



# HUMAN DEVELOPMENT

Whenever, we think about development, we normally tend to think about the material and economic development. Materials may include house, landed property, motor vehicle, jewellery etc. Again all these material assets are converted in terms of money, whenever or wherever the need arises. Till today, the entire world is divided into two groups of countries - developed and developing. This classification is mostly based on level of economic development. Though this trend is still continuing but a change in thinking about development was introduced and that was a change in emphasis on measurement of development from purely economic to human. In 1990 two economists - Prof. Mehabub Al Haque and Prof. Amartya Sen introduced the concept of Human Development. From 1990 onwards, United Nations Development Programme (UNDP), each year calculate Human Development Index (HDI) and publish as a report which is known as Human Development Report (HDR). This report, is published each year in which almost all the countries are placed under three categories, high, medium and low based on the defined parameters.

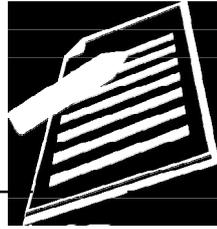
In this lesson, we will learn about the concept and process of measuring human development index. We will also find out India's position among the various countries in the world. Simultaneously, we will also analyse position of various states of India as far as human development index is concerned. At the end, we will suggest certain measures to improve human development in our country.



## OBJECTIVES

After studying this lesson, you will be able to:

- define the term human development;
- explain the term human development index;
- describe the regional patterns of human development index in the states of India; and
- highlight the need for improvement in human development index in Indian context.



**28.1 HUMAN DEVELOPMENT INDEX****Notes**

The Human Development Index (HDI) is a composite index that measures the average achievements in a country in three basic dimensions of human development. These basic dimensions are a long and healthy life, knowledge and a decent standard of living. The above mentioned dimensions are measured by the following indicators.

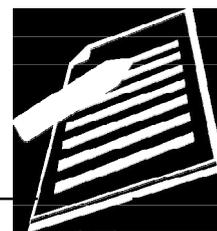
1. A long and healthy life is measured by life expectancy at birth
2. Knowledge is measured by the adult literacy rate (with two thirds weight) and the combined primary, secondary and tertiary gross enrollment ratio (with one third weight)
3. A decent standard of living is measured by GDP per capita in purchasing Power Parity (PPP) US Dollars.

But we should know that the purpose of its construction is not to give a complete picture of human development rather to provide a measure which goes beyond the traditional measurement of development i.e income. Therefore, HDI is a barometer for changes in human well-being and for comparing progress in different regions. Human development concept is based on the idea of development as a freedom. It is about building human capabilities - the range of things they can do and what they can be. Individual freedoms and rights matter a great deal. But these freedoms and rights are restricted for some because they are poor, ill, illiterate, discriminated against, threatened by violent conflict, or denied a political voice, etc. That is why in the inaugural issue of Human Development Report - 1990, the authors defined these above mentioned indicators as essential choices and the absence of which can block many other opportunities. Therefore, they defined human development as a process of widening people's choices as well as raising the level of well-being". To achieve this there is a need for re-orientation of our process of development. In other words, development must revolve around the people, not people around the development.

The basic difference between economic development and human development is that economic development entirely focuses on the increase of income whereas the human development believes in expanding and widening of all aspects of human life be it economic, social, political, cultural, etc. In economic aspect human development is one of the essential elements. The basic idea behind this is that it is the use of income and not the income itself that decides the human choices. Since, the real wealth of a nation is its people, therefore, the goal of development should be the enrichment of human life.

Apart from Human Development Index (HDI), the other four indicators of human development have been selected which were used by the Human Development Report. These are:

- (i) Human Poverty Index for developing countries (HPI-1)



- (ii) Human Poverty Index for selected DECD Countries (HPI-2)
- (iii) Gender - related Development Index (GDI)
- (iv) Gender Empowered Measurement (GEM)

Out of these given, HDI, HPI-1 and GDI are calculated by three common dimensions - a long and healthy life, knowledge and a decent standard of living. But some of indicators are different within these dimensions. Let us know their similarities and differences from the table given below.

