Demography India
Vol. 29. No. 1 (2000). pp. 11-23

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Children for Happiness: Key to Population Stabilisation**

Introduction

I AM grateful for the privilege of delivering a lecture in memory of Dr George Simmons. whose multi-faceted contributions to issues relating to the organisation management and funding of health and family planning programmes in our country, and more particularly in Uttar Pradesh. are truly monumental. Dr Simmons looked at population issues in a holistic manner. An Expert Committee on Population Policy which I had the privilege of chairing during 1993-94 pointed out in its report submitted in early 1994 that "if population policies go wrong, nothing else will go right". The French Mathematician. Marques de Condorcet said in 1795. *that population will stabilise itself if children are born for happiness and not for mere existence.* The title for my lecture has its roots in this statement.

The linking of child labour issues with trade policies at the WTO meeting at Seattle last year is evidence of the growing public opinion that children must not be denied the pleasure of childhood and that every child born in our planet has the right to get opportunities for a productive and healthy life.

The UN Committee on Rights of child has in a recent report observed. "Extreme poverty, which affected a significant part of India's population, the impact of structural adjustment and natural disaster, were factors which represented serious difficulties to the fulfilment of all of India's obligations under the International Convention on the Rights of the Child". Mahakavi Subramanya Bharati stressed in a poem that the twin needs for a productive life are nutrition and education. Every child is entitled to both.

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"George Simmons Memorial Lecture delivered at IASP-PFI-UNFPA Millennium Conference on Population. Development and Environment Nexus. New Delhi. 14 February 2000.

as well as to parental care and affection. This is the essense of Condorcet's recipe for population stabilisation.

Children for Happiness

Since my field of research is nutrition and agriculture, I would like to quote from the report of the UN Commission on Nutrition, of which I was a Member, submitted this month.

Poor Nutrition Starts in Utero

Poor nutrition starts in utero and extends throughout the life cycle, particularly in girls and women. This not only amplifies the risks to the individuals health but also increases the likelihood of damage to future generations, through further fetal growth retardation and a limited ability to cope with stresses within the family and in the provision of childcare. The girls who survive may grow up to produce low birth weight babies who may have a lower chance of survival than normal-weight babies. According to WHO. of the 12 million annual deaths of children under five years old, more than half are related to under nutrition. Undernourished children fall ill recurrently and fail to develop optimally — both physically and mentally. This vicious cycle is unacceptable from a human rights perspective.

The latest ACC/SCN data show that very substantial gains were made in reducing under nutrition in preschool children during the 1980s and 1990s. Global prevalences of both underweight (low weight-for-age) and stunting (low height-for-age) have declined, but eight major interlinked challenges remain (see Box).

There is still an unacceptably large number of both underweight and stunted preschool children (Table 1). Stunting and underweight are particularly common in South Asia both in terms of prevalence and absolute numbers. In general, Asia's children are born too small. In addition, their growth is slowed by infection and poor nutrition including very early introduction of water, often with sugar, of teas and of other fluids, all of which can introduce pathogens harmful to the infant and interfere with breastfeeding. Wasting, or low weight-for-height, reflecting recent nutritional insult, can occur at any age. Wasting is less common but of serious concern given the associations with morbidity and mortality, especially in stunted populations. Wasting is more prevalent in South Asia than in Sub-Saharan Africa, despite the higher availability of food energy (kcals per capita) in South Asia.

As the current definition of preschool under nutrition specifies only those at the extremes, the true impact of under nutrition within populations is underestimated. Those classified as being undernourished fall below the lowest limit of the reference population. Thus substantial growth failure is required before a child is classified as undernourished. In practice, the whole population tends to exhibit a 'shift', so that the majority of a

