Chapter 3

REVIEW OF LITERATURE
Studies relating to human development that have already been undertaken discuss the various indicators of human development for different states of India e.g., West Bengal, Maharastra, Tamil Nadu, Kerala etc. The findings of these states may be useful for the state of Assam and will help our study of human development on Assam in a significant manner. Following are some of the important studies. Along with these studies we shall also review the available literature on human development.

Mahbub-Ul-Haq in his work on “Reflections on Human Development” (Haq, 1996) traces his intellectual journey through a profound transition in development thinking. Earlier it was assumed by Growth School of economic thought that purpose of economic development is to enlarge peoples choices in all fields – economic, political and cultural. Increase in income is one of the many choices people make, though it is not the only one. People are both means
and ends of economic development. Often this simple truth gets obscured and human beings never received the attention they deserve. Many societies despite an abundance of financial capital have been unable to develop. The human dimension of development is not just another addition to the development dialogue. It is entirely a revolutionary way to recast our conventional approach to development according to Haq.

Many societies despite an abundance of financial capital, has been unable to develop. The experience of OPEC nations is an example. Human capital, human institutions and skills was missing in most of these nations. There are many societies where GNP can increase while human lives shrivel. Thus it is finally accepted axiom that human welfare – not GNP – is the true end of development.

But there has been little consistent, comprehensive analysis of how to integrate people into development as both means and end. The author stresses the need for a human development strategy to involve community participation and self reliance. The idea of human development in Haq’s work is indeed revolutionary and shall form the basis of our work.

The idea of human development, according to the author is not a new one. It is tribute to the early leaders of political and economic thought such as Aristotle, Kant, Robert Malthus, Karl Mark and J.S. Mill.

Economic growth focuses exclusively on the expansion of only one choice – income, while human development embraces the enlargement of all human choices – whether, economic, political, social or cultural. It is wrong to suggest that economic growth is unnecessary for human development. No sustained improvement in human well-being is possible without growth. But it
is also wrong to suggest that higher economic growth will automatically translate into higher human development. Such a link depends on quality and distribution of economic growth.

For India, he suggests that the strategy would be to accelerate growth on one hand and to increase social expenditure on the other. In India present expenditure on human priority concerns – basic education, primary health care, safe drinking water, child nutrition, family planning as a percentage of GNP is lower compared to that of Zimbabwe, Malaysia, Botswana.

The ideas derived from Haq’s work will be applied to study the nature and extent of human development in Assam. The study will assume importance in view of the wide ethnic, social and income diversity of the people of the state.

Lesley Doyal in his work, “The Political Economy of Health” (Doyal, 1979) stresses on the need that there are certain tasks e.g., health services which can’t be left to the market, state must therefore step in and perform such tasks. The study focuses on the fact that some fundamental problems lies behind the failure to consider in depth the nature of medical practice and health services on the broader role of medicine in society. Life expectancy which is an important indicator of Human Development depends on health status of the people which in turn depends to a large extent on quality of health services available. Thus Doyal’s study is very important one so far as Human Development indicators are concerned.

A critical analysis of both the social determinants of health and illness and the role of medicine in society is now emerging. This awareness, according to the author can be used and improved in the struggle to create a healthier
There is common belief that problem of effective health care for all, can ultimately be resolved through the normal process of parliamentary democracy. The pattern of health and illness vary greatly between societies. It is in developing countries that extremes of ill-health and premature death are found due to malnutrition.

According to the author, for most people who can’t afford an alternative, adequate system of state medical care is of urgent necessity. But this is not sufficient. Modern medicine alone can’t provide solutions to the health problems of the third world countries while social and economic conditions remain unchanged. The great killers of children – diarrhoea, pneumonia, malnutrition are beyond the reach of modern medicine. It is important to appreciate that in the absence of the fundamental social and environmental constituents of health, a predominantly curative policy has serious limitations.

Fukuda-Parr, Sakiko and Shiva Kumar in their work, “Readings in Human Development: Concepts, Measures and Policies for a Development Paradigm” (Fukuda-Parr et al. 2003) pointed out that this work offers a splendid intellectual fare on the concept, design and use of the term human development since its adoption by UNDP in late 1980’s. The contributors have played major roles in institutionalization of Human Development Reports (HDR’s). HDR’s now globally recognized as a crucial aid in measuring, monitoring, and managing socio-economic development.