**Table No. 28.1: A comparative analysis of Dimensions used in HDI, HPI-1 and GDI**

Sl. No.	Indices	HDI	HPI-1	GDI
1.	A long and healthy life	<ul style="list-style-type: none"> <li>● Life expectancy at birth</li> </ul>	<ul style="list-style-type: none"> <li>● Probability at birth of not swimming at age 40</li> </ul>	<ul style="list-style-type: none"> <li>● Life expectancy at birth</li> </ul>
2.	Knowledge	<ul style="list-style-type: none"> <li>● Adult literacy rate (with two third weight) and</li> <li>● The combined primary, secondary and gross enrolment (with one third weight)</li> </ul>	<ul style="list-style-type: none"> <li>● Adult literacy rate</li> <li>● Percentage of the population without sustainable access to an improved water source</li> </ul>	<ul style="list-style-type: none"> <li>● Adult literacy rate</li> <li>● Combined primary, secondary and tertiary gross enrolment ratio</li> </ul>
3.	A decent standard of living	<ul style="list-style-type: none"> <li>● GDP per capita (adjusted to purchasing power parity in US\$)</li> </ul>	<ul style="list-style-type: none"> <li>● The percentage of children under weight for age of one year.</li> </ul>	<ul style="list-style-type: none"> <li>● Estimated earned income (PPP in US \$)</li> </ul>

## 28.2 WHY HUMAN DEVELOPMENT

Paul Streeten, a development economist identified six reasons in favour of the human development. The reasons are as follows:

1. The ultimate purpose of the entire exercise of development is to improve the human conditions and to enlarge people's choice.
2. Human development is a means to higher productivity. A well nourished, healthy, educated, skilled alert labour force is the most productive asset. Therefore investments in these sectors are justified on ground of productivity.
3. It helps in reducing the rate of growth of population.
4. Human development is friendly to the physical environment also. Deforestation, desertification and soil erosion decline when poverty declines.
5. Improved living conditions and reduced poverty contribute to a healthy civil society and greater social stability.
6. Human development also helps in reducing civil disturbance in the society and in increasing political stability.



**Notes**

Till now you might have understood the importance of human development. Let us now have a closer look at India’s position at international level as far as human development is concerned. We will also try to find out the reasons for low levels of human development in India

**28.3 INDIA : TRENDS OF HDI**

According to Human Development Report 2005, India’s rank was 127 out of 177 countries of the world. All the 177 countries are grouped under three categories. These are high, medium and low. The countries which had value between 0.800 and above are termed as high. The countries which had value between 0.500 to 0.799 were ranked under medium categories and countries which had value less than 0.500 were ranked as low human development countries. India was placed almost at the bottom of the table in the medium level category. Our neighbouring countries like China (85), Sri Lanka (93), Maldives (96) remained well above the India’s position. Other neighbouring countries like Myanmar (129), Bhutan (134), Pakistan (135) and Nepal (136) were placed just below India. The countries which lied below India were mostly from Africa and rest few countries were from Asia. If we look at India’s situation over the time we can definitely say that it has improved a lot over the last thirty years (Table 28.2)

**Table No. 28.2: INDIA : Human Development Index Trends in India 1975 - 2005**

Years	1975	1980	1985	1990	1995	2000	2005
India	0.412	0.438	0.476	0.513	0.546	0.577	0.602

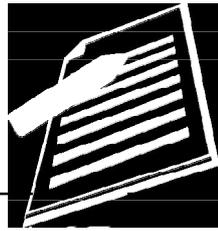
Source: Human Development Report, 2005, p.225

This improvement is not sufficient enough. There are many small countries of Asia and Africa like Fiji, Mongolia, Tunisia, etc. are well above India. India has to work very hard to be placed among the top countries in the medium human development category (0.501 - 0.800). If the present trend continues it needs minimum 30 years to enter the high human development category. And for this, a rigorous effort particularly in the social sector like education, health and economic sector particularly reduction of poverty are required. The following are the reasons to keep India at the bottom of human development (a) rapid increase in population (b) large number of adult illiterates and low gross enrolment ratio (c) high drop-out rates (d) inadequate government expenditure on education and health, (e) large proportion of under weight children as well as under nourished people (f) very poor sanitation facilities and low access to essential life saving medicines.

