

**A STUDY ABOUT POVERTY, HEALTH, EDUCATION AND
HUMAN DEPRIVATION IN INDIA**

By

A. Sarvalingam

M. Sivakumar

Dr. Sarvalingam M.A., M.Phil, Ph.D.,

Reader in Economics,

Department of Economics

Chikkaih Naicker College,

Erode -4, Tamil Nadu,

India.

M. Sivakmar, M.A., M.Phil.,

Ph.D., Research Scholar in Health Economics,

Department of Economics

Chikkaih Naicker College,

Erode -4, Tamil Nadu,

India.

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INTRODUCTION

A country's developments have been traditionally assessed with the help of income approach. Now the focus is shifted towards human development and human poverty approaches. "The contrast between human development and human poverty reflects two different ways of evaluating development. One way, the 'conglomerative perspective', focuses on the advances made by all groups in each community, from the rich to the poor. This contrasts with an alternative viewpoint, the 'deprivational perspective', in which development is judged by the way the poor and the deprived fare in each community. Lack of progress in reducing the disadvantages of the deprived cannot be 'washed away' by large advances – no matter how large – made by the better – off people".¹ This paper deals with the deprivational perspective analysis of India and its states. Poverty, health and educational deprivations are analyzed in this analysis.

HUMAN DEVELOPMENT AND HUMAN DEPRIVATION

Human development is a process of enlarging people's choices. The most critical ones are to lead a long and healthy life, to be educated and to enjoy a decent standard of living.² Human development by definition is a wide concept consisting educational and knowledge, health and longevity, material well being and the disposable income. The concept of human development looks beyond per

capita income, human resource development and basic needs as a measure of human progress and also assesses such factors as human freedom, dignity and human agency, that is, the role of people in development.³ Progress in human development has two perspectives. One is attainment and another one is short fall from the development targets. The various indicators of these attainments and composite indices that they support could capture the process of development and well-being of people from two perspectives. The ‘conglomerative perspective’ capture advances made by the society as a whole – and the ‘deprivational perspective’ assesses status of the deprived society.⁴

If human development is about enlarging choices, poverty means that opportunities and choices most basic to human development are denied – to lead a long, healthy creative life and to enjoy a decent standard of living, freedom, dignity, self – respect and the respect of others.⁵ Poverty is viewed not only in terms of lack of adequate income, but as a state of deprivation in socio-economical and political aspects. These deprivations prevent people from participating in the development process and utilize the available resources to day’s world has greater resources and know-how than ever before to tackle the challenges of infectious disease, low productivity, lack of clean energy and transport and lack of basic services such as clean water, sanitation, schools and health care. The issue is how best to apply these resources and know-how to benefit the poorest people.⁶

The concept of human development has been used as a very powerful advocacy too, to argue in favour of pro poor growth. It analysis the development not only in mere income increase aspects but also the equal distribution of that increased income. Recent development experience is (thus) a powerful reminder that the expansion of output and wealth is only a means. The end of development must be human well-being.⁷

POVERTY, HEALTH, EDUCATION AND DEVELOPMENT

Poverty is a state of deprivation. In absolute terms it reflects the inability of an individual to satisfy certain basic minimum needs for a sustained healthy and a reasonably productive living. The proportion of population not able to attain the specified level of expenditure is then segregated as poor.⁸ Poverty is hunger. Poverty is lack of shelter. Poverty is being sick and not being able to see a doctor. Poverty is not being able to school and not knowing how to read.⁹

The relationship between health and poverty or health and development is, complex multifaceted and multidirectional. Poverty in its various dimensions could be a manifestation, as well as a determinant of an individual's health. In its most basic form – as a state of food deprivation and nutritional inadequacy – poverty has a direct bearing of the morbidity and longevity of people.¹⁰ How does health relate to development? The first point to is that the enhancement of health is a constitute part of development, second given other things good health and economic prosperity tend to support each other.¹¹ Better health, also contributes

directly to economic growth as it reduces production losses on account of illness of workers or, potentially, also in terms of higher work productivity for healthy workers.¹²

Improvements in educational attainments have invariably been accompanied by improvement in health and longevity of the population and in their economic well-being. Educated people are likely to be more productive and hence better-off. They are also likely to contribute more to a country's economic growth.¹³ Lack of education robs an individual of a full life. It also robs society of a foundation for sustainable development because education is critical to improving health, nutrition and productivity.¹⁴ Income poverty may pull children from out of the school system, thus denying them the opportunity of participating in school education, even at the basic level, as evidenced in the third world country situations. It is known fact that illiteracy, one of the key factors contributing to poverty is a fall out of the poor participation of children in elementary education.¹⁵

Some of the main issues of human deprivation are hunger, illiteracy, epidemics and the lack of health services or safe water. Improving health outcomes not only improves well-being but also increases income – earning potential. Increasing education not only improves well-being-it also leads to better health outcomes and to higher incomes.¹⁶ Health, along with education, is seen as

one of the key ultimate goals of development and increasingly seen as a dimension of poverty in its own right.¹⁷

HUMAN DEPRIVATION IN INDIAN STATES

The aim of this study is to measure the statewise human deprivational status in India.

Since, poverty is pronounced deprivation in well-being, this study assesses the deprivational status of human development in three dimensions. They are decent standard of living, educational and health. Deprivation in decent standard of living is measured by the poverty line, education deprivation is measured by illiteracy and health deprivation is measured by infant mortality rate (IMR).