The authors stressed the need for treating human beings as ends for social development. The contributors to this theme include outstanding social scientists such as Mahbub Ul Haq, Amartya Sen and Paul Streeten who carved out ideas and approaches in HD and presented their relevance in the
contemporary global society against the backdrop of prevalent economic theories and prescriptions. The philosophical foundation of the new approach lies in the concern for the human being. Human capability has traditionally been treated as a commodity relevant for production of goods/services contribute to the values of GDP/GNP as the manifestation of a society's economic standing and development. This view is challenged by HD-oriented scholars. Social science, they say stands for enrichment of human life. Human capability is a resource for pursuit of such enrichment of life in terms of what a human beings values most. Human beings should have freedom and opportunities to choose a way of life. Poverty implies denial of choice. Those who are denied freedom of choice for thin gender, race etc. deserve special attention in development discourse and efforts. HD embraces economic, social and political freedom and rights for the deprived.

The authors have shown how the annual HDR-HDI exercises have led to progressive realization of HDI as too simple for its larger purpose. They have stressed the need to deal with a variety of complex yet relevant factors such as the social context of an economic value, current vs. future value of resource allocation, and the grounded politics of human rights or poverty reduction.

With all its limitations, however, HDI continues to be an important measure of development for a social or political entity. The work also focuses on policy implications of the HD approach and the HDRs at the global level and for the various segments of the global society. This approach for now stands at the intersection of an intellectual dream and social reality. A gradual movement of the reality towards the dream is discernable although setbacks are not uncommon. For a long time, HD is likely to remain an unfinished agenda of the global society and its component.
K. Seeta Prabhu in her work, “Economic Reforms and Social Sector Development – A case study of two Indian States” (Prabhu, 2001), acknowledge that issues pertaining to social sectors have been the focus of much attention by researchers in recent times. At the academic level, there has been a rediscovery of the importance of human capital in explaining the growth performance of the countries since mid 1980’s. At the policy level several countries undergoing economic reforms during 1980’s experience a deterioration in social sector attainment. This led to a debate on the social repercussions of economic reform and the advocacy of structural adjustment with a human face. The debate acquired immediate relevance for India ever since the country embarked on a path of economic reform since 1991 and simultaneously there is pressure of large multitude of poor and the low level of social attainment in the country.

The author in her work used two key terms social sector and economic reform and later she discussed the links between economic growth and human development.

To define social sector, the author argues that the term social sector is often used to refer to education, health and nutrition sectors. The term has not been formally defined and thus has come to several connotations. Two main approaches to the definition may be identified from human resource development view and the other from human development approach.

The human resource development approach emphasize investment in education, health and nutrition as a means of enhancing the quality of human capital which may be defined as the ‘stock of skills’ and productive knowledge embodied in people. This approach attracted attention during 1960’s when
Schultz (1961) and Backer (1962) highlighted the viewpoint that investment in these sectors are emphasized as a means to higher productivity of the labour force and is justified on the basis of either financial rates of return (as in the case of education) or estimates emerging from production functions (as in the case of health).

The alternative approach to social sectors is that of human development. The term has been defined by UNDP as “the process of enlarging peoples choices” (UNDP, 1990).

The adverse repercussions of economic reforms on the social sectors can be mitigated if these are accompanied by a ‘redistributive reform’ that emphasized the role of Government in certain spheres e.g., as necessary component to ‘market reforms’. In fact, in democratic societies, a credible social policy may be necessary for the very sustainability of reforms. All these features are the central focus of attention in this work of the author.

Plan allocation to social sectors indicate their relative importance in the development plan of government. A perusal of such allocation in authors study of Tamil Nadu and Maharastra shows contrasting scenarios. In Tamil Nadu there was a orientation towards social sectors, plan allocations have been infavour of social and community services. The record in Maharastra was one of the low emphasis on social sectors and there was no concerted thrust towards social sectors in the state.

The same study indicate that in terms of access to primary schools there is near universal access in both states. In terms of higher education Maharastra’s indicators were far ahead of those of Tamil Nadu as well as all India level.
Kinit S. Parikh in his work, ‘Social Infrastructure as Important as Physical Infrastructure’ (Parikh, 2002) mention that for human welfare, freedom from ignorance, diseases and fear is as important as freedom from want. Education, health care, water and sanitation services and environment that promote health and social safety nets which are required to provide such freedom can’t be obtained easily by all and therefore, there is a need for public action. These facilities are collectively termed as ‘social infrastructure’ for a widely shared inclusive development.

The importance of illiteracy as described by the author that illiteracy is a prison and education frees one from that prison. It increases peoples awareness of opportunities for advancement and imparts the ability to seize them. Knowledge of ones own right empowers a person and a literate person is able to acquire that knowledge. Literacy is thus the first step towards empowerment. It is estimated that economic returns both private and social on education are high. They are higher or at least comparable to returns on physical capital.

