance the health, education and nutrition levels of the children of our society.

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# COPING WITH THE IMPACT OF STRUCTURAL ADJUSTMENT ON CHILD WELFARE IN INDIA: SOME STRATEGIES AND OPTIONS\*

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## Background

Structural adjustment—consisting of investment reallocation and resource redeployment across sectors occurring gradually with economic growth and leading eventually to a changed economic structure and pattern of life—is a natural and indeed, desirable aspect of the development process. But, the special adjustment requirements imposed by the global economic crisis of the 1980s on many developing countries in Latin America, the Caribbean, Africa, and Asia were not only unnatural and deliberate but also were carried out at a rapid pace. Since the economic crisis took the form of massive deficit both in the domestic budget and balance of payment, the International Monetary Fund (IMF) and the World Bank (IBRD) have, in their zeal to counter these symptoms rather than the root cause, insisted on the implementation of structural adjustment programme (SAP) as a conditionality for their shortline credit package. Many countries which were eager to tide over their economic crises via an easy route accepted the IMF and IBRD loan package and started implementing faithfully the SAP as a panacea for all their economic ills. Under the SAP, substantial resources were redirected into export and

import-substituting sectors from the social and domestic-oriented sectors with the main focus on short-run budgetary and balance of payment benefits, ignoring squarely both the short-term and long-term welfare losses.

The human costs of the SAP could have been considerably reduced had the policy been implemented in steps and also supported by long-term external funds rather than the short-term funds from IMF and IBRD attached with stifling conditionalities. In the absence of external funding, the SAP in most cases led to prolonged budgetary cuts and austerity measures. Invariably, in all countries that have resorted to the SAP, social investments in health, nutrition, and education have been reduced (see Cornia, Jolly, and Stewart 1987; Commonwealth Secretariat, 1989; Reimers, 1991). The end result was that the impressive progress achieved in the areas of health, nutrition, and education over the three decades of 1950-80 by countries in Latin America and Africa has been halted or reversed (Commonwealth Secretariat, 1989, p. 3-4).

India was relatively unaffected by the global economic crisis, at least in the initial years of the 1980s, thanks to its lesser

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\* This paper owes its emergence to the inspiration and encouragement given by Mina Swaminathan. However, the author alone is responsible for any errors or omissions.

dependence on the international economy. However, the country's increased external borrowing occurring in the latter part of the 1980s, higher import prices of oil and other importables in the face of declining export earnings caused by plummeting commodity prices, have all contributed to very serious balance of payment and budgetary crises. Consequently, India was also compelled to enter into the SAP games. Unlike in other developing countries, the SAP in India is also coupled with another policy having equal structural implications, i.e., the New Economic Policy (NEP) that aims at privatisation and economic liberalisation.

Taking the cue from the experience of other countries that have already undergone the ordeal of structural adjustment, many observers in India believe that the SAP and the NEP are going to have far-reaching implications for social investments especially those related to the child development programmes (CDPs) like child care, health, nutrition, education, and other child-related areas like maternal care, public distribution systems, etc. Since the SAP and NEP of India are only about two years old, it is too early to have any hard evidence either to establish the decline in investments on CDPs and other social and domestic-oriented sectors or the deterioration in social welfare in general and child welfare in particular. However, there is no dearth of studies to attest to the pernicious consequences of the SAP on CDPs elsewhere in other developing countries of Latin America, Africa and Asia (eg. Tokman, 1986; Cornia, Jolly, and Stewart 1987; Cornia, 1988; Commonwealth Secretariat, 1989; Berstecher and Carr-Hill, 1990). These studies have clearly shown how the SAP implemented in these countries has affected child welfare directly by slashing public investments on CDPs and indirectly by reducing family child care expenditures through unemployment and loss of income of the parents, especially that of the mothers. Since sufficient time elapsed between the

implementation of the SAPs in countries of Latin America and Africa and their evaluation, these studies could also document the deterioration in almost all indicators of child development like infant mortality rate, birth weights, school enrolment, dropouts, repetition, health and nutrition.

### Objectives and Scope

The pertinent questions before us are: what will happen if similar results are obtained in India in the near future? What are the likely scenarios of resource reallocation and economic policy changes possible under SAP and NEP? What are the likely strategies and options that could be designed to cope with the challenges posed by the SAP and NEP? This paper attempts to address these questions so as to provide enough material to provoke and instigate debate and discussions among those with experience in the field of child development. Although the main objective of this paper is to suggest strategies and options to cope with the challenges posed by SAP and NEP to the investment on CDPs, it is also attempted here to develop a framework that could capture the potential pathways and mechanisms through which both the SAP and NEP affect CDPs and hence, child welfare. The latter attempt is essentially to infer the potential strategies or moves available to the government. This exercise could help us identify and perfect the strategies and options that could provide the 'best response' to those of the government.

Since the SAP and NEP have been initiated only recently in India and there is no time gap to evaluate their impact on CDP investments and their ultimate effects on child welfare, this study is understandably *ex ante*, i.e., anticipatory, in character. However, our current knowledge about the SAP exercises elsewhere provides guidance to visualise the potential impact of SAP and NEP in India. Moreover, in view of the inter-relationship



and complementarity between the NEP and SAP, it is also attempted here to evaluate them together for their impact on CDPs. Finally, the coping strategies and options will be formulated in a general way so as to make them relevant either at the national or at a state level.

### Could the SAP and NEP affect Children?

Before proceeding to develop a framework to capture various pathways and mechanisms through which the impacts of SAP and NEP are transmitted eventually to children, it is highly instructive to appreciate how the general social, economic, and political environments affect child growth, survival, and development. Consider Figure 1 that depicts the ecology of child development as conceived by Bronfenbrenner (1979). The concentric circles capture the inter-twined nature of the four layers of the growth environment that have a direct bearing on child development, viz: the micro-system (household characteristics), the meso-system (peers, neighbours, etc), the exo-system (childcare centre, school, etc), and finally, the macro-system (government policies, national institutions, general economic conditions, etc). Since both the SAP and NEP have profound implications for all these four inter-related layers, it is but natural that children, who are at the centre of the system, should also be affected in varying degrees. For instance, the household as well as the community that form the most immediate setting for child growth could be disturbed by income loss via unemployment and increasing prices of essential goods. Similarly, reduced budgetary allocation for child care, health, nutrition, and education could disturb institutional communities like schools, hospitals, and child care centres. Likewise, the privatisation policy, if extended to the child development sectors, could also have devastating equity effects due to the potential for commercialisation of CDPs. Therefore,

the fear of many experts and researchers in the field of child development that the SAP and NEP could have serious consequences for children is very real and germane.

### Pathways and Mechanics of Impact

The general pathways and mechanisms through which both the SAP and NEP affect the magnitude, pattern, and direction of social investments in general and investments on CDPs in particular are:

- reduction of investments through the elimination of certain components or the scaling down of the size/coverage of the CDPs,
- changing the pattern of financial sources underlying social or CDP investments, and
- changing the composition of CDPs through the switching or substitution of programming approaches or models or technologies.