Box: Eight Major Nutritional Challenges

1. *Low birth weights:* Some 30 million infants are born each year in developing countries with intra-uterine growth retardation, representing about 24% of all newborns in these countries. Population-wide interventions aimed at preventing fetal growth retardation are urgently needed.
2. *Childhood undernutrition underestimated:* There are still more than 150 million underweight preschool children worldwide, and more than 200 million are stunted. This underweight and stunting is the tip of the iceberg. Suboptimal growth may affect many more. Stunting is linked to mental impairment. At current rates of improvement about 1 billion children will be growing up by 2020 with impaired mental development.[1]
3. *Undernourished adults:* High proportions of Asian and African mothers are undernourished: this is exacerbated by seasonal food shortages, especially in Africa. About 243 million adults in developing countries are severely undernourished, judged by a body mass index of less than 17 kg/m^2. This type of adult undernutrition may impair work capacity and lower resistance to infection.
4. *Pandemic anaemia:* Anaemia during infancy, made worse by maternal undernutrition, causes poor brain development. Anaemia is also very prevalent in school children and adolescents. Maternal anaemia is pandemic, over 80 per cent in some countries, and is associated with very high rates of maternal death.
5. *Extensive persisting vitamin A deficiency:* Severe vitamin A deficiency is on the decline in all regions. However, subclinical vitamin A deficiency still affects between 140 to 250 million preschool children in developing countries, and is associated with high rates of morbidity and mortality. These numbers do not take into account vitamin A deficiency in older children and adults and thus seriously underestimate the total magnitude.
6. *Adult chronic diseases accentuated by early undernutrition:* Evidence from both developing and industrialised countries links maternal and early childhood undernutrition to increased susceptibility in adult life to non-communicable diseases such as adult-onset diabetes, heart disease and hypertension. These diet-related non-communicable diseases—including cancers—are already major public health challenges for developing countries.
7. *Obesity rates escalating:* Overweight and obesity are rapidly growing in all regions, affecting children and adults alike. These problems are now so common in some developing countries that they are beginning to replace more traditional public health concerns such as undernutrition and infectious disease. Obesity is a risk factor for a number of non-communicable diseases, adult-onset diabetes in particular.
8. *Sustaining iodization programmes:* Efforts are needed to sustain the remarkable progress made in the past decade towards universal salt iodization and elimination of iodine deficiency disorders. Monitoring systems, quality control and sound legislation are key priorities, as well as improving outreach to isolated communities.

[1]The figure, one billion, was calculated as follows: In 1995, across all regions excluding China, there were 184 million stunted children, plus 36 million stunted children in China (for 1992), (ACC/SCN, 1997a), yielding a total of 220 million worldwide. To allow for some improvement in the prevalence of stunting (since rates are declining in most regions) the 220 was rounded down to 200. The 200 million was divided by 5 yielding an additional 40 million children entering the 0-4 year old age group each year. Forty million per year over 20 years (now to 2020) plus the original 2000 yields one billion.

country's children may have sub-optimal growth, and the societal burden is far greater than currently recognized.

Numerous studies from developing countries show that physical stunting is closely linked to impaired mental development, even after allowing for the relationship of both

TABLE 1: PERCENTAGE OF INFANTS WITH LOW BIRTH-WEIGHTS

South Asia		*South East Asia*	
Bangladesh	50	Indonesia	14
India	33	Laos	18
Nepal	26	Malaysia	10
Pakistan	25	Philippines	15
Sri Lanka	25	Thailand	13
		Fiji	18
		Vietnam	17

Source: Dr C. Gopalan. *NFI Bulletin.* July 1998.

stunting and poor mental development with socio-economic deprivation (reviewed by Scrimshaw, 1997). The nutritional and environmental components affecting brain development are unknown except for iron, iodine and alcohol and perhaps folic acid. vitamin B12 and the n-3 fatty acid. Nevertheless, interventions which promote catch up growth also improve long-term mental ability, provided they are timely and accompanied by mental stimulation such as maternal involvement in the child's play. The value of play. taught and encouraged by the mother, is one example of the extreme importance of maternal care for a child's development and well-being. The declining sex ratio in our country makes it even more important for fathers to play a significant role in child care and in eliminating the bias against the girl child. Without male enlightenment. women's empowerment will not be easy.