Regarding the importance of health the author opines that health is important for welfare. As a proverb says, ‘the first happiness is health, the second is full stomach, one can’t enjoy food if one is not healthy’. To lead a productive life, one needs good health. The author points out that first requirements of high labour productivity under modern conditions are the masses of population shall be literate, healthy and sufficiently welfed to be strong and energetic. Health like education is desirable in itself. Health however, can’t be ensured simply by individual efforts. Social Action is needed for sanitation, water supply, clean air, waste disposal and an environment which does not breed diseases or result in epidemics. Public action is particularly
important for the health of the poor as they are not able to take care of
themselves to the same extent as rich.

The author also focussed on the importance of social safety nets of the
citizens. The most industrialised countries provide safety nets to their citizens. They take care of their poor, unemployed, sick and old through publicly
provided safety nets. India also has a large number of antipoverty programmes
as well as pension programmes and public hospitals to provide such safety nets. But above all a humane society, a compassionate society, ought to provide all
its citizens such safety nets.

Democracy in a Fragmented World’ is about politics and human development. It is about how political power and institutions, formal and informal, national
and international shape human progress. And it is about how countries can
establish democratic governance systems that advance the human development
of all people in a world where so many are left behind.

Politics matter for human development because people every where want
to be free to determine their destinies, express their views and participate in the
decisions that shape their lives. These capabilities are just important for human
development – for expressing peoples choices – as being able to read or enjoy
good health. Even where democratic institutions firmly established, citizens
often feel powerless to influence national policies. They and their Governments
also feel more subject to international forces that they have little capacity to
control.
The subject matter of this report is that for promoting human development and safeguard the freedom and dignity of all people by the political parties and political institutions, democracy must widen and deepen.

At the March 2002 UN Conference on 'Financing for Development', in Monterey, Mexico, World leaders and policy makers assessed progress towards the development and poverty eradication goals set at the UN Millenium Summit in 2000. They also pledged an unprecedented global effort to achieve those goals by 2015.

Many developing countries are making progress on several fronts, but for much of the world prospects are bleak. If the global progress continues at such a snail’s pace, it will take more than 130 years to rid the world of hunger (income poverty). World’s poorest countries are least likely to achieve the goals are the world’s poorest, the least developed countries and most of them are in Sub-Saharan Africa. The spread of democracy, the integration of national economies, revolutions in technology – all point to a greater human freedom and greater potential for improving peoples lives.

In a more interdependent world, politics and political institutions are more central to human development. Around the world, discussions on development are placing more emphasis on institutions and governance. Such issues are important for human development, when institutions functions badly, poor and vulnerable people tend to suffer most.

Advancing human development requires governance that is democratic in both form and substance. Amartya Sen has shown how elections and a free press give politicians in democracies much stronger incentives to avert famines.
Democratic governance can trigger a virtuous cycle of development – as political freedom empowers people to press for policies that expand social and economic opportunities, and as per open debates help communities shape their priorities when democratic Government do not respond to the needs of poor people, the public becomes more inclined to support authoritarianism or populist leaders who claim that limiting civil liberties and political freedom will accelerate economic growth and promote social progress and stability.

Sheila Zurbrigg’s study, “Rakus Story – Structure of Ill Health and Source of Change” (Zurbrigg, 1984) revealed that some general factors and barriers to adequate health are common to all labouring families throughout the country.

The purpose of this study is to expose the more fundamental reasons for continuing ill health at most basic level. It focuses on poverty and gross maldistribution of all resources and power within Indian society.

Rakku’s story, is a story of village women in Southern India who tries to save the life of one of her children. This story is used as a base and stepping stone for a deeper understanding of the causes of ill-health and unnecessary mortality. Her story is a closer look at women’s life in relation to the rest of the society. The question which her story raises lead the analysis step by step out from her thatched mud home, beyond her village, beyond even the hospital where she takes her dying child, to the very structure and nature of Indian society as a whole. From this perspective, poverty is seen both as the primary source of ill-health and as a force which renders the majority powerless to make effective use of the official health system and also powerless to change it.
These problems in no way unique to India. The fundamental issues apply to most third world countries where problem of health care continues to exist. Rakku’s story and its analysis are a contribution to the excuses for continuing ill-health and social injustice in the world.

The author also cited the Kerala’s success which is due to a growing consciousness of people’s right and collective capacity to ensure those rights, now makes it rational for them to seek out the benefits of various governmental programmes, whether health services, fair price shops or educational facilities which together would atleast indirectly improve their economic situation and general standard of living. Arrival of enlightened leaders in political scene is another factor for Kerala’s success in health care and social development.

