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.

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 (1st to 8th 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 8th position to 5th 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.
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. 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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62 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.