



Achievements of the Indian Economy : Human Development

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INTRODUCTION :

Human development is a process of enlarging people's choice and the three essential one's include to lead a long and healthy life, to acquire knowledge and to have access the resources needed for a decent standard of living. But human development does not end there. Additional choices, highly valued by many people, range from political, economic and social freedom to opportunities for being creative and productive and enjoying personal self-respect and guaranteed human rights.

There are four major elements in the concept of human developments- productivity, equity, sustainability and empowerment. The human development index (HDI) contains three indicators- life expectancy, educational attainment and real GDP, i.e. it indicates whether people lead a long and healthy life, are educated and knowledgeable and enjoy a decent standard of living. It examines the average condition of all people in a country. HDI has become a measure of empowerment and is being increasingly used to monitor the progress of nations and of global society. The HDI value for each country indicates how far that country has to go to attain certain defined goals, an average life of 85 years, access to education for all and a decent level of income. The closer a country has to travel.

HUMAN RESOURCE DEVELOPMENT VIS-A-VIS

HUAMN DEVELOPMENT : Though the two concepts represent different approaches, but they are linked together by the fact that the broad-based concept of human development provides the necessary conditions that enable human resources to contribute to economic growth. The difference between what Streeten (1994) terms 'human resource developments' and the 'humanitarians' the human resource approach which acts towards people with a view to turning them into better human capital which in a turn contributes to basic tools. Education includes training and health includes nutrition also through which life expectancy may be raised. Whereas, the concept of human development is related to the fulfillment of basic needs, this approach emphasizes provision for all people the basic means of well- being which include among other things, food, health and

education. Not only this, the UNDP's human development concept emphasising the enlargement of the range of people's choices goes much further than the concept of basic needs as it is based on functioning achievements rather than on commodity possession. The concept of human development encompasses empowerment, co-operation, equity in basic capabilities and opportunities, sustainability and security. Educational and health indicators are common to both the approaches, but the inclusion of per capita income is distinct to human development. The inclusion of incomes is justified on the ground that it enables the exercise of choice with respect to ground that it enables the exercise of choice with respect to other two indicators. The difference also lies in the context of two basic indicators, i.e. education and health. In the human development approach, education may be stressed more for its instrumental role and for its contribution to equity rather than merely as a means to raise productivity and incomes. Similar considerations in the health sector would imply according greater attention to basic health services than to curative care for the working population. Since several health problem in poverty ridden countries, particularly in South Asia, are due to poor living conditions, a more holistic approach towards health care. The entire gamut of social security also comes under its orbit.

Thus the human development

approach puts people at the centre stage and supports measures to promote education, health and nutrition even if the conventionally measured rates of return on these investments are zero.

Since the advocates of human development attach a higher importance to the supply of social services, particularly public services, the use of the concept also implies a greater role and responsibility for public provisioning (Prabhu, 1996).

HUMAN DEVELOPMENT: INDIA AND ABROAD : India has been characterised as a country with a low level of human development with the country's rank in the Human Development Index (HDI) calculated by the UNDP being 135 among 174 countries in 1996. At this level, the position of the country is lower than not only of China and Sri Lanka, the oft-quoted examples of success in human development at low levels of income, but also lower than that of Thailand and the Philippines which were similar to India in this respect till recently.

Individual indicators such as literacy and infant mortality in the country in 1991 were lower than the levels attained by a country such as South Korea far back in 1960 (Prabhu, 1996). Of the 174 countries for which the HDI was calculated, 63 were in high human development category, 64 in the medium category and 47 in the low category. India, of course, belongs to this last category.

The large gap in human development indicates that India has long way to go in the social domain

compared to its competitor emerging markers. In 1992, nearly 30 percent of world's people were living in the countries in the high human development category, 39 percent were in the medium category and 31 percent in countries in the low category where India is the major constituent. India's position is obvious from the figure below:

TABLE 1

Human Development Profile: India (1995)

HDI Rank (among 174 countries)	134	.
HDI Value (on scale of 0 to 1)	0.439	.
Human Development Group	Low	.
Income Group	Low	.
Human Development		.
Life Expectancy (years)	1992	60.4
Adult Literacy (%)	1992	49.9
Real GDP per capita (PPP \$)	1992	1230
Daily calorie supply per capita	1992	2395
GNP per capita (US \$)	1992	310
Human Deprivation		
Illiterate adults (15+)m.	1992	271.8
Illiterate females (15+)m.	1992	169.9
Malnourished children under 5 (000)	1992	69345
Children dying before age of 5 (000)	1992	3102
Rural people below Poverty Line (%)	1990	49
Urban people below Poverty Line (%)	1990	38

Sources: UNDER, Human Development Report, 1995.

