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DISABILITY AND HANDICAP AMONG FUTURE ELDERLY AUSTRALIANS*

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Recent years have witnessed a growing concern among many western countries about the ageing of their populations as most of them view an alarming increase in the demand of support services and facilities and shrinking pool of resources as one of the major social policy issues. These concerns largely sprang from the notion of numerical increase in the size and proportion of elderly population. Questions like how much longer people will live and just how large a share of the total population they will make up, whether these increasing life expectancies and longevity of life extend the years of good health or these will create a pool of elderly with disability and handicap are important but under-answered, especially in Australia, which by far, has a very complex population composition.

Seeking answers to these questions are important not only in terms of the well being of the elderly themselves but also how the future course in mortality, morbidity, disability and handicap will translate into demands of support services and facilities.

This paper addresses and seeks plausible answers to questions raised above. At first, the incidence of disability and handicap is reviewed and thereafter the numbers of persons by their age, sex, disabling condition and handicap are projected. These projections are built on two sets of demographic scenarios of the period 1991-2031.

Results suggest an alarming increase (about four folds) in the number of elderly with various disabling conditions and show even greater increases in the number of those with severe handicap (more than five folds).

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Introduction

Recent years have witnessed an increasing realization among various governments about the ageing of their population and its implications largely because the share of aged in their total population is destined to record an alarming increase while that of the adult population (working population), on the other hand, is bound to shrink. About these issues there is no dispute but questions like just how much longer people will live, just how large a share of the total population they will make up and whether these increasing life expectancies and longevity of life extend the years of good health up is not only important but there is also no consensus akin to that surrounds to the basic demographic questions. These are obviously very important questions, not only with the well-being of the aged themselves, but also with how the future ageing of the population will translate into demands for support services and facilities.

Developing a picture of the health conditions of the future aged is a difficult task as there is no simple straightforward measure of health status and, instead, various indicators can be used to cover the numerous dimensions of health. In practice, the indicators most commonly used to measure health are based on negative manifestations such as disease (or morbidity), disability and mortality.

Mortality is, of course, a bald measure of health status, though does offer insights into health status in the later years of life when analysis is conducted in terms of cause of death. But, since the death removes a person away from the population, an analysis of mortality among elderly population may provide inadequate insight for the policy. The main focus of this paper, however, is the health status of the future aged population in terms of disability and handicap. This is arguably the most important dimension of health status when the concern is with the aged, particularly when there is concern with the budgetary implications of likely development over the longer-term.

Consideration of disability and handicap is prefaced with an important description of definitions. Recent data in the incidence of disabling conditions are then reviewed before developing projections over the coming 40 years (1991-2031) of the population with disabling conditions under two alternative incidence scenarios. The relationships between disabling conditions and disability and handicap are then explored.

Projections of disability, disabling conditions and handicap use SPRC population projections that are based on a comprehensive review of Australian Bureau of Statistics' population projections and one future demographic scenario.

Disability and Handicap : Definitions

The key Australian data sources on the incidence of disability are the results of surveys undertaken by the ABS in 1981 and 1988: the 1981 Handicapped Persons Survey and the 1988 Survey of Disabled and Aged Persons. The definitions incorporated in the results from those surveys are accordingly maintained in the discussion below. A clear understanding of these definitions is crucial for sensible interpretation of the projections, particularly since they differ somewhat from many people's own conceptions of what constitutes disability, handicap and so on. For these reasons, the ABS definitions are spelt out in some detail at the outset of this discussion, rather than being relegated to an appendix.

There are four important concepts in the hierarchy of definitions employed by the ABS; a disabling condition, a disabled person, a handicapped person, and severity of handicap. The following specifications of these concepts are as was used with the 1988 SDAP (ABS, 1990, 4120).

A disabling condition is one of the following impairments that had lasted or was likely to last for six months or more:

(a) loss of sight (even wearing glasses or contact lenses);
(b) loss of hearing;
(c) speech difficulties in native language;
(d) blackouts, fits, or loss of consciousness;
(e) slowness at learning or understanding;
(f) incomplete use of arms or fingers;
(g) incomplete use of feet or legs;
(h) long term treatment for nerves or an emotional condition.
(i) restriction in physical activities or in doing physical work;
(j) disfigurement or deformity;
(k) need for help or supervision because of a mental disability; and
(l) long term treatment or medication (but still restricted in some way by the condition being treated).

A disabled person is then defined as someone who has one or more of the disabling conditions specified above. Clearly, disabled persons so-defined may vary considerably in the severity of their disability; a matter addressed by the further definition of handicapped persons and severity of handicap.

A handicapped person is a disabled person aged five years or over who was further identified as being limited to some degree in their ability to perform certain specific tasks in relation to one or more of the following areas :

(a) self care;
(b) mobility;
(c) verbal communication;
(d) schooling; and
(e) employment.

Severity of handicap is then defined for those persons deemed to be handicapped under one of the first three areas listed above with distinction between :

(a) *severe handicap* - personal help or supervision required or the person is unable to perform one or more of the specified tasks;

(b) *moderate handicap* - no personal help or supervision required, but the person has difficulty in performing one or more of the specified tasks; and

(c) *mild handicap* - no personal help required and no difficulty in performing any tasks, but the person uses an aid or has difficulty walking 200 metres or up and down stairs.

Severity of handicap was not defined for persons whose handicapped status was defined only on the basis of limitations in the areas of schooling and employment.

Changes in the Measured Incidence of Disability

The Overall Picture

Comprehensive data on the disability across the Australian population only became available with the results of the 1981 HPS, since supplemented with the data from the 1988 SDAP. A third population survey on disability was undertaken in 1993, though results from that survey were not available at the time this work was undertaken.

Despite the relatively short time between the 1981 and 1988 surveys, they revealed markedly different proportions of the population to have disabilities (Figure 1). For all ages, the number of people reporting a disability rose from 1.9 million in 1981 to 2.5 million in 1988; an absolute increase of 31 per cent, and representing an increase in the rate of disability from 13.2 per cent in 1981 to 15.6 per cent In 1988. Furthermore, contrary to the popular perception of an improved quality of life in old age, over 50 per cent more people aged 65 or over reported being disabled in 1988 than in 1981. The increases in these numbers were most marked for people aged 85 years and over, with a 78 per cent increase over the period in the

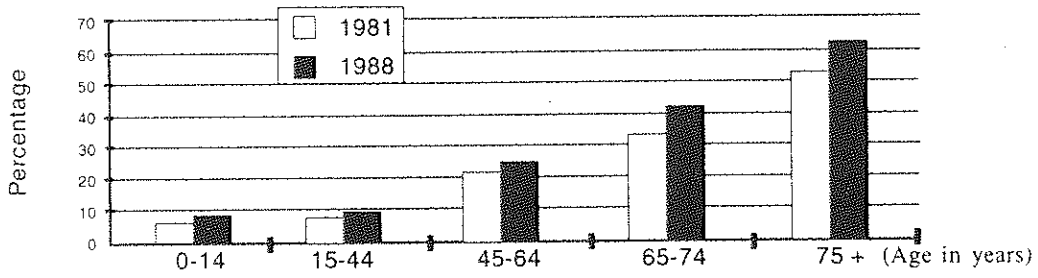

Fig. 1 : Australia : Disability Rates by Age, 1981 and 1988

numbers in this age group reporting disability (Otis and Howe, 1990).

The increase over the 1980s in the reported prevalence of disability does, however, need to be interpreted with some caution. Despite compatible definitions of disability being used in the 1981 and 1988 surveys, the data rely to some extent on self reported assessments which may be influenced by changing community attitudes towards disability. These may, for example, have resulted in people becoming more aware of disabling conditions or more prepared to talk about them. McCallum (1990) has suggested that the impact of public campaigns might have increased both public consciousness and doctor's diagnoses of disability during the 1980s. He further noted that the provision of medical aids to the disabled was substantially improved under the Aids for Disabled People program which began in 1981. This may have affected reported levels as use of an aid is a consideration in the identification of disability.

The proportion of disabled men and women in age groups above 45 years in 1988 are shown in Table 1. The table shows a clear increase in the incidence of disability with increasing age, which was evident from Figure 1, holds for both men and women though there are some differences in the patterns of incidence. Disability was more prevalent among men than among women at earlier ages, particularly below the age of 75 years, while women had a markedly higher disability rate at age 85 years and over. Disability for men increased sharply from

Table 1

Australia : Proportion of Persons With One or More Disabling Condition by Sex, 1988

Age Group	Proportion of	
	Male Population	Female Population
45-59	21.1	18.7
60-64	43.5	27.9
65-69	47.3	35.9
70-74	50.8	45.9
75-79	53.0	54.1
80-84	67.8	66.9
85+	76.4	85.4

Source : ABS Cat. No. 4120.0 (1988 : 7-8).

age 45-59 years to age 60-64 years with the men in the latter age group being twice as likely to be disabled as were those in the younger age group. Male disability rates then increased gradually for ages 60-64 years and over. In contrast, women's disability rates increased gradually at lower ages but sharply from age 80-84 to 85 years and over. These observations suggest that men become disabled at a younger age and lived with their disability perhaps for a shorter time, while, in comparison, women become disabled at a later age though stayed alive with that disability for many more years.

The Incidence of Disabling Conditions Among the Aged

The overall picture has been described above in terms of the incidence of disability; that is, the proportion of the population defined to be disabled. To examine the changing incidence of types of disability among the aged, we now look at disabling conditions. It is important to appreciate the difference between the numbers of people with disabling conditions and the numbers of people defined as disabled. As was explained earlier in section 2 above, a person is defined as disabled if he has one or a number of specified disabling conditions. A person, however, may have more than one disabling condition. So the sum of people with different types of disabling condition will exceed the number of people defined as disabled.

Notwithstanding the concerns about the consistency over time in the reporting of disability, the 1981 and 1988 data show a clear pattern of the incidence of disabling conditions by age and sex; particularly, an increasing prevalence of disabling conditions with age. This was clear from Figure I and is shown in greater detail in Table 2 which shows rates of selected disabling conditions by age and sex in 1981 and 1988. The main types of disabling conditions affecting the population aged 45 years or over in 1981 and 1988 were circulatory diseases, musculoskeletal diseases, hearing loss, sight loss and mental disorders.

Between 1981 and 1988 the prevalence of disabling conditions associated with circulatory diseases, hearing loss and musculoskeletal diseases decreased for men aged 45-54 years but increased for men aged 55-64 years. The prevalence of the disabling condition of mental disorder decreased for men aged 45-54 years and 55-64 years but increased for those aged 65-74 years and 75 years and over. Furthermore, the prevalence of the sight-loss disabling condition decreased for men, except those aged 65-74 years.

Changes in the patterns of various disabling conditions were different for women. The prevalence of the mental disorder disabling condition decreased for all women except those aged 75 years and over, while that associated with musculoskeletal diseases increased for all women. Furthermore, the prevalence of the circulatory diseases and hearing loss disabling conditions decreased for women aged 45-54 years and increased for those in the older groups. Disability caused by sight loss decreased for women aged 55-64 and 75 years and over but increased for those aged 45-54 and 65-74 years. These changes fail to reveal a single clear direction of change, but do suggest that the prevalence of disability among women in older cohorts is also moving upward.

In summary, while the absolute degree of change in the incidence of disabling conditions between 1981 and 1988 may need to be heavily discounted for the reasons discussed above, the pattern of changes in the reported incidence does provide some evidence of a shift in incidence towards the older age groups. Such a shift could be expected if developments in medical technologies and increases in health consciousness have worked to move the effects of various diseases to higher ages; to ages where an older and more frail body is

Table 2

Australia : Type of Disabling Conditions by Age and Sex, 1981 & 1988

	Age Group			
	45-54	55-64	65-74	75 +
		(Per 1,000 population)		
Males				
Circulatory Diseases				
1981	33.1	91.2	111.0	139.6
1988	25.4	101.7	144.6	172.6
Hearing Loss				
1981	54.5	109.4	138.1	236.8
1988	52.6	120.3	189.7	306.4
Musculoskeletal Diseases				
1981	67.8	11.29	126.4	162.1
1988	64.6	129.6	154.9	185.4
Sight Loss				
1981	12.9	21.2	32.9	112.1
1988	10.2	17.1	45.6	110.6
Mental Disorders				
1981	23.7	49.1	35.7	66.5
1988	22.4	38.4	58.0	70.7
Females				
Circulatory Diseases				
1981	30.0	57.4	113.3	188.5
1988	27.4	68.1	118.3	216.2
Hearing Loss				
1981	25.9	46.4	87.9	224.9
1988	22.9	49.9	101.1	239.3
Musculoskeletal Diseases				
1981	53.6	83.4	133.5	248.4
1988	77.3	109.8	168.3	297.0
Sight Loss				
1981	7.1	14.6	37.8	161.4
1988	8.6	12.1	48.2	157.8
Mental Disorders				
1981	45.7	50.9	54.9	126.5
1988	36.2	40.0	52.4	145.5
		(Percentage change 1981 to 1988)		
Males				
Circulatory Disease	-23.3	+11.5	+30.3	+23.6
Hearing Loss	-3.5	+100	+37.4	+29.4
Musculoskeletal Diseases	-4.7	+14.8	+22.5	+14.4
Sight Loss	-20.9	-19.3	+38.6	-1.3
Mental Disorders	-5.5	-21.8	+62.5	+6.3
Females				
Circulatory Diseases	-8.7	+18.6	+4.4	+14.7
Hearing Loss	-11.6	+7.5	+15.0	+6.4
Musculoskeletal Diseases	+44.2	+31.7	+26.2	+19.6
Sight Loss	+21.1	-17.1	+27.5	-2.2
Mental Disorders	-20.8	-21.4	-4.6	+15.0

Source : McCallum (1990 : 219).

less able to cope with deterioration and increased disease levels. It also accords with the possibility that some of the reduction in mortality rates, which was occurred in the recent past, may have been achieved at the expense of a corresponding increase in disability. In other words, what was previously a terminal condition may have become a chronically disabling condition.

Disability-free Life Expectancy

This brings us back to the question raised earlier about whether or not increasing longevity adds more years of good health. McCallum (1990) has addressed this question by calculating total and disability-free life expectancies at the age 65 years using data from the 1981 HPS and the 1988 SDAP and his results are shown in Table 3. While the total life expectancies at age 65 increased between 1981 and 1988 for both males and females, the disability-free life expectancies did in fact decrease. This seemingly paradoxical result stems from changes in the composition of the aged population, and it should be remembered that these are calculations of average life expectancies.

The Significance of Disability

The changing incidence of disability among the Australian aged population has been described above in terms of people defined as disabled and disabling conditions. Reference to the earlier description of the ABS definitions, however, should prompt a questioning of how these figures on the incidence of disability should be interpreted. To what extent do they reflect cause for concern? The disabling conditions which underlie the identification of disabled people in the ABS definition can encompass an extremely broad range of severity of disability. Someone may be defined as disabled in an ABS survey in respect of a condition which causes them no great concern, or in respect of one which makes everyday living well nigh impossible.

The data on disabled persons and disabling conditions does not allow distinction between degrees of severity, and on its own is of limited value for descriptive purposes. Disabling conditions, however, constitute the foundation of ABS conceptualisation of disability and handicap. The presence of disabling conditions defines the disabled population, part of which is then defined as handicaps, with further desegregation according to severity of handicap. Consideration of disabling

Table 3

Australia : Life Expectancy and Disability Free Life Expectancy at Age 65 by Sex, 1981 and 1988

Expectancies	in Years		
	Males	Females	Total
Total Life Expectancy			
1981	13.9	18.1	16.0
1988	14.8	18.7	16.8
Change 1981-1988	+0.9	0.6	+0.8
Disability Free Life Expectancy			
1981	7.9	10.1	9.0
1988	6.7	8.6	7.6
Change 1981-1988	-1.2	-1.5	-1.4

Source : McCallum (1990: 214).

conditions thus appears to be the logical starting point in the development of projections of the disability and handicapped status of the population.

Projections of Disabling Conditions

As was mentioned above, and as for other aspects of disability and handicap, projection of the extent of disabling conditions among the future ages is difficult, and particularly so for the Australian population as relevant data have been available since 1981. Australian trends in the prevalence of disabling conditions before that time are unknown and information on trends since, as discussed above, is subject to important qualifications. The dearth of suitable data on disabling conditions limits the basis for projecting the overall extent of disabling conditions among future aged populations and the pattern of disabling conditions within these populations.

Health promotion programs have recently, mostly aimed at increasing life expectancy (McCallum, 1990:235). However, given the apparent increases in disability in older age groups, as noted above, it will be a challenge for such programs to reduce the prevalence of disabling conditions in later life. To have any change of doing so, this would probably require time and a considerably increased expenditure on health promotion programs, yet this would still provide no guarantee of success. Mathers (1990) has expounded an optimistic scenario for Australia in which the future prevalence of disability can be brought down to 1981 levels by the year 1995. This target, while not wildly unrealistic, does seem highly ambitious and difficult to achieve. Past trends and projections of disabling conditions in the USA and Canada suggest that increases in life expectancy will be accompanied by an increase in the prevalence of disability among the aged population, and a corresponding increase in their dependency (Rogers, 1989; Colvege, 1983). Since there appears to be considerable scope for further increases in the life expectancy, particularly at age 50 years and over, more likely scenario about the future prevalence of disabling conditions would seem to be those characterised by either constant or increasing rates of disabling conditions among the aged population. Accordingly, the following two scenarios are used to project the size of the aged population with various disabling conditions :

1. the prevalence of disabling conditions (age, sex and condition-specific) will remain at 1988 levels over the projection period from 1991 to 2031; and
2. the prevalence of disabling conditions (age, sex and condition-specific) will vary over the projection period, with a profile related to the observed changes between 1981 and 1988.

Under the second scenario, which is based on a changing prevalence of disabling conditions among the aged population, it is assumed that the change observed in age, sex and condition-specific rates between 1981 and 1988 (Table 2) will continue linearly until 2001. Over each of the next two five-year periods to 2011, the rates are assumed to change by half the amount that they changed over each of the five-year periods between 1991-2001. After 2006, all rates are assumed constant. The profile of changing rates under this scenario is illustrated in Figure 2, while the rates applied for each group are given in Appendix 1. Note that the projection of disabling conditions is undertaken here only for those major conditions separately identified in Table 2.

This second scenario of varying rates of disabling condition,generally a course of decelerating increase, seems more likely to prevail in the future than a course based on an assumption of no change in rates. While the increased longevity of life and higher life expectancies are likely to push up disability rates, the effects of health

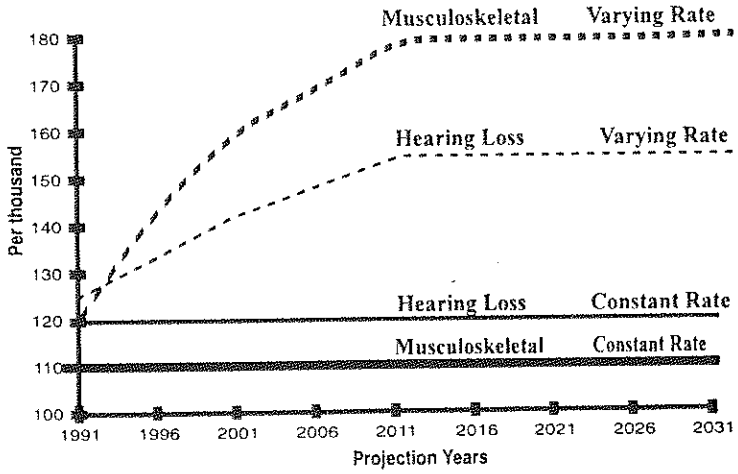

Fig. 2 : Assumed Course of Rates of Disabling Conditions under Constant and Varying Rate Assumptions : Two Examples

promotion programs and increased awareness among people about staying healthy and seeking immediate treatment for illness may counterbalance the increased disability associated with declining mortality and increased longevity of life. Thus the prevalence of disability until 2001 could well follow the path evident between 1981 and 1988. Once the reduction in mortality slows down (King and Singh, 1994) and an increased number of people become aware of the importance of healthy lifestyle, the increasing prevalence of various disabling conditions would also be expected to slow down and is assumed here to eventually stabilize by the year 2011. It does need to be remembered, however, that some portion of the observed changes between 1981 and 1988 is generally believed to be attributable to changes in the reporting of disabling conditions. Accordingly, the varying rates scenario as specified here should be seen as a bounding scenario which, together with the constant rates scenario defines a range of possible outcomes.

