

**HUMAN DEVELOPMENT IN SOCIALLY AND  
ECONOMICALLY BACKWARD REGION:  
A STUDY OF MARATHWADA**

(Marathwada Region Comprises Eight Districts)



**A thesis submitted to  
Dr. BABASAHEB AMBEDKAR MARATHWADA  
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For the award of the degree of**

**DOCTOR OF PHILOSOPHY  
IN  
ECONOMICS  
(Faculty of Social Sciences)**

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**APRIL - 2011**

## CERTIFICATE

*I certify that the thesis entitled “Human Development in Socially and Economically Backward Region: A study of Marathwada is an original and genuine piece of research work carried on by Mr. Mangade Ganesh Bajirao under my guidance and supervision for the degree of ‘Doctor Of Philosophy ‘ Of the Dr . Babasaheb Ambedkar Marathwada University , Aurangabad.*

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**DECLARATION**

*I, the undersigned, hereby declare that the thesis entitled “HUMAN DEVELOPMENT IN SOCIALLY AND ECONOMICALLY BACKWARD REGION: A STUDY OF MARATHWADA” is written by me and submitted to the Dr. Babasaheb Ambedkar Marathwada University, Aurangabad for the award of PhD degree in Economics. The Present work is of original nature to the best of my Knowledge. This piece of Work has not been submitted for the award of any degree of any University.*

**Place: Aurangabad**

**Mangade Ganesh Bajirao**

**Date: 30 /04/2011**

*...Dedicated to My Family  
and Teachers*

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## **ACRONYMS & ABBRIVIATIONS:**

**AIIMR** Achievement Index for Infant Mortality Rate

**BPL** Below Poverty Line

**GDP** Gross Domestic Product

**GNP** Gross net Product

**GDPpc** Per Capita Gross Domestic Product

**PCDDP** Per Capita District Domestic Product

**SDP** State Domestic Product

**IMR** Infant Mortality Rate

**LEB** Life Expectancy at Birth

**UNDP** United Nations Development Programme

**HDR** Human Development Report

**HDI** Human Development Index

**GDI** Gender Development Index

**GDM** Gender Development Measurements

**HPI** Human Poverty Index

**PPP** Purchasing Power Parity

<b>IIPS</b>	International Institute of Population studies
<b>LDC</b>	Least Development Countries
<b>NSSO</b>	National Sample Survey Organization
<b>PQLI</b>	Physical Quality Life Index
<b>PDS</b>	Public Distribution System
<b>MDGs</b>	Millennium Development Goals
<b>RGI</b>	Registered General of India
<b>SRS</b>	Sample Registration System
<b>MHDR</b>	Maharashtra Human Development Report
<b>NHDR</b>	National Human Development Report
<b>MMVM</b>	Maharashtra Manav Vikas Mission
<b>FMR</b>	Female-Male Ratio

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## **CHAPTER I - INTRODUCTION:**

The United Nations Development Programme (UNDP) is historically an unique effort at international co-operation to improve comprehensively the economic, social, and educational well being of nearly three fourth of humanity living in developing countries, with five decades of experience in development co-operation with the international community. UNDP has emerged as the world's largest multilateral grant development co-operation organization working from 113 field offices serving 166 countries and territories.

In May, 1990 the United Nations Development Programme (UNDP) launched the first Human Development Report (HDR). It was pioneered by Mahbub-Ul-haq and Amartya Sen. These human development reports have stimulated discussions worldwide leading to what is now called the "Human Development Movement" which includes international and national governments, policy makers, planners, opinion leaders, parliamentarians, media, NGO's and various members of the civil society.

Human development reports propose composite indices that go beyond income based measures. The Human Development Index (HDI), Gender Development Index (GDI), Gender Empowerment Measure (GEM) and Human Poverty Index (HPI), have been introduced in various HDRs since 1990.

### **I.1 WHAT IS HUMAN DEVELOPMENT?**

United Nations Development Programme has defined human development as the process of enlarging people choices. The most critical

ones are to lead a long and healthy life, to be educated and to enjoy a decent standard of living. Additional choices include political freedom, human rights and various ingredients of self respect. These are among the essential choices the absence of which can block many other opportunities. According to Mahbub-Ul-haq, the defining difference between the economic growth and the human development schools is that the first “focuses exclusively on the expansion of only one choice: income, while the second embraces the enlargement of all human choices whether economic, social, cultural, or political.”

## I.2 WHY HUMAN DEVELOPMENT?

According to *Paul Streeten*<sup>1</sup>, human development is necessary on account of the following reasons:

- 1) Human development is the end while economic growth is only a means to this end. The ultimate purpose of the entire exercise of development is to treat men, women and children present and future generations as ends to improve the human conditions to enlarge people choices.
- 2) Human development is a means to higher productivity. A well nourished, healthy, educated, skilled, alert labour force is the most important productive asset.
- 3) It helps in lowering the family size by slowing human reproduction.
- 4) Human development is good for physical environment.
- 5) Reduced poverty contributes to a healthy civil society and not just the economy. The political, cultural and social factors are given as much importance as the economic factors.

---

<sup>1</sup> Streeten Paul in forward to Mahbub ul Haq's book "Reflections on Human development" pp- IX-X

### I.3 ESSENTIAL COMPONENTS OF HUMAN DEVELOPMENT:-

According to *Mahbub-Ul-Haq*<sup>2</sup>, there are four essential components in the human development paradigm:

*Equity*: If development is to enlarge people choices, people must enjoy equitable access to opportunities. This demands a fundamental restructuring of power in many societies.

*Sustainability*: The next generation deserves the opportunity to enjoy the same well being that we now enjoy and this right makes sustainability essential. In other words, what must be sustained are worthwhile life opportunities, not human deprivation.

*Productivity*: An essential part of the human development paradigm is productivity which requires investments in people and an enabling macroeconomic environment for them to achieve their maximum potential.

*Empowerment*: Human development paradigm envisages full empowerment people are in a position to exercise choices of their maximum potential.

The empowerment of people requires action on various fronts.

- 1) It requires investing in the education and health of the people so that they can take advantage of market opportunities.
- 2) It requires ensuring an enabling environment that gives everyone access to credit and productive assets so that the playing fields of life are more even and.

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<sup>2</sup> Mahbub-Ul-Haq (1996) " Reflections on Human Development" Oxford University Press, pp.16-20

- 3) It implies empowering both women and men, so that they can compete on equal footing.

#### I.4 CONSTRUCTION OF HUMAN DEVELOPMENT INDEX:

The UNDP's Human Development Reports brought out from 1990 onwards starts out by calculating the Human Development Index (HDI) for different countries of the world. The HDI measures the average achievements in a country in three basic dimensions of human development: Longevity, Knowledge and a decent standard of living. A composite index, the HDI thus contains three variables: life expectancy, educational attainment (adult literacy and combined primary, secondary and tertiary enrolment) and real GDP per capita (PPP in \$). The index formula has incorporated certain changes in response to criticism: for example, the education component first included only literacy rates.

For the construction of the HDI, fixed maximum and minimum values have been established for each of these indicators.

- Life expectancy at birth<sup>3</sup>: 25 years and 85 years.
- Adult literacy rate<sup>4</sup>: 0 % to 100 %
- Combined gross enrolment ratio<sup>5</sup>: 0% to 100%
- Real GDP per capita (PPP in \$)<sup>6</sup>: \$100 to \$ 4000

For any component of the HDI, individual indices are calculated according to the general formula given below:

$$\text{Index}^7 = \frac{\text{Actual Value} - \text{Minimum Value}}{\text{Maximum value} - \text{Minimum Value}}$$

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<sup>3</sup> See Appendix I - A

<sup>4</sup> See Appendix I - B

<sup>5</sup> See Appendix I - C

<sup>6</sup> See Appendix I - D

<sup>7</sup> World Human Development Report, 1990

## I.5 GENDER-RELATED DEVELOPMENT INDEX:

After 1990, some of the HDR's have introduced additional indices. The gender-related development index (GDI) was introduced in HDR 1995--- in the year of the International Women's Conference in Beijing.. "Human development if not engendered is endangered -- that is the simple but far reaching message of Human Development Report 1995<sup>8</sup>".The gender related development index (GDI) measures achievements in the same dimensions and variables as the HDI does, but takes account of inequality in achievement between women and men. The gender empowerment measure (GEM) indicates whether women and men are able to actively participate in economic and political life.

The human poverty index measures deprivation in basic human development in the same dimensions as the HDI.

Economic growth contributes most to poverty reduction when it expands the employment, productivity and wages of poor people and when public resources are channeled to promoting human development. But, in this income based measure many of the essential aspects had been left out of the process of development. Usually 'development' benefits urban more than rural areas, more migrants than those who remain behind, rich more than poor. It often increases inequality between different classes and castes as well as between men and women. In the process of economic development natural resources like oil, coal, and forest get used up the environment is destroyed, some traditional occupations are destroyed. People are displaced from their land, and even if income increases they may not earn sufficiently to balance these negative effects.

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<sup>8</sup> World Human Development Report, 1995 pp-1

## I.6 SELECTION AND BACKGROUND OF TOPIC:

Marathwada the region in the state of Maharashtra comprises eight districts viz. Aurangabad, Jalna, Parbhani, Hingoli, Nanded, Beed, Latur and Osmanabad. The entire region formed a part of the princely state of the Nizam, and was then known as Hyderabad state which was merged into the Indian Union in 1948. In 1956 with the reorganization of states, the Marathwada region was joined to the bilingual Bombay state, which comprised the parts of present Maharashtra and Gujarat states. It has been one of the administrative divisions of Maharashtra state since, 1960.

Hyderabad was a multilingual state; Marathi, Kannada, Telugu and Urdu were the major languages spoke in the state. The Marathi speaking area was known as Marathawada. The Nizams ruled Marathawada for over 250 years. The last of them was an autocratic ruler. People at large were not at all involved in the state administration. Socio-economic and political condition of the people was extremely poor. The Nizam maintained an educational system that was conducive to his autocratic and medieval rule. The position of Marathawada in the field of higher education was very poor. There was only one college up to intermediate level at Aurangabad with 22 students on roll in 1939. This condition continued up to 1950. No female student in the region was enrolled beyond the middle school level even in 1938-39. No provision for technical education ever existed. There was only one teachers' training school in the region with 43 trainees in 1938-39.

Economically, this region was very backward. It was predominantly agricultural and there was very little industrialization in the region. Absentee landlordism, serfdom, forced labour and countless other practices existed in the state. Majority of the people were dependent upon

agriculture as their chief means of livelihood and only 0.30% people were engaged in industry. Limited banking facilities, scarce transport facilities, utterly neglected irrigation and lack of electricity supply can be cited as indicators of very low level of economic progress.

However, such a state of affairs and the political process could not continue for a long time. The Hyderabad state could not remain unaffected by political process going on in the rest of India. The political process in the British India was gradually but qualitatively changing, political unrest against the British India was gradually but qualitatively changing, political unrest against the British gradually took a decisive turn and the Indian National Congress under the leadership of Mahatma Gandhi started slowly but certainly penetrating the grass roots of Indian society. The freedom movement became multi-faceted containing various streams from congress to extremists'. Political participation of the Indians in British India increased through various organizations. Their influence spread also to Hyderabad, which was the largest princely state never to come directly under British rule.

The long period under rule of empire of the Nizam, Marathwada's isolation from National Freedom movement; lack of education, lack of communication, lack of leadership, lack of political awareness etc. are some of the causes of its socio-economic backwardness. So, even today Marathwada region is a backward region as compared to the rest of Maharashtra.

After the inception of Maharashtra state in May 1960, still Marathwada region was such a region where people live under socially and economically backward conditions. Therefore there was a constant

demand from the leaders and the public from the Marathwada region to solve the problem of backwardness. In the “Development Movement” of 1974 in Marathwada students got mobilized on the issue of “Development of Marathwada,” against unemployment and corruption in administration, red-tapism in Marathwada. The people of Marathwada have remained alert and vocal about many demands related to economic development.

The Government of Maharashtra from time to time, in response to demands from the people, took certain initiatives for the economic development of backward regions. The Maharashtra government appointed a Fact Finding Committee, popularly known as the “Dandekar Committee” in 1983 to ascertain the magnitude of regional imbalance existing between various regions of the state. In 1993, the State Planning Board of the Government of Maharashtra, appointed a study group under the chairmanship of B. A. Kulkarni to identify the backward areas in Maharashtra State. This study group used 12 indicators of development, for identification of backward districts. 17 districts in the state were identified as ‘Backward’, and of the 17 backward districts, six belonged to Marathwada. In 1995, the governor of Maharashtra appointed the “Indicators and Backlog Committee” to study the impacts of the expenditure incurred by the Government during the period 1984 – 1994, on the three regions of the state, on basis of the recommendations made by the Dandekar Committee In 1984. This committee concluded that the regional imbalance among the three regions of the state had increased.

The methodology used by all these committees studying the problem of regional disparities can be contrasted with that of the Human Development Reports. It is our hypothesis that the human development

approach is also required if we are to reach a full understanding of the nature and causes of regional backwardness.

Human development is a part and parcel of economic development. In Marathwada 'Vikas Andolan' of 1974 and other development movements, no steps were taken to reduce the problem of casteism, gender inequality, poverty, etc. The roots of backwardness in this region can also be found in the relations of caste inequality, gender inequality and lack of social justice. But the development movements in Marathwada concentrated on demanding more investment and allocation of funds from the state government. It is true that the region received a smaller share of these government inputs. But for economic development there is also a need to expand on fundamental needs such as education, health, widening of choices --- the things that are included in the HDI. But the approach of the HDR's also does not look at the 'structural' causes behind low human development.

In order to really understand the causes of socio-economic backwardness and to take measures to overcome this backwardness, besides looking at the indicators of measuring HDI there should be study of development in Marathwada taking into consideration its historical backward, geographical condition, social structure and social backwardness. In this region even today girls are not allowed take an education, they are also forced to marry at a very early age. Marathwada's record in this regard is much worse compared to other regions of the state. This is one of the indicators that show that socio-economic conditions in Marathwada are quite bad even in the 21<sup>st</sup> century.

## I.7 OBJECTIVES OF THE RESEARCH:

- First, to understand concept of human development and the philosophy underlying it.
- Secondly, to apply the concept of human development in the context of India, Maharashtra and Marathwada. And to examine the contribution of different Human Development Reports prepared at international, national, state levels.
- Thirdly, to use the concept of human development to understand the magnitude and nature of socio-economic backwardness of the Marathwada region. Also, to identify the limitations of the human development approach.
- Fourthly, to outline the situation regarding the level of human development achieved in Marathwada region and to calculate a Human Development Index for Marathwada.
- Fifth, to summarize the nature of socio-economic backwardness of the Marathwada region and to make recommendations for improvement in Human Development.

## 1.8 HYPOTHESES:

- The concept of human development and the methodology of the Human Development Reports provide a powerful method to understand the nature and causes of socio-economic backwardness in Marathwada.
- Thus, development of the region should not focus only on increasing regional income and increasing state investment to remove 'backlog' in different areas. It should also make direct efforts to improve the educational and health status of the population and bring gender equality.

## I.9 RESEARCH METHODOLOGY:

The research study is based on secondary data and also primary data. The secondary data has been collected from various sources : eg the Sample Registration System, Registrar General of India's database has been used for health indicator; for literacy I have used census data; school enrolment data is taken from the 2002 HDR for Maharashtra; and age wise structure is taken from [www.indiastat.com](http://www.indiastat.com). For profile of districts I have used official socio-economic surveys of the particular districts. Primary data was collected by carrying out a survey using questionnaire method. I have taken a sample of 300 from three districts: Jalna, Beed, and Osmanabad. The selection of these districts builds on Maharashtra Human Development Mission's methodology. The Mission identifies five districts in Marathwada region as backward in human development; these are Nanded, Parbhani, Hingoli, Jalna, and Osmanabad. So, I had chosen Jalna and Osmanabad following the Mission's selection, and I have also chosen Beed district, which is generally known to be one of the most backward districts in Marathwada, but which has not been identified as backward by the Mission, for purpose of comparison.

For calculating HDI I mostly use UNDP's methodology – like the UNDP I calculate HDI on the basis of the three main components mentioned above.

**Life Expectancy:** The first of these is Life Expectancy at Birth. For this measurement the UNDP's Life Expectancy Index is –

$$\text{Life Expectancy Index} = \frac{\text{Actual Value} - \text{Minimum Value}}{\text{Maximum Value} - \text{Minimum Value}}$$

For this index we use calculated life expectancy rate. Because district level data on death at different ages was not available, we used regression method for calculation of life expectancy rate for district level from Infant Mortality Rate (IMR) of particular district.<sup>9</sup> We have used the regression method adopted by the IIPS, Mumbai.<sup>10</sup> The estimation of life expectancy at birth is usually provided by the Registrar General of India (RGI) using the data of Sample Registration System for major states of India. However, the estimates of life expectancy at birth are usually not available for smaller states of India as well as the districts of India. They attempt to provide some methods to estimate life expectancy at birth for smaller states of India. They also attempt to provide the estimates of IMR and Life Expectancy for the districts of India. They attempted to provide the estimates for the smaller states and districts of India using indirect techniques. The regression equation is mainly used for providing such estimates. In deriving the estimates, it is assumed that the IMR is closely linked to life expectancy at birth. Accordingly, the relationship of IMR and life expectancy is established by taking the SRS data for the major state of India. Accordingly, regression equation have been attempted by taking life expectancy at birth as the dependent variable and IMR as the independent variable over three different time periods(2000,1995,1991). These variables are actually observed values for the major states of India.

Regression equation:

$$LEB_{2000} = \alpha + \beta * IMR_{2000}$$

$$LEB_{1991} = \alpha + \beta * IMR_{1991}$$

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<sup>9</sup> The life expectancy at birth is the single most preferred health indicator for the state/district. Moreover, it is an indicator used to reflect the health dimension of the Human Development Index (HDI). Since the direct estimates of these indicators are either scanty or suffer from many limitations, indirect estimates are probably best suited.

<sup>10</sup> See Appendix I - E

Where,  $\alpha$  and ‘ $\beta$ ’ are the regression coefficients.<sup>11</sup>

We have used the above regression equations for obtaining life expectancy for districts of Marathwada region.

**Educational Attainment:** HDI’s second component is Educational Attainment. It is a combination of two parts: one is adult literacy and second is combined primary, secondary and tertiary enrolment ratio.

$$\text{Adult Literacy Index} = \frac{\text{Actual Value} - \text{Minimum Value}}{\text{Maximum value} - \text{Minimum value}}$$

We were not able to find district-level data for population in the age groups relevant to primary, secondary, tertiary enrolment. We had only the numbers of boys and girls enrolled. So, we used only 6-14 (1<sup>st</sup> STD to 8<sup>th</sup> STD) age enrolment ratio for as gross enrolment ratio in our calculation.

$$\text{Literacy Index} = \frac{1}{3} (\text{Adult Literacy Index}) + \frac{2}{3} (\text{6-14 Age Enrolment Ratio})$$

**Income:** The third component of the HDI is real GDP per capita (PPP in \$). For this indicator we are use Per Capita District Domestic Gross Product (PCDDGP) in Purchasing Power Parity in US \$ from Per Capita Gross Domestic Product of India’s relative years.

$$\text{Income Index}^{12} = \frac{\log (\text{Actual Value}) - \log (\text{Minimum Value})}{\log (\text{Maximum Value}) - \log (\text{Minimum Value})}$$

We are use primary data from survey for checking secondary sources of human development differ on micro level. We are estimate

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<sup>11</sup> See Appendix I - F

<sup>12</sup> See Appendix I- G

Deprivation Index<sup>13</sup> from primary data. Specifically, we have considered indicators of human development in study 1) Housing Facilities 2) Drinking Water Supply 3) Sanitation facility like latrines 4) Use of electricity in households. In this research work we have used the following indicators of human deprivation, for estimating the Deprivation Indices (DI) at district level by using census 2001 and primary survey data.

$$DI = \left\{ \frac{1}{4} (d_1\mu + d_2\mu + d_3\mu + d_4\mu) \right\}^{1/\mu}$$

Here,

DI – Deprivation Index,

$d_1$  - Deprivation in Housing Facilities,

$d_2$  – Deprivation in Drinking Water Facility,

$d_3$  – Deprivation of Households without Latrines,

$d_4$  – Deprivation of Households without Electricity,

$\mu$  - The value of  $\mu = 3$

#### I.10 SOURCES:

For the research study we are use various human development reports like Global Human Development Reports, National, Sub-National Human Development Reports, State Human Development Reports, and District Human Development Reports, various books, journals, workshop's reading materials on human development and concern, Economic Survey of India's and Maharashtra's, NSSO's various rounds data, Third National Family Health Survey's data, District Socio-Economic Surveys, UNDP and Planning Commission's Maharashtra

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<sup>13</sup> Kerala Human Development Report 2005 pp- 62

Human Development Action Research Studies data and various government published data.

#### I.11 RESEARCH PERIOD:

We are taking 1991 and 2001 years for point estimation of research study. Because most of the socio- economic data is available for only these years, the years of the decennial census.

#### I.12 LIMITATION OF RESEARCH:

Present research study has some limitation. Human development indicators statistical data not available in time series, these variables data mostly available in census and mostly gender wise data not available. So, we are taken census data for calculating human development level. Another limitation is life expectancy data not available at district level. During primary data collection we have some problem as like – income information not truly said most respondent family, some respondent not interested to give information on some questions etc.

#### 1.12 CHAPTER SCHEME

The present thesis is contains the following five chapters.

1) First chapter gives an introduction to the research work, reasons for selection of the topic, research methodology, hypotheses, objectives, sources etc.

2) The second chapter is devoted to taking a brief review of literature on Human development, to explain the background of the concept of human development, to outline the contents of some of the Human Development Reports from 1990, etc. Also in this chapter we give the limitations of

Human Development Index methodology, and compare it with other important indicators of socio-economic backwardness.

3) The third chapter sums up aspects of the human development level in India on the basis of the UNDP's India HDR report, and does the same for the Maharashtra HDR of 2002 and gives criticism of the latter report.

4) The fourth chapter compares human development and Socio-economic backwardness by looking at some relevant literature on these themes. Also, we introduce the Human Development Mission and its objectives and methodology.

5) The Fifth chapter gives an overall picture of Human Development of the Marathwada region. Firstly, Human Development Index for districts of the region is calculated on basis of secondary data. Then the picture for health and education is filled in using primary sources. The chapter presents the main findings of the present study.

6) Conclusions and findings regarding the nature of socio-economic backwardness and human development in Marathwada are discussed in the last chapter.

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## **CHAPTER-II**

### **REVIEW OF LITERATURE**

#### **INTRODUCTION:-**

The term development may mean different things to different people. It is important at the outset that we have some working definition or core perspective on its meaning. Without such a perspective and some agreement on measurement criteria, we would be unable to determine which country was actually developing and which was not. In strictly economic terms, development has traditionally meant the capacity of a national economy, whose initial economic level has been more or less static for long time, to generate and sustain an annual increase in its gross national product (GNP) at reasonably high rates.

A common economic index of development has been the use of rates of growth of income per capita or per capita GNP to take into account the ability of a nation to expand its output at a rate faster than the growth rate of its population levels. Rates of growth of real per capita GNP are normally used to measure the overall economic wellbeing of a population: how much of real goods and services is available to the average citizen for consumption and investment.

But, the experience of the 1950's and 1960's when developing nations did realize their economic growth targets but the levels of living of the masses of people remained for the most part unchanged<sup>14</sup>, (Todaro, Smith) signaled that something was very wrong with this narrow definition of development. So, development came to be redefined in terms

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<sup>14</sup> Todaro Michwel P. & Stephen C. Smith (2003) "Economic Development" Published by Person Education Pvt. Ltd. Delhi

of the reduction or elimination of poverty, inequality, and unemployment within the context of a growing economy.

A number of developing countries experienced relatively high rates of growth of per capita income during the 1960's and 1970's but showed little or no improvement or even an actual decline in employment, equality, and the real incomes of the bottom populations. By the earlier growth definition<sup>15</sup>, these countries were developing, by the newer poverty, equality and employment criteria, they were not.

After 1960's many countries became independent from colonialism and after that they got improved medical facilities. As a result, death rates declined, but birth rates remained the same. Whose effect was an increase growth rate of population, which had an impact on availability of countries' physical resources. The Club of Rome (1972)<sup>16</sup> according to its report "The Limits to Growth", says "If the present growth trends in world population, industrialization, pollution, food production, and resource depletion continue unchanged, the limits to growth on this planet will be reached some time within the next one hundred years. Secondly, it is possible to alter these growth trends and to establish what is sustainable far into the future. The state of global equilibrium could be designed so that the basic material needs of each person on earth are satisfied and each has an equal opportunity to realize his individual human potential. Third, if the world's people decide to strive for this second outcome rather than

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<sup>15</sup> Economic growth means "the steady process by which the productive capacity of an economy is increased over time, bringing about rising levels of National income."

<sup>16</sup> The club of Rome, an informal organization that has been aptly described as an "invisible college". Its purposes are to foster understanding of the varied but inter dependent components – economic, political, natural and social, that make up the global system new understanding to the attention of polity makes and the public word wide in this way to promote new policy initiative and action.

the first, the sooner they begin working to attain it, the greater will be their chances of success.<sup>17</sup>”

After that, the situation in the 1980’s and 1990’s worsened further as GNP growth rates turned negative for many LDC’s and governments, facing large foreign debt problems, were forced to cut back on their already limited social and economic programs. This was called structural adjustment programme, (World Development Report 1989)<sup>18</sup>. The structural adjustment programme used changes in fiscal, monetary and sectoral policies, in regulations, and in institutions to alter relative prices and the level of spending and thereby redirect economic activity. The real exchange rate and the real interest rate are key relative prices. They affect both economic activity and saving as well as exports and imports and the rate of investment. Changes in taxes, subsidies and quantitative controls move resources between sectors. Ensuring that adjustment achieves a balanced change in spending and an appropriate sectoral reallocation is critical for growth and development.

During the 1960’s decade the problem of increasing the absorptive capacity of developing countries was seen as being central to the enhancement of their growth prospects. Thus, as suggested by the following table<sup>19</sup>, the enhancement of Human capital became a central concern of economic planners particularly in the ex-colonial countries which were still dependent up on expatriate skilled workers from the

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<sup>17</sup> Meadows Donella H., Dennis Meadows, Jorsen Reders, William W. Behrens (1974) “The limits to growth” Published by pan Books Ltd. Coveys place London.

<sup>18</sup> World Bank (1989) “World Development Report” Published by oxford university press for the World Bank pp. – 6-24

<sup>19</sup> Colclough Christopher (April 1993) “Human Development: towards the 1990’s” published by Institute of Development Studies, at the University of Sussex (Brighton BN1 9JL) England.”

metropolitan countries. But this focus had resulted in a preoccupation with the top end of the education structure.

**TABLE 2.01 - DEVELOPMENT PARADIGMS 1960-1990.**

	<b>Dominant paradigms</b>	<b>Main constraints</b>	<b>Strategy proposed</b>	<b>Alternative paradigms</b>
1960 to 1970	Maximization of growth	- Absorptive capacity - Low savings	- Aid, foreign investment, - Human capital formation	-Stage of growth -Socialist accumulation
1970 to 1980	Structuralism	-Structural rigidities -Market imperfections -Patterns of ownership - Domestic politics	-Redistribution with growth - Basic needs - Employment generation	-State socialism -Dependency and Neo – Marxism
1980 to 1990	Neo – Liberalism	- Balance of Payments -Disequilibrium constrained markets - State as pariah Rent seeking	- Liberalize market & price - Reduce role of state	- Modified structuralism - Adjustment with human face
1990	-Human Development - Poverty alleviation	- Recession Stagnation - Deepening poverty	- Investment in basic service for H.D. -Labour intensity - Safety nets	Neo – Liberalism

Source:- Colclough Christopher (April 1993)

The new focus upon poverty and redistribution that characterized the 1970s was influential at the level of international agencies and aid organizations. But in terms of national development policies, its impact was marginal. The pattern of World Bank lending shifted markedly over the decade towards projects that were expected to have a greater effect up on the poor. Sectors were included which had a direct impact up on their welfare, such as primary health care and primary schooling, which had earlier not been thought proper targets for development loans.

The World Bank which during the 1980's, championed economic growth as the goal of development joined the chorus of observers taking a broader perspective when, in its 1991 World Development Report it asserted "The challenge of development is to improve the quality of life, especially in the world's poor countries. A better quality of life generally calls for higher incomes – but it involves much more. It encompasses as ends in themselves better education, higher standards of health and nutrition, less poverty, a clean environment, more equality of opportunity, greater individual freedom, and richer cultural life<sup>20</sup>."

"But there is stronger evidence that the emphasis placed by orthodox adjustment policies upon demand reduction, the elimination of subsidies – including those for staple foods – contraction of public expenditures (which has reduced both the number of employees in the public sector and the quantity of public services available) and increases in user charges for social services, have each tended to threaten important

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<sup>20</sup> World Bank (1991) "World Development Report" published by oxford university press, for the World Bank, New Delhi.

dimensions of human development” (Colclough C. 1993)<sup>21</sup>. These criticisms stimulated the World Bank to take more account of the human dimension by introducing programmes on the social dimensions of adjustment, towards the end of the 1980’s and they were reflected in a range of new initiatives by the international community.

Meanwhile, UNDP issued the first annual Human Development Reports, which ably set out the case for the overriding importance of human development in national strategies (UNDP 1990). There is evidence, too that the World Bank is seriously shifting its position. The World Development Report 1990 focused up on poverty reduction as the major aim of development, identifying policies on human resources as a central component of such concerns.

Specially, when it has covered so far only the ‘stabilization phase’ a phase which almost always proves contractionary. But for a country with a high level of poverty and social deprivation and with a comparatively heavy concentration of the poor in the rural sector, any reform policy even at the stabilization phase which is not friendly to the agricultural sector has grave implications. Reform requires reduction of subsidies and appropriate price corrections. But a large part of the vulnerable section of the society in India has been sustained by subsidies of different kinds, explicit and implicit. Here lies the real dilemma (Gupta, 1995)<sup>22</sup>.

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<sup>21</sup> Colclough Christopher (1993) “Human Development: toward a more integrated framework for planning in the 1990’s” published by Institute of Development Studies publications, at the university of Sussex England.

<sup>22</sup> Gupta S.P. (1995) “Economic Reform and its Impact on poor” published in Economic & political weekly vol. - xxx. No. 22 pp.- 1295-1309

Since 1990, with publication of the United Nations Development Programmes, from the first Human Development Report the concept of Human Development has been strongly advocated in the place of economic growth. Its intellectual antecedents may be traced to A.K. Sen's concept of capabilities and the earlier basic needs approach (Ranis & Stewart 2005)<sup>23</sup>. However, the basic need approach was rejected by Sen. The Human Development approach does not have anything to say about redistribution of wealth from rich countries to poor, even in the form of aid which is very small in amount compared to their GDP.

In 1979 Morris David Morris came out with a physical quality of life Index (PQLI)<sup>24</sup> to measure the status of poverty and well being in developing economics, especially India. Morris argued that the income comparison between nations and between regions in the same nation were flawed, in that these did not indicate the level of satisfaction or quality of life derived from income. His argument was not that income was too wide a concept to specify development. Instead, he argued that it was too narrow to encompass the outcome of choice and constraints for individuals, communities and nations. Morris and other critics argued that the cross national income comparison derived from GDP to population ratio was not relevant for measuring the conditions of world's poor. It did not reflect the position of the weaker section of the society. Planning strategies, therefore, required new indices to bring better understanding of the impact of development outlay upon society. One such index is Human Development Index (HDI) initially designed in HDR, 1990. Income generation is necessary, but it is not the sum total of human lives.

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<sup>23</sup> Gustav Ranis & Frances Stewart (2005) "The priority of Human Development in the Development Imperative towards a people centered approach", Edited by Eric Heachberg & Christy Thomson SSRC.

<sup>24</sup> HDR (1995) Government of Madhya Pradesh. Bhopal . PP 2-10.

Development must enlarge the range of choices at the disposal of the people. These choices include not only income and employment but also health, physical environment, human dignity and freedom. A comparison of income and human development levels in various countries is very revealing for it shows the extent to which income and economic growth have been actually translated into human lives, though there is no noted automatic link between growth and human development<sup>25</sup>.

The United Nations is an international organization founded in 1945 of after the Second World War by 51 countries committed to maintaining international peace and security, developing friendly relations progress, better living standards and human rights. Due to its unique international character, and the powers vested in its founding charter, the organization can take action on a wide range of issues, and provide a forum for its 192 member states to express, their views, through the General Assembly, the Security Council, the Economic and Social Council and other bodies and committees.

The organization works on a broad range of fundamental issues, from sustainable development, environment and refugees protection, disaster relief, counter terrorism, disarmament and non- proliferation, to promoting, democracy, human rights, governance economic and social development and international health, clearing landmines, expanding food production, and more, in order to achieve its goals and coordinate efforts for a safer world for this and future generations<sup>26</sup>.

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<sup>25</sup> Mahbub – UI – Haq (1999) “Human Development in India” in Kirit Parikh and R. Sudershan (ed) Human Development and structural Adjustment, Macmillan India ltd. Madras, pp 27

<sup>26</sup> <http://www.undp.org/>

The six principal organs of the United Nations: The General Assembly, the Security Council, the Economic and Social Council, the Trusteeship Council, the International Court of Justice, and the Secretariat, the United Nations Family, however, is much larger, encompassing 15 agencies and several programmes and bodies.

United Nations Development Programme is the UN's global development network, an organization advocating for change and connecting countries to knowledge, experience and resources to help people build better life. We are on the ground in 166 countries, working with them on their own solutions to global and national development challenges. UNDP's network links and coordinates global and national efforts to reach these Goals. Its focus is helping countries build and share solutions to the challenges of democratic governance, poverty, reduction, crisis prevention and recovery, Environment and Energy HIV/ AIDS<sup>27</sup>.

UNDP helps developing countries attract and use aid effectively. In all UNDP's activities, the protection of human rights and the empowerment of women are encouraged.

The annual Human Development Report, commissioned by UNDP, focuses the global debate on key development issues, providing new measurement tools, innovative analysis and often controversial policy proposals. The global Reports analytical framework and inclusive approach carry over into regional, national and local Human development Reports also supported by UNDP.

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<sup>27</sup> <http://www.undp.org>

In the next section we take a brief overview of the contents of some selected HDR's from 1990 to the present.

**Human Development Report (1990)**<sup>28</sup>. This report introduced the concept of Human Development for the first time. Human Development Reports are published annually by UNDP since 1990. The first Human Development Report (Published under the inspiration and leadership of its architect Mehabub-Ul-Haq) analyzed the rural of human development for the last three decades, and experiences of 14 countries in managing economic growth and human development. In one of his basic works he had analyzed the development thinking in recent decades and pointed out the wide acceptance of the real purpose of development today as enlargement of people's choice in all fields – economic, political and cultural. The study analyzed not only the human development paradigm but also the advent of Human Development Report and the birth of Human Development Index.

“The real wealth of a nation is its people and the purpose of development is to create an enabling environment for people to enjoy long, healthy and creative life. This simple but powerful truth was emphasized as an opening, comment in the first human development report.”<sup>29</sup>

The Human Development Report 1990 discussed the meaning and measure of human development, proposal for a composite index with longevity, knowledge and income as its principal component. Termed as a landmark study in the area of development, the report's contribution was

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<sup>28</sup> UNDP (1990) Human Development Report, Published by oxford university press, New Delhi.

<sup>29</sup> Ibid, HDR 1990.

noted to be in providing a definition and measurement of human development which would be useful policy analysis and lead to certain specific recommendations.

The combined effect of various components of human development is noted to be reflected through Human Development Index (HDI). It is an attempt to measure a country's achievement in the enhancement of human development. The measure has been appreciated as well as criticized. As a result, the measure has been subject to changes and improvement in subsequent reports of UNDP and studies by individual researchers.

The **Human Development Report of 1991**<sup>30</sup> is accordingly, about relationship of economic growth and human development. Economic growth is essential for human development but to exploit fully the opportunities for improved well being that growth offers it needs to be properly managed. It means there is no automatic link between economic growth and human progress. One of the most pertinent policy issues concerns the exact process through which growth translates, or fails to translate, into human development under different development conditions of various countries.

The report gives to human development experience in various countries during the last three decades. First are countries that sustained their success in human development. Second are countries that had their initial success slow down significantly or sometimes even reverse. Third

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<sup>30</sup> UNDP (1991) "Human Development Report" Published by oxford University press, New Delhi pp-42-60

as countries that had good economic growth but did not translate it into human development<sup>31</sup>.

In India, as shown in the human development reports, growth rate of economy is higher than before since the last decade but this growth rate does not translate into increasing human development level, Good economic growth means not only achieving growth but also well structured welfare programmes for the weaker sections of society on the social & Economic front.

Indian planners/ planning have designed parallel policies for growth and welfare means efficiency and equity. Where both these objectives meet that objectives point there was good planning. But in our planning we have achieved neither efficiency nor equity, as shown by the statistics<sup>32</sup>.

The next Human Development Report (1991) describes possible policy for raising the level of human development. Many factors influence the levels and changes in human development; they include the level and structure of government expenditures and government programmes for the social sectors.

These are the main meso-economic determinant of human development, together determining the levels and changes in household

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<sup>31</sup> From these country experience emerges the following typology.

- 1) Sustained human development, as Botswana, Costa Rica, the Republic Korea, Malaysia, and Shri Lanka
- 2) Disrupted Human development as in Chile, China, Colombia, Jamaica Kerya And Zimbabwe.
- 3) Missed opportunities for human development as in Brazil, Nigeria, and Pakistan & India.

<sup>32</sup> Statistic of Indian Planning Period on targeted growth rates, (GDP) and reducing poverty, Unemployment rates, not achieved in time.

income per capita and initial level and trends in the distribution of income. The main instruments of govt. for directly affecting human development levels are first governing in a way that does not discriminate among different social groups or regions.

According to the Report meso policies centre on health, education, potable water and other social services, usually provided by the government. The level of meso policies can be described as low if government expenditures on the social sectors are less than 6% of GDP, moderate if they are between 6% and 10% and high if they are greater than 10% per capita. Public spending in the social sectors would be expected to rise with average per capita GDP.

Higher income can, therefore, have a positive impact on human development not only through ensuring high primary incomes but also by providing larger absolute resources to the government.

The literature provides fairly conclusive evidence of the association between different rates of success in human development and to the relative importance given to different types of spending on social sectors. For example, spending on primary education and preventive health care, (vaccination for eradication of diseases like small pox, malaria TB and AIDS) is likely to lead to substantially larger improvements in human development than spending on higher levels of education and curative health care at least at low initial levels of human development.

Meso policies can be well designed or less well designed, and their impact depends on their context. Government policies for universal primary education are across – the – board meso policies.

Meso economic policies are always located within a specific context of macroeconomic policy framework. The human development approach assumes a neo liberal strategy of increasing reliance on market, reduction of govt. expenditure and deflationary policies aimed at controlling inflation.