Child development is a multi-dimensional phenomenon involving care, health, nutrition, education, growth environment, and maternal and other genetic factors. Therefore, when investment on CDPs is cut or reordered and the priority over the programming approaches, models and technologies is switched, to that extent, child development will falter at least in one of its dimensions. The impact of this faltering growth reduces not only the productive capacity of the future generation but also increases the possibility of delinquency and deviance causing the growth of undesirable anti-social behaviour. The attendant social deterioration will also have an economic dimension as the increased potential for future 'law and order' problems requires an increased allocation for the maintenance of a larger police force, and prison and child-correction centres. The irreversible nature of these consequences of

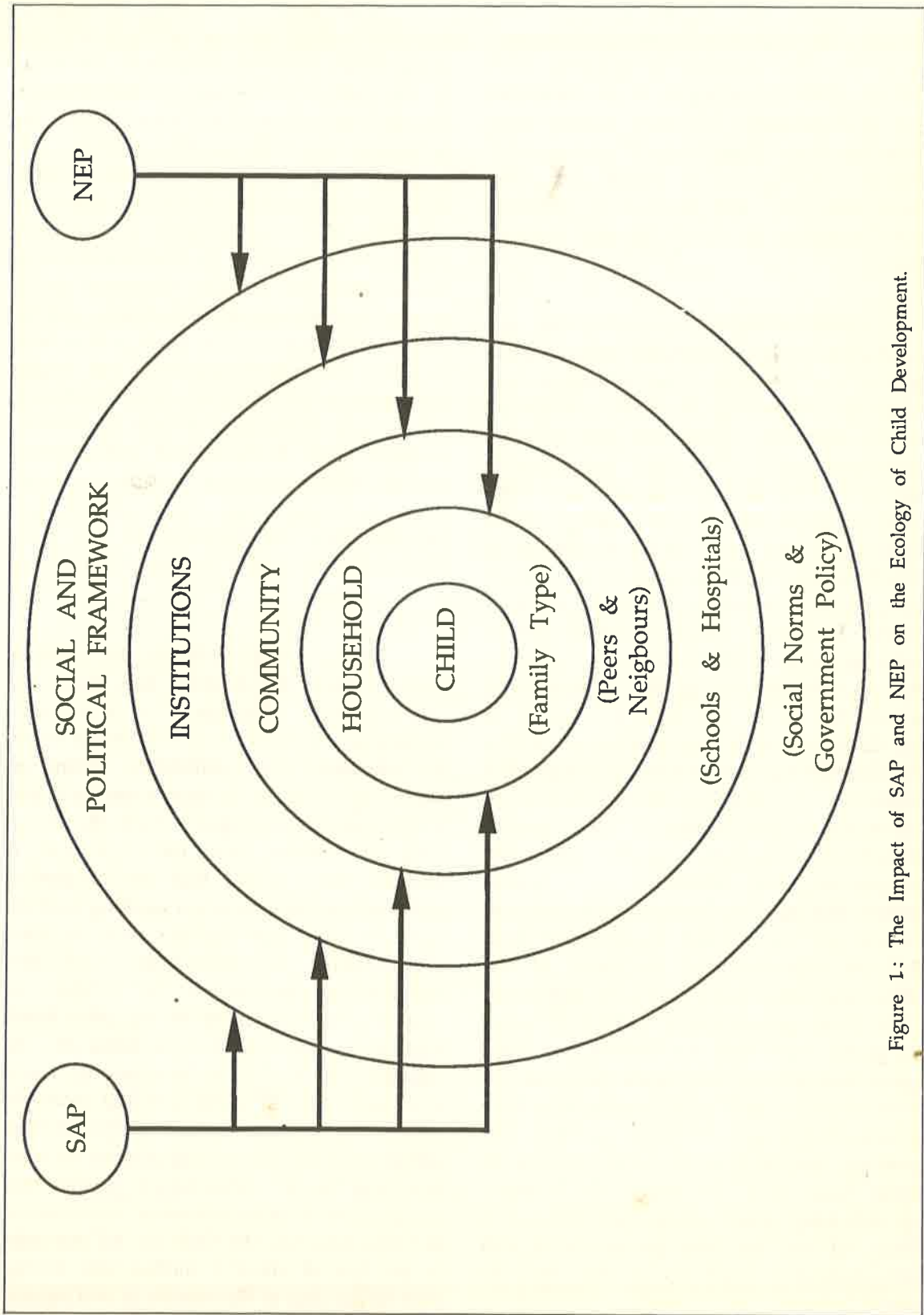


Figure 1: The Impact of SAP and NEP on the Ecology of Child Development.

the SAP and NEP on the economic and social quality of the future generation requires us to be extra cautious in tinkering with the financial allocations to a very sensitive and strategic sector like child development. Since children are critical social assets, policy-makers are required to weigh the short-term budgetary and balance of payment benefits against the future real and financial costs.

Consider Figure 2 depicting the way in which different types of CDP investments—both by the Central and State governments—could be affected by the SAP. It helps us to visualise how investment cuts or reorganisation could affect child development, and hence, the future productive and debt repaying capacities of our country. While across-the-board cuts could reduce child development in all its dimensions, investment reorganisation or switched priority could lead to the absence of development in one or more dimensions. Furthermore, a change in the relative priority of the programming approaches could also have an impact on the composition of investments on CDPs. We also note that child welfare is also affected indirectly by changes in the levels of investments on maternal care, public distribution system, family planning programmes, etc. Moreover, in a federal system like ours, the budget and investment policies of the Central Government have definite repercussions on those of the State. Also, since many CDPs (eg. Integrated Child Development Service (ICDS)) are based on grants from both the Central and State governments, any large-scale financial cut from either or both governments will have a devastating effect on child welfare. The problem becomes much more serious in those cases of CDPs which are financed by matching grant mechanism because a financial cut by one government will automatically lead to a cut by the other.

Figure 3 shows the pathways by which the NEP being followed along with SAP could affect child development. As noted in the context of Figure 1, NEP, through its effects on economic and social institutions including day-care centres, schools, and hospitals, and households and communities, affects the very ecology of child development. The NEP has three components: the trade policy aiming at export-promotion and import liberalisation, the foreign investment policy promoting multinational investment, and the privatisation policy. The trade policy with its focus on export-promotion and import liberalisation has strong effects on the income and employment particularly of women workers, both in the formal and informal sectors. While export-promotion increases women's employment, import liberalisation reduces their employment, as has been observed in the case of Sri Lanka (Jayaweera, *et. al.*, 1988).

Changes in the employment status of women affect the children both positively and negatively. Although a rise in women's employment increases their income and hence, the household food availability, having an important effect on children's nutrition and health, nevertheless it also reduces the availability of mothers' time for child care. It has also been found that the proportion of the non-working hours of working mothers spent on child care declines with the time requirements for household work and supplemental production. An increase in women's unemployment, on the other hand, leads to income loss, though, ironically, the unemployed mother without income could spare more time for child care. The economic situation at the household level gets further complicated by the unemployment of male members due to retrenchment policies that could follow from privatisation. For instance, in Latin America, the SAP has led not only to the loss of about 4 million jobs during 1980-85 but also to the erosion of real income