The future extent of disabling conditions, projected in the manner described above, is shown in Table 4 for the Stable Disability Scenario and also for the Variable Disability Scenario. The projections have been undertaken over the period to 2031 using one demographic scenario, based on SPRC's population projection. The first point to note from the table is that, for each disabling condition, the projections show an increase over the period to 2031 in the incidence of these disabling conditions among the population aged 45 years and over. This can be seen quite clearly by comparing the final columns of table with corresponding index for growth in the total population aged 45 years or more over the period 1991 to 2031. From the data presented elsewhere (King and Singh,1994), the corresponding index for the total population aged 45 years or over is 213. Thus for example, the population aged 45 years and more is projected to increase by 213 per cent between 1991 and 2031 while the numbers in this group with disabling conditions relating to

Table 4

Australia : Projected Numbers of Persons Aged 45 Years and Over with Various Disabling Conditions and Index of Disability, 1991-2031.

Disabling Conditions	1991	2001	2011	2021	2031	1991	2001	2011	2021	2031
	(Numbers in '000)					Index				
Stable Disability Scenario										
Circulatory Diseases	485	602	765	973	1162	100	124	158	201	240
Hearing Loss	571	718	906	1153	1391	100	126	159	202	243
Musculoskeletal Diseases	700	880	1109	1379	1615	100	126	158	197	231
Sight Loss	204	257	317	412	522	100	126	155	202	256
Mental Disorder	269	342	426	529	628	100	127	158	197	233
Changing Disability Scenario										
Circulatory Diseases	506	715	971	1252	1515	100	141	192	247	299
Hearing Loss	601	876	1188	1539	1874	100	146	198	256	312
Musculoskeletal Diseases	751	1155	1592	1984	2319	100	154	212	264	309
Sight Loss	207	265	331	441	556	100	129	160	213	269
Mental Disorder	267	326	394	513	641	100	122	147	192	240

Source : Calculated by author.

circulatory diseases are projected to increase by 240 per cent under the Stable Disability Scenario and by 299 per cent under the Variable Disability Scenario.

Under the Stable Disability Scenario, the projected changes in the incidence of disabling conditions is purely an outcome of the projected changes in the age and sex structure of the population. For each age/sex group, the prevalence of disabling conditions is assumed constant over the projected period. Table 4 shows that these factors alone are likely to lead to an increase in the incidence of disabling conditions, though not a dramatic increase. Still, this scenario about the future prevalence of disabling conditions should be seen as conservative as it implicitly assumes that future increases in longevity will not be associated with any increase in the prevalence of disabling conditions. The available evidence which was presented above suggests that increase in the prevalence of disabling conditions should be expected.

It is under the Variable Disability Scenario, as would be expected that considerable variation in the incidence of disabling conditions is projected. Not only is a substantial overall increase in the incidence of disabling conditions projected but there is notable variation in the increasing incidence of different disabling conditions. Given the way in which the Variable Disability Scenario has been specified, this variation reflects the pattern of changing incidence between 1981 and 1988 which was shown in Table 2. The numbers of people with disabling conditions associated with circulatory diseases, hearing loss and musculoskeletal diseases are projected to increase as a markedly faster rate than the numbers of people with disabling conditions associated with sight loss and mental disorders (Table 4). This is reflected in a shift in the composition of disabling conditions which is shown in Figure 3.

More detail on the projected incidence of disabling conditions is presented in Appendix; specifically, projections by age and sex under the Stable Disability Scenario (Appendix 2 and under the Variable Disability

Scenario Appendix 3). These disaggregated tables allow the impact of changing age/sex structure and further impact of variation in the assumed future courses for age, sex and condition specific rates on the picture in Table 4 to be traced if required.

In summary, the prevalence of all major disabling conditions is projected to increase. But what does this mean for the projected numbers of disabled people?

to the number of disabled people, though, will generally be less than the total number of disabling conditions. It can be seen from Table 5 that the extent to which disabling conditions are primary disabling conditions varies according to the condition. For example, for around 80 per cent of people with a disabling condition associated with musculoskeletal diseases, this condition is the primary condition underlying their definition as disabled. In contrast, this is the

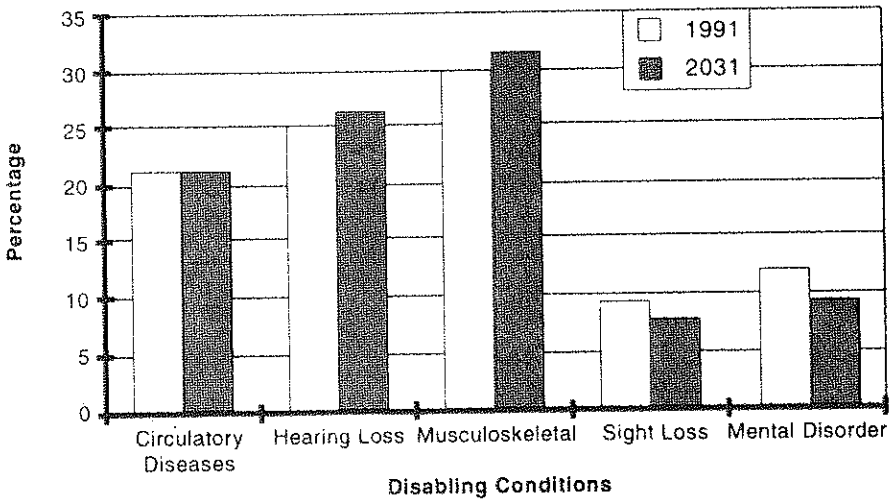

Fig. 3 : Australia : Composition of Major Disabling Conditions Among Population Aged 45 Years and More, 1991 and 2031

Projection of Disabled Persons

The relationship between disabling conditions and disabled persons is indicated in Table 5 which shows the proportions of the population in 1988 with specified disabling conditions and the proportions where this disabling condition has been deemed to be the primary condition underlying disability. Any person with a disabling condition is defined as disabled under the ABS procedure, though one person may have more than one disabling condition. The ABS identifies a primary disabling condition and thus, by definition, the number of primary disabling conditions is identical

case for only 50 per cent of people with disabling condition associated with hearing loss or sight loss.

Different disabling conditions thus have different implications for the numbers of disabled people and we need to know something about this relationship in order to move from the projection of disabling conditions to projection of the number of disabled people. The results from the 1981 SDAP do include data on both disabling conditions and primary disabling conditions by age and sex but the corresponding information is not available from the published results from the 1981 HPS. This

means that we are unable to undertake any trends analysis of the relationship between disabling conditions and primary disabling conditions and, rather than pluck assumptions out of the air, the projection of the number of disabled people is undertaken here only for the Stable Disability Scenario. That is to say, the disability rates (persons with a specified primary disabling condition per 1000 population in the age/sex group) are assumed to remain constant over the projection period and remain at 1988 levels. In effect, then, the projection takes into account only the impact of changing age/sex structure on the proportion of disabled people among the aged.

Projections of disabled people are given in Table 6. Data in this table reveals that even with a constant rate of disability, the number of disabled people will increase purely due to changes in the age composition of the population.

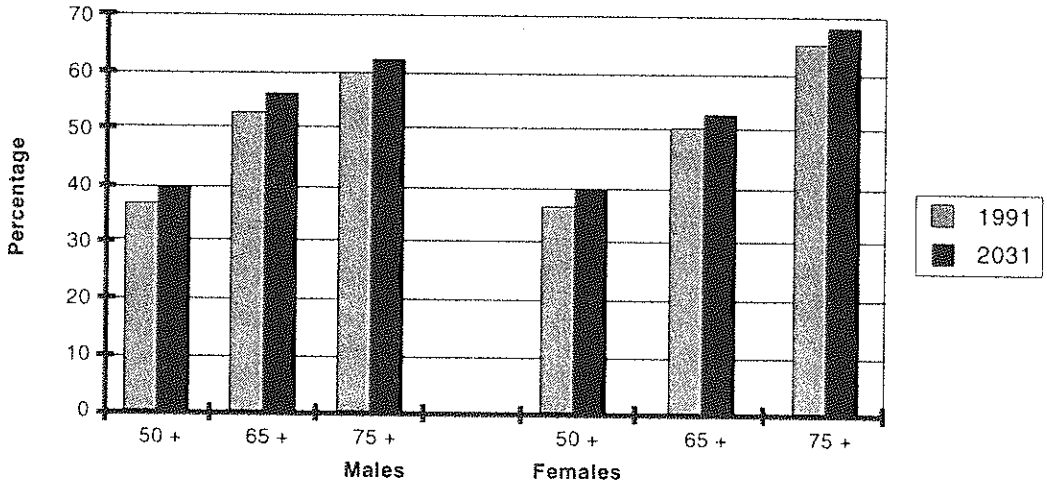

Fig. 4 : Australia : Projected Numbers of Disabled People as Proportion of the Population, 1991 and 2031

Table 5

Australia : Disabling Conditions and Primary Disabling Conditions, 1988

Condition	Proportion (%) of the total population	
	Disabling Condition	Primary Disabling Condition
Mental Disorder	2.8	1.9
Sight Loss	1.4	0.7
Hearing Loss	4.2	2.1
Nervous System Diseases	1.4	1.0
Circulatory Diseases	2.9	1.7
Respiratory Diseases	1.6	1.3
Musculoskeletal Diseases	5.4	4.3
Other Conditions	4.6	2.6
Total	—	15.6

Source : ABS 4120.0, Tables 1 and 9.

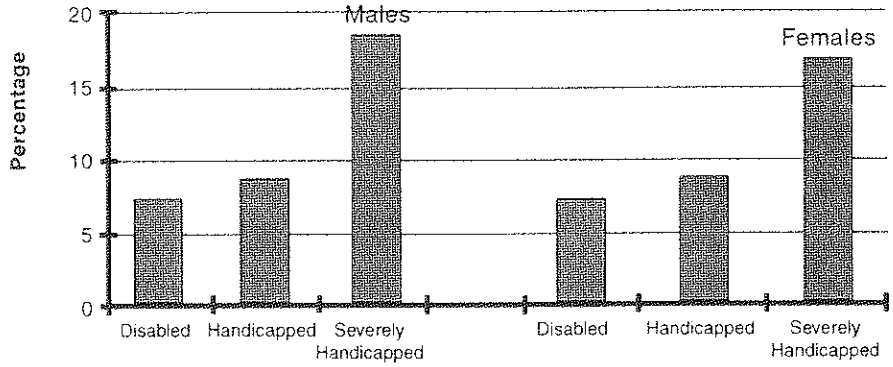

Fig. 5 : Australia : Projected Increase in the Population Share of Disabled, Handicapped and Severely Handicapped People Aged 50 Years and Over, 1991-2031

Projections of Handicap Persons

Moving from an examination of disabling conditions to one of disabled people aids interpretation of the projections, though we are still left with a question mark over the severity of projected disability. To what extent does the projected population of disabled people in future years include people with disabling conditions which are little more than nuisance, or people with disabling conditions which severely limit their activities? The answer to this question will importantly condition the level of concern that the projections may engender. To distinguish between degrees of disability we need to look now at the handicapped population and, further, at the severity of handicap.

The handicapped population is the subset of the disabled population, and is

Table 6

Australia : Projection of Disabled People and Percentage Change 1991-2031.

	Age	Numbers (000s)		Percentage Change
		1991	2031	
Males	50+	774	1898	145.2
	65+	446	1244	178.9
	75+	177	601	239.5
	85+	34	157	361.8
Females	50+	823	2002	143.3
	65+	576	1497	160.0
	75+	319	906	184.0
	85+	96	342	256.3
Persons	50+	1597	3900	144.2
	65+	1022	2741	168.2
	75+	497	1507	203.2
	85+	131	499	280.9

Notes : (1) Using SPRC Demotamphic Scenario.
(2) Proportion of corresponding total population.

Source : See text.

projected here by continuing with the procedure used to project the disabled population. Specifically, we apply the handicapped proportions of the disabled population in 1988, calculated separately for age/sex groups, to the projected disabled population. Similarly, the 1988 proportions of the handicapped who were severely handicapped are then applied to the projected handicapped population to give a projection of the severely handicapped. Age and sex specific rates of handicap and severe handicap are thus assumed to remain constant over the projection period and, as was the case with projection of the disabled population, all we are looking at then is the effect of changing population structure on the incidence of handicap and severe handicap.

The 1988 proportions of disabled people who were handicapped, and of handicapped people who were severely handicapped, are given in Table 7 for males and females of different ages. For every age group, females are more likely to be handicapped and, given that, to be severely handicapped. Across the whole population aged 45 years or over, 87.8 per cent of disabled females were handicapped compared to 82.6 per cent of disabled males. The difference between males and females is starker when we look at the proportion of handicapped people identified as severely handicapped: 24.5 per cent for males and a considerably higher 41.3 per cent for females. The rates being particularly high for women aged 85 years or over. Among disabled women in this upper age group, 98 per cent were handicapped and, of these, 84 per cent were severely handicapped.

The rates shown in Table 7 are those which are applied to the projections of the disabled population in order to project the handicapped and severely handicapped populations. The results of these projections are shown in Table 8, restricted for simplicity to the figures for 1991 and 2031. The picture of changing incidence of handicap and severe handicap revealed in Table 8 is similar to that of the changing incidence of disability shown in Table 6. Over the whole population aged 50 years or over, the proportion of handicapped is projected to increase from 31.9 per cent in 1991 to 34.8 per cent by 2031, and the proportion severely handicapped to increase over the same period from 11.2 per cent to 13.3 per cent. Numbers of persons with handicap will show even more noticeable increase from 1363 thousands in 1991 to 3356 thousands in 1931.

Table 7

Australia : Prevalence of Handicapped and Severely Handicapped Among the Disabled Population Aged 45 years and above, 1988

Age Group	Proportion of Disabled who are Handicapped		Proportion of Handicapped who are Severely Handicapped	
	Males	Females	Males	Females
45-59	82.7	87.3	20.5	26.6
60-64	86.5	87.5	16.1	26.0
65-69	74.9	79.6	24.3	31.4
70-74	79.5	83.2	26.4	37.5
75-79	85.0	90.4	26.4	46.8
80-84	87.1	93.4	44.7	58.9
85 +	93.4	98.4	56.1	83.6
Total	82.6	87.8	24.5	41.3

Source : ABS 4120.0, Tables 1 and 8.

A much more intensive increase in the number of handicaps in older ages is projected to occur.

The projected effects of changing age structure on the composition of the handicapped and severely handicapped populations are shown in Table 9. The pattern of change for males is similar to that seen with the composition of the disabled population: decreasing shares for those under 70 years old and corresponding increasing share for those aged 70 years and over. The picture for females, however, is somewhat different. For both the handicapped and the severely handicapped population, women in age groups under 80 years old are generally projected to constitute a lower proportion of the population in 2031 than in 1991. This is balanced by a particularly large increase in the share of women aged 85 years and over in the populations. Among the population aged 50 years and over, women aged 85 years and over are projected to account for 10.0 per cent of the handicapped and 21.9 per cent of the severely handicapped in 2031, compared to respective figures of 7.0 per cent and 16.5 per cent in 1991.

Table 8

Australia : Projections of Handicapped and Severely Handicapped People and Percentage Increase, 1991-2031

	Age	Number (000s) 1991	Number (000s) 2031	Percentage Increase (1991-2031)
Handicapped				
Males	50+	639	1578	147.0
	65+	361	1024	183.7
	75+	155	529	241.3
	85+	32	147	359.4
Females	50+	724	1778	145.6
	65+	509	1337	162.7
	75+	299	855	186.0
	85+	95	337	254.7
Persons	50+	1363	3356	146.2
	65+	870	2361	171.4
	75+	454	1384	204.8
	85+	127	483	280.3
Severely Handicapped				
Males	50+	163	443	171.8
	65+	112	342	205.4
	75+	60	217	261.7
	85+	18	82	355.6
Females	50+	315	839	166.3
	65+	259	723	179.2
	75+	186	555	198.4
	85+	79	281	255.7
Persons	50+	478	1282	168.2
	65+	370	1066	188.1
	75+	246	772	213.8
	85+	97	364	275.3

Source : See text.

Some Further Comments

A similar picture has emerged as we moved from the projection of disability, to handicap and then to severe handicap. The incidence of disabled people, handicapped people and severely handicapped people among the population aged 50 years and over are all projected to increase. This, though, should be no surprise given the three basic elements of the projection: base demographic projections of an ageing population; projection of disabled, handicapped and severely handicapped numbers on the assumption that the age/sex specific rates observed in 1988 remain constant over the projection period; and 1988 rates which show increasing incidence with age. Of more interest than the projection of increasing incidence is the projected scale of the increase in incidence.

It was projected that, between 1991 and 2031, the proportions of the population aged 50 years and over, who are disabled, handicapped and severely handicapped would increase by 3.0,2.8 and 1.6 percentage points respectively (Tables 6 and 9). To conclude from this that projected increases in disability would not be matched by increases in severe handicap would, however, be wrong. The relative percentage point increases largely reflect the different sizes of the populations and a different, and better, perspective is afforded by looking at the percentage increase in the rates of incidence. For example, the proportion of disabled people among the population aged 50 years and over was projected to increase from 37.3 per cent in 1991 to 40.3 per cent by 2031; an increase of 3.0 percentage points, but 8.0 per cent increase in the rate of incidence.

Table 9

Australia : Projected Compositions of the Handicapped and Severely Handicapped Population aged 50 years and Above, 1991 and 2031.

		Handicapped		Severely Handicapped	
		1991	2031	1991	2031
Males	50-59	10.3	8.0	6.1	4.3
	60-64	10.1	8.5	4.6	3.6
	65-69	8.4	7.3	5.9	4.7
	70-74	6.7	7.4	5.0	5.1
	75-79	5.3	5.9	4.0	4.1
	80-84	3.7	5.5	4.8	6.4
	85 +	2.3	4.4	3.8	6.4
	Subtotal	46.9	47.0	34.1	34.6
Females	50-59	9.2	7.4	6.9	5.1
	60-64	6.6	5.7	4.8	3.9
	65-69	7.4	6.4	6.7	5.2
	70-74	7.9	8.0	8.4	7.9
	75-79	8.2	7.7	10.9	9.4
	80-84	6.8	7.7	11.5	11.9
	85 +	7.0	10.0	16.5	21.9
	Subtotal	53.1	53.0	65.9	65.4
TOTAL		100.0	100.0	100.0	100.0

Note : Using SPRC demographic scenario.
Source : See text.

The percentage increase in the incidence rate is a useful figure because it can be interpreted as the percentage increase in numbers over and above what could be expected from population growth alone. It is a standardised measure of change. Continuing with the above example, if the 1991 rate of disability had prevailed, we would have expected 3609 thousand disabled people in 2031 (37.3 per cent of 9676 thousand). However, the projection for 2031 was 3900 thousand, an eight per cent increase over the numbers had the 1988 rate of disability applied.

Calculated in the manner described above, the percentage increase in the projected rates of incidence of disability, handicapped and severely handicapped people in the population aged 50 years and over are shown in Figure 5. Quite a different impression is gained from Figure 5 than from the comparison of percentage point increases. Now, it is revealed that the increase in the numbers of handicapped is projected to be roughly in line with the increase in the projected numbers of disabled, but the increase in the numbers of severely handicapped will be over twice as rapid. By 2031, the numbers of disabled and handicapped people are projected to be just under 10 per cent higher than what would be expected simply through population growth, while the numbers of severely handicapped people are projected to be almost 20 per cent higher.

The discussion in this paper has projected through consideration of disabling conditions, disability, handicap and severity of handicap. The hierarchy of steps highlights the point that the numbers of severely handicapped people is a function of the extent of disabling conditions, the relationship between disabling conditions and disabled people, the relationship between disability and handicap, and the relationship between handicap and severity of handicap. Accordingly, changes to any of these factors affect the numbers of severely handicapped people.