Meso policies become important when people's primary incomes, especially those of the poorest, are insufficient for them to obtain the goods & services needed to ensure a decent level of human development. Primary incomes are the disposable incomes of households from the normal workings of the economy. They often are insufficient in countries where incomes are generally low: even if the distribution of income is good few people have primary incomes sufficient to ensure adequate human development. Primary incomes can also be insufficient where higher incomes are badly distributed: The incomes of some people may allow even developed country living standards, but for many other the primary incomes may be insufficient to meet their basic needs.

Well structured meso policies are needed to compensate for the low primary incomes of important segments of the population.

Where incomes are generally low but the distribution is good, well structured across the board meso policies are likely to be appropriate. In countries with higher average income and good growth but skewed income distribution, some targeted interventions that favors the poorer segments of society may be needed to supplement the across the board policy interventions.

Targeting of PDS has not been very satisfactory from view point of poor. Because the target group of PDS is in fact the weaker section of society this does not include above poverty line families. As a result PDS's distributors do not provide goods to the targeted persons as per government rules and prices. This is because weaker section group are not in a position to put pressure on the distributors and they do not show will power due to lack of communication and association. So, in view point of targeting of PDS it's not benefited to poor people. If families 'above poverty line' are included in the PDS system they are able to bring pressure on distributors to follow the Government rules and prices.

**The Human Development Report (1995)** <sup>33</sup> focused on gender development. This report for the first time brings out Gender Development Index (GDI) for different countries. The report has consistently defined the basic objectives of development as enlarging peoples' choices. "Human development, if not engendered, is endangered." That is the simple but far-reaching message of this report.

The report has consistently defined the basic objective of development as enlarging peoples' choices. At the heart of this concept are three essential components.

- Equality of opportunity for all people in society
- Sustainability of such opportunities from one generation to the next.
- Empowerment of people so that they participate in and benefit from development processes.

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<sup>33</sup> UNDP (1995) "Human Development Report published by oxford university press New Delhi. " PP-1-10

Equal enjoyment of human rights by women and men is a universally accepted principle, reaffirmed by the Vienna declaration, adopted by 171 states at the world conference on Human Rights in June 1993.

- Equal access to basic social services, including education & health
- Equal opportunities for participation in political and economic decision-making.
- Equal reward for equal work.
- Equal protection under the law
- Elimination of discrimination by gender and violence against women
- Equal rights of citizens in all areas of life, both public such as the workplace and private such as the home.

Report describes human development as a process of enlarging the choices for all people, not just for one part of society. Such a process becomes unjust and discriminatory if most women are excluded from its benefits, and the continuing exclusion of women from many economic & political opportunities is a continuing indictment of modern progress. Moving towards gender equality is not a technocrat goal, it is a political process. It requires a new way thinking in which the stereotyping of women and men gives way to a new philosophy that regards all people, irrespective of gender, as essential agents of change.

The human development paradigm, which puts people at the centre of its concerns, must thus be fully engendered. Any such attempt would embrace at least the following three principles. First, equality of rights between women and men must be enshrined / enclosed in as a fundamental

principle. Secondly, women must be regarded as agents and beneficiaries of change. Third, the engendered development model though aiming to widen choices for both women and men, should not predetermine how different cultures and different societies exercise these choices.

In chapter III<sup>rd</sup>, the title is “Measuring gender inequality.” For this purpose, two composite measures are suggested to capture gender disparities and their adverse effects on social progress, capturing such a complex reality in a single, simple index. The basic indicator of human development, the Human development index (HDI) is supplemented in this report by the Gender Related Development Index (GDI)<sup>34</sup>. The GDI concentrates on the same variables as the HDI but focuses on the inequality between women and men as well as on the average achievement of all people taken together.

The report also introduces the Gender Empowerment Measure (GEM)<sup>35</sup> an index that focuses on three variables that reflect women’s participation in political decision making, their access to professional opportunities and their earning power. Women often are excluded from such participation and are as such effectively disenfranchised. The GEM give some indication of how much women are empowered in these spheres in different countries.

**Human Development Report (1997)**<sup>36</sup> focuses on poverty hence this report first time introduces Human Poverty Index (HPI)<sup>37</sup>. It reviews the

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<sup>34</sup> Shows in Appendix-II-A

<sup>35</sup> Shows in Appendix-II-B

<sup>36</sup> UNDP (1997) “Human Development Report” published by oxford University press, New Delhi.

<sup>37</sup> Properties of the Human Poverty Index is form the back ground paper by Sudhir Aanand and Amertya K. Sen, “Concept of Human development and Poverty: A Multidimensional Perspective.”

challenge to eradicate poverty from a human development perspective. It focuses not just on poverty of income but on poverty from a human development perspective. It focuses not just on poverty of income but on poverty from a human development perspective, on poverty as a denial of choices and opportunities for living a tolerable life<sup>38</sup>.

This report criticizes the use of income based consumption based poverty line. It discusses three perspectives on poverty, these are income perspective, Basic needs perspective, capability perspective. This Report introduces a human poverty index (HPI) in an attempt to bring together in a composite index the different life to arrive at an aggregate judgment on the extent of poverty in a community.

The HPI presented in this report concentrates on the deprivation in three essential elements of human life already reflected in the HDI longevity, knowledge and decent a living standard.

The first deprivation relates to survival the vulnerability to death at a relatively early age and is represented in the HPI by the percentage of people expected to die before age 40.

The second dimension relates to knowledge – being excluded from the world of reading and communication and is measured by the percentage of adults who are illiterate.

The third aspect relates to a decent standard of living, in particular, overall, economic provisioning. This is represented by a composite of

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<sup>38</sup> 1) *ibid* HDR (1997) P-2

three variables, the percentage of people with access to health services and to safe water, and the percentage of malnourished children under five.

In constructing the HPI, the deprivation in longevity is represented by the percentage of people to survive to age 40 ( $P_1$ ), and the deprivation in knowledge by the percentage of adults who are illiterate ( $P_2$ ). The deprivation in a decent living standard in terms of overall economic provisioning is represented by a composite ( $P_3$ ), of three variables- the percentage of people without access to safe water ( $P_{31}$ ) the percentage of people without access to health services ( $P_{32}$ ) and the percentage of moderately and severally underweight children under five ( $P_{33}$ ).

The composite variable  $P_3$  is constructed by taking a simple average of the three variables  $P_{31}$ ,  $P_{32}$ ,  $p$  and  $P_{33}$ , Thus,

$$P_3 = \frac{P_{31} + P_{32} + P_{33}}{3}$$

The formula of HPI is given by –

$$HPI^{39} = [(P_1^3 + P_2^3 + P_3^3) - 3]^{1/3}$$

Like many other concepts, human poverty is larger than any particular measure, including the HPI. As a concept, human poverty includes many aspects that cannot be measured or are not being measured or are not being measured. It is difficult to reflect them in a composite measure of human poverty. Critical dimensions of human poverty excluded from the HPI for these reasons are lack of political freedom inability to participate in decision – making, lack of personal security,

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<sup>39</sup> UNDP (1997) “Human Development Report” Published by Oxford University Press, New Delhi P-125.

inability to participate in the life of community and threats to sustainability and intergenerational equity.

This report focuses on six priorities for action to eradicate poverty. Report suggests firstly empower women and men through their participation in decisions. The report suggest the following ways to do this: political commitments to securing and protecting the political, economic, social and civil rights of poor people, policy reforms and actions to enable poor people, security of tenure for housing and land, education and health care for all and social safety nets.

Second, gender equality is essential for eradicating poverty. This means, focusing clearly on ending discrimination against girls in all aspects of health, education and upbringing, empowering women by ensuring equal rights and access to land, credit and job opportunities, taking more action to end violence against women.

Third, sustained poverty reduction requires pro-poor growth in all countries. There raises the question: what makes growth pro-poor? Report suggests several key elements. Economic growth can be a powerful means of reducing poverty, but its benefits are not automatic. It depends on the economic policy of the government it expands the employment, productivity and wages of poor people. Lessening inequality and moderating its extremes, accelerating growth in poor countries, actions for the rural poor by raising agricultural productivity and incomes. Education and health for all, poverty reduction in industrial countries of absolute and relative poverty, since relative deprivation in income and commodities can lead to an absolute deprivation in minimum capabilities.

Fourth, Globalization offers great opportunities but only if it is managed more carefully and with more concern for global equity.

Fifth the state must provide an enabling environment for broad based political support and alliances for pro-poor policies and markets. Sixth, special international supports are needed for special situations to reduce the poorest countries debt faster to increase their share of aid and to open agricultural markets for their exports.

**Human Development Report (1998)**<sup>40</sup> “Human life is ultimately nourished and sustained by consumption. Abundance of consumption is no crime. It has in fact, been the life blood of much human advance. The real issue is not consumption itself but its patterns and effects. Consumption patterns today must be changed to advance human development tomorrow. Consumer choices must be turned into a reality for all. Human Development paradigms, which aim at extending and improving consumer choices too, but in ways that promote human life, this is the theme of this report.”<sup>41</sup>

Chapter 1<sup>st</sup> provides a general overview of advances and setbacks in human development with the theme of consumption patterns addressed in subsequent chapter.

Chapter second of this report is consumption from a human development perspective focus on concept of consumption. The human development perspective focuses on the mange different ways in which consumption of goods and services affects peoples’ lives. From such a

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<sup>40</sup> UNDP (1998) “Human Development Report” published by oxford University press, New Delhi.

<sup>41</sup> Ibid, p-1

peoples perspective consumption is a means to human development. Its significance lies in enlarging peoples, capabilities to live long and to live well. Consumption opens opportunities without which a person would be left in human poverty.

Food, shelter, water, sanitation, medical care and clothing are necessary for leading a long and healthy life.

Schooling and access to information through books, radio, news papers, and increasingly, electronic networks are necessary to acquire language, literacy, numeracy and up to date information.

Transport and energy are critical inputs to all these things and virtually all other human activity. There is growing evidence that lack of mobility and access lie at the heart of economic and social disempowerment of women.

The human development approach goes further still, embracing consumption that lies outside the monetized economy: goods and services supplied through unpaid work especially by women and those supplied from the natural resources of the environmental commons, when all these are taken into account, a broader perspective is gained of a community's consumption levels and patterns.

Consumption inputs for human development:

Goods & Services from:

= Personal income + Public Provisioning + Unpaid work + Natural Resources

At the foundation of human development is the principle of the universalism of life claims, acknowledging the life claims of everyone women, men and children without discrimination. It demands a world where consumption is such that all have enough to eat, no child goes without education, no human being is deprived health care and all people can develop their potential capabilities to the full extent.

The principle of universalism demands both intra-generational and intergenerational equity. Sustainable development may sometimes be interpreted carelessly to mean that the present level and pattern of development and consumption should be sustained for future generations as well. This is clearly wrong. The inequities of today are so great that sustaining the present patterns of development and consumption would mean perpetuating similar inequities for future generations. Development and consumption patterns that perpetuate today's inequities are neither sustainable nor worth sustaining.

Individual consumers are assumed to be in the best position to judge their own needs and preferences and to make their own choices. It is fair to presume that people know what they are seeking and have reasons for their preferences when they opt for one consumption pattern over another. Some factors affecting consumption options described in report, they are income, is an important means of widening the range of consumption options, especially as economies around the world become increasingly monetized. Income gives people the ability to buy diverse, nutritious foods instead of eating only their own crops, to pay for motorized transport instead of walking, to pay for healthcare and education for their families to pay for water from a tap instead of walking for many hours to collect it from a well.

But when incomes decline, consumption also falls sharply with devastating consequences for human well being.

Consumption options depend on the range of goods and services available from the market and state provisioning, from home production and common resources many of the most basic essential goods and services waters, sanitation, education, health care, transport and electricity cannot be provided without an infrastructure, without laying down water pipes, drains and electricity. Cables, without establishing a school or health centre, without building roads for vehicles. Money is of little use if there is no health dispensary within miles for buying medicine, no school that children can reach, no way to get electricity in the home.

The balance must be maintained between public and private goods. Yet in many countries and regions there is now a large and unhealthy imbalance, leading to great social inequity.<sup>42</sup> Opportunities to consume can be severely limited by lack of time. Women in Africa and Asia spend many hours a day meeting the household's needs for energy and water and have no time left for education, better, health care or community activities. Similarly, overworked labourers may receive an adequate wage, but they often work long hours and are denied the opportunity of regular leave. Women frequently face a triple constraint that severely affects their consumption choices. Not only is much of their work unpaid, but their domestic obligations on top of their responsibilities for bearing and raising children leave them with little time to do much else.

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<sup>42</sup> This was the forceful thesis presented by John Kenneth Galbraith in his seminal work the Affluent Society about 50 years ago.

Information is the key to raising awareness of the range of consumption options available and enabling the consumer to decide which choices are best. Without information, there is no way of knowing what goods and services are being provided by the state and are, by right, available to all.

Hence, income cannot always remove barriers to access to opportunities. This is particularly so when considerations of gender, class, caste or ethnicity limit peoples' freedom to consume the goods and services they want.

Much analysis of consumer decision making assumes that the person making the decision is the one who will directly benefit from the consumption. This is far from the truth in many cases. A great deal of household consumption decision making is in the hands of one person often the mother or the father of the family. Although this may lead to good outcomes, it can also be a source of inequity within the family with girls being given less chance to get an education than boys and women being overworked. Sometimes the father controls the money for his own use, not for the family's benefit.

There is a complex chain of links between consumption and human development. Those links can be strong, creating positive impacts for many people. But the links can also break down, producing some negative impacts on the consumer and on others, near and far.

The links between consumption and human development are clearly neither automatic nor always positive. This Report focuses on the question of how and why those links break down. How can they be

restored and maintained? What policy actions should be taken? and by whom? This report has outlined a conceptual framework within which the links between consumption and human development can be explored. Chapter III<sup>rd</sup> looks at global trends and illustrates both positive and negative links chapter IV<sup>th</sup> focuses on the impact of consumption patterns on natural resources, examining the links between consumption, environmental impacts and inequality. Finally, chapter V discusses the policy options that societies face in restoring and nurturing positive links between consumption and human development.

**Human Development Report (2000)** <sup>43</sup>- Focuses on the relationship between human rights and human development.

“The human rights have become a regular subject in international relations and that western, particularly American; diplomacy often behaves in the most self-righteous way. While the idea of human development has been thoroughly discussed mainly by academics and development practitioners, discussions on human rights are hopelessly diffuse. It’s not easy to make one’s way through the thick web of arguments and counter-arguments span by a wide range of sources from classics in philology to pamphlets produced by rights activists, there are too many easy way of complicating the rights discourse”.<sup>44</sup>

Human development report 2000 has tried hard to avoid them. The report is firmly anchored to the Universal Declaration of Human Rights.<sup>45</sup>

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43 UNDP (2000) “Human Development Report” Oxford University Press, New Delhi.

44 Chakraborty Achin (2000), “ Human Rights and Human Development”, Economic & Political Weekly PP. 3498-3499.

45 Universal Declaration of Human Rights Shows in Appendix

The key chapter of HDR 2000 is chapter one in which Amartya Sen in his characteristic style has presented the conceptual framework delineating the relationship between human rights and human development. Even though the nature of compatibility and complementarity between the two seems obvious enough; it is sometimes presumed that they are not compatible because they are concerned with different kinds of freedom. While the human rights literature has to a large extent, focused exclusively on political and civil liberties, human development approach so far has not gone beyond socio-economic concerns.

HDR 2000, however, asserts that “an adequate conception of human development cannot ignore the importance of political liberties and democratic freedoms (p20). This, coupled with the other assertion that human rights do include economic, social, and cultural rights, forms the core idea of the report.

The Report shows a kind of reluctance to draw on the existing cross- country empirical studies that include indicators of civil and political freedom to complement information on social and economic freedom.

Chapter five discusses various aspects of human rights indicators only in the abstract which nobody will disagree with. As we go through the long cautionary tale and indicators in this chapter we eventually reach the end of the tunnel but the light there is no brighter than at the beginning. It may be recalled that HDR 1991 and 1992, HDR 1992 did some experiment with what they called the political freedom idea borrowing data from Humana’s World Human Rights Guide. Severe criticisms from various quarters forced them to drop the index from the subsequent reports. It requires sustained effort to develop a set of reasonable

indicators. A long process of continuous reflection and refinement is what makes them appealing. No indication of any such effort is visible in HDR 2000.

The section titled ‘what do the human development indices reveal?’ as usual is full of misleading commentaries. The Human Development Reports routinely provide misleading or simply wrong, interpretations of numbers. The subsection titled what does the 2000. HDI Reveal has five bullet points and none of them makes logical sense. The first says. “of the 174 countries for which is constructed this year, 46 are in the high human development category (with an HDI value equal to or more than 0.8) 93 in the medium human development category (0.500-0.790) and 35 in the low human development category less than 0.500)”. Counting the numbers of countries falling in each category without providing any due as to how the classification has been arrived at is not very illuminating. Moreover, a slight change in the arbitrarily chosen minimum and maximum values for each component of the index would change the number of countries in each category remain unchanged. If, for ex. 90 years were chosen. As the maximum value for life expectancy instead of 85; Kenya, which is in the middle HDI category, would have slid down to low human development.

**Human Development Report (2007/2008)**<sup>46</sup> focused on fighting climate change: human solidarity in a divided world –

According the report climate change affects all people in all countries. However, the world’s poorest people are on the front line. They stand most directly in harm’s way and they have the least resources to cope. Today, slowing progress towards the millennium Development Goals (MDGS) and deepening inequalities within and across countries.

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<sup>46</sup> UNDP (2008) “Human Development Report”

Climate change demands urgent action now to address a threat to two constituencies with a little or no political voice: the world's poor and future generations. It raises profoundly important questions about social justice, equity and human rights across countries and generations. The Human Development Report 2007-2008 address these questions. Our starting point is that the battle against climate change can and must be won. The world lacks neither the financial resources nor the technological capabilities to act. If we fail to prevent climate change it will be because we were unable to foster the political will to cooperate.

We next turn to the criticisms of the human development approach made by some economists.

**Srinivasan T. N. (1994)**<sup>47</sup> in his article (Human Development: A new paradigm or Reinvention of the wheel?) focuses first on (in the section Development: objectives and performance Indicators) what are the objectives of development, and its indicators. The precipitate growth rates of GDP and GNP after the Second World War as GNP became the goal of development in 1950's and 1960's. The question of promoting individual well-being receded. In time, distribution was altogether forgotten and the argument of "trickle down" was made to defend such neglect (UNDP 1990 p. 104).

Secondly, in the section Human Development index and its data base Srinivasan focuses on conceptual foundations of the HDI and lack of data on the three variables in different countries. (Developed & developing). GNP data of many developing countries suffer from problems of incomplete coverage measurement errors, and biases, an

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<sup>47</sup> Srinivasan T.N. (1994) "Human Development": A new paradigm or Reinvention of the wheel?

relatively reliable and recent data for estimating life expectancy at birth are not available. Also, school enrolment data are not internationally comparable, since quality of schools, dropout rates, length of school year, and so forth vary substantially between and within countries. He concludes therefore, that the HDI is conceptually weak and empirically unsound, involving serious problems of non comparability over time and space, measurement errors, and biases. Meaningful inferences about the process of development and performance as well as policy implications could hardly be drawn from variation in HDI.

Third, he describes HDR's and development policy about that, arise two questions: one, surely such differences reflect differences in individual choices and the socio economic political processes that result in some individuals or groups in a society being poor or suffering from ill health while others are rich and healthy. Have the HDR's shed any variable light on these? Also, have countries with low HDI values instituted policy changes with respect to nutrition, health, and education sectors?

There is no evidence that HDR's have led countries to rethink their policies nor is there any convincing reason to expect it to happen yet such disparities in performance within the same country have not led to significant policy changes in economic political processes, rather than low levels of income and lack of knowledge about the feasibility of achieving substantial improvement, precluded the policy changes needed to bring about improvements.

**Kate Raworth and David Stewart (2003)**<sup>48</sup> write article on critiques of the Human Development Index: A Review. This article provides a summary of the academic critiques of the human development index.

In this article, the first, section sets a context for critiques of the HDI. This section considers the critiques of for whom and what the HDI is intended, and the data requirements for indicators that constitute the HDI, and thus provides a context for many of the critiques of the HDI subsequently considered. How can any single index be expected to perform so many functions to be both prescriptive and descriptive, a final output and input, tool and a target?

The data requirements for an indicators to be feasible for the HDI are, however, very difficult to meet, data, rather than conceptual issues, are the chief constraint on the HDI better meeting its aims outlined above. For an indicator to be feasible for inclusion in the HDI the data need to be internationally comparable, available for a large proportion of the world's countries, of reasonable quality, valid- based on identifiable criteria that measure what they are intended to measure and policy relevant- based on criteria that can be influenced, directly or indirectly by policy action.

Data in the HDI come from international statistical agencies which, in general, assures they are globally comparable and of a reasonable quality. Many international series, however, are not available for all the countries for which the HDI is currently calculated. Where an indicator is valid or not is less easily determined: there is assessment is required.

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<sup>48</sup> Srinivasan T.N. (1994) "Human Development: A new paradigm or Reinvention of the Wheel?"

In 1990 the three dimensions of the HDI were measured respectively, by the indicators of life expectancy of birth , literacy of adults over 25 years, and the log of gross domestic product per capita ( GDPpc) in purchasing power parity dollars ( PPP\$). A simple intermediate index was created on a scale of 0-1 using maximum and minimum scaling values. For three intermediate indices was calculated giving its HDI value for the year.

The rationale for using the concept of relative deprivation and hence the use of levels of extreme countries each years as maximum and minimum values was criticized for sacrificing the more important benefits to be had from creating a comparable time series which, by definition, cannot have shifting goalposts.” The relativity, it was pointed out, caused undesirable externalities where by the indices of all countries can change simply due to changes in the extreme countries.

Many countries at the top end of the HDI spectrum do not produce literacy data, and so are assumed to have the same rate. Critics pointed out that this caused bunching at the top, so in order to discriminate further between them, a second education indicator was suggested for all countries (Desai 1990, 1991, Murray 1991; Kelley 1991).

Although the concept of diminishing returns to income is accepted for measuring the utility of resources, there have been many critiques of the method used. The initial formulation was to take the logarithm of GDPpc, with a cut-of point of income at the average poverty level of nine industrial countries. However, critics felt that the use of the logarithm had not been justified (Rao 1991).

The current critiques of the HDI which have not been incorporated can be divided into the following main categories: conceptual issues, choice of dimensions, choice of indicators, data measurement and error, aggregation issues, redundancy and use of the HDI in analysis.

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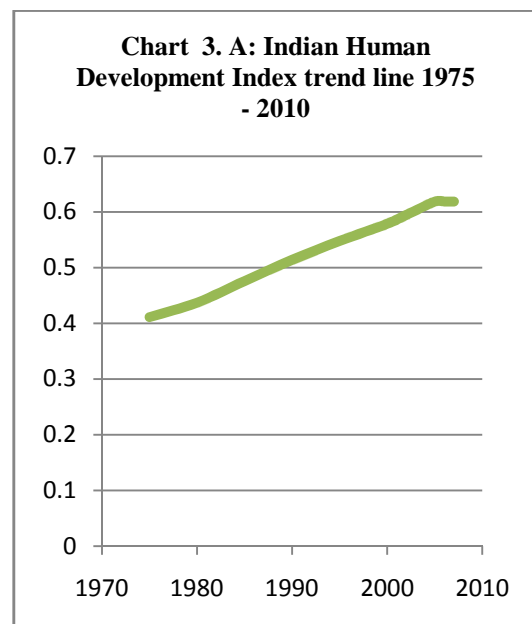
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## CHAPTER III: HUMAN DEVELOPMENT IN INDIA AND MAHARASHTRA

The Human Development Index was calculated by UNDP first time for India, in the 1990's world Human Development Report. Below table no.3.01 and Chart shows Human Development Index trends during 1975 to 2010. In 1975 Human Development Index for India was 0.411. This is a very low level, but after ten years in 1985 it is increasing by some points (0.476). But in 1990 it is 0.514, which means HDI level of India has started shifting from a low level to medium level. After 12 years it is 0.595(2002), 0.619 in respectively 2005, 2006, 2007 it is at same level.

Years	HDI
1975	0.411
1980	0.437
1985	0.476
1990	0.514
1995	0.548
2000	0.579
2002	0.595
2005	0.619
2006	0.619
2007/08	0.619
2009	0.612
2010	0.619



Source: [www.indiastat.com](http://www.indiastat.com) and various HDRs.

After that 2009 it is declined to 0.612, due to decline in life expectancy and per capita income. This means we need to improve medical facilities and have better polices and programmes to increase income of bottom level people.

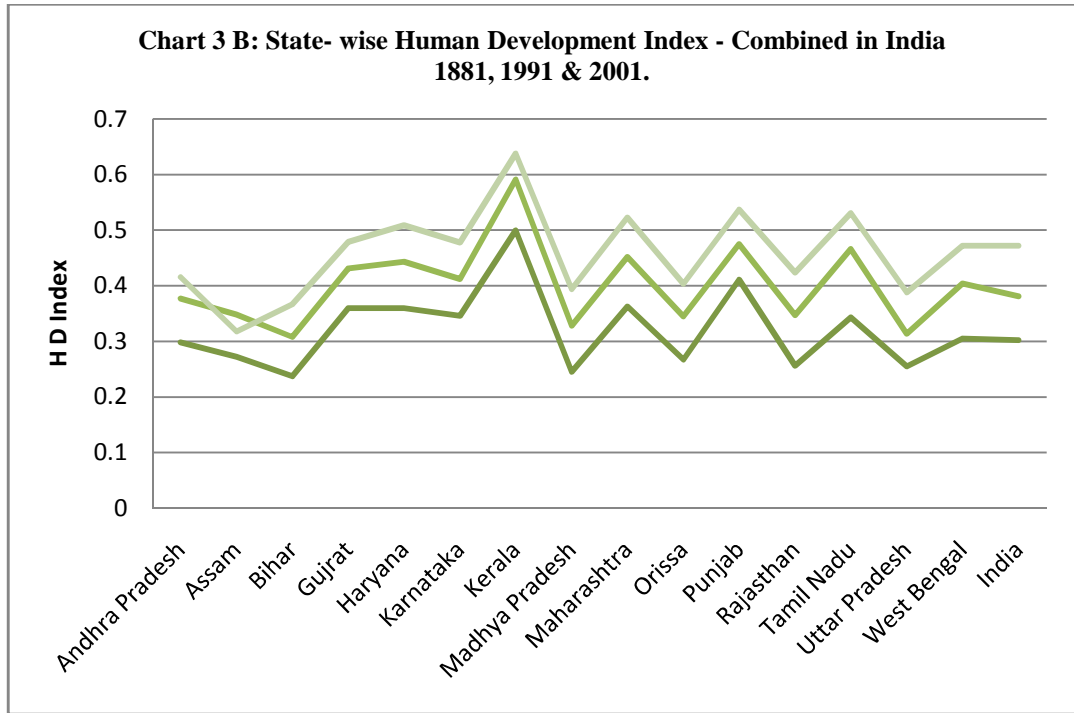
### III-A: STATE-WISE HUMAN DEVELOPMENT INDICES IN INDIA:

In India first time planning commission of India published Human Development Report for Indian states. Below table no.3.02 shows Human Development Index value for 1981, 1991 and 2001. State's HDI value increased within period 1981 to 2001. Kerala state on the front of HDI value 0.500 in 1981 to 0.638 in 2001.

States/UTs	1981		1991		2001	
	Value	Rank	Value	Rank	Value	Rank
Andhra Pradesh	0.298	9	0.377	9	0.416	10
Assam	0.272	10	0.348	10	0.318	14
Bihar	0.237	15	0.308	15	0.367	15
Gujrat	0.360	4	0.431	6	0.479	6
Haryana	0.360	5	0.443	5	0.509	5
Karnataka	0.346	6	0.412	7	0.478	7
Kerala	0.500	1	0.591	1	0.638	1
Madhya Pradesh	0.245	14	0.328	13	0.394	12
Maharashtra	0.363	3	0.452	4	0.523	4
Orissa	0.267	11	0.345	12	0.404	11
Punjab	0.411	2	0.475	2	0.537	2
Rajasthan	0.256	12	0.347	11	0.424	9
Tamil Nadu	0.343	7	0.466	3	0.531	3
Uttar Pradesh	0.255	13	0.314	14	0.388	13
West Bengal	0.305	8	0.404	8	0.472	8
India	0.302		0.381		0.472	

Source: [www.indiastat.com](http://www.indiastat.com)

In 1981 Bihar state's rank was last in 15 major state of India. Its HDI value was 0.237. Its HDI value increased in 2001, but rank also same. After Kerala HDI rank by decreasing order state in 2001 was Punjab (0.537), Tamilnadu (0.531), Maharashtra (0.523), Haryana (0.509), Gujrat (0.479), Karnataka (0.478), West Bengal (0.472), Rajasthan (0.424), Andhra Pradesh (0.416), Orissa (0.404), Madhya Pradesh (0.394), Uttar Pradesh (0.388) and Assam (0.318).



### III-B: HUMAN DEVELOPMENT IN MAHARASHTRA STATE

Maharashtra government for the first time published Maharashtra Human Development Report in 2002. In the MHDR district wise human development indices are calculated. But they have used a different methodology for calculation of District's HDI than UNDP's methodology.

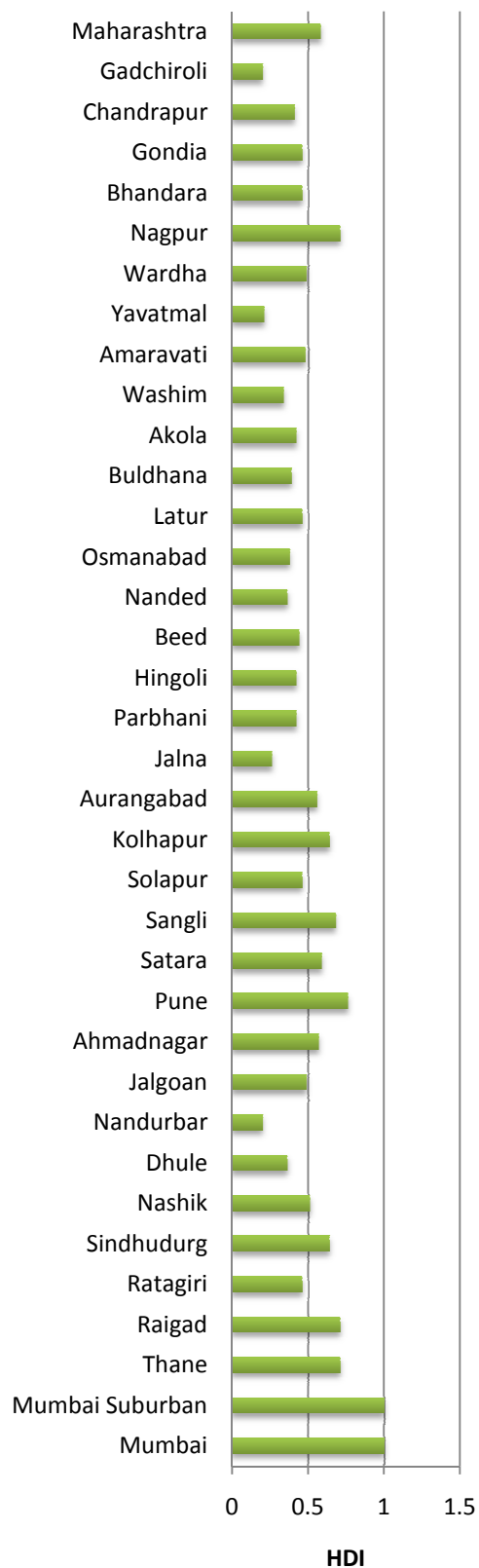
Below table no.3.03 and diagrams shows human development level and per capita income in 2000. In Maharashtra Mumbai and suburban Mumbai rank is one, after that Thane, Pune, Raigad, Nagpur districts rank above 0.70, Sindhudurg, Nashik, Ahmadnagar, Satara, Sangali, Kolhapur and Aurangabad these districts HDI rank above 0.50 up to 0.70, remains all districts below 0.50, but some districts HDI is below 0.30 they are – Jalna, Yavatmal, Gadchiroli and Nandurbar. Hence, apart from Jalna other districts are Adivasi major populated but, Jalna is non-Adivasi district.

**TABLE NO.3.03 - DISTRICT WISE HDI AND PCDDP IN MAHARASHTRA  
(YEAR 2000).**

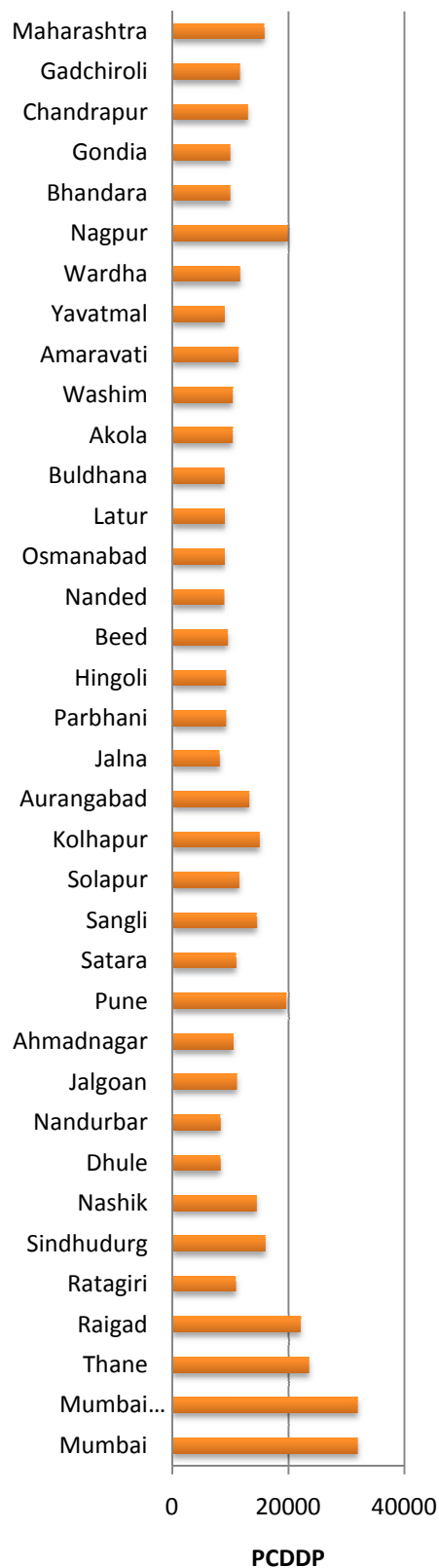
<b>Districts</b>	<b>HDI</b>	<b>PCDDP(Rs)</b>
Mumbai	1.00	31922
Mumbai Suburban	1.00	31922
Thane	0.71	23558
Raigad	0.71	22132
Ratanagiri	0.46	10926
Sindhudurg	0.64	16018
Nashik	0.51	14505
Dhule	0.36	8195
Nandurbar	0.20	8195
Jalgoan	0.49	11112
Ahmadnagar	0.57	10512
Pune	0.76	19629
Satara	0.59	10930
Sangli	0.68	14476
Solapur	0.46	11558
Kolhapur	0.64	15051
Aurangabad	0.56	13183
Jalna	0.26	8049
Parbhani	0.42	9272
Hingoli	0.42	9272
Beed	0.44	9570
Nanded	0.36	8788
Osmanabad	0.38	8963
Latur	0.46	9129
Buldhana	0.39	8849
Akola	0.42	10402
Washim	0.34	10402
Amaravati	0.48	11405
Yavatmal	0.21	8990
Wardha	0.49	11661
Nagpur	0.71	19859
Bhandara	0.46	9989
Gondia	0.46	9989
Chandrapur	0.41	13003
Gadchiroli	0.20	11635
Maharashtra	0.58	15804

Source: Maharashtra Human Development Report, 2002 p-.

**Table no.3 C - District wise Human Development Index of Maharashtra - 2000**



**Fig. No.3 D -District wise Per Capita District Domestic Product (Rs) - 2000**



Source: Maharashtra Human Development Report, 2002.

### III-C - MAHARASHTRA HUMAN DEVELOPMENT REPORT 2002:

Maharashtra Human Development Report 2002 was published by Government of Maharashtra in 2002. This report was compiled by some experts in related fields. These type National, Sub National reports, which have been instrumental in the shift from advocacy to action. The preparation of NHDRs has contributed to the identification and monitoring of national and sub national human development targets. The claim of the UNDP is that these reports have been effective tools for the formulation of national development strategies and specific action plans and programmes, including those related to poverty reduction and towards more effective development assistance. Maharashtra state government had been encouraged by the United Nations Development Programme (UNDP) and Planning Commission of the Government of India to embark on the Preparation of Human Development Reports.

Maharashtra Human Development Report's purpose and focus is to assess and explain the status of human development in the state and help to articulate policy implications. Conforming to the dimensions of human development, issues related to population, poverty, education, health and nutrition and gender have been analyzed in separate chapters. In the report, the analysis moves from the state to the district level highlighting issues related to data gaps, data comparability and availability.

Maharashtra Human Development Report divided in nine chapters.

First chapter is Human Development: Concept and Measurement. In this chapter the concept of human development and other important indicators of development are introduced, like Gender Development Index (GDI), Gender Empowerment Measure (GEM) and Human Poverty Index (HPI), which were introduced by various HDRs since 1990.

Second chapter is Rich Heritage: A Guide to the Future – talks about thinkers of Maharashtra and the thinking line of Maharashtra's saints about humanity. This chapter is poorly written and is not properly linked to the rest of the Report.

Third chapter is Population Trends and Prospects. In this chapter demographic trends are outlined and some characteristics like government's population control policy, urban and rural population and impact of migration on urbanization of Maharashtra are discussed. Comparative fertility rates between rural and urban, infant mortality and teenage fertility, and the most serious thing recent trend –the declining sex ratio. Also discuss about district wise fertility indicators, male and female literacy, urbanization level and lastly discuss about demographic future of Maharashtra and policy implications for that.

Fourth chapter is Economic Development: Growth and Equity. In this chapter the focus is on informal sector and employment in Maharashtra. The state is a laggard in the sphere of agriculture and beside small holding impact on livelihood of farmers, landless farmers and employment guarantee scheme. The Report gives trends of state domestic product (SDP), and growth rate of SDP. Comparison irrigation and productivity of land, per capita district domestic product. Report also discusses in this chapter on regional backwardness and backlog of Maharashtra state. Also discuss on food and nutrition security through the public distribution system, Incidence of poverty across districts in Maharashtra.

Fifth chapter is Health and Nutrition. This chapter devoted to health condition of Maharashtra. Here, discuss about infant mortality and life

expectancy and its trends during 1971-1999. Also discuss under nutrition of children, disease, HIV/AIDS its relation with human development. Report focuses on healthcare facilities in public sector and expenditure trends.