Apart from HDI, the performance of India is also not very encouraging as far as Gender Development Index (GDI) and Human Poverty Index (HPI) are concerned. According to Human Development Report, 2005, India’s position in GDI was 98 out of 140 countries and in HPI-1 was 58 out of 103 countries.



**INTEXT QUESTIONS 28.1**



Notes

1. What is Human Development Index?  
\_\_\_\_\_
2. Name the three dimensions and their respective indicator used for measuring HDI.
  - (i) \_\_\_\_\_
  - (ii) \_\_\_\_\_
  - (iii) \_\_\_\_\_
3. Differentiate between human development and economic development  
\_\_\_\_\_
4. How do we measure Human Poverty Index (HPI-1) for developing countries (HPI -1)
  - (i) \_\_\_\_\_
  - (ii) \_\_\_\_\_
  - (iii) \_\_\_\_\_
5. What is India's position in Human Development Index according to Human Development Report - 2005. Name any two neighbouring countries of India who are doing better than India.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**28.4 SOCIO-ECONOMIC INDICATORS**

Let us now have a brief discussion about the various socio-economic indicators of India that are responsible for human development. As mentioned earlier, we will discuss health and education under social indicators and general economy with reference to per capital income and poverty.

**Health Situations in India**

As you know health is one of the three dimensions of human development. Though under health life expectancy is considered as the indicator, but we should know other health related demographic indicators like birth rate, death rate, total fertility rate, infant mortality rate, etc as well as about health facilities like hospital, dispensary, beds in the hospital, number of doctors and nurses, etc. to have a holistic



## Notes

view about the health situation in the country. Definitely, today the health situation has improved a lot since Independence.

Today, there have been significant demographic changes and epidemiological shifts have occurred. India has been able to control various communicable diseases. However, under communicable diseases Vector Born Disease and AIDS continue to be critical areas of concern. With the decline in death rates, increase in life expectancy and changing life styles, there has been an increase in non-communicable diseases like cardio-vascular ailments, cancer, cataract induced blindness, diabetes etc. In all the above-mentioned diseases, the disease of AIDS pose unique challenge, because no cure is available for till today. Secondly, India ranks second in the world, next only to South Africa with an estimated population of 5.206 million persons infected by HIV/AIDS by December 2005. Recently, according to UNAIDS estimate, India has the largest number of HIV/AIDS population, surpassing South Africa. Though India is placed among the list of low prevalence country, our problem is the large population base. Specifically in the active reproductive age group of 15-49 years. You can find out the total number of infected persons from the age-composition table no 27.3 in the previous lesson. If we really want young people to prevent HIV infection, we have to enhance our life skills in the following ways.

- Understand and feel good about yourself. Have faith in yourself. Understand your own strengths and weaknesses. Maintain your self-respect and self-confidence.
- Be positive in your attitude towards life. Be ready to learn from experiences even if they are not pleasant.
- In difficult situations, try to identify the cause of the problem. Identify the best solutions available and then follow them.
- Share your concerns with others and seek timely help when needed.
- Adopt a healthy lifestyle.
- Make responsible decisions.
- Seek reliable information and make informed choices and decisions.
- Think of the consequences of your decisions and actions, do not act hastily and impulsively.
- Learn from the experiences of others; we can benefit from the mistakes of others.
- Manage your stress by sharing your concerns with others and by seeking help from parents, teachers, friends, and counselors.
- Have the courage to say 'no' to peer pressure.
- Be caring and empathetic towards people who need special care such as people living with HIV/AIDS (PLWHA).
- Seek out and share information on sensitive reproductive health issues.