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Appendix 1

Australia : Factor for the Projection of Aged Population by Various Disabling Conditions, (Changing Disability Scenario)

Age Groups	Females								
	1991	1996	2001	2006	2011	2016	2021	2026	2031
	(per, 1,000 of population)								
	Circulatory Diseases								
45-54	26.3	24.4	22.6	21.6	20.7	20.7	20.7	20.7	20.7
55-64	72.7	80.3	88.0	91.8	95.6	95.6	95.6	95.6	95.6
65-74	120.4	124.0	127.6	129.4	131.2	131.2	131.2	131.2	131.2
75 +	228.1	247.9	267.6	277.5	287.4	287.4	287.4	287.4	287.4
	Hearing Loss								
45-54	21.6	19.5	17.3	16.3	15.2	15.2	15.2	15.2	15.2
55-64	51.4	53.9	56.4	57.7	58.9	58.9	58.9	58.9	58.9
65-74	106.8	116.2	125.6	130.3	135.0	135.0	135.0	135.0	135.0
75 +	245.5	255.8	266.0	271.2	276.3	276.3	276.3	276.3	276.3
	Musculoskeletal Diseases								
45-54	87.5	104.4	121.3	129.8	138.2	138.2	138.2	138.2	138.2
55-64	121.1	140.0	158.8	168.3	177.7	177.7	177.7	177.7	177.7
65-74	183.2	208.1	232.9	245.4	257.8	257.8	257.8	257.8	257.8
75 +	317.8	352.5	387.3	404.6	422.0	422.0	422.0	422.0	422.0
	Sight Loss								
45-54	9.2	10.3	11.4	11.9	12.5	12.5	12.5	12.5	12.5
55-64	11.0	9.2	7.5	6.6	5.7	5.7	5.7	5.7	5.7
65-74	52.7	60.1	67.5	71.2	74.9	74.9	74.9	74.9	74.9
75 +	156.3	153.7	151.1	149.8	148.5	148.5	148.5	148.5	148.5
	Mental Disorder								
45-54	32.1	25.3	18.6	15.2	11.8	11.8	11.8	11.8	11.8
55-64	35.3	27.5	19.8	15.9	12.0	12.0	12.0	12.0	12.0
65-74	51.3	49.5	47.8	46.9	46.0	46.0	46.0	46.0	46.0
75 +	153.6	167.2	180.8	187.6	194.4	194.4	194.4	194.4	194.4

Age Groups	Males								
	1991	1996	2001	2006	2011	2016	2021	2026	2031
	(per, 1,000 of population)								
	Circulatory Diseases								
45-54	22.1	16.6	11.1	8.3	5.6	5.6	5.6	5.6	5.6
55-64	106.2	113.7	121.2	125.0	128.7	128.7	128.7	128.7	128.7
65-74	159.0	183.0	207.0	219.0	231.0	231.0	231.0	231.0	231.0
75 +	186.7	210.3	233.9	245.7	257.5	257.5	257.5	257.5	257.5
	Hearing Loss								
45-54	51.8	50.4	49.1	48.4	47.7	47.7	47.7	47.7	47.7
55-64	125.0	132.8	140.5	144.4	148.3	148.3	148.3	148.3	148.3
65-74	211.8	248.7	285.5	304.0	322.4	322.4	322.4	322.4	322.4
75 +	336.2	385.9	435.7	460.5	485.4	485.4	485.4	485.4	485.4
	Musculoskeletal Diseases								
45-54	63.2	60.9	58.7	57.5	56.4	56.4	56.4	56.4	56.4
55-64	136.8	148.7	160.6	166.6	172.5	172.5	172.5	172.5	172.5
65-74	167.1	187.5	207.8	218.0	228.2	228.2	228.2	228.2	228.2
75 +	195.4	212.0	228.7	237.0	245.3	245.3	245.3	245.3	245.3
	Sight Loss								
45-54	9.0	7.1	5.2	4.2	3.3	3.3	3.3	3.3	3.3
55-64	15.3	12.4	9.5	8.0	6.6	6.6	6.6	6.6	6.6
65-74	51.0	60.1	69.2	73.7	78.3	78.3	78.3	78.3	78.3
75 +	110.0	108.9	107.8	107.3	106.7	106.7	106.7	106.7	106.7
	Mental Disorder								
45-54	21.8	20.9	20.0	19.5	19.1	19.1	19.1	19.1	19.1
55-64	33.8	26.2	18.5	14.7	10.9	10.9	10.9	10.9	10.9
65-74	67.6	83.5	99.4	107.4	115.3	115.3	115.3	115.3	115.3
75 +	72.5	75.5	78.5	80.0	81.5	81.5	81.5	81.5	81.5

Source : Calculated by the author.

Appendix 2

Australia : Projected Number of People with various Disabling Conditions by Age and Sex (under Stable Disability Scenario), 1991-2031

Age Groups	Projection Years								
	1991	1996	2001	2006	2011	2016	2021	2026	2031
	(numbers in '000)								
Women									
	Disabling Conditions								
	Circulatory Diseases								
45-54	25	32	36	39	42	43	44	42	42
55-64	49	52	62	77	90	97	103	106	107
65-74	75	81	81	86	102	128	149	161	171
75+	106	117	136	149	159	176	206	253	291
	Hearing Loss								
45-54	21	26	30	33	35	36	36	35	35
55-64	36	38	45	57	66	71	75	77	78
65-74	64	70	69	73	87	110	127	138	146
75+	117	129	151	165	176	195	228	280	322
	Musculoskeletal Diseases								
45-54	71	89	103	111	118	121	123	119	118
55-64	80	84	99	125	144	156	165	170	173
65-74	107	116	115	122	145	183	212	229	244
75+	145	160	187	205	219	242	283	347	400
	Sight Loss								
45-54	8	10	11	12	13	13	14	13	13
55-64	9	9	11	14	16	17	18	19	19
65-74	31	33	33	35	41	52	61	66	70
75+	77	85	99	109	116	129	150	185	212
	Mental Disorder								
45-54	33	42	48	52	55	57	57	56	55
55-64	29	31	36	45	53	57	60	62	63
65-74	33	36	36	38	45	57	66	71	76
75+	71	79	92	100	107	119	138	170	196
Men									
	Disabling Conditions								
	Circulatory Diseases								
45-54	25	30	34	36	39	40	41	40	39
55-64	75	79	93	115	130	139	149	154	157
65-74	79	89	90	97	116	145	164	178	190
75+	50	57	70	81	87	99	118	146	165
	Hearing Loss								
45-54	51	63	70	75	81	83	85	82	81
55-64	89	93	110	136	153	165	176	182	185
65-74	104	117	119	128	153	190	216	233	249
75+	89	102	124	143	155	176	210	259	293

				Musculoskeletal Diseases					
45-54	62	77	86	93	99	102	104	101	100
55-64	95	100	118	146	165	178	190	196	200
65-74	85	95	97	104	125	155	176	190	203
75+	54	62	75	87	94	107	127	157	177
				Sight Loss					
45-54	10	12	14	15	16	16	16	16	16
55-64	13	13	16	19	22	23	25	26	26
65-74	25	28	29	31	37	46	52	56	60
75+	32	37	45	52	56	64	76	93	106
				Mental Disorder					
45-54	22	27	30	32	34	35	36	35	35
55-64	28	30	35	43	49	53	56	58	59
65-74	32	36	36	39	47	58	66	71	76
75+	21	23	29	33	36	41	48	60	68
Persons									
				Disabling Conditions					
				Circulatory Diseases					
45-54	50	62	70	76	81	83	84	82	81
55-64	124	131	155	192	219	236	252	260	264
65-74	155	170	171	183	218	274	313	339	361
75+	156	174	206	230	247	276	324	399	456
				Hearing Loss					
45-54	72	89	101	108	115	119	121	117	116
55-64	125	131	155	193	219	236	251	260	264
65-74	169	186	188	201	240	300	343	371	396
75+	206	231	274	309	332	372	438	539	615
				Musculoskeletal Diseases					
45-54	133	166	189	204	217	223	227	220	218
55-64	175	184	218	271	310	333	355	367	372
65-74	192	211	212	226	270	338	388	419	447
75+	199	222	262	292	313	349	410	504	577
				Sight Loss					
45-54	18	22	25	27	29	30	30	29	29
55-64	21	22	27	33	38	41	43	45	45
65-74	56	61	61	66	78	98	112	122	130
75+	109	122	144	161	172	192	226	278	318
				Mental Disorder					
45-54	55	68	78	84	89	92	94	91	90
55-64	57	60	71	89	102	109	117	120	122
65-74	65	72	72	77	92	115	132	143	152
75+	92	102	120	134	143	159	187	230	263

Source : Calculated by the author.

Appendix 3

Australia : Projected Numbers of People aged 45 years and over by Age and Sex and Disabling Conditions (under changing disability scenario), 1991-2031

Age Groups	Projection Years 1991	1996	2001	2006	2011	2016	2021	2026	2031
	(numbers in '000)								
Women									
	Disabling Conditions								
	Circulatory Diseases								
45-54	24	28	30	31	32	32	33	32	32
55-64	53	61	80	104	126	136	144	148	150
65-74	77	85	87	94	113	142	165	179	190
75+	112	134	168	192	212	235	274	336	387
	Hearing Loss								
45-54	20	22	23	23	23	24	24	23	23
55-64	37	41	51	66	77	84	89	91	93
65-74	68	80	86	94	116	147	170	184	196
75+	120	138	167	187	204	226	263	323	372
	Musculoskeletal Diseases								
45-54	80	120	162	186	211	217	220	213	211
55-64	88	107	144	191	234	252	268	276	279
65-74	117	143	159	178	222	280	324	351	373
75+	155	190	244	279	311	344	402	494	568
	Sight Loss								
45-54	8	12	15	17	19	20	20	19	19
55-64	8	7	7	7	7	8	9	9	9
65-74	34	41	46	52	65	81	94	102	109
75+	76	83	95	103	109	121	141	174	200
	Mental Disorder								
45-54	29	29	25	22	18	18	19	18	18
55-64	26	21	18	18	16	17	18	19	19
65-74	33	34	33	34	40	50	58	63	67
75+	75	90	114	130	143	159	185	227	261
Men									
	Disabling Conditions								
	Circulatory Diseases								
45-54	21	20	15	12	9	9	9	9	9
55-64	78	88	111	141	164	176	189	195	198
65-74	87	113	130	147	186	232	263	284	303
75+	54	70	94	115	130	148	176	218	246
	Hearing Loss								
45-54	50	60	66	69	73	75	77	74	74
55-64	92	103	128	163	189	203	217	225	229
65-74	116	153	179	205	260	324	366	396	423
75+	98	128	176	215	246	279	332	410	464

				Musculoskeletal Diseases					
45-54	61	72	79	82	86	89	91	88	87
55-64	101	115	147	188	220	237	253	261	266
65-74	92	115	130	147	184	229	259	280	300
75+	57	70	92	111	124	141	168	207	235
				Sight Loss					
45-54	9	8	7	6	5	5	5	5	5
55-64	11	10	9	9	8	9	10	10	10
65-74	28	37	43	50	63	79	89	96	103
75+	32	36	44	50	54	61	73	90	102
				Mental Disorder					
45-54	21	25	27	28	29	30	31	30	29
55-64	25	20	17	17	14	15	16	16	17
65-74	37	51	62	72	93	116	131	142	151
75+	21	25	32	37	41	47	56	69	78
Persons									
				Disabling Conditions					
				Circulatory Diseases					
45-54	45	48	45	43	40	41	42	41	40
55-64	131	149	190	246	290	312	333	343	349
65-74	164	198	216	241	299	374	428	462	493
75+	166	204	263	307	342	383	450	554	633
				Hearing Loss					
45-54	70	82	89	93	96	99	101	98	97
55-64	129	144	179	229	267	287	306	316	321
65-74	184	233	264	299	376	470	536	580	619
75+	218	266	343	403	450	505	595	733	836
				Musculoskeletal Diseases					
45-54	141	193	240	269	297	306	310	301	299
55-64	189	222	290	380	454	489	521	537	545
65-74	209	259	289	325	406	509	584	631	673
75+	212	261	336	390	435	486	570	701	802
				Sight Loss					
45-54	17	20	22	23	24	25	25	24	24
55-64	19	17	15	17	16	17	18	19	19
65-74	62	78	89	101	128	160	183	198	211
75+	108	119	139	154	164	183	214	164	302
				Mental Disorder					
45-54	50	54	51	50	47	49	49	48	47
55-64	51	41	35	35	30	32	34	35	36
65-74	70	85	95	106	132	166	189	204	218
75+	96	115	145	167	185	206	241	296	339

Source: Calculated by the author.

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This paper argues that the linkages between population and development are far too complex to be understood in a narrow cause-effect frame. It suggests that population policies aiming at lowering of birth rates have succeeded only where certain pre-requisites could be created. Focussing on some of the popular perspectives this study indicates research takes and questions which, if pursued seriously, can help in comprehending the multi-dimensionality of population-development relationships.

Introduction

The dialectics and interaction between social, economic and demographic processes is neither simple nor direct. While demographic variables have an important bearing on all major planning sectors, these variables themselves are impacted upon by the wider context in which the interplay between various parameters of development is initiated and shaped. Many of the linkages between socio-economic and demographic variables are indirect and not always visible in the development process. Hence, the need for taking population and development out of the narrow but popular cause and effect frame and focus on multidirectional rather than linear relationship between the two.

Perspectives

Social sciences engaged in the study of population and its various dimensions have adopted several models and their variants. At least two of these which have strongly influenced other theoretical formulations may be briefly outlined in order to appreciate their underlying philosophies and contexts in which these were advocated.

Thomas Robert Malthus (1766-1834) attempted to use the natural law (essentially biological) of population to elaborate certain ideas on the perfectibility of human beings and society. He held natural laws as all-powerful which no human institutions could alter or improve. The Malthusian model is based on a powerful but unscientific demographic theory and looks at poverty and underdevelopment as the result of rapid population growth. It ignores the dynamic nature of human capability and social systems in responding to critical situations. For

Malthus the only way to overcome the disparity between population (which increases in geometrical progression) and means of subsistence (which grow only in arithmetic progression) is : to keep population growth at zero; the needy do not need any social aids; the ruling classes are to be defended; and it is unnecessary to attempt to change property relations. Interestingly the methodological and factual unsoundness of the Malthusian model was exposed by the experience of the countries of developed capitalist world which have been able to ensure remarkable development of their productive forces through colonial and neocolonial exploitation of the countries of Asia, Africa and Latin America as also through their constant technological and educational progress.

The Marxian model is a complete negation of the Malthusian model. In essence, it is based on the premise of enormous capability of the productive forces through science and technology. Marxian theory of population gives primacy to humans and rejects the law of diminishing returns in so far the population-production relationship is concerned. This model places population in the context of historical materialism, rejects any conflict between population and development and emphasises the concept of population development (Valentey, 1980).

However, none of the grand theories including the two stated above provide a satisfactory framework for probing the linkages between population and development. The two concepts, for the purpose of the present study, have been used in a broad sense. Population implies not sheer size or numbers but also the distributive, qualitative and quantitative aspects including age and sex composition, literacy and educational levels, rural - urban residence, work participation and occupational categories in a given locational context. In the same way development is all inclusive (including human resource development itself) cutting across the entire range of elements of reproductive processes : production, exchange, distribution and consumption.

Population Growth and Development : A Dichotomous World Scenario

The development experience of the developed countries of the world has practically made nonsense of the basic constructs of Malthusian theory. In these countries agricultural and industrial production has run well ahead of population growth. In fact many of these countries have been opting for selective immigrations from time to time. Not that there is no problem of unemployment in the developed world. The unemployment rates range from 2 to 10 per cent in these countries. This is easily understandable given the nature of capitalism in which surplus labour is its indivisible part. Although demographically the developed countries are not volatile, yet it is only in some of these countries that the problems of depletion of world resources and the associated ecological destabilization are being realized. This realization is largely because of the strong linkage between the dominantly consumerist life styles and not because of the dynamics of population. Also, movements such as 'Green' with anti consumerist edge and which subscribe to the primacy of 'need' and not 'greed' are also symbolic of the growing consciousness in the developed world. By contrast, most developing countries especially those with large populations which

additionally are growing at fast rates, are going consumerist and are trying to ape the life styles of the West unmindful of the dangerous consequences of the same sooner rather than later.

Mismatch Between World Population Growth and Potential Resources in the Context of Technological Developments : Myth and Reality.

No matter how loudly the Malthusians, joined by neo-Malthusians, have been raising the alarm of exhaustion of world resources as a result of population growth, estimates of food production are quite encouraging. According to one projection there would be enough food to feed 50 to 60 billion people ..... about 65 billion people could live on one-half of the world's land surface with a population density equal to that of large modern city (Popov, 1984). Even United Nations studies place world population around 12-13 billion by the twenty second century which also do not justify an alarmist view of population growth.

It appears that the bogy of population numbers threatening resources is raised to paint a dark future for world population. Little effort is made to probe into the political economy of population growth as also the intricate relationship between population and development indicators. Having guided and decided the population policies of the developing countries of the world, the World Bank in its World Development Report, 1992 reiterated the alarm by adding a serious concern for appalling environmental conditions. This is not to deny the significance of population as a factor in development but to emphasis the component of lowering of birth rates for slowing down population growth. Elsewhere we have stated in detail the conditions under which lower growth rates of population arising out of a drop in birth rates have been achieved (Mehta, 1987). Three main motivational factors can be identified in this context : infant and child mortality levels; the extent of literacy and education as revealed through enrollment ratios in various age-groups; and nutritional levels in terms of per capita availability of food. Relevant data for India, China and Japan established the role of these factors in lowering birth rate levels. India's relatively poor performance in this regard is attributable to the higher levels of infant and child mortality rates and far lower levels of health care, education and nutrition when compared with those for China and Japan. The development strategy adopted in India which has low priority for the motivational factors does not hold much promise of sucess on the demographic front. We have argued that data on incidence of poverty in Indian states *vis-a-vis* the growth rates of their population bear hardly any relation. Likewise no cause-effect relationship emerges between rates of growth of population and unemployment. The number of unemployed on the Live Register of the Employment Exchanges in India was 329 thousand in 1951; the same shot upto 37 million in July, 1992. Thus, the deteriorating employment situation in our country cannot be explained away as a consequence of rapid population growth. Through four decades after Independence population of our country has doubled whereas unemployment has increased over 100 times.

Population Research in Geography : Status, Gaps and Tasks

Tracing in detail the scenario of population research by geographers, demographers and other social scientists is

surely beyond the scope of the present paper. However, it is evident from a scrutiny of status reports on population geography which appear in Progress of Human Geography from time to time as also those published in the Survey of Research in Geography in India (ICSSR, 1972, 1974, 1984) that our research designs and methodologies in particular continue to be heavily tilted in favour of pattern identification and empirical studies to the relative underplay of a theoretical-contextual-process orientation. Most empirical research has not come out with findings of any programmatic significance. Moreover, without developing convincing and adequate analytical evidence of the nature of linkage between population and development it may be difficult to integrate population as an input in development planning. Spatial variations, almost an obsession with us all, are important and yet trivial as space and place have limited explanatory value in the interpretation of patterns of population attributes (Wilson, 1990). It is, therefore urged that for a real breakthrough in their sub-field population geographers must extend their enquiry 'beyond patterns'. In a different context a noted demographer pleaded with fellow researchers to 'go beyond decimal points' (Bose, 1988).

Population Growth

Empirical studies of population growth would become more meaningful if these are enlarged to include the impact of population growth on socio-economic development as also that of latter on the former. Quantitative estimates of how development processes themselves shape demographic trends are actually lacking in population research. It is still more crucial to decompose such studies on different spatial scales, for different sectors of economy and for various social groups in any region. Equally important is to analyse and measure the impact of population trends on particular sectors like agriculture, health, education and employment. Only such impact studies enable sectoral planners to work out budgetary outlays for different sectors.

Determinants of Population Growth

Some of the gaps relate to limited focus on fertility, mortality and migration. The critical linkage between fertility and labour force participation of women needs to be examined intensively under varying locational and socio-economic contexts. A pioneer study of the 1960s convincingly established that fertility decline occurred at varying levels of socio-economic and demographic development thus highlighting the rationale of a political economy perspective for fertility studies (Greenhalgh, 1990). Several studies have substantiated the relationship between fertility and female education. However, the role of such contextual factors as urbanization and access to family planning services which are intertwined in this relationship needs to be examined (Bilsborrow, 1981).