A new health target has been set out by the World Health Assembly in 1998 to reduce the prevalence of stunting in preschool children to less than 20 per cent in all sub-groups of every country by 2020. With the prevalence of stunting at over 50 per cent in several countries, the battle against poor maternal nutrition, and the directly related underweight and stunting in childhood, requires immediate attention. The approaches should include attention to societal organisation, women's rights and well being, sanitation and nutrition. This is why the Expert Group chaired by me stressed the need for viewing population policies in the context of social development. The paradigm shift recommended by the group is indicated in Table 1A.

To reduce IMR. MMR and low birth weight among children, it is essential to work for food security at the level of each individual, since the household is not a homogeneous unit with reference to nutrition. Women and girl children often tend to be relatively under-nourished.

A demographic transition to low birth and death rates can be achieved if population policies are rooted in the principles of ecology, social and gender equity and opportunities for food, health, literacy and work for all. The Expert Group therefore recommended a "pro-nature, pro-poor, pro-women and pro-democratic choice" approach to population policies.

TABLE 1A: PARADIGM SHIFT RECOMMENDED BY THE SWAMINATHAN COMMITTEE (1994)

Existing	*Swammathan Committee*
Strategy	
Target and technology driven approach	Human and social development centered. Effective implementation of Minimum Needs Programme
Think and plan centrally and act locally	Think, plan and act locally and support nationally
Awareness Generation	Sensitisation and self-awareness of rural and urban
National slogans, symbols, and educational strategies	communities concerning the population — supporting capacity of their ecosystem
Planning Tool	
Five-year plan of the Department of Family Welfare. Government of India	Socio-demographic charter for the village/town prepared by the people
Delivery Services	Integrated health security including reproductive health
Contraceptive services	and user-preferred family planning services

Bold political commitment and action are essential for achieving our population goals. Maharashtra introduced many years ago an Employment Guarantee Scheme from its own resources. Similarly, Tamil Nadu introduced nearly two decades ago a universal Nutritious Noon Meal Programme for all school going children. A study sponsored by the Government of Tamil Nadu in 1996 for initiating a Hunger-Free Area Programme in the State has revealed that the following 7 point Action Plan can help to eliminate both protein-calorie under-nutrition and hidden hunger sooner than most believe possible.

a. Identification of the ultra poor families by the rural population.
b. Information empowerment on the anti-poverty projects based on both computer-aided extension and household entitlement cards which gives information on various Government projects, disaggregated by gender, age. social and economic status.
c. Elimination of protein-calorie under-nutrition by ensuring that ultra poor gets the benefits of the socially relevant food distribution system.
d. Elimination of hidden hunger caused by deficiencies of micro-nutrients, particularly iron. iodine and vitamin A.
e. Promoting the biological absorption and retention of food through provision of safe drinking water and better environmental hygiene.
f. Ensuring economic access to food through multiple livelihood opportunities based upon micro-enterprises and micro-credit.
g. According special attention to women and children and bringing to them the benefits of all the programmes sponsored by national and international organisations. Special attention will be given to the elimination of nutritional anaemia among pregnant women to ensure that the handicaps arising from low-birth weight do not affect children in their later growth.

Major Components of Socio-Demographic Charters to be Prepared by Democratically Elected Local Bodies

The socio-demographic charters being planning tools at the grassroot level, should be prepared by the people themselves so as to better reflect their aspirations and priorities. A hierarchy of unmet needs can then be spelt out starting with the most pressing need. Plan implementation and finances can concentrate on meeting the hierarchical needs in a phased manner. A sense of recognition and self-worth will promote community spirit in problem solving.