Study the following table to know health related indicators.

**Table 28.3: INDIA : Selected Health Indicators (1951–2003)**

Sl.No.	Indicator	1951	2003
1.	Birth Rate (per thousand)	40.8	24.8
2.	Death Rate (per thousand)	25.1	8.0
3.	Infant Mortality Rate (per thousand live births)	146 (1951-61)*	60
4.	Child (0-4 years) Mortality Rate (per thousand children)	57.3 (1972)*	17.8 (2002)*
5.	Total Fertility Rate	6.0	3.0 (2001)*
6.	Life Expectancy Rate (Male)	37.2	63.9 (2001-06)*
	(Female)	36.2	66.9 (2001-06)*

Source: Economic Survey 2005-06, Ministry of Finance, Govt of India, p-25

Note: The figure given in the brackets refer to the year which is different from the reference year mentioned in the particular columns of the table

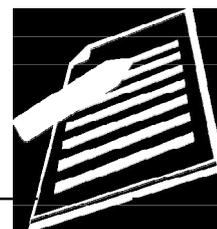
I am sure you have read the table carefully. As we said earlier that there has been significant improvement in each health indicator. But the desired result has not been achieved in reducing birth rate, infant mortality rate as well as total fertility rate. There is a need for sustained effort particularly in remote rural areas where health care system is almost non-functional. As far as health care facilities in the country are concerned it has increased in leaps and bounds.

**Table 28.4: INDIA : Trends in Health Care Facilities 1951-2004**

Sl.No.	Facilities	1951	2004
1.	Sub centre, Primary Health centre, Community Health Centre	725	1,68,986
2.	Dispensaries and Hospitals	9,209	38,031 (2002)
3.	Beds (Private and Public)	1,17,198	9,14,543 (2002)
4.	Nursing Personnel	18,054	8,36,000
5.	Doctors (Modern System)	61,800	6,25,131

Source: Economic Survey 2005-06, Ministry of Finance, Govt of India, p-212.

During 50 years (1951-2001) population has increased alarmingly from 36.10 crores to 102.70 crores. Simultaneously number of patients as well as problems



Notes



**Notes**

related to birth, infant child and mother care has increased significantly. Therefore the health system is still at cross roads with a wide gap between demand and supply. Therefore the health system is still at cross roads with a wide gap between demand and supply. Looking at the distribution of medical facilities we find there is highly unequal distribution and most of the facilities are concentrated around major cities and towns. To reduce the inequality Government of India started an ambition project of National Rural Health Mission. (NRHM). This programme was launched on April 12, 2005 for a period of 7 years. The vision and target outcome of NRHM is given below. Apart from NRHM, Government of India has also launched many programmes related to health aspect of women and children like Janani Suraksha Yojana (JSY), Balika Samridhi Yojana (BSY) and Kishori Shakti Yojna (KSY) etc.