Steady decline in mortality rates is peculiar of most developing countries. However, the differential impact of regional and community level factors including public health programmes warrants a closer examination. To the extent trends in mortality reflect the impact of socio-economic development as a whole and public health programmes in particular also needs to be looked in to. Where mortality levels continue to stay high as is the case in most countries of Central Africa, it is crucial to empirically identify thresholds without which

interventions through health services and even favourable socio-economic programmes would fail to bring the desired results.

Migration research, in addition to identification of areas of out and in-migration, needs to focus on the motivations to migrate and the bearing of family structure, marital patterns, development policies on the size, direction and structure of migration streams (Mehta and Mehta 1990). Some observations in detail have been made elsewhere in which the role of development strategies in colonial and Independent India in creating stable and persistent migration patterns have been examined (Mehta, 1990). The liveliness of population geographers' work on migration-development processes is clearly reflected in some recent contributions (Brown, 1991 Skeldon, 1990).

Literacy and Education

Literacy and education are not only very important qualitative attributes of population but also act as crucial inputs in the development process especially in the developing countries. Here again we need to look beyond 'patterns'. Our inquires on the them should extend to such issues as additional costs of higher school enrollment ratios in different age-groups under different demographic situations. It is equally important to consider the changes in age, sex and educational composition of the labour force in so far as they shape the literacy levels.

Observations made above relating to only some of the major research gaps and inadequacies are equally relevant when applied to other aspects of population (urbanization, occupational structure etc.). The thrust of our argument is that population geographers need to integrate patterns with processes and look into the political economy aspects of population not so much as a theory rather as a analytic framework. Also we must address ourselves to the challenging questions of population-development relationships. As pointed out in a recent survey of population geography, work on explanation of demographic change is still meager and it is time "they (population geographers) re-examine their intellectual armory, sharpen their analytical tools, redraw their maps of the battle field or alternatively, retreat to securer castles and emplacements' (Finday, 1991).

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URBAN DEVELOPMENT POLICY IN INDIA WITH SPECIAL REFERENCE TO HIMACHAL PRADESH

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The paper addresses itself to such questions as: (i) what have been the government policies, programmes and perceptions dominating urban development scenario in India? (ii) what has been the outcome of these policies and programmes of urban development? and (iii) what should be the strategy of future urban development with reference to Indian hill state of Himachal Pradesh?

The paper critically evaluates the Indian ethos pertaining to urbanisation process, urban development policies pursued in the Five Year Plans, the current thinking on urbanisation and the main issues in urban development.

It has been observed that not only urbanisation level in Himachal Pradesh is quite low but also the urban development here suffers from a number of serious problems. Acute shortage of building space, limited capacity to mobilize resources from their own sources, overcrowding and slum dwelling are some such problems.

Unfortunately, urbanisation has not been visualised as generative of economic growth and employment opportunities both at State and National government level. Therefore, the major thrust of Plan policies remained to arrest rural-urban migration. However, of recent, there is a desire to manage urban affairs through a new policy seeking production efficiency and cost effectiveness.

Introduction

India has a long history of urbanisation. Here, the urban system has been evolving for the last five millinea. However, its nature has never been so complex as it has become in post-Independence period. Its problems have also assumed much more serious dimension than ever before. The total urban population was 217.6 million at 1991 census. There were 3,768 urban centres of various sizes which were growing at the annual rate of 3.2 per cent during 1981-91. By the year 2001, it is projected that they will attain a huge size of about 315 to 330 million (Mohan, 1992, p.1914).

At regional level, there are wide variations in history, size, structure and growth rate of the Indian urban system. In fertile river valleys of the Indus and the Ganges, urban centres originated long back as the seats of administration and trade activities. In contrast, the history of urbanisation in the hills and remote areas is more recent. The history of growth and

development of a large number of hill resort towns is closely associated with British rule in India. Shimla, the state capital of Himachal Pradesh, is also an example of this. The smallest town, Gangotri (U.P.) has a population (128 persons) which makes no comparison with the largest city, Bombay, having 9.92 million population. The least urbanised state of Himachal Pradesh has an urban proportion of 8.70 per cent against 46.20 per cent in Mizoram, the most urbanised state. The five top ranking states of Mizoram, Goa, Maharashtra, Gujarat and Tamil Nadu, in combine, have nearly 30.0 per cent of the total urban population in India. During 1981-91, the annual average growth varied from about 10.0 per cent in Nagaland to a negative growth of 3.3 per cent in Sikkim.

Undoubtedly, the exiting urban system with its complexities and complications is an inherited phenomenon. It has to be managed now in the context of new realities. For its effective and efficient management, there should be comprehensive policy that can take care of the following issues: (i) the role of urban system to the national economic development; (ii) high level of productivity to maintain economic efficiency; and (iii) the capacity to keep pace with recently pursued economic liberalisation policy. All this will ensure the dominance of economic issues in the centre stage in formulation of future urban policy.

In the light of above statements, the following research questions become important to probe in details :

i) What has been the government policies, programmes and perceptions dominating urban development scenario in India?

ii) What has been the outcome of these policies and programmes of urban development? and

iii) What should be the strategy of future urban development?

This paper purports to examine all such questions with reference to urban development in Himachal Pradesh. The pattern and process of urbanisation will be examined in the light of government policies, programmes and perceptions prevailing in the state.

Perspective would indicate whether the government favours urbanisation or not? In other words, how does the government view the existing structure of urbanisation in terms of different city/town size categories, and how does it assess the prevailing regional pattern of urbanisation. Policies would refer to choices made among the available alternatives to achieve the desired objectives. Practice represents the actions taken in the light of avowed policies.

The Study Area

Himachal Pradesh is one of the youngest states of Indian Union. Its formation is a post-Independence event. With the merger of 30 small princely states of Punjab it was first constituted as a Centrally administered territory on April 15, 1948. In 1954, Bilaspur another princely state and later a Part C state of Indian Union was also merged with it. In November, 1966 Hindi speaking hill areas of Punjab were merged with Himachal Pradesh under the reorganisation of Punjab on lingual basis. This rendered much needed compactness to Himachal Pradesh and also increased its area to more than double. On January 25, 1971 statehood was granted to Himachal Pradesh. This meant greater degree of autonomy in managing its affairs and developmental activities.

The state now covers an area of 55,673 square kms. and is divided into 12 districts for administrative purpose. As per 1991 Census state has a population of 5.17 million, distributed in 19,387 villages and 58 towns. Shimla city, the state capital, is the largest town with a population of

102, 186 persons at 1991 census[1].

Physiographically, Himachal Pradesh is a part of the Himalayan system. There is a typical longitudinal arrangement of the various landforms: the trans-Himalayas, the Greater Himalayas, the Dhauladhar-Shimla hills, and the Siwaliks, enclosing the faulted valleys (*duns*) of Pinjor, Jaswan and Paota. The relief ranges from 300 m. to more than 6000 m. About one-half of the total area is higher than 3000 m.

Himachal Pradesh is the least urbanised state in India. The proportion of its urban population, which was 8.70 per cent at the 1991 Census, is the lowest of all the states in India and was nearly one-third of the national average (26.1 per cent). In comparison with other hill states, Himachal is significantly behind Mizoram (46.20%), Manipur (27.69%), Meghalaya (18.69%) and Nagaland (17.28%). On the other hand, its per capita income of Rs. 5,355 in 1992-93 was the highest of all the hill states in India. Thus, notwithstanding the high per capita income urbanisation level is low in Himachal Pradesh.

Low degree of urbanisation in the state is explained by the factors, such as : (i) the difficult terrain put constraints on mobility; (ii) low level of transport development weakening the functional links between the towns and their hinterlands; (iii) presence of a large number of small to very small sized rural settlements failing to provide required threshold for the towns/cities to grow; and (iv) the poor industrial base acting negatively on the process of urbanisation in the state.

Locationally, there exist four types of towns in the state: Valley towns; Hill/ridge towns; Spur towns; and Gap towns. Hill/ridge towns came mainly during the British period, as hill resort towns. Valley towns were either evolved as capital headquarters of princely states during pre-British period or developed as trading/industrial centres during the post-Independence period. Of the total 58 towns in the state, 41 are sited along the river valleys, 13 on hill tops, and four each in the gaps and on the spurs (Krishan and Kaur, 1994, p.8). In fact, consideration of locational aspects of towns is quite important for a meaningful urban development planning in the state.

The pace of urbanisation is quite sluggish in the state. Its urban population has grown from 77,332 in 1901 to 449,196 in 1991, registering about six-fold increase. During this time, the number of towns increased from 21 to 58. The share of urban population in total moved up from 4.03 to 8.70 per cent. Against this, India's urban population had grown by eight folds: from 26 million in 1901 to 217 million in 1991. And the proportion of urban population moved up from 10.84 to 26.1 per cent.

Further, marked fluctuations in decadal growth and uneven spatial distribution are other notable features of the urbanisation process in the state. For example, the degree of urbanisation rose to 6.45 per cent in 1951 from only 3.80 per cent in 1941, to decelerate again to 6.34 per cent in 1961. It rose again to 6.99 per cent in 1971 to rise further to 7.61 per cent in 1981 and to 8.70 per cent in 1991. Noteably, the upsurges in urban growth in the state are marked with inter-regional disparity in urbanisation. Evidently, Table 2 reveals that the spatial disparity index (calculated to know inter-district disparity in urbanisation) rose to 2.98 in 1951 from 1.62 in 1941. The index value declined again to 2.06 in 1961 with a decline in degree of urbanisation in the state. Again, the index value went up to 1.73 in 1991 from 1.36 in 1981. Increase in disparity index value

1. This includes the population of Shimla (M.C.) plus thirteen Out Growths (O.G.) of Shimla city. At 1991 Census, Shimla has been elevated to the City status of Urban Agglomoration (U.A.) - comprising 15 villages, Jutogh (C.B.), Dhalli (N.A.C.) and Shimla (M.C.). Shimla (U.A.) has a population of 110,360 persons in 1991.

corresponds with urban growth: from 7.61 per cent in 1981 to 8.70 per cent in 1991. In this way, spurts in urban growth in the state find marked association with intra-state disparities in urbanisation.

The growth behaviour of urban centres by their class size differs widely. During 1981-91 Class VI towns (having population less than 5,000 persons) registered a *marginal growth*. The same is true of the Class III category towns (having population between 20,000-49,999). In contrast, Class I towns (having population 100,000+) registered the highest positive growth rate of 4.22 per cent. Shimla (U.A.) is the only town falling in this class category of towns. The second highest growth rate of 3.48 per cent is registered by Class V category towns *(Table 1)*.

In fine, low degree and uneven spatial distribution are the marked features of urbanisation process in the hill state of Himachal Pradesh. Numerically the small sized towns predominate the urban hierarchy and the average town size in the state is quite lower than the Indian average. And the locational aspects of towns make important considerations in the planning of urban development in the state.

Urbanisation and the Indian Ethos

In Indian ethos, there has always been a great romanticism for rural life. Whereas, the urban centres represent vices and a maze where one's identity gets lost. Even in the songs sung by the females in the countryside, one can notice a pathetic narration of the feelings of fear and desolation of the heart and mind of newly married spouses whose husbands (*piya*) migrate to distantly located urban centres (*pardes*) to earn livelihoods leaving behind the spouse in the countryside. Himachal Pradesh, for its subsistence hill economy, has a long tradition of out-migration of male workforce to seek employment in towns of Punjab plains and other parts of the country. In Himachal Pradesh, there is one employee for every 25 persons or five households. This ratio is one of the highest for Indian states (Tirtha, 1992, p. 236)

Rural development is encouraged by the government in India so as to check urbanward migration. Programmes like Community Development, Integrated Rural Development Programme (IRDP), Minimum Needs Programme and the Nehru Rozgar Yojana speak of this philosophy. In Himachal Pradesh 'Antyodaya', 'Social Forestry', and 'Intergrated Rural Energy Programme' were designed to partly achieve the same objectives.

At the same time, successive Five Year Plans stressed 'economic growth' - a way out of the economic backwardness of the country. The importance of building infrastructure in the form of irrigation, energy and transport, raising agricultural production and productivity, and establishing industries has all along been emphasized. All this was stressed without giving a serious thought to the fact that urbanisation would be the logical outcome of all this. The research findings reveal that there is no country in the world which has experienced a sustained economic growth without experiencing urbanisation (Mills and Becker, 1986, p.13). A realisation of this simple fact would not have generated an anti-urbanisation bias, existing in the Indian psyche.

Likewise, the rapid growth of big cities is seen with great concern. Much of the scholarly literature and plan documents believe that big cities are too large and their growth must be curbed. Programmes like 'Integrated Development of Small and Medium Towns (IDSMT)' are meant to deflect migration away from the metropolitan cities. In Himachal Pradesh an outlay of Rs. 18.0 million has been proposed for IDSMT programme during the Eighth Five Year plan (Govt.of Himachal Pradesh, 1991, p. S-393).

However, the fact remains that big cities continue to attract a large number of migrants all over the country. Twenty three cities in the country have now attained the status of 'million cities', each having a population of more than one million. Bombay, Calcutta and Delhi, with respective populations of 12.6, 11.3 and 8.4 million, even fall in the category of megacities. A sustained growth of big cities is related to a regular increase in their per capita income with enlargement of population size (Bairoch, 1982). The quality of their life, of course, deteriorates.

Himachal Pradesh though has a very low degree of urbanisation, yet the towns are not free from slum dwellings. Lack of building space is the biggest handicap in house building in hill towns. Resultant concentration of dwelling units in some locations leads to overcrowding. This combine with other socio-economic factors give vent to emergence of slum localities. In Himachal Pradesh nearly one-half of the urban population is living in slum conditions. It is estimated that Shimla city alone has about a half or nearly 50 thousand of total : being over one lakh slum dwellers in urban Himachal Pradesh, (Govt. of Himachal Pradesh 1991, p. S-392).

It is however to be noted here that for most of the slum dwellers, it is the income level that is more critical than the quality of life. Therefore, one should not feel surprised at knowing the marginal success of the well intentioned programmes directed at stimulating the growth of smaller towns. In Himachal Pradesh, against the overall urban growth (annual average) rate of 3.1 per cent, Class III category towns (having population between 20,000-49,999) registered a marginal growth rate of 1.84 per cent. The average annual growth rate of Shimla (U.A.) was as high as 4.22 per cent during 1981-91 (Table 1). Shimla (U.A.) has a population that makes one-fourth of the total urban population in the state. Its primacy is so dominating that second largest town in the state (i.e., Mandi, 23,208 persons) has a population which is less than one-fourth of Shimla (U.A.)

The spatial pattern of urbanisation is seen as distorted with striking regional disparities in the urbanisation level. Spatial dispersal of urbanisation as of economic growth, is one of the avowed objectives both at national and regional level. A number of measures were adopted for this purpose: (i) policy of non-issuing of industrial licences for large metropolitan areas; (ii) preference for small towns and cities to locate public sector industries, creation of industrial estates at several places in each state, including Himachal Pradesh; (iii) establishment of district industrial centres; (iv) encouragement to small scale industry; (v) equalisation of administered prices (net of state sale taxes) of steel, coal, petrol and cement; (vi) direct investment to improve infrastructure in small and medium towns; and (vii) special incentives for location of industry in backward districts (Sekhar,1983).

In Himachal Pradesh various incentives and subsidies are offered to the industrialists to establish industries in the state. For providing industrial infrastructure to entrepreneurs industrial areas/estates have been established in as many as 26 towns. Additional three industrial estates/areas are also coming up soon. Parwanoo, Baddi and Barotiwala are gradually emerging as important industrial estates, having several industrial units. Keeping in view the geographical, topographical, demographic and other production factors, the agro-horticulture produce based industries, sericulture and electronics industries have been declared as priority industries under the new industrial policy by the state government (Govt.of Himachal Pradesh, 1991, p. S-184). An outlay of Rs. 1256.9 million has been earmarked for industrial development during the 8th Plan (1992-97). In spite of all this, the signs of urban dispersal have not yet emerged. Of the twelve districts

in the state, four districts namely, Shimla, Solan, Sirmaur and Una together have more than a half of total urban population in the state. Shimla district alone has 28 per cent of the total urban population in the state. At the level of urban centres the picture of urban concentration become more clear. Of all the 58 towns, Shimla (U. A.) alone has more than one-fourth of the total urban population in the state. At the national level, Kundu (1992, pp.18-21), however, observes that the signs of urban dispersal have started appearing in the proximity of metropolitan cities.

Urbanisation and Five Year Plans

Government policy on urban development in India can best be gleaned from the plan documents. The policy in its broad framework is the same at both regional and national level. The first two Five Year Plans (1951-56 and 1956-61) did nothing except expressing concern for the rapid and haphazard urban growth, caused mainly due to rural-urban influx. It was the 3rd Plan (1961-66) which emphasised the preparation of 'master plans'for capital and other fast growing cities and regional plans for selected resource regions. The main component of the urban development policy included: dispersal of industry away from large cities, slum relocation/improvement and rural development to check urbanward migration in search of employment and urban facilities.

The 4th Plan (1969-74) stressed the need for a regional approach to issues of urban development, decongestion of cities, dispersal of urban population, adoption of the community development programme for cities as well, and the environmental improvement of slums. To finance housing and urban development projects, the plan provided the establishment of a Housing and Urban Development Finance Corporation. The 5th Plan (1974-79) continued with the 'Environmental Improvement of Slums' programme.

Table 1

Himachal Pradesh : Growth behaviour of Urban Centres by Class Size, 1981-91

Class size	1981 (persons)	1991 (persons)	Growth Rate (per cent)
A. Class I (100,000 +)	73,004	110,360	4.22
B. Class II (50,000 - 99,999)	—	—	—
C. Class III (20,000 - 49,999)	72,702	87,228	1.84
D. Class IV (10,000 - 19,999)	71,969	97,617	3.10
E. Class V (5,000 - 9,999)	47,551	66,935	3.48
F. Class VI (Less than 5,000)	71,874*	87,056	1.93

Source : Calculated from Census of India *General population tables, 1981* and *Final Population Statistics, 1991*, Directorate of Census Operations, Himachal Pradesh, Shimla.

* The accurate estimation of 1981 Census population of 11 New towns in 1991 (included in Class VI category of towns) could not be possible because in a number of cases a part of the settlement at 1991 census was declared Notified Area and the rest remained rural. Therefore, there may be some element of error in the total population of Class VI towns.

The 6th Plan (1980-85) expressed its concern for relatively low level of urbanisation in some of the eastern states. The Plan did not, however, suggest any strategy to overcome the problem of regional disparities in urbanisation. Plan's major thrust was on continuation of 'Environmental Improvement of Urban Slums' programme and implementation of Integrated Development of Small and Medium Towns (IDSMT), as evolved earlier in the Plan.

The 7th Plan (1985-90) laid further emphasis on programme which were initiated in the Sixth Plan. At the same time, two new schemes were introduced. These include : (i) Urban Basic Services (UBS) for the poor and Nehru Rozgar Yozna (NRY). NRY was introduced in the mid-term of the Plan. The schemes for decongestion and balanced growth of urbanisation were also taken up. For achieving this objective, one of the methods adopted was the introduction of more and faster means of transport between the big cities and their hinterlands.