A sixth chapter is on Education. In this chapter the focus is which includes questions of access, participation and achievement, provision by public and private bodies. Also, in this chapter there is a study of growth of schools, teachers and students at primary and secondary level, Participation of girls in different levels of education and attainment. Lastly, this chapter concludes by discussing the state's human capability and status of education.

Seventh chapter is Gender Issues. This topic is currently high sensitive on various fronts. Maharashtra is land mark in girl's education due to Savitribai Fule. In this chapter discuss on women education, sex ratio, life expectancy at birth. Also in this chapter discuss on gender bias in child nutrition, fertility levels, sex selection and family planning, maternal care etc., role of women in agriculture and Panchayat Raj Institutions.

Eighth chapter is Growth and Human Development. In this chapter calculate Human Development Index for districts of Maharashtra.

The ninth and last chapter focuses on several areas that need attention. They are: managing water resources, stabilizing income potential from agriculture, empowering women, targeting compulsory elementary education for all children and improving healthcare etc.

For the calculation of district level human development index, average deprivation index for checking human development level.

Formula is  $1 - \text{HDI}_{(\text{DIS})} = 1 - I_{(\text{DIS})}$

Here,

$$I_{(\text{DIS})} = \sum I^3_{(i, \text{DIS})} / 3$$

$$I_{(i, \text{DIS})} = (\max X_{(i, \text{DIS})} - X_{(i, \text{DIS})}) / \text{Range}_{(i)}$$

$I_{(i, \text{DIS})}$  - is the deprivation indicator for districts with respect to  $i^{\text{th}}$  variable.

The HDI for districts of Maharashtra is then derived as (1 – average deprivation index).

Three indicators of HDI, first is - Life Expectancy at birth, report not use average number of years expected to be lived at the time of birth, due to data availability. They use infant mortality rate, as data for life expectancy. They calculate achievement index for infant mortality rate (AIIMR)<sup>49</sup> is defined as –

$$\text{AIIMR}(x) = 1 - \left[ \frac{(x - m)}{(M - m)} \right]^{0.5}$$

Where,

$X$  = the actual infant mortality rate,

$M$  and  $m$  as the upper and lower bounds.

Second is – Achievement indices in education. The indicators used have been literacy and mean years of schooling to represent attainment in education. An achievement index that lies between 0 and 1 is specified as:

$$F(x, m, M) = \frac{g(M-m) - g(M-x)}{g(M-m)}$$

Where,

$X$  = the literacy rate of a district which has  $m$  and  $M$  as lower and upper bounds, respectively.

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<sup>49</sup> Maharashtra Human Development Report, 2002 p-149

Third is – Per Capita District Domestic Product (PCDDP)<sup>50</sup>. District income has been defined as the sum of economic value of all goods and services produced within the district, irrespective of the fact whether persons inside the district own the income or outside.

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<sup>50</sup> Ibid, p-145

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- 2) UNDP (1990, 1991, 1995, 1997, 1998, 2000) Human Development Reports, Published by Oxford University press, New Delhi.
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- 6) Bhakri Suman and Gopal Ji (2005) “Human Development in Maharashtra” Ane Books, New Delhi.
- 7) [www.indiastat.com/hdi/statewise](http://www.indiastat.com/hdi/statewise)

## **CHAPTER IV:**

### **HUMAN DEVELOPMENT AND SOCIO-ECONOMIC BACKWARDNESS IN MARATHAWADA REGION.**

#### **INTRODUCTION:**

Regional development refers to a wide range of activities aimed at improving the social and economic conditions of a given geographic area. These activities become regional when they are undertaken jointly by multiple units of government that share a common geographic region<sup>51</sup>. In Marathwada region so many committees and working groups have worked on development; these have been appointed by central and state government from time to time. Backwardness of Marathwada region was at one time a political issue among the political parties of Maharashtra. According to Dholakia (2003) regional disparity in income and human capital is often a source of political tensions and dissatisfaction in a federal system. Although the theory and measurement of such disparities have never received adequate attention in India, both the Planning Commission and finance commissions have given very high weightage to this aspect for deciding allocation of resources among states<sup>52</sup>. Hence, central and state government appoint study groups on identification of backward region, but still now this problem is not solved.

According to Gunnar Myrdal (1972): “ the assumption is that the poorer regions, unaided could hardly afford much medical care and their populations would be less healthy and have a lower productive efficiency.

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<sup>51</sup> International Encyclopedia of Economics (1997), vol.01, edited by Frank N. Magill, published by Fitzroy Dearborn Publishers US Chicago.

<sup>52</sup> Dholakia Ravindra H. on Regional Disparities in Economic and Human Development in Economic and Political Weekly, Vol.38, No.39, (Sept.27-Oct.3,2003), pp-4166-4172

They would have fewer schools and their schools would be grossly inferior – in India the population of the poorer states (regions) is actually still largely illiterate. It should be pointed out in this connection that all history shows that the cheap and often docile labour supply has been effective in bringing industry to backward regions.”<sup>53</sup> The above quoted sentence of Myrdal is not wrong even 38 years later.

Dandekar Committee (1983): The Maharashtra government decided in 1983 to appoint a high level fact finding committee of experts to undertake an objective and in depth study of the problem of regional imbalance. Besides the government has also decided to appoint four regional committees for Vidharbha, Marathwada, Kokan, and rest of Maharashtra to suggest remedial action and concrete programmes based on the report of the fact finding to remove imbalance between districts within their respective regions. Before Dandekar Committee some committees/working group on identification of backward areas. In 1968 Government of India appointed a working group namely Pande Committee.

Pande committee recommended, distance from larger cities and large industrial projects, per capita income, population engaged in secondary and tertiary activities, factory employment, non/under utilization of economic and natural resources these criterion for identifying backward districts. Pande committee had identified from the above criteria the following 13 districts in Maharashtra as industrially backward according to the criteria laid down by the planning commission – Beed, Osmanabad, Aurangabad, Nanded, Parbhani, (Marathwada

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<sup>53</sup> Gunnar Myrdal (1972), “Economic Theory and Underdevelopment Regions” Methuen & Co. Ltd. London E.C.4

Region) Jalgoan, Bhandara, Ratanagiri, Yavatmal, Chandrapur, Dhule, Buldhana and Kulaba. These districts are qualified to receive financial concessions for development of industries.

Chakravarty Committee: The problem of identification and classification of backward areas has been more methodically examined by the Chakravarty Committee on backward areas. The committee chose the fourteen indicators: near about all these indicators were related to physical infrastructure.

National Committee on Development of Backward Areas: the NCDBA also examines whether “instead of using overall index, it may be easier to define sectoral indices to indentify backwardness with respect to specific sectors of development e.g. Agricultural backwardness, Industrial backwardness, Educational backwardness.

Dandekar Committee’s terms of reference require was to examine regional disparities district wise. Dandekar committee identified indicators of development was: these are 1) per capita domestic product 2) per capita consumer expenditure 3) per capita domestic product originating in agriculture and allied activities sector 4) per capita domestic product originating in registered manufacturing sector 5) percentage of urban population 6) percentage of workers engaged in activities other than agriculture and such occupations as mining, quarrying, livestock, forestry, fishery, hunting, plantations, orchards etc. 7) per capita consumption of electricity 8) per capita bank credit and bank deposits and credit/deposit ratio 9) male and female literacy and 10) percentage of scheduled tribes, scheduled caste, nav baudhas and agricultural labour in the population.

These studies showed a need for and recommended increased expenditure on above mostly infrastructural things by the government, and assumed that increasing expenditure in these areas would remove the backwardness of regions. This was also often the major demand of local ‘development movements’. But in fact, increased expenditure, even when the government actually spends on these infrastructural matters, does not by itself remove backwardness of regions. That is, only increasing expenditure is not sufficient for sustained development--- other things like rights and structural reforms are essential for ‘real’ development, and this is what is underlined by the human development approach.

#### IV.1 MAHARASHTRA MANAV VIKAS MISSION (2006):

Government of Maharashtra published human development report in 2002. In this report out of 35 districts some districts human development index level find very low. So, for improvement in these low level human development districts, Government of Maharashtra established “Maharashtra Human Development Mission”, under the headship of Krishna Bhoge (Ex IAS). This mission selected 12 districts and 25 Tahsil/Talukas as being low in Human development..<sup>54</sup> In selected Tahsil the Mission selected 2600 villages having 31 lakh population in total. According to the Mission’s Action Draft, low HDI in the selected districts is low due to low per capita income and high infant mortality rate.<sup>55</sup> Mission’s selected districts HDI below state average 0.58. So, the Mission took on the objective of improving the HDI of the selected districts up to the average state level.

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<sup>54</sup> See in Appendix IV-A

<sup>55</sup> Maharashtra Manav Vikas Mission (2006) “Time Bound Action Draft for Improvement in HDI” p-3

**TABLE NO. 4.01 MAHARASHTRA MANAV VIKAS MISSIONS OBJECTIVE  
TARGETS UP TO JUNE 2009 IN LOW HDI DISTRICTS.**

<b>Sr. No.</b>	<b>Factors</b>	<b>After Three Year Expected Average Indicators</b>	<b>Weightage</b>
1.	Per Capita Income	0.15	1/3
2.	Literacy	0.80	} 1/3
3.	Average Schooling	0.80	
4.	Infant Mortality Rate	0.80	1/3
	Average Index	<b>0.58</b>	

Source: MMVM Report on Work Fulfillment (2009).

#### IV.2 MISSION'S STRATEGY TO ACHIEVE OBJECTIVE WITH IN TIME:

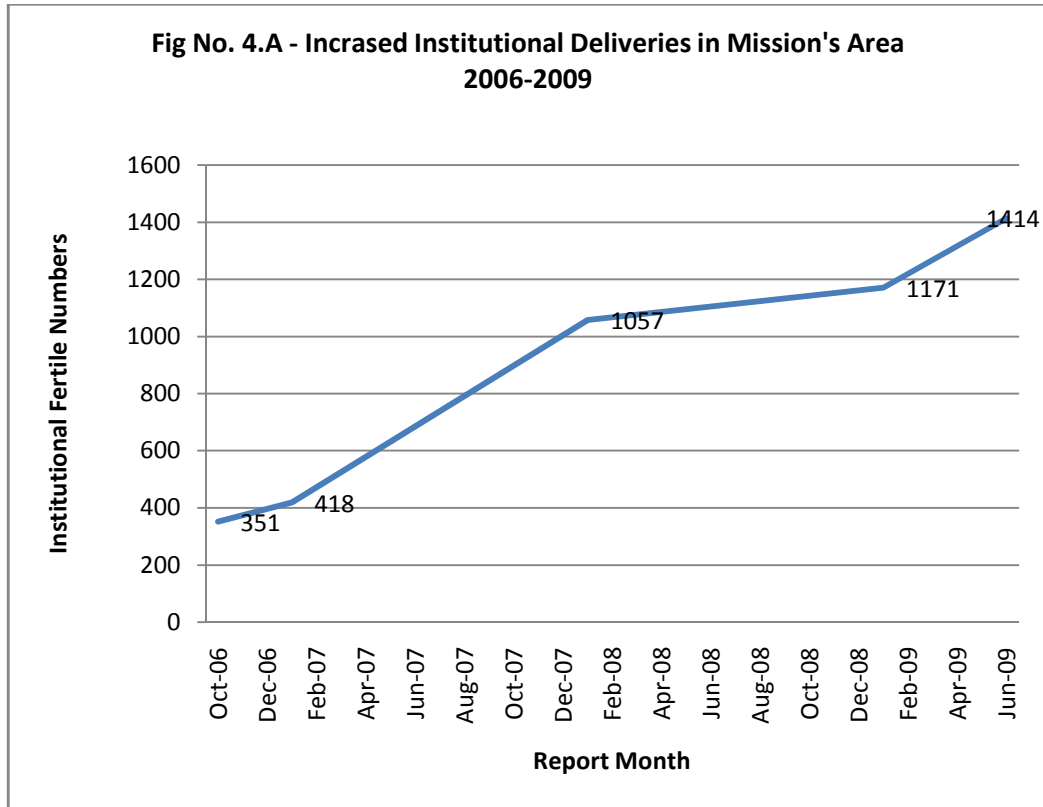
Actually in selected districts HDI low due to less per capita income but mission wants to improve education and reduce infant mortality rate because it's not possible to increase per capita income within three years. For achievement of this objective mission uses "convergence approach". All central and state governments schemes are implemented in an integrated manner in the Mission's area. Following projects have been implemented by Manav Vikas Mission--- Increase Agricultural Productivity, Help farmers to start agricultural related subsidiary business etc. For health – reduce infant and child mortality, health checking of pregnant women. Nutrition – registration, weight checking of 0-6 years children etc. In Education – to start adult education programme,

registration of school-excluded children number, to start Excellence School Award Scheme, etc. all these project mission done in three year.

#### IV-3 MAHARASHTRA MANAV VIKAS MISSION'S REPORT ON WORK FULFILLS:

In June 2009 missions three years work on human development improve in low HDI districts is over. Mission evaluates his work in this report. For this work mission planed micro planning for each village through help of UNICEF. The Mission does its work within a three year period near about in 2400 villages. Mission wants improvement in each factor of HDI. For increase in per capita income of people in the selected areas, the Mission recalls that they are agricultural dominated. So, the Mission works on increasing agricultural productivity, irrigation projects, women empowerment by self help group etc.

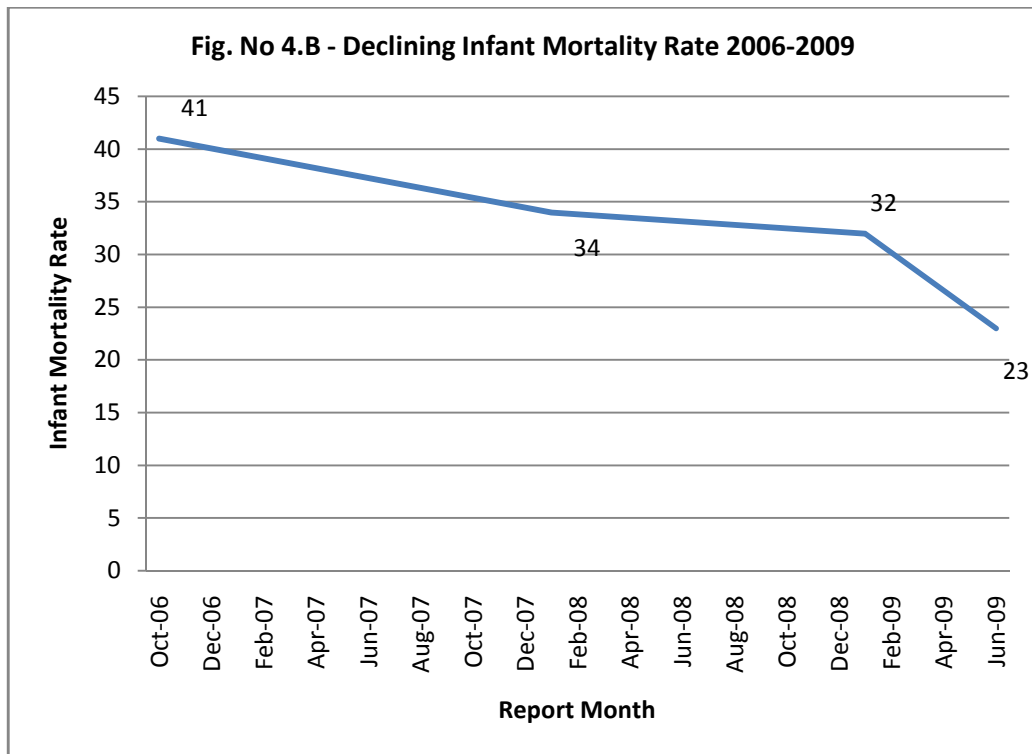
For life expectancy the Mission works on reducing number of infant mortality in work area. Before the Mission's work (three years before) in working area institutional delivery rate was 32%, the Mission targeted 80% up to June 2009. Now in the Mission working area the percentage of institutional deliveries is 73%, and it is high compared to rural Maharashtra's average figure of 54% (Central Ministry of Health and Family Welfare Report, 2007-08).



Source: MMVM Report, 2009.

Above figure shows institutional delivery numbers from Oct-2006 to up to Jun-2009, increase from 351 to 1414 respectively. Also, there has been an increase in the number of primary health centers and sub centers within the region. When the Mission started in October 2006, the Infant Mortality Rate (IMR) was 41 per 1000 births. Now, infant mortality rate figure in rural Maharashtra is 43 per 1000 birth, and in the Mission's work region it has progressively declined to 23 per 1000 births in 2009.<sup>56</sup> And the Report finds that infant mortality percentage is highest for home deliveries. So, the Mission wants increase number of institutional deliveries.

<sup>56</sup> MMV Mission Report, 2009 pp 135-136



Source: MMVM Report, 2009.

Education is a most important factor in human development. The Mission has implemented a special adult literacy programme. Under this programme near about 2 lakh people illiterate people have become literate within the three year period. In the Mission's area literacy was 69%; it is now 80%.

The above picture shows that the Maharashtra Manav Vikas Mission's work has brought significant benefits to low HDI districts.

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**CHAPTER V:**  
**PICTURE OF HUMAN DEVELOPEMENT OF MARATHWADA**  
**REGION**

**INTRODUCTION:**

Before we look at the picture of human development in the Marathwada region, we must know something about the demographic structure of Marathwada region in Maharashtra. Marathwada region comprises eight districts viz. Aurangabad, Beed, Hingoli, Jalna, Latur, Nanded, Osmanabad and Parbhani. First, we will compare Marathwada region's demographic structures to the other regions of Maharashtra state. In Maharashtra 969 lakhs persons live (census, 2001) 504 lakhs are male and 465 females. In Marathwada region (Aurangabad Division) 157 (16.2%) lakh person live, (see table no. 5.01) with in 81(51.59%) lakhs are males and 76(48.41%) lakhs are females. In Marathwada region 118(75.16) lakh persons live in rural area and 38 (24.84%) lakhs persons live in urban area. Also, in total population of Marathwada region 22 (14.3%) persons are belongs to scheduled castes and 6(3.9%) lakhs persons are belongs to scheduled tribes. On the literacy front Marathwada region on last position with 68.8% literacy rate (see table no.5.01) campers to other region of Maharashtra state. On the literacy front, males 81.4% and 55.4% females are literate. Sex- ratio<sup>57</sup> of Marathwada region is 939 its good compare to state level (922) and also at country level (933). In Maharashtra, population density is low (241) in Marathwada region compare to state level (315). In Kokan region it is very high (810), and low in Amravati region (208).

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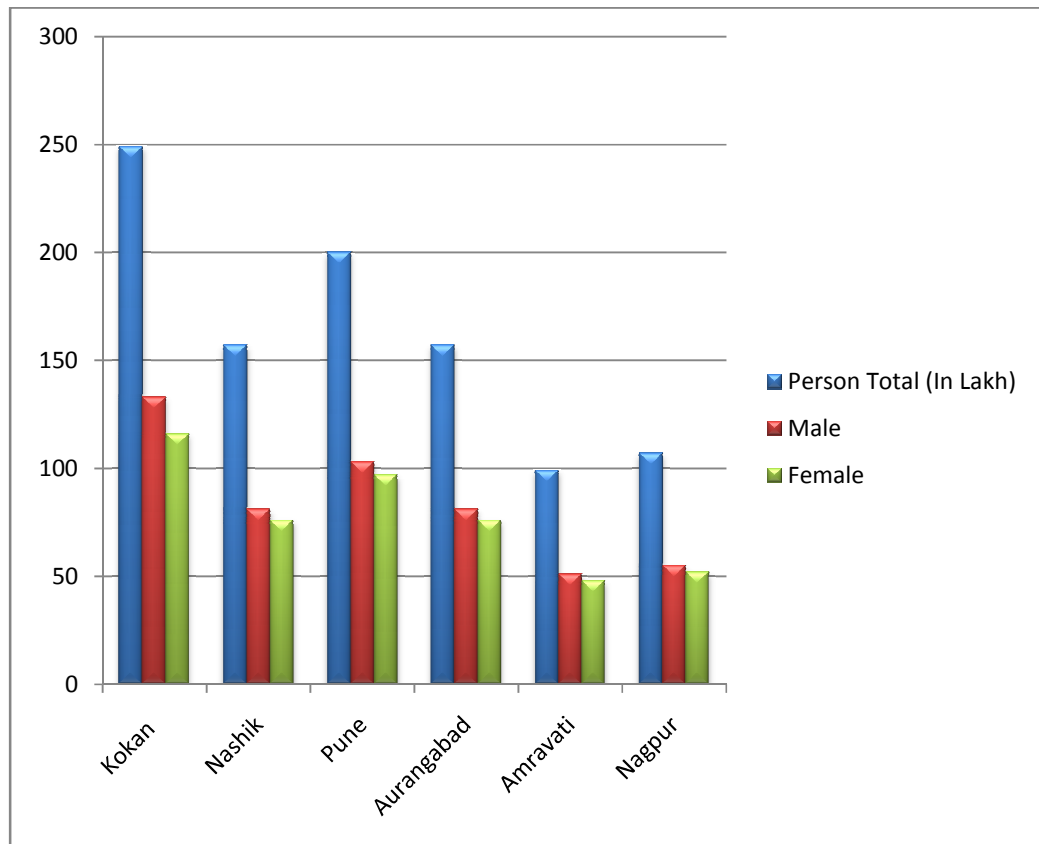
<sup>57</sup> Number of female to 1000 male

**TABLE 5.01 REGION WISE INDICATORS OF MAHARASHTRA STATE, 2001.**

Particulars	<b>Kokan</b>	In %	<b>Nashik</b>	In %	<b>Pune</b>	In %	<b>Aurangabad</b>	In %	<b>Amravati</b>	In %	<b>Nagpur</b>	In %	<b>Maharashtra</b>	<b>In%</b>	<b>India</b>
Person Total (In Lakh)	249	25.69	157	16.2	200	20.63	157	16.2	99	10.21	107	11	969		10286
Male	133(53.41)	26.38	81(51.59)	16.07	103(51.5)	20.43	81(51.59)	16.07	51(51.51)	10.11	55(51.40)	10.9	504		5322
Female	116(46.58)	24.95	76(48.41)	16.34	97(48.5)	20.86	76(48.41)	16.34	48(48.49)	10.32	52(48.60)	11.2	465		4964
Rural	62(24.60)	11.11	113(71.97)	20.25	125(62.5)	22.4	118(75.16)	21.14	73(73.74)	13.08	67(62.62)	12	558		7425
Urban	187(75.10)	42.4	45(28.66)	10.2	75(37.5)	17	38(24.84)	8.61	26(26.26)	5.9	40(37.38)	9.07	411		2861
Scheduled Castes	10	4.2	14	8.6	24	11.8	22	14.3	13	12.8	16	15.3	99	10.2	1666
Scheduled Tribes	16	6.4	32	20.6	4	2	6	3.9	11	11.2	17	15.3	86	10.2	843
Sex-ratio	867		938		943		939		941		953		922		933
Literacy Rate	82.9		73.1		77.3		68.8		77.7		78.2		76.9		64.8
Male	89.1		83.1		86.7		81.4		86.9		86.9		86		75.3
Female	75.7		62.4		67.4		55.4		68		69.3		67		53.7
Population Density (persons/sq.km)	810		274		349		241		216		208		315		325

Source: RGI, New Delhi

**FIG. NO.5.A: REGION WISE POPULATION IN MAHARASHTRA, 2001.**



Source: RGI, Delhi

After, looked the over demographic region-wise profile of Maharashtra state. Now, describing demographic profiles of Marathwada's districts.

## V.II - DEMOGRAPHIC PROFILE OF AURANGABAD DISTRICT:

According to the census of population of 2001, Aurangabad district has a total population of 28.97 lakh. In 1991, the total population of the district was 22.13 lakhs, indicating a rise of 684 persons per thousand, during the decade. The taluka-wise population in 2001, was as follows:

<u>Taluka</u>	<u>Population (000)</u>
1) Aurangabad	1165
2) Paithan	287
3) Sillod	291
4) Phulambri	131
5) Gangapur	279
6) Kannad	291
7) Vaijapur	259
8) Soygoan	901
9) Khultabad	101

Source: Socio-Economic Review Aurangabad District G.O.M. p.1

#### DENSITY OF POPULATION:

According to 2001 census of population the density of population of Aurangabad district was 287. In rural areas the density was 183 persons while in urban areas it was 4675 per sq. kms of area.

#### SEX RATIO:

The sex ratio in Aurangabad in 2001 was found to be 919 females per 1000 of males, as against the state average of 922.

#### SC/ST POPULATION:

The total population of SC in the district was 376(in thousands) forming about 12.98% of total population of the district. The ST population of the district was 100(in thousands) forming about 3.5% of total population.

### URBAN-RURAL POPULATION (2001):

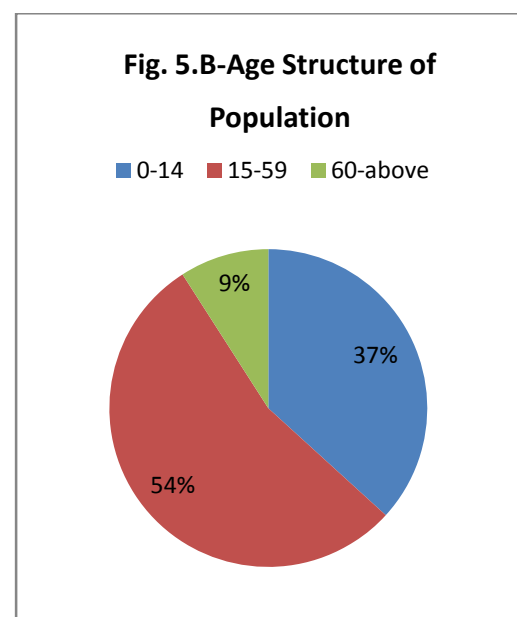
The rural population of the district was 18.10 lakhs or 62.48% of total population indicating a dominance of the rural sector. The urban population was 10.87 lakhs or 37.52% of total population of the district, indicating a slow process of urbanization.

### AGE-COMPOSITION OF POPULATION: (2001)

The age composition of population of Aurangabad district is shown in the following table.

TABLE 5.02: AGE COMPOSITION

Age Group	Population%
0-4	11.26
5-14	25.49
0-14	36.75
15-59	54.17
60 – above	9.08
Total	100.00



A major part of the population belongs to the age-group 0-14 or 36.75%. Another major part belongs to the age groups of 15-60 or (54.17%). This is the man power population of the district. Population above the age 60 is 9.08% old/senior citizens etc.

### V.III - DEMOGRAPHIC PROFILE OF BEED DISTRICT:

According to the census of population of 2001, Beed district has a total population of 21.61 lakh. In 1991, the total population of the district was 18.22 lakhs, indicating a rise of 339 persons per thousand, during the decade. The taluka-wise population in 2001, was as follows:

<u>Taluka</u>	<u>Population (000)</u>
10) Ashati	206
11) Patoda	95
12) Shirur	103
13) Georai	262
14) Mazalgoan	214
15) Vadawani	124
16) Beed	393
17) Kaij	226
18) Dharur	62
19) Parali	234
20) Ambajogai	235

Source: Socio-Economic Review Beed District -2009 G.O.M. p.7

### DENSITY OF POPULATION:

According to 2001, census of population the density of population of Beed district was 202. In rural area the density was 167 persons while in urban areas it was 9617 per sq. kms. of area.

### SEX RATIO:

The sex ratio in Beed in 2001 was found to be 927 females per 1000 of males, as against the state average of 922.

**SC/ST POPULATION:**

The total population of SC in the district was 281(in thousands) forming about 13.01% of total population of the district. The ST population of the district was 24000 forming about 1.12% of total population.

**URBAN-RURAL POPULATION (2001):**

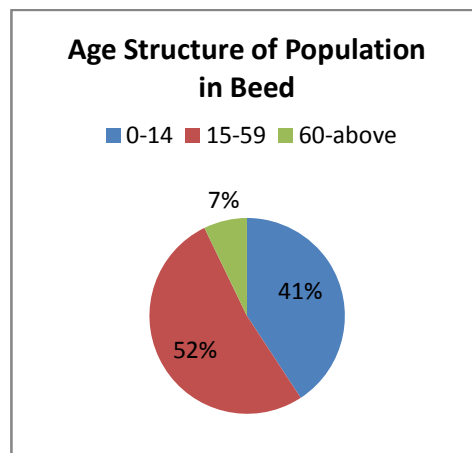
The rural population of the district was 17.74 lakhs or 81.89% of total population indicating a dominance of the rural sector. The urban population was 3.87 lakhs or 17.88% of total population of the district, indicating a slow process of urbanization.

**AGE-COMPOSITION OF POPULATION: (2001)**

The age composition of population of Beed district is shown in the following table.

**TABLE 5.03: AGE COMPOSITION**

<b>Age Group</b>	<b>Population%</b>
0-14	40.73
15-19	8.20
15-59	52%
60-above	7.17
Total	100.00



A major part of the population belongs to the age-group 0-14 or 40.73%. Another major part belongs to the age groups of 15-60 or (51.97%). This is the man power population of the district. Population above the age 60 is 7.17% old/senior citizens etc.

#### V.IV - DEMOGRAPHIC PROFILE OF HINGOLI DISTRICT:

According to the census of population of 2001, Hingoli district has a total population of 9.87 lakh. The taluka-wise population in 2001, was as follows:

<u>Taluka</u>	<u>Population (000)</u>
21) Sengoan	169
22) Hingoli	211
23) Aundha-Nagnath	152
24) Kalmnuri	197
25) Wasmata	257

Source: Socio-Economic Review Hingoli District-2009 G.O.M. p.6

#### DENSITY OF POPULATION:

According to 2001, census of population the density of population of Hingoli district was 205. In rural area the density was 174 persons while in urban areas it was 3237 per sq. km. of area.

#### SEX RATIO:

The sex ratio in Hingoli in 2001 was found to be 953 females per 1000 of males, as against the state average of 922.

#### SC/ST POPULATION:

The total population of SC in the district was 100697 forming about 10.20% of total population of the district. The ST population of the district was 86898 forming about 8.80% of total population.

#### URBAN-RURAL POPULATION (2001):

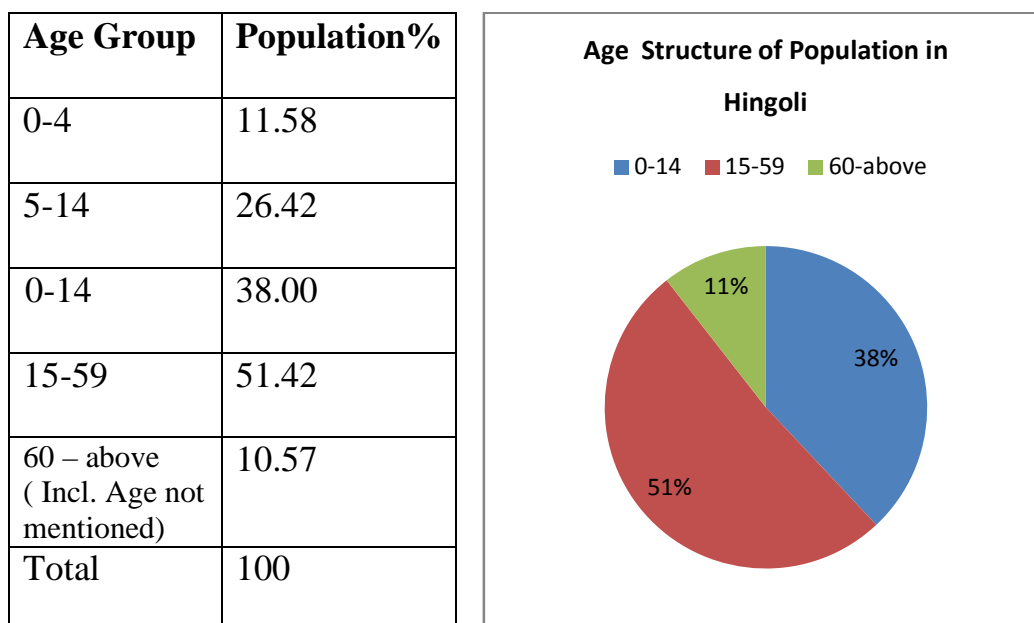
The rural population of the district was 1.54 lakhs or 84.40% of total population indicating a dominance of the rural sector. The urban population was 1.54 lakhs or 15.60% of total population of the district, indicating a slow process of urbanization.

#### AGE-COMPOSITION OF POPULATION: (2001)

The age composition of population of Hingoli district is shown in the following table.

A major part of the population belongs to the age-group 0-14 or 38.00%. Another major part belongs to the age groups of 15-60 or (51.42%). This is the man power population of the district. Population above the age 60 is 10.57% old/senior citizens etc.

TABLE 5.04: AGE COMPOSITION:



#### V.V - DEMOGRAPHIC PROFILE OF JALNA DISTRICT:

According to the census of population of 2001, Jalna district has a total population of 16.12 lakh. In 1991, the total population of the district was 13.64 lakhs, indicating a rise of 248 persons per thousand, during the decade. The taluka-wise population in 2001, was as follows:

<u>Taluka</u>	<u>Population (000)</u>
26) Bhokardan	258
27) Jafrabad	138
28) Jalna	437
29) Badanapur	132
30) Ambad	209
31) Ghansanwagi	174
32) Partur	146
33) Mantha	131

Source: Socio-Economic Review Jalna District G.O.M. p.4

#### DENSITY OF POPULATION:

According to 2001, census of population the density of population of Jalna district was 209. In rural area the density was 171 persons while in urban areas it was 3015 per sq. kms. of area.

#### SEX RATIO:

The sex ratio in Jalna in 2001 was found to be 952 females per 1000 of males, as against the state average of 922.

#### SC/ST POPULATION:

The total population of SC in the district was 1,18,000, forming about 11.22% of total population of the district. The ST population of the district was 32000 forming about 1.99% of total population.

#### URBAN-RURAL POPULATION (2001):

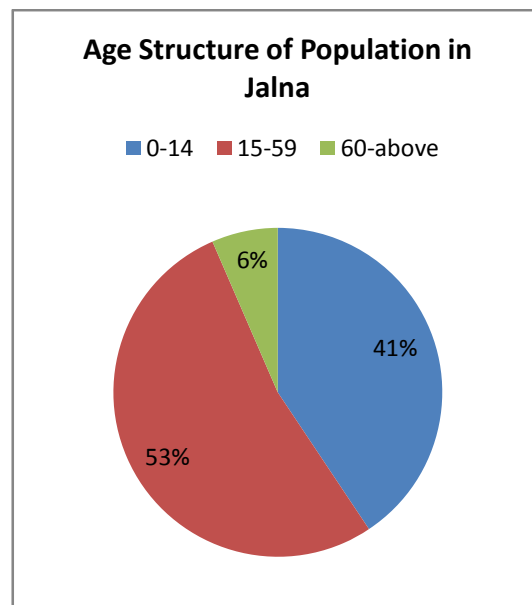
The rural population of the district was 13.05 lakhs or 83.93% of total population indicating a dominance of the rural sector. The urban population was 3.08 lakhs or 19.02% of total population of the district, indicating a slow process of urbanization.

#### AGE-COMPOSITION OF POPULATION: (2001):

The age composition of population of Jalna district is shown in the following table.

TABLE 5.05: AGE COMPOSITION

Age Group	Population%
0-14	40.65
15-59	52.83
60 - above	6.37
Age not mentioned	0.15
Total	100.00



A major part of the population belongs to the age-group 0-14 or 40.65%. Another major part belongs to the age groups of 15-60 or (52.83%). This is the man power population of the district. Population above the age 60 is 6.37% old/senior citizens etc.

#### V.VI - DEMOGRAPHIC PROFILE OF LATUR DISTRICT:

According to the census of population of 2001, Latur district has a total population of 20.80 lakh. In 1991, the total population of the district was 16.77 lakhs, indicating a rise of 403 persons per thousand, during the decade. The taluka-wise population in 2001, was as follows:

<u>Taluka</u>	<u>Population (000)</u>
34) Ahmadpur	199
35) Aousa	280
36) Latur	542
37) Nilanga	286
38) Udgir	263
39) Dewani	858
40) Chakur	157
41) Jalkot	691
42) Shirur-Anantpal	740
43) Renapur	122

Source: Socio-Economic Review Latur District-2009 G.O.M. p.28

#### DENSITY OF POPULATION:

According to 2001, census of population the density of population of Latur district was 291. In rural area the density was 224 persons while in urban areas it was 7272 per sq. kms. of area.

#### SEX RATIO:

The sex ratio in Latur in 2001 was found to be 934 females per 1000 of males, as against the state average of 922.

#### SC/ST POPULATION:

The total population of SC in the district was 404251 Forming about 19.43% of total population of the district. The ST population of the district was 47836 forming about 2.31% of total population.

### URBAN-RURAL POPULATION (2001):

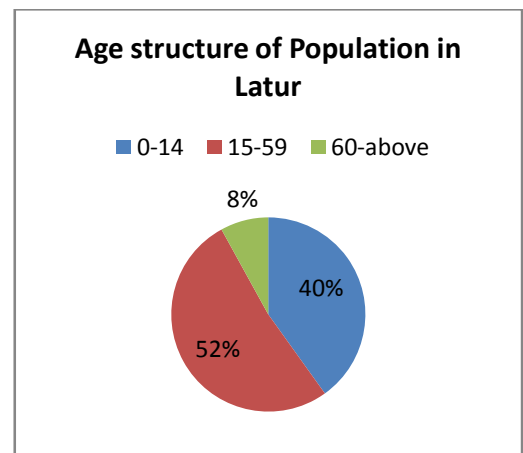
The rural population of the district was 15.90 lakhs or 77.45% of total population indicating a dominance of the rural sector. The urban population was 4.90 lakhs or 23.55% of total population of the district, indicating a slow process of urbanization.

### AGE-COMPOSITION OF POPULATION: (2001)

The age composition of population of Latur district is shown in the following table.

TABLE NO.5.06: AGE COMPOSITION

Age Group	Population%
0-6	15.49
7-14	24.55
15-59	51.86
60 - above	7.10
Age not mentioned	0.94
Total	100



A major part of the population belongs to the age-group 0-14 or 40.05%. Another major part belongs to the age groups of 15-60 or (51.86%). This is the man power population of the district. Population above the age 60 is 8.04% old/senior citizens etc.

#### V.VII - DEMOGRAPHIC PROFILE OF NANDED DISTRICT:

According to the census of population of 2001, Nanded district has a total population of 28.76 lakhs. In 1991, the total population of the district was 23.30 lakhs, indicating a rise of 546 persons per thousand, during the decade. The taluka-wise population in 2001, was as follows:

<u>Taluka</u>	<u>Population (000)</u>
44)Mahur	86
45)Kinwat	210
46)Himayatnagar	88
47)Hadgoan	224
48)Ardhapur	98
49)Nanded	598
50)Mudkhed	97
51)Bhokar	119
52)Umari	86
53)Dharmabad	86
54)Biloli	155
55)Naigoan	161
56)Loha	207
57)Kandhar	211
58)Mukhed	243
59)Deglur	200

Source: Socio-Economic Review Nanded District-2009 G.O.M. p.7

#### DENSITY OF POPULATION:

According to 2001, census of population the density of population of Nanded district was 273. In rural area the density was 212 persons while in urban areas it was 3464 per sq. km of area.