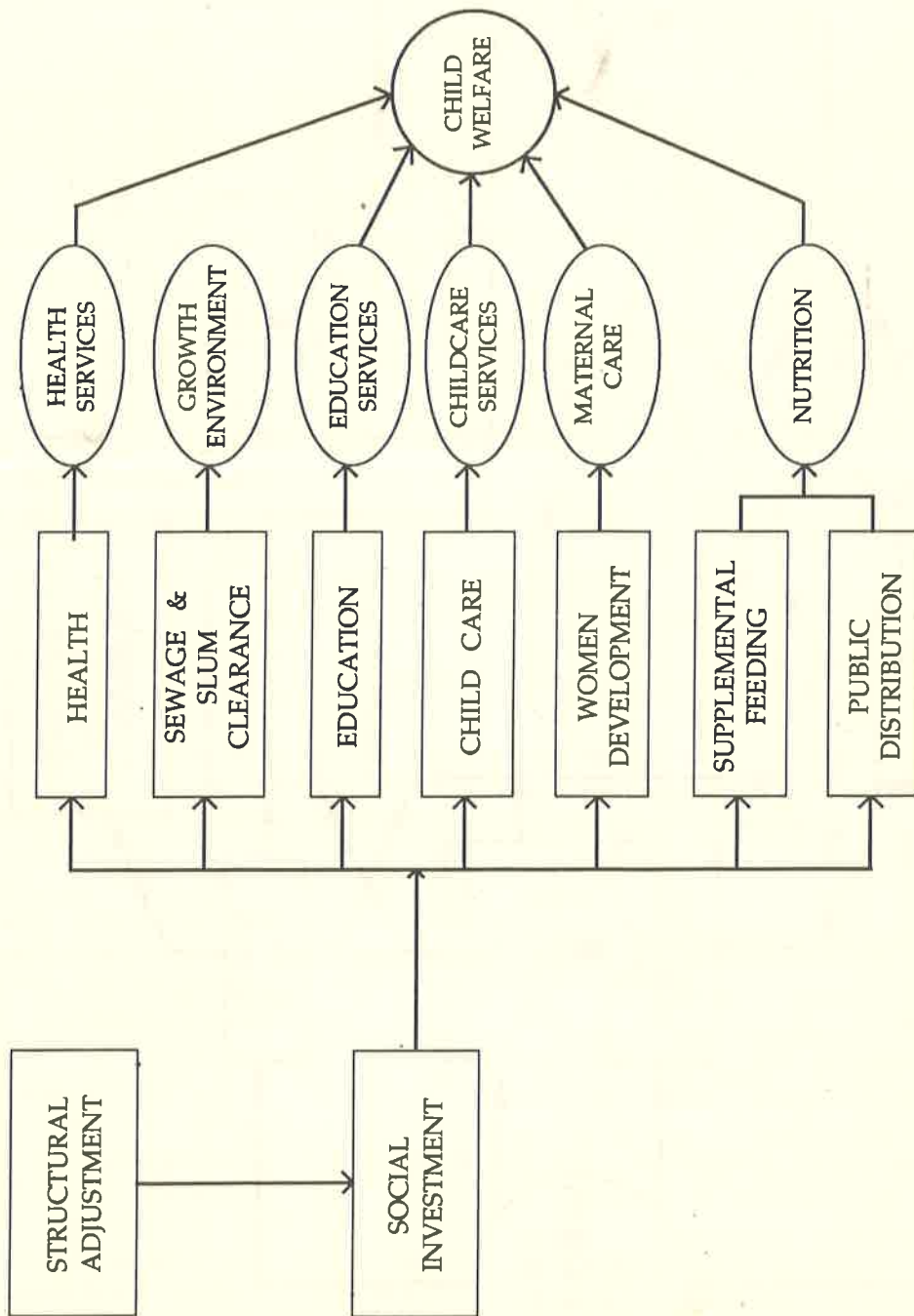


Figure 2 : The Impact of SAP on Child Welfare: Pathways and Mechanics.



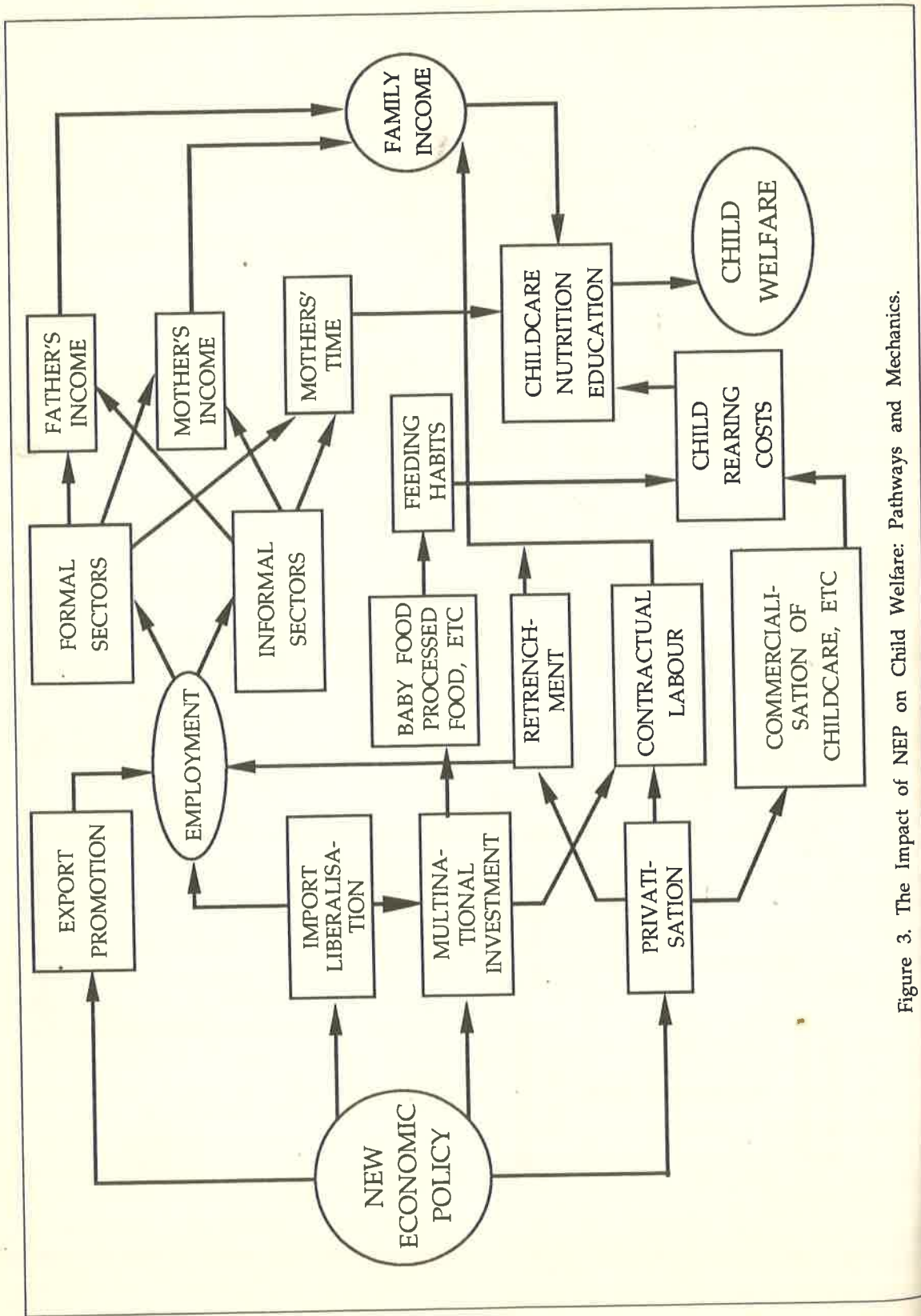


Figure 3. The Impact of NEP on Child Welfare: Pathways and Mechanics.

ranging from 25 percent in Venezuela to 50 percent in Peru during the same period (United Nations Development Programme, 1990, p. 35). Even in case the employment of the male and also the women workers is not affected, a change in the labour hiring policy favouring contractual labour that is more likely under privatisation, could reduce income levels and hence, family child care expenditures.

The combined effects of SAP and NEP could have a dual effect on the informal sector, usually with a substantial number of women workers. First, since the income level in the informal sector depends on that of the formal sector, informal sector income decreases with every decline in formal sector income level. Secondly, the potential job retrenchment in the formal sector possible under the new policies could increase the demand for informal sector jobs which can depress wages and lay off workers. The second effect known as the 'informalisation of the labour force' has been well documented by Standing and Tokman (1991). Another noxious social effect of the economic hardships caused by the SAP and NEP will be that child-rearing becomes costlier, potentially leading to abortions, infanticide, and foeticide. This process will be particularly deleterious to the female child. Furthermore, widespread parental unemployment and falling income levels provide ideal conditions for the growth of child labour which, in the Indian context, could magnify the social as well as economic problems associated with an already excessive child labour force. For instance, an All-India survey on child labour conducted during 1980-81 by the Operations Research Group, Baroda, has estimated that there are more than 44 million child labourers as against the Census figure of only 13.5 million. Given this already precarious situation of child labour, one would not like this problem to get further aggravated by the employment effects of the SAP and NEP.