The 8th Plan (1992-97) strategy includes formulation of integrated regional geo-economic schemes at state, sub-state and district levels to strengthen the urban-rural relations and to stimulate private initiatives and investments in urban development. In Himachal Pradesh, an outlay of Rs. 117.5 million has been earmarked to provide assistance to urban development and special area development programme schemes. In view of special conditions prevailing in Himachal Pradesh enhancement of rural-urban intraction through economic ties is of crucial importance for urban development. For promoting the tourism industry in the state, private investment is being encouraged

Table 2

Himachal Pradesh : Trends and Disparity in Urbanisation, 1901-1991

State/District	1901	1911	1921	1931	1941	1951	1961	1971	1981	1991
Himachal Pradesh	**4.03**	**3.12**	**3.45**	**3.63**	**3.80**	**6.45**	**6.34**	**6.99**	**7.61**	**8.70**
Chamba	7.95	7.68	7.90	7.53	7.64	4.55	7.96	7.50	6.84	7.60
Kangra	3.38	1.47	1.04	1.28	1.71	6.79	5.84	4.32	4.93	4.81
Solan	7.49	7.08	5.93	5.70	9.76	11.42	10.89	10.08	10.75	12.74
Sirmor	4.61	4.57	4.09	5.25	5.08	6.24	7.22	8.45	8.74	10.05
Hamirpur (1)	—	—	—	—	—	—	—	1.38	4.98	6.31
Una (2)	2.87	—	—	2.57	2.77	2.74	2.27	3.95	7.72	8.61
Bilaspur (2)	3.51	—	—	2.36	2.60	2.96	4.88	5.30	4.68	5.73
Mandi	4.51	3.34	3.93	5.98	4.44	5.20	5.60	9.35	7.33	7.30
Kullu (3)	—	—	—	—	—	2.53	3.19	5.59	7.09	7.02
Shimla	6.80	8.67	12.05	7.85	8.05	8.05	14.07	14.59	15.69	20.43
Lahul & Spiti (4)	—	—	—	—	—	—	—	—	—	—
Kinnaur (4)	—	—	—	—	—	—	—	—	—	—
Spatial Disparity Index *	**1.61**	**1.91**	**2.47**	**1.71**	**1.62**	**2.98**	**2.06**	**1.87**	**1.36**	**1.73**

Notes : (1) Urban centre came at 1971 census. (2) Urban centres remained declassified during 1911 and 1921. (3) Urban centre came at 1951 census. (4) Wholly rural district.

* Disparity Index has been calculated by taking the range difference (i.e.maximum value-minimum value) divided by the median value in the series.

in the hotel industry. Notably, however, the likely faster urban growth and its possible concentration as a sequel to the 'new economic policy' of liberalisation is not visualised as a serious problem.

In the light of above discussion it is not difficult to conclude that the adhocism prevails with regards to the urban development policy in Indian planning. Rural development is generally considered as the way out to check the cityward migration and growth of cities is taken as undesirable. That is why, many of the schemes oriented to urban development are implemented half-heartedly. The plan outlays for this sector have been meagre. This is more true for Himachal Pradesh where the proportion of plan outlay in housing, urban and regional development was quite lower than the national level particularly till the 4th Five Year Plan (1969-74). It seems that after attaining full statehood in 1971, Himachal Pradesh started giving a better deal to urban development (Table 3).

New Thinking on Urbanisation

It was essentially during the 1980s that some serious thought was accorded to urban development problems. It was manifested in three forms: (i) establishment of national level Task Force on Housing and Urban Development which came forward with four comprehensive documents on the planning of urban development, and the shelter for the urban poor and slum improvement in 1983; (ii) constitution of the first ever National Commission on Urbanisation in 1985, which submitted its report in 1988; and (iii) the introduction of *Nagarpalika* bill in 1989 to strengthen the urban local bodies through an amendment of the Indian Constitution-approved by the Parliament (after reintroduction) in 1992.

In Himachal Pradesh, in accordance with the above stated Constitutional amendment (popularly known as 73rd amendment), a new Municipal Corporation Act, 1994 was enacted to devolate power and responsibility relating to grass-root level planning and development to public representatives. 'This is hoped that entire planning, development and management mechanism in the state will undergo a sea change. All the local bodies be appropriately strengthened to take up this enormous but essential task of planned and orderly growth of urban and rural areas' (Institute of Town Planners, 1994, p. 25).

Main Issues In Urban Development

India which is projected to have 350 to 370 million urban population by 2001 has a highly slack urban policy. The fundamental issues concerning country's urbanisation are not sharply and adequately addressed to. The most important question relates to our perception of urbanisation: should urbanisation be considered a weed which is to be checked from growing or a spoiled child, needing proper care and healing ? It seems advisable not to artificially inhibit the process of urbanisation or contain the growth of cities or to work for an inefficient dispersal of urbanisation. Rather it seems necessary to manage the situation with correct perceptions and effective strategies.

Another issue concerns with the redefinition of the role of municipal government in the emerging context. With provincialisation of most of the urban services, such as education, health, electricity and water supply, the importance of these bodies is declining in the eyes of urban dwellers. Now, the citizens realise their significance only when it comes to payment of property tax and/or transfer of property etc. At the same time their financial base is weakening, resulting in their dependence on the grants from the state governments. In Himachal Pradesh, the dependence of municipal bodies on government grants has been increasing over the period. The proportional share of government grants in total receipts of these bodies was 22.21 per cent in 1968-69 which rose to 31.66 per cent

in 1978-79. In the former period, government grants contributed Rs. 2.68 million to the total revenue receipts of Rs.12.08 million of municipalities. It rose to Rs.17.09 million (in total revenue receipts of Rs. 53.98 million) during the latter period (census of India, 1971 and 1981). This indicates the increased dependence of the municipal bodies on government grants. Abolition of octroi duty from 1992-93 increased this dependence further.

Thus, the question arises : How can financial and administrative autonomy of these bodies be retained under such conditions? A new system of collective management of urban services could be visualised in constituting one technical region covering a big nodal city of Shimla and functionally linked surrounding towns (Jutogh and Dhalli).

Still another issue pertains to the management alternative in provision of urban services-a sphere in which the urban bodies are proving highly incompetent both administratively and technically. The crucial issue here is the widening gap between revenue requirements and actual receipts of these bodies. Their share in the country's

Table 3

India and Himachal Pradesh : A Comparative Picture of Plan Outlay in Housing, Urban and Regional Development

Plan	Total outlay (in Rs. million)		Outlay in housing, urban and regional development (in Rs. million)		Col. 4 as % of col. 2	Col. 5 as % of col. 3
	India	Himachal Pradesh	India	Himachal Pradesh		
1	2	3	4	5	6	7
I Plan (1951-56)	20,688	56	488.00	0.15	2.36	0.27
II Plan (1956-61)	48,000	147	1200.00	0.76	2.50	0.52
III Plan (1961-66)	85,765	279	1276.00	6.00	1.49	2.15
Annual Plans (1966-69)	66,254	402	733.00	3.25	1.11	0.81
IV Plan (1969-74)	157,788	1,014	2707.00	15.90	1.71	1.56
V Plan (1974-78)	394,262	2,390	11500.00	92.50	2.92	3.87
Annual Plans (1978-80)	121,765	1,463	3688.00	47.84	3.03	3.27
VI Plan (1980-85)	975,000	5,600	24884.00	142.30	2.55	2.54
VII Plan (1985-90)	1800,000	10,500	42295.00	230.00	2.35	2.19
Annual Plans (1990-92)	1273,789	7,876	29634.00	247.20	2.33	3.13
VIII Plan (1992-97)	4341,000	33,872	105500.00	860.00	2.43	2.54

Source: (i) Govt. of Himachal Pradesh (1989). *An Overview of planning in Himachal Pradesh*, Shimla, pp. 25-91.

(ii) Govt. Of Himachal Pradesh (1991). *Draft Eighth Five Year Plan, 1992-97*, Shimla. pp. S-384-93.

(iii) Govt. of India (1993), *Economic Survey*, 1992-93, New Delhi, pp. S-45-49.

total tax revenue declined from 8.0 per cent in 1960-61 to 4.5 per cent in 1980-81 (Govt. of India, 1983). This share has decelerated further to about 3.0 per cent, currently. The revenue requirements of these bodies were more than the double of their actual accruals in 1991.

At the same time, the municipal bodies are found least interested in rationalising their taxation policies as well as in making full collections against the existing financial requirements. The urban dwellers also expect that subsidised urban services remain continued and so called Indian soft state responds. Consequently, there is a severe resource crunch and the quality of services is fast deteriorating. In such circumstances, it is useful to examine the possibilities of involving the private sector in the work of providing urban services. But there is need for strong state to withstand the likely public opposition to such a proposition initially.

In Himachal Pradesh, where hill terrain acts as a handicap in rural-urban interaction, a large number of rural service centres have to share the obligations of towns. The identification, planning and development of such service centres has to be an integral part of any urban development policy. Appropriate arrangements are required for mobile services in inaccessible areas.

The most important and costly issue relates to housing and the growth of slums. In urban Himachal Pradesh there is an acute shortage of houses both for general masses and government employees. Only about 7.0 per cent of the state employees have been provided with accomodation. High and steeply rising house rents charged by the private house owners push many migrants into the slum areas. In the state, more than one lakh were identified slum dwellers by March,1990. Although it makes a negligible proportion (0.20%) of total slum dwellers (50.0 million) in India, yet it make nearly one-fourth of the total urban population in the state. The Eighth Five Year Plan (1992-97) draft of Himachal Pradesh states that the living conditions in slums were extremely poor, requiring environmental improvement urgently (Govt. of Himachal Pradesh, 1991, p.S.-392).

According to an estimate, about 34,245 housing units of various categories were required to accomodate government employees. For constructing these housing units, Rs.7500 million would be required at the existing cost index level. On the other hand, there was a big gap between the Plan targets and achievements. During 7th Plan (1985-90) it was targetted that 725 housing units would be completed, whereas, the actual achievement was only of 478 units. Backlog is a regular phenomenon in housing sector in the state. 300 housing units, proposed to be completed by March 1992, have spilled over to Eighth Plan. The 8th Plan (1992-97) target is to construct 1500 pooled government housing units with an outlay of Rs.32 million. Of these, 130 are to be constructed in tribal areas. If previous performance is taken as a barometer of H.P. Govt's achievements, then the targets outlined for the 8th Plan are not likely to be achieved.

Here the experiences of government sponsored housing schemes for the poor is worth recounting. Several such houses/ dwelling units or even housing sites ultimately slip into the hands of the middle class. Quite many poor go back to slums after disposing off their houses or sites obtained at subsidised rates from the government.

It can be inferred from the above that the urban housing schemes are likely to be more successful if these prominantly target the middle income group. This class of people, particularly the salaried, is the most inclined group to build a house not only for personal use but also for part renting. They are stimulated for this by a part necessity and a part capacity. By comparison, the rich have the capacity but do not feel the necessity of investing in housing as a commercial

proposition. The poor have the necessity but not the capacity. Only heavy subsidisation will be of real help to them. It is the middle income group which makes any personal sacrifice to own a house. Such an instinct can be effectively manipulated for augmentation of the urban housing stock.

Urban land management is rightly posed as the key issue in urban development. The major task relates to an equitable supply of urban land, recycling of the urban land under outmoded industry or blighted housing, and optimal use of any vacant land. Research studies should also give a precedence to urban land over urban demography, which has been the major thrust so far.

In this regard acute shortage of land is one of the major handicaps in hill towns. As such, identification of additional usable space and conformity of new land uses to local relief are two primary concerns of urban development planning in a hill state. In fact, building land use planning is to take precedence over land use planning in case of Himachal Pradesh (NIUA, 1984, p.55).

Above all one has to face the question: Should urban development remain a state subject or be transferred to the concurrent list? Urbanisation, by its nature, has a cross-country network. For this national perspective is desired. Moreover, urban problems in the case of several cities are spilling beyond the existing boundaries of concerned states. Inter-state solution to their problems becomes a must. Such a situation has, however, not yet arrived in Himachal Pradesh. The poor resource base of the municipal bodies makes much serious a problem here. The cost of providing services to hill towns is quite high. This is due partly to their uneven physical disposition and partly to dispersed pattern of population within. At the same time, their capacity to generate internal resources is limited due to small-base of population[2]. The surrounding rural areas also do not provide the requisite support to their economic base (NIUA, *undated*, p.56.). Hence, the towns in Himachal Pradesh have to depend on resource transfers from the state government which in its own turn face resource crunch quite frequently. Therefore, liberal assistance from the Centre make an essential requirement for running urban services.

Concluding Remarks

Ironically, neither the national government nor the state governments looked at urbanisation as a gainful phenomenon for long. Rather, they felt alarmed at the process of rural-urban migration in general and at the rapid growth of cities, in particular. Development programmes were implicitly/explicitly designed for restricting urbanward movement of population so as to contain the growth of big urban centres. The strategy, however, became counter-productive. It makes a case of distorted perceptions and unproductive strategies.

Happily, the government of late has shown change in its thinking on the issue. Urbanisation is now visualised as generative of economic growth and employment opportunities. There are second thoughts on desirability of the government's direct intervention for slowing the urbanisation process, or modifying the city structure, or changing the pattern of urban population.

An earnest desire to manage urban affairs through a new policy culture seeking production efficiency and cost effectiveness is visible. Nevertheless, there is a need to identify the major urban issues so as to decide on the priorities for dealing with these. The primary issues relate to :

i) Redefining the role of municipal bodies,

2. According to Shri B.K.Chauhan, former Commissioner of Shimla Municipal Corporation, "The entire income of the Shimla M.C. is spent on Estt. Charges alone and Corporation has no funds of its own to improve the existing civic amenities. The position of small Committees can easily be judged" (IDES, 1985, p. 137).

currently almost ineffective ;

ii) Identifying management alternatives for provision of urban services ;

iii) Solving the housing and slum proliferation problems through special incentives to the middle income group ;

iv) Placing urban land at the centre of urban management strategies ;

v) Debating the question of bringing urban development to the concurrent list from the present status of state subject ; and

vi) Evolving the harmonous relationships between the policies of urban-industrial development and promotion of environment and ecology specially in the hill regions.

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PROCESSES AND FACTORS OF METROPOLITANIZATION IN INDIA

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A quiet revolution is taking place in the Third world countries in the form of rapid urbanisation. But unlike the West, urbanisation here is not related to economic development. People migrate from rural poverty to tertiary sector directly in the absence of broad based secondary sector. Colonial subversive mechanism and misdirected policies of the post-independence India are behind this spurious urbanisation which has created a few islands of prosperity amidst vast sea of languishing medium and small towns. These big cities have started proving a bane of urbanisation.

Introduction

Urbanisation is inevitable as it is intricately linked with the process of economic growth. Industrialisation and urbanisation generally lead to progressive decrease in dependence on agriculture. In the Third world countries urban growth has special manifestation as it reduces the disparities between rural and urban incomes. Natural concomitants and inextricable modernising influences trail along urbanisation such as better civic amenities and employment opportunities. Above all, it is an urban environment which delivers the goods for better social, cultural and economic life.

In India, planned development since independence and resultant social transformation has geared the process of urbanisation. New industrial and liberalised economic policies of the present government and congenial climate for foreign investment are going to accentuate further urban growth by the turn of century, particularly in the National Capital Region.

Level of Urbanisation

Despite the recent acceleration in the rate of growth of urbanisation the pace of urbanisation in India still remains comparatively low.* Out of 124 countries tabulated, the level of urbanisation in India (23.7% in 1981) was 91st in rank. The rural urban growth differential (URGD) in India for 1971-81 was about 2.1% which placed India at 97th place in 124 countries. In terms

* Level of urbanisation 1991: World 45%, Australia, New Zealand 85%, Japan 77%, N. America, S. America 72-75%, Central America 66%, Africa and Asia 34%, Pakistan 32%, India 26.1%.

of rate of growth of urban population India is placed about 70th in rank (Mohan, 1982). However, in terms of absolute numbers of urban dwellers, India's urban population has grown from 25.9m in 1901 to 217m in 1991. As many as 61m people were added to India's urban population in as short a period as a decade i.e., during 1981-91. It is needless to say that it was much bigger than the total population of most of the countries in Africa, Latin America, Europe or even in Asia. India has added to its urban population one Iraq, or Turkey or Thailand during 1981-91 alone (Premi, 1994).

Trends in Urbanisation

During the last 90 years (1901-91) total population of India has grown by 3.5 times, urban population by 8.5 times and rural population by 3 times. The total number of urban areas which were 1811 in 1901 rose to 3696 in 1991 registering an increase of 104 per cent only. This reinforces the fact that most of the growth of urban population is taking place through the enlargement of existing towns. This hyper urbanisation has implications for both rural and urban populations, viz ; a) pressure of population on rural land has not decreased, this aggravates rural poverty, b) rural-urban migration takes place by way of selective migration where the best people migrate, c) heavy pressure on urban infrastructure and heavy inflow in urban labour market and d) people are moving from rural unemployment to urban poverty.

It is, however, interesting to note that while urban population in India had recorded a growth rate of 46% during 1971-81, its growth declined to 36.19% during 1981-91. This decline in the rate of growth of urban population is indeed intriguing, particularly when 61m urban dwellers have been added to the urban population during 1981-91 alone. Only 9.47% of this addition of 61m. to the country's urban population was attributable to addition of new towns. The corresponding figure for 1971-81 period was 14.91%. It was so because 769 new towns were added during 1971-81 while only 451 new towns were added during 1981-91. Moreover the incidence of rual urban migration also seems to have been arrested marginally.

During 1981-91 average annual exponential growth rate of rural population (1.80%) was, slightly higher than what it was in 1971-81 (1.78%). This marginally higher growth rate of rural population experienced during 1981-91, however, cannot be termed as significant atleast for causing a decline in growth rate of urban population (Singh, 1992). Increase in rural population was attributable to comparatively sharper decline in the death rate of rural population during 1981-91 which was 12.2 per thousand *vis-a-vis* 15.8 per thousand observed during the preceding decade 1971-81. If urban growth by size-class of towns is analysed, two prominent features emerge. First, variations in the levels of urban growth in different regions and second, tendency towards concentration of population in larger cities.

Uneven Distribution of Urban Population

Although only 26.1 per cent of country's population had an urban residence, yet there were wide regional variations in the degree of urbanisation. Mizoram with 46.12 per cent of its population living in urban areas was the most urbanized state in the country. It was followed by another small-sized state of Goa where 41.2 per cent population had urban residence. From among the major states Maharashtra recorded the highest percentage of urban population (38.73). It was followed by Gujarat (34.4%), Tamil Nadu (34.2%), Karnataka (30.9%), Punjab (29.7%), Manipur (27.7%), West Bengal (27.4%), Andhra Prasdesh (26.8%) and Kerala (26.4%). These were the states which had comparatively higher degree of urbanisation as in all these cases the proportion of population living in

urban areas was higher than the national average of 26.1 per cent. The hill states of Himachal Pradesh and Sikkim with only 8.7% and 9.1% of their population living in urban areas respectively, were on the other end of the scale. Generally, the Union Territories in India are highly urbanized. Chandigarh with 93.6% of its population and Delhi with 92.8% of its population living in urban areas respectively were the most urbanized Union Territories. Pondicherry (64.0%), Lakshadweep (56.3%) and Daman & Diu (48.8%) were moderately urbanized territories while Andaman & Nicobar Islands (26.8%) and Dadra and Nagar Haveli (8.5%) were the least urbanized territories of India.

Among various regions, the western region comprising Gujarat and Maharashtra which has 14% of country's total population, accounts for about 20% of country's urban population. Foursouthern states of Karnatka, Kerala, Tamil Nadu and Andhra Pradesh having 23% of country's total population contribute 27% to the country's urban population. Eastern region comprising of Bihar, West Bengal, Orissa, seven sister states of the Northeast has 26% of country's total population whereas its share in the country's urban population was only 18%. Similar is the case with northern and central zones both of which have larger share of the country's total population but contribute very little to the country's urban population.

Concentration of Population in Large Cities

The urban pyramid of India has undergone a radical change. The number of metropolitan cities as well as proportion of population living in such cities has been going up. In the beginning of the century there was just one metropolitan city (Calcutta) but there were 9 in 1971, 12 in 1981 and 23 in 1991. Likewise, whereas, in 1901 only 5.84% of the urban population resided in metropolitan cities, the figure increased to 12% in 1941, 22.9% in 1961 and 26.4% in 1981. The 23 metropolitan cities of 1991 account for nearly 1/3 of urban population (32.54%) and 1/12 of total population (8.37%) of India. Remaining 277 class I cities account for another 1/3 of urban population. Decadal variation of population in 23 metropolitan cities has also been very high i.e., 67.76% during 1981-91. Four mega cities together contain 37.2 million people which account for 1/6 of total urban population in India and 1/4 of population living in 300 class I cities. Remaining 3396 towns and cities together had 1/3 of urban population of the country. The 300 class I cities contain 64.89% of urban population of India.