#### SEX RATIO:

The sex ratio in Nanded in 2001 was found to be 943 females per 1000 of males, as against the state average of 922.

#### SC/ST POPULATION:

The total population of SC in the district was 498196 forming about 17.32% of total population of the district. The ST population of the district was 233596 forming about 8.12% of total population.

#### URBAN-RURAL POPULATION (2001):

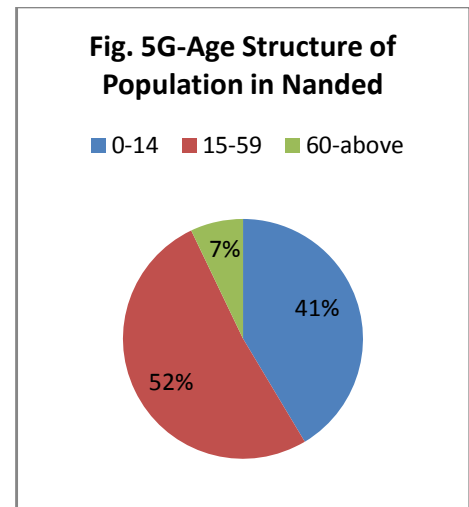
The rural population of the district was 21.87lakhs or 76.04% of total population indicating a dominance of the rural sector. The urban population was 6.87 lakhs or 23.96% of total population of the district, indicating a slow process of urbanization.

#### AGE-COMPOSITION OF POPULATION: (2001)

The age composition of population of Nanded district is shown in the following table.

**Table 5.07: Age Composition**

Age Group	Population%
0-14	41.4
15-59	51.48
60 - above	6.72
Age not mentioned	0.08
Total	100



A major part of the population belongs to the age-group 0-14 or 41.4%. Another major part belongs to the age groups of 15-59 or (51.48%). This is the man power population of the district. Population above the age 60 is 5.72% old/senior citizens etc.

#### V.VIII - DEMOGRAPHIC PROFILE OF OSMANABAD DISTRICT

According to the census of population of 2001, Osmanabad district has a total population of 14.86 lakh. In 1991, the total population of the district was 12.76 lakhs, indicating a rise of 210 persons per thousand, during the decade. The taluka-wise population in 2001, was as follows.

<u>Taluka</u>	<u>Population (000)</u>
60)Paranda	125
61)Bhoom	116
62)Washi	95
63)Kalamb	188
64)Osmanabad	359
65)Tulajapur	250
66)Lohara	110
67)Umarga	241

Source: Socio-Economic Review Osmanabad District-2009 G.O.M. p.5

#### DENSITY OF POPULATION:

According to 2001, census of population the density of population of Osmanabad district was 196. In rural area the density was 167 persons while in urban areas it was 4963 per sq. kms. of area.

#### SEX RATIO:

The sex ratio in Osmanabad in 2001 was found to be 930 females per 1000 of males, as against the state average of 922.

#### SC/ST POPULATION:

The total population of SC in the district was 246(000). Forming about 16.53% of total population of the district. The ST population of the district was 28(000) forming about 1.87% of total population.

#### URBAN-RURAL POPULATION (2001):

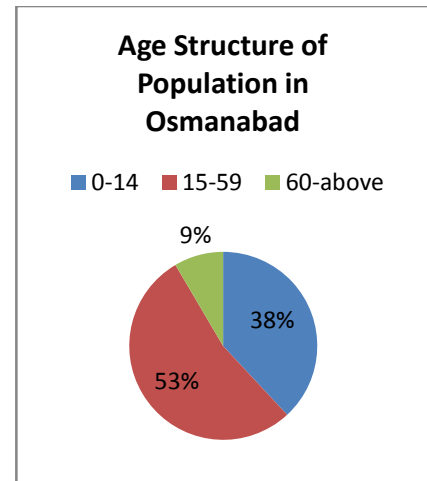
The rural population of the district was 12.53 lakhs or 84.33% of total population indicating a dominance of the rural sector. The urban population was 2.33 lakhs or 15.67% of total population of the district, indicating a slow process of urbanization.

### AGE-COMPOSITION OF POPULATION: (2001):

The age composition of population of Osmanabad district is shown in the following table.

TABLE 5.08: AGE COMPOSITION:

Age Group	Population%
0-14	38.06
15-59	53.33
60 - above	8.25
Age not mentioned	0.36
Total	100



A major part of the population belongs to the age-group 0-14 or 34.06%. Another major part belongs to the age groups of 15-60 or (53.33%). This is the man power population of the district. Population above the age 60 is 8.25% old/senior citizens etc.

### V.IX - DEMOGRAPHIC PROFILE OF PARBHANI DISTRICT:

According to the census of population of 2001, Parbhani district has a total population of 15.27 lakh. In 1991, the total population of the district was 12.93 lakhs, indicating a rise of 234 persons per thousand, during the decade. The taluka-wise population in 2001, was as follows:

<u>Taluka</u>	<u>Population (000)</u>
68) Sailu	139
69) Jintur	234
70) Parbhani	460
71) Manvat	97
72) Pathari	155
73) Sonpeth	45
74) Gangapur	164
75) Palam	92
76) Purna	129

Source: Socio-Economic Review Parbhani District G.O.M. p.6

#### DENSITY OF POPULATION:

According to 2001, census of population the density of population of Parbhani district was 246. In rural area the density was 171 persons while in urban areas it was 4298 per sq. km of area.

#### SEX RATIO:

The sex ratio in Parbhani in 2001 was found to be 957 females per 1000 of males, as against the state average of 922.

#### SC/ST POPULATION:

The total population of SC in the district was 152(in thousands) forming about 10% of total population of the district. The ST population of the district was 35(in thousands) forming about 1.99% of total population.

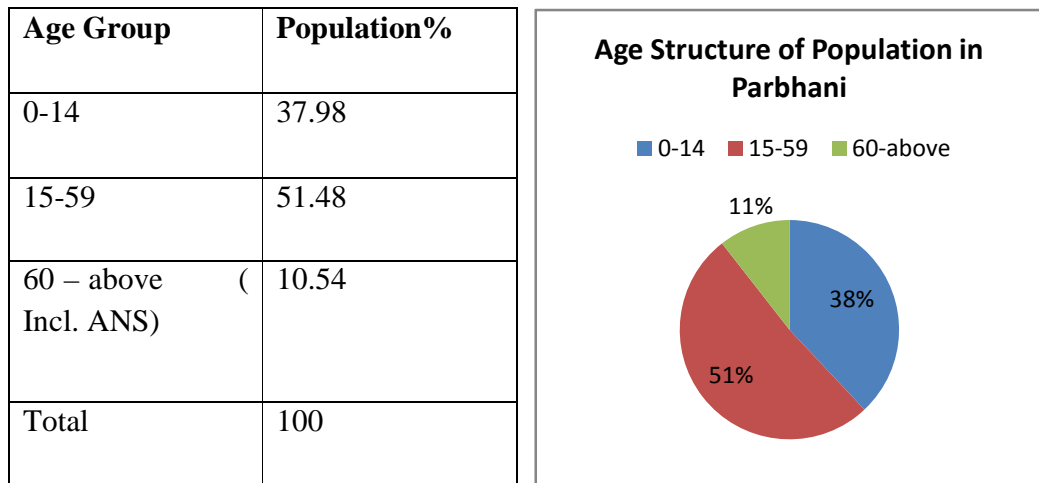
#### URBAN-RURAL POPULATION (2001):

The rural population of the district was 10.43 lakhs or 68.26% of total population indicating a dominance of the rural sector. The urban population was 4.85 lakhs or 31.74% of total population of the district, indicating a slow process of urbanization.

## AGE-COMPOSITION OF POPULATION: (2001)

The age composition of population of Parbhani district is shown in the following table.

TABLE 5.09: AGE COMPOSITION:



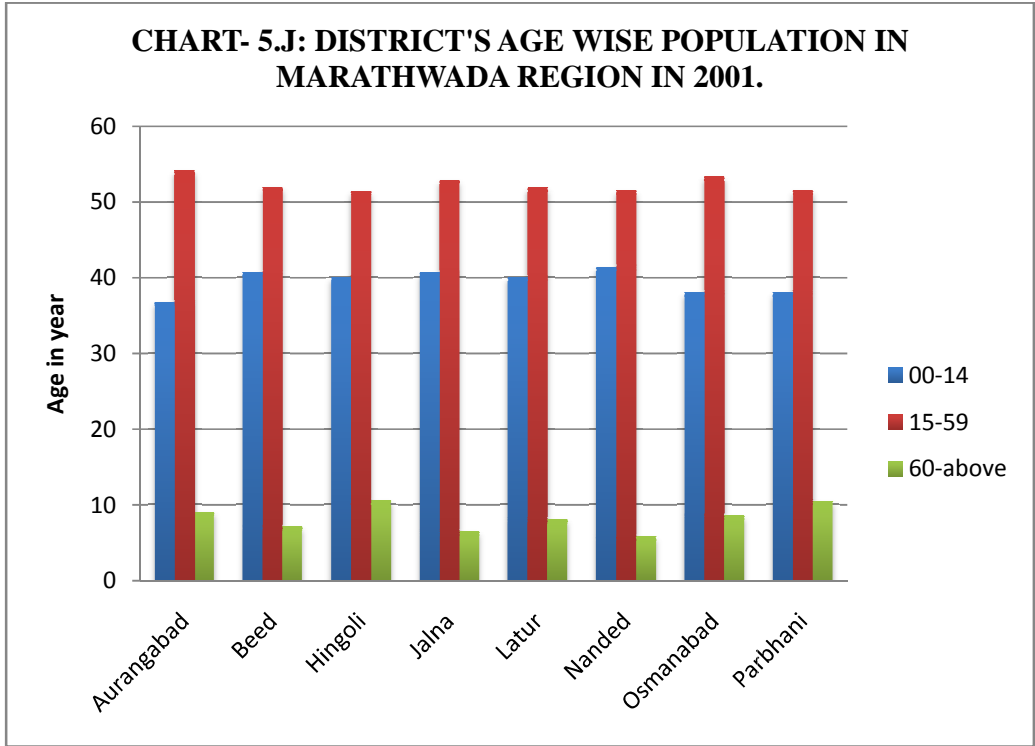
A major part of the population belongs to the age-group 0-14 or 51.48%. Another major part belongs to the age groups of 15-60 or (51.48%). This is the man power population of the district. Population above the age 60 is 10.54% old/senior citizens etc.

Below chart 5.J shows the age wise population in Marathwada region for the year 2001. Working population<sup>58</sup> (15-59) in all districts of Marathwada was averagely above 50% in total population.

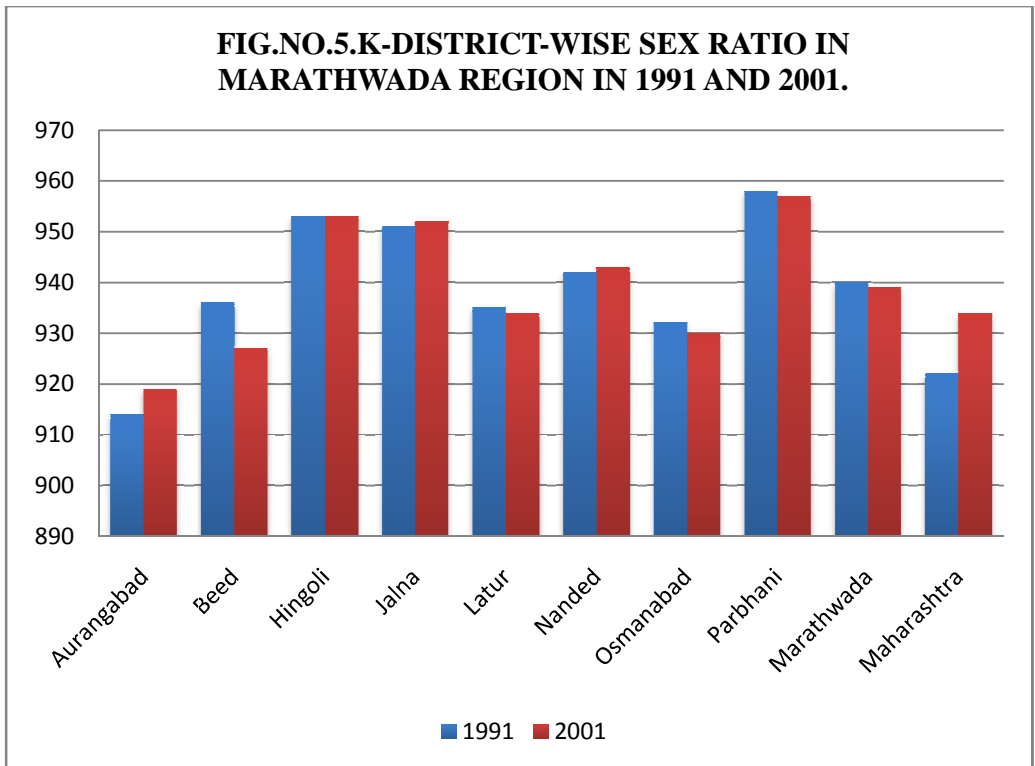
Table no 5.10 shows district-wise sex ratio (defined as number of females per hundred males in the total population) in districts of Marathwada region. In 1991 sex ratio of Aurangabad, Jalna, Nanded,

<sup>58</sup> Age 15 to 59 is calling work force, they are economically active and they not depends on other.

**CHART- 5.J: DISTRICT'S AGE WISE POPULATION IN MARATHWADA REGION IN 2001.**



**FIG.NO.5.K-DISTRICT-WISE SEX RATIO IN MARATHWADA REGION IN 1991 AND 2001.**



districts increased 914, 951, and 942, to 919, 952, and 943 respectively in 2001. But, in Beed, Latur, Osmanabad, Parbhani districts sex ratio declined from 936, 935, 932, 958, to 927, 934, 930, and 957 respectively in 2001. Only Hingoli district's sex ratio was at a fairly high level and remained constant at 953 in 1991 and 2001. In fact the changes in ten years were quite small in all districts except Aurangabad, where number of females increased in comparison to males, and Beed, where the number of females fell considerably in relation to males.

**TABLE NO. 5.10 DISTRICT WISE SEX RATIO IN MARATHWADA REGION FROM 1991 TO 2001.**

<b>District</b>	<b>Sex-ratio# 2001</b>	<b>Sex-ratio 1991</b>
Aurangabad	919	914
Beed	927	936
Hingoli	953	953*
Jalna	952	951
Latur	934	935
Nanded	943	942
Osmanabad	930	932
Parbhani	957	958
Source: Census India 2001		

## V.X - HUMAN DEVELOPMENT PICTURE OF MARATHWADA REGION:

We are calculating human development indicators for districts of Marathwada region for 1991 and 2001. We are calculating life expectancy index, literacy index and income index (in \$PPP). The life expectancy index calculating for districts of Marathwada region from life expectancy regression line of major states of India. The second indicator is literacy index for this index, we have calculated two separate indices--- one is adult literacy index, second is combined enrolment ratio. But some data on enrolment is not available so we are compromise with data availability. The given below table and chart shows district's condition of infant mortality rate and life expectancy in 1991 and 2001.

## V.XI LIFE EXPECTANCY AND INFANT MORTALITY RATE OF MARATHWADA REGION IN 1991:

In the first human development report-stated that life expectancy at birth is the indicator of longevity. The importance of life expectancy lies in the common belief that a long life is valuable in itself and in the fact that various indirect benefits (such as adequate nutrition and good health) are closely associated with higher life expectancy. This association makes life expectancy an important indicator of human development, especially in view of the present lack of comprehensive information about people's health and nutritional status<sup>59</sup>. So people of any society live long life is indicator of good health system. We are measure life expectancy at birth from infant mortality rate (IMR). Below table no.5.00 and chart no.5.00 shows level of infant mortality rate and life expectancy of Marathwada region in 1991.

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<sup>59</sup> Human Development Report, 1990-p12

Below table no. 5.11 shows the level of Infant Mortality (IMR) and Life expectancy of Marathwada region in 1991. In Marathwada region infant mortality rate (IMR) was 62. Mostly IMR affected district in 1991 was Jalna (76) after that respectively decreasing order was Osmanabad (70), Nanded (68), Latur (57), Aurangabad (56), Beed (52), and Parbhani (50). Also, on the front of gender, male IMR was high in Osmanabad (83), after that decreasing order were Jalna (76), Nanded (66), Aurangabad (58), Beed (52), Latur (50) and Parbhani (48). Female IMR was high in Jalna (77), Nanded (76), Latur (64), Osmanabad (61), Beed (52), Parbhani (52) and Aurangabad (51).

For this index we use calculated life expectancy rate. Because district level data on age at death not available so, we use regression method for calculation life expectancy rate for district level from Infant Mortality Rate (IMR) of particular district. We have used regression method of IIPS, Mumbai. The estimation of life expectancy at birth is usually provided by the RGI using the data of SRS for major states of India. However, the estimates of life expectancy at birth are usually not provided for smaller states of India as well as the districts of India. They attempt to provide some methods to estimate life expectancy at birth for smaller states of India. They also attempt to provide the estimates of IMR and Life Expectancy for the districts of India. They attempted to provide the estimates for the smaller states and districts of India using indirect techniques. The regression equation is mainly used for providing such estimates. In deriving the estimates, it is assumed that the IMR is closely linked to life expectancy at birth. Accordingly, the relationship of IMR and life expectancy is established by taking the SRS data for the major state of India. Accordingly, regression equation have been attempted by taking life expectancy at birth as the dependent variable and IMR as the independent variable over three different time

periods(2000,1995,1991). These variables are actually observed values for the major states of India.

Regression equation:

$$L E B_{2000} = \alpha + \beta * I M R_{2000}$$

$$L E B_{1991} = \alpha + \beta * I M R_{1991}$$

Where ‘ $\alpha$ ’ and ‘ $\beta$ ’ are the regression coefficients.

We are use above these regression lines for obtain life expectancy for districts of Marathwada region. The calculating life expectancy for district from derived regression equation for major states of India is:

$$e = 72.9826 - 0.1908 * I M R (1991)$$

From above equation we are find inverse relationship between Infant Mortality Rate (IMR) and Life Expectancy (Le) . Table no.5.11 shows in Parbhani district IMR was low at 50 but its life expectancy 63 years. Other side, in Jalna district IMR was very high at 76 but its life expectancy low at 58 years, respectively increasing order was Osmanabad (59), Nanded (60), Latur (62), Aurangabad (62) and Beed (63). Also, this relationship is same between male and female IMR and life expectancy. After that, we are calculating life expectancy index (Le Index). In Marathwada region Parbhani district on the top rank with 0.640 life expectancy index. After that decreasing order districts rank were Beed (0.634), Aurangabad (0.621), Latur (0.618), Nanded (0.583), Osmanabad (0.577) and Jalna (0.558). Marathwada regions average life expectancy index in 1991was 0.600.

**TABLE NO.5.11: LEVEL OF INFANT MORTALITY AND LIFE EXPECTANCY OF MARATHWADA REGION  
IN 1991.**

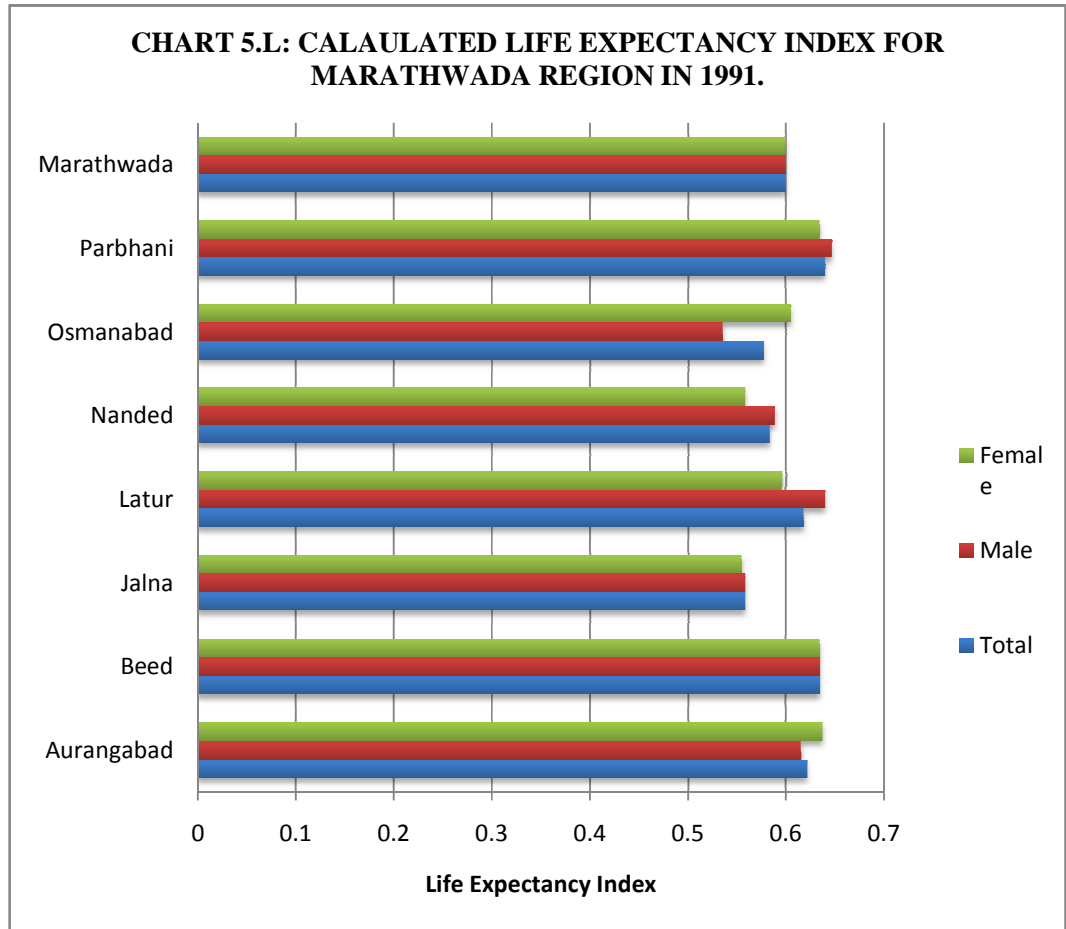
	Total		Male		Female		Le Index	Rank	Le Index	Rank	Le Index	Rank
Districts	IMR	Le*	IMR	Le	IMR	Le	Total		Male		Female	
<b>Aurangabad</b>	56	62.2978	58	61.9162	51	63.2518	0.621	3	0.615	4	0.637	1
<b>Beed</b>	52	63.061	52	63.061	52	63.061	0.634	2	0.634	3	0.634	3
<b>Hingoli</b>	NA	...	NA	...	NA	...	...	...	...	...	...	
<b>Jalna</b>	76	58.4818	76	58.4818	77	58.29	0.558	7	0.558	6	0.554	7
<b>Latur</b>	57	62.107	50	63.4426	64	60.7714	0.618	4	0.64	2	0.596	5
<b>Nanded</b>	68	60.0082	66	60.3898	76	58.4818	0.583	5	0.589	5	0.558	6
<b>Osmanabad</b>	70	59.6266	83	57.1462	61	61.3438	0.577	6	0.535	7	0.605	4
<b>Parbhani</b>	50	63.4426	48	63.8242	52	63.061	0.64	1	0.647	1	0.634	2
<b>Marathwada</b>	62	61	62	61	62	61	0.6		0.6		0.6	

Le- Life Expectancy ,IMR- Infant Mortality Rate

\*Le calculate for district from derived regression equation for major state of India is

$$Le=72.9826 - 0.1908*IMR(1991)$$

Source: Maharashtra human development Report, 2002.



## V.XII LIFE EXPECTANCY AND INFANT MORTALITY RATE OF MARATHWADA REGION IN 2001

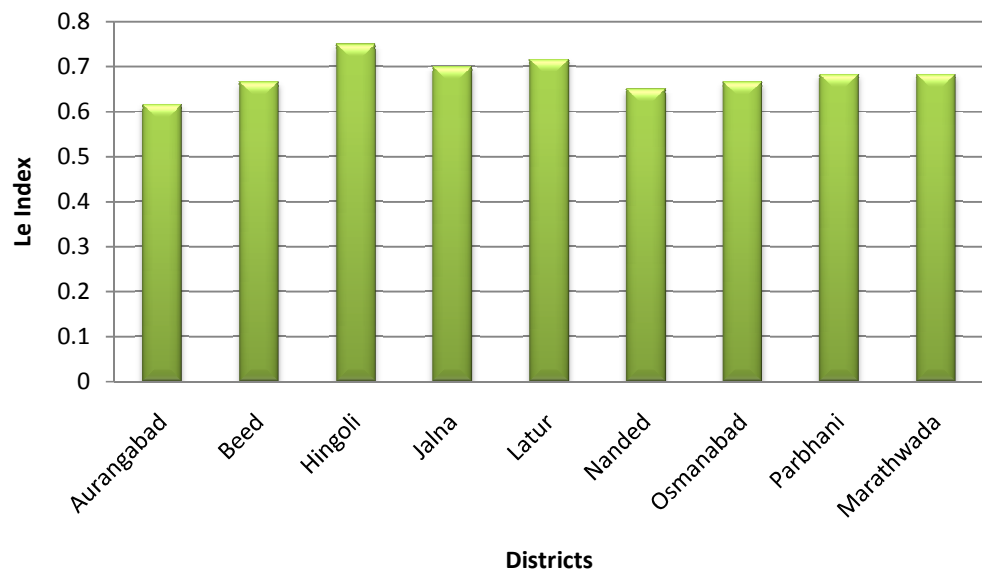
Below table no.5.12 shows levels of Infant Mortality Rate (IMR) and Life Expectancy (Le) with Index. We are use IMR data of districts those are provide International Institute of Population Science (Shows Appendix no. I).we also calculates it is wrights' figures. In 2001, Hingoli district's rank is first with 0.750 life expectancy index (Le Index). Latur at second position with 0.716 life index, after that Jalna, Parbhani, Beed, Osmanabad, Nanded and Aurangabad districts life index is 0.700, 0.683, 0.666, 0.666, 0.650, and 0.616 respectively.

**Table No.5.12: Levels of Infant Mortality Rate and Life Expectancy in Districts Of Marathwada, 2001.**

Sr. No.	District	IMR#	Le (IIPS)	Le(Cal.)*	Le Index	Rank
1	Aurangabad	72	62	61.55	0.616	8
2	Beed	55	65	65.00	0.666	5
3	Hingoli	32	70	69.58	0.750	1
4	Jalna	43	67	67.37	0.700	3
5	Latur	39	68	68.18	0.716	2
6	Nanded	58	64	64.36	0.650	7
7	Osmanabad	57	65	64.56	0.666	6
8	Parbhani	51	66	65.77	0.683	4
9	Marathwada	51	66	65.77	0.683	
Source: IIPS, Mumbai.						

\* Le calculate for district from derived regression equation for major state of India is  $e=76.0163 - 0.2009*IMR(2000)$   
 # IIPS Estimates based on RCH Data.

**FIG. 5.M: DISTRICT WISE LIFE EXPECTANCY INDEX FOR MARATHAWADA, 2001.**



## V.XIII LITERACY INDEX OF MARATHWADA REGION IN 1991-2001:

For the second key component knowledge- literacy figures are only a crude reflection of access to education, particularly to the good quality education so necessary for productive life in modern society. But literacy is a person's first step in learning and knowledge-building, so literacy figures are essential in any measurement of human development. In a more varied set of indicators, importance would also have to be attached to the outputs of higher levels of education. But for basic human development, literacy deserves the clearest emphasis.<sup>60</sup> So below tables shows literacy picture of Marathwada region.

Below table no.5.13 shows that district- wise literacy index for Marathwada region in 1991 and 2001. In 1991 person's literacy index for Aurangabad district was 0.589 with first position, also in 2001 with 0.736 literacy index. Other districts decreasing order with literacy index in 1991 was Latur (0.555), Osmanabad (0.542), Beed (0.498), Jalna (0.462), Nanded (0.481) and Parbhani (0.475). Also, similarly in 2001 was Parbhani (0.723), Osmanabad (0.702), Nanded (0.685), Latur (0.684), Jalna (0.668), Hingoli (0.670) and Beed (0.645). For the literacy transition of male, female we are drew below table no.5.14.

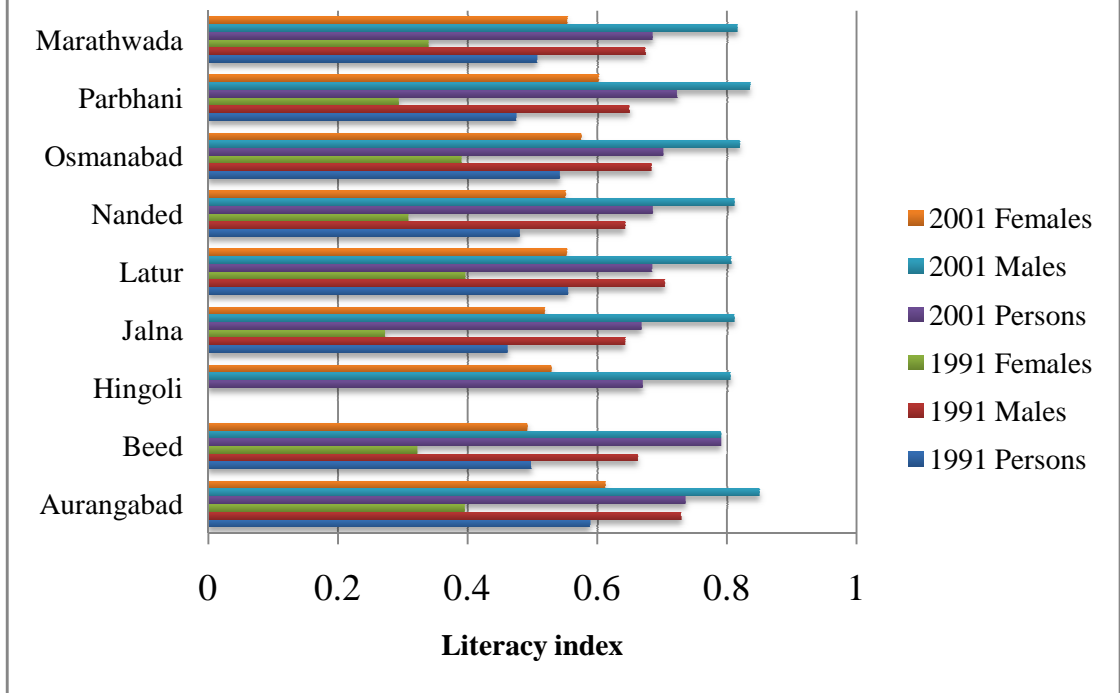
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<sup>60</sup> Human Development Report 1990, p 12

**TABLE.NO.5.13: DISTRICT-WISE LITERACY INDEX FOR 1991 & 2001.**

<b>Sr.No.</b>	<b>Districts</b>	<b>1991</b>			<b>2001</b>		
		<b>Persons</b>	<b>Males</b>	<b>Females</b>	<b>Persons</b>	<b>Males</b>	<b>Females</b>
1	<b>Aurangabad</b>	0.589	0.729	0.396	0.736	0.85	0.612
2	<b>Beed</b>	0.498	0.663	0.323	0.645	0.791	0.492
3	<b>Hingoli</b>	NA	NA	NA	0.67	0.805	0.529
4	<b>Jalna</b>	0.462	0.643	0.273	0.668	0.811	0.519
5	<b>Latur</b>	0.555	0.704	0.397	0.684	0.806	0.553
6	<b>Nanded</b>	0.481	0.643	0.309	0.685	0.811	0.551
7	<b>Osmanabad</b>	0.542	0.683	0.391	0.702	0.82	0.575
8	<b>Parbhani</b>	0.475	0.649	0.294	0.723	0.836	0.602
9	<b>Marathwada</b>	0.507	0.674	0.34	0.685	0.816	0.554

**FIG. 5.N: DISTRICT WISE LITERACY INDEX FOR MARATHWADA IN 1991 AND 2001.**



Below table no.5.14 shows that district literacy transition from 1991 to 2001. In 1991 no one district's total literacy above 0.80 also in 2001. But male literacy at 2001 was above 0.80 excludes the Beed district in Marathwada region. In this three Aurangabad, Osmanabad, and Parbhani districts total literacy rate at 2001 was between 70-80 %. In 1991 only males literacy of Aurangabad and Latur districts between 70-80 %, no females literacy in this range of any district also, total literacy. Hence, between 60-70 % literacy in 2001, males are above this range in all districts of Marathwada. But not only Aurangabad and Parbhani district's females' literacy in this range, also Beed, Hingoli, Latur, Jalna and Nanded districts total literacy in this range. Female's literacy was below 50 % in 1991 of all districts of Marathwada region, but it is increased in 2001 above 50 % exclude to Beed district. Above literacy transition chart shows females literacy not increased significantly from 1991 to 2001 and large gap between male literacy and female literacy, means region on back foot in female's literacy.

**TABLE NO. 5.14 THE LITERACY TRANSITION OF MARATHWADA DISTRICTS CENSUS 1991 AND 2001.**

Literacy Rates	Males	Females	Persons
<b>&gt; 80%</b> <b>2001</b>	Aurangabad, Hingoli, Jalna, Latur, Parbhani, Nanded, Osmanabad	-----	-----
<b>1991</b>	-----	-----	-----
<b>70-80%</b> <b>2001</b>	Beed	-----	Aurangabad, Osmanabad, Parbhani
<b>1991</b>	Aurangabad, Latur	-----	-----
<b>60-70%</b> <b>2001</b>	-----	Aurangabad, Parbhani	Beed, Hingoli, Latur, Jalna, Nanded
<b>1991</b>	Beed, Jalna, Nanded, Osmanabad, Parbhani	-----	-----
<b>50-60%</b> <b>2001</b>	-----	Hingoli, Jalna, Latur, Nanded, Osmanabad	-----
<b>1991</b>	-----	-----	Aurangabad, Osmanabad, Latur
<b>&lt; 50%</b> <b>2001</b>	-----	Beed	-----
<b>1991</b>	-----	Aurangabad, Beed, Latur, Jalna, Hingoli, Nanded, Parbhani, Osmanabad	Beed, Jalna, Nanded, Parbhani

Source: Census – 1991, 2001

V-XIV DISTRICT WISE ENROLMENT RATIO CLASSES 1<sup>ST</sup> TO 8<sup>TH</sup> STD IN MARATHWADA REGION: 1991-2001.

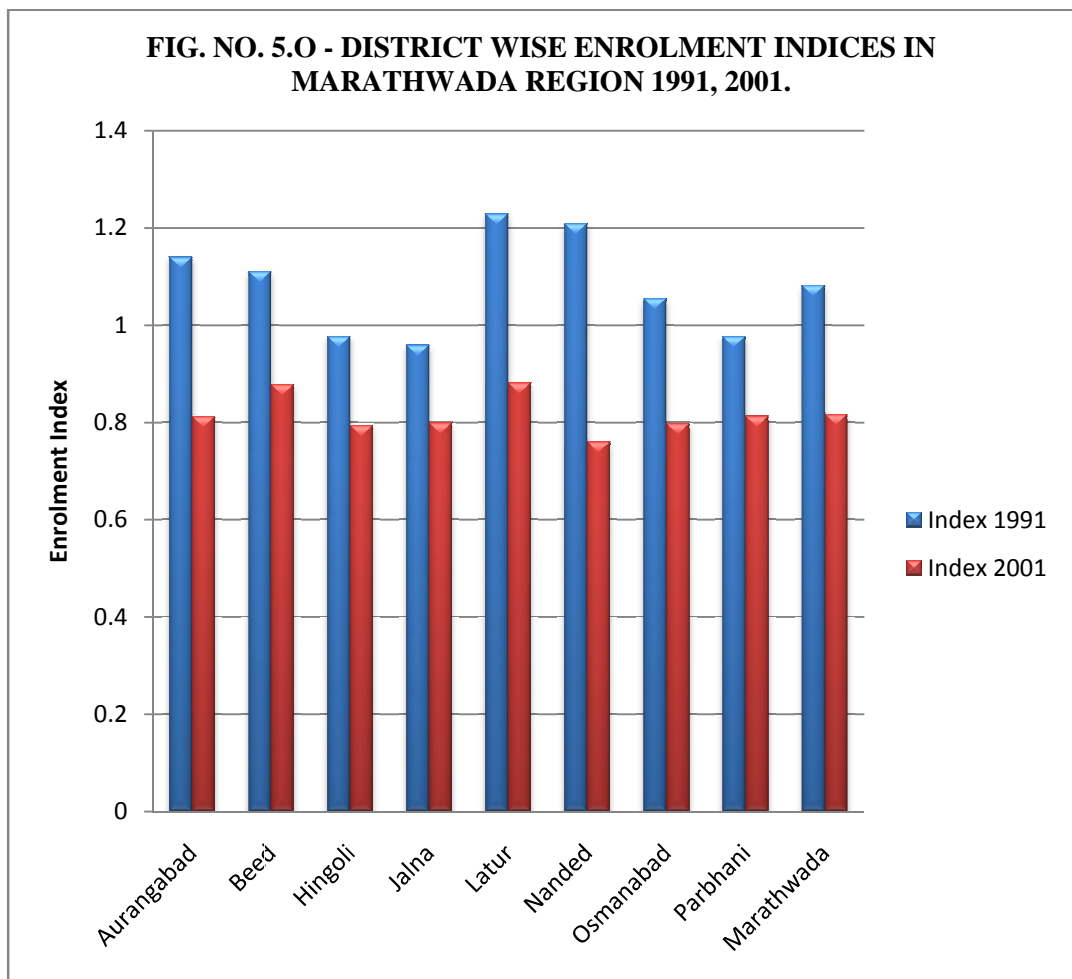
The second indicator is literacy index for this index, we are calculate two separate index one is; adult literacy index, second is; combined enrolment ratio. But some data on enrolment is not available so we are compromise with data availability. We are use enrolment ratio classes 1<sup>st</sup> to 8<sup>th</sup> to parallel indicator as combined enrolment ratio for district wise in Marathwada region. Below table no.5.15 shows enrolment, ratio and index in 1991 and 2001.