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Not to talk of the developed countries of the west, even in company of

Asian countries, our position is very poor. In the year 1994, the literacy ratio in South Korea was 97.9 per cent, in Thailand 93.5 percent and in China 80.9 per cent, but in India only 52.2 per cent (Economic Survey, 1997-98). Likewise, life expectancy at birth stood at 77.1 years in Singapore, 72.5 years in Srilanka, 71.5 years in Republic of Korea, 68.9 years in China and 61.3 years in India (Table 2).

Further, we have inter-state disparity in our economy, Kerala followed by Tamil Nadu in recent years comes under the first category which has achieved high level of human development despite relatively modest level of income. In the second category are the states like Punjab and Haryana where where substantial increase in income has taken place but the social opportunities have been lesser in availability in comparison to first category states. The third category is of the states such as Bihar, Madhaya Pradesh, Orissa, Rajasthan and Uttar Pradesh where neither economic nor social opportunities have been realised and, therefore, position in the field of human development is very poor. The fourth category comprises of states like Maharashtra, Gujrat and Karnatka where the differences in their economic and social opportunities are not too large and their achievement from the point of view human development are also somewhat moderate. However, the third category states account for more than 40 per cent of the country's

TABLE 2

Indicators of Human Development for Some Asian Countries -1994

Country	Life Expectancy at birth (years)	Infant Mortality rate (per thousand birth)	Adult Literacy (per cent)
China	68.9	43	80.9
Indonesia	63.5	53	83.2
India	61.3	72	52.2
Kerala State (India)	72.0	13	89.8
Malaysia	71.2	12	83.0
Philippines	67.0	36	94.4
Pakistan	62.3	80	37.1
Republic of Korea	71.5	10	97.9
Singapore	77.1	5	91.0
Sri Lanka	72.2	16	90.1
Thailand	69.5	29	93.5

Sl. No.	States	Life Expectancy at birth (years) (1989-91)	Literacy Rates, 1991 (90)			IMR	Rate	Birth rate
			Total	Male	Female			
1	Andhra Pradesh	60.6	40.09	55.13	32.72	46	8.3	22.7
2	Assam	54.8	52.09	61.37	43.83	75	9.5	27.7
3	Bihar	50.5	36.48	52.49	22.09	72	10.2	32.1
4	Gujarat	60.1	41.29	73.13	48.48	62	7.6	25.5
5	Haryana	62.8	55.85	69.10	48.47	46	8.1	24.8
6	Karnataka	61.9	56.04	67.26	44.34	53	7.6	23.0
7	Kerala	72.0	80.31	93.62	86.17	13	6.2	17.3
8	Madhya Pradesh	54.8	46.20	58.42	28.85	97	11.1	32.4
9	Maharashtra	64.2	66.87	76.56	52.25	48	7.6	23.2

Source: UNDER, Human Development Report, 1997. Quoted in Economic Survey, Government of India, 1996-98 p. 140.

TABLE 3 Selected Indicators of Human Development for Major States* in India

* Major states include states with

population of 10 million and above as per 1991 census.

(a) Relate to population aged 7 years' above for 1991 and excludes Jammu & Kashmir for All India.

Source: Government of India, Economic Survey, 1997-98, Table 10.5, p. 140.

Population and their performance in the field of human development is far behind the national average (Table 3).

Not only this, despite the programmes of universal education and educational reforms carried out by the Government (both Central States), it is the rich and middle incomes that have benefited from the educational system the most. This is due to reason that the educational and social structure within which the educational system has to function is inequalitarian and perpetuates inequalities. The childhood of the poor children is characterised by poor nutrition an illiterate home environment which have negative mental effects. Even if they are able to complete their education, they find it difficult to procure jobs which are cornered by children belonging to the relative rich classes on account of their better social contact and influence. Similar is the case of health facilities where majority off poor people have no access to reach them. 74.3 percent of our population (Census, 1991) lives in rural area but about 80 per cent of our modern medical facilities are located in urban areas and whatever

medical and health facilities are available in rural area, they are highly ill-equipped and ill-manned. The poor people will have to rely upon such poor facilities. The people living below the poverty line have also to suffer to from the problems of undernutrition, poor caloric intake, unhygienic conditions and poor housing facilities. All such inequalities hamper their efficiency and productivity and compel them to have a non-dignified life. Their wants remain depressed and choices unfulfilled.

FIVE YEAR PLANTS AND HUMAN DEVELOPMENT IN INDIA : GHE CASE OF LITERACY AND LIFE EXPECTANCY- India's Five Year Plants have made concerted efforts for the development of human resources as well as human development. Universalisation of education and expansion of health services have been the ambitious goals our Five Year Plans. Literacy has been a priority on the national agenda as a tool of information and as an instrument of social change. Plan outlay on education increased from Rs. 153 crores in the First Five Year Plan to Rs. 19,600 crores in Eighth Five Year Plan (India, 1998). The expenditure on education as per cent of GDP also rose from 0.7 per cent in 1951-52 to 3.3 percent in 1995-96 (RE). Universalisation of elementary education has become our top priority. As a result, India has become the second largest country in the world with 151.5

million children in the age- group of 6-14 years enrolled in 1996-97, covering about 81 percent of the children in this age group. The number of primary schools have increased from 2.10 lakhs in 1950-51 to 5.98 lakhs in 1996-97 (Economic Survey, 1997-98, p. 143). During the same period the number of upper primary schools increased from 0.14v lakh to 1.71 lakhs. The gross enrolment ratio has gone up to 90.5 percent in primary stage (Class I to V) and 62.3 percent at upper primary stage (Class VI to VII).