With such a broad aim of unity in goal and diversity in implementing strategies, the charters would tailor policies and programmes to suit the socio-cultural and economic ethos of the area. The area specific issues shall be many and varied across situations. Yet, these issues can be grouped under broader issues that can form an integral component of the socio-demographic charter. These are:

Environment

Environment protection and the conservation and equitable use of common property resources are issues that are to a large extent amendable to local control. The degradation of environment in villages, towns and cities is now seriously threatening the sustainability of the eco-system. The local bodies need to incorporate in their plans, mechanisms to prevent loss of top soil, depletion of underground water, pollution of lakes and rivers, deforestation, loss of grazing lands, conversion of forests into agricultural land and air pollution. Waste management and sustainable life styles especially in the urban centres is needed because these have implications for the ecology of the rural areas. Both in urban and rural areas, houses should be designed in a manner that they harvest and conserve rain water. Incentives for promoting renewable energy sources should be introduced. Conservation of biological-diversity and promotion of sustainable development should be the watchword. The steps necessary for managing the common property resources of the area in an equitable and sustainable manner will also have to be developed. The community should aim to live within the population supporting capacity of the ecosystem. Awareness should be spread that in the area of environment, short term solutions based on narrow sectoral considerations are counter productive and self defeating. The clear message should be that an attempt to raise the standard of living by depleting natural resources will invariably be accompanied by a progressive decline in the quality of life. Environmental issues by their very nature require long term perspectives, yet. if environment is taken for granted the devastation and havoc in the form of floods, drought, landslides, famine, hunger, disease and death cannot be prevented.

Hygiene and Housing

This would include mechanisms for safe disposal and recycling of garbage, sewage and human wastes. Sewage treatment and waste disposal should form part of housing design. Water storage tanks and ponds should be disinfected to prevent breeding of mosquitoes and made mosquito-proof. In both rural and urban areas, water and electricity shortages are widespread. Housing designs should have in built mechanisms for harvesting sun and rain. Methods of recharging ground water should also form part of the landscape.

Health Security'

This would include reproductive health issues like maternal and child health care services, gynaecological and sexual problems, safe abortion services, reproductive health education, AIDS and sexually transmitted diseases. It would also include provision of safe and affordable contraceptives, with adequate emphasis on reproductive tract infection and follow up. Adequate emphasis would be given to the prevention of infant mortality and morbidity especially reduction of peri-natal mortality by ensuring deliveries at the hands of trained personnel. The quality aspects of contraceptive services will receive particular stress.

Education

This would ensure higher enrolment in primary schools, reduce drop outs with particular attention being paid to the girl child. Equal emphasis would be given to non-formal and technical education. Special attention would be paid to adult literacy, continuing education and skill upgradation. Awareness generation should be the long term aim of education so that effective attitudes and behaviour are fostered among the population.

Nutrition Security

This would aim at enabling access to balanced diets and safe drinking water. Special emphasis would be given to nutritional supplementation of pregnant mothers and under five children and to eliminating micro-nutrient deficiencies. The charters would focus on gender disparities with regard to nutritional intake. Since over 70 percent of our population is dependant on agriculture, crop-livestock, integrated farming should be encouraged so that the crop diversity can provide for a balanced diet. Since forests provide many communities with dietary supplements and also food, the need to protect forests as a means of ensuring nutrition security should be emphasised. For ensuring economic access to food, greater attention is needed to both on-farm and non-farm livelihood opportunities.

Gender Code

Gender analysis focuses on understanding and documenting the differences in gender roles, activities, needs and opportunities in a given context. Gender analysis involves the disaggregation of quantitative data by gender. It highlights the different roles and behaviour of men and women based on gender attributes. These vary across cultures, class, ethnicity, income, education and time: gender analysis does not treat women as a homogeneous group or gender attributes as immutable.

Women's needs are better understood when viewed in relation to men's needs and roles and to their social, cultural, political and economic context. In gender analysis women's roles in production, reproduction, and management of community assets and other activities are taken into account. Any change in one may produce beneficial or detrimental effects in others.

Gender analysis is important in the formulation of poverty assessments, environmental assessment and in sector specific project planning, monitoring and evaluation. Applied to development intervention, gender analysis helps to:

a. identify gender based differences in access to resources to predict how different members of households, groups, societies will participate in and be affected by planned development interventions.
b. permit planners to achieve the goal of effectiveness, efficiency, equity and empowerment through designing policy reform and supportive programme strategies, and
c. develop training packages to sensitise development staff on gender issues particularly in designing training, knowledge and skill empowerment programmes.