**TABLE NO.-5.15 - DISTRICT WISE ENROLMENT RATIO (1<sup>ST</sup> STD – 8<sup>TH</sup> STD) IN MARATHWADA REGION 1991-2001.**

1991				2001		
Districts	Enrolment	Ratio*	Index	Enrolment	Ratio@	Index
<b>Aurangabad</b>	572886	114.60	1.140	599256	81.16261	0.812
<b>Beed</b>	456944	111.00	1.110	493143	87.76348	0.878
<b>Hingoli</b>	NA	97.700	0.977	207093	79.38765	0.794
<b>Jalna</b>	351064	95.900	0.959	341447	79.88092	0.798
<b>Latur</b>	432548	122.90	1.229	464912	88.09273	0.881
<b>Nanded</b>	626147	120.90	1.209	589257	76.01825	0.760
<b>Osmanabad</b>	316186	105.50	1.055	289798	79.84054	0.798
<b>Parbhani</b>	541978	97.700	0.977	332022	81.26521	0.813
<b>Marathwada</b>	3297753	108.275	1.082	3316928	81.63761	0.816

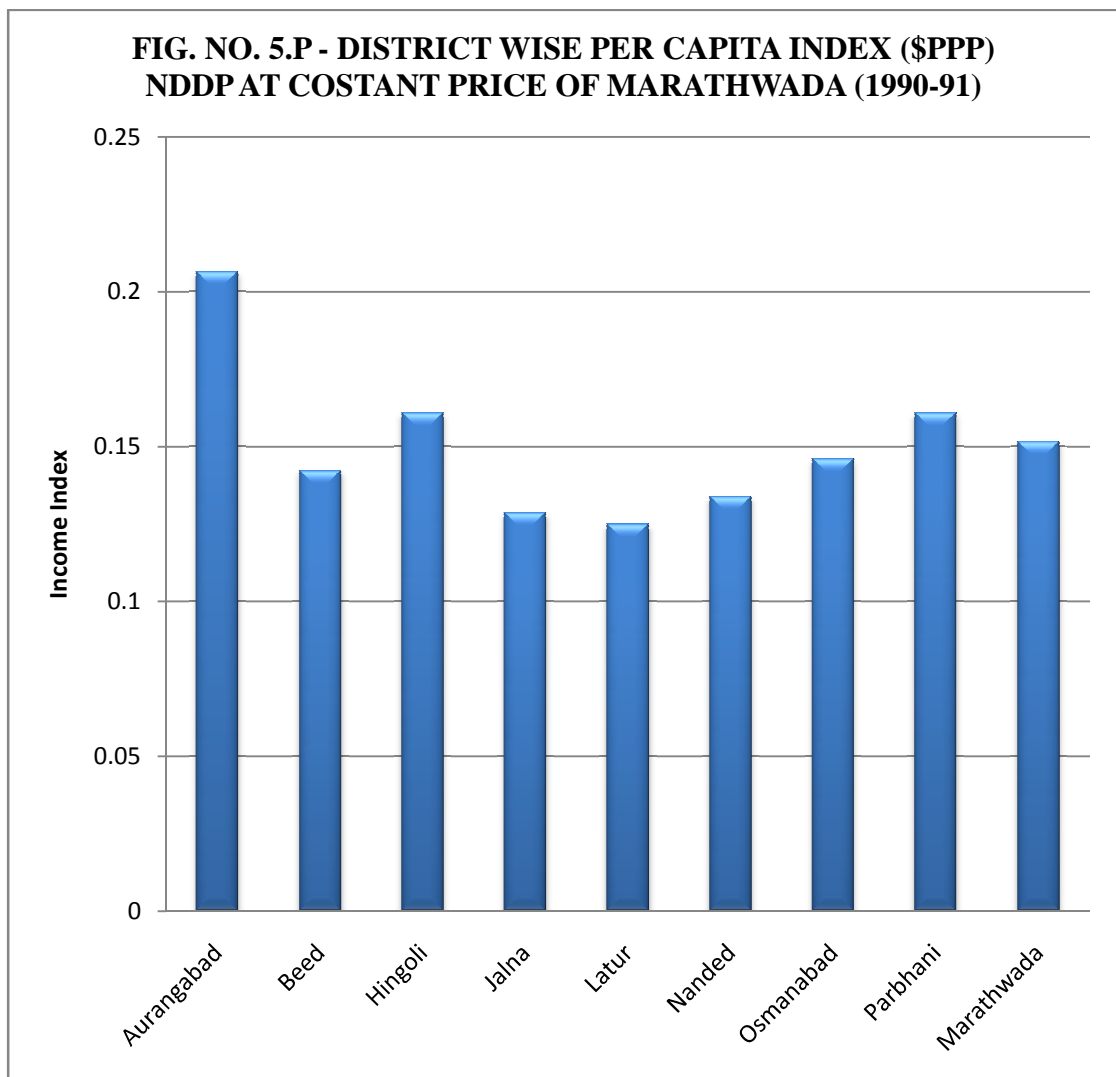
Source: Compiled and calculate from various data sources. \*Maharashtra Human Development Report 2002. @Compiled from census 2001.

In 1991 Latur district on top for enrolment index with 1.22, after that respectively Nanded, Aurangabad, Beed, Osmanabad, Parbhani, Hingoli and Jalna index was 1.209, 1.140, 1.110, 1.055, 0.977, 0.977 and 0.959. After decade picture was not change, Latur on top but index is decline 1.22 to 0.881, Beed, Parbhani, Aurangabad, Osmanabad, Jalna, Hingoli and Nanded index was 0.878, 0.813, 0.812, 0.798, 0.798, 0.794 and 0.760 respectively. Here once major finding is in 1991 enrolment ratio is more compare to 2001. But this negative picture about enrolment or otherwise mistake in data compliment. Below figure shows comparative picture on district wise enrolment indices in Marathwada region.



V.XV – DISTRICT WISE PER CAPITA INDEX OF MARATHWADA REGION IN 1991- 2001:

Below table no. 5.16 shows that Marathwada region income index of districts in 1990-91 per-capita net district domestic products in rupees at constant prices. We are calculate income index for Aurangabad district rank is one with 0.207 income index, after that in decreasing order rank at income index was Hingoli, Parbhani, Osmanabad, Beed, Nanded, Jalna and Latur. This districts respectively index was 0.161, 0.161, 0.146, 0.142, 0.134, 0.129 and 0.125.



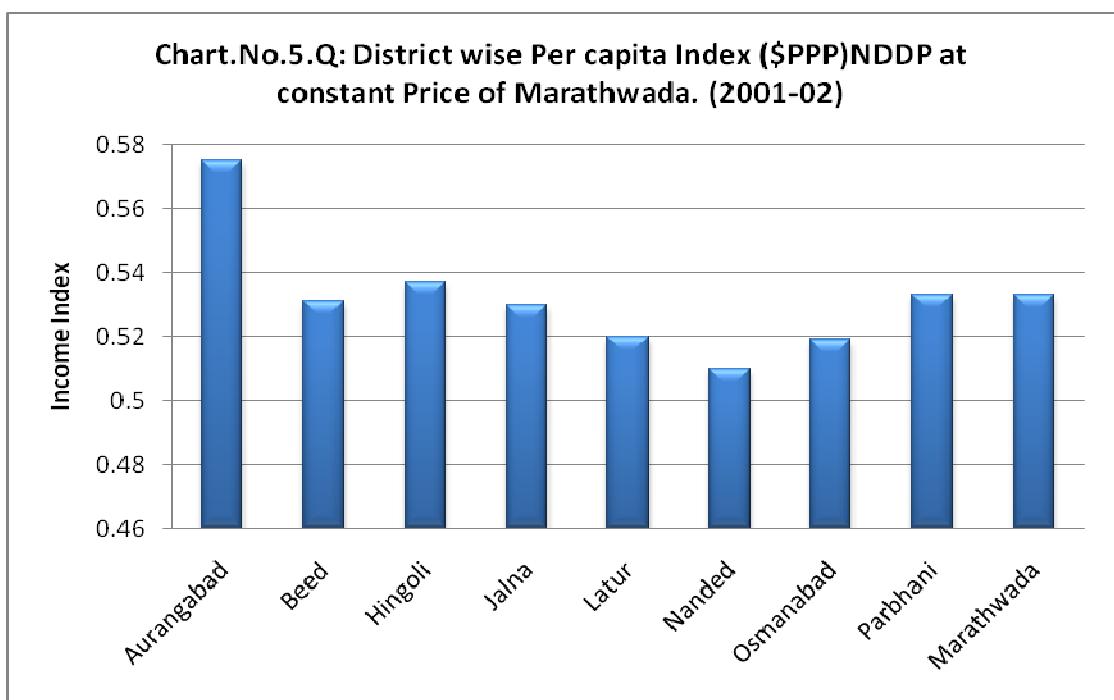
**TABLE NO.5.16: DISTRICT-WISE PER CAPITA NET DISTRICT DOMESTIC PRODUCT AT CONSTANT PRICES OF MARATHWADA AND INCOME INDEX (1989-90 TO 1991-92).**

District	At Constant Prices	\$(PPP)@	Income Index	Rank
	1989-90 to 1991-92	1989-90 to 1991-92	1989-90 to 1991-92	
Aurangabad	6211	905.6475	0.207	1
Beed	4489	655.1679	0.142	5
Hingoli	4987*	727.8508	0.161	2
Jalna	4126	602.1882	0.129	7
Latur	4026	587.5932	0.125	8
Nanded	4263	622.1833	0.134	6
Osmanabad	4589	669.7628	0.146	4
Parbhani	4987	727.8508	0.161	3
Marathwada	4738	691.5093	0.152	

Note: @ convert from per capita GDP in \$PPP of India.

Source: Relative Levels of Development Backlog and Removal of Regional Imbalances, Govt. of Maharashtra 1997.

Below table no. 5.17 shows that Marathwada region income index of districts in 2001-02 per-capita net district domestic products in Rupees at constant /current prices. We are calculate income index for Aurangabad district rank is one with 0.575 income index, after that in decreasing order rank at income index was Hingoli, Parbhani, Beed, Jalna, Latur, Osmanabad, Nanded. This districts respectively index was 0.537, 0.533, 0.531, 0.530, 0.520, 0.519 and 0.510.



Above figures shows Aurangabad districts per capita income index more compare to other remain districts. This index was large due to number of industries located in beside of Aurangabad city. Income index low for Nanded district, one reason is large number of scheduled tribe cast live in, camper to other districts. Main finding is compare to 1991 per capita district domestic product increased double in 2001.

**TABLE NO.5.17: DISTRICT-WISE PER CAPITA NET DISTRICT DOMESTIC PRODUCT AT CONSTANT/CURRENT PRICES OF MARATHWADA AND INCOME INDEX (2000-01 & 2001-02).**

District	At Constant Prices		At Current Prices		\$(PPP)@	Income Index	Rank
	2000-01*	2001-02#	2000-01*	2001-02#	2001-02#	2001-02#	
Aurangabad	11999	11903	19969	19519	3143	0.575	1
Beed	9621	9159	15529	15523	2418	0.531	4
Hingoli	8239	9474	12644	14955	2501	0.537	2
Jalna	8014	9100	12207	14135	2403	0.53	5
Latur	8238	8544	12327	13561	2256	0.52	6
Nanded	7519	8091	11976	13833	2136	0.51	8
Osmanabad	9018	8537	13185	13648	2254	0.519	7
Parbhani	8625	9243	13255	14895	2440	0.533	3
Marathwada	8909	9256	13886	15008	2444	0.533	

Note: \*Provisional, #Preliminary, @ convert from per capita GDP in \$PPP of India.

Source: Economic Survey Of Maharashtra 2002-03, Directorate of economics

& Statistics, Planning Department, Govt. of Maharashtra.

## V.XVI HUMAN DEVELOPMENT INDICES OF MARATHWADA REGION IN 1991 AND 2001

Now we are going to calculate district wise human development index for Marathwada region at point 1991 and 2001.

In 1991, human development level in Aurangabad district was on top, index was 0.534 (Shows below table no. 5.18) , after that decreasing order districts human development index was Latur (0.507), Beed (0.493), Parbhani (0.481), Hingoli (0.478), Nanded (0.480), Osmanabad (0.478), and Jalna (0.438). Aurangabad on top level due to greater district domestic product at per capita (0.207) compare to other remaining districts. Latur on second position due to good education index, also Beed district , at last position Jalna district due to low level on three front education, health means low life expectancy and income at per capita.

After, decade means in 2001, human development level as per below table no. 5.19 – shows position was change in human development level for districts. Hingoli got top rank with 0.560 human development index after that, second position got Parbhani district with (0.564), Latur (0.564), Aurangabad (0.560), Jalna (0.558), Osmanabad (0.551), Beed (0.542) and Nanded (0.539).

In 1990 first positioned Aurangabad district's rank decline due to less life expectancy. Hingoli and Parbhani district human development index increased due to good life expectancy (means low infant mortality rate). Also, Jalna district's rank increased from 8<sup>th</sup> position to 5<sup>th</sup> due to improvement in health indicator (decline Infant Mortality Rate). At, last position Nanded district's low level human development due to less life expectancy rate.

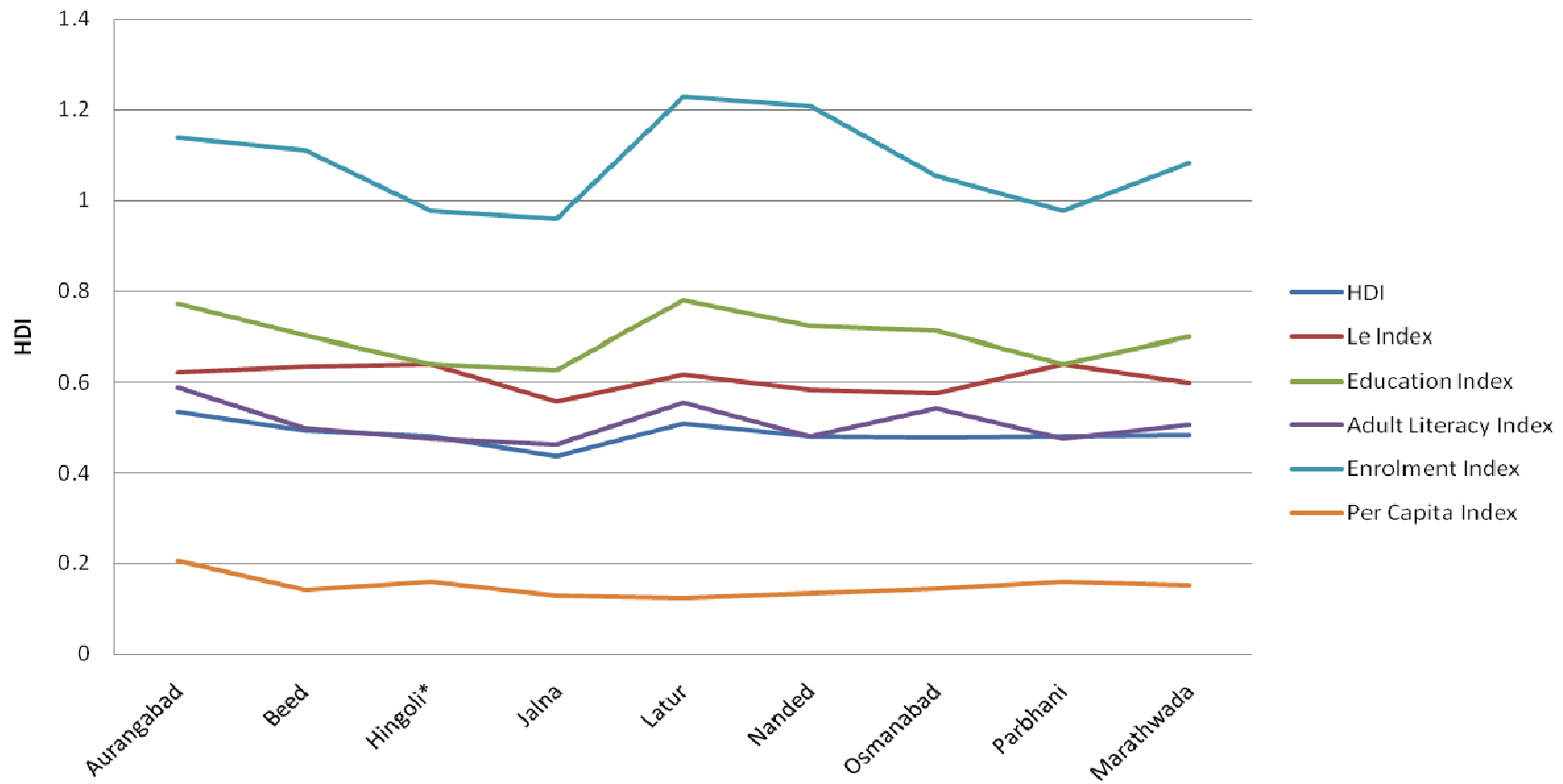
**TABLE NO. 5.18 - DISTRICT WISE HUMAN DEVELOPMENT INDEX IN MARATHWADA 1991**

Sr. No.	Districts	HDI	Rank	Le Index	Education Index	Adult Literacy Index	Enrolment (Ratio) Index	Per Capita Index
	1	2	3	4	5	6	7	8
1	Aurangabad	0.534	1	0.621	0.773	0.589	1.14	0.207
2	Beed	0.493	3	0.634	0.702	0.498	1.110	0.142
3	Hingoli*	0.481	5	0.640	0.642	0.475	0.977	0.161
4	Jalna	0.438	8	0.558	0.628	0.462	0.959	0.129
5	Latur	0.507	2	0.618	0.780	0.555	1.229	0.125
6	Nanded	0.480	6	0.583	0.724	0.481	1.209	0.134
7	Osmanabad	0.478	7	0.577	0.713	0.542	1.055	0.146
8	Parbhani	0.481	4	0.640	0.642	0.475	0.977	0.161
9	Marathwada	0.484		0.600	0.699	0.507	1.082	0.152

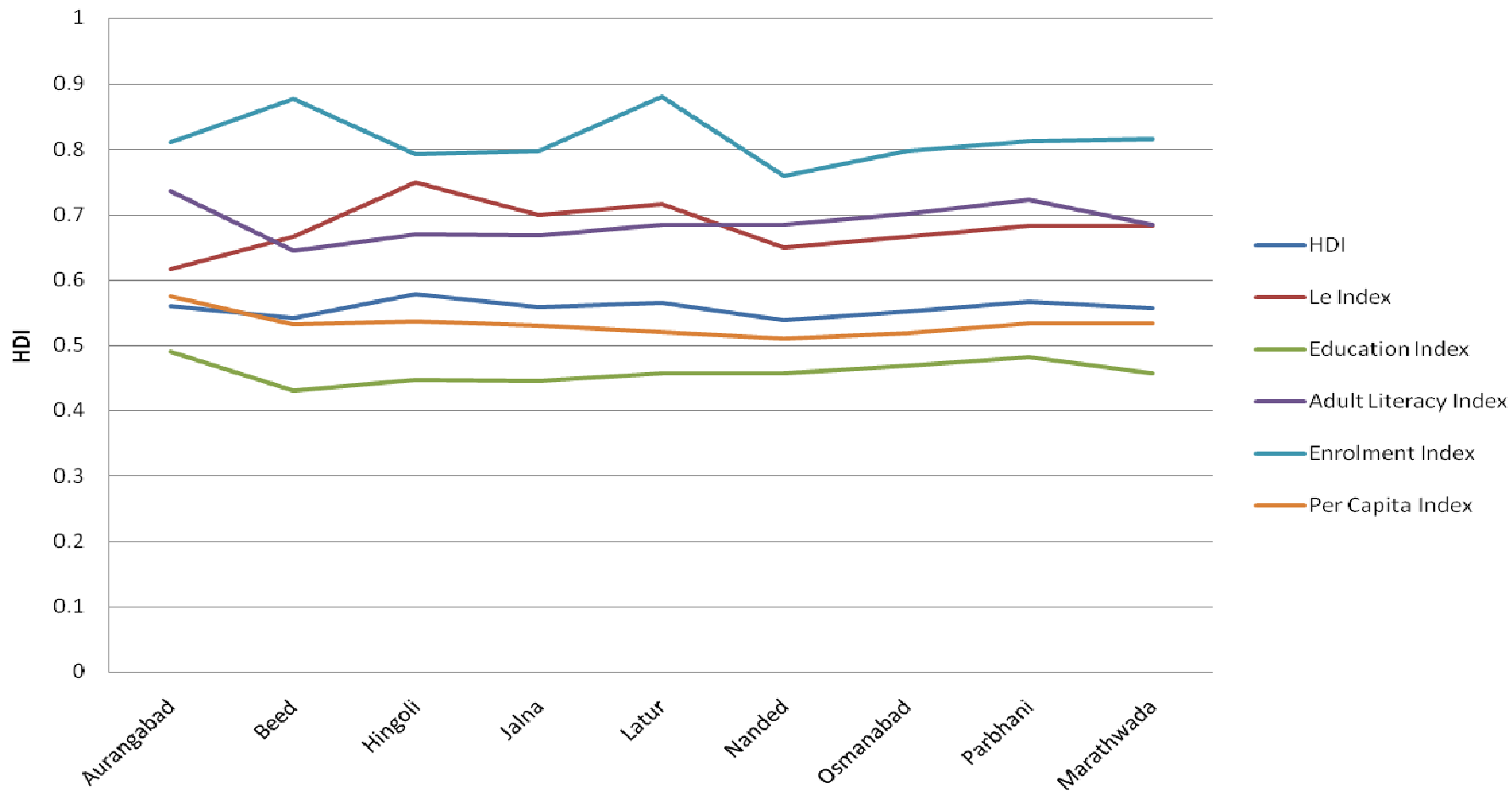
**Table No. 5.19 - District wise Human Development Index in Marathwada 2001.**

Sr. No.	Districts	HDI	Rank	Le Index	Education Index	Adult Literacy Index	Enrolment (Ratio) Index	Per Capita Index
	1	2	3	4	5	6	7	8
1	Aurangabad	0.560	4	0.616	0.490	0.736	0.811	0.575
2	Beed	0.542	7	0.666	0.430	0.645	0.877	0.531
3	Hingoli	0.578	1	0.750	0.446	0.670	0.793	0.537
4	Jalna	0.558	5	0.700	0.445	0.668	0.798	0.530
5	Latur	0.564	3	0.716	0.456	0.684	0.880	0.520
6	Nanded	0.539	8	0.650	0.456	0.685	0.760	0.510
7	Osmanabad	0.551	6	0.666	0.468	0.702	0.798	0.519
8	Parbhani	0.566	2	0.683	0.482	0.723	0.812	0.533
9	Marathwada	0.557		0.683	0.456	0.685	0.816	0.533

**FIG. NO. 5.R - HUMAN DEVELOPMENT INDICES LINE FOR MARATHWADA REGION  
1991.**



**FIG. NO. 5.8 - HUMAN DEVELOPMENT INDICES LINE FOR MARATHWADA REGION  
2001.**



## V.XVII DISTRICT- WISE DEPRIVATION INDICES FOR MARATHWADA REGION (2001):

We are taking the Deprivation Indices (DI) at district level, using census 2001 data by Kurulkar<sup>61</sup> and also we are estimated from primary survey data March 2010. Below formula used taking from Kerala Human Development Report 2005.

$$DI = \left\{ \frac{1}{4} (d_1\mu + d_2\mu + d_3\mu + d_4\mu) \right\}^{1/\mu}$$

Here,

DI – Deprivation Index,

$d_1$  - Deprivation in Housing Facilities,

$d_2$  – Deprivation in Drinking Water Facility,

$d_3$  – Deprivation of Households without Latrines,

$d_4$  – Deprivation of Households without Electricity,

$\mu$  - The value of  $\mu = 3$

In Maharashtra human deprivation Indices on above four indicators shows in below table no. 5.20. Deprivation in Maharashtra is 40%. But it's for rural area is 51% and 25% for urban area. In Marathwada region district's deprivation in human basic needs grater compare to remains Maharashtra shows rank of districts (Kurulkar 2009). Aurangabad it is good position but others are in worst situation about human development. We are compare urban to rural table shows rural mostly affected by scare of basic needs. But Osmanabad district's urban area deprived more compare to rural area.

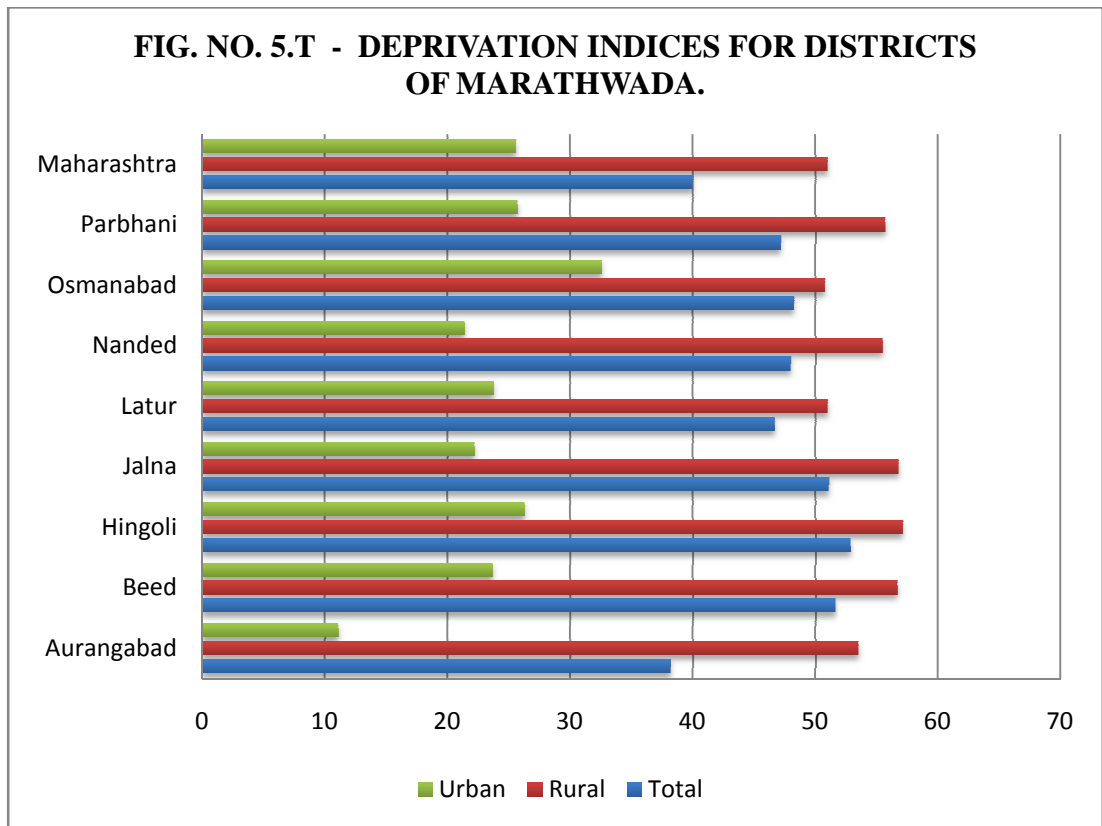
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<sup>61</sup> Kurulkar R.P. "Estimation of Deprivation Index for Maharashtra State – A District wise Analysis" Published article in Monthly Economics, Vol. No. XXXIX No.01, November 2009 pp-27-31

**TABLE NO. 5.20 – HUMAN DEPRIVATION INDICES FOR MARATHWADA REGION 2001**

<b>Sr.No</b>	<b>Districts</b>	<b>District total</b>	<b>Rank in State</b>	<b>District Rural</b>	<b>Rank</b>	<b>District Urban</b>	<b>Rank</b>
1.	<b>Aurangabad</b>	38.2	10	53.50	18	11.1	2
2.	<b>Beed</b>	51.6	31	56.70	29	23.7	15
3.	<b>Hingoli</b>	52.9	34	57.17	31	26.3	26
4.	<b>Jalna</b>	51.1	30	56.80	30	22.2	14
5.	<b>Latur</b>	46.7	20	51.00	19	23.8	16
6.	<b>Nanded</b>	48.0	23	55.50	23	21.4	12
7.	<b>Osmanabad</b>	48.3	24	50.80	14	32.6	33
8.	<b>Parbhani</b>	47.2	21	55.70	24	25.7	19
9.	<b>Maharashtra</b>	40.0	--	51.00	--	25.6	--

Source: Kurulkar R.P. (November 2009)



**V-XVIII - A STUDY OF SOCIO-ECONOMIC CONDITION OF HOUSEHOLDS IN MARATHWADA REGION:**

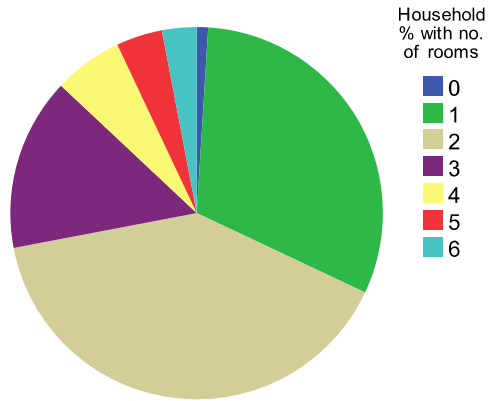
For this we have collected primary data by questionnaire method. I have taken a sample of 300 households from three districts which are Jalna, Beed, and Osmanabad. The selection of these districts depends on Maharashtra Human Development Mission's methodology. The Mission identifies five districts in Marathwada region are backward in human development; these are Nanded, Parbhani, Hingoli, Jalna, Osmanabad. So, I had chosen Jalna and Osmanabad these are in Mission's region and out off region chosen Beed district, for comparison of mission's work for human development. So we have taken those villages where Human Development Missions work exists. But selection of villages from the Mission's list was not based on any method. They are chosen by purposive sampling and non-randomly.

## V.XIX - HUMAN DEVELOPMENT AND DEPRIVATION CONDITION OF OSMANABAD DISTRICT:

For the study of households' socio-economic condition in Osmanabad district we have taken sample size hundred which were studied using questionnaire (please see in appendix IV). We have studied following villages : Rajani, Itkur (Kalamb Tahshil), Vashi, Ghatpimpri (Vashi Tahshil), Oluf, and Padoli (Bhum Tahshil).

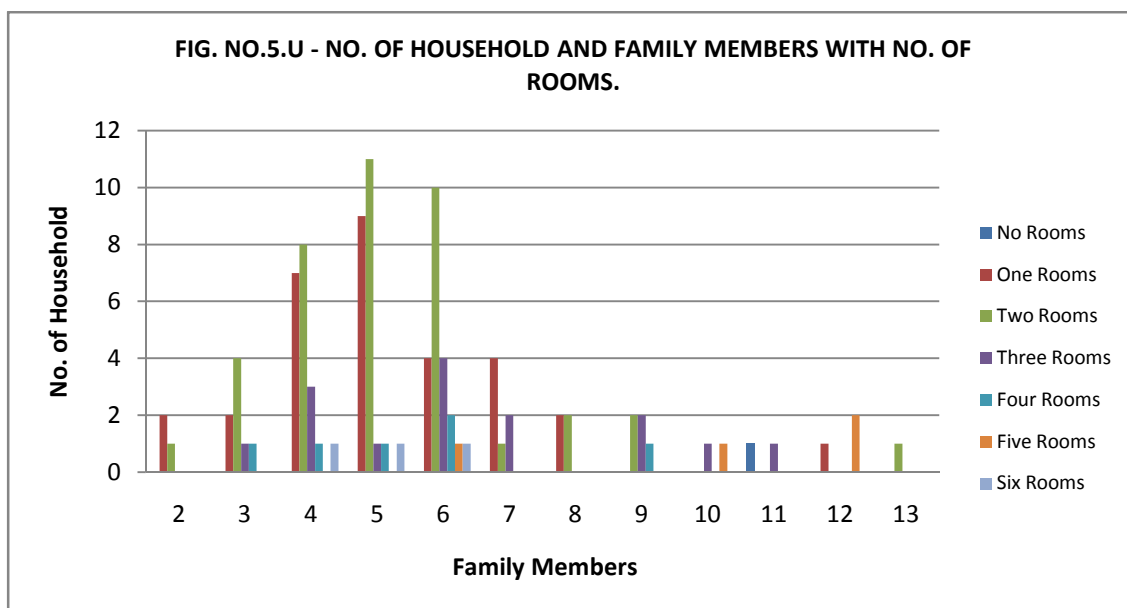
Below table no. 5.21 shows religion and caste wise distribution of households in sample survey. In 100 households there are 575 persons living, 269 are male, 213 are females (above age 6 for both), 52 are male child and 41 are female child below age six. The average household size is 5.75. Sex ratio is 791 and 788 for below age six. Sample shows adverse sex ratio within both levels. On the literacy front sample shows current situation (Above age 14 years) is 10.51 percent people take 1-4 std. school education, 11.91 % are 4-7 std., 29.90 % are 7-10 std., and 19.16% are take above 10<sup>th</sup> 's education. Also, 6 to 14 age group children those are going to school number is 56 are male and 43 are female child. We are finding 28.50 % people are illiterate in other words they don't climb a step of school.

We are going to housing condition of household. Out of 100 households near about 95% had own houses, and remaining 5% household lived in rented houses. Beside only 29% household live in Pacca house, 3% in both (Pacca and Kaccha), and 68% household live in Kaccha house. Also out of 100 household 31 house live in a single room, 40 household live in double room, 15 in three, 6 in four, 4 in five, only 3 household have six rooms house and one household live without walls in a *Zopadee*. When we are calculate percentage of household and family members with having rooms. The below figure no.5.U shows the picture.

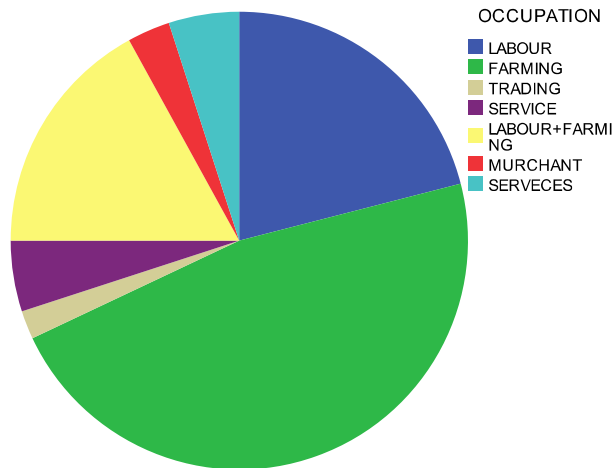


The following table shows caste composition of our sample of households.

<b>TABLE NO. 5.21 - CAST AND RELIGIONS IN OSMANABAD DISTRICT AS PER PRIMARY SURVY.</b>					
		Religions			Total
		HINDU	MUSLIM	BODHA	
1	MARATHA	41	0	0	41
2	MALI	5	0	0	5
3	DHANGAR	2	0	0	2
4	MAHAR	6	0	4	10
5	MATANG	4	0	0	4
6	VARAIK	1	0	0	1
7	WANI	2	0	0	2
8	MUSLIM	0	6	0	6
9	MUSLIM SUB	0	8	0	8
10	CAST				
11	PARDHI	7	0	0	7
12	PARIT	2	0	0	2
13	TELI	3	0	0	3
14	JANGAM	1	0	0	1
15	VADAR	2	0	0	2
16	KOLI	1	0	0	1
17	SONAR	1	0	0	1
	CHAMBHAR	4	0	0	4
Total		82	14	4	100



Out of 100 only 28 household have latrines in home remaining 72 have not to following reasons, 28 families says economic condition is weak, 7 says no need of latrine, 7 says no place for latrine in home, 9 says no extra water for using latrine, and 1 said they are mobile for work so no need of latrine. Water supply condition is very bad, about 19 families carry drinking water overhead from 1 k.m. only 44 household have piped drinking water by government agency (Village Panchyat), 25 from private well, 6 have own well, and 25 have bower well in home. Means near about 50% families not have a drinking water supply facility from public agency. Out of 100 household only 13 had lot off water in day, remaining 25, 28, 27, 4, 3 household had water in a day 50-100, 100-150, 150-200, 200-250, and 250-300 liters respectively. The condition about electricity connection is 77 house hold have and 23 are have not. Out of 77 households 10 houses not have legal electricity connections. 12 household get home from Indira Aavas Yojana. But 42 households say they have BPL card. Means 30 household qualify for get home under scheme, but have not got the housing.

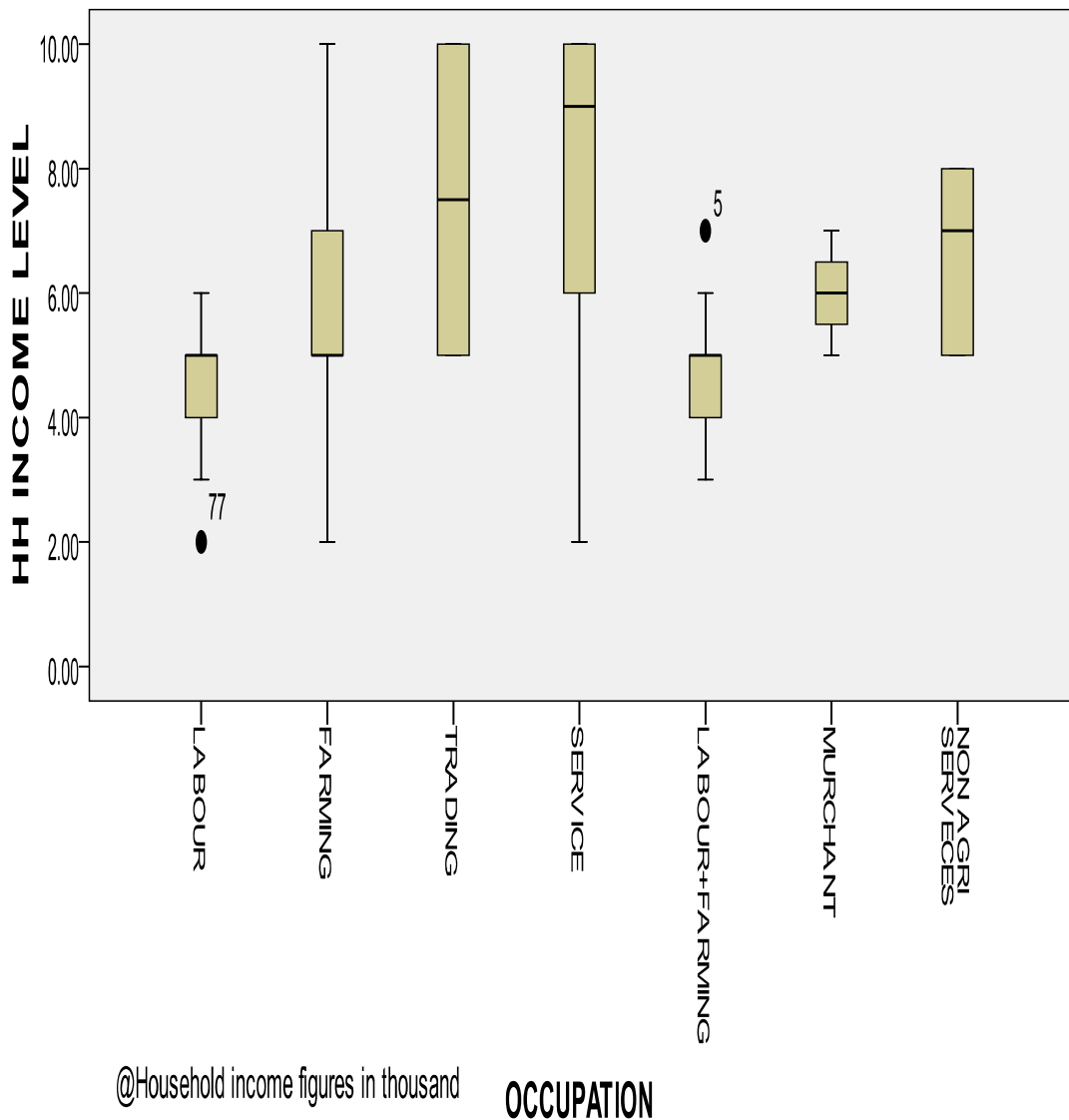


Household main occupation as per work done by head of the household 21 are as follows: labour, 47; farming, 17; Labour and farming, 3 are merchants, 5 are in services, 2 in trade, and remaining 5 are in Services industry.