The economic conditions fomented by the SAP and NEP could also alter child-rearing habits, feeding practices, and importantly, the very social value of child. The current child-rearing habits and feeding practices are going to be affected fundamentally by the open-door policy towards multinationals and the attendant growth of baby foods, processed foods, etc. This will also eventually increase the economic costs of child-rearing. The economic implications apart, this policy will also foment a child-rearing culture inimical to the all-round growth and development of children. The breast feeding practices essential for the physical and emotional growth of children may gradually vanish. The entrance of processed foods will foster a "fast-food" culture in child-rearing leading to the widespread occurrence of emotionally starved children and the attendant psycho-social problems.

With this background, we now turn our attention to the various possible scenarios in terms of investment on and policy towards CDPs that could emerge under the ongoing SAP and NEP. These potential scenarios can be represented as various possible moves or strategies that the government could make, given its political and economic priorities.

#### **Likely Government Strategies and their Implications**

To devise an effective set of strategies and options to cope with the effects of SAP and NEP on CDPs, it is necessary, as a first step, to identify first the possible moves or strategies of the government under its SAP and NEP. As we know, the government is bound by political compulsions as much as it is determined to redirect investments from the social and domestic-oriented sectors towards export and other economic sectors.

Given certain assumptions regarding the political and economic priorities of the

government, we can visualise the following set of moves and strategies by the government under its SAP and NEP:

- M1: CDPs are excluded from SAP and NEP exercises
- M2: Across-the-board cuts in all CDPs
- M3: Selective cuts focussed mostly on politically insensitive projects
- M4: Government's gradual withdrawal from CDPs while expanding the role of private sector, NGOs, and local communities, and
- M5: Switching priorities across various aspect of CDPs.

Notice that these scenarios are only illustrative and it is possible that the government policy towards CDPs will have other more complicated configurations. The scenario implied by M1, which assumes nothing will happen to CDPs under SAP and NEP, is altruistic, to say the least. However, this level is not satisfactory given the current and future growth of demand for child care services. Therefore, we need to still press for additional resource allocation, as it is not enough to protect the current meagre allocations alone.

Which strategy the government will follow depends crucially on what assumptions we make about its political and economic priorities under the SAP and NEP. Since child development is a politically and socially sensitive area, one can believe that, at least for political reasons, there could not be any overall across-the-board cut. The rationale for this belief is that the government will not be interested in giving political mileage to the opponents of SAP and NEP by embroiling itself in politically sensitive areas like women and child development. For similar reasons, we could hope that the politically visible and high profile programmes like

the Noon Meal Scheme of Tamil Nadu will not be affected much. However, if the government sticks to its economic commitments, investment cuts in both open and concealed forms could not be ruled out altogether. Taking all relevant factors into consideration, we can see that cost-saving through investment reorganisations and switching priorities over programmes, models, and technologies will be the major plank of the government strategy towards CDPs under its SAP and NEP. That is, the scenarios implied by M3, M4, and M5 or some kind of hybridisation of these three scenarios are more likely than the previous two. The implications of these scenarios or strategies for CDPs warrant a closer scrutiny of them.

As we know, the potential sources of finance for investments on CDPs are: government, international organisations, non-governmental organisations (NGOs), voluntary organisations (VOs), community organisations (COs), profit-seeking private sectors (PSPSs) including the private industries, and finally, the participants themselves. If the experience of many countries that have already gone through the ordeal of structural adjustment is any guide, it is reasonable to expect that SAP and NEP of India is very likely to increase the role of NGOs, COs, VOs, and more importantly, the PSPSs while gradually reducing the role of the government in financing the CDPs. While it is very desirable to enhance the participation and involvement of these organisations in the management of CDPs, it is unreasonable to expect that these extra-governmental organisations could substitute for the government, for two very obvious reasons. First, as we know, most of these organisations rely very heavily on government and also, to some extent, on international organisations for their finance. And, secondly, even if they could finance fully some CDPs, these organisations with their limited resources, capacities, and sphere of influence could not make even a dent on the child



care demands of a growing country like ours. Therefore, the efforts of these organisations could only be complementary to but certainly not a substitute for the role of government, by any stretch of the imagination.

The expectation that the PSPSs could meet child care service requirements is also misplaced. Given the profit-seeking character of these organisations, it is certain that they will focus only on the most profitable aspects of child development, like creches and preschools, while neglecting very critical aspects like nutrition and health. This potential for uneven and partial development of child care aspects apart, the commercialisation and imposition of "user cost" principle will make even these limited child care services out of the reach of poor households which, in fact, need these services the most.

The scenario implied by M5 points to one of the most serious disorientations that could happen to the CDPs under the SAP and NEP. For instance, for an effective CDP, Myers (1992, p. 87) has suggested five complementary approaches. They are: (i) centres for the care of children and prenatal mothers, (ii) caregivers' training, (iii) community development through the provision of drinking water, sewage and drainage facilities, etc., (iv) strengthening institutional capacities, i.e., the financial material, and human resources necessary to carry out (i), (ii), and (iii), and (v) generation of awareness and demand. While the first four programming approaches are related to the supply of child care services, the fifth one deals with the creation of demand for those services.

There are reasons to believe that under the SAP and NEP, the relative priority attached to these five complementary approaches could change. For instance, political considerations may favour an exclusive reliance on much more visible child and maternal care centres while cutting investments on slum clearance,

drainage and sewage, etc. which, though politically less visible, are critical for a healthy environment for child growth. This could lead to a 'piecemeal' approach diluting the effectiveness of even the limited investments on the centre-based programmes in the absence of complementary programmes. While investment cuts—both open and concealed—could reduce the supply of child care services, the widespread unemployment and higher cost of child care services will naturally reduce the demand for child care services. One then wonders whether the government could also extend its 'demand management' policy followed elsewhere in the economy even in the context of child care services!

Importantly, costs of CDPs could be reduced through the use of lower-cost models or technologies. For instance, the model of child care based on a centre, housed in its own building and run by a professional teacher is much costlier as compared to a model where the centre is run by participating mothers on a rotational basis and housed in one of their houses or in a church or temple or any other under-utilised public building. Likewise, for caregiver education-training, a mass-media programme reduces the per capita cost, whereas one based on direct training will lead to a higher per capita training cost. The cost differential here emerges mainly due to the different coverage under the two technologies used for caregivers' education. However, we need to be wary of the fact that cost is not the only consideration. The effectiveness of the programme is also an important factor. One could note that the effectiveness of education/training given through mass media is very much limited by their one-way communication while the technique of direct training is based on interaction and hence, improves the effectiveness of the education programme. However, mass media technology will be very effective if the objective is to create awareness and demand. Therefore, the technology/model



choice is programme-specific and it is not possible to make a rational choice on the basis of costs alone.

### The Response: Coping Strategies and Options

The pro-child development groups—child specialists, professionals and para-professionals, NGOs, VO's, and COs, researchers, political organisations, and more importantly, policy advisers who all have a common agenda for child development—would need to devise various strategies and options to cope with the threats posed by the SAP and NEP to the level, direction, and composition of investments in CDPs. The real challenge is not the identification of the strategies *per se* but rather their identification under conditions of uncertainty concerning the potential moves and strategies of the government. That is, we need to specify our strategies and options contingent upon various potential moves of the government, given its political constraints and policy commitments. One can consider the following set of broad strategies each of which is based on a particular assumption concerning government strategies:

- S1: Political resistance
- S2: Efficient use of existing resources
- S3: Mobilisation of additional funds
- S4: Financial and management decentralisation, and
- S5: Research strategies.

