CHAPTER VII
SUMMARY AND CONCLUSIONS

Development experience in the past showed that the macro-economic stability is an essential prerequisite for achieving the growth needed for development. Secondly, growth does not trickle down, development must address human needs directly. Thirdly, no policy will promote development, a comprehensive approach is needed. Lastly, institutions matter, sustained development should be rooted in processes that are socially inclusive and responsive to changing circumstances. The principal development challenges ahead, thus, include issues of poverty, food security, water security, ageing population, cultural loss, and environmental degradation. Rapid population growth was recognised as a policy problem both in developing and developed regions. It would prove difficult to accumulate enough capital to catch-up with the development and industrial countries even if population were stable. With rising population, the task might prove impossible.

However, the present study was undertaken to understand the policy and programmes to stop and even reverse the rising trend of population growth. It also followed administrative, institutional and organizational study of the health and family welfare programmes in Himachal Pradesh. Further, it aimed to examine the socio-economic, demographic and development determinants of fertility and population growth. At the same time, relationship between economic growth and population growth was undertaken for investigation. Lastly, this study was aimed at identification and examination of demographic stages and transition in Himachal Pradesh.

To accomplish aforesaid task, both cross-section and time-series primary and secondary data were used. Depending on its availability and other constraints the time reference could not be kept intact. However, homogeneity and uniformity of data in the relevant aspects were kept and ensured its rationality. However, secondary information in respect to demographic, socio-economic, development and income growth, and infrastructural and institutional developments etc. were based on the publications of government departments both at central and state level for the period 1901 to 2001 divided into different stages for carrying out the relevant analysis. Similarly, primary data
for the year 1999-2000 at micro and macro levels were also deployed. These have been presented and duly acknowledged at the relevant places of the text. The information were analysed with the help of relevant statistical tools and techniques mainly the correlation and regression.

The average annual growth of population in Himachal Pradesh stood at 1.75 percent during 1991-2001. To carryout district level analysis for economic growth and population growth, each district has been assigned the weightage and grading is done based on state level average growth of population. In otherwords, those districts registered population growth rate higher than 2.19 percent per annum (25 % higher than the state average) have been termed as very high in population growth. Those registered population growth between 1.75 and 2.19 percent per annum (upto 25% higher than the state average) are termed as high in population growth districts. The districts falling in the range of population growth rates of 1.31 and 1.75 percent per annum (upto 25% less than the state average) have been graded as medium in population growth. Lastly, districts with less then 1.31 percent growth rates (more than 25% less than the state average) are graded as low in population growth.

However, the results and discussions have been organized for presentation in seven chapters in all. First Chapter outlined the problem for investigation based on the work done in the past. The specific objectives and methodological aspects along with some organisational details of the report have been presented there in first Chapter. Second Chapter has been devoted to the literature review covering various aspects of the problem in hand at micro and macro level with both cross section and time-series or cronological details. Chapter third has been utilized for presenting the socio-economic and demography details of the study area. At the same time, the results of the econometric analysis with regards to socio-economic determents of fertility in Himachal Pradesh at micro level have also been provided in this chapter. Subsequently, infrastructural, organisational, institutional, health, and family welfare policy and programmes have been analysed in the present context in Chapter-IV. Beside, the results of the economic analysis with special reference to the association of institutional and infrastructural facilities with the level of development at district level in Himachal Pradesh have also been discussed in this Chapter. Fifth Chapter has been devoted to
discuss the relationship between economic growth and population growth in Himachal Pradesh. Further, the statistical results of the regression analysis witnessing the correspondence between these dependent and independent parameters have also been presented there. Sixth Chapter has been used for presenting the demographic changes and economic transitions in Himachal Pradesh. At the same time, efforts have been made to identity and present the demographic stages in this Chapter. Finally, the Chapter in hand summarises the discussion and also presents some policy implications.

Our study of the review of literature in the second chapter provided that any systematic studies for policy inferences have been very rarely available. However, studies are confined to identify the stages of demographic transitions based on different parameters. At the same time, numerous research studies on interrelationship between demographic variables and economic development were available. Since investment on health sector accounted for 3 to 6 percent of the total GDP, growth of population and inequality in income was affected to a considerable extent. It was found that Income growth affect population growth to a significant extent, while population growth increased labour supply and inequality in income. At the same time, economic growth determine the population growth. Studies have shown that higher income countries have lower population growth rate. Therefore, in this process of income and population change, industrialized countries have experienced various stages of demographic transition. Therefore, relevant studies to measure the population changes in both rich and poor nations have also been reviewed. Similarly, gender inequality and empowerment issues have been discussed.