**Table 28.5: National Rural Health Mission (NRHM): Vision and Target Outcome**

Vision of NRHM	Target outcome
<ul style="list-style-type: none"> <li>● To be implemented throughout the country with special focus on 18 states with weak public health indicators and/or weak infrastructure</li> <li>● To improve the availability and access to quality health care</li> <li>● To build synergy between health and determinants of good health like nutritions, sanitation, hygiene and safe drinking water</li> <li>● To streamline the Indian Systems of Medicine to facilitate comprehensive health care</li> <li>● To increase the absorptive capacity of the health delivery system to enable it to handle increased allocations.</li> <li>● To involve the community over the planning process.</li> <li>● To upgradate the infrastructure</li> <li>● To assist in capacity building</li> <li>● To increase the fund allocation for health sector.</li> </ul>	<ul style="list-style-type: none"> <li>● IMR to be reduced zero per thousand live births by 2012</li> <li>● IMR to be reduced to 100 per 100,000 live births by 2012</li> <li>● TFR reduced to 2.1 by 2012</li> <li>● Malaria mortality to be reduced by 50% by 2010 and 60% by 2012</li> <li>● A complete elimination of Kala Azar mortality by 2010</li> <li>● Filaria to be reduced by 70% by 2010, 80% by 2012 and complete elimination by 2015</li> <li>● Dengue mortality to be reduced by 50% by 2010 and sustaining it at that level till 2012</li> <li>● Cataract operations increasing to 46 lakh per annum.</li> <li>● Leprosy prevalence rate to be reduced from 1.8. per 10,000 in 2005 to less than 1 per 10,000 thereafter</li> <li>● TB DOTS series - Maintains 85% cure rate through entire mission period</li> </ul>

Source: Economic survey, 2005-06, Ministry of Finance, Government of India, p-217



### Knowledge Indicators

Knowledge is always considered as power that empowers human being in various ways. An individual with certain levels of knowledge will have economic freedom and will have wide choice for growth and development. Today's society is moving towards knowledge society and a major chunk of population derived their sustenance that is based on knowledge economy. Due to these factors, knowledge was considered as one of the integral parts of human development index. But knowledge is a qualitative aspect and has many dimensions to it. In HDI two dimensions of knowledge were taken into consideration. As mentioned earlier, they are (a) adult literacy rate and (b) combined primary, secondary, and tertiary gross enrollment ratio.

Therefore, in this lesson, we will not discuss about the trend and regional patterns of literacy rather we will specifically discussed about adult literacy. It's because of the fact that we have already discussed about literacy in details in the lesson no-27. The other fact for detailed discussion about adult literacy is that it is taken as one of the indicators to measure the knowledge component. According to NSSO 52<sup>nd</sup> Round (1995-96) and as reported in selected Educational Statistics (1997-98), 54.38% of adults are literate. According to the Human Development Report 2005, the adult literacy in India, is 61.0% in 2003. But if we make statewise analysis, the pattern has not changed much.

The regional pattern of adult literacy varies considerably. It may be observed that states below the national average are Bihar (including Jharkhand), Rajasthan, Uttar Pradesh (including Uttaranchal), Arunachal Pradesh, Andhra Pradesh, Madhya Pradesh (including Chhatisgarh), Jammu and Kashmir and Orissa. Therefore, there is a need for improvement of adult literacy in these states.

### Gross Enrollment Ratio (GER)

It indicates the proportion between the total number of learners in a particular age group that are supposed to be in that particular class and classes the total number of actual learners enrolled in that particular class/classes. Sometimes GER is more than 100% due to admission of below the age group and above the age group in that class/classes. In HDI, aggregate GER of primary, secondary and tertiary education is calculated. Here we will restrict our discussion about GER of primary education (from 1<sup>st</sup> to V<sup>th</sup> class).

According to Economic Survey, 2005-06 the GER has increased progressively from 32.1% in 1950-51 to 84.91 in 2003-04 in the age groups of 6-14 (from 1<sup>st</sup> to V<sup>th</sup> class). Simultaneously drop-out rates at primary level declined from 39.0% in 2001-02 to 31.4% in 2003-04. As on October 2005, number of out of school children, as reported by states/UTs was reduced to 95 lakh from 320 lakh in 2001. But still 95 lakh out of school children at primary level is a very high number. If we look at state-wise GER, it has been found that it varies from 116.77% in Manipur to 55.82% in Bihar. The states which have GER below the national



average are Uttar Pradesh, Bihar, Andhra Pradesh, Assam, Haryana, Punjab, Jammu and Kashmir, Jharkhand and Nagaland.