Before proceeding further, we note that these strategies are not substitutes for but complementary to each other. That is, at times, our strategy needs to be based on a combination of the above strategies which requires that we need to attack the problem simultaneously from all possible directions. For instance, under a situation of power politics, it is essential to provide political resistance. However, our political resistance

will be much more effective when we have credible research studies to substantiate our political points. Similar kinds of inter-relationships could also be established between the other strategies. We also find that all of the strategies listed above themselves present a number of options which are also mostly complementary.

The first strategy involves a political approach which is based on the reasoning that allocational concessions in a bargaining condition could be achieved only through political resistance. The two major options available under this strategy are:

S1-01: Public education and awareness generation, and

S1-02: Coalition building.

We find that these options become much more effective if they are followed simultaneously. While public education and the generation of awareness about the pernicious consequences of the SAP and NEP create popular support for our cause, building coalition among all those who have a stake in CDPs including parental organisations, political groups, trade unions, experts and specialists, and professionals and para-professionals will help create political polarisation essential for tilting the political balance in our favour. We should not only resist any cuts in the allocations for CDPs but also insist on further increase in the allocations. Importantly, we should also insist that any CDP that has a per capita annual cost higher than the per capita annual income of the poorest household should not be transferred either to the private sector or to the community. This is for the simple reason that while private provision of the services will be inaccessible to the poor and needy, community provision is infeasible in view of limited funds. But let us face it, political approach will not be sufficient to avert the imminent dangers to the CDPs under the SAP and NEP.

Strategy S2 assumes implicitly that although current levels of allocations in the government budget will not be affected by the ongoing SAP and NEP, further increase will be frozen by austerity measures. This strategy has the following options:

- S2-01: Wastage/leakage reduction
- S2-02: Substitution of low-cost models/technologies
- S2-03: Adoption of optimal scale of operation, and
- S2-04: Coordination/integration of closely related programmes.

Different aspects of child development require one or more of these options in varying degrees. For instance, the effectiveness of a preschool programme which is already run on efficient lines both in terms of model/technology and scale of operation could be improved further if it is integrated with a health/nutrition programme as suggested by S2-04. In this case, the programme integration reduces considerably the infrastructural and other overhead costs of the health/nutrition component while improving child welfare substantially. We also need to note that the substitution possibility implied by the option S2-02 should not compromise the effectiveness of the programme, where a low cost model/technology is contemplated. This option assumes that when a low-cost model/technology is substituted for an existing high-cost one, the programme's effectiveness as measured in terms of its coverage, service quality, etc. remains at least the same as before. Else, the technology substitution should not be contemplated.

Regarding strategy S3, i.e., mobilisation of additional funds, it assumes that the government is going to cut its investment on CDPs. Apart from our political resistance to these cuts, we also need to be constructive

in suggesting to the government some alternative avenues for raising funds for the ongoing and future CDPs. The options for financial alternatives available under S3 are:

- S3-01: Diversion of 'peace dividends' towards CDPs
- S3-02: Obtaining funds from international organisations/NGOs
- S3-03: Creation of Child Welfare Fund (CWF)
- S3-04: Imposition of a payroll tax
- S3-05: Mobilisation of 'dormant resources', and
- S3-06: legislation/enforcement of employers' contribution.

Obviously, the economic and political feasibility of the six options differ considerably. For instance, there has been a great expectation among many researchers and policy-makers that at least a part of the so-called 'peace dividends' could find its way towards social sectors including CDPs. Unfortunately, this expectation is gradually melting away, partly due to the continuing global economic crisis and partly because of the realisation that we just cannot wait for the windfall to occur. Likewise, the option S3-02 appears to be less promising in view of the declining contributions from international bodies like UNICEF, as they themselves are undergoing budgetary crunch since the financial commitments from the regular donors are also declining. For instance, a recent UNESCO survey indicates the declining role of international aid as well as bilateral aid for early childhood programmes (Fisher, 1990). While there is still a possibility of increasing the contribution from international NGOs and VOs, government regulations preventing direct one-to-one funding of local NGOs and VOs and insisting on routing the contributions via the governmental bodies stand in the way. In this context, there is a need for the government

to relax these regulations to promote funding from international NGOs and VOs which, understandably, like to have more control over where their funds go and how best they are utilised.

The demand for the creation of a CWF is a very crucial option under S3. Although this suggestion is not a new one, the conditions created by the SAP and NEP provide a new fillip to this proposal. The creation of a reasonably sized CWF is like the creation of an endowment fund for the future well-being of our children. The strategic significance of this proposal lies in the fact that it not only ensures secure core funding for critical CDPs but also insulates these programmes from future uncertainty over their funding.

A payroll tax imposed specially for CDPs, though it appears to be new in the Indian context, has been in use in Columbia (Myers, 1992, p. 416). A different kind of tax known as the professional tax is being imposed by the Maharashtra State Government to finance its Employment Guarantee Scheme. A similar kind of tax, imposed of course on a progressive scale, can be used to mobilise additional funds specifically targeted for CDPs in each State. Apart from this fiscal source, 'dormant resources' in the form of unused or partially used buildings, the spare time of retired persons and students as well as the members of NSS, NCC, Scouts, and Girl Guides could be mobilised and used both for the organisation and management of CDPs in their locality.

Another group that has legal responsibility for the provision of child care services but is not providing them enough so far is the industrial houses. It is true that industries can provide child care services only to the organised sector employees. However, if they could provide these services adequately, government resources could be directed to the provision of child care services to the unorganised and rural sectors. Therefore, we

have to demand that government strictly enforce the legislation concerning the responsibility of the industrial sector for the provision of child care services.

Under strategy S4, i.e., financial and management decentralisation, we have the following three options:

- S4-01: Profit-seeking private sector
- S4-02: NGOs and VOs, and
- S4-03: Parental groups and community organisations.

Before considering the implications of these three options, first let us distinguish our strategy from that of the government which aims to increase the role of the PSPSs, NGOs and VOs, and community and parental organisations so as to shift the main financial burden of the CDPs away from the government and towards these organisations. Under our first strategy of political resistance, we vehemently oppose not only the government's move to abrogate its responsibility towards the children but also its attempt to commercialise the CDPs via privatisation. The strategy S4, however, recognises the fact that these extra-governmental organisations have a greater role to play, of course, in conjunction with the government in the expansion and strengthening of current and future CDPs. In this sense of financial decentralisation, we could hope to achieve the twin objectives of widespread participation and involvement, as well as greater flexibility and location-specific nature of CDPs. Therefore, the major premise of our strategy is that the role of extra-governmental organisations is only complementary and certainly not a substitute as the government's own strategy in this respect seems to imply.