Himachal Pradesh alongwith some other states has performed extremely well in reducing the rate of population and attaining the expected level of demographic change. Economic growth has resulted to stimulate this population transition. This also reduces gender inequality. But the sex ratio in the 0-6 age- group is worsening in most states and Himachal Pradesh also joins this race to some extent. On the whole, successful implementation of social, demographic, infrastructural and economic development programmes and women empowerment could be the reasons for desired changes in population in Himachal Pradesh. At the same time, outmigration and social insecurity in most regions of the country has been responsible for demographic invasion. Himachal
Pradesh registered 897 sex ratio in the age group of 0.6 years. This ratio for the country has been falling from 967 in 1961 to 945 in 2001. The standard sex ratio at birth ranged 943-952. Unfortunately, in the most prosperous states like Punjab, the 0-6 age group sex ratio actually went-up from 894 in 1961 to 908 in 1981 and then fell to 875 in 1991 and further to 793 in 2001. Similarly, Haryana has shown that its age group of 0-6 years sex-ratio fell from 902 in 1981 to 820 in 2001. In Chandigarh and Delhi, it reached to 845 and 865, respectively in 2001. Amongst these rich states, Himachal Pradesh could also be the Sex Selective Abortion Zone of India.

On the whole, sex ratio of 970 in Himachal is around five percent higher than the national average and is much better than neighbouring state of Haryana and Punjab. Interestingly, the sex ratio in the state had been improving since 1901 to 1991. Currently, it register a six point fall in 10 years, while at the national level it improved from 927 to 933. Thus, the trend in a hilly state of Himachal Pradesh is diametrically opposed to the national trend. The sex ratio in child population in Kangra, Mandi, Hamirpur and Una districts which account for over 52 percent population of the state is quite shocking and alarming compared to adjoining areas of Haryana and Punjab. The sex ratio in Hamirpur is 1102 which is much higher than Kerala (1058), but its child sex-ratio is just 864. These glaring differences in sex-ratio in child and general population is also explained by wide spread practice of sex determination tests and discrimination against girl child have played havoc with the demographic profile in Himachal Pradesh. Therefore, women empowerment, 0-6 age group sex-ratio, migration followed largely due to economic situation in general and political, social insurgency, health & wealth insecurity in particular are the major issues ahead.

Economic development has led to demographic transition in U.S.A., Europe, England, Australia, Newgeland and other countries. But developing countries have experienced demographic change even before economic growth process. The demographic change in developing countries can be atribbed to advancement in health technology and implementation of family planning programmes. The studies reviewed reveals that improvement in health infrastructure and health services reduce the mortality rate whereas successful implementation of family planning programme bring about reduction in birth rate which lead to demographic change. This phenomenon was
experienced in Srilanka, Mylasia, Indonesia and even in India. Literacy in general and female literacy in particular have effected demographic change. The studies reviewed further concluded that infrastructural development and social development factors have also contributed positively in reducing birth and death rates. Female literacy has helped in demographic transition in Kerala, whereas education coupled with welfare measures brought demographic change in Tamilnadu. The state of Maharastra, Gujarat, Punjab and Himachal Pradesh are experiencing classical model of demographic transition.

Himachal Pradesh was having inadequate infrastructural facilities specially roads, transport, communication, power, irrigation, education, health and other social infrastructure institutions on the eve of planning, but has transformed through planning process and now seems to have adequate health, power, road, education, irrigation, roads, communication and other facilities. This has led to structural transformation of the economy and has attained better level of living. Therefore, Himachal Pradesh has began its process of economic transition.

The growth in all sectors also revealed a constant increasing trend except very negligible fluctuation in some minor sectors. The State Domestic Product and per capita income have registered continuous growth and no significant fluctuations are observed in sectoral contributions. The economy of Himachal Pradesh has also witnessed a structural shift from subsistence to commercialised economy. Thus, the efforts to acquire the Drive to Maturity and High Mass Consumption stages are essentially required in the state, which would not only stabilise the population growth but also ensure higher saving, investment, economic growth, sustainable development and better living standard. On the whole, this study concluded that economic growth brings, structural transformation in the economy which stimulate the rate of capital formulation, saving investment, multiplier effect, and eventually led to control of population growth.