#### ECONOMIC CONDITION OF HOUSEHOLDS:

Now we are going to on economic condition of household. We are obtained relation between households category with household annual income. So we are household determined in category. These are Maratha and Wani in forward caste, Mali, Dhargar, Varik, Parit, Teli, Jangam, Vadar in other backward caste (OBC), Mahar, Matang, Chambhar in scheduled caste (SC), Pardhi and Koli in Scheduled Tribe (ST), Muslim (including Muslim OBC). Below table no.5.00 and pie diagrams shows no one forward caste and SC household in 4000-10000 income level, but maximum household income level is 28000-40000 in Osmanabad district. But above 1 lakh income household number is only 10 and eight from these belong to forward castes. Also this type of relation is obtained between household occupation and income level. This is shown in the figure below.

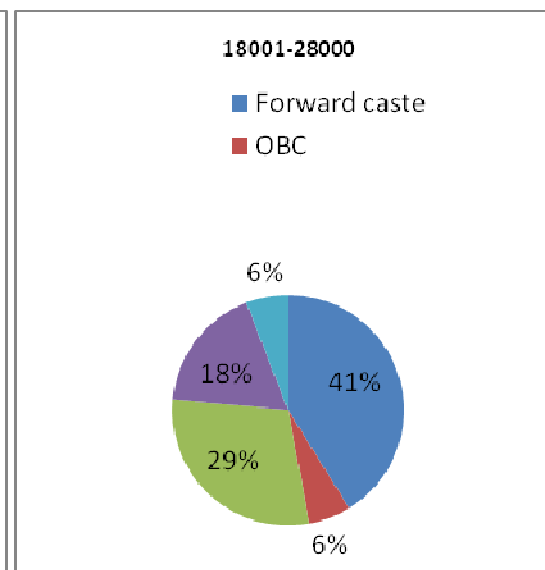
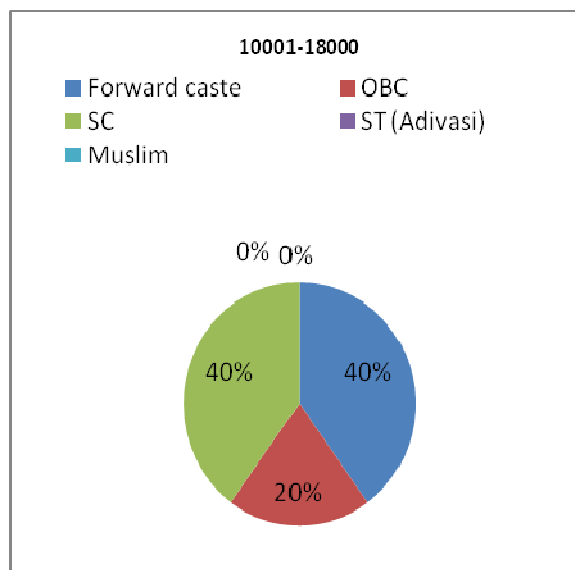
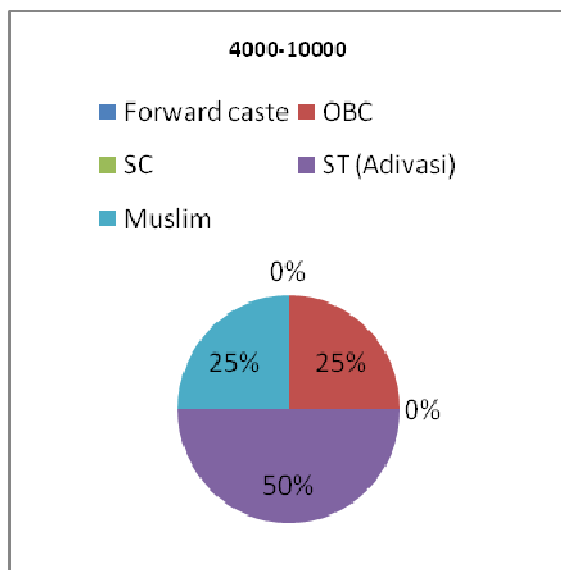
**FIG. NO. 5. V – OCCUPATION WISE HOUSEHOLD INCOME LEVEL IN OSMANABAD DISTRICT.**



Above figure shows trading, service, and services occupied household income level is more compare to other occupied household. Here one major finding is those household occupied wage labour, farming and farming plus wage labour they have less income compare to other occupied families.

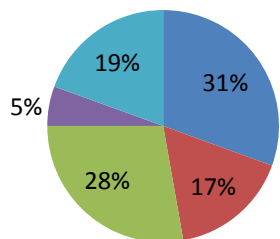
**TABLE NO. 5.22 – CLASS WISE HOUSE HOLD INCOME DISTRIBUTION IN OSMANABAD DISTRICT**

Category	Household	4000-10000	10001-18000	18001-28000	28001-40000	40001-54000	54001-70000	70001-88000	88001-108000	108001-ABOVE
Forward caste	43	0	2	7	11	10	2	0	3	8
OBC	17	1	1	1	6	3	2	1	1	1
SC	18	0	2	5	10	0	0	1	0	0
Adivasi	8	2	0	3	2	1	0	0	0	0
Muslim	14	1	0	1	7	2	2	0	0	1
<b>Total</b>	<b>100</b>	<b>4</b>	<b>5</b>	<b>16</b>	<b>36</b>	<b>16</b>	<b>6</b>	<b>2</b>	<b>3</b>	<b>10</b>



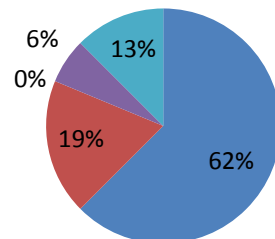
28001-40001

■ Forward caste ■ OBC  
 ■ SC ■ ST (Adivasi)  
 ■ Muslim



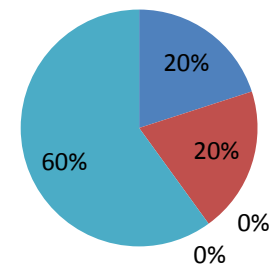
40001-54000

■ Forward caste ■ OBC  
 ■ SC ■ ST (Adivasi)  
 ■ Muslim



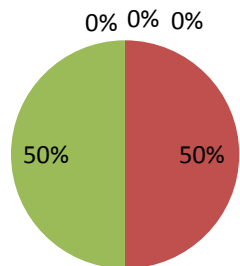
54001-70000

■ Forward caste ■ OBC  
 ■ SC ■ ST (Adivasi)  
 ■ Muslim



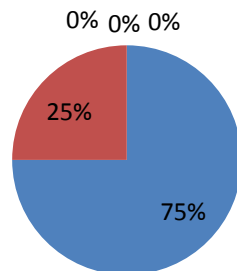
70001-88000

■ Forward caste ■ OBC  
 ■ SC ■ ST (Adivasi)  
 ■ Muslim



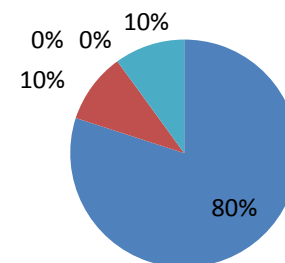
88001-108000

■ Forward caste ■ OBC  
 ■ SC ■ ST (Adivasi)  
 ■ Muslim

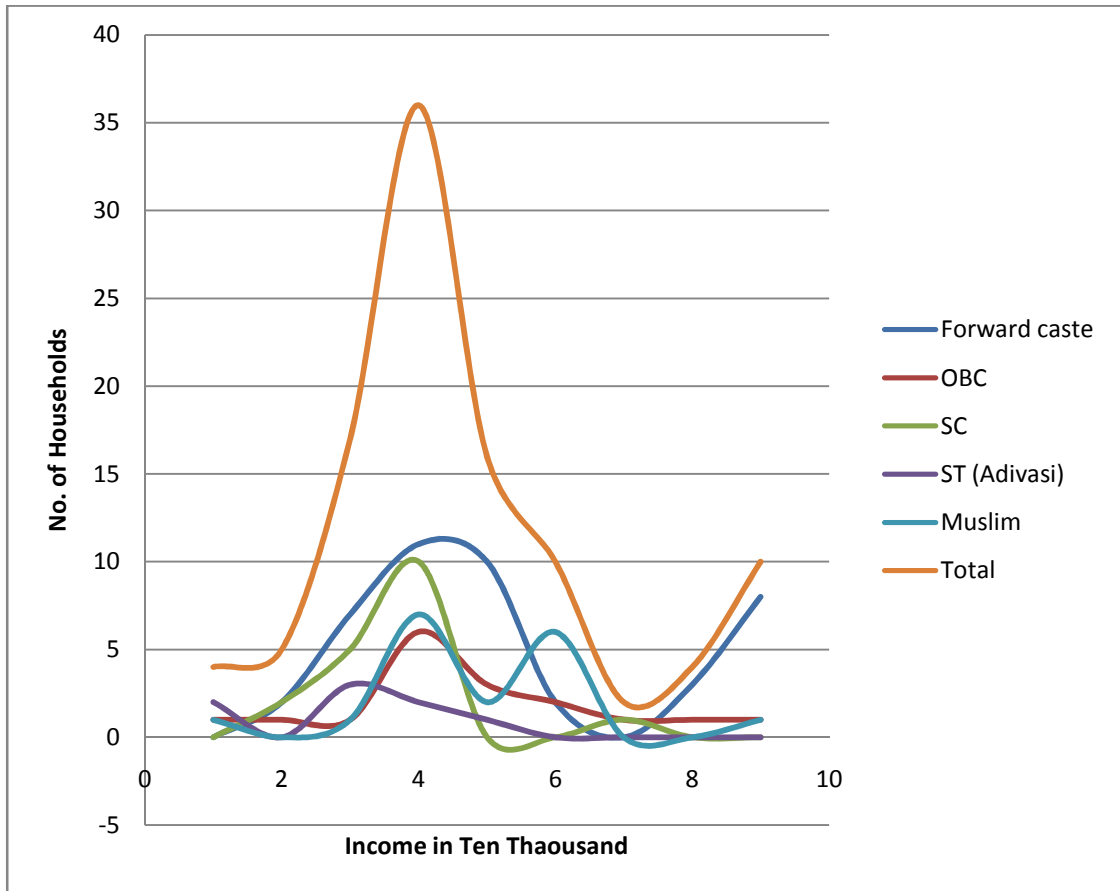


108001-Above

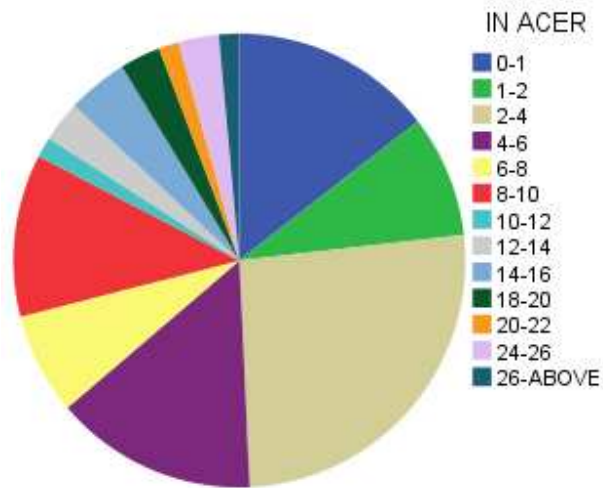
■ Forward caste ■ OBC  
 ■ SC ■ ST (Adivasi)  
 ■ Muslim



**CHART NO. 5. W – NUMBER OF CAST WISE ANNUAL INCOME LEVELS IN OSMANABAD DISTRICT.**

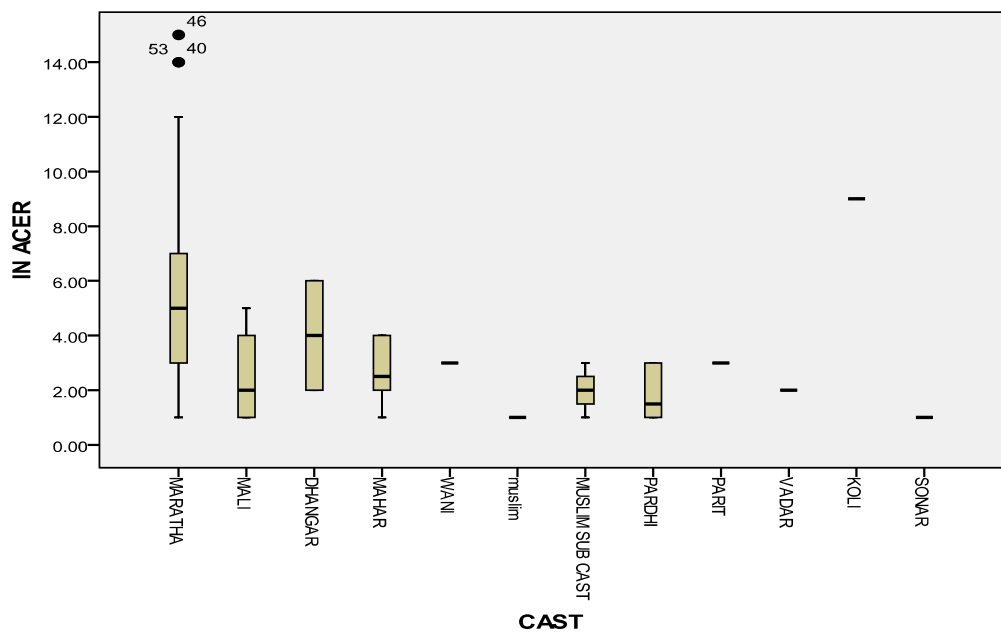


In engaged farming household's number is 69. Only 10 households lands full irrigated, 19 household's lands semi-irrigated and remaining 40 households land are non-irrigated. Below figure shows households percentage having land in acre. Figure shows near about 50% households have only 0-4 acre average land. Remaining 50% households have above 4 acre land.



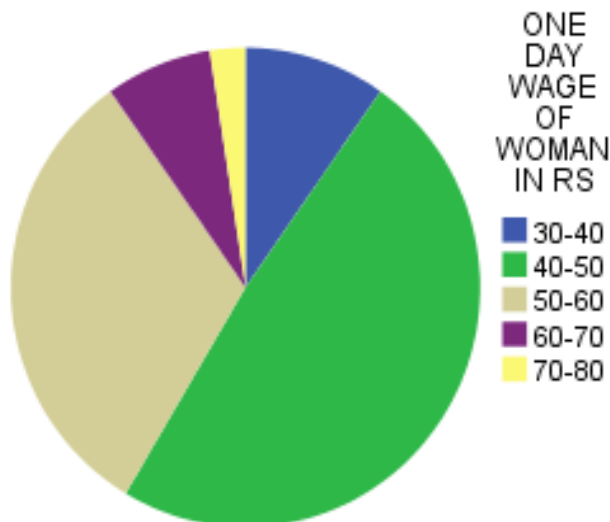
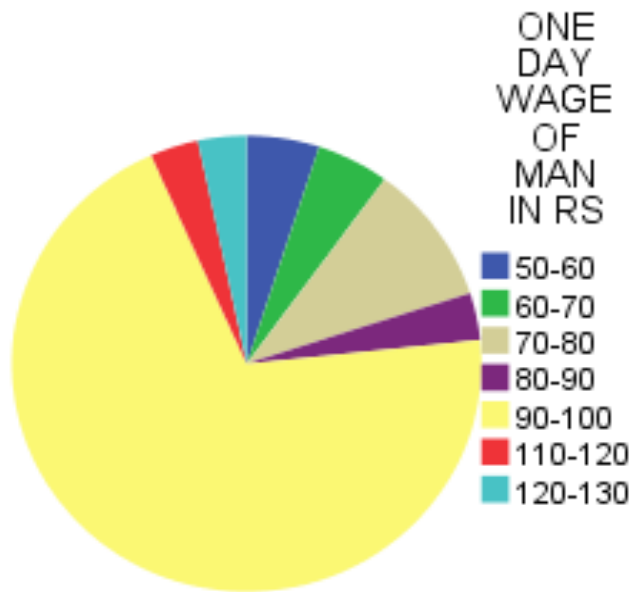
Hence, we calculate cast wise land pattern and figure shows only Maratha, Mali, Dhangar casts belongs households have averagely more land compare other casts. Also Figures shows Matang, Chambhar (both belongs to SC), Varik, Teli, Jangam ( belongs to OBC) are landless households.

**FIG. NO. 5. X – CAST WISE LAND DISTRIBUTION IN OSMANABAD DISTRICT.**



@Varik, Matang, Parit, Teli, Jangam these cast's households is landless.

Out of 29 households 21 are use well water for irrigation of land. Others use canal, bower well, lake water for land irrigation. Means wider scopes for new irrigation project in district. Out of 100 respondents 63 are saying 'yes' when I was ask question to households head 'Are you work on wage?'. Hence,

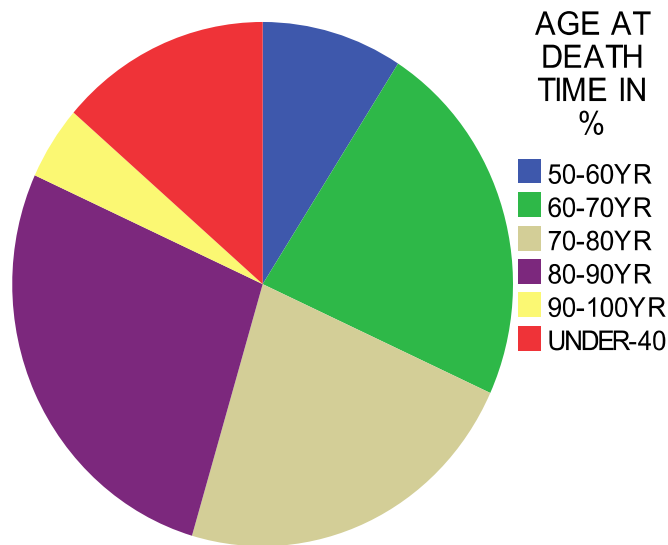


Above figures shows one day average wages in work on farm and allied sector to man and female. Here man gets mostly 90 to 100 rupees per day while female gets only half of man, means huge wage discrimination between man and female in district.

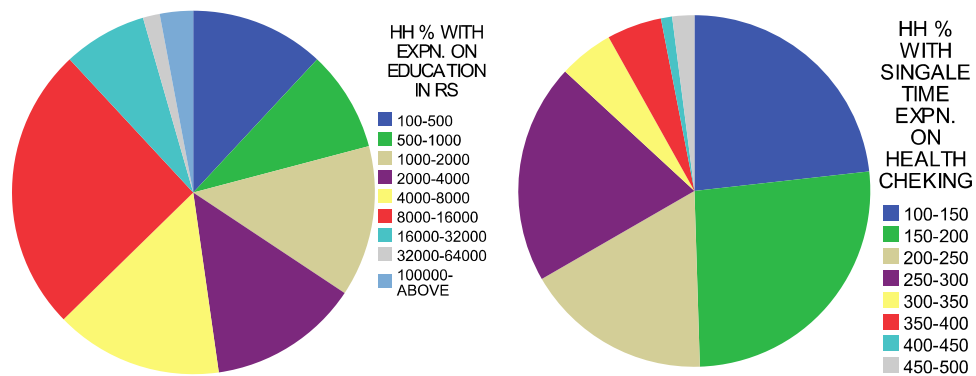
#### HEALTH STATUS OF DISTRICT:

Long healthy life is one indicator of good human life. Now we are turn to health condition of households in Osmanabad district. Out of 100 households in 41 households anyone member was in illness. They had following diseases and number of persons shows in brackets, Epilepsy Attack (2) , Typhoid (4), Less WBC (4), Spasm (2) , Anemia (3), Blood presser (4), Paralyse (1), Asthma (3), Low Vision (2), Ostoarthis (1), Meningitis (1), Join malformation (2), Hernia (2), Intentional obstruction (1), Accident (1), Diabetes (2), Apendex (3), Gastro (3) and etc. above 38 people out of 41 get treatment in private hospital, only one get in Government hospital and two are in both hospital. Also, 35 child born out 52 in hospital, 15 at home, two are born at home but later mother and child go to hospital. Child mortality cases find by survey. Two child mortality and one infant mortality rate case find.

When ask death in house hold within last five year. Out of 100 households 23 says yes, my second question was-How was persons' age at death time? Following figure shows variation.



Above pie diagram shows death below 70 years percentage is near about 60 %. Means life expectancy is less in Osmanabad District. Every village cover by primary health services by government but their representatives not regularly visit households. Out 100 households 59 says yes visit to home and 41 says nothing. Out of 59 , 31 says visit to home every month but remains out of 28, 3 says one time in year, 13 says 2 in year, 11 says 3 time in year and 1 says 4 time in year. In 100 house hold 22 persons are found disabled on various levels. Age 6 to 14 years children help in work his/her family number is 11. When ask to household members child goes every day school? Out of 51, 4 say not. Then ask are you satisfied with your children's school, out of 51, 31 satisfy and 20 are not satisfied. Three parents say they don't given permission to child further school.



Above figure shows household expenditure on education (annual) and health (single time clinic checking).

#### DEPRIVATION INDEX:

We are estimate Deprivation Index from primary data. Specifically, we have considered indicators of human development in study 1) Housing Facilities 2) Drinking Water Supply 3) Sanitation facility like latrines 4) Use of electricity in households. We have used the following indicators of human deprivation, for estimating the Deprivation Indices (DI) at level by using primary survey data.

$$DI = \left\{ \frac{1}{4} (d_1\mu + d_2\mu + d_3\mu + d_4\mu) \right\}^{1/\mu}$$

Here,

DI – Deprivation Index

The value of  $\mu = 3$

(I) Deprivation in Housing Facilities (d1):

The primary survey data gives the distribution of households by the type of Kaccha house, Pacca house, and both type. We have considered all Kaccha house a deprivation in housing facility.

(II) Deprivation in Drinking Water Facility (d2):

This indicator is based on the distance between households and source of water or the location of water source. We are measure those households carry water overhead from 1000 meters or more, the situation is considered as deprivation in drinking water facility or away.

(III) Deprivation of Households without Latrines (d3):

The primary survey gives data on availability of latrines within the house as well as households without any latrine facilities; we have considered proportion of households without latrines.

(IV) Deprivation of Households without Electricity (d4):

In our study we have considered all those households which do not have electric power in house. The Deprivation Index (DI) at all levels is estimated by using above formula.

<b>Table No. 5.23 - Household Indicators of Human Deprivation in Osmanabad.</b>			
Sr.No.	Details	Number	In %
1	Total House holds	100	100%
2	Kaccha House	68	68%
3	Drinking Water(away)	19	19%
4	No Latrines	72	72%
5	No Electricity in houses	23	23%
6	<b>Deprivation Index</b>	<b>56.11</b>	

This table shows the deprivation index for Osmanabad district at 56.11%. Three major factors have contributed for a high level of deprivation in Osmanabad district they are (1) Kaccha house 68% (2) Drinking water away from home 19% (3) Households without latrines 72% (4) Households without electricity 23%.

#### V- VXX - HUMAN DEVELOPMENT AND DEPRIVATION CONDITION OF BEED DISTRICT:

For the study of households' socio-economic condition in Beed district we are taken hundred sample, twenty in each village by questionnaire (please see in appendix). We are studied following villages they are Talewadi and Dhondrai, (Georai Tahshil), Suryachiwadi and Beed city (Beed Tahshil), Aapegaon (Ambajogai Tahshil).

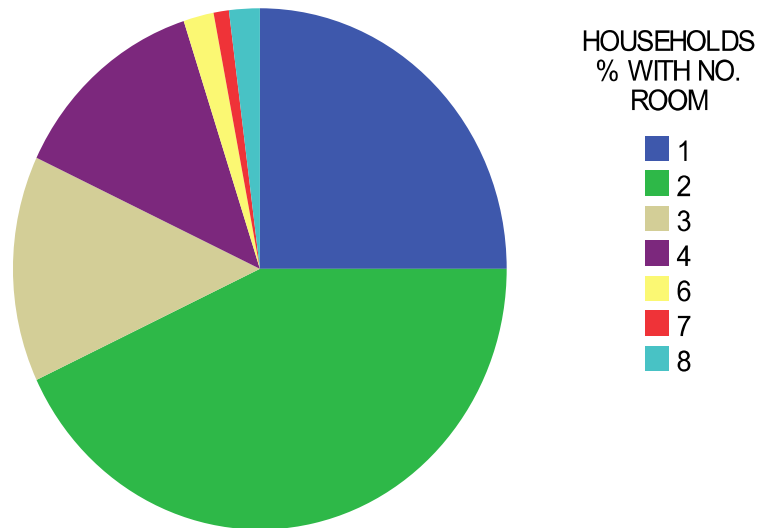
Below table no. 5.24 shows religion and caste wise distribution of house hold in sample survey. In 100 household 613 person living, 266 are male, 250 are females (above age 6 for both), 62 are male child and 35 are female child below age six. The average household size is 6.13. Sex ratio is 939 and 564 for below age six. Sample shows adverse sex ratio within both levels. On the literacy front sample shows current situation (above 14 years age) is 5.78 percent people take 1-4 std. school education, 11.58 % are 4-7 std., 26.32 % are 7-10 std., and 17.10 % are take above 10<sup>th</sup> 's education. Also, 6 to 14 age group children those are going to school number is 39 are male and 35 are female child. We are finding 39.21 % people are illiterate in other words they don't climb a step of school.

We are going to housing condition of household.

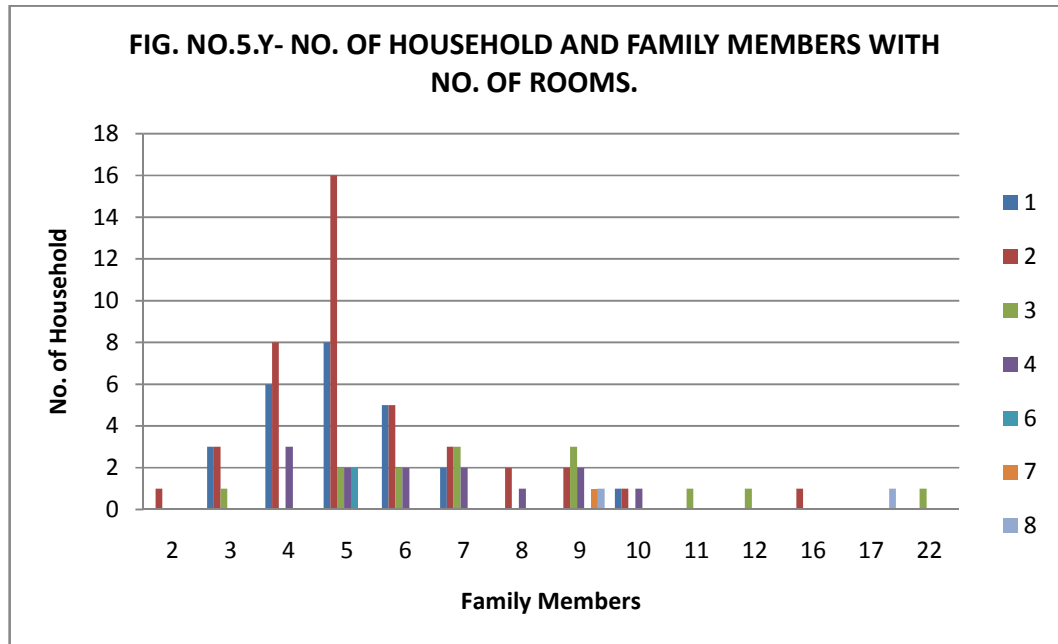
**TABLE NO. 5.24 - CAST AND RELIGIONS IN BEED DISTRICT AS PER PRIMARY SURVY.**

Sr.No.	Cast	Religions				
		HINDU	MUSLIM	BODHA	SHIKH	TOTAL
1	MARATHA	47	0	0	0	47
2	MALI	3	0	0	0	3
3	DHANGAR	5	0	0	0	5
4	MAHAR	3	0	5	0	8
5	MATANG	3	0	0	0	3
6	VARAIK	2	0	0	0	2
7	MUSLIM	0	3	0	0	3
8	MUSLIM SUB CAST	0	2	0	0	2
9	PARIT	1	0	0	0	1
10	TELI	2	0	0	0	2
11	SUTAR	4	0	0	0	4
12	KUMBHAR	1	0	0	0	1
13	BELDAR	1	0	0	0	1
14	GUJJAR	3	0	0	0	3
15	LOHAR	4	0	0	0	4
16	KOSHTI	1	0	0	0	1
17	GURAV	1	0	0	0	1
19	SONAR	1	0	0	0	1
20	SHIKALKARI	0	0	0	1	1
21	MARVADI	1	0	0	0	1
22	GOSAVI	1	0	0	0	1
23	BRAHMIN	1	0	0	0	1
24	VANJARI	3	0	0	0	3
25	CHAMBHAR	1	0	0	0	1
	TOTAL	89	5	5	1	100

Source: Primary Survey

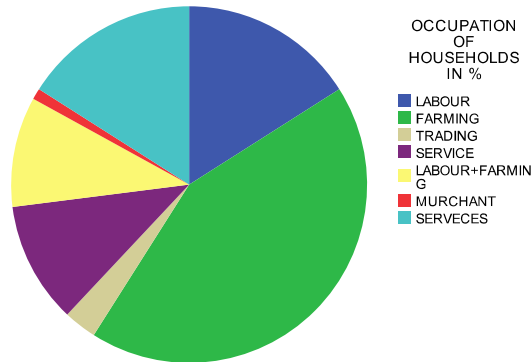


Out of 100 household near about 95% had own houses, and remaining 5% household lived in rent houses. Beside only 45% household live in Pacca house, 2% in both (Pacca and Kaccha), and 53% household live in Kaccha house. Also out of 100 household 25 family live in a single room, 42 household live in double room, 14 in three, 13 in four, only 5 households have six and more rooms and one household live without walls in a *Zopadee*. When we are calculate percentage of household and family members with having rooms. The below figure no.5.Y shows the picture.



Out of 100 only 33 household have latrines in home remaining 67 have not to following reasons, 40 families says economic condition is weak, 7 says no need of latrine, 8 says no pace for latrine in home, 7 says no extra water for use latrine, 5 says maximum number households not build that's why we are not build, and 2 said they are mobile for work so no need of latrine. Water supply condition is very bad, near about 21 families carry drinking water overhead from 1 k.m. only 34 household have piped drinking water by government agency (Village Panchyat), 31 from private well, 8 have own well, 5 have bower well in home and remaining 22 from public well and hand pump. Means near about 50% families not have a drinking water supply facility from public agency. Out of 100 household only 36 had lot off water in day, remaining 23, 17, 16, 1, 2 and 5 household had water in a day 50-100, 100-150, 150-200, 200-250, and 250-300 liters respectively. The condition about electricity connection is 86 house hold have and 14 are have not. Out of

86 households 22 houses not have legal electricity connections. Only 5 household get home from Indira Aavas Yojana. But 36 households say they have BPL card. Means 31 households qualify for get home under scheme, but have not got the housing.



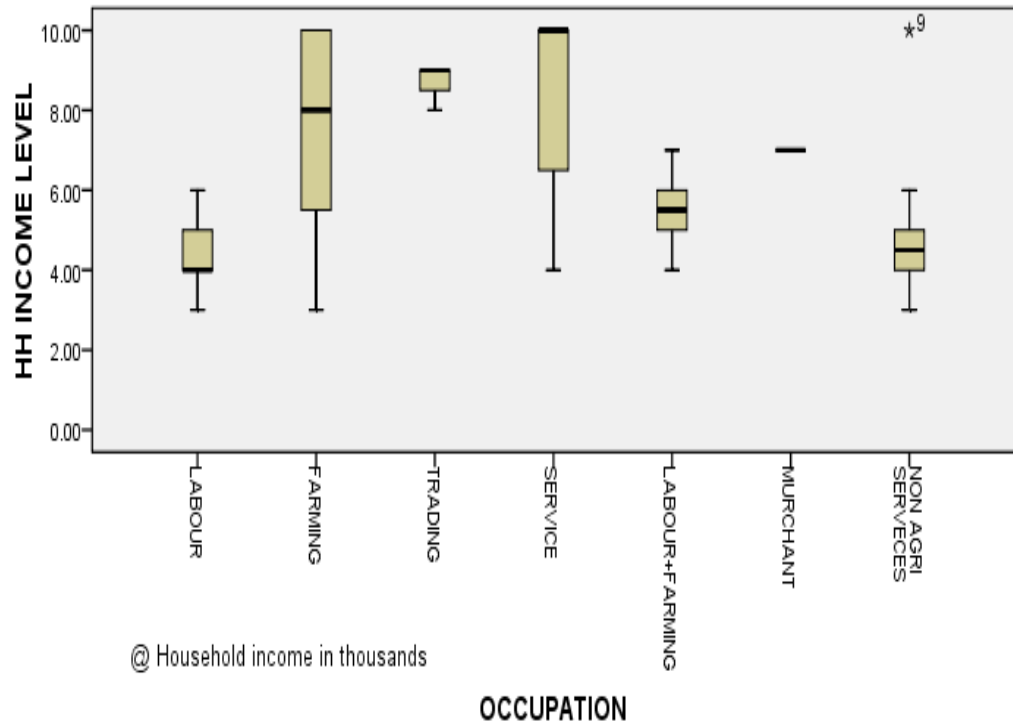
Household main occupation as per head's working nature 16 are labour, 43 farming, 10 Labour and farming, 1 are merchants, 11 are in services, 3 in trade, and remaining 16 are in nonfarm services.

#### ECONOMIC CONDITION OF HOUSEHOLDS:

Now we are going to on economic condition of household. We are obtained relation between households category with household annul income. So we are household determined in category. These are Maratha, Brahamin and Marwadi in forward caste, Mali, Dhangar, Varik, Parit, Teli, Sutar, Kumbhar, Beldar, Gujjar, Lohar, Koshti, Sonar, Gurav, Gosavi, Vanjari and Shikalkari in other backward caste (OBC), Mahar, Matang, Chambhar in scheduled caste (SC), Muslim (including Muslim OBC). Below table no.5.25 and pie diagrams shows no one caste household in 4000-10000 income level, but maximum household income level is 18000-28000 in Beed district. But above 1

lakh income household number is only 23 and 14<sup>th</sup> from belongs to forward caste. Also this type relation obtained between household occupation and income level. This is shows below figure no.5.Z.

**FIG. NO. 5. Z - OCCUPATION WISE HOUSEHOLD INCOME LEVEL IN BEED DISTRICT**

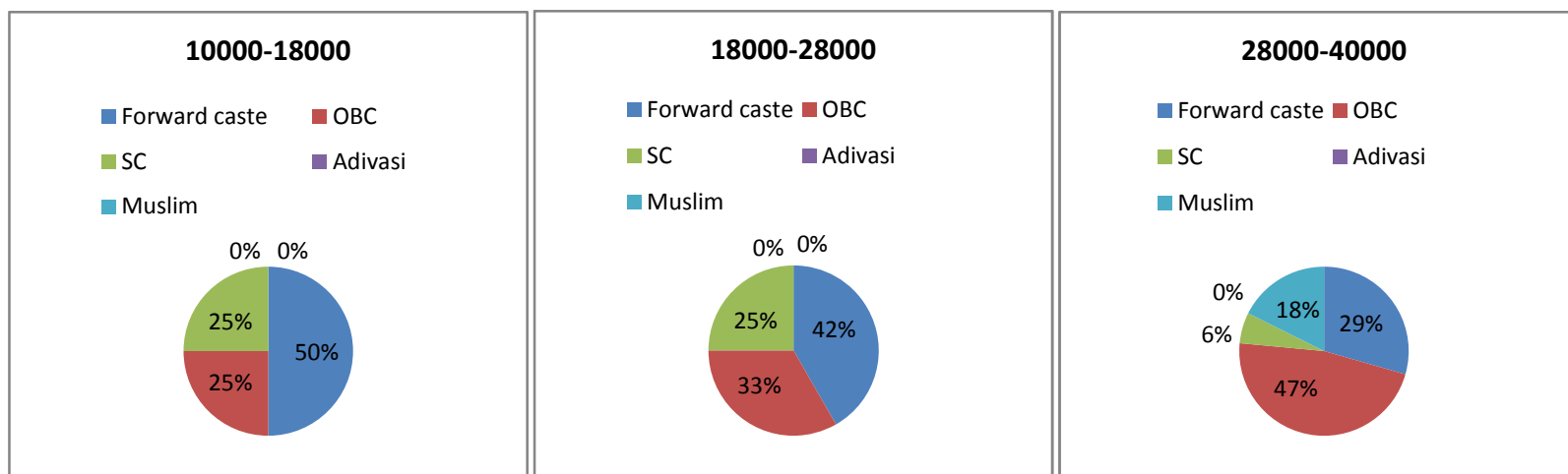


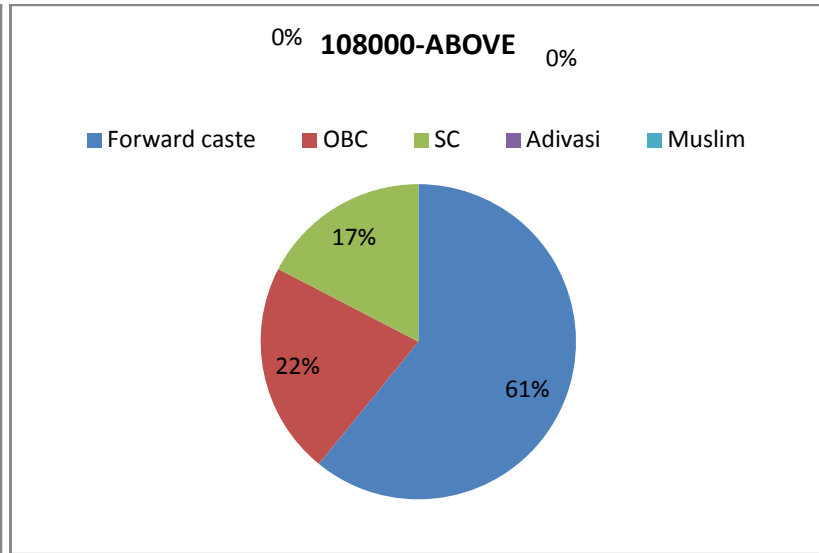
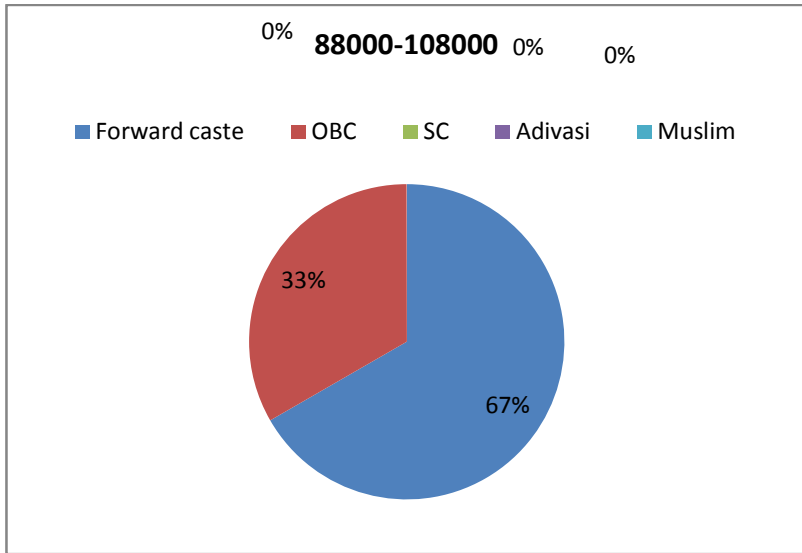
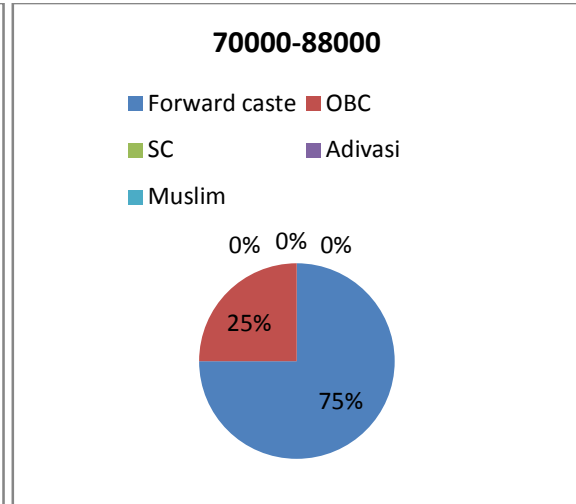
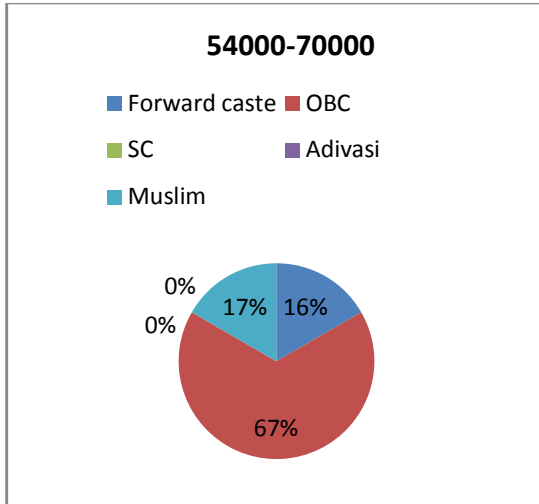
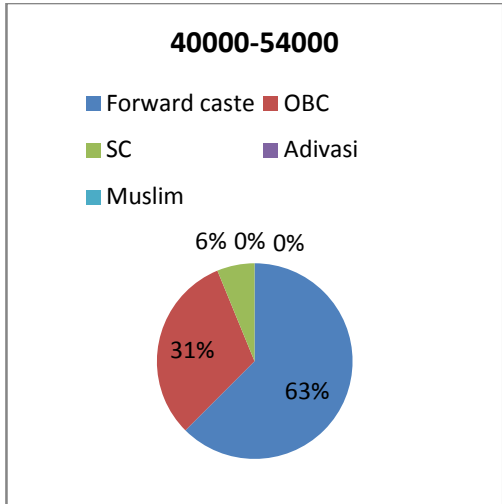
Above figure shows income level is more in those households doing farming or service compared to other occupied households. Here one major finding is those household occupied with wage labour, and farming plus wage labour have less income compared to other occupied families. Hence, in district there is no wide scope for non-agricultural services.