The equal participation of men and women in policy making, project design and management may be impeded by cultural and legal constraints against women's participation and by women's relative lack of time and mobility caused by their workload and multiple roles. If participatory development is to benefit from women's contributions and meet the particular needs of women, a range of strategic and practical measures must be taken to overcome these barriers. Unless specific steps are taken to ensure the equal participation of men and women, women shall invariably get excluded. As a result, the projects would fail to benefit from women's contributions and also fail to meet the particular needs and interests of women.

The gender module would emphasise steps to end all forms of gender inequity and discrimination including adverse sex ratios, inequitable property rights, dowry, female foeticide and infanticide, higher female mortality and morbidity, higher female illiteracy, feminisation of poverty and food security for women. The village/town level socio-demographic charters can thus become powerful tools in bringing about the desired demographic transition speedily.

Agenda 2007: Revolution in Human Development

Poverty persists under conditions where the human resource is undervalued, and land and other material resources are over-valued. The late Dr Mahbul Huq and the UNDP have rendered a valuable service by initiating the Human Development Reports. *Focus on human development is the best way of getting national priorities right.* In the 1999 Human Development Report of UNDP, India ranked 132 among 174 nations in Human Development Index (HDI). Life expectancy at birth, adult literacy rate. school enrollment and per capita income are the criteria used for estimating HDI. In 1999, India occupied the 112th position in gender development index (GDI). GDI uses the same parameters as the HDI. but adjusts for gender inequality. In the area of gender empowerment measure, which is based on seats in Parliament held by women, female administrators, managers, professionals and technical workers, and women's real GDP per capita, India's position is 95 among the nations included in the 1999 Report.

Without added and urgent attention to human development, it will be difficult to make progress during the coming *knowledge century* in improving food, livelihood and ecological security. *In my view, we should aim to reach the 50th rank in HDI by the year 2007.* Given the necessary political will and action, this is entirely feasible. I shall explain why.

During the last 50 years, the country has made considerable progress in areas relating to human well being. Life expectancy now is nearly 60 years, as compared to 44 years in 1960. Adult literacy is 50% compared to 34% in 1970. Infant mortality is 89 per 1000. down from 165 in 1960. The population of poor people fell from over 50% in 1950 to just over 30% now. However, the actual numbers of persons living in poverty virtually doubled, due to population increase. We have today as many illiterate and poor persons as the entire population of India in 1947.

Our record in the field of education is poor. Only two thirds of children aged 6-14 attended school in 1992-93 and only just over half the population completes more than 4 years of education. Our population is now one billion and the described goal of TFR 2.1 is yet to be achieved in most States. The United Nations medium projection indicates that our population may reach 1.5 billion in 2050 and could reach 1.6 billion before it gets stabilised.

To quote Jawaharlal Nehru "we have to run twice as fast to stay where we are". Approximately 350 million adults in India cannot read or write. Infant mortality rates can and need to be reduced by another 80% or more. We will have another 500 million young people to educate and nurture by the middle of the 21st century. So while in percentage terms we may be better off, in absolute numbers the work left to be done is even greater than what we have accomplished till now.

I believe that looking back 100 years from now. India will have achieved rates of life expectancy, literacy and infant mortality comparable to that now prevalent in the

most economically advanced countries of the world. But I am not heartened by this expectation. I find it totally unacceptable to say that our descendants a century from now will achieve that which we are perfectly capable of providing to our children and grandchildren today. I believe it is our solemn duty and obligation to make life better for all Indian citizens as fast and as much as possible.

This is why I propose that we set ourselves the inspiring goal of raising our position on the Human Development Index from 134th place to 50th place by 2007, the 60th year of our independence. This will require that we raise life expectancy by another 10 years, reduce infant mortality by two-thirds and raise adult literacy to 90%. We should also strive to reach the 40th position in GDI and 1Oth position in Gender Empowerment Measure.