Himachal Pradesh has successfully implemented family planning programmes in the country and has created sufficient health infrastructure to provide curative, promotive and prentive health services. The target achievement in family welfare programme like sterilization, IUD insertion, contraceptive use has been excellent and even after discarding the target oriented approach, the state is still achieving above ninety percent of the preceding years target which shows that the people are opting for small family norms.
The successful implementation of family welfare programmes have averted 2.27 million births in the state. Amongst these, vasectomy (448093), tubectomy (1287185), IUD (739655), CC users (68192), and OP users (28890) were individual contribution of the programme. The strong negative impact of family welfare programmes is almost complete female orientation and men has walked out of the programme, this call for future strategies aimed at all men and women.

However, health sector needs proper attention. We have analysed plan investments in this sector which reveal enough scope. Primary investigations revealed that the average annual expenditure on health accounted for 2.6 percent in rural and 2.4 percent of the total household expenditure in urban areas. Overall average in India stood at 2.5 percent of the total household expenditure. In Himachal Pradesh, NCAER (Annexure-III) survey estimated the average per capita expenditure on health at Rs. 1.28 against Re 0.70 at all India level. Further, NSS estimated that over 70 percent of the household expenditure is on food items (Annexure-II). Therefore, the share of household expenditure on non-food items in general and health sector in particular need to be enhanced both at micro and macro level.

At the same time, we studied the socio-economic and demographic factors and their impact on population growth. A wide range of programme effects representing different policies and programmes were identified so as to study their relationship with population growth. The selected demographic indices were (a) crude birth rate (b) crude death rate (c) expectation of life at birth (d) infant mortality rate (e) total fertility rate. The socio-economic and demographic profile and their underlying link among the variables in Himachal Pradesh showed that provision of basic amenities and equipping the people to make use of these amenities are equally important. The analysis also showed that a certain degree of modernisation, telephone network, road length, horticulture prosperity, agricultural development especially off-season vegetable production, seed potato, development of tourism, hydro-electric generation, as well as security of life in form of provision of housing and law and order are important in motivating people to accept fertility control. The literacy, health infrastructure and successful implementation of family welfare programmes have emerged as common important variable for both CBR and CDR.
The most important aspect is development of women in terms of education and work participation along-with basic amenities like medical services, road linkages led to improvement in quality of life with provision of electricity and reducing the risk of mother and child mortality. Here again, the type of development needed is that which benefits the individual directly and changes the lifestyle rather than major projects whose benefit will accrue to the common man only indirectly and after long gestation period.

The variable affecting crude death rates were female literacy, women employed in organised sector, population living below poverty line, non-agricultural workers, number of bed per lakh population, road length, villages electrified, development expenditure per capita, per capita income at current prices and level of developments etc. This points out that variables that affect individual are more crucial in reducing death rates. There are similarities as well as differences between the variables related to CDR and those related to CBR and TFR. The index of economic development and per capita income have highest correlation with CDR. The overall economic advancement unaccompanied by social uplift does not help in reducing mortality. The variable also suggest that a certain level of economic and educational development is to be attained for death rate to decline.

The study indicate the hypothesis tested that the development with high level of income, saving and investment in general and policy programmes in particular benefit the people. Infrastructure like roads, housing, rural electrification, literacy, poverty alleviation, hospital beds, maternity services, women employment etc, effect directly rather than the more impersonal and area development variable like utilisation of irrigation potential, per capita consumption of power, per capita consumption of petroleum product etc. indirectly brought about demographic changes. Macro development projects like large hydro projects do not benefit common people quickly and directly and hence these are long investment programmes which transform the economy and finally change the population in the near future.

Socio-economic and demographic profile in the state as discussed in third chapter has witnessed the population pressure on land use, cropping pattern and other food habits. It is noted that pressure on land need to be diverted by diversification of production and consumption habits of the population. Therefore, the recognition of the carrying capacity of land in Himachal Pradesh, out-migration of males, modernisation through urban-rural
interaction, self-empowerment of young women left behind to take care of land, cattle, children, old parents and themselves have positive determining affect on demographic parameters. The similar other factors like historical legacy of foreign families, the impact of Shimla-once the summer capital of British Empire. The impact of army personnel as well as places like Manali, Dalhousie, Dharmshala, the introduction of winter supports, developments of tourism including cultural tourism, impact of Chinese. Aggression in 1962 on roads leading to a vastly important transportation network also affected demographic parameters.