Decentralisation via the expansion of the role of the PSPSs in CDPs has both positive and negative effects. Given their



profit-motivation, the PSPSs are very efficient in terms of productivity and output but they are inefficient in terms of social equity. While leaving the entire CDPs at the mercy of PSPSs, as it appears to be envisaged under the SAP and NEP, will have immense negative effects on balance, utilizing them in an integrated framework to complement the efforts of the government, NGOs, VOs, etc. could produce a net positive effect, provided the latter organisations take adequate care of the needs of the low-income groups. Regarding the role of parental groups and community organisations in the decentralisation strategy, it will be more meaningful and effective if their role is envisaged in the formulation, management, and implementation of programmes rather than in financial contributions. Given the economic uncertainty hovering over individuals and the community at large, it is untenable to expect them to cover the full cost of the CDPs. However, we do not discount their contributions through donations both in money and in kind (time, building, materials)

The fifth strategy is focussed on research—both pure and action-oriented. Since it is a kind of an 'umbrella strategy' as it has implications for the formulation and effectiveness of all the four strategies and their options discussed above, it assumes very critical significance. Strategy S5 is based on the assumption that there is still room for consideration of cost-effective proposals by the government especially when they are suggested by hard empirical evidence flowing from research. Moreover, S5 also reflects recognition of the amount of responsibility imposed by the SAP and NEP on the pro-child development groups and organisations. Since it appears that the 'burden of proof' rests entirely with them rather than with the government, it is up to these groups to undertake research studies or experimental projects to show the ill-effects of the SAP and NEP. Considerable research

effort also needs to be invested not only for suggesting suitable models/technologies or the scale of operation but also administrative and regulatory mechanism for wastage/leakage reduction. For this purpose, we need a clear-cut technique for benefit-cost calculation of various CDPs. In this context, the currently used indicators like per capita expenditure, caregiver/children and supervisor/caregiver ratios, etc. are of extremely limited value as they conceal and underestimate the true magnitude of real benefits and costs.

The CDPs do not just benefit children alone. In fact, they have multiple benefits. For instance, under the ICDS programme in India, about 2 million pregnant and lactating mothers have also benefitted along with an estimated 11.2 million children covered under the programme as of 1989 (Hong, 1989). Besides, a substantial number of professionals and para-professionals employed under this programme are also earning their livelihood. In addition to these direct benefits, the ICDS also benefits the parents who, with a reduced responsibility for child care services, could concentrate more on their income-earning activities which, in turn, increases their productivity and ultimately, the national income. It is important to quantitatively capture these multiple benefits so as to provide a better picture of the real magnitude of the benefits of CDPs. With multiple benefits, the denominator for calculating the per unit costs should be greater than the number of children being covered under a given programme. Just as the benefits are underestimated, the cost of CDPs are also overestimated. The cost of a programme is not just affected by the nominal amount of expenditure. It varies depending upon whether the cost is viewed from an individual or social point of view, the scale of operation, treatment of different contributions like voluntary labour and non-monetary contributions, etc. (Myers and Hertenberg, 1987). More importantly, cost calculations are also



affected by the choice of the models/technologies and the time dimension being considered. The derivation of a clear-cut framework for the establishment of realistic cost-benefit ratios for different CDPs is indubitably a potent weapon in our campaign against the imminent dangers of the SAP and NEP.

In addition to this cost-benefit oriented research, there is also a need for an efficiently organised action-research programme for testing different types of organisations, models, and technologies. Moreover, the action-research programme could also help in generating innovative group and social mobilisation models and grass-root level organisations capable of functioning as spring boards for programme decentralisation. Finally, there is also an absolute need to concentrate our research effort to develop a kind of 'impact matrix' essential for the construction of a 'Child Development Index'. This type of index will be very useful for the evaluation of the likely impact of various programme components, models, and technologies on child welfare. Moreover, the index will also be of enormous value in ranking various strategies and options outlined above in terms of their relative effect on child welfare. Such a ranking could also guide us in our choice of the potential coping strategies and options.

### Concluding Remarks

We reiterate that both the scenarios describing the government strategies as well as our coping strategies and options are mainly illustrative and still others need to be explored and perfected through our joint effort. The effectiveness of these strategies depends very much on the particular kind of strategy the government itself will take and also our ability to exploit the com-

plementarity and synergy between our own strategies. Although we hope that political exigency could insulate the CDPs from the detrimental effects of the ongoing SAP and NEP, we should not naively ignore the fact that the social sector has often been considered as politically dispensable by our policy-makers in the past. We need, therefore, to proceed simultaneously on many fronts so as to convince all the concerned groups—politicians, bureaucrats, policy-makers, and more importantly, the public at large. The most immediate requirement on our part is the formulation of an appropriate political strategy for the mobilisation of public opinion and building coalition in order to strengthen our bargaining position. However, we may remind ourselves as well as the government that while confrontation and conflict may pay when used only as a tactic, they will never pay when used as a policy. This maxim applies equally to both the government's strategy M2 (across-the-board cut of CDP investments) and our own strategy S1 (political resistance). However, we do not ignore the role of political approach especially to induce the government to explore fully the potential for common ground implied by our strategies S2, S3, and S4—all of which aim to improve the efficiency and effectiveness of the CDPs and also help the government by relieving the budgetary pressure. The long-term payoff to society will certainly be greater if the government decides to fund research studies as indicated by our strategy S5. Such a joint search for effective low-cost models/technologies and areas for programme integration as well as alternative source of finance could go a long way in improving child welfare without much budget pressure. In this sense, there exists a fruitful and mutually beneficial joint strategy that involves a constructive cooperation between us and the government.

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# SAP AND THE CHILD : A CASE STUDY OF TAMIL NADU

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I am glad to share some thoughts on what is clearly a very vital subject in the present context of the Indian economy. The papers before us have highlighted the worldwide experience, the concern over the crucial position of the child and the special difficulties confronting planners and policy makers in India.

At the outset, without going into arguments about the need, nature and intricacies of the new economic policies, it is necessary to spell out the position that, consequent on the implementation of the new economic policies, some specific effects are likely to occur and are to be anticipated. Experience tells us that structural adjustment has been observed to have certain specific economic and social effects. While the amplitude of these changes may be somewhat attenuated in different situations, their broad sweep has by now become quite predictable. Thus the macro-economic changes which are part of the new economic policies imply certain fall-out effects which are to be anticipated and planned for. The recent announcement of a social 'safety net' to be financed by multilateral agencies is also a clear indication that these likely consequences have been understood.

The macro-economic changes implicit in the structural adjustment process have, as specific effects - an initial short-run high inflation situation which can persist in the

medium term; a serious increase in foodgrain prices jeopardising the status of the poor; strong fiscal measures accompanied by lobbying by "distribution coalitions" making it almost inevitable that the axe falls on allocations for the poor; and displacement of labour in the organised sector and also in the informal/unorganised sector. We are primarily concerned here with the effect of structural adjustment (as part of the new economic policy) on the poor and thereby on the child in poor families. It is well accepted that in the short term, and even in the medium term, the poor run the risk of a further deterioration in their living standards. The role of the State in preventing this deterioration therefore assumes special significance.

We have a detailed account of the experience of several Latin American and African countries. It is not for nothing that for many countries the Eighties have been described as the 'lost decade'. The experience of several countries has to be absorbed in facing up to the challenges posed. The Indian situation with such a large number of the poor is even more complex.

## Contrasting Strategies

Prof. Amartya Sen and Jean Dreze have commented on the strategies available to developing countries in eliminating endemic under-nourishment and deprivation.

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Broadly, we have on the one hand growth-mediated security which emphasizes rapid economic expansion as a means to alleviate hunger and deprivation. In this approach, economic growth is followed by an increase in public support for health, nutrition, education and economic security for the more deprived and the vulnerable. The contrasting strategy is the support-led security approach which involves going in for public support measures without waiting for the country to become rich through economic growth. We have striking examples of support-led security in China, Sri Lanka, Costa Rica, and Chile.