Thus majority of urban population in different regions is concentrated in bigger cities. If Calcutta was excluded, the level of urbanisation in West Bengal would come down from 27% to 13% only. Similarly, the level of urbanisation in Maharashtra would nose dive from 39% to 27% if Bombay was excluded. Similarly, union territories of Chandigarh and Delhi with level more than 90% of urbanisation stand over conspicuously in poorly urbanized surroundings.

It signifies a trend of concentration or metropolitanisation in the process of urbanisation. Class I cities alone have registered 78.48% of growth during 1981-91. Class I and II urban settlements together have contributed 87.55% of total addition of urban population during 1981-91. Out of 300 class I cities, 133 cities are with population size of more than 2 lakh each and share 83.58% of population residing in class I cities. There are 63 cities which have registered a decadal population growth rate of more than 50%. Apart from 4 mega cities, most of the 19 other metropolitan cities had also very fast growth implying that actual metropolitanization has begun during 1981-91. More alarming situation is that most of the other industrial centres or big cities are also coming up on the periphery of these 23

metropolitan cities. Small towns are becoming increasingly insignificant in the present process of urbanisation. As per 1991 census these towns account for less than 11% of urban population. This is a clear decline from 47% in 1901 and 29.7% in 1951 census.

The census results of 1991 explicitly confirm the process of concentration of urban population in bigger cities. 30 cities with population between 5 lakh to 10 lakh will further boost this process. Number of metropolitan cities is expected to be around 40-45 by the turn of this century.

Causes of Metropolitanisation

Colonical Trap : Metropolitanisation of India's urbanisation has its roots in the evolution process of settlement patterns in colonial times. Colonial urbanisation should be viewed as an expression of the set of relationships which evolved metropolitan economy. This set of relationships in a colonial situation is organised around the principal axes of domination and dependence in relation to development. Structure of colonial urbanisation is determined by three factors: (i) economic structure of the region, (ii) mode of economic integration, and (iii) complex of dominance. There were two types of dominations over India. One, colonial administrative domination, where the British had direct administration and complete control over resources and, two, capitalistic commercial domination, which was expressed through terms of exchange, market control and subjugating native capital. Under this situation production base of Indian economy was shattered and resource base was also depleted. This naturally reduced the degree and pace of urbanisation in colonial India and produced a new geographical configuration. The capitalistic commercial domination flooded the Indian markets by cheap machine made goods. It led to the collapse of the indigenous handicraft industry. Both the composition of trade and the traditional trade route underwent a radical change. It was replaced by a system that focused on port towns. This led to urban primacy and earlier urban net work lost the geographical specialisation they had achieved during medieval period and became in most cases trading centres assuming collective and distributive functions. Colonial urbanisation led to urban atrophy which was reflected in terms of deurbanisation, tertiarisation of urban economy and existence and further intensification of the primacy sector.

Investment of Capital in Selected Towns : Even after independence we carried the legacy of colonial period and selected bigger cities as centres of economic activities as only these cities had some infrastructure. About 60% licences were given to a few houses situated in four big cities. There was a rapid progress in consumer goods industry which was urban based and did not help agriculture. Public sector became big investor and investment went to new towns like Bhilai and Rourkela. 70% of foreign investment was going to plantation and railway construction which indirectly gave boost to metropolitanisation. Some aspects of colonisation persisted and foreign aid became important factor in industry. Multinational corporations collaborated with Indian businessmen, this investment also went to four big cities.

Post Independence Urban Development Policies : Our urban development policies too fuelled metropolitanisation. In first two Five Year Plans the sector of urban development was either ignored or development centred around large cities. Fifth Five Year Plan had an ambitious scheme named as Integrated Urban Development Programme (IUDP) which financed some medium and large size cities with a view to checking immigration to big cities. More than 63% IUDP funds, however, went to Calcutta, Madras and Bombay, though 31 cities were covered under a total disbursement of over Rs.1.36 billion.

Languishing Small and Medium Towns : For the development of small and medium towns no concrete effort was made. During sixth Five-Year Plan a centrally sponsored Integrated Development of Small and Medium Towns (IDSMT) was launched to cover over 500 towns to help them better serve their rural hinterland and divert migrants heading for large cities. But due to lack of coherent urban development policy and faulty implementation, the plan showed no impact and these towns could not develop into viable attractive centres as cherished by National Commission on Urbanisation in 1988. Many towns actually registered a decline and most failed to grow or serve their hinterland better.

Private Sector in Big Cities : Industrial policy of decentralisation probably worked for public sector projects only. A huge private sector based in big cities is utilizing the economies of scale. Infrastructure of Delhi, where there were some 88000 industrial units in 1992, is being exploited not only by Delhi itself for industrial development but by neighbouring states of Uttar Pradesh, Haryana and Rajasthan also. Industrialists in NOIDA, NIT Faridabad, Udyog Vihar Gurgaon, Dharuhera Industiral Area in Rewari and Bhiwani, Industrial Area in Alwar operate their business from Delhi. There has not been sincere effort to decentralise economic activities in Delhi. In 1982 there were 225 public sector undertakings in India. Out of these 47.4% undertakings had their head-offices or liaison offices in Delhi. Obviously many of these offices are creating unnecessary crowding in the city. Moreover, these offices are the major sectors attracting migrants. Delhi's 119% higher per capita income than the all India level in 1986-87 may explain the mammoth inmigration in the capital city.

Evolving A Strategy for Alternative Growth Centres : Big cities with overloaded civic infrastructure are bursting at their seams. They are becoming increasingly unmanageable and chaotic. Provision of reasonable urban amenities to even the existing population in big cities would require massive investment of Rs.3000-3500 crores per annum. The degrading environment and shooting crime rate in the cities make the reversal of the process of metropolitanisation highly pertinent.

The solution to the present day urban muddle does not lie in making existing big cities grow bigger as developing suburbs that soon became uglier and phantasmagoric extensions of the parent cities. The poor migrate from rural areas and even from small and medium towns to big cities because there is paucity of infrastrucutre and employment opportunities are meagre. New approach requires more investment and initiatives in new towns so that they can act as counter-magnets' to metropolitan cities. Development of small towns holds the key which can to a great extent relieve the leviathan cities' burden. Funds for developing alternative growth centres have to be found and development plans implemented posthaste. In the long run planners would find it cheaper to fund development of newer towns rather than pump money into big cities to improve their overloaded civic services.

The need to decentralise has become paramount. Central and state Governments must take the lead by shifting less important departments and offices of public sector undertakings away from capital cities. Huge private sector sitting in big cities should also be persuaded to shift to medium or small towns. Industries that have no direct bearing on the consumer needs of the city should not be allowed to come up within its environs. Rather incentives should be provided to set them up in smaller towns. The umbilical cord of job prospects, civic amenities and entertainment that sucks migrants to the big cities has to be cut and fragmented in order to develop feeder lines to newer towns and cities.

Funding of building activity will have to be coordinated to halt the slumming of cities. Cheaper building material needs to be devised to excise cost. Involvement of private sector in housing industry has proved fruitful. Site and service scheme and site improvement programme of older parts of the city may check frequent owning of new plots and their construction by immediate generation.

While developing small and medium towns, aspects of integration particularly with rural hinterland and emphasis on urban poor in terms of providing major share in housing, land and employment opportunity have to be taken care of. Mixing of land uses has to be allowed cautiously and carefully. Commercial use of residential areas increases land prices forbidding middle class from their access to housing. This increases squatting. National Commission on Urbanisation has recommended low rise high density development (LRHD) in our cities considering factors like land availability, land utilisation, energy consumption, traffic generation and other related aspects.

Drastic trip reduction is possible particularly in metropolitan cities by way of developing a sort of self contained districts. Urban structure which we have today, nonetheless, would demand lengthier and more number of trips to be met with. Bus based systems have not been able to satisfy the trip demand. Choice of mode now has fallen on rail based mass transit system. In Bombay because of trains nearly 80% of total trips are served by public transport. Rail based system will relieve pressure from oil energy and would mitigate pollution.

Planning legislation needs uniformity and flexibility to adjust to the changed environment. Land Acquisition Act (1894) and Urban Land (Ceiling and Regulation) Act 1976 should be updated. Urban land record and urban land price publication system as is prevalent in Japan will help a lot.

Due to lack of executive powers the role of urban local bodies has remained dormant. Development authorities have only increased public sector role in planning and development but have also shadowed people's participation.

Conclusion

Though India has low level of urbanisation, its size of urban population is massive. Urban growth here is taking place through the enlargement of existing towns. There is tendency towards concentration of population in larger towns. This 'top-heavy'structure is being reinforced by prevailing urban situation as well as by new liberalised economic policies. Large number of small and medium towns are languishing for want of infrastructure. This lopsided urbanisation has its roots in colonial period where the capitalistic-commercial domination of the British nurtured port cities or new big towns only. This shattered the resource base of Indian cities. Even after independence investment was biased in favour of big cities and no serious plan was implemented to bale out small and medium towns. New strategy for alternative growth centres emphasises the rigorous implementation of existing host of regulations with determination.

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HUMAN RESOURCE DEVELOPMENT : SOME BASIC ISSUES

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The paper attempts to analyse the basic issues relating to 'Human Resource Development' which has been treated as a synonym of 'Human Development'. It stresses that any Human Resource Development index based on a few demographic and economic indicators only would necessarily fail to reflect the representative picture of human resources. Social values, attitudes, culture and power relations play a very important role in determining the quality of human beings. Accordingly, for any meaningful development of human resources, it is a prerequisite to effect desired improvements in obtaining social organisation, cultural fabric and power relations of a given society.

Introduction

A distinction has often been made between 'Human Resource Development' and 'Human Development'. 'Human Resource Development' has been conceived as concerned with effecting an increase in the productivity of man or with the formation of human capital. Human Development has been perceived as destination and Human Resource Development has been conceived as the means to achieve the same (UNDP, 1994, 17). Understandably, such facets of population as literacy and education; employment; and health and longevity assume significance in such studies concerning Human Resource Development or Human Development. However, the element of fertility automatically gets added to this list in case of less developed countries.

It is pertinent to examine as to what constitutes the human resource. It may include such quantitative and qualitative aspects of population as number, growth rate, education, skills, experience, health, expectation of life at birth, social and political institutions, cultural values, honesty, work drive etc. Even a cursory glance at this list reveals that these resources are so vital for human life that their development cannot be considered separately from human development. In fact, development in these aspects of life constitutes the core of human

development. It is in this framework that the concept of 'Human Resource Development' has been defined as the process which aims at "creation of the development of a man (Sic) who has the criteria of having good conduct, a great sense of social solidarity, sufficient strength in facing challenges, an orientation towards the future, and is intelligent and skillful, self-reliant, creative, productive" (GBHN, State Guidelines, 1988). Thus, 'Human Resource Development' focuses on the development of new, dynamic and creative human being. This goal is not very much different from that of 'Human Development' implying that both the concepts essentially cover the same ground.

There are two basic questions in this context. One, why, in practice, 'Human Resource Development' has been mainly limited to only a few facets of population i.e., literacy and education, employment, health and fertility etc.? and two why 'Human Resource Development' has been made out to be different from 'Human Development' ? The answers to these questions, lying in power relations in the society at large, are as follows: First, under the name of 'Human Resource Development', effort needs to be invested in only those aspects of population which make quick addition to productivity that is obviously the most immediate concern of the powers to be. Second, it involves much greater cost in time and money to work for overall 'Human Development', and, as such, it does not get even due attention, much less a priority attention. Third, overall 'Human Development' goes against politico-industrial interests as it promises to make human beings more strong and self-assured, and, thus, more difficult to be manipulated.

In this way, the ruling class finds it economically beneficial and politically expedient to delink 'Human Resource Development' from 'Human Development'. Similarly, this programme of partial development of human resources tends to find good market among people at large as they have only little awareness of comprehensive human development.

In order to analyse the basic dimensions of 'Human Resource Development', it is a pre-requisite to define goals and objective of such an improvement. Though generation of wealth plays an important role in human happiness, it alone cannot be taken as the goal of 'Human Resource Development' as it falls much short of human fulfilment. 'Human Resource Development' should be addressed to all that is human in *Homo sapiens* since 'the only final value is human life, or rather human living with all its richness and fullness of experience' (Wolfe, 1944, p.2). The goal of 'Human Resource Development' should be high quality of life, and freedom from constraints, and its objective should be to know and to enjoy living (Laet, 1971, p. 178). Thus, it involves enrichment of human life in its varied manifestations leading to emancipation of human being from various constraints and circuits of domination and exploitation. Such a framework of development would make for full realization of human potentialities in all fields — economic, cultural and political leading, in turn, to a better future for not only human life but also for other life forms and vari us life-support systems on this earth.

The results of development programs so far have been of a mixed type. The major successes have been registered in terms of

increase in food production, improvement in literacy rates, and rise in general awareness. On the other hand, notable failures of "development' are related to emergence of various stresses on human environment, increase in the absolute numbers of illiterates and also of those living below poverty line, and rise in the number of ethnic conflicts and other social tensions (WCED, 1987, p. 2). This situation has been aptly summed up in the first paragraph of the preamble to AGENDA 21 adopted at Rio de Janeiro on Environment and Development on June 14, 1992. It reads "We are confronted with a perpetuation of disparities between and within nations, a worsening of poverty, hunger, ill health and illiteracy, and the continuing deterioration of the ecosystems on which we depend for our well being (Sitarz, 1993, p. 28).

It follows from the above that Human Resource Development Programmes adopted so far have been far from successful. The results have been on the expected lines since these programmes were never meant to bring all round improvement in the quality of human life. As stated earlier, the main thrust of these human rersource development strategies has been toward creating a pool of trained, skilful and healthy labour force to further step up economic development only.

Indicators of Human Resource Development

Each aspect of human life is a resource in one way or the other. Thus, several indicators can be framed to express the level of Human Resource Development. The prevalent trend is to pick up some demographic indicators only along with some from economic aspects. It is notable that the choice of indicators is never free from value judgements which, in turn, largely stem from the obtaining power structure in a given society. A notable example in this regard is provided by a recent publication of the UNDP titled 'Human Development Report 1994'. Though it discusses various facets of human development, the composite index of human development is based on three indicators only : (a) life expectancy at birth ; (b) adult literacy rate (two-thirds weight) combined with mean years of schooling (one-third weight) ; (c) adjusted real GDP per capita. The Report recognizes that lack of data did not permit use of more indicators. But in the very next line it takes a stand that the use of more indicators would be no better as their addition "could confuse the picture and detract from the main trends" (UNDP, 1994, p. 91). Both these arguments in favour of merely three indicators for measuring level of human development are not tenable.

Lack of data availability should not be made an excuse to exclude very important aspects of Human Resource Development. What sort of data are to be collected and, more so, published is not determined by its importance per se but by the interest of the power structure in a given country. For instance, data on ethnic aspects of occupational structure, white collar crime, corruption at high places of power, and human rights violations etc. would seldom be collected or published in a systematic manner by any of the government, especially in the Third World Countries. However, such aspects are only too important to be ignored for the measurement of human development of an area. Therefore, even if such data are

not available, their surrogates need to be identified or, if need be, necessary field work be conducted to plug in at least a part of these important gaps in information.

Similarly, the particular position that addition of more indicators in the computation of Human Development Index would confuse the picture have been taken to stall their inclusion which would not have reflected favorably on most of the governments.

What needs to be emphasized here is that there is a very close relationship between power and knowledge since 'the exercise of power perpetually creates knowledge and conversely knowledge constantly induces effects of power' (Foucault, 1980, p.52). The same is reflected in the collection and publication of data by government agencies as well as in the selection, rank-ordering as well as exclusion of important indicators regarding the problem of Human Resource Development.

Basic Issues

After decades of planned development programs, overall quality of human population has not improved in a perceptible manner save in the fields of literacy rate, nutrition level, and freedom from epidemics. It is amply reflected in widespread growing feeling of unfulfilment, discontent, and alienation etc. There has occurred a deep erosion of human values and human dignity particularly in the developing countries. Notwithstanding its big role in providing various technological aids and other comforts, modern industrialization and the logic of profit have given rise to new forms of exploitation and bondage which are as harsh, if not more, as those of earlier times. To cap it all, it would perhaps not be far from truth to say that "the hopelessly mediocre and insipid man has already learned to feel himself as the goal and zenith, as the meaning of history, as "higher man" (Nietzsche, 1967, p. 43).

To stem the rot, and to effect meaningful improvements in Human Resources, there is a need to make human being as the be all and end all of development in place of the profit motive which reigns supreme in the present strategy of development.

The indicators being presently employed to assess level of Human Resource Develop-ment are not so sensitive and revealing. For instance, whereas literacy/education decidedly increases awareness and adds to skills of people, it also makes its own share in the bourgeoning white collar crime. Similarly, it contributes significantly to strengthening the circuits of exploitation and subjugation. Thus, it becomes clear that being a double-edged tool, literacy/education indicator needs to be carefully applied in the specific context(s) of obtaining moral values of people.

No doubt a good indicator of quality of human life, expectation of life at birth needs to be combined with quality of physical and mental health for getting a better appreciation of its contribution to Human Resource Development. For example, in respect of the population below poverty line or that tottering close to it, any increase in longevity might just mean more years of wretched life.

Similarly, the use of average employment fails to bring out the real situation in this regard. While making use of this indicator due attention needs to be accorded to the share of the aged people and the children in the working population. It goes without saying that higher the proportion of these two groups of workers in the working population, the lower would be the quality of Human Resource Development.

In the same way, mere rise in GDP does not furnish a sensitive index regarding the quality of human resources unless it is viewed in connection with the obtaining socio-economic disparities. If the increase in GDP is accompanied by widening of socio-economic disparities, its relation to Human Resource Development would have to be very carefully assessed.

Thus, the above indicators not only lack in requisite sharpness, but also cannot be meaningfully applied without reference to the obtaining socio-economic and cultural fabrics in particular areas. Similarly, the same indicator may not necessarily have the same meaning for the quality of human life everywhere.

A more meaningful and comprehensive view of Human Resource Development would result if it is analysed and assessed in terms of the following conditions: equity, power, freedom, and security. Where these conditions are found in greater measure for the people at large, there would be greater feeling of fulfilment, contentment, creativity, and social solidarity etc. and vice versa. Though it would require a much greater investment in terms of time, data, and effort to analyse Human Resource Development in this framework, the results would be surely on a sound footing and also of decidedly much greater academic and practical value. The above mentioned conditions of equity, power, freedom, and security can be covered under the following heads for the purpose of our analysis : (i) Socio-economic disparities ; (ii) Empowering people ; (iii) Freedom of thought and expression ; and (iv) Decolonization.

Socio-Economic Disparities : Socio-economic disparities in an area furnish a very sensitive index of quality of human life. Such inequities not only add to human unhappiness but also inspire and promote various social/regional tensions and conflicts ; these also go against the basic principle of justice which is so essential for sustainable development, nay sustainability of life itself. It has been rightly said that "Justice originates between parties of approximately equal power" (Nietzsche, 1986, p. 49). The impact of socio-economic disparities is also closely related with the proportion of population below poverty line. It bears emphasis that higher the share of people bogged in absolute poverty, the lower would be the availability of options for making a living, and, hence, lower the quality of life of population at large. Similarly, population below poverty line further adds to the manipulation and exploitation of even those who are a bit above the line. Under the circumstances both the rich and the poor suffer degradation in quality of life. The poor become just a faceless and voiceless crowd, while the rich either come to suffer from a guilt complex or, as usually the case is, may grow insensitive to human suffering. Hence, the result is erosion of quality of life of all strata of society.

Empowering People : Life *per se* does not carry any purpose or meaning. According to Nietzsche (1968, p. 356), it is the "Will to power" which gives all meanings and determines all "purposes" and "aims" of life. Each human being derives satisfaction and feeling of well-being from the acquisition of power — political, economic, social, and administrative. So, whatever adds to the power of the people would also add to the quality of human life. For instance, education, health and employment give satisfaction only if these add to power of human being through recognition, employment, and earnings etc. Similarly, culture adds to power as it helps promote identity of people and it also enhances human's capacity for self expression (Girard, 1983, p.170).