The development factors of socio-economic nature, a considerable level of small family consciousness and political support to the programmes have had an impact on fertility behaviour. The reparation of husband and wife in the reproductive age due to migration of males to cities and employment in Army, para-military forces, central government jobs found to be contributory factors in fertility reduction. The establishment of women organisation like Mahila Mandals and youth groups have also helped conscientization about the small family norms in planed or unplanned ways in the state. The ongoing social change process in the society has explained changes in fertility through modernisation process. The older couples representing the older generation were having high fertility and low acceptance of family planning than the younger couples representing the modern younger generation having very low fertility which is out come of higher acceptance of family planning in both the urban and rural communities, the effect of this kind of social change and modernisation all social, family and individual levels definitely has accelerated the process of fertility decline.

More than 92 percent people of Himachal Pradesh are living in rural areas and involve in agriculture and horticulture as their main means of subsistence. The socio-economic development of the state found to be ideal solution to arrest population growth and adoption of family planning and to reduce fertility decline in the state. The demographic phenomenon is an integral part of socio-economic and cultural system in the state. The need to promote beyond family planning measure such as the raise in age at marriage, raise in per capita income, literacy and other socio-economic development aspect observed to have its indirect effect on controlling fertility and population growth. Socio-economic development is considered as a first pre requisite to make any of the
fertility control measures to serve a useful purpose to decrease the fertility. The promotion of family planning still needs top priority. It also brings to forward the significant role of incentives in promoting the acceptance of family planning among the organised and un-organised sections. The most of the incentive are snatched away by the organised sectors where as poor are generally not compensates for loss of income a consequence of family planning acceptance. The poor are needed to be compensated adequately and at the same time, it is very much essential to implement various direct incentive and indirect stimulant to accept family planning with fewer number of living children.

Having understood the socio-economic and demographic determinants of fertility, an attempt was also made to determine the effects of these factors and also to analyse the differentials in fertility of acceptors and non-acceptors (users and non-users of contraception) based on primary investigations. A study of 490 acceptors and 410 non-acceptor revealed that the birth performance is influenced by social, economic, cultural, psychological and other determinants relationship of the independent variables with the dependent factor is studied with the help of multiple regression analysis.

On the whole, value of $r^2$ calculated by taking the number of children ever born to women as dependent factor on the number of these socio-economic and demographic or quantitative and qualitative variables as independent factors, and by using the multiple regression analysis. Similarly the significance level of determination were statistically arrived at. It was noted that the socio-economic and demographic factors together determined the value of $r^2$ at 0.541 in case of the acceptors and 0.58 in case of non-acceptors. However, the overall value of $r^2$ for the number of children ever born to both acceptors and non-acceptors and depending on the socio-economic and demographic factors was calculated at 0.57. The results were statistically significant. It implied that the variation in population growth in general and children ever born to the female acceptors in particular was explained by the socio-economic and demographic factors to the extent of about 55 percent, while over 45 percent variation in population growth in this category were caused by other factors including health and family welfare policy programmes. However, variation in population to acceptors of contraception is explained statistically to a significant extent by income, education (5 percent level) and mortality (one percent
level. But in case of non-acceptors of contraceptives families, the variation in children ever born are explained by socio-economic and demographic factors to the extent of about 58 percent, while other factors not considered in our analysis accounted for nearly 42 percent variations. On the whole, income, age and duration of marriage caused statistically significant variation in children ever born to the sample female in the study area in Himachal Pradesh. Since population growth is affected by factors other than infrastructure to the extent of 43 percent, it is hard to believe that only socio-economic factors are important. The current implication of this econometric analysis appears that the special efforts are required to reduce the child mortality and raising the age at marriage followed by the policy sets to enhance income level and improve education and standard of living specially for women. Cultural, psychological, location, geographical, environmental, climatic, and policy factors are almost equally important. Therefore, these aspects need proper analysis and depth study in the years to come so that a proper set of policy is followed and sustainable development is ensured to the generation ahead.