To improve the educational attainment particularly enrollment and retention at elementary level and reduce the adult illiteracy Government of India has started various new programmes and also strengthened existing programmes.

**Economic Indicators**

Human development has also placed a great significance to economic productivity and growth. This provides means to progress apart from education and health. Economic growth is generally found out with the Gross Domestic Product (GDP), Gross National Product (GNP), per capita income, etc. Here we won't discuss in details all these above mentioned economic indicators but we will discuss only about per-capita income.

According to Economic Survey 2005-06, per-capita income has increased from Rs 3,687 in 1950-51 to Rs 19,649 in 2004-05. Though per-capita income has increased significantly but disparities are very wide both at region level and local levels. Even at the rural and urban levels there exists very high disparity in per capita income. Such variation is also reflected through those persons who are below the poverty line.

Poverty is not only an economic phenomena but also social and psychological deprivation. This is reflected through poor quality of life, malnutrition, low human development, etc. According to Planning Commission estimate in 1999-2000, there were 26.10% of population living below poverty line. This ratio is 27.09% in rural areas and 23.62% in urban areas. While rural poverty is linked with landless and marginal farmers, urban poverty is expressed in terms of sprawling slums in cities. The states with population below the poverty line from the national average include Orissa, Bihar (including Jharkhand), Madhya Pradesh (including Chhatisgarh), Uttar Pradesh (including Uttarakhand), all the north-eastern states except Mizoram and West Bengal.



**INTEXT QUESTIONS 28.2**

1. Name the three demographic indicators which need to be improved to achieve the desired result.
  - (i) \_\_\_\_\_
  - (ii) \_\_\_\_\_
  - (iii) \_\_\_\_\_
  
2. Name any three health programmes related to women and children launched by Government of India.
  - (i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

3. Define Gross Enrollment Ratio

\_\_\_\_\_

4. Name any three states in which people are living below poverty line.

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

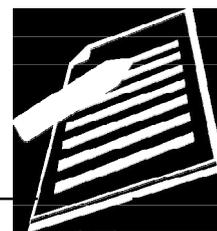
**28.5 HUMAN DEVELOPMENT INDEX - A STATE LEVEL ANALYSIS**

In accordance with UNDP Human Development Report, the Planning Commission of India came out with a similar kind of report in 2001. The report analysed human development situation in major states of India which include the then undivided Bihar, Madhya Pradesh and Uttar Pradesh in the given Table : 28.6. HDI values of India as well as 16 selected major states are given below.

**Table No. 28.6 : India : Human Development Index of Major States, 2001**

States	HDI
Andhra Pradesh	0.416
Assam	0.386
Bihar	0.367
Gujarat	0.479
Haryana	0.509
Karnataka	0.478
Kerala	0.638
Madhya Pradesh	0.394
Maharashtra	0.523
Orissa	0.404
Punjab	0.537
Rajasthan	0.424
Tamil Nadu	0.531
Uttar Pradesh	0.388
West Bengal	0.472
<b>India</b>	<b>0.472</b>

Source: National Human Development Report, 2001, P.25





## Notes

If we analyse the pattern given in the above Table 28.6, it is concluded that there is a north south divide barring a few exceptions. All the southern Indian states are doing well except Andhra Pradesh. On the other hand most of northern states except Punjab and Haryana are doing badly in human development index. These northern states are given an acronym “BIMARU” (which stands for Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh). Apart from north-south divide, there exists a east - west divide also. Western states like Gujarat and Maharashtra are doing fairly well in comparison to eastern states – Orissa, and Assam. Both these states are below national average. West Bengal is exactly positioned at the national average. Therefore there is a need to pay a greater attention to those states which are not doing well in HDI. An efforts should be made in these states to improve human development index.