Empowering people necessarily involves devolution, decentralization and accountability at all levels of a society. Too much centralization "suffocates the creative spirit and abolishes the very possibility of freedom" (Huxley, 1960, p. 21). The mere right to vote is no sign of power or even democracy. Decentralization of power not only gives people a greater feeling of active participation, it also strengthens cultural democracy (Girard, 1983, p.172).

Freedom of Thought and Expression : One of the basic conditions for a healthy and balanced human development is the building up of "a transparent society, visible and legible in each of its parts" (Foucault, 1980, p.152). Freedom of thought and expression plays an important role in this regard. Such a freedom helps in keeping the ruling class in proper check against various types of misuse of power and also in arresting the growth of non-transparent patches of society at large. Besides, it works to stimulate human creativity and, thus, adds to quality of human life. It enhances the feeling of security among people. In the absence of such a freedom and security even the achievements in terms of higher education as well as income do not serve the desired purpose of human fulfilment. Thus, freedom of thought and expression is one of the essential conditions of human emancipation. In fact it is not possible "to become fully human in the absence of freedom" (Huxley, 1960, p. 116).

Decolonisation : Colonization undermines the very essence of human dignity. Therefore, there is an urgent need to go ahead to the logical end of the process of decolonisation in order to provide a better environment for human fulfilment and creativity. Colonialism needs to be abolished in all its forms, i.e., neo-colonialism, internal colonialism, and the interior colonialism. Till these patterns of subjugation last, the colonial mind will always be there scheming and manipulating for domination, exploitation, and impoverishment, be it crude or subtle. Such a situation is still obtaining to a large extent in countries which had been under external colonial rule for long periods. The colonial mind is equally insensitive to environmental degradation and to the plunder of resources anywhere, as it always sees things from the viewpoint of a colonialist.

Experience from various parts of the world amply reveals that compared to external colonialism, internal colonialism has been more harsh and degrading to human mind and culture. This has been especially

true of the countries characterised by pluralism. Though outside colonial powers have already withdrawn away from their earlier colonies, they have left behind the colonial mind fully entrenched in various forms and circuits of power. Large scale corruption at high places of power and other white collar crime in the world in general and the Third World Countries in particular is largely an expression of the colonial mind. Similarly, the unbridled trend toward homogenisation reflect the same malaise. In order to effect a meaningful improvement in human resources, there is strong need to decolonise the mind at various levels through proper education.

Summing Up

The concepts of 'Human Resource Development', and 'Human Development' address essentially the same issues. There can be no human resource development in the absence of human development and vice versa. To limit the concept 'Human Resource Development' to literacy, education, and longevity etc. only amounts to taking a very mechanistic and partial view of the problem.

If the goal of 'Human Resource Development' is to create a strong, creative, and a balanced human being, then there is a need to provide necessary conditions in this regard. The basic conditions necessary for human emancipation include equity in various fields, empowerment of people, freedom of thought and expression, and decolonisation of mind. In the absence of these basics, no amount of wealth and comforts can provide the feeling of human fulfilment.

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HUMAN RESOURCES DEVELOPMENT - A CASE STUDY OF SELECT SLUMS OF HUBLI - DHARWAD CITIES

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India's urban population has doubled in the last two decades and a considerable percentage of it lives in slums. Initially the Government contemplated the elimination of slums by providing minimal acceptable housing. Facing resistance and also realising the enormity of the task, it shifted the empahsis to upgrading and providing basic amenities and services in the existing slums.

The paper is, thus, a brief study of facilities provided by the Government as well as a study of the socio-economic status of slum dwellers of three slums in the twin cities of Hubli-Dharwad (Karnataka State) on the basis of primary data collected. It also highlights the role of a few NGOs acting as catalysts in the development of human resources in the slums.

Introduction

The ideals and philosophy of the universal declaration of Human Rights adopted by the U.N. in 1948 was intended to protect the rights of men, women and children around the world. It pleads that, "..... no distinction should be made on the basis of race, colour, sex, language, religion, political, national, social or other status". Thus, protection of social and economic rights and interests has become the responsibility not only of national governments but also of international development agencies.

Governments of all nations, at all levels (national, regional and local) have drawn up detailed plans to improve life and conditions of the people in urban as well as rural areas. These efforts have also shown some positive results. However, all these efforts at economic growth are getting fast neutralised by the steady rise in population, leaving many a people all round the world, well below the poverty line.

The National Sample Survey, 43rd round (1987-88), reiterates that 41.8 million urban population is below the poverty line in India and if Moin Qazi is to be believed, human deprivation in India is as in Table 1.

In India the immensity of the problems is so frightening even in the urban areas that both states and central governments have to tackle them on a war footing. If development goals have to be achieved, priorities have to be laid beginning with population stablization followed by universal education, reduction of poverty, unemployment and economic inequalities, satisfaction of minimum needs, raising of health standards and social status in short, development of human resources.

the last two decades between 1971 and 1991 from 109 million to 217 million. This is increasing steadily not only because of natural growth in the cities but also because of large scale migrations from the outlying and rural areas in search of employment and fortune. This naturally adds to the already overcrowded metropolitan and other urban settlements. These homeless concentrate in slums, on pavements, railway platforms, as also on government and private vacant lands.

Table 1

India : Human Deprivation, 1993

		(in million)
1.	People with no access to safe drinking water	22.00
2.	Deaths of children under 5	3.84
3.	Malnourished children under 5	46.09
4.	Children out of school	53.06
5.	Illiterate adults	280.00
6.	People below the poverty line	410.00
	a) Rural	320.00
	b) Urban	90.00

Source : Moin Qazi, Financial Express, April 1, 1993.

While talking of urban settlements and the urgent need for human resource development in urban areas, one cannot ignore slums and slum dwellings as they have become an integral part of metropolitan life, the urban ambience, horizon and environment. Even the most developed countries have their share of slums, shanties and ghettos. Though many of the inhabitants are job seekers, casual labourers, wage earners and artisans; and slums also shelter perverts, small-time criminals, smugglers and the general 'riff-raff' of society. Indian cities are no exception; even the small urban localities have a sprinkling of squatters hutment dwellers and slums.

India's urban population has doubled in

When these settlements proved a hindrance and became 'eye sore', the government contemplated the elimination of the slums as also provision of minimal acceptable housing on a massive scale in distantly located resettlement areas earmarked for the purpose. However, it soon realised the enormity of the problem-it was not only economically unviable, there was also stiff resistance from the dwellers against uprooting them to far flung areas making regular commuting very expensive. The government has thus had to resort to the alternate policies aiming at upgrading and providing necessary amenities and services in the existing slums.

Though all those who live in the slums are not poor, most of the poor in urban areas

are concentrated in the slums. One of the primary goals of development programmes is to improve the quality of life of the people. It becomes incumbent to provide and assure educational, health, employment and recreational facilities in these areas.

Slums have come to stay and have become a way of life; they cannot be uprooted and cannot even be shifted. It thus becomes necessary to improve the quality of life of the slum dwellers. They are not to be treated as 'outcasts and lepers' but as dignified 'human beings'. They do not have to be pitied but helped towards a better hope and future. It was in this context that an attempt was made to study the quality of life in a few select slums of Hubli-Dharward cities and the role of the government and NGOs in the task of raising the standard of living of the slum dwellers and making their life worthwhile.

The Study Area

The cities of Hubli and Dharwad, actually 20 kilometres apart have since 1962 been merged as 'twin cities' under a single city corporation. With a population of 647,640 (1991), they form the second largest urban complex after Bangalore in Karnataka. In spite of the merger, each city has maintained its individual characteristics- Hubli, a commercial and industrial centre and Dharwad, an administrative, educational and cultural centre.

These twin cities are situated in the *Semi-Malnad* tract of north Karnataka. Dharwad at 787 metres and Hubli at 655 metres above mean sea level. They are situated on a watershed with low hill ranges and isolated hogbacks alternated with narrow valleys to the west; an undulating plateau of black soil in the east; the Shalmala river drains to the south-west and flows into the Arabian sea; and Bennihalla and other tributaries of river Malaprabha to the east. The twin cities also enjoy a healthy and salubrious climate.

From the angle of economic development, the twin cities enjoy definite advantages - both are connected to Poona-Bangalore NH-4, and the important railway route between Bombay and Bangalore, thanks to a massive programme of conversion from meter to broad guage, near completion.

Slums and the Development Programmes

With the growth of population and plans for development a number of extensions have come up in the reclaimed tank beds and many of the villages within the belt (between Hubli and Dharwad) have been included in the urban corporation limits. With government programmes for further industrialisation, the area between Hubli and Dharwad has also been declared as industrial belt. Demographic experts have projected that this would increase the population to 9.4 lakh by 2001 A.D. The spurt in industrial development in this region and the attendant migration of population has resulted in the inevitable growth of slums. The Karnataka Slum Clearance Board has identified 127 slums in the twin cities, the second largest after Bangalore; out of these, 70 are government declared slums, 30 of them under the Slum Clearance Board and the rest, under the Corporation, for various development schemes.

The Karnataka Slum Clearance Board was constituted by the state government to look after slum clearance and slum improvement work in the state under the Karnataka slum Clearance/Improvement Act, 1973. This Board looks after slums earmarked for it, while others are directly under the Municipal Corporation. The Urban

Development Authority and the department of Town Planning assist them in preparing layout plans for improvement and rehabilitation of slum dwellers.

The urban development policies in India upto the Sixth Plan (1980-85) were directed towards housing, slum clearance, slum improvement and upgradation. During the Seventh Plan as well as in following two annual plans, the programmes were linked with the creation of employment opportunities. The programmes launched by the government for the poor in the state, including the slums are listed in Table 2.

If the plans and programmes have been ambitious the financial outlays are not far behind (Table 3). The following table shows the approved outlays for the urban development sector during the Seventh Plan (1985-90) and annual plans of 1990-91 and 1991-92.

Table 2

India : Slums Development Programmes

1. Environmental Improvement of Urban Slums-E.I.U.S. (since 1974)
2. Urban Basic Services (since 1986)
3. Nehru Rozgar Yojna-NRY (1989) for people below the poverty line
   (a) Scheme for Urban Micro-Enterprises-SUME-With an income of less than Rs.11,850 per household.
   (b) Scheme for Urban Wage Employment-SUWE
   (c) Scheme for Housing and Shelter Upgradation-SHASU
4. Urban Basic Services for the poor (improved) since 1990-91 annual plan.
5. Improved EIUS-enlarged scope-to include physically and mentally handicapped children.
6. Scheme for Educated Unemployed.
7. Housing and Shelter Upgradation Scheme for the Urban Poor under NRY (for cities with a population of between 1 and 20 lakhs).
8. Schemes by co-operatives for different income groups with the help of the apex federation and loans from LIC, HUDCO and scheduled banks.
9. Development Scheme for Minority Communities.

Source: Govt. of India (1992) : *Eighth Five Year Plan*, 1992-97 Planning Commission, New Delhi.

Table 3

India : Plan Outlay (Approved) for Urban Development (Rs. in crores)

	Seventh Plan	1990-91	1991-92
State Sector (Karnataka)	30.00	14.25	17.86
Central Sector (For Karnataka)			
(a) Urban Basic Service	5.00	25.00	23.00
(b) Nehru Rozgar Yojna	—	120.00	113.00
(c) Scheme for generation of employment for the educated in urban localities	—	—	2.00
(d) Water supply and sanitation	3008.17		1651.89 (1990-92)

Source : Govt. of India (1992) : *Eighth Five Year Plan, 1992-97*, Planning Commission, New Delhi.

The above is only a part of the funds earmarked by the government and spent on urban development (including slum areas). The SCB and MC claim to have implemented schemes and provided basic facilities in the slums-how satisfactory and how need based these are is a matter of debate. However, providing basic amenities alone will not solve the problems of the slum. Poor-facilities for education, creation of awareness on matters of health, hygiene, a clean environment and even the programmes by government are clear priorities as they are essential components of human life and in the process of nation building.

The present paper focusses on three slums : Chapparband colony declared slum in 1970s, Laxmisinganakeri declared slum in the 1980s and Jannatnagar identified by SCB but yet to be declared a slum. There are also marked differences in their population size and areal extent (Appendix I).

While Laxmisinganakeri has a higher proportion of Hindu households, the Muslim households constitute majority in Jannatnagar and Chapparband. Christians, Jains and others form a negligible percentage in all three slums. All the three areas have places of worship for each religious denomination. Chapparband colony has two mosques. Laxmisinganakeri has one mosque and one Kariamma (*devi*) temple and Jannatnagar has one mosque and one temple.

It may be noted that while the first slum has more of lingayats, marathas and some other non-scheduled castes, the other two have a higher concentration of the scheduled castes, tribes and backward caste communities. A large number of scavengers have settled in Jannatnagar. A unique feature, is a small settlement of 'Iranis' that has come up on the fringes of Jannatnagar (now, a part of the existing slum and has been recognised as such). The households here comprise mainly of women, young and old, a few boys and girls in their early teens, elderly patriarchs and children. The men are away in big cities, many of them even in the far north, having taken up various vocations which they keep on changing.

Considering the importance of safe drinking water and adequate sanitation as basic human needs of health and quality of life, all the slums have been provided with public drinking water taps. The source of water in the taps alternates between the Malaprabha Project and central bore connection on a daily basis. However, there is only one water tap with four connections in each slum resulting in the usual squabbles and abuses. The slums also boast of tube-wells with hand pumps as also wells. The water in these wells is polluted and thus not really potable and many of the hand pumps are in a state of disrepair due to the ignorance of proper handling and bureaucratic indifference. Public lavatories are also provided in these slums; infact Laxmisinganakeri has the maximum number (i.e., three) of such toilets. For the number of inhabitants they are highly inadequate and for want of proper maintenance they have mostly become unusable; the areas surrounding these public toilets, for want of any other facility, are generously used for defecation (Appendix I). Those who can afford and some who have relatives and men folks in West-Asia, taking advantage of government subsidy scheme have, constructed their own toilets. The 30 odd Iranian families, each with a *pucca* Janata house, enjoy the luxury of individual toilets.

The fate of the roads, both the main access road and the cross roads is no better (Appendix I). Every monsoon takes its toll of these roads and the *kuccha* roads become

total quagmires. Street light has also been provided, and many houses, due to television menia have opted for domestic connections (though a few can ill-afford this luxury).

Literacy, particularly for women seems to be the current slogan with the 'Saksharata Andolan' taking prime place, even centre stage. When other amenities are not quite satisfactory what could be expected on the literacy, schooling and education front in these areas? (Appendix I).

In spite of the fact that Dharwad is a known educational centre with two universities and many schools and colleges, the number of literates in the slum population is very small. Illiteracy is particularly high in Laxmisinganakeri. All the slums have schools and aganawadies. Chapparband colony has one *anganawadi* and one Urdu school. Laxmisinganakeri even boasts of unaided high school run by a private trust. It also has three *anganawadies* under the ICDS providing mid-day meals. Jannatnagar has one primary school (1-4 years) and one *anganawadi* (1-6) and two *balawadies* with 45 children on its rolls in the age group of 1 to 3 years. It is ironical that Laxmisinganakeri, with even a high school, has the highest rate of illiteracy. The 'Irani' colony on the fringes of Jannatnagar has also a '*Madarasa*' (Muslim school) catering to the children in their own language. Attendance in the creches is good. Though there are many students on the rolls of the schools, attendance is indifferent as supervision by the members of the household, who are all at work, is negligible.

Local medical facilities are limited. The inhabitants go to the government district hospital or private practioners for specialised medical treatment. Chapparband colony is perhaps better off as there are two physicians, providing OPD facilities. Jannatnagar has a *hakim* and one general physician. Laxmisinganakeri has only one registered medical practitioner. Conditions have improved considerably with the government earmarking, these slums to FPAI — a purely voluntary NGO.

The government, in collaboration with voluntary agencies has been able to achieve a modicum of success (Appendix I). Child marriages are still prevalent but they account for a small percentage. The median value of the age at marriage is 15+. This is perhaps not hard to understand due to a 'city environment' (Appendix I).

As the level of development also depends on economic status and occupational patterns, the percentage of households (incomewise) along with occupational structure was computed for the purpose (Appendix I).

A few households have taken advantage of self-employment opportunities under Nehru Rojgar Yojna. For example, there are two bakeries, one each in Laxmisinganakeri and Chapparband colony. In Jannatnagar a youth has opened a cycle repair and spare parts shop with the bank loan; one youth has a 'Khadi Loom' in his house and supply the finished products to the *Khadi* units. The main employment among the women folk is *beedi* rolling and 'udubatti' manufacture-raw material being supplied and finished products being collected by cooperatives. These are isolated cases. Most of the dwellers work as watchmen, domestic servants, carpenters, brick-making labourers, factory labourers, small-scale traders vending vegetables, fruits, plastics and vessels, stonecutters etc.

Concluding Remarks

It is true that in all these slums a few individuals are well to do, enjoy a good standard of living and provide the best

opportunities for their household but the lot of the majority is deplorable. This is not for want of programmes and development plans. There are innumerable schemes and avenues of financing these schemes but the government units sponsoring these programmes neither seem to think it necessary to educate and create awareness nor monitor and provide suitable follow-up.

Further, the people living in the slums do not have the cohesiveness of rural areas in this part of Karnataka; population in these slums consists of such variegated groups, castes and communities that co-operation and understanding do not come easily; trust and confidence have become alien to the urban ambience. There is an urgent need to form associations and local groups. *Mahila Mandals, Yuvak Mandals* and Young Womens' Information Centres (YWICs, which can become vehicles of reform and development (Appendix I).

Thirdly, the inhabitants have learnt no thrift and know very little about savings; liquor is a curse in these slums with as many as two or three *'addas'* per street. Though law bans gambling, it is rife in these areas and all earnings are thus wasted.

In recent years, the government has realised the need to draw upon the reserves of voluntary effort to create awareness, educate the inhabitants and provide necessary motivation. With the encouragement now being given by government to NGOs, voluntary agencies have come forward to sustain governmental efforts, act as liason as also to implement a few schemes of their own. One of the NGOs doing yeoman service is the FPAI under its UFWC. Clinical services, mother and child care, population education and support to and revival of local women's youth groups are some of the activities undertaken. Another NGO which is active in the area is the CCF (The Christian Children's Fund). Its primary effort is to adopt, after thorough investigation, mothers and children of very poor families and providing health care to them as well as assuring education for the children.

A new UNICEF scheme under UBS Programme has recently been inaugurated in Laxmi-singanakeri on an experimental basis. A Board has been constituted with the Health Officer in-charge and with members drawn from government, the corporation and prominent NGOs in the area. 70 women have already been identified as needy and deserving. Plans include drinking water facilities, sanitation, health, education, income generating projects for women, like; tailoring, embroidery, vegetable vending, ownership of autorickshaws etc. have also been envisaged. These 70 women will be trained in one of the skills and provided with loans. The important aspects of the UBS Programme are the plans for follow up and monitoring which were hitherto lacking; the task is uphill but a worthwhile beginning has been made when it is most needed because "development now has a deadline, failure to meet it will bring consequences for all. Development is now becoming a race against time in which we all have a stake. And overcoming the worst aspects of poverty is not only a moral minimum for our civilisation but a practical minimum for ensuring its survival" (UNICEF).