An attempt was also made to study demographic transition in the changing levels of economic structure. The theory of demographic transition explains different stages to pass through. Various studies have identified three to four stages of demographic transitions. At the backward and subsistence stages, the economy remains stable with slow growing populations as a result of a combination of high births and almost high death rates. It is termed as Stage-I. Stage-II began to occur when modernisation associated with improvement public health methods, better income and living standard led to a marked reduction in mortality that raise the life expectancies from 40 to 60 years. The growing divergence between high birth rates and falling death rates led to sharp increases in population growth. This mark the demographic transition stage as to move from stable or slow growing population to rapidly increasing numbers. Finally, Stage-III occurs when the forces of change, development and modernization cause fertility to decline. In this, falling birth rates converge with lower death rates, leaving little or no population growth. Therefore, we have identified and predicted the stages of demographic transition in case of Himachal Pradesh in comparison to the country as a whole. It was found that the second stage of demographic transition was started in Himachal Pradesh after 1931 and appears to enter in the subsequent stage in the forceable
future. Population would get stabilize beyond 2010 in Himachal Pradesh and by 2075 AD in India. At the same time, economic transition and share of saving and productive investment need to be enhanced. Further, it may be argued that economic transition in general and structural shift in particular make major dent on the demographic changes. In this process, the saving, investment and direct social overheads must increase and improve the social fabric.

The rate of productive investment in the economy must grow from 5 to 10 percent or more of national/state domestic product. This is essential to outstrip the growth of population and to enter the state of self propelling. At the same time, growth in per capita income can be achieved. If the population growth rate is 1 to 1.5 percent per annum then at least 10.5 to 12.5 per cent of the net national or domestic product must be invested regularly to achieved 2 percent growth of per capita income under the given capital efficiency of 3.5:1. Therefore, for the take-off stage, it is necessary that the rate of investment to build the required infrastructural and demographic facilities must rise from 5 percent to over 10 percent. Therefore, Himachal Pradesh has entered long back in the II stage of demographic change after having crossed the economical take-off stage in early development planing phase. Secondly India has obtained the take off stage in early fifties (1952). Beyond this, it is a period of long sustained growth extending over four decades. In this, new techniques of production (green revolution) replaces the old ones. The population engaged in rural pursuit declines and urbanisation and migration of labour take place. The similar situation has been observed in the state where dependence on agriculture has reduced and its relative contribution to the state domestic product has gone down to around 29 percent in 2001 from over 90 percent in early fifties. It witnessed structural change which further control population growth.

The ultimate goal of the population policy in India need to be the zero population growth by 2050 AD. To achieve this, birth rate is to be brought down to the level of death rate. India experienced a marginally negative growth rate during 1911-21 because of very high death rate. But now the goal of zero population growth rate is to be achieved through reduction in birth rate. This target will remain myth if something dynamic is not done immediately.
Besides these observations, some policy measures may be put forwarded in the following respect.

SOCIAL DEVELOPMENT MEASURES
1. The population and sex education at all level of education.
2. Complete ban of child marriage and raising the age at marriage.
3. Compulsory female education and more emphasis on female employment.
4. Raising employment in public and private sector and reduction of poverty in rural areas.
5. Better leisure and recreational facilities are to be developed.
6. Strict enforcement of laws to check the dowry system so as to avoid son preference.
7. Political will for social, economic change.

II ECONOMIC SANCTIONS
In India, family planing through voluntary methods will never be able to reach the targets, if left to voluntary choice of the people. The possible economic sanctions are: admission of children in higher education in Government institution, seeking government employment, loans, ration cards, telephone, housing loans, medical facilities and election will have to accept the two children norms.

III RATIONALISATION OF INFRASTRUCTURES
(i) Consolidation and rationalisation of the existing health infrastructure to provide services which are accessible, acceptable, available, affordable especially in areas for areas which are bereft of service and to focus on valuable segments of society like women children, adolescent and elder persons to promote convergence of services at grass root level through inter-sectoral action in health.