If we look at the Indian economy in the Eighties, we notice a decided effort to step up growth, culminating in the major economic crisis of the early Nineties. Hidden in the Indian experience is the strategy adopted by different States. Kerala represents a clear example of low growth, high support for security and striking advance in living standards. Tamil Nadu offers an interesting blend. Although the data given by the CSO on comparable estimates of SDP at the State level are open to further methodological examination on comparability and data proofing, the interesting feature that stands out is that among the group of 15 larger States, Tamil Nadu registered the highest growth in SDP between the periods 82-85 and 85-88, while the SDP growth overall has only been a notch above the 'Hindu' rate of growth. Tamil Nadu is also known to be among the leader States in providing for social services and social support measures. It may not be out of place to indicate that Tamil Nadu probably has the largest and most comprehensive State-mediated support to social services. Tamil Nadu thus offers an interesting example of a medium growth strategy with at the same time a strong emphasis on State-mediated social services. It would not be the appropriate juncture to explore this issue further as to what variables influenced

this trend. It would suffice to say that Tamil Nadu has ushered in a blend of economic management which does not disregard one or the other strategy. This position is stated as a backdrop to explore further the resilience with which Tamil Nadu could handle the structural adjustment situation.

### Public Distribution System

We have already examined the key fall-out effects of the structural adjustment process. The short-run situation imposes the greatest challenges. The first is the substantial price increase with particular reference to food grains. It is now well recorded that the Indian economy has gone through a bout of severe inflation and what is worse, food grain prices have registered an all-time high increase. At the household level, the effect of a 25 per cent increase in food grain prices can well be imagined, as the total expenditure on food grains could be as high as 75 per cent of the monthly family budget. For the poor and the ultra-poor it means a hard choice ending up in hunger and deprivation. Governments both at the Centre and in the State have simultaneously been forced into a situation where expenditure cuts have become inevitable. In the Indian context, while at the Centre there is some choice between different options, States find themselves in a strait jacket with little room to manoeuvre.

In the short run, with the pressure to cut down the fiscal deficit, food subsidies come under severe threat. State intervention in this area at least in the short run seems critical. It is really a question of skating on thin ice in attempting to contain the food subsidy burden in the short term. It has to be done, if at all, with great caution.

Tamil Nadu has consistently subscribed to a strong public distribution system and together with that in the late Eighties a major support programme on food has been



launched. It would be relevant to examine how Tamil Nadu has coped with the situation imposed by the structural adjustment process particularly with the allocations on food subsidy. The response has been conditioned by the fact that the poor, and particularly the child, stand to lose the most in cutting down food subsidy at such a juncture. *The State's food subsidy intervention in 92-93 was in real terms 93.45% over the level in 87-88. Clearly the Government of Tamil Nadu has not only maintained the protection it has afforded to the poor through the public distribution system, but almost nearly doubled it in real terms.* This is an astounding finding coming starkly in the way of the expectation that there would be a decline in real terms. It can therefore be said with certainty that State intervention has been maximum on this issue and a high degree of protection has been extended to the poor.

### Food Subsidies

The extent of the food subsidy burden incurred by the Government of Tamil Nadu in absolute terms has grown sharply and is in fact currently more than 4 times the level in 87-88. This has imposed serious fiscal management problems on the State Government. A strong commitment to protect the poor in the the high inflation short-run situation has led to an extraordinary level of involvement by the State Government in subsidizing food. Tamil Nadu is unique among all States as its food subsidy burden is the highest in absolute terms and per capita terms in the country. A conscious pro-poor policy has been undertaken. The reach and spread of the public distribution system is good, resulting in a consistent high level of off-take. The off-take level in rural areas is not markedly different from that in urban areas. A high system performance level of the public distribution system, strong public scrutiny and keen State commitment to protect the poor have re-

sulted in a high fiscal commitment being undertaken by the State Government despite fiscal turbulence.

With a further steep increase in the procurement price of paddy, (the State getting roughly 60% of its requirements from local procurement) and a slated increase in the Central issue price, it has become impossible for the State to sustain the additional financial burden. While Tamil Nadu's track record in protecting the poor by insulating them from increases in grain prices has been truly sensitive, it would perforce have to do some corrections given the fiscal imperative. The strategy has been to go in boldly for a higher fiscal burden and insulate the poor in the short run while trying to hold the subsidy burden in absolute terms in the medium term. The fiscal burden in the short run has been borne and some corrections to the prices in the public distribution system in the medium term would have to be attempted when levels move up. The Sri Lankan experience on changes in food subsidy levels and the real deterioration in calorie intake of the poor cannot be ignored. Tamil Nadu has shown extreme sensitivity to the condition of the poor. This has been Tamil Nadu's outstanding contribution to the cause of the poor, and consequently the child, in the midst of the structural adjustment process and the accompanying fiscal crisis.

### Targeting as a strategy

The question of targeting has been raised in a bid to trim the fiscal burden on account of food subsidy. Targeting would be quite feasible where a fairly uniform distribution of income groups occurs. When the number of poor families revealed through income reporting ranges between 80% and 90%, targeting becomes a difficult exercise. An exclusion principle would probably be the right course. Even this is

best not attempted in the middle of a rampant price increase, as distress is quite widespread and even the middle class is quite hurt. A possible approach in future would be to exclude all the assesseees coming under income tax/profession tax and to see whether they could alone be excluded from the subsidised rations in the public distribution system. This could exclude about 10% of all card holders. Even while attempting this, it would be a good idea to provide access to the excluded groups to a higher price rice, covering full cost with a low profit margin, in the public distribution system. This would probably be a pragmatic line of action to contain the food subsidy burden which any fiscal management exercise would ultimately have to tackle. Once the medium-term situation stabilizes and grain prices are 'on hold' a fixed value food stamp system could be considered. *This would have to be attempted* cautiously alongside real improvement in wages of the poor.

### Child Nutrition

Tamil Nadu has been in the forefront of implementing nutrition programmes. Following the experimental programmes in the Seventies, Tamil Nadu went in for a hot noon meal for all children in the age group 2 to 5+ years and a hot meal at school for all school-going children upto the age of 14, starting in 1981. An ambitious programme, it probably remains unmatched in its scope. 1981 saw the introduction of a targeted nutritional intervention programme for children in the 6 months to 36 months age group with support from the World Bank. This project, the Tamil Nadu Integrated Nutrition Programme (TINIP - I) which covered 10 districts has been expanded in 1991 in a follow-on project (TINIP - II) to cover the entire State in conjunction with other agencies. Thus Tamil Nadu in 1991 was well prepared to face the challenge of malnutrition and want resulting from the

structural adjustment process. Allocation for all nutrition programmes has been protected in real terms by ensuring that diets for children and infants were maintained in quantitative terms with no decrease. Fiscal pressure has, however, forced the State to tighten up on leakages in all nutrition programmes. In fact, this effort has helped to offset to some extent the increase in financial costs in keeping up the support in real terms. In the process, Tamil Nadu is also establishing a convergence between the highly targeted nutrition programmes of the past and the more open-ended nutrition interventions of the present. Tamil Nadu has thus put into position a comprehensive nutrition cover for children, particularly the under-fives. This has been protected in real terms throughout the structural adjustment process and has without doubt ensured that the child in Tamil Nadu does not suffer from want and deprivation.

### Health Services

The second crucial indicator is State support to the health sector, particularly to the poor. This has greatest relevance to the status of the child. Budgetary compulsions could result in a cutback in the provisions for drugs and medicines, fuel for vehicles to transport children etc. Drug prices have gone up in the last couple of years and have spurted in recent months. Tamil Nadu has been one of the States which has been extremely forward-looking in providing excellent primary health care for its rural population and location-specific intervention for the urban poor. It has expanded the grid of primary health centres in 92-93. It is truly one of the most remarkable expansions of health networks undertaken in recent times. This enormous expansion has enabled the State to intervene effectively in according protection to the child in the midst of difficulties and problems imposed by the structural adjustment process. An excellent

network of about 8600 sub centres covering every 5000 population has contributed to the protection of the child. Immunisation performance in Tamil Nadu has been systematically rated as impressive through independent assessments. While it is true that the primary health care system has several management problems to be attended to, it is important to realise that a basic functioning network is available in every nook and corner of the State. The allocation for drugs in the primary health care system has been consistently stepped up. It is significant that the allocation for each primary health centre has been more than doubled to Rs.50,000/- per annum as against the original level of Rs.20,000/-. In addition, Tamil Nadu is one of the few States which has stepped up the allocation at the sub-centre level on its own under the Tamil Nadu Integrated Nutrition Project. The extra allocation of Rs.60 million in 92-93 has considerably strengthened the protective cover provided at the village level for infants.