In the following paragraphs we will make a detailed discussion at the states level in India based on the development radars suggested in the National Human Development Report - 2001 prepared by Planning Commission of India. Development Radars are diagrammatic representation of progress in HDI prepared, separately for rural and urban areas on eight distinct social indicators for two points of time, i.e. early 1980 and early 1990. Development Radars were constructed for all the states. The indicators have been included with a view to reflect attainments on three critical dimensions of well being - longevity, education and command over resources. At the same time development radar (DR) highlights the progress in meeting out the basic human needs of accessibility to safe drinking water and shelter. The social indicators selected for the construction of Development Radars (DR) are as follows;

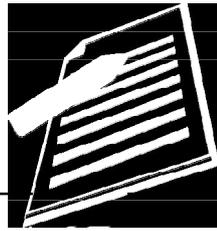
- (i) Per-capita consumption expenditure.
- (ii) Incidence of poverty as captured by the head count ratio.
- (iii) Access of safe drinking water.
- (iv) Proportion of households with pucca houses.
- (v) Literacy rate for the age group of 7 years and above.
- (vi) Intensity of formal education (indicators based on weighted enrolment in successive classes adjusted for non enrolled children in the age group of 6–18 years)
- (vii) Life expectancy at the age of one year; and
- (viii) Infant mortality rates.

The indicators scale through a magnitude from zero to five. Here, zero corresponding to least achievement while five given to maximum achievement.



**INTEXT QUESTIONS 28.3**

1. Name any three states of northern India which are below national average in HDI.  
\_\_\_\_\_
2. What is Development Radar.  
\_\_\_\_\_
3. In which two indicators still substantial gaps are there as far as rural - urban differences are concerned.  
\_\_\_\_\_



Notes



**WHAT YOU HAVE LEARNT**

The concept of Human Development Index (HDI) was propounded by Prof Mehabub Al Haque and Prof. Amartya Sen in 1990. From 1990 onwards Human Development Report is published by UNDP annually which reflects the status of human development in almost all the countries across the world. HDI is a composite index that measures the average achievements in a country in three basic dimensions of human development. They are long and healthy life, knowledge and decent standards of living. The basic difference between economic development and human development is that economic development entirely focusses on the increase of income whereas the human development stresses in expanding and widening of all aspects of human life. In HDI, economic condition is one of the essential elements. Apart from HDI, various types of indices are constructed and published by UNDP. Some of the important indices are Human Poverty Index, Gender Development Index, Gender Empowered Measurement index, etc.

According to Human Development Report - 2005, India's rank is 127<sup>th</sup> almost at the bottom of the table in the medium level category. The reasons which keep India at the bottom of human development are rapid increase in population, large number of adult illiterates, low Gross Enrollment Ratio, inadequate government expenditure on education and health, large proportion of under - weight children as well as under nourished people, very poor sanitation facilities and low access to essential life saving medicines etc. Therefore, there is an urgent need to improve in health situation, educational attainment and increased standard of living and reduction of poverty level. If we look at the situation since independence to till date, we find that there has been a significant improvement. However there has been increases in HIV/AIDS patients to check the menace of HIV/AIDS, the youngsters have been suggested to develop certain life skills. But there is a need for further improvement. To improve the situation, the Government of India has implemented many programmes such as massive project like National Rural Health



**Notes**

Mission, Sarva Shiksha Abhiyan, National Rural Employment Guarantee Scheme etc.

In accordance with UNDP Human Development Report, Planning Commission of India came out with a similar kind of Report titled “National Human Development Report.” In this report HDI of fifteen major states were calculated. The state of Kerala has highest HDI whereas the state of Bihar has the lowest HDI. Apart from that the Planning Commission has constructed Development Radar. The Development Radar is a diagrammatic representation of progress of states as a whole and for rural and urban areas separately. The Development Radar has been calculated based on eight distinct social indicators for two points of time.



**TERMINAL QUESTIONS**

1. Differentiate among Human Development Index, Human Poverty Index and Gender Development Index.
2. Explain any four reasons in favour of the human development.
3. Describe any four visions envisaged in National Rural Health Mission (NRHM) implemented by Government of India.
4. Write any four factors responsible for keeping India almost at the bottom of human development index table.