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Appendix I

Selected Slums : Various Socio-Economic and Development Characteristics, 1993

Characteristics		Name of the Slum		
		Chapparband colony	Laxmisinganakeri	Jannatnagar
A.	**Indentification**			
(i)	Area (in km^2)	0.012	0.007	0.025
(ii)	Population			
	Person	1741	4662	4473
	Male	909	2324	2264
	Female	832	2338	2209
B.	**Religious Composition (Households in percentage)**			
(i)	Hindu	43.2	60.1	38.3
(ii)	Muslim	56.5	37.4	59.8
(iii)	Christian	—	0.4	0.5
(iv)	Jain	0.3	2.0	—
(v)	Others	—	0.1	1.4
C.	**Caste Composition (Households in percentage)**			
(i)	Scheduled Castes	3.1	29.4	11.5
(ii)	Scheduled Tribes	3.4	12.7	3.5
(iii)	Backward	24.0	27.7	18.7
(iv)	Others	69.5	30.2	66.3
D.	**Water Supply and Sanitation Facilities**			
(i)	Municipal Tap	1	1	1
(ii)	Handpumps	1	3*	2
(iii)	Wells	2	1	2
(iv)	Public Toilets	1	3	2
(v)	Private Toilets	20	—	36 (6+36)
E.	**State of Road**			
(i)	Main roads	4 (Pucca)	1 (Pucca)	1 (Kucha)
(ii)	Cross roads (Tarred)	1 (Not maintained)	Kucha	Kucha

F. Literacy (Males above 7 years, in percentage)

(i)	Illiterate		24.9	55.1	36.8
(ii)	Class/standard :	1 to 7	39.7	29.7	42.5
		8 to 10	18.3	10.2	14.6
		11 +	17.1	4.9	6.2

G. Literacy (Females above 7 years, in percentage)

(i)	Illiterate		43.4	67.6	48.9
(ii)	Class/standard:	1 to 7	34.1	24.3	37.7
		8 to 10	13.1	5.9	10.2
		11+	9.4	2.2	3.2

H. Immunization Status of Children Below 2 Years and Expectant Mothers
(in percentage)

(i)	BCC	83.5	47.1	52.4
(ii)	Polio	74.6	39.3	45.2
(iii)	DPT	71.3	35.5	43.0
(iv)	Measles	55.6	27.3	36.0
(v)	Expected mothers	65.0	50.7	66.7

I. Female's Age at Marriage (Per cent distribution)

(i)	Age groups (in years)				
		Upto 10	2.2	2.0	2.9
		11 to 14	16.7	32.9	22.0
		15 - 17	26.0	38.9	44.2
		18 +	55.0	26.3	30.9
(ii)	Median Age		15.1	15.8	16.1

J. Households by Income Groups (in percentage)

(i)	Income Groups (income figures in Rs.)			
	Upto 1000	0.7	1.6	1.6
	1001 to 3000	24.7	46.5	25.3
	3001 to 5000	18.5	27.1	23.4
	5001 to 9000	23.6	18.6	34.8
	9001 to 10000	32.5	6.2	14.9
(ii)	Maximum Income	200,000	96,000	70,000

K. Households by Broad Occupational Groups (Figures in percentage)

(i) Occupational Groups

Unemployed	Nil	0.3	0.4
Housewife	5.5	5.4	7.5
Farmer	4.1	0.3	0.5
Agricultural labour	0.9	4.8	6.0
Other Labour	22.3	66.8	36.1
Rural Artisans	14.0	4.9	17.4
Service	21.9	7.6	17.4
Business	17.5	6.5	15.1
Profession	4.8	0.5	0.1
Others	7.5	2.9	3.9

L. Organisational Efforts

Organisations			
Mahila Mandal	1	Nil	Nil
Yuvak Mandal	1	Nil	1
Yavati Mandal	Nil	Nil	Nil

Source : Field Survey.

* Two handpumps are non-functioning.

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A CASE FOR INTERNAL MIGRATION POLICY IN INDIA

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Most of the studies on migration in India either describe the patterns of migration or analyse reasons of the moves. Little attention has been paid to the issue of migration policy. This paper examines the issue focussing on the need for a bi-focal policy on migration which ensures employment opportunities as well as better amenities of life in rural areas and also incorporates planning of cities/city surroundings.

Migration refers to the movement of people from one place of normal residence to another. It involves an origin, a destination, the distance between the two and the mover itself. With respect to the two locations the moves are classified as the migration between rural and urban settlements and inter-city migration. The 'local migration' and the 'regional migration' are relative in nature and mainly distinguished by the distance over which the moves are made. Similarly, based on different criteria migration can also be classified into many other types.

Among all the types of migration rural-urban migration is considered to be largely responsible for the emergence as well as expansion of city slums (Rao and Rao, 1984, pp. 2-3; Singh and De Souza, 1980, p.26). This type of migration is more pronounced in the developing countries like India (Chandna, 1992, p. 152 ; Roy, 1993, p. 85) where 40 per cent increase in the urban population was attributed to in - migration (Govt. of India, 1988, p. 89). Large cities receive more rural migrants (Gosal and Krishan, 1975, p. 200) resulting into a number of large-sized exploding slums in such cities.

A perusal of select literature on migration studies reveal that there is a dearth of research on the migration policy in India. Although a fair number of social scientists have studied different aspects of the phenomenon of migration, a majority of them have concentrated mainly on the resultant patterns and causative factors. In some research attempts a number of migration theories have also been propounded to describe different aspects of migration, but migration policy as such remains out of the focus. This paper, therefore, attempts to put forth a case for internal migration policy in

India. In particular, the issues addressed here are : i) Why migration takes place ? ii) What are the consequences of migration ? iii) Does India have a migration policy ? iv) Does India need a migration policy ? and v) What type of the policy is required ?

Migration a complex phenomenon is caused by several factors which are generally classified into 'push' and 'pull' factors (Mehta, 1987, p. 20). These factors affect the perception of the potential migrant about the destination (White and Woods, 1980, p. 7). Push factors in the rural areas include poverty, unemployment, low and irregular wages; uneconomic land holdings resulting from their repeated fragmentations ; poor facilities for education, health, recreation and other services; social rigidities of caste and religion, and insecurity of life from many angles. On the other hand 'pull' factors in urban areas may include better employment opportunities, regular and higher wages, fixed working hours, better social and cultural facilities and more secure and attractive life (Singh, 1987, p. 94). It is understandable that migration is a cumulative result of the 'pull' factors of the destination as well as the 'push' factors of the out-migration areas. However, the economic factors are the most vital in almost all the voluntary migrations (Mehta, 1987, p. 11; Ram, 1987, p. 43; Singh and De Souza 1980, p. 108 ; Smita and Chandna, 1991, p. 43). Singh and De Souza observed that the pull factors, in general and the economic considerations of the destination, in particular motivate the people to migrate.

Migration affects significantly the area from which migrants move out, the area to which people move to and the migrants themselves (Chandna, 1992, p. 159). Not only the attributes of population, such as, number, density, growth, ·rtility, mortality, age, sex, literacy, housing nd occupations of the two areas experien change but the entire socio-economic and cultural set up of both the areas is affected. In most of the voluntary migrations a significant positive change is observed in the quality of life of the migrants. In a new socio-economic environment migrants are bound to share and adapt the new environment, sooner or later. Most of the economically motivated migrants undergo economic improvement which is followed by a change in their socio-cultural characteristics. Thus, migration also results in an upward mobility in terms of economic as well as socio-cultural attributes of the migrants (Singh, 1987, p. 97). Above all the civilization gets enriched due to contribution of the migrants who link the two areas which is another great benefit of migration.

Migration tends to minimize pressure on resources of the outmigration areas by reducing their population growth (Grigg, 1980, p. 82). As an instrument of cultural diffusion (Bogue, 1959, p. 487) migration also helps in reducing the inequalities in development in between the native areas of migrants and their destinations. Thus, it characterises the process of percolation of development to the less developed areas for which development is essential to arrest outward movement of people from there. Therefore, the over all change in the backward and rural areas is largely associated with the migration. In addition, rural-urban migration does fulfil the need of labour in cities as also it provides a ready market for many products.

Migrants do contribute in the form of remittances to the people of the area of origin. Therefore, the role of migration is very significant in improving the quality of life as well as the socio-economic and cultural aspects of the rural people of out-migration areas (Curson, 1981, p. 93; Kaistha, 1987, p. 34 ; Singh, 1987, p. 98), even without involving the reproductive economic system,

in some cases. Besides, the improvement in education and demographic characteristics of the rural or less developed areas may also be attributed to the out-migration from there.

Migration provides opportunities for exposure to and interaction between the population groups having different socio-economic and cultural backgrounds. Rather the exposure to the migrants from less developed areas is often more beneficial for them. Also, migration through the migrants spreads the native lingua-religious traits and enrich the civilization (Chandna, 1992, p. 160), and contributes substantially in increasing the brotherhood at national level. Besides, in a sense, it can be seen as an important instrument promoting national integration (Dasgupta, 1988, p. 153). All this proves that migration is a desirable process.

There may be certain adverse effects of migration. Migration in large volumes can create regional, lingual and ethnic problems where as migration to urban centres can create a number of problems for the city administrators and planners. The slum problem in almost all big cities of our country is considered to be associated with the in-migration. Increasing pressure on urban resources, shortage of houses, deterioration in the quality of life and degradation of the urban environment are other problems related with migration.

Policy on Migration in India

Policy is a programme or a definite course of action or a set of rules framed at some social, administrative or political level to solve some problems, to achieve some objectives or to streamline an existing phenomenon. Essentially, it is always a problem-oriented programme.

Before one thinks of a migration policy it is essential to ascertain whether the problem is 'under migration' or 'excess migration' ? Or, do we need a migration policy to encourage migration or to check migration ? Therefore, it is very important to identify the problem and to decide the objectives.

The phenomenon of migration and its consequences, discussed earlier suggest that creation and expansion of slums in/around urban centres, particularly in larger cities is a major problem associated with migration and rural-urban migration is considered mainly responsible for that.

As stated earlier the existing literature on migration is deficient in studies focussing on migration policy in India. The recommendations of National Commission on Urbanization (Govt. of India, 1988) are aimed at improving the quality of life in cities by providing more facilities, regularising the unauthorised encroachments and converting the slums into multistorey houses, but nothing has been said about checking/containing the uncontrolled migration flows to large cities. Thus, the absence of any policy/restriction on the movement of the people within the political boundary of our country implies that people of an area can take the decision to migrate as their fundamental right and can go and live any where in the country. Some restrictions on the purchase of immovable or landed property by outsiders are, no doubt imposed by some states, such as Jammu & Kashmir and Himachal Pradesh but its impact, even on inter-state migration is not very significant.

Thus, the Indian scenario is characterised by 'no policy on internal migration' or an 'open or free migration policy'. Any one or a combination of the following factors may be responsible for such a situation :

i) Migration of any type is not a problem in itself and the problem of slums is being tagged with migration, unnecessarily;

ii) Even , if migration is responsible for

the slum problem in the cities, the problem is not perceived as acute as other problems faced by the nation ;

iii) Migration is the decision of an individual or a family. In a free state like India any restriction on migration in the form of policy means an encroachment upon the fundamental right of individuals with regard to their freedom of movement. Probably, this prevented the policy makers from framing some migration policy;

iv) The first moves are usually made by males, in their economically active age group constituting only a small proportion of the total population where as wives migrate with their husbands and children with their parents. Small numbers of the first movers may be a factor for non-formulation of a migration policy while a policy on the migration of wives and children or dependents may be an unwise step;

v) Migration, is a desirable phenomenon for reducing the inequalities in social, cultural and economic development. It also acts as a mean to defuse development, technology and innovations from more developed cities/ areas to less developed or backward areas. Therefore, the government may not have evolved/implemented any policy to check migration which would mean depriving the people of all advantages of migration;

vi) Migration is a complex phenomenon so its complexity does not permit formulation of some policy.

The crucial question is : Does India need a policy on migration ? The answer lies in the problems associated with the phenomenon. Although migration in India is not viewed as a serious problem in itself, even then a policy on migration can solve other problems associated, directly or indirectly with it. In view of the nature of the related problems the probable answer to this question would be 'yes'- 'India needs a migration policy'. But, we need a policy not to ban, or to stop or to revert migration but a policy to streamline migration in such a way that it creates minimum post-migration problems, particularly in large cities. Some aspects of the policy are detailed as follows.

The present inter - regional migration flows can be allowed to continue and migration to the developed areas having better employment potentials may not be stopped. However, large scale regional migration to such states as Assam and Maharashtra needs to be arrested, as it may create regional or ethnic problems and also, uncontrolled movement of population will lead to uneconomic dispersal of population across the various regions (Singh, 1987, p.105). Nevertheless, to minimize the regional variations in population density regulated migration to areas of potential development or of low population density such as Rajasthan, Madhya Pradesh, Orissa, Gujarat and some North-eastern states can be encouraged (Smita and Chandna, 1991, p. 49-50).

Rural-urban migration is very significant from the view point of associated problems discussed above. It involves two different situations-the less developed rural areas and the small towns and more developed urban centres. Therefore, an effective policy must take into account the prevailing conditions in both the areas. Thus, the appropriate policy should have two components : rural and urban. Under the rural component of the policy efforts at all levels should be made to nuetralize the 'push' factors of the rural areas. This, may be possible only by effective development programmes for the rural areas which can minimize disparity between rural and urban areas and thus, can reduce the

magnitude of the migration tides. Therefore, the effective planning strategy for that would be :

i) As a direct attack on the problem more employment opportunities should be created in rural areas. As far as possible raw materials may be processed upto a semi-finished form using indigenous or modified technology, in small and medium size units within the rural area (Mehta, 1990, p. 6).

ii) A large number of activities based on agricultural produce may be encouraged at important rural service centres each having productive catchment areas (Mehta, 1990, p. 6).

iii) Urban slums or increasing human pressure on urban resources is largely ascribed to the migration motivated by the better employment opportunities in big industries as well as in other related activities. Therefore, the diffusion of industries from large cities to district headquarters or medium size towns may bring the desired check/change in the direction of migration (Smita and Chandna, 1991, p. 51).

iv) People in the rural areas should be provided with all the amenities available in cities, such as proper health care and medicine, better education within their easy reach, uninterrupted supply of electricity, telephone service, bio-fuel for cooking, and sanitation. And above all they must be provided reasonably adequate reliable transportation service where by making their access easy to the place of work or to the town/cities. Although such a policy is more a policy on rural development, but it is certainly going to curtail out - migration from rural areas as the suggested infrastructure has potentials to absorb the educated lot as well. In addition to avoiding unnecessary rush to urban areas the rural development policy will also improve the socio-economic status of rural population (Kaistha, 1987, p. 34).

v) The new migrants in cities or in slums do face a number of problems in the initial phase of their settlement and some of them regret their decision to move into cities. Therefore, people in rural areas in general and in potential out-migration areas, in particualr be made aware of the problems in cities through the media. This may help them in taking the decision of migration with care and full understanding of the problems of the destination.

Although, the rural part of the policy needs a big investment in the rural sector but it is certain that its fruits will be reaped by both-the rural as well as the urban areas.

Urban slums are more attributed to the defective urban planning than the migration. There are, many schemes of 'slum clearance' or 'slum improvement' but there is hardly any policy on 'forbidding the development of (new) slums', 'avoiding slums' or 'slum control'. Therefore, under the urban part of the policy all efforts should be made to prohibit the development of new slums in the future, and a proper and advance planning of cities and city suburbs to help in achieving the objectives. For instance the 'defensive' and 'offensive' planning under the 'growth pole policy' of Tamil Nadu State adopted for the city of Madras (Meizer and Heins, 1985, p. 173) may help in regulating and controlling the growth of large cities. This apart, since the vacant land in cities becomes probable sites for the 'future slums', therefore, as a part of the urban planning the vacant land in, as well as around cities upto some distance can be acquired by the Govt. or by different authorized agencies, planned for different

purposes as per needs, and the eligible needy persons be allotted the plots/houses based on some criteria. Rules may be made in a way that division of plots can be restricted and prior approval for the construction of building on the plot may be made a pre-requisite for the start of construction. Restrictions on land and/or on the construction are easy to implement and feasible as well, instead of restrictions on the movement of people. Moreover, restrictions on urban migration is not a solution to the problem (Singh and De Souza 1980, p. 91). Thus, we need a good urban planning policy rather than a migration policy. However, simultaneous implimentation of both parts of the policy i.e. rural development and urban planning will curtail out the rural-urban migration on the one hand and will help in solving the problem of urbanization on the other.

Conclusions

Migration is a desirable phenomenon which helps in minimizing the regional or socio-economic and cultural disparities. It is considered an integral part of the development process and also acts as a media to defuse development, technology and innovations from more developed areas or cities to the rural or backward areas.

The literature has not witnessed any attempt on the migration policy of India. However, the non-existance of any check on the intra-national movement of the people implies that India has either 'no policy on migration' or an 'open/free migration policy'. Non-feasibility of imposition of restrictions on the mobility of people or, in a sense on their fundamental right of freedom for movement is the main factor for such type of situation.

Although, migration is not a problem in itself yet there are some problems, such as slums which are associated with the process of migration. These problems visualise their solution in a bi-focal policy under which, efforts should be made for the nuetralization of 'push' factors in the potential migration rural areas or small towns. These areas need to be provided more employment opportunities, financial and technological encouragement for the processing of raw - materials, infrastructure for agricultural service centres, better education as well as other facilities for making the living better in these areas and diffusion of industries from big cities to district headquarters/ medium size towns.

Under the urban part of the policy efforts should be made to prevent the development of 'migration slums' in cities in the future. This can be achieved by discouraging urban in-migration as well as by the proper and advance planning of land in/around cities. A strict policy regarding utilization, allocation, transfer and division of land or any type of construction on it can control the problem from further aggravation. Thus, we need a good urban planning policy to check the emergence of 'migration slums' in cities in the future.

However, simultaneous implementation of both parts of the policy will certainly prove more effective in minimizing the problems associated with the migration, in the future.

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YOUNG POPULATION GEOGRAPHER OF THE YEAR AWARD

The Association of Population Geographers of India has instituted Young Population Geographer of the Year Award with effect from 1996 for resident Indian Geographers. The modalities and guidelines for the same are as under :

(i) The award shall carry a cash prize of Rs.2,500/- (Rupees two thousand five hundred only) and a citation.

(ii) The award shall be restricted to young geographers below the age of 35 years. The qualifying date for age to be supported with Matriculation certificate shall be June 30 of the concerned year.

(iii) Single author research paper based on original research work in Population Geography whether published or unpublished shall be submitted for consideration of the award to the Secretary, Association of Population Geographers of India by 30th June.

(iv) The length of the research paper shall not exceed 7,500 words (all inclusive) excluding maps.

(v) Though no minimum number of contestants is required, yet the Association reserves the right not to award if none of the entries is upto the mark.

(vi) The awardee shall be presented the award at the Annual General Body Meeting to be held in the month of April every year. Second Class railway fare from his/her normal place of work to Chandigarh and back shall be given to the awardee for coming to Chandigarh to receive the award.

(vii) The research paper selected for the award may be considered for publication in the journal of the Association, POPULATION GEOGRAPHY, if not already published, with modifications, if necessary. The research paper so submitted shall, therefore, follow the format of our journal POPULATION GEOGRAPHY.

(viii) The decision of the panel with regard to the selection of the awardee shall be final and non-challengeable. The awardee shall be intimated about the award by the Secretary of the Association in due course of time. However, no correspondence whatsoever in this regard shall be entertained.

For further details and for any other information please contact :

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Note : Members are requested to intimate their latest address to the Secretary of the Association.

IN MEMORIAM

Dr. Amrit Lall, (1927 - 1994)

Dr. Amrit Lall, Associate Professor (Rtd.), Department of Geography, University of Windsor, Windsor, Canada, passed away on January 6, 1994. He was a life member of the Association of Population Geographers of India. He took keen interest in the activities of the Association and contributed research articles to POPULATION GEOGRAPHY as also to many other prestigious professional research journals.

Before emigrating to Canada in 1966 Dr. Lall had taught at Government College, Muktsar (1951-55); obtained his doctorate from Indiana Universtiy, Bloomington, U.S.A. (1958); worked as a lecturer in the Department of Geography, Panjab University, Chandigarh (1959-62) and as a reader in University of Delhi (1962-66).

A 'Gentleman Geographer', Dr. Lall was a great lover of fine arts. Himself a good singer he was endowed with a rich melodius voice. Dr. Lall was always keen to know about the life and career of his old students and would put in words of encouragement and inspiration to them off and on. During his visits to Chandigarh he would just not miss meeting his old colleagues and students.

Just when he was gradually recovering after a brief period of sickness we received the shocking news of his sudden demise. Dr. Lall would be missed by his students and colleagues alike - a warm affectionate person, a hardworking scholar and a noble human being who upheld secular values in the worst of circumstances.

Dr. Amrit Lall is survived by Mrs. Padma Lall, an accomplished teacher of Indian classical dance, and three children, two of them have completed their Graduation in Medicine from a Canadian Medical School.

Prof. (Mrs.) Swarnjit Mehta
Senior Joint Secretary, APGI

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I, Gurdev Singh Gosal, hereby declare that the particualrs given above are true to the best of my knowledge and belief.

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