(ii) Indian System of Medicine and Homeopathy and women and Social Welfare Department needs integration with Health to provide alternative option for treatment and control of disease to communities and to have more co-ordination and collaboration with health and family welfare department.
(iii) The new health infrastructure like opening of new sub-centres, primary health centres and civil hospitals be in a manner to meet the added needs of the population and on walking distance population to provide quality health care by:

a) Screening school children for rheumatic heart disease, iodine deficiency disorders.

b) Detection and treatment of anaemia in women, children and adolescents.

c) Selective servicing for diabetes mellitus.

d) Identification of persons suffering from psychiatric and mental disorders.

e) Up-gradation of primary, secondary and territory institution to take care of all health needs of the community.

f) Devising proper referral system for optimum utilisation of health care facilities.

g) Proper Hospital wastes management.

h) Appropriate Human resource development and deployment.

i) Appropriate information and communication and strategies with focus on changing to appropriate health care seeking practices, population of positive health and behavioural change.

(iv) In order to build planning capacity at all levels, decentralization exercise needs to be carefully planned and implemented by providing autonomy at block district level management in planning, managing and raising resources by involving Panchayati Raj institutions, urban local bodies, private sector, non-governmental organisations. The private sector, non-governmental organisations. The private sector participation is required in secondary and tertiary care, medical education and health insurance.

(v) Environment and pollution control efforts are required to be undertaken to provide adequate potable water, improve rural sanitation by providing sanitary latrines and establish community groups for solid, liquid, bio-medical waste management and by launching antismoking, anti alcohol and anti narcotics and drugs campaigns.

(vi) The government needs to enact health registration to regulate private and NGO sector and to have model public health act.
(vii) The information technology is required to be promoted to have access to latest information technology, proper linkages through local and wide area networking to promote use of medlar and like medicines and other system for diagnostic purposes and continued education of health professionals.

(viii) The improvements in quality of case by establishing institutions of quality assurance, accreditation system of health providers and health care facilities by having health audit system and quality control in hospitals.

(ix) The professionalisation of management of health care programmes at state, district and block level and in procurement, distribution, logistics, ware housing and maintenance function by driving reforms, co-ordination and raising resources.

(x) Occupation health area needs proper attention in term of enforcing legal standard laid down and problems arising out of insecticide, pesticides in horticulture and agriculture.

IV FAMILY PLANNING MEASURES

(I) The central assistance and inputs are needed interim of adequate finance and discretionary funds for systematic and rationalised implementation of family welfare programmes.

(II) The family planning and welfare centres need to be better-equipped and more hygienic to render pre and post natal facilities.

(III) Proper communication facilities in rural areas.

(IV) Sound PHC management with training of medical officers on continuing basis and adequate medical staff by filling up vacant posts.

(V) The contraception distribution needs to community based and eligible couple register should be up-dated and kept systematically.

(VI) The family planning method needs to simple enough to learn in a very short time, mass based irrespective of social, economic, personal, physical or sexual fitness, reliable, reversible (return to normal fertility), less toxic and cost effective.

V RESOURCE MOBILISATION

Thousand of crores of rupees are required for appreciate strategies to check and stabilise population which population which can be mobilised by

a) Community participation
b) Private sector and foreign direct investment
c) Market debt
d) Larger external assistance
e) Investment by philanthropic and charitable organisation
f) User charges

On the whole, strategy for long term reductions in the overall rate of population growth must follow three areas of policy. Firstly, the principal variables influencing the demand for children at the fertility level are those which are most closely associated with the concept of development. In this, efforts to control fertility would be diluted by poverty and economic backwardness. Thus, certain development policies are particularly crucial in the transition from a high growth to a low growth population. These policies aim at eliminating absolute poverty, inequalities, ensuring better income, education, sanitation and adequate health services. Secondly, the strategy should address to resource conservation and sustainable development by ensuring proper and adequate distribution, and utilization of its resources. It should also address to the question of the relationship between population size and income distribution, and the depletion of many non-renewable resources. At the same time strategy to diversify the consumption pattern from food to non-food products, especially to shift the land use and cropping pattern. Further, demand for industrial product must also be empowered to ensure better income elasticity of demand for manufacturing products. Therefore, better balance between resources and people must be maintained by limiting population growth through social intervention, family planning programmes, and changing consumption habits and life styles. Thirdly, the population policy should not only address to socio-economic, demographic and infrastructural issues at the local public and private agency levels, but must also create external avenues to seek financial, technical, educational, and other strategic support. All these measures promote growth and development which not only control the population growth but also improve the living conditions and ensure better quality of life and self esteem.