On a larger canvas the total allocation for medicines and drugs in the entire hospital and health care system in the State has gone up in real terms by 36% from 87-88 to 91-92. This trend is maintained in 92-93 as there is a further step-up in real terms. It is clear that even in the midst of the structural adjustment process, Tamil Nadu has ensured that the health delivery system has not suffered in any way, and on the contrary it has extended increased allocations in real terms. In addition what is particularly heartening is that a sensitive approach has been followed in undertaking a massive expansion of the primary health care system, securing a major budget increase for this system and providing full support to sub-centres at the most critical field level. It is truly a clear indicator of the concern that the State has shown in protecting the status of the poor, particularly the child.

## **Indirect Intervention**

Interventions by the State in three critical areas have been spelt out, as these are of special relevance in the short-run situation following the structural adjustment process. These interventions have been substantial and have helped the State to tackle the adverse situation. Fortunately for Tamil Nadu, the monsoons both in 91-92 and 92-93 have been good, enabling the State to get a little respite on the labour front while attempting to tackle the immediate short-run issues related to the structural adjustment process. Even so, Tamil Nadu has the proud record of launching a new programme of assured employment (PAE) in 4 drought-prone districts to provide full manual employment for the landless and poor artisans in rural areas. A significant scheme to provide continuous employment has thus been organised. Fashioned on the Maharashtra EGS model, the intention is to expand the programme progressively to provide an enduring complementary programme to the Jawahar Rozgar Programme. The State has sought support from the National Renewal Fund for this effort. The disturbing effects of mass rural unemployment have fortunately been softened by the arrival of good monsoons. A period of plenty on the farm front has kept prices of basic food grains in check and prevented serious erosion in rural employment.

## **An Example of "Aggressive Protection"**

The intention so far has been to indicate how the Government of Tamil Nadu has not merely coped with the exacting complexities posed by the structural adjustment process, but has aggressively protected the condition of the poor in real terms. It has successfully eliminated the risk to the child. It has been a significant battle against all odds. Tamil Nadu's experience has been quite atypical and is marked by a higher degree of combativeness and



willingness to innovate on strategy to safeguard the poor. It has not been easy. The fiscal strain has been severe and has been tided over in 1991-92 with some additional short-term and long-term debt, some major revenue improvements, and improvements to the functioning of the public sector undertakings. The attempt has been to improve resources in the short term to handle the upsurge in expenditure needs and also to set in motion long-term measures to set right certain structural problems in Tamil Nadu's fiscal system. While the short-term management strategy has been very successful, particularly in protecting the poor and preventing a decline in real terms, in the plan outlay the medium-term fiscal correction plan is even more difficult and laden with hard economic choices. Policy makers are convinced that the only long-term solution is to ensure rapid income improvement for the 32% people below the poverty line. A serious debacle in the short-term management plan with adverse effects on the poor could have rendered the medium-term strategy a non-starter. Tamil Nadu is now in a position to go about the medium-term management plan with a certain degree of confidence, as inflation slows down. In the medium term, Tamil Nadu would aggressively promote restructuring to allow higher employ-

ment levels and better incomes for the poor. Direct intervention by poverty alleviation programmes would have to be strengthened and managed better to provide the platform for mass self-employment and income improvement. A small business and industry strategy would be formulated to deepen higher-income employment. The medium-term plan will obviously involve considerable tightening of the belt to slow down expenditure growth. These can be faced as the short-term situation has been handled successfully.

To conclude, Tamil Nadu has charted a special strategy of combating aggressively the serious difficulties posed by the short-run outcomes of the structural adjustment process and has placed a special focus on according protection to the child. The short-run management has been successful and the protection to the poor, particularly the child, has been enhanced in real terms. The State has demonstrated a deep sensitivity in protecting the poor and the child. The medium-term outlook imposes equally demanding challenges, but the success in handling the short-run situation has given the State the confidence to combat the medium-term situation with vigour and surefooted steps.



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## Tamil Nadu Forum for Creche and Child Care Services (TN - FORCES)

### What it is

The Tamil Nadu FORCES was launched in January 1992, at the initiative of ACCESS (M.S. Swaminathan Research Foundation) which is a member of the national level FORCES. Thirty-one organisations have already joined this platform to press for better child care services in Tamil Nadu, including several trade unions, women's organisations, professional associations, training institutions, educational institutions, child welfare and social welfare agencies. Meetings have been held to chalk out action plans and a Steering Committee has been formed.

Tamil Nadu is unique among Indian States in having a State-wide network of child care centres reaching almost every nook and corner of the State. This network of 29,000 centres catering to nearly 20 lakh children aged 2-5 includes about 7,000 ICDS centres and about 21,000 Noon Meals Centres in the government sector and 1,000 creches in the voluntary sector. In addition TINP provides supplementary nutrition and follow-up to over  $1\frac{1}{2}$  lakh infants (0-2 years) as well as care to a similar number of pregnant and lactating women.

In spite of the impressive infrastructure employing 85,000 women as child care workers, the services are still very far from adequate in reach or quality. Often little more than a midday meal is provided; day-care, where available, is only for children 2 + and is wholly custodial in nature. The needs of lakhs of women in the unorganised sector remain unmet; and there is practically no educational or developmental input for children.

So the memorandum drawn up by TN - FORCES for presentation to the Government lays emphasis on the following three points.

1. upgrading the existing services to provide holistic day-care, both for the all-round development of young children and as a support for working mothers;
2. decentralising the management of child care services with greater community and parental involvement; and
3. setting up a Special State Child Care Services Fund to provide financial support to a State-wide programme.



## Members

- Alagappa University
- All-India Democratic Women's Association (TN)
- All-India Trade Union Congress Women's Wing (TN)
- Altrusa Club of Madras
- Avinashilingam Institute for Home Science and Higher Education for Women
- Association of Sarva Seva Farms
- Balar Kalvi Nilayam
- Bala Mandir
- Bharatiya Grameen Mahila Sangh (TN)
- Centre for Action in Rural Development
- Centre for Indian Trade Unions (TN)
- Children's Garden School Society
- Community Services Guild
- Feminist Association for Social Action
- Family Planning Association of India (TN)
- Gandhigram Trust
- Gandhian Unit for Integrated Development Education
- Guild of Services (Central) (Seva Samajam)
- Indian Academy of Pediatrics (TN)
- Indian Association for Preschool Education (Madras Branch)
- Indian Council for Child Welfare (TN)
- J.B.A.S. College for Women
- M.S. Swaminathan Research Foundation Project ACCESS
- National Council of Women in India (TN)
- National Federation of Indian Women (TN)
- Palmyrah Workers' Development Society
- Pennurimai Iyakkam
- PREPARE - India Rural Reconstruction and Disaster Response Service
- Satyamurti Centre for Democratic Studies
- Stree Seva Mandir
- Tamilnadu Dr.Ambedkar Mandram
- Tamil Maanila Kattida Thozhilalar Sangam
- Vidya Vikasini
- Women's India Association
- Women's Voluntary Services (TN)
- Young Women's Christian Association (Madras)