**Table NO. 5.25 – Class wise House hold Income Distribution in Beed District.**

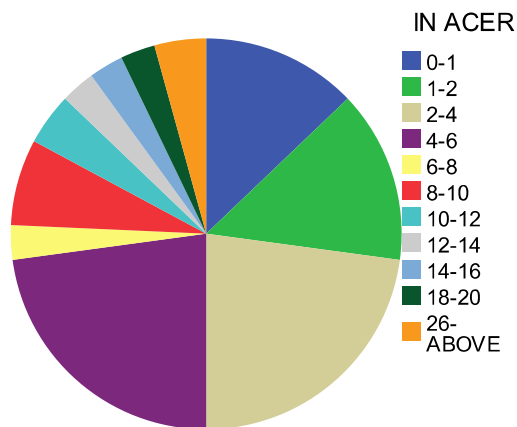
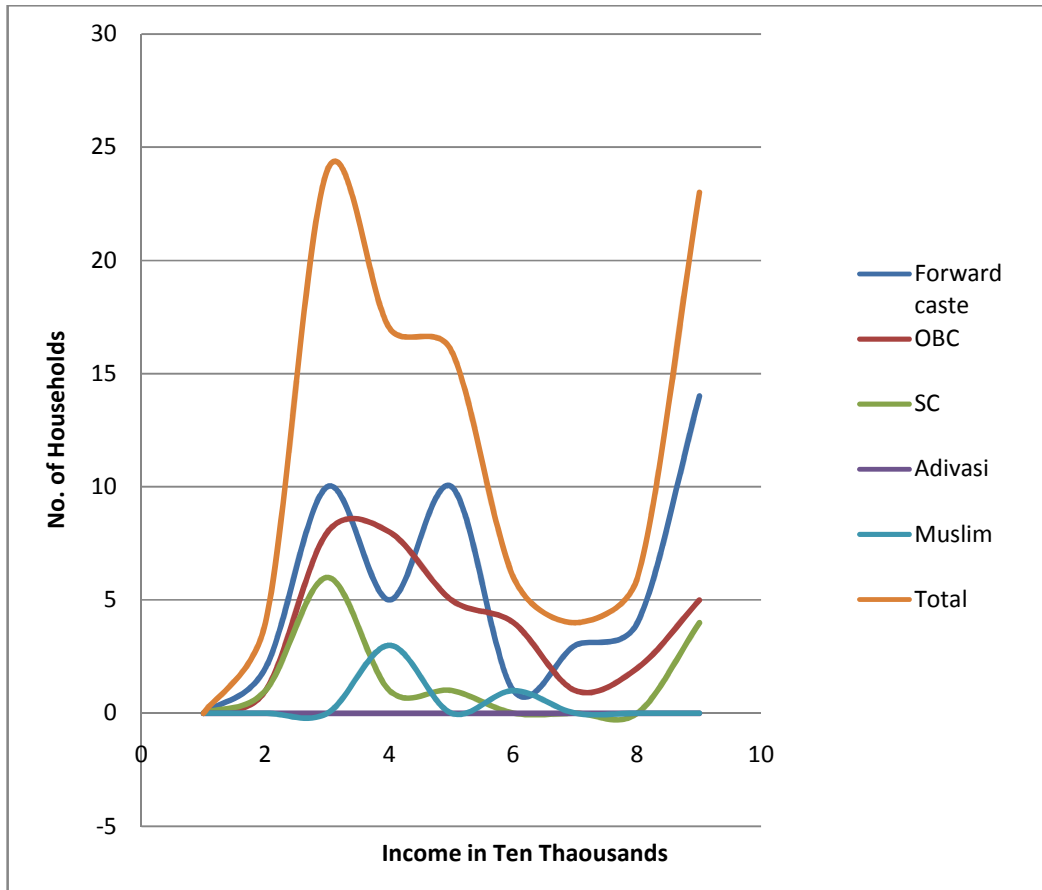
Category	Household	4000-10000	10000-18000	18000-28000	28000-40000	40000-54000	54000-70000	70000-88000	88000-108000	108000-ABOVE
<b>Forward caste</b>	49	0	2	10	5	10	1	3	4	14
<b>OBC</b>	34	0	1	8	8	5	4	1	2	5
<b>SC</b>	13	0	1	6	1	1	0	0	0	4
<b>Adivasi</b>	00	0	0	0	0	0	0	0	0	0
<b>Muslim</b>	04	0	0	0	3	0	1	0	0	0
<b>Total</b>	100	00	04	24	17	16	06	04	06	23

Source: Primary Survey





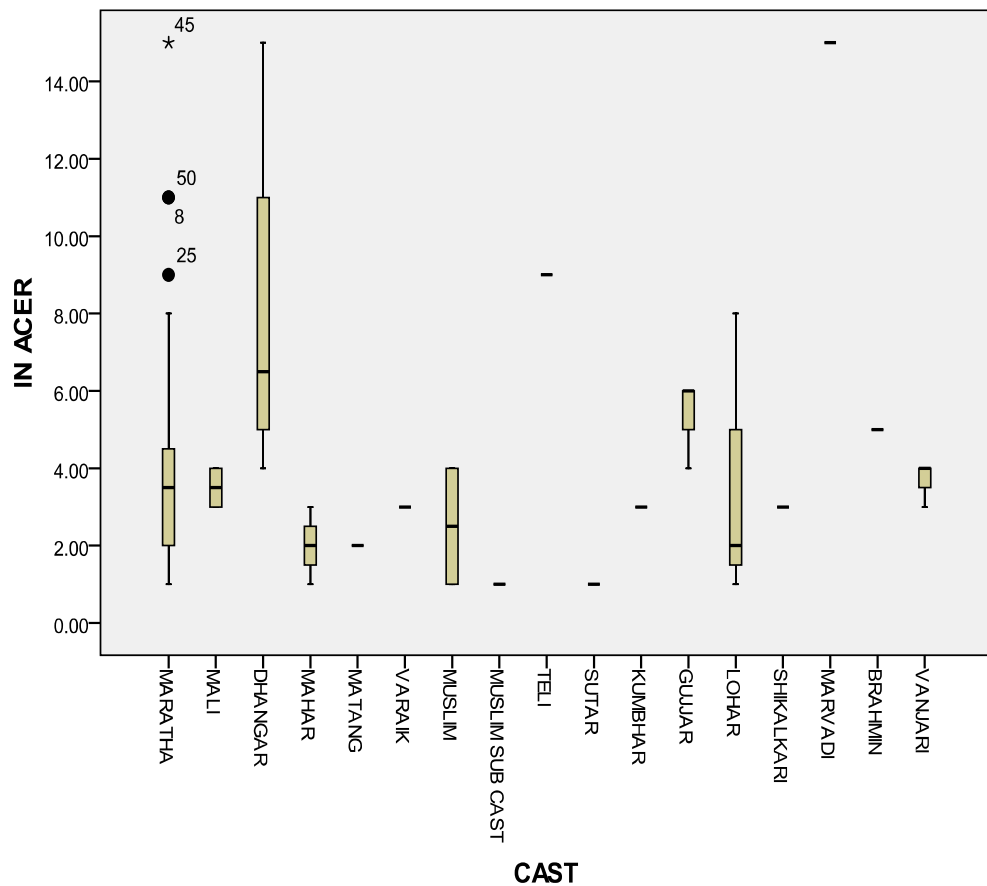
**FIG. NO. 5. AA - NUMBER OF CLASS WITH ANNUAL INCOME LEVELS IN BEED DISTRICT.**



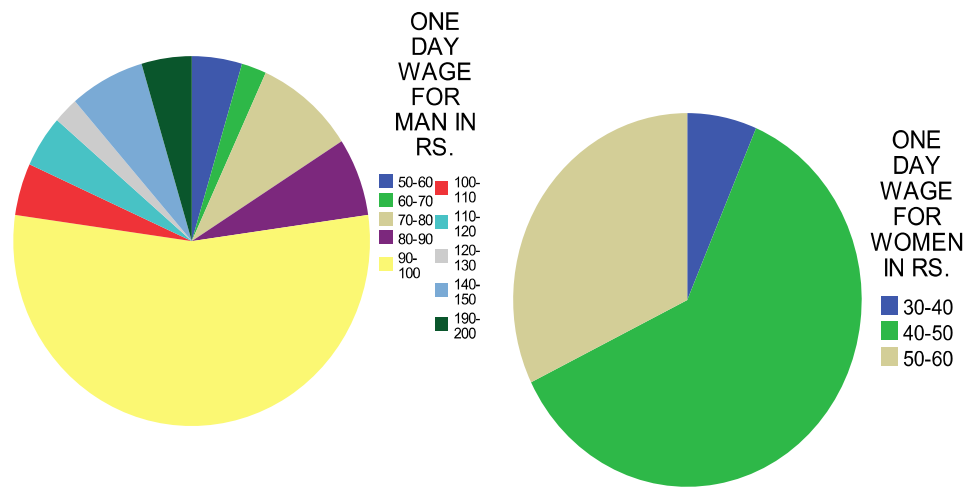
In the 70 households engaged in farming, only 27 households' lands are fully irrigated, 16

households' lands are semi-irrigated and remaining 27 households' lands are non-irrigated. Below figure shows percentage of households having land in acre. Figure shows near about 50% households have only 0-4 acre average land. Remaining 50% households have above 4 acres land. Hence, we calculate caste wise land pattern and figure shows only households belonging to Maratha castes have averagely more land compared to other castes. Out of 47 households about 40 households have land. Also Figures shows another castes households have land but percentage is less than Maratha and Dhangar castes.

**FIG NO. 5. AB - CAST WISE LAND DISTRIBUTION IN BEED DISTRICT.**



Out of 44 households 32 use well water for irrigation of land. Others use canal, bore well, lake, river water for land irrigation. This means there is a wide copes for new irrigation projects in the district. Out of 100 respondents 45 are saying ‘yes’ when I asked the household head ‘Are you working for a wage?’.



The above figures show one day average wages in work on farm and allied sectors to man and female. Here man gets mostly 90 to 100 rupees per day while female gets only half of man, this means there is huge wage discrimination between male and female agricultural labourers in Beed district.

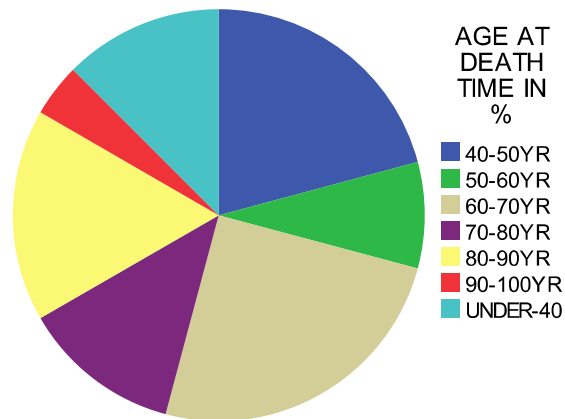
#### HEALTH STATUS OF DISTRICT:

Long healthy life is one indicator of good human life. Now we are turn to health condition of households in Beed district. Out of 100 households in 41 households anyone member was in illness. They had following diseases and number of persons shows in brackets, Epilepsy Attack (2) , Typhoid (3), Less WBC (1), Spasm (2) , Anemia (1), Blood

presser (1), Asthma (3), Low Vision (1), Osteoarthritis (1), Joint malformation (5), Hernia (1), T B (1), Pain in abdomen (3), Kidney stone (1), Backache (4), Hysterion (2), Accident (1), Skin diseases (1), Heart Attack (2), Bypass (1), Cancer (1) and etc. above 32 people out of 38 get treatment in private hospital, only four get in Government hospital and two are in both hospital. Also, 45 children born out of 62 in hospitals, 16 at home, one is born at home but later mother and child go to hospital. Child mortality cases found by survey. One child mortality and five infant mortality rate cases. A short story of a boy about health condition in district.

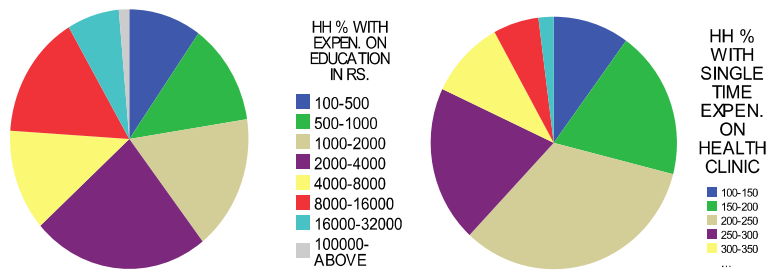
*Shahadev Nema Dhawale, the 15 year old boy. Who is living in Surayachiwadi away from 14 km Beed Tahshil, explained his story after asking about his father's death. He said that his father was always ill by the stomach problem. He was so poor that could not provide exact medical treatment, due to he explained truth that there was not any medical facility in or near the village. The government primary health centre has 15 km away from the village at Limbaganesh. There was very poor condition of road and transport due to these reasons his father had expired.*

When asked death in household within last five years. Out of 100 households 26 says yes, my second question was-How was persons' age at death time? Following figure shows variation.



Above pie diagram shows death below 70 years percentage is near about 60 %. Means life expectancy is less in Beed District. Every village is covered by primary health services of the government but their representatives do not regularly visit households. Out 100 households 55 says yes to visit to home and 45 says nothing. Out of 55 , 30 says visit once, 8 says twice to home every month but remains out of 17, 2 says one times in year, 5 says 2 times in year, 5 says 3 time in year and 5 says 4-5 time in year. In 100 house hold 12 persons found disabled on various levels. Age 6 to 14 years children help in work his/her family number is 15. When ask to household members child goes every day school? Out of 51, 9 say not. Then ask are you satisfied with your children's school, out of 51, 32 satisfy and 19 are not satisfied. Four parents say they don't give permission to child further attend school.

Above figure shows household expenditure on education (annual) and health (single time clinic checking).



### DEPRIVATION INDEX:

We estimate Deprivation Index from primary data. Specifically, we have considered indicators of human development in study 1) Housing Facilities 2) Drinking Water Supply 3) Sanitation facility like latrines 4) Use of electricity in households. We have used the following indicators of human deprivation, for estimating the Deprivation Indices (DI) at level by using primary survey data.

$$DI = \left\{ \frac{1}{4} (d_1\mu + d_2\mu + d_3\mu + d_4\mu) \right\}^{1/\mu}$$

Here,

DI – Deprivation Index, The value of  $\mu = 3$

<b>Table No.5.26 - Household Indicators of Human Deprivation in Beed.</b>			
Sr.No.	Details	Number	In %
1	Total House holds	100	100%
2	Kaccha House	53	53%
3	Drinking Water(away)	21	21%
4	No Latrines	67	67%
5	No Electricity in houses	14	14%
6	<b>Deprivation Index</b>	<b>38.75</b>	

This table shows the deprivation index for Beed district at 38.75. Three major factors have contributed for level of deprivation in Beed district they are (1) Kaccha house 53% (2) Drinking water away from home 21% (3) Households without latrines 67% (4) Households without electricity 14%.

#### V-XXI - HUMAN DEVELOPMENT AND DEPRAVATION CONDITION OF JALNA DISTRICT:

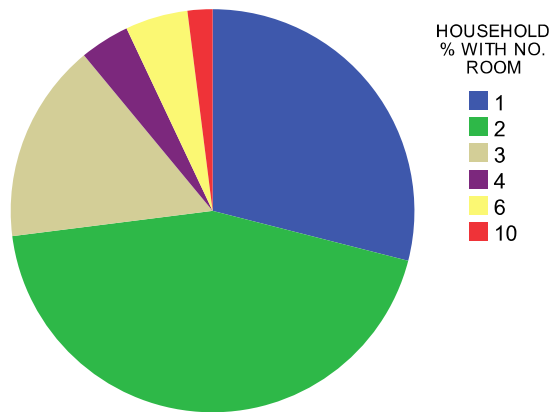
For the study of households' socio-economic condition in Jalna district we have taken avsample of hundred households for study by questionnaire method(please see in Appendix-IV). We have studied following villages : Khapardev Hivara and Piparkhed(Ghansawangi Tahshil), Arada-Tolaji and Kendhali (Mantha Tahshil), Baraswada and Ambad (Ambad Tahshil).

Below table no. 5.27 shows religion and caste wise distribution of house hold in sample survey. In 100 household 578 person living, 276 are male, 224 are females (above age 6 for both), 50 are male child and 28 are female child below age six. The average household size is 5.78. Sex ratio is 811 and 560 for below age six. Sample shows adverse sex ratio within both levels. On the literacy front sample shows current situation is 10.53 percent people take 1-4 std. school education, 14.99 % are 4-7 std., 25.52 % are 7-10 std., and 15.93% are take above 10<sup>th</sup> 's education. Also, 6 to 14 age group children those are going to school number is 59 are male and 26 are female child. We are finding 33.02 % people are illiterate in other words they have never set foot in school. We next look at the housing conditions of households.

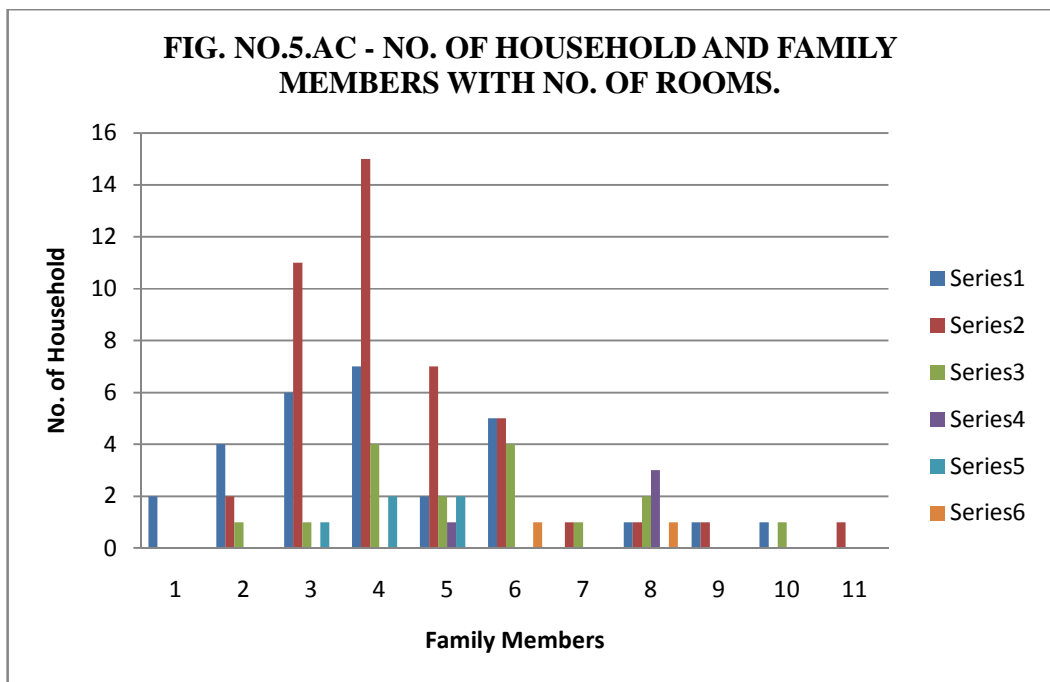
The following table shows caste composition of our sample of households.

<b>TABLE NO. 5.27 - CAST AND RELIGIONS IN JALNA DISTRICT AS PER PRIMARY SURVY</b>							
	Cast	Religions					Total
		HINDU	MUSLIM	BODHA	OTHER	JAIN	
1	MARATHA	39	0	0	0	0	39
2	MALI	5	0	0	0	0	5
3	DHANGAR	10	0	0	0	0	10
4	MAHAR	1	0	6	0	0	7
5	MATANG	3	0	2	1	0	6
6	VARAIK	2	0	0	0	0	2
7	MUSLIM	0	2	0	0	0	2
8	MUSLIM SUB CAST	0	1	0	0	0	1
9	PARIT	1	0	0	0	0	1
10	TELI	1	0	0	0	0	1
11	LOHAR	1	0	0	0	0	1
12	GOSAVI	2	0	0	0	0	2
13	VANJARI	3	0	0	0	0	3
14	RAJPUT	4	0	0	0	0	4
15	TRIMALI	2	0	0	0	0	2
16	BHILLA	4	0	0	0	0	4
17	CHAMBHAR	1	0	0	0	0	1
18	SHIMPI	0	0	0	0	2	2
19	KASAR	1	0	0	0	0	1
20	PARDHI	1	0	0	0	0	1
21	GAVALI	3	0	0	0	0	3
22	BHOI	2	0	0	0	0	2
Total		86	3	8	1	2	100

Out of 100 households about 97% had own houses, and remaining 3% household lived in rented houses. Besides, only 39% household live in Pacca house, 6 % in both (Pacca and Kaccha), and 55% household live in Kaccha house. Also out of 100 household 29 house live in a single room, 44 household live in double room, 16 in three, 4 in four, 5 in five, only 2 household have six rooms house.

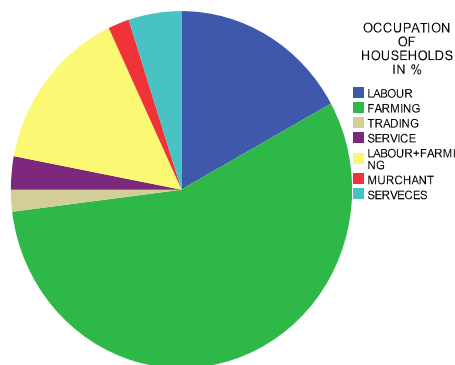


When we calculate percentage of household and family members with having rooms. The below figure no.5.AC shows the picture.



Out of 100 only 20 household have latrines in home remaining 80 have not to following reasons, 53 families says economic condition is weak, 8 says no need of latrine, 10 says no place for latrine in home, 7 says no extra water for use latrine, 1 said they are mobile for work so

no need of latrine and remaining says different reasons. Water supply condition is very bad, near about 22 families carry drinking water overhead from 1 k.m. only 42 household have piped drinking water by government agency (Village Panchayat), 6 from private well, 5 have own well, 11 have bower well in home and 36 from public well and hand pump. Means more than 50% families not have a drinking water supply facility from piped drinking water of public agency. Out of 100 household only 15 had lot of water in day, remaining 34, 27,14, 5, 3 and 2 household had water in a day 50-100, 100-150, 150-200, 200-250, and 250-300 and more than 300 liters respectively. The condition about electricity connection is 71 house hold have and 21 are have not. Out of 71 households 18 houses not have legal electricity connections. 13 household get home from Indira Aavas Yojana. But 45 households say they have BPL card. This means 30 households qualify for getting homes under some scheme, but have not got the housing.

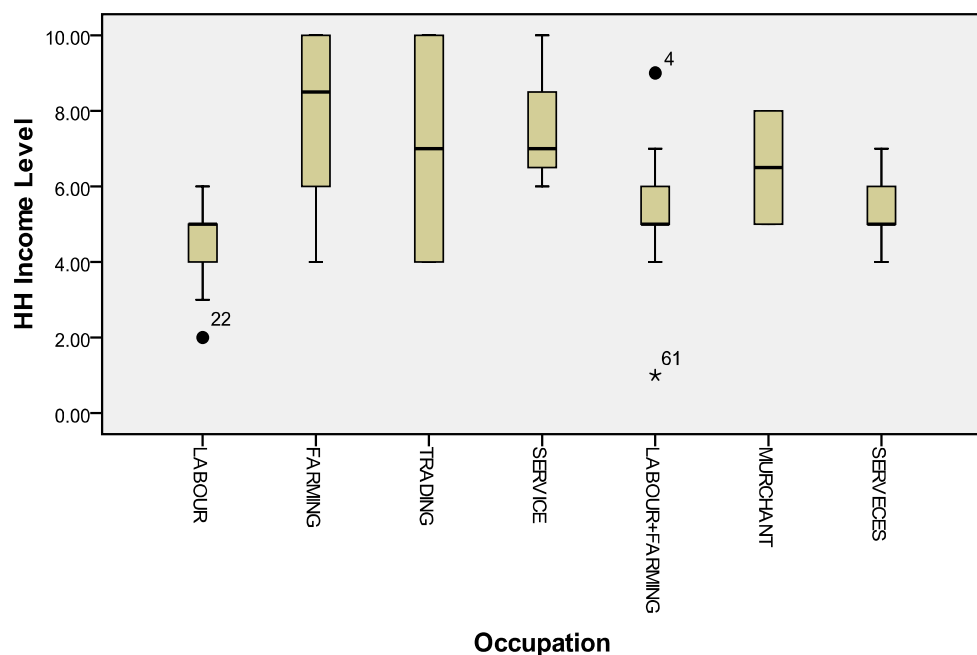


Household main occupation as per head's working nature 17 are labour, 56 farming, 15 Labour and farming, 2 are merchants, 3 are in services, 2 in trade, and remaining 5 are in non agricultural services industry.

## ECONOMIC CONDITION OF HOUSEHOLDS:

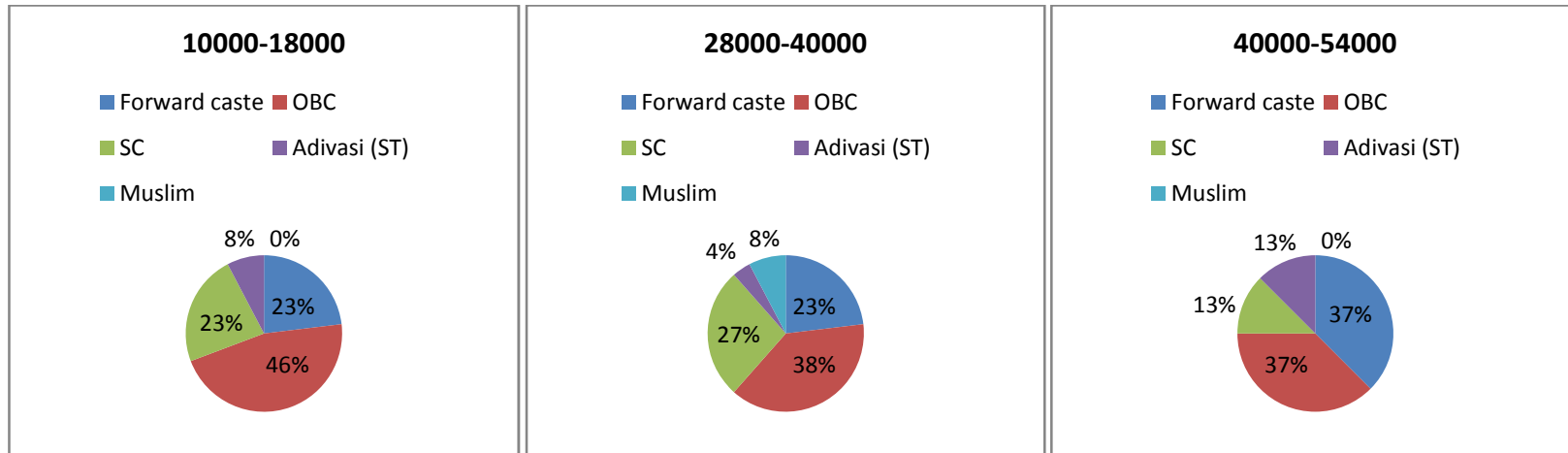
Now we are going to on economic condition of household. We are obtained relation between households category with household's annul income. So we are household determined in category. These are Maratha and Rajput in forward caste, Mali, Dhangar, Varik, Parit, Teli, Lohar, Gosavi, Vanjari, Trimali, Shimpi, Kasar, Gavali, Bhoi in other backward caste (OBC), Mahar, Matang, Chambhar in scheduled caste (SC), Pardhi and Bhill in Scheduled Tribe (ST), Muslim (including Muslim OBC). Below table no.5.28 and pie diagrams shows large variations household income level, but maximum household income level is 28000-40000 in Jalna district. But above 1 lakh income household number is only 15 belongs to forward caste. Also this type relation obtained between household occupation and income level. This is shown in the figure below.

**FIG. NO. 5. AD - OCCUPATION WISE HOUSEHOLD INCOME LEVEL IN JALNA DISTRICT.**



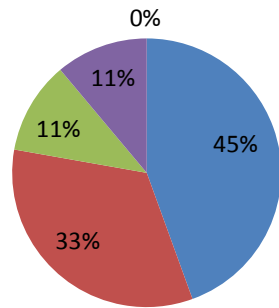
**Fig. No. 5.28 - CLASS WISE HOUSEHOLD INCOME DISTRIBUTION IN JALNA DISTRICT**

Category	Household	4000-10000	10000-18000	18000-28000	28000-40000	40000-54000	54000-70000	70000-88000	88000-108000	108000-ABOVE
<b>Forward caste</b>	43	0	0	3	6	6	4	1	8	15
<b>OBC</b>	35	2	0	6	10	6	3	1	4	3
<b>SC</b>	14	0	1	3	7	2	1	0	0	0
<b>ST</b>	5	0	0	1	1	2	1	0	0	0
<b>Muslim</b>	3	0	0	0	2	0	0	0	0	1
<b>Total</b>	100	2	1	13	26	16	9	2	12	19



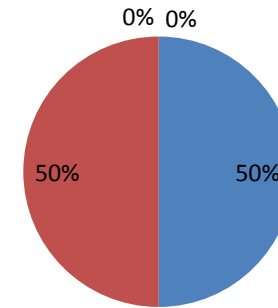
**54000-70000**

■ Forward caste ■ OBC ■ SC ■ Adivasi (ST) ■ Muslim



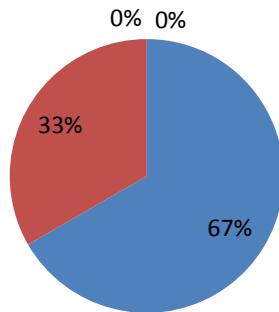
**70000-88000** 0%

■ Forward caste ■ OBC ■ SC ■ Adivasi (ST) ■ Muslim



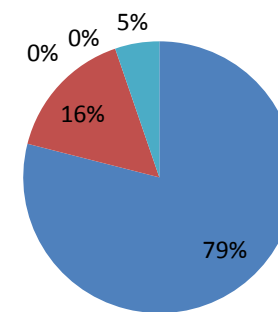
**88000-108000** 0%

■ Forward caste ■ OBC ■ SC ■ Adivasi (ST) ■ Muslim

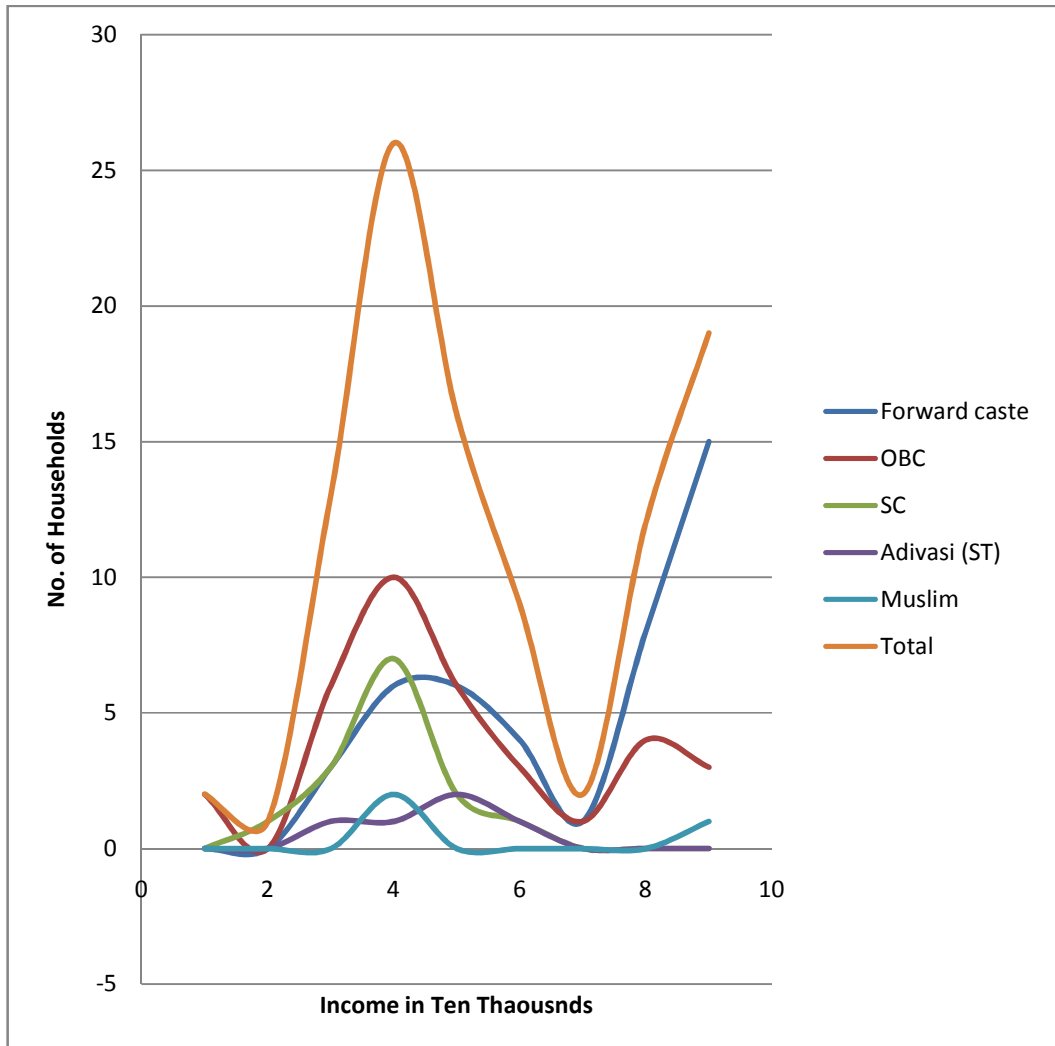


**108000-ABOVE**

■ Forward caste ■ OBC ■ SC ■ Adivasi (ST) ■ Muslim



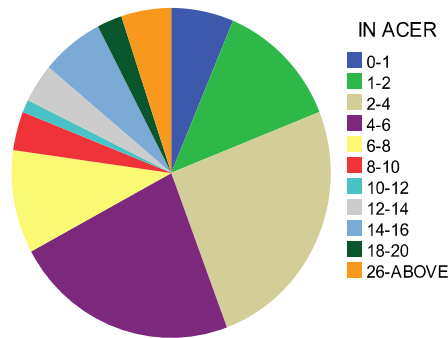
**FIG. NO. 5. AE - NUMBER OF CAST WISE ANNUAL INCOME LEVELS IN JALNA DISTRICT.**



Above figure shows farming, trading and service occupied household income level is more compare to other occupied household. Here one major finding is those household occupied wage labour, farming plus wage labour and non agricultural services have less income compared to other occupied families.