The final section of the study leads to specific proposals for change based on the primary need for collective pressure from the poor as the only realistic starting point for a solution to the related problems of ill-health and social justice. Collective awareness among the poor is required to expect and demand a fairer deal, as well consciousness to make use of basic services as they become available.

M.P. Bezbaruah and Suranjan Sarma in their work, ‘Fiscal Hardship and the Social Sector, The Case of Rural Primary Health Care in Assam’ (Bezbaruah and Sarma, 2002) pointed out that in the first forty years of economic planning in India, the development strategy was heavily public sector oriented. Governmental intervention was present in almost all spheres of the economy. In its attempt to be active in a wide range of areas the state had to distribute its efforts thinly in many areas. The inability of the state to put in enough effort both quantitatively and qualitatively in provision of elementary
education and primary health care proved to be major failing of Indias
development experience. After reoration of economic policy since 1991,
state is now expected to focus greater attention to areas where market forces
can't be expected to lead a social optimum. The social sector in general and
primary health care in particular, happens to be one such area where the state is
expected to intensify intervention as market forces can't be relied upon to cater
such services in interior villages.

The authors mentioned that social sector expenditure in 1990’s by
Central and State Governments came out with the conclusion that, taken as a
percentage of GSDP or as a proportion of aggregate expenditure, social
expenditure has came down in the states and neither the state nor the centre
increased their health expenditure considerably.

It is revealed in authors study that the share of total Government
expenditure going to rural primary health care had a long term declining trend
over the last two decades of the last century in Assam. In absolute terms at
constant prices the Government expenditure on rural primary health care
registered a modest trend growth rate of 2.65 percent per year. In per capita
terms the growth rate was merely 0.6 percent. In post reform period also
expenditure in both total and per capita term is slowing down. Clearly rural
primary health care is one of those sectors that have been made to bear brunt of
the State’s growing fiscal hardship.

It has been suggested by authors that Government should direct its
resources to provision of physical infrastructure and trained medical and
paramedical personnel, and secure private sector participation for provision of
consumables like medicines. In view of the obvious complementarities between
two components of health care public, private partnership can greatly enhance both quality and quantity of primary health care delivered to the rural population. Even NGO’s can be of great help in improving delivery of primary health care. Greater involvement of the community is perhaps the most crucial element required for better social returns from investments in rural primary health care. Apart from ensuring enough fiscal allocations to the rural primary health care sector, Governments need to put the necessary institutional arrangements, to make implementing agents of rural primary health care accountable to communities at the grass roots.

Jasmine Damle in her work, “Beyond Economic Development” (Damle, 2001) analysed the causes of backwardness of Marthwada region of Maharastra. Backwardness can be relative as well as absolute, in the sense that even the most basic amenities and resources are not available to majority of the people, resulting in multiple deprivation – economic, socio-cultural and political.

Development means reduction in inequalities, dispel glaring disparities of every kind, if not rooting them out altogether. In case of India, the acceptance of federal policy means sufficient opportunity for every state to ensure its development. The state of Maharastra consists of four major regions viz. Western Maharastra, Vidharbh, Konkan and Marthwada. The levels of development between different regions have been grossly uneven. There has always remained developmental back-log specially in case of Marthwada region of Maharastra, the influential state level political leaders were from Western Maharastra. So the leaders of other regions, specially Mathwada region attributed relative backwardness of their regions mainly to partial and favourable attitude towards Western Maharastra neglecting the development of other region. There is hardly any doubt that one were to utilize different
indicators of development, such as transport and communication, education, health, agriculture and industrial development, income etc., this sub-region would be found to be deficient as compared to other sub-regions of Maharashtra.

The author has tried to examine these complicated issues of unequal regional developments and the problems related to it. She has focussed her attention mainly on Marthwada. She has argued that the problem of economic backwardness of any region can’t be solved merely by giving extra doses of help from outside. What is crucial for development is mobilization of internal resources and people’s participation in the development process. She has argued that mindset of the people in this region is not developmental oriented and so the degree of internal resource mobilization as well as productive participation of people in development has always remained low. There is a need to remove the dependency syndrome which predominates their mindset.