Some of you may think that such goals are unrealistic and unachievable. But I beg to differ. India has already demonstrated in at least one field that our nation can accomplish what many people both inside and outside the country considered impossible. In 1965-66 we lived a "ship to mouth" existence. Two successive years of drought threatened the lives of upto 10 million people with famine. Few people believed that India was capable of feeding itself. Very few could conceive that millions of uneducated traditional Indian farmers could take to modem agricultural methods speedily and enthusiastically.

These were the conditions under which India launched the Green Revolution. A fully committed government launched a massive programme to promote modem methods of cultivation. Hundreds of demonstrations were laid in small farmers fields. New organizations were established to produce hybrid seeds and fertilizers, build warehouses, purchase and distribute food grains. Agricultural education and research were revamped to focus them on meeting the nation's urgent needs. Above all. assured and remunerative prices were offered to farmers. Within five years food grain production increased by 50% and the country had achieved food grain self-sufficiency at the prevailing level of purchasing power. Now the production of food grains has reached the level of 200 million tonnes.

This remarkable feat was accomplished at a time when the country was far less equipped in terms of power generation, roads, ports, science and technology, educational levels, industrial facilities, management capabilities and financial resources than it is today. If so much could be achieved by our people at that time. surely the nation is capable of far greater feats of accomplishment today, particularly since we can mobilise "people power" through Gram Sabhas and elected local bodies.

We see a glimpse of that untapped capability in the rise of India's software export industry, which grew 400-fold from a mere $10 million in 1983 to $ 4 billion this year and is projected to reach $ 12 billion by 2002. How do we extend such accomplishments to the basic area of human development?

First it is important to recognize that the country already possesses the needed technological, organizational and financial resources to raise our position on the HDI

to 50th place within seven years. We do not need to import technology. We do not need to borrow ideas or money from other countries. There is nothing wrong with borrowing strategies and techniques that have been successful elsewhere, but the idea that we should rely on foreign aid is totally counterproductive. If the *Education Guarantee Scheme* is implemented in such a way that it becomes community owned and managed, we can realise soon the goal of education for all.

Second, we need to redirect our national energies away from preoccupation with political competition to focussing on national development. Today, the bulk of the country's energy is being sapped and wasted in political battles which enable parties and candidates to gain temporary victories, but which contribute nothing to the advancement of the poor people or the country. Let there be a common minimum political agenda agreed to by all political parties for raising literacy, employment, income, gender equity and life expectancy, for stabilising the population and for safeguarding the environment.

Third, we should recognize that we already have formulated and put in place many plans and programmes that are capable of achieving the goal I propose. We have excellent examples in education, as for example the schooling revolution in Himachal Pradesh and Mizoram and the Education Guarantee Programme in Madhya Pradesh (Public Report on Basic Education in India, The PROBE Team. Oxford University Press, 1999). Similarly the success of Kerala, Tamil Nadu, Andhra Pradesh. Goa and Mizoram in stabilising population has many lessons for the rest of the country. We however need more and better implementation and execution. The country should declare a national emergency for achieving a corruption free administration characterised by a high degree of accountability and efficiency.

Four, we should enable local bodies to:

- extend programmes to provide safe drinking water and vaccinations in every village and town and to develop a health security system based on the principle "prevention is better than cure".
- emphasise the need to restrict population size so as to live within the supporting capacity of the ecosystem.
- double the investment in education, especially pre-school, primary and adult educational programmes in rural areas.
- provide incentives to encourage the adoption of innovative teaching methods, including the establishment of Virtual Schools and Colleges involving the use of computers, and active involvement of the private sector in rural pre-schools and primary schools.