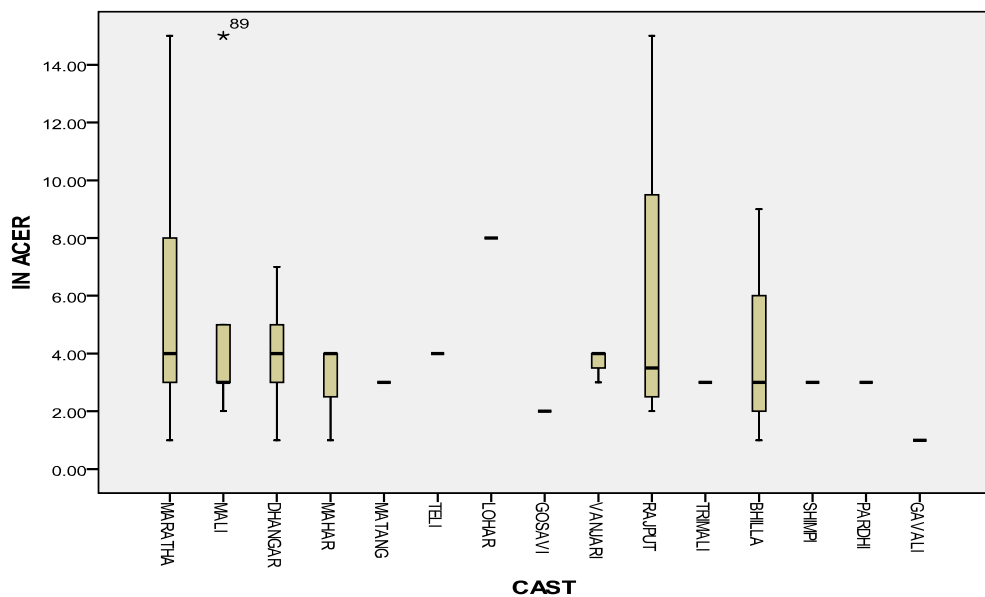
Out of the 79 households engaged in farming, only 33 households lands full irrigated, 17 household's lands are semi-irrigated

and remaining 29 households lands are non-irrigated. Below figure shows percentage of households having land in acres. Figure shows near about 50% households have only 0-4 acre average land. Remaining more than 50% households have above 4 acre land.

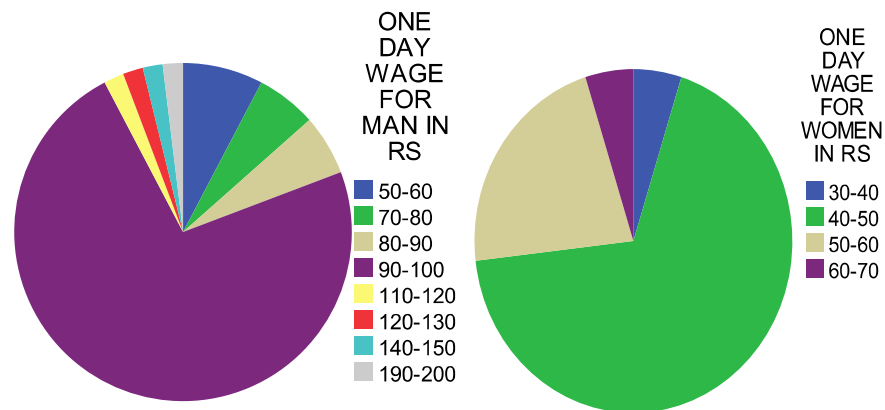


Hence, if we calculate caste wise land pattern, the findings are as the: figure shows only Marathas and Rajputs Which are ‘forward’ castes have households with averagely more land compared to other castes. Also Figures shows Chambhar (belongs to SC), Varik, Parit, Kasar, Bhoi (belongs to OBC), Muslims and Muslim sub castes are landless households.

**FIG. NO. 5. AF - CAST WISE LAND DISTRIBUTION IN JALNA DISTRICT.**



Out of 50 households 27 use well water for irrigation of land. Others 17, 1, 4, 1 use canal, bower well, lake water respectively for land irrigation. Means wider scopes for new irrigation project in district. Out of 100 respondents 54 are saying 'yes' when I ask the household head 'Are you working for a wage?'.



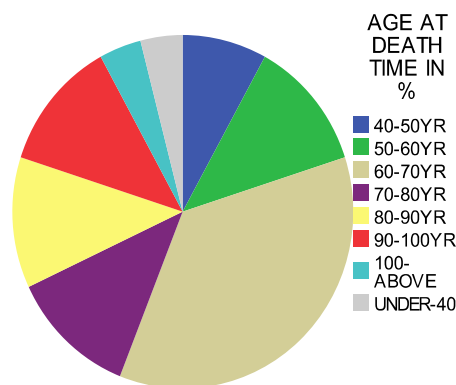
Hence, above figures show one day average wages in work on farm and allied sector to man and female. Here man gets mostly 90 to 100 rupees per day while female gets only half of man, means huge wage discrimination between man and female in Jalna district.

#### HEALTH STATUS OF DISTRICT:

Long healthy life is one indicator of good human life. Now we are turn to health condition of households in Jalna district. Out of 100 households in 46 households anyone member was in illness. They had following diseases and number of persons shows in brackets, Epilepsy Attack (2) , Typhoid (4), Anemia (1), Paralyzes (2), Asthma (2), Low Vision (2), Ostoarthis (3), Meningitis (1), Join malformation (1), Hernia (1), Accident (1), Diabetes (1), Apendex (1), Gastro (2) TB

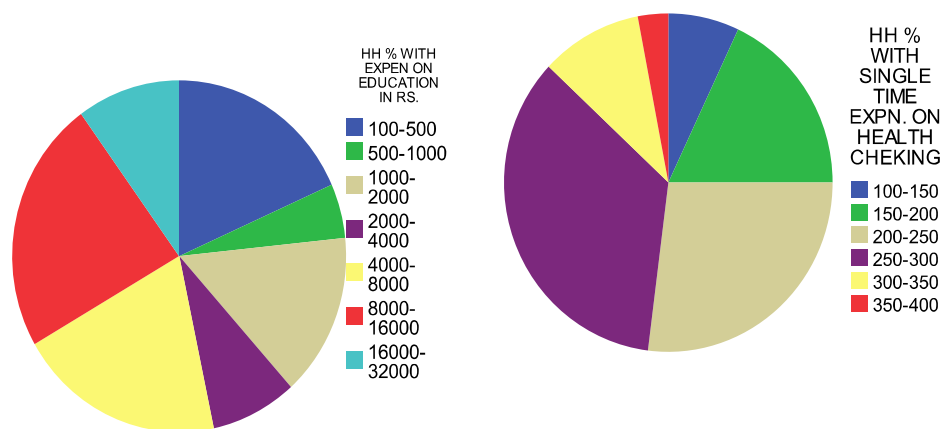
(1), Pain in Abdomen (3), Kidney Stone (1) Backache (4), Hysterion (1), Skin dieses (1), Hart attack (2), Bypass Surgery (1), Mental illness (2), Nimonia (1), Hepatitis (1), Cancer (1), Alsar (1), Chikanguniya (1), Facture (1) and etc. above 39 people out of 45 get treatment in private hospital, only five get in Government hospital and one are in both hospitals. Also, 39 children born out 52 in hospitals, 9 at home, two are born at home but later mother and child go to hospital. Child mortality cases find by survey. One child mortality and two infant mortality rate case.

When ask death in house hold within last five year. Out of 100 households 25 says yes, my second question was-How was persons' age at death time? Following figure shows variation.



Above pie diagram shows death below 70 years, percentage is near about 60 %. This means life expectancy is less in Jalna District. Every village is covered by primary health services by government but their representatives not regularly visit households. Out 100 households 67 says yes visit to home and 33 says nothing. Out of 67 , 28 says visit to home every month but remains out of 39, 10 says one time in year,

20 says 2 in year, 7 says 3 time in year and 2 says 4-5 time in year. In 100 house hold 18 persons found disabled on various levels. Age 6 to 14 years children help in work his/her family number is 7. When ask to household members child goes every day school? Out of 51, 8 say not. Then ask are you satisfied with your children's school, out of 51, 36 satisfy and 15 are not satisfied. Three parents say they don't given permission to child further school.



Above figure shows household expenditure on education (annual) and health (single time clinic checking).

#### DEPRIVATION INDEX:

We are estimate Deprivation Index from primary data. Specifically, we have considered indicators of human development in study 1) Housing Facilities 2) Drinking Water Supply 3) Sanitation facility like latrines 4) Use of electricity in households. We have used the following indicators of human deprivation, for estimating the Deprivation Indices (DI) at level by using primary survey data.

$$DI = \left\{ \frac{1}{4} (d_1\mu + d_2\mu + d_3\mu + d_4\mu) \right\}^{1/\mu}$$

Here,

DI – Deprivation Index, The value of  $\mu = 3$

<b>TABLE NO.5.29 - HOUSEHOLD INDICATORS OF HUMAN DEPRIVATION IN JALNA.</b>			
<b>Sr.No.</b>	<b>Details</b>	<b>Number</b>	<b>In %</b>
1	Total House holds	100	100%
2	Kaccha House	55	55%
3	Drinking Water (away)	22	22%
4	No Latrines	80	80%
5	No Electricity in houses	29	29%
6	<b>Deprivation Index</b>	<b>46.5</b>	

This table shows the deprivation index for Jalna district at 46.5%. Three major factors have contributed for a high level of deprivation in Jalna district they are (1) Kaccha house 55% (2) Drinking water away from home 22% (3) Households without latrines 80% (4) Households without electricity 29%.

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## **CHAPTER IV**

### **SUMMARY OF FINDINGS AND RECOMMENDATIONS**

#### **SUMMARY OF CHAPTERS:**

In first chapter I introduce the concept of “Human Development” and the Human Development Index and its construction. After that, I explain my selection of topic and the background to the topic. The Marathwada region is backward due to historical reasons and lack of political awareness after independence period. In this chapter I have stated my research objectives, hypotheses and research methodology, in methodology we have taken a sample of 300 households from three districts namely, Osmanabad, Jalna and Beed. For calculations of Human Development Index we have used UNDP’s methodology. Data on life expectancy is not available at the district level so we have used infant mortality rate and calculated an estimate of life expectancy by regression line. This method was used for estimating life expectancy in major states of India by IIPS Mumbai.

Second chapter depends on review of literature on human development concept and related ideas. In the introductory part I discuss concepts of growth and measurement of development for less developed countries. In review of literature we examine some World Human Development Reports also to understand how the use of the human development approach has evolved over the years since 1990. We also look at some studies on the human development concept and views of some critics of the approach.

The third chapter reviews trends in human development index of India for some recent years. Hence I write on human development level in major states of India in 1981, 1991 and 2001. I look at Maharashtra's human development at the district level as presented in the Maharashtra Human Development Report 2002 and lastly summarize this report and discuss on the methodology used in the report for calculating human development index.

In fourth chapter I look at the issue of regional development and regional disparities. Various committees have been appointed by central and state government for identifying backward regions and districts. I specially discuss the 1983 report of the Dandekar Committee called the Fact Finding Committee on Regional Imbalance in Maharashtra State. I also summarize UNDP and Planning Commission's human development action research studies and their results relating to Jalna district. Later, I review the Maharashtra Manav Vikas Mission's methodology for improvement in human development level for backward districts and its work outcome over three years.

The fifth chapter presents a detailed picture of human development in the Marathwada region. Firstly, I outline the demographic structure of Marathwada in the context of Maharashtra state's demographic structure. Also, I give Marathwada's district wise demographic structure.

Secondly, I look at the district wise components of human development in the Marathwada region. This section covers three aspects: life expectancy and infant mortality rate, adult literacy rate and gross enrolment (1<sup>st</sup> to 8<sup>th</sup> class), and per capita district domestic product all for the 8 different districts of Marathwada region for the years 1991 and 2001 .

Thirdly, on the basis of the above, I calculate human development indices and deprivation indices for the districts of the Marathwada region.

Fourthly, I present field work research analysis, based on the data collected from 300 households. This part of my study helps to create a socio-economic picture of these households. Lastly, I calculate human deprivation indices for the three selected districts --- Osmanabad, Beed and Jalna from primary survey data.

In the sixth chapter we have presented the major findings and overall conclusions relating to the research problem and given important recommendations for overcoming the problems of socio-economic backwardness and low human development.

#### **MAJOR FINDINGS:**

1) In 1991 sex ratio (FMR) of Aurangabad, Jalna, Nanded, districts 914, 951, and 942 to increased 919, 952, and 943 respectively in 2001. But, in Beed, Latur, Osmanabad, Parbhani district's sex ratio decline 936, 935, 932, 958, to 927, 934, 930, and 957 respectively in 2001, only

Hingoli district's sex ratio remained constant at 953 in 1991 to 2001. In fact, the ratios were almost constant except in Aurangabad, where the FMR increased by 5 points and Beed, where it declined by 9 points. These changes can perhaps be attributed to patterns of migration, whether for education (in the case of Aurangabad city) or, more importantly, outward migration for work from Beed district. In Beed, health conditions of women are also very poor.

This can be illustrated by the harrowing story of a migrant family we interviewed during our survey.

*“When we asked the male head of household whether there had been any deaths in his family in the last five years, his eyes filled with tears., and he could not speak. His story was told to me by one of his educated relatives: His wife, aged about 19 years, was pregnant when they went to Kolhapur district (about 600 km away) for cane-cutting work. One day while she was working in the fields she began to bleed profusely and died on the spot. We asked why she was doing this arduous work in her condition, and her husband replied, “It was my mistake. But we had already taken a loan and were working to repay it.”*

2) In Marathwada region as a whole, the infant mortality rate (IMR) was 62. The district with the highest IMR in 1991 was Jalna (76) after that respectively decreasing order Osmanabad (70), Nanded (68), Latur (57), Aurangabad (56), Beed (52), and Parbhani (50). Also, on the front of gender, male IMR was high in Osmanabad (83), after that decreasing

order were Jalna (76), Nanded (66), Aurangabad (58), Beed (52), Latur (50) and Parbhani (48). Female IMR was high in Jalna (77), Nanded (76), Latur (64), Osmanabad (61), Beed (52), Parbhani (52) and Aurangabad (51).

3) Our regression method gives an inverse relationship between Infant Mortality Rate (IMR) and Life Expectancy (Le). Parbhani district IMR was low at 50 so its life expectancy was relatively high at 63 years. Other side, in Jalna district IMR was very high at 76 so its life expectancy low at 58 years, respectively increasing order was Osmanabad (59), Nanded (60), Latur (62), Aurangabad (62) and Beed (63).

4) When we compare the life expectancy index (Le Index) for different districts in Marathwada region, Parbhani district is on the top rank with 0.640 life expectancy index. After that decreasing order districts rank were Beed (0.634), Aurangabad (0.621), Latur (0.618), Nanded (0.583), Osmanabad (0.577) and Jalna (0.558). Marathwada region's average life expectancy index in 1991 was 0.600.

5) We find 2001, Hingoli district's rank is first with 0.750 life expectancy index (Le Index). Latur at second position with 0.716 life index, after that Jalna, Parbhani, Beed, Osmanabad, Nanded and Aurangabad districts life expectancy index is 0.700, 0.683, 0.666, 0.666, 0.650, and 0.616 respectively.

6) In 1991 person's literacy index for Aurangabad district was 0.589 with first position, also in 2001 with 0.736 literacy indexes. Other districts decreasing order with literacy index in 1991 was Latur (0.555), Osmanabad (0.542), Beed (0.498), Jalna (0.462), Nanded (0.481) and Parbhani (0.475). Also, similarly in 2001 were Parbhani (0.723), Osmanabad (0.702), Nanded (0.685), Latur (0.684), Jalna (0.668), Hingoli (0.670) and Beed (0.645).

7) In 1991 no one district's total literacy was above 0.80 and this was true even in 2001. But male literacy at 2001 was above 0.80 in all the districts in Marathwada region except Beed district. In these three Aurangabad, Osmanabad, and Parbhani districts total literacy rate at 2001 was between 70-80 %. In 1991 only male literacy of Aurangabad and Latur districts was between 70-80 %, no district had female literacy in this range. Hence, between 60-70 % literacy in 2001, males are above this range in all districts of Marathwada. But only Aurangabad and Parbhani district's females' literacy was in this range. Female's literacy was below 50 % in 1991 of all districts of Marathwada region, but it is increased in 2001 above 50 % except for Beed district. Literacy transition shows females literacy not increased significantly from 1991 to 2001 and large gap between male literacy and female literacy, this means the region is still on back foot in female literacy.

8) In 1991 Latur district on top for enrolment index with 1.22 (!) after that respectively Nanded, Aurangabad, Beed, Osmanabad, Parbhani, Hingoli and Jalna index was 1.209, 1.140, 1.110, 1.055, 0.977, 0.977 and 0.959. These are of course government figures and we may not be

certain of their accuracy. After decade picture was not changed, Latur on top but index is decline 1.22 to 0.881, Beed, Parbhani, Aurangabad, Osmanabad, Jalna, Hingoli and Nanded index was 0.878, 0.813, 0.812, 0.798, 0.798, 0.794 and 0.760 respectively. Here one major finding is in 1991 enrolment ratio is more compare to 2001. But this negative picture of enrolment seems questionable.

9) Marathwada region income index of districts in 1990-91 is presented on basis of figures for per-capita net district domestic products in rupees at constant prices. We find income index for Aurangabad district rank is one with 0.207 income index, after that by decreasing order rank in income index was Hingoli, Parbhani, Osmanabad, Beed, Nanded, Jalna and Latur. This districts respectively index was 0.161, 0.161, 0.146, 0.142, 0.134, 0.129 and 0.125.

10) Marathwada region income index of districts in 2001-02 is similarly based on per-capita net district domestic products in rupees at constant price. We find income index for Aurangabad district rank is one with 0.575 income index, after that in decreasing order rank at income index was Hingoli, Parbhani, Beed, Jalna, Latur, Osmanabad and Nanded. This districts respectively index was 0.537, 0.533, 0.531, 0.530, 0.520, 0.519 and 0.510.

11) Aurangabad districts per capita income index more compare to other remain districts. This index was large due to number of industries located in beside of Aurangabad city. Income index low for Nanded district, one reason is large number of scheduled tribe cast live in,

camper to other districts. Main finding is compare to 1991 per capita district domestic product increased double in 2001 for near about all districts.

12) In 1991, human development level in Aurangabad district was on top, index was 0.534, after that decreasing order districts human development index was Latur (0.507), Beed (0.493), Parbhani (0.481), Hingoli (0.478), Nanded (0.480), Osmanabad (0.478), and Jalna (0.438). Aurangabad on top level due to greater district domestic product at per capita (0.207) compare to other remaining districts. Latur on second position due to good education index, also Beed district , at last position Jalna district due to low level on three front education, health means low life expectancy and income at per capita.

13) In 2001, human development level position was changed for districts of Marathwada. Hingoli got top rank with 0.560 human development index after that, second position got Parbhani district with (0.564), Latur (0.564), Aurangabad (0.560), Jalna (0.558), Osmanabad (0.551), Beed (0.542) and Nanded (0.539). Aurangabad district which had first position in 1991 declined in rank due to less life expectancy. Hingoli and Parbhani district human development index increased due to good life expectancy (which means a decline in the infant mortality rate). Also, Jalna district's rank increased from 8<sup>th</sup> position to 5<sup>th</sup> due to improvement in health indicators (decline Infant Mortality Rate). At, last position Nanded district's low level human development due to less life expectancy rate.

14) In all districts of Marathwada region the deprivation in human basic needs is greater compared to remaining parts of Maharashtra. Aurangabad has a good position but others are in worst situation about human development. If we compare human deprivation in urban and rural areas, rural areas are mostly affected by non-fulfillment of basic needs. But Osmanabad district's urban area is deprived more compared to rural area.

15) In Osmanabad, Beed and Jalna 68%, 53% and 55% households live in Kaccha house, beside 31%, 25% and 29% families live in single room house respectively.

16) In Osmanabad, Beed and Jalna 28%, 33% and 20% households have latrine in home. The remaining have not for following reasons – economic condition is weak, no need of latrine, no pace for latrine in home, no extra water for use latrine, and mobile for work so no need of latrine.

17) Water supply condition is very bad, near about 19%, 21% and 22% families carry drinking water overhead from 1 km in Osmanabad, Beed, and Jalna respectively. Also near about 50% families do not have a drinking water supply facility from public agency within in three districts. Only 13%, 36% and 15% households have sufficient water for use in Osmanabad, Beed and Jalna respectively remains have only 50 to 300 liters water every day some time two or three days. Near about 23%, 14% and 21 % households have not electricity connection in house respectively in Osmanabad, Beed and Jalna districts.

18) Maximum households annual income level is Rs. 28000-40000 in Osmanabad, Beed and Jalna districts 36%, 24% and 26% respectively.

19) Trading, service, and services occupied household income level is more compare to other occupied household. Here one major finding is those household having wage labour, farming and farming plus wage labour as their occupation have less income compared to other occupied families in within three districts.

20) In Osmanabad, Beed and Jalna districts farming household's number is more than 70%. Only 42%, 38% and 14% households lands full irrigated, 21%, 23% and 28% household's lands semi-irrigated and remaining 37%, 39% and 58% households land are non-irrigated respectively in districts. Also, near about 50% households have only 0-4 acre average land.

21) One day average wages in work on farm and allied sector to man and female. Here man gets mostly 90 to 100 rupees per day while female gets only half of man, means huge wage discrimination between man and female in Osmanabad, Beed, and Jalna districts.

22) In Osmanabad, Beed and Jalna districts each out of 100 samples. We find 92%, 84% and 86% people get treatment at private hospital. Hence, respectively 33%, 27% and 23% children born at home not in hospital in three districts. Child mortality cases we find by survey. In Osmanabad, find two child mortality and one, infant mortality case. In

Beed district find one child mortality and five infant mortality case. In Jalna find one child mortality and two infant mortality rate case.

23) In all three district near about 60% people's death below at age 70 years, means life expectancy is less in three districts.

24) Human deprivation index for Osmanabad, Beed and Jalna districts 56.11%, 38.75% and 46.50% respectively. Three major factors have contributed for a high level of deprivation in Osmanabad, Beed and Jalna district respectively they are (1) Kaccha house 68%, 53% and 55% (2) Drinking water away from home 19%, 21% and 22% (3) Households without latrines 72%, 67% and 80% (4) Households without electricity 23%, 14% and 29%.

### **CONCLUSIONS:**

Our study leaves no doubt that the Marathwada region is socio-economically backward compared to other regions of Maharashtra state. We have also noted some historical as well as some post-Independence politics-related reasons for this backwardness.

We have looked at three methodologies for measuring the extent of backwardness in a region at any point of time, which measures may then be used for comparison with other regions and sub-regions, and for assessing change over time. The purpose is to find some ways of overcoming the backwardness through a better understanding of its dimensions and causes.

The three methodologies are: (a) the human development index (b) calculation of regional 'backlogs' so that the state government may direct its infrastructural investment in order to remove them and (c) the deprivation index. It is clear that the second methodology, which is the focus of many of the demands taken up by political movements for regional development, is not sufficient. The 'capabilities' approach pioneered by Amartya Sen makes an important contribution by underlining the importance of education and health. These two factors influence men and women's capacity to earn better incomes, as well as being important in themselves increasing the quality of human life.

However, the weakness of the Human Development Index approach is that it selects certain indicators to express attainment in terms of education and health, and then the index becomes a substitute for a more complex understanding of the problems behind low education and poor health. So by the Human Development Index calculated by the government, Beed district is not identified as one of the low human development districts. But if we look more closely at school enrolment, drop-outs of girls, we see the educational backwardness. Similarly, we have used IMR as a proxy for life expectancy. But if we compare Jalna and Beed districts, they both have a low proportion of population in the over-60 age group. This indicates two things; people die at relatively early ages, and secondly, fertility rates have been high and the decline has been slow.

We have not calculated Gender Development Index for the districts. But our study shows that gender is a major factor in the socio-

economic backwardness of Marathwada. Low age at marriage of girls and high fertility rates contribute to their poor health. Women are deprived of food, medical assistance even compared to men and boys in the same family. The pressure of poverty falls most on the women. We have the sad example of a pregnant woman cane-cutter dying while working in the fields. There are many such examples.

The Deprivation Index shows us something about the low standard of living of the people of the region.

The Human Development Mission by focusing on some factors like child nutrition and institutional child birth , has achieved a significant amount of success.

Finally, none of these approaches probe into the structural causes of socio-economic backwardness. We noted that caste and gender-based inequality is present to a great extent in the society. Measures by the government on specific aspects of education and health need to be supplemented by increase in awareness and maybe by social movements.

#### **TESTING OF HYPOTHESES:**

1. By following the methodology of the HDI, we have been able to build up a clear and detailed picture of where the socio-economic backwardness lies.

2. The districts which have improved their ranking in HDI are those which have had improvement in health (IMR) and literacy. So, a focus on education and health is certainly very important for socio-economic progress.

### **RECOMMENDATIONS:**

1) We need to bring improvement in health services by public investment to bring good health facilities to those are not have capable of going to private hospital<sup>62</sup>. Hence, increasing life expectancy through reducing infant, child and overall mortality rate.

2) Also, the need now is to focus on literacy and educational attainment in primary, secondary and tertiary level especially in most female – male literacy gap backward district in higher education. Not only increase number of schools but also need is quality schools with well public infrastructure those are create equality in bring education among in poor and rich, rural and urban, forward and backward.

3) To need good programmes and policies to increase income of small farmers, labourers, wanders, and women those who do not have share/right in household income. Not only good policies but also, we

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<sup>62</sup> NCAER's Working Paper on Addressing Key Issues in the Light of Structural Adjustment Programme (Sap) in Health and Family Welfare Sector in India. - "The developing countries including India which accepted adhere to the World Bank policy of cutback on social welfare expenditure especially health to IMF funding under 'Structural Adjustment Programme (SAP)' in early nineties had to cope up with the situation. This approach no longer views healthcare as a 'need', but begins viewing it as a 'demand' defined by consumer's ability and willingness to pay. Accordingly, Bank advocated - mobilizing additional resources from within the health sector itself, tapping households for payments, introduction of user-fees in public hospitals, and devising mechanisms for risk-sharing through insurance schemes as options. The understanding was that the public investment focuses on 'preventive programmes' and 'cost recovery mechanisms' be better suited for curative services".

need implementation of rights. Hence, we need to create employment (without wage discrimination between male and female, class and caste. In our study show-- huge discrimination in wage rate between male and female) near the place of residence for people seeking work so that they don't need to migrate specially for work.

4) We need comprehensive policy to increase human development level of backward districts. The Manav Vikas Mission works for backward districts human development. But, not only selected blocks but also whole districts should be addressed. We should create a permanently work system in integrated manner with Government and NGOs, NGOs and Educational Institutes (Universities and colleges), Government and Educational Institutes as like etc. those are creating good solution for improvement in human development level of backward region.

5) Now about 25 % some case 75% (find in study) peoples not have basic need infrastructure. So we need to provide basic infrastructure to deprived people as like good and sufficient drinking water at home, electricity connection at reasonable rate, cheap housing policy for most needy people etc.

#### **DIRECTION FOR FUTURE RESEARCH:**

1. We need to explore the gender aspects of backwardness more thoroughly. How does discrimination take place. What is the level of deprivation for women and girls within the family, etc. Calculation of GDI will be just one aspect

2. The Human Development Mission based in Aurangabad has had some success. A complete independent evaluation of its areas of success and failure may throw up important hints for future action by the state government.

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## **Appendix I**

**A) Life Expectancy at Birth (LEB)** is the average number of years expected to be lived at the time of birth if current mortality trends were to continue.

**B) Adult Literacy Rate** - The percentage of persons aged 15 and over who can, with understanding, both read and write a short simple statement on everyday life.

**C) Combined Gross Enrolment Ratio** is the number of students enrolled in a primary, secondary and tertiary level of education whether or not they belong to the relevant age-group as a percentage of the population in the age-group.

**D) Real GDP Per Capita (PPP in \$)** is calculated using adult GDP per capita (PPP US \$). In the HDI income serves as a surrogate for all the dimensions of human development not reflected in a long and healthy life and in knowledge. Income is adjusted because achieving a respectable level of human development does not require unlimited income.

**E)**The National Statistical Commission under the Chairmanship of Dr. C. Ranga Rajan in its report submitted in August 2001, suggested that a committee of experts be set up to advise on a minimum list of variables on which data needs to be made available at local level. As a follow up, the Ministry of Statistics and Program Implementation, Government of

India constituted in December 2002 a high power Expert Committee on “Basic Statistics for Local Development” under the chairmanship of Dr. S.P. Gupta, Member Planning Commission. The UNDP, New Delhi requested the International Institute for Population Sciences to undertake a study on providing estimation of vital rates for the districts of India. This report deals with the methodology as well as the estimates of vital rates for the districts of India. This report deals with the methodology as well as the estimates of vital rates for the districts of India. The present exercise however, was undertaken to provide some of the estimates of fertility and mortality at the district level. The indicators of interest are Total Fertility Rate (TFR), Infant Mortality Rate (IMR) and Life Expectancy at Birth.

It is recommend three methods for calculating IMR from-

- 1) Estimation of Infant Mortality from information on Children Ever Born and Children Surviving.
- 2) Estimation of IMR based on Regression Methods.
- 3) Estimation of IMR from the Birth History of women.

**F)** The estimates of life expectancy at birth are also provided for the districts of India. IIPS have used the same regression equation as discussed before for the year 2000. The estimates are dependent on the estimates of IMR for the districts of India. If the estimates of IMR are stable it is likely that the estimates of life expectancy at birth will be stable. The regression equation used for estimation of life expectancy at birth for 1991 is  $LEB_{1991} = 72.9826 - 0.1908 * IMR_{1991}$ . The IMR estimates of 1991 by RGI are used for deriving the life expectancy at birth. For

the year 2000 the regression equation used is  $LEB_{2000} = 76.0163 - 2009 * IMR_{2000}$ . The district level estimates of life expectancy at birth are high if IMR level is low and life expectancy at birth will be high if IMR is high.

### G) Income Index:

- Per capita NDDP for Jalna -2001-02  
At constant price – Rs. 9100
- Per Capita GDP for India in 2001-02  
At constant prices – Rs. 10754
- Per Capita GDP for India in 2001 (US \$ PPP) - \$2840
- Per capita NRDP for Jalna -2001-02(\$ PPP) –  
 $9100 * (2840 / 10754) = \$ 2403$

$$\text{Income Index} = \frac{\log(\text{Actual Value}) - \log(\text{Minimum Value})}{\log(\text{Maximum Value}) - \log(\text{Minimum Value})}$$

For example Jalna District-

$$\text{Income Index} = \frac{\log(2403) - \log(100)}{\log(40000) - \log(100)}$$

$$\text{Income Index} = \frac{3.380753771 - 2}{4.602059991 - 2} = 0.530638715$$

## **Appendix II:**

### **A) The gender-related development index:**

The gender-related development index (GDI) uses the same variables as the HDI. The difference is that the GDI adjusts the average achievement of each country in life expectancy, educational attainment and income in accordance with the degree of disparity in achievement between women and men.

### **B) The gender empowerment measure:**

The gender empowerment measure (GEM) uses variables constructed explicitly to measure the relative empowerment of men and women in political and economic spheres of activity. The first cluster of variables is chosen to reflect economic participation and decision-making power. It includes women's and men's percentage shares of administrative and managerial positions and percentage shares of professional and technical jobs. These are broad, loosely defined occupational categories. Because the relevant population for each is different, UNDP calculate separate indices for each and then add them together.

### **C) Universal Declarations on Human Rights:**

On December 10, 1948 the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights the full text of which appears in the following pages. Now, Therefore THE GENERAL ASSEMBLY proclaims THIS UNIVERSAL DECLARATION OF HUMAN RIGHTS as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

Article 1.

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2.

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3.

Everyone has the right to life, liberty and security of person.

Article 4.

No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

Article 5.

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 6.

Everyone has the right to recognition everywhere as a person before the law.

Article 7.

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 8.

Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

Article 9.

No one shall be subjected to arbitrary arrest, detention or exile.

Article 10.

Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

Article 11.

(1) Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.

(2) No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

Article 12.

No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

Article 13.

(1) Everyone has the right to freedom of movement and residence within the borders of each state.

(2) Everyone has the right to leave any country, including his own, and to return to his country.

Article 14.

(1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.

(2) This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

Article 15.

(1) Everyone has the right to a nationality.

(2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

Article 16.

(1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.

(2) Marriage shall be entered into only with the free and full consent of the intending spouses.

(3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

Article 17.

(1) Everyone has the right to own property alone as well as in association with others.

(2) No one shall be arbitrarily deprived of his property.

Article 18.

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

Article 19.

Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Article 20.

(1) Everyone has the right to freedom of peaceful assembly and association.

(2) No one may be compelled to belong to an association.

Article 21.

(1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.

(2) Everyone has the right of equal access to public service in his country.

(3) The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

Article 22.

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Article 23.

(1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.

(2) Everyone, without any discrimination, has the right to equal pay for equal work.

(3) Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.

(4) Everyone has the right to form and to join trade unions for the protection of his interests.

Article 24.

Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

Article 25.

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26.

(1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

(2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding,

tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

(3) Parents have a prior right to choose the kind of education that shall be given to their children.

Article 27.

(1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

(2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

Article 28.

Everyone is entitled to a social and international order in which the rights and freedoms set forth in this

Article 29.

(1) Everyone has duties to the community in which alone the free and full development of his personality is possible.

(2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.

(3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

Article 30.

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

### **Appendix III**

#### **Districts and Talukas under Missions Area**

<b>Sr. No.</b>	<b>Districts</b>	<b>Tahshil/Taluka</b>
1.	<b>JALNA</b>	Mantha, Ghansawangi
2.	<b>PARBHANI</b>	Palam, Jintur
3.	<b>HINGOLI</b>	Sengoan
4.	<b>NANDED</b>	Bhokar, Himayatnagar
5.	<b>OSMANABAD</b>	Osmanabad, Kalamb, Washi, Bhum, Tuljapur
6.	<b>YAVATMAL</b>	Zari, Jamani, Ghatanji
7.	<b>CHANDRAPUR</b>	Rajura, Jivati
8.	<b>GADCHIROLI</b>	Kurkheda, Dhanora
9.	<b>BULDHANA</b>	Sangrapur, Jalgaon-Jamod
10.	<b>WASHIM</b>	Manora, Manglurpir
11.	<b>DHULE</b>	Sakri, Shirpur
12.	<b>NANDURBAR</b>	Akkalkuva

## Appendix-IV

### **Dr. Babasaheb Ambedkar Marathwada University, Aurangabad**

Department Of Economics  
Questionnaires for the Study of Household Human Development

**Research Topic: “Human Development in Socially and Economically Backward  
Region: A Study of Marathwada”**

Research Guide:  
Dr. Wandana Sonalkar  
Bajirao

Research Student:  
Mangade Ganesh

1. Name \_\_\_\_\_ of \_\_\_\_\_ House \_\_\_\_\_ hold  
Head: \_\_\_\_\_
2. Address:  
Village: \_\_\_\_\_ Tahshil: \_\_\_\_\_ District: \_\_\_\_\_
3. Religion: \_\_\_\_\_ Cast: \_\_\_\_\_

4. Information of Household:

Sr. No.	Relationship with Head	Gender M/F	Age	Education	Occupation	Income in RS.(Annual)

5. **Socio-Economic Condition of Household:**

A) **About Home Condition:**

- 1) Home: A) Own B) On Rent
- 2) Type : A) Kaccha B) Pacca C) Semi Pacca
- 3) Number of Rooms: \_\_\_\_\_
- 4) Electricity: A) Yes B) No
- 5) If, Yes. You have electricity meter? A) Yes B) No
- 6) You had home from home scheme? A) Yes B) No
- 7) If, Yes. Name of scheme. \_\_\_\_\_
- 8) You have latrine? A) Yes B) No

If, No. Why? \_\_\_\_\_

9) Source of drinking water \_\_\_\_\_ How much in a day \_\_\_\_\_

**B) Source of Earning:**

10) You have land (Agriculture) A) Yes B) No

If, Yes. How many? \_\_\_\_\_ (in acre).

11) The Land is under irrigation or not? A) Irrigated B) Unirrigated

12) If, Irrigated. The source of irrigation?

A) Well B) Canal C) Bore well D) Other

13) You work on daily wages? A) Yes B) No

14) If, Yes. How many earn in a day? Male \_\_\_\_\_ Female \_\_\_\_\_

15) In a week how many days working? Male \_\_\_\_\_ Female \_\_\_\_\_

**C) Health:**

16) Any person of house hold is in illness within last six months.

A) Yes B) No If, Yes.

Sr. No.	Relationship of head with ill person.	Age	Sex	Disease name	Where given treatments.	Expenditure

17) birth place of children born in household within last five years

A) At home B) Hospital C) Both

If, at home. Give explanation \_\_\_\_\_

18) Within last five years any death of child?

Sr.No.	Numbers	Explanation for Death
0 – 1 Month		
1 Month – 1 Year		
1 Year- 5 Year		

19) Maternal mortality within last 5 years A) Yes B) No

If, Yes. Give explanation \_\_\_\_\_

20) Below five years old children immunized? A) Yes B) No

If, No. Give explanation \_\_\_\_\_

If, Yes. Which? A) Triple B) Hepatitis-C C) measles D) Polio

21) Your family planning surgery is done? A) Yes B) No

If, Yes. (Use below table)

Details	Adult Women	Young Women	Men
Total Number			
No. family planning.			
Where (Public or private hospital)			

- If, No. Give answer\_\_\_\_\_
- 22) Number of deaths in last five years in family. \_\_\_\_\_  
Age\_\_\_\_\_ Reason of death\_\_\_\_\_
- 23) If you and family members are ill, where do you take treatments?  
A) Private hospital Reason\_\_\_\_\_
- B) Govt. hospital \_\_\_\_\_
- C) An exorcist \_\_\_\_\_
- 24) How many times primary health centre's staff visit your family?  
A) Within month\_\_\_\_\_ B) Year\_\_\_\_\_
- 25) Any family member is a disabled? A) Yes B) No  
If, yes. Reason\_\_\_\_\_

#### **D) Education:**

- 26) How many children go to school (Under Fourteen)?  
A) Boys\_\_\_\_\_ B) Girls\_\_\_\_\_
- 27) Children doing work on paid? A) Yes B) No
- 28) Your son/daughter goes everyday school? A) Yes B) No  
If, No. Give reason\_\_\_\_\_
- A) Required to earn money
- B) School does not function properly
- C) Teachers are not there
- D) Required to work on farm/at home
- E) Teaching is not good
- F) No use of sending him/her
- G) Other (Specify)
- 29) Are you satisfied with the school and the facilities provided to your child? A) Yes B) No  
If, No. Reason\_\_\_\_\_
- 30) Would you continue your child's education after she / he completes this school? A) Yes B) No
- 31) Family under the Below Poverty Line (BPL)? A) Yes B) No

**E) Expenditure on Education:**

<b>Sr. No</b>	<b>Types</b>	<b>Factors/Good s</b>	<b>Number</b>	<b>Price (Rs)</b>	<b>Per Month/Year</b>
1.	Education	Fees			
		Books			
		Other			
		News Papers			
2.	Health	Medicine			
		Hospital Fees			
		Other			