Under the universalisation of elementary education programmer in recent years, emphasis has been laid on enrolment and retention of girl child schooling and recruitment of rural women as teachers. Free education is provided to girls by various state governments/ UTs while education is free for girls upto Class XII in Kendriya and Navodaya Vidiyalayas. Vocational programmes with emphasis on entrepreneurship are being designed for girl dropouts. In order to empower rural population especially the poorest of the poor through the inputs of technical education, several scheme have been introduced.

As a result of all such efforts, the ratio of literacy as well as acquisition of higher general and technical knowledge has gone up which can help us to lead our economy towards sustainable and equitable growth. The grown in literacy

ration is evident from Table 4.

TABLE 4
Literacy Rate in India (%)

Year	Persons	Males	Females
1951	18.3	27.2	8.9
1961	28.3	40.4	15.3
1971	34.5	46.0	22.0
1981	43.7	56.5	29.5
1991	52.2	64.2	39.2

Source: Census of India, Series 1, India, Paper 1 of 1991.

The growth rate of literacy during 1981-91 (8.5 %) was slightly higher than the growth rate of the previous decade (about 7 percent). But, if the country moves at this rate in the current and coming decades, then it would not be possible to remove illiteracy before 2040 A.D. (even if acceleration in the efforts of National Literacy Mission is granted). The situation regarding female literacy is still very discouraging and given the laggards like Rajasthan, Bihar, Uttar Pradesh, Madhya Pradesh and Orissa, it may not be possible to eradicate female illiteracy before 2060 A.D. (Rudrapur Dutt, 1996). At the current rate of literacy growth, India will have the dubious distinction of having 500 million illiterate by the year 2000 A.D. This according to World Bank will constitute the 54 percent of the world's illiterate population.

The situation in primary education as it obtains today is that the country has reached a gross enrolment level of 90.5 per

cent in 1996-97 (Economic Survey, 1996-97, p.144) at the primary level but despite this trend, the rate of literacy achieved in 1991 is only 52.2 per cent. In the case of rural females, the literacy rate was as low as 21 percent. It is really shocking that in some states rural female literacy rate is below even 12% (Rajasthan 6.4%), Madhya Pradesh 10.5%, U.P. 11.6% and Bihar 11.8% (Datt, 1996, p.97).

The paradox of rapid growth of population in the face of rising trend of enrolment can be explained in terms of high dropout rates - out of every 100 students enrolled in Class I, only 40 reach Class V and 23 reach Class VIII. All these dropouts add to the population of illiterates. Moreover, retention rates among the females are poor and only 16 to 18 percent of those enrolled in Class I reach Class VIII. Besides these facts, the features of our educational or universalisation of education programmes are as follows:

- (i) Overall literacy rate in India is 52.2 per cent (1991) which is far below the percent level of literacy achieved in Australia, Canada, United Kingdom and United State etc.
- (ii) The level of literacy in urban areas was 65 percent as against 34 percent in rural areas (1981).
- (iii) The gap between male and female literacy ratio has narrowed down in urban areas, but is still very wide in rural areas.

(iv) In India in 1992, the level of adult literacy was barely 49 percent as against cent percent in developed countries.

(v) Number of persons enrolled in higher education as percentage of population in the age group 20-24 was barely 9 percent in 1992. This figure is quite large among low income countries, but in comparison to advanced countries, it is only one fourth to one - third.

(vi) Further, the number of doctors and engineers per million of population works out to be 13 and 16 respectively which is much lower than the out-turn of engineers and doctors in advanced countries.

Life expectancy at birth has also been improving considerably during the plan period. During the decade 1961-71, it was 46.4 years and increase to 54 years in 1981 and 1981 and stands at 60.8 years in 1992-93. Our important factor depressing life expectancy has been the high level of infant mortality. During the last decades, infant mortality has shown a significant decline from 219 per thousand in 1961 to 72 in 1994. This is largely the result of an improvement of maternity services and better care of the children. Thus, if the aim of human development is to enhance the capabilities of the bottom 40 percent of the population, the two routes to such capability enhancement, viz. income generation and

public of education, health and nutrition, cannot be divorced from each other. Further, sustained gains in human development can be made only if the poor have access to income and public policy facilities their access to education, health and nutrition which in turn act to make the income distribution more egalitarian. In the absence of such a vision, the mutually reinforcing links between poverty, undernutrition, ill-health and inequalitarian nature of development could result in the phenomenon of social exclusion (Prabhu 1996).

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