There is of course a much fundamental question as to whether development is a zero sum game meaning thereby that development of one unit which is gain for that unit always results in loss for the other units which have not experienced development and as such are not only deprived of the gains of development but also have to pay a price for the development of others. According to the author entire history of development relate with such instances. Similar observations have been made with reference to a given nation and now also within a given region between sub-regions. If so, how to rectify this situation is a crucial problem which would occupy the energies of the best minds and of course with the co-operation of the people concerned for a long time to come.
Lesley Doyal in his work, "The Political Economy of Health" (Doyal, 1979) observed that the orthodox view of medical care has two approaches—social administration and sociology of medicine. Social Policy of social administration emerged in the late nineteenth and early twentieth century as part of Fabian Socialism (where medical care is regarded as duty of the Government) and has development as an academic discipline in its own right. The problems to which the practitioners of social administration address themselves are connected with the functioning or malfunctioning of welfare state.

The proponents of social administration approach take the view that there are certain tasks which need to be carried out in advanced industrialised societies which can't be left to the market for example education and health services. The state must therefore step in and perform such tasks. Social administrators also accept that there will be certain casualties of the system (e.g., the sick or unemployed) who must be cared for. The fundamental problem lies in the failure to consider in depth the nature of medical practice or the broader role of medicine in society.

According to the author cost of medical care is rising rapidly in both developed and underdeveloped parts of the world, while effectiveness of the expenditure being increasingly questioned. In under developed world mortality rates remain high, while in developed world medicine has made little impact on those diseases which people fear most cancer and heart diseases for example. A critical analysis of both the social determinants of health and illness and of the role of medicine in society is now emerging. This awareness can be used and improved upon to create a healthier society. There is a common belief that the
problem of effective health care for all can ultimately be resolved through the normal process of parliamentary democracy.

The author also highlight the traditional Marxist view of social practice of a given science. This applies to medicine as it does to other areas of science and technology.

In underdeveloped countries extremes of ill health and premature death are found the endemic tropical diseases, infectious diseases and malnutrition. The incidence and severity of infectious diseases are directly related to misery and squalor of both urban and rural poverty. Similarly malnutrition arise from too many people and too little food. Thus food insecurity is also related to ill-health.

In USA – provision of medical care has been left in private hands. However, in most advanced capitalist societies, the major responsibility for health care now lies with the state. Socialised medicine is a victory which working class gained at the expense of the ruling class. Hence in Britain, the National Health Science (NHS) is often seen as part of the ransom paid by capital to avoid political and economic disruption. Any legislation relating to conditions of working class is enacted against the background of struggle between labour and capital and relative strength of working class will be an important determinant of the outcome of any struggle to improve their living conditions. Indeed absence of labour movement in USA must be seen as a major reason for failure to develop an American State Health Service.

For those who can not afford an alternative an adequate system of state provided medical care is one of the preconditions of a decent life. Under capitalism there is contradiction between pursuit of health and pursuit of profit.
Since state owned medical service attempt to keep down the costs of health care, clearly this may result in decreasing expenditure on specific health related commodities, thus affecting the profits of firms in health sector.

The study conducted by author in Britain reveal that with capitalist development made possible a dramatic reduction in mortality rates this was due to disappearance of the obvious causes of death and disease – lack of sanitation, infected water, grossly over crowded housing.

The new disease burden consists largely of the so-called ‘degenerative’ diseases, such as cancer, heart diseases, artherities and diabetes, all of which now kill and cripple many more people than they did in the past. It is commonly argued that these diseases are ‘residual’ and that their increased incidence was only made possible by increase in life expectancy. According to this view degenerative diseases are an inevitable part of the aging process. In the past people did not live long enough to develop cancer or heart diseases and hence the fact that people now have longer life spans, is said to make these diseases appear more common. But this does not make such diseases an inevitable part of the aging process. Philippe Shubik of the US National Cancer Advisory Board has summed up that 80 percent of cancers are environmental in origin. Heart diseases and cancers are also due to a sedentary life-style and a diet high in fats and low in fibre.

Many women respond to the pressure created by the nature of their labour with feelings of depression and anxiety – the form of occupational ill-health. Much research needs to be done in understanding the relationship between work and health, but Marx’s classic description of the nature of wage labour remain an important philosophical starting point. “First, that work is
alien to the worker – that is not part of his nature; and that consequently he does not fulfill himself in his work, he has a feeling of misery rather than wellbeing – does not develop freely his mental and physical energies, but is physically exhausted and debased”.

Pollution and environmental problems also has got an important effect on health and illness e.g., water and air pollution. Many goods produced are dangerous in themselves to health e.g., cigarette smoking of which lead to heart disease and bronchitis, lung cancer etc.

Health hazards are also due to pressure towards increased consumption of highly processed and even ‘junk’ food especially by children has reinforced dietary trends, as people increase their consumption of food which is high in sugar and fat and low in vitamins, minerals, protein and fibre. This affects our health.