**ANSWER TO INTEXT QUESTIONS**

**28.1**

1. The Human Development Index is a composite index that measures the average achievements of a country in three basic dimensions of human development such as long and healthy life, knowledge and decent standard of living.
  - (i) Long and healthy life measured by life expectancy at birth.
  - (ii) Knowledge is measured by the adult literacy rate and the combined primary, secondary and tertiary gross enrollment ratio.
  - (iii) A decent standard of living is measured by DGP per-capita purchasing power parity in US Dollar.
3. Economic development entirely focusses on the increase of income. The human development stresses in expanding and widening of all aspects of human life.
4. (i) Probability at birth of not swimming at the age of 40  
(ii) Adult literacy rate

- (iii) (a) Percentage of the population without sustainable access to an improved water source (b) the percentage of children underweight for age of one year.
5. 127 out of 174 countries. Neighbouring countries who are doing better than India are China, Sri Lanka and Maldives (Any two)

**28.2**

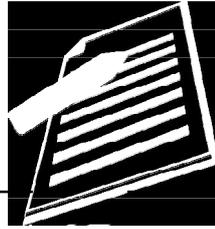
- (i) Birth Rate (ii) Infant Mortality Rate (iii) Total Fertility Rate
- (i) National Rural Health Mission (ii) Janani Suraksha Yojna (iii) Balika Samridhi Yojna (iv) Kishori Shakti Yojna (Any three)
- Gross Enrollment Ratio indicates the proportion between the total number of learners in a particular age group that are supposed to be in that particular class/classes and that total number of actual learners enrolled in that particular class/classes
- (i) Bihar (including Jharkhand), (ii) Orissa (iii) Madhya Pradesh (including Chhatisgarh) (iv) Uttar Pradesh (including Uttarkhand) (v) Assam (vi) West Bengal (vii) Meghalaya (viii) Manipur (ix) Nagaland (x) Tripura, (xi) Sikkim (xii) Arunachal Pradesh (Any three)

**28.3**

- (i) Bihar (ii) Madhya Pradesh (iii) Uttar Pradesh (iv) Rajasthan (Any three)
- Development Radars are diagrammatic representation of progress of states separately for rural and urban areas on eight distinct social indicators for two points of time namely early 1980 and early 1990.
- (i) per-capita expenditure (ii) poverty

**HINTS TO TERMINAL QUESTIONS**

- Basically all the indices (i.e. HDI, HPI and GDI) are calculated on three common dimensions: a long and healthy life, knowledge and a decent standard of living. However some indicators are different within these dimensions. HDI is a composite index of life expectancy at the birth; adult literacy rate; the combined primary, secondary and enrollment; and lastly, GDP per capita income. HPI is a composite index of probability at birth; adult literacy rate; percentage of population without sustainable access to safe drinking water; and lastly, percentage of children underweight for age of one year. HDI is a composite index of life expectancy at birth; adult literacy rate; combined primary, secondary and tertiary gross enrollment ratio; and lastly, estimated earned income.





Notes

2. Refer to section 28.2
3. Refer to table 28.5
4. Refer to section 28.3

**Point to Ponder*****Healthy diet during adolescence***

*Both girls and boys need a nutritious diet during adolescence because this is a particularly important phase when their bodies are undergoing tremendous changes. It is important to take calcium and iron supplements to help this growth spurt during adolescence.*

*Since girls are more prone to anaemia (iron deficiency) resulting from menstruation, they require more iron supplementation in their diet. To prevent or cure anaemia, girls should eat iron-rich foods such as meat, liver, and leafy green vegetables, or they should get a prescription for iron tablets from the doctor.*

*Anaemia causes even more problems during teenage pregnancy, which in turn can lead to further anaemia.*