The most straight forward way to measure poverty is to calculate the percentage of the population with income or consumption level below the poverty line. The poverty line is defined as the aggregate per capita monthly expenditure of that group whose per capita, per diem 'calorie' intake (obtained from the expenditure on food items) conforms to certain specified norms. The caloric norms were fixed at 2434 kcal per capita per diem for rural areas and 2095 Kcal for urban areas (rounded off to 2400 and 2100 Kcal respectively).¹⁸

Literacy is a person's first step in learning and knowledge building and therefore, literacy indicators were essential for any measurement of human

development. Illiteracy rate was taken for the assessment in this study. Illiteracy rate is calculated as 100 minus the literacy rate.

A complex set of biological, socio-economic, demographic and cultural factors underlie infant mortality. “Infant mortality rate is a sensitive index of socio-economic condition of a population. It is an excellent indicator of the level and quality of health care and other social infrastructure available to a population. Infant and child mortality rates provide a good approximation of a community’s current health status and by implications, of the welfare of a population and the quality of life itself.”¹⁹ Infant mortality rate is the number of infants who die before reaching 1 year of age, expressed per 1,000 live births in a given year.

Based on the poverty line (1999-2000), illiteracy rate (2001) and infant mortality rate (2001), statewise “human deprivational index” were constructed. These three indicators had been given equal weightage to measure “human deprivational index” of Indian states.

$$\text{Human Deprivational Index} = \frac{1}{3} (\text{PL}) + \frac{1}{3} (\text{IR}) + \frac{1}{3} (\text{IMR})$$

PL = Poverty Line

IR = Illiteracy Rate

IMR = Infant Mortality Rate

After arriving deprivation index, the states were ranked according to their deprivational index point. According to the rank, the number one state is first in deprivation and worst in human development.

TABLE - 1
HUMAN DEPRIVATION INDEX

Sl.No	States/UT	Poverty line 99.00 1	Illiteracy rate 2001 2	IMR 2001 3	Deprivation Index	Rank
1	Andhra Pradesh	15.77	38.89	66	40.21	9
2	Arunachal Pradesh	33.47	45.26	44	40.89	7
3	Assam	36.09	35.72	78	49.93	5
4	Bihar	42.60	52.47	67	54.02	3
5	Goa	4.40	17.68	36	19.35	27
6	Gujrat	14.07	33.57	64	37.21	12
7	Haryana	8.74	31.41	69	36.38	16
8	Himachal Pradesh	7.63	24.09	64	31.90	18
9	Jummu & Kashmir	3.48	45.54	45	31.34	19
10	Karnataka	20.04	32.96	58	36.99	13
11	Kerala	12.72	9.08	16	12.59	30
12	Madhya Pradesh	37.43	35.92	97	56.77	2
13	Maharashtra	25.02	28.73	49	34.24	17
14	Manipur	28.54	31.13	25	28.21	21
15	Meghalaya	33.87	36.69	52	40.85	8
16	Mizoram	19.47	11.51	23	17.98	29
17	Nagaland	32.67	32.89	NA		
18	Orissa	47.15	36.39	98	60.50	1
19	Punjab	6.16	30.05	54	30.06	20
20	Rajasthan	15.28	38.97	83	45.74	6
21	Sikkim	36.55	30.32	52	39.61	10
22	Tamilnadu	21.12	26.58	53	23.54	23
23	Tripura	34.44	29.36	49	36.59	15
24	Uttar Pradesh	31.15	42.64	85	52.92	4
25	West Bengal	27.02	30.78	53	36.92	14
26	Andaman & Nicobar B	20.99	18.81	30	23.06	24
27	Chamdigarh	5.75	18.24	32	18.65	28
28	Dadra & Nagar Haveli	17.14	39.97	61	39.36	11
29	Daman & Diu	4.44	18.91	NA		
30	Delhi	8.23	18.18	51	25.80	22
31	Laksha	15.60	12.48	30	19.36	26
32	Pondicherry	21.67	18.51	21	20.39	25
33						
	India	26.10	34.80	71	43.96	

Source : 1. National Human Development report 2001. India

2. Based on NHDR 2001 literacy rate

3. Economic and political report 2003, May. 10.

CONCLUSION

From the above analysis it is evident that Orissa is first in human deprivation with 60.50 points in the human deprivation index followed by Madhya Pradesh with 56.77 points, Bihar with 54.02, Uttar Pradesh with 52.92 points, Assam with 49.93 points and Rajasthan with 45.74 points. These six are most deprived states and another important finding is these are above national deprivation index point (43.96).

Except Dadra and Nagar Haveli, other union territories are least deprived.

In states Kerala was least deprived with only 12.59 deprived points. That means it is developing very well in human development aspects. Mizoram also least deprived with 17.98 points. Tamilnadu is also notable state because it has more than 60 million populations but got only 23.54 deprived points. This shows that among bigger states Tamilnadu is well in human development aspects. In India, comparing with all the bigger states it stood in first in the least deprivation. Goa is also least deprived state, it got only 19.35 points.

The most deprived states need to take necessary steps to improve the human development. To achieve human development, deprivation should be eliminated. For this, overall economic growth is necessary, which can alleviate poverty and its evil consequences. With economic upliftment, good health and

education can make an enormous difference in the lives of poor people and these are the main goals of development.

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