The challenges facing India today are not for the weak or timid. Nor is it a time to be discouraged or lose heart. This is the time for bold innovative action. Revolutionary efforts that destroy the *status quo* are necessary to remove barriers to progress, but they are not sufficient to realise our potential. Revolution needs to be supplemented by

evolutionary efforts to consciously create the organizational foundations for a better common present and future. It is time to abandon half-hearted, half-way measures and show ourselves and the world what this nation can accomplish. In the emerging Knowledge and Innovations century, human development will hold the key to sustainable food and livelihood security as well as to national well being. It is time to inspire our youth, which represent the best part of the population to fire them with enthusiasm to build a better India. The emergence of a caring, sharing and innovative India in the coming century is *& prospect* well within our reach. It is our duty and privilege to work for this inspiring cause.

At the international level, several new measurement tools and targets for achievement in human and social development are being developed and applied (Tables 2 and 3). It is time we set our priorities right and ensure that while taking steps to achieve the desired demographic transition, we also endeavour to make our vast existing population an instrument of accelerated progress in strengthening human security and well being. This will be possible if we can view out population stabilisation policies and strategies in

TABLE 2: KEY TERMS AND DEFINITIONS

Kev Term	*Definition*
Human Poverty	The lack of essential human capabilities, notably literacy and nutrition
Income Poverty	The lack of sufficient income to meet minimum consumption needs
Absolute Poverty	The degree of poverty below which the minimal requirements for survival are not being met. This is a fixed measure in terms of a minimum calorific requirement plus essential nonfood components. While absolute poverty is often used interchangeably with extreme poverty, the meaning of the latter may vary. depending on local interpretations or calculations
Relative Poverty	Normally defined in relation to some ratio of the absolute poverty line or. as in developed countries, as a proportion of average income per capita. As a relative measure, it can differ across countries or over time
Human Development Index	United Nations Development Programme (UNDP) composite of three factors (i) life expectancy at birth, (ii) adult literacy, and (iii) income per capita (adjusted for purchasing power parity)
Human Poverty Index	UNDP measure of deprivation in basic human development. The variables used to determine the index are (i) the percentage of people expected to die before age 40; (ii) the percentage of adults who are illiterate; and (iii) overall economic provisioning, in terms of the percentage of people without access to health services and safe water. and the percentage of underweight children below age five
Gender Empowerment Measure	UNDP assessment of the level of gender inequality in key areas of economic and political participation and decision making

TABLE 3: GOALS FOR POVERTY REDUCTION

Strategy 21 Goals	*Target Year*	*ESCAP Goals*	*Target Year*
For Economic well-being:			
• Reducing by half the proportion of people in extreme poverty	2015	• Reduce absolute poverty to half the 1990 level	2000
For Social development:			
• Achieving universal primary education	2015	• Ensure atleast 80°o completion of primary education	2000
• Eliminating gender disparities in primary and secondary education	2005	• Universal access to basic education	2010
• Reducing by two thirds the mortality rates for infants and children under 5 and by three-fourths the mortality rates for mothers	2015	• Equal participation rates for girls and boys in primary and secondary education	2005
		• Reduce under-five mortality rates to 45 or less per 1.000 live births and infant mortality to 34 or less	2015
• Providing access to reproductive health services for all females of appropriate age	2015	• Reduce maternal mortality by three-fourths	2015
		• Half 1990 rates of malnutrition	2000
For environmental sustainability and regeneration			
• Implement national strategies for sustainable development	2005	Formulate plans for poverty-focused environmental protection and conservation including plans **for** land and marine management supportive of local and indigenous communities	As **soon** as possible
• Reverse current loss of environmental resource globally and nationally	2015	Introduce measures to enforce sound management of toxic wastes	

a holistic manner, as Dr George Simmons did. The problem is a multisectoral and multidisciplinary one. Hence, the response also has to be multi-sectoral and multi-disciplinary. This is why the Expert Group on Population Policy recommended the establishment at the national level a Population and Social Development Commission and at the state and local body level Population and Social Development Councils. Without such tools, it will be difficult to achieve the desired degree of people-centred coordinated planning and action. Let me end as I began. "If population policies go wrong, nothing else will have a chance to go right".