The authors observation is that the great killers of children – diarrhoea, pneumonia, malnutrition are beyond the reach of modern medicines. It is important to appreciate that in the absence of the fundamental social and environmental constituents of health, a predominantly curative policy has serious limitations. Thus western medical treatment is only a short-term solution to health problems, the remedy lies in change in life styles.

The refutation of existing myths about health and illness is a very important political task and the clarification of the ways in which capitalism damages health is beginning to form the basis of new areas of struggle. Demand for a healthier society, is in itself, the demand for a radically different socio-economic order. Demand for health in itself a revolutionary demand and one
which must be taken seriously in the broader struggle for socialism both in
developed countries and third world.

The work of Biswajit Chattarjee and Dilip Kumar Ghosh, “In Search of
District Development Index” (Chattarjee and Ghosh, 2001) makes an effort to
represent the ongoing development scenario in 18 districts of the state of West
Bengal. Though it is not possible to include all development parameters in a
single framework, this work try to provide an over all view of the level of
development in the districts through an aggregate score. It is obvious that an
aggregate index hides something intrinsic, but it is easier to understand and is
comprehensible to development practitioners.

In the present study District Development Index (DDI) is calculated
basing on three indicators viz. (a) Indicators of Economic Growth (b) Indicators
of infrastructure development and (c) Indicators of social development. In this
study human development index (HDI) for the districts are also calculated. HDI
provides a limited view as it takes into consideration a few indicators and
ignores others. For providing a broad based view, the authors developed DDI
on the basis of the available data.

The authors opinion regarding the purpose of the study that it was under
active consideration, to ascertain the relative position of the districts in the
development panorama. But readily nothing was available to give a reply to
such query. In this backdrop the present study is being undertaken with the
objective to locate the relative position of the different districts within the state
of West Bengal is made and no point of reference outside West Bengal has been
made.
There may be debates regarding appropriateness or otherwise of the indicators chosen, but broadly speaking, there appears to be a consensus that economic growth, infrastructure and social development constitute important elements of the development process of a region in an economy, and accordingly the authors have selected indicators of economic growth, indicators of infrastructure and indicators of social development. Following are the indicators –

**Growth Indicators:**


**Infrastructure:**

1) Pucca Road connectivity (2) Total surfaced and unsurfaced roads (3) Number of commercial bank branches and credit deposit ratio (4) Electricity coverage and (5) Irrigation coverage.

**Social Development Indicators:**

(1) Sanitation coverage (2) Rural water supply coverage (3) Beds in hospitals, availability of doctors (4) Per school and per teacher number of students in primary, junior, secondary and higher secondary schools, No. of
colleges (5) Literacy rate – total male and female, infant mortality rate, progress of scheduled caste/tribe.

One of the acid test of the success of the development programmes in a given region is the extent of poverty and associated deprivations. Poverty is a complex phenomenon with multiple dimensions, which can’t perhaps be comprehended by the use of a single homogeneous criterion.

One of the major issue in the poverty studies in India has been the choice of the poverty line to demarcate the poor from the non-poor, and the exact estimates of the incidence of poverty depend on the location of the poverty line.

There are other dimensions of deprivation which are not captured by income alone. Other income poverty deprivations due to inadequate access to health facilities and insufficient educational opportunities also connote serious deprivations to human capital and therefore constrain the development of the population and society at large. In order to capture these ‘other’ dimensions of development or lack therefore they use the Capability Poverty Measure (CPM) and the Human Poverty Index (HPI) developed by the UNDP.

The authors pointed out that infrastructure development is the precondition for any development process. Aggregation of all the dimensions of development is not possible on three counts. First, any aggregation is found to be arbitrary, second, there are positive dimensions and negative dimensions and they do not necessarily cancel out in aggregate because some dimensions are inherently qualitative in nature. Thirdly, more than one indicator portrays some of the dimensions of deprivations and development and among the indicators there are also overlaps and correlations. While these issues are important of analytical research in development economics, for practical purpose, the
combined indicator must also be simple and comprehensible to the practitioners of development administration so that various development schemes could be effectively implemented and targeted the designated beneficiaries.

In this study the overall ranking shows that Kolkata is at the top of the districts followed by Hoogly and North 24 Parganas. The average index score in this exercise comes out to be 8.264. As many as 9 districts have index score above this average i.e., they are more developed in comparison to other districts. Except Darjeeling and Jalpaiguri, all other North Bengal districts above the average score. That is they are less developed. Sub-group ranking by health and education is also done in this study.

The exercise using the average rank scores of the districts is useful in many ways. First, the method is very simple, it can be communicated with ease to the elected peoples representatives so that they can appreciate the status of development of their respective locality. Second, the combined score can be replaced when updated information about a component becomes available. Third this is possible to replicate this exercise at the block or even at village level.

In this report, the authors have tried to portray a comprehensive picture of the nature and extent of development and deprivations in the districts of West Bengal.

Keya Sen Gupta in her study, “Indian Economy : Economic Growth and Human Development” (Sen Gupta, 2002) pointed out that since growth and development of an economy is undertaken by the people, it should also be for the people. Without this increasing macro economic indicators of growth, will not only be meaningless, but serve the interest of the small segments of the
population. Her query is that, what should be the end of all economic policies and programmes? Is it merely improving the economic indicators of growth or living conditions and the quality of life of the people who actually constitute a nation.

It is assumed that benefits of economic growth automatically get transformed into better living conditions of the masses. It is therefore, generally considered unnecessary to make man the main focus of economic growth. However, experiences of growth reveal a wide gap between theoretical expectations and to focus attention on any form of social indicators of development generally determined the development experience of both developed and developing nations. Growth models are unable to incorporate all other aspects of development of an economy, especially 'man' and his conditions of living.

The author pointed out that development studies are very important as these studies are related to quality of life and welfare of the people. Attainment of human development is impossible without economic growth just as economic growth by itself is meaningless without human development. Therefore, achieving these two goals simultaneously should form part of every developmental goal and effort. Economic growth automatically does not transform into human development. So stress must be given to achieve growth with human development and this depend on increasing investment in improving the capabilities of people and ensure their participation in the process of economic development.

Human development therefore, should be given immediate attention in all types of policy formulations for economic development. Failure of the received
theories of economic growth in improving the living conditions of the masses should prompt the human development study in its own right as it is evident developmental experience of some nations of the world, including our own. It is therefore, essential that Human Development should be made an integral part of all the growth models as empirical reality reveals that economic growth fails to translate automatically into better HDI of the people.

The author calculated Human Development Index (HDI) for major fifteen Indian states following UNDP method. In this study Punjab was given rank 1 with an index of 0.991, following Maharastra with an index of 0.715 and Kerala with 0.660. Most worst state according to this ranking is Bihar with an index of 0.314.

'The Quality of Life' is a joint work by Martha C. Nussbanm and Amartya sen (Nussbanm and Sen, 1993). This work consists of a collection of papers derived from a conference that took place at the WIDER in Helsinki in July 1988 organised by Martha Nussbanm and Amartya Sen. The aim of the conference was to find out what is meant by 'quality of life' and what is required in terms of social policy for improving it, has been common preoccupation of both economics and philosophy, and an obvious focus of WIDER's work was a conference that brought scholars together from both these disciplines.

When we inquire about the prosperity of a nation or a region of the world, and about the quality of life of the inhabitants, how we determine this? What information do we require? Which criteria are truly relevant to human thriving? The analogue of GNP per capita, still widely used as a measure of quality of life will not take us very far. We also need, at the very least to ask
about the distribution of these resources, and what they do to peoples lives. We need to know not only about they do or do not have, but a great deal about how they are able to conduct their lives. We need surely to know about their health care and their medical services. We need to know about education – and not only about its availability, but about its nature and quality.

The life that a person leads can be seen as a combination of various doings and being, which can be generally called functionings. These functionings vary from such elementary matters as being well nourished and disease free to more complex doings or beings, such as having self respect, preserving human dignity, taking part in the life of the community and so on. The capability of a person which the person choose to have. In this sense the capability of a person corresponds to the freedom that a person has to lead one kind of life or another. It may be mentioned here that along with Cohen, Prof. Amartya Sen also considered capability set as an important indicator of quality of life as evidenced from the author's present work.

In this work, “India Economic Development and Social Opportunity” (Dreze and Sen, 1995) the authors tried to analyse the task of economic development in India in broad perspective, in which social as well as economic opportunities have central roles. They therefore, considered not only the facilities offered by functioning of market but also the fundamental role of human capabilities and their dependence on basic education, health services, opportunity of social co-operation as well as political protest and opposition.

The authors stressed that the need for reform had been strong for a long time in the over regulated Indian economy, but lack of any initiative towards a radical change in social policies, including those in basic education and
elementary health care, is a major failure. These wrong policies had negative implications on the prospects of improving living conditions and even on the chances of success of the market reform themselves. This work of Dreze and Sen diagnose the roots of Indias economic and social backwardness.

It has been pointed out by authors that Indias success in removing poverty, ignorance, disease and inequality of opportunity has been markedly less substantial than that of many other countries. There is one field in which India has clearly done worse than even the average of the poorest countries in the world, and that is elementary education. Indias current level of literacy is not only enormously lower than South Korea or China, Indias literacy achievements today are also very much lower than that South Korea, Thailand and other newly industrializing countries have already achieved by 1960. Since broad-based economic growth in these countries involved using modern industries and made considerable use of widely shared skills and education, the instrumental role of basic education in these development experiences can hardly be over looked. The recent work on economic growth has also brought out sharply the role of labour and so-called ‘human capital’. The economic roles of school education, learning by doing, technical progress etc. contributing to growth.

But there is difference among different Indian States. Infact, Kerala’s female literacy rate is higher than that of every individual province of China. On the other side, some of the Indian States e.g., U.P., Rajasthan, M.P., Bihar have much lower achievements than even the low Indian average. This applies to learning from high achievements in some fields as in Kerala as well as from low ones in those fields as in West Bengal. Note has to be taken of what the better performing countries did in the field of education, health services, social
security, Government relations and generally in the various areas of public action that bear on the identified social goals. For example countries like - South Korea, Hongkong, Singapore, Thailand and others could make splendid use of market based economic opportunities due to their better performance of social sector.

Development literature stressed on economic growth and expansion of human capabilities was never given due importance earlier. We need not to ignore the important instrumental role of economic growth in enhancing basic objectives of human capabilities, it is mainly a matter of being clear about ends and means.

Capability of a person according to authors is a concept that has distinctly Aristotelian roots. The life of a person can be seen as a sequence of things the person does, or state of being he or she achieves, and these constitute a collection of ‘functionings’ doings and beings the person achieves. Capability refers to the alternative combinations of the functionings from which a person can choose. Thus, the notion of capability is essentially one of freedom – the range of option a person has in deciding what kind of life to lead. Poverty due to low income, meagre possessions, and other aspects relates ultimately to their role in curtailing capabilities. Poverty is thus a matter of capability deprivation.

The role of the so-called ‘social’ variables education and health in fostering economic progress has recently received much attention in development literature. A persons education and health can help him or her to do many things and leads to expansion of capability. Education and health are thus variables of great strategic importance in the process of economic development.
India should learn from development experience of other countries – the four so-called tigers – South Korea, Singapore, Hongkong, Taiwan teach us the importance of freeing market. Much else happened in these countries other than freeing the markets – such as educational expansion, reasonable health care, extensive land reforms, determined government leadership in promoting economic growth and so on. These countries are well ahead of India in many social respect that have made it easier for them to use the economic opportunities offered by expansion of market, and they are in a better position even at the inception of their market – based leap forward.

India can also learn from those countries where economic growth is very low Srilanka, Jamaica for example. Quality of life is welldeveloped in these countries inspite of low economic progress. These experiences of rapid improvement in living conditions despite slow economic growth are full of important lessons – about the feasibility of achieving radical social progress at an early stage of economic development, about the powerful effects of well-devised public programmes in the field of health and education, role of public action etc.

India’s development pattern according to authors, may be termed as ‘unaimed opulence’, combining high rates of economic growth with persistence of widespread illiteracy, ill-health, child labour, criminal violence and related social failures. Brazil is an example where roots of the failure is to use economic growth as a basis for transforming quality of life. Kerala on the other hand with low economic growth has higher social development.

There is indeed a great deal to learn from China. During political transformation in China in 1949, conditions of China and India were more or
less same, both countries were among the poorest in the world and had high levels of mortality, undernourishment and illiteracy. Since then however, striking contrast has emerged between these two countries. This applies to both quality of life and per capita real income.

Development also depends on public action which depend on nature of political parties and their leadership. Public action can play a central role in economic development and in bringing social opportunities within the reach of the people as a whole. The positive public action include the provision of basic public services such as health care, child immunization, primary education, social security, environmental protection and rural infrastructure.

The authors also stressed that economic inequality is also a cause of social tension and violence. Inequality can be minimized by good governance. Thus there is central role of politics in development process, the need for more effective political organization of deprived groups and the importance of basic education as a means of successful participation in political activity.

K. Srinivasa Rao in his work on, “Expenditure Pattern of Andhra Pradesh Government and its Impact on Social and Human Development” (Rao, 2003), analysed the pattern of public expenditure and revealed that during post reform period allocations made to development, capital and plan activities witnessed downward trend. There was also deterioration in allocations made to social sector and human development activities. It appears that due to lower allocations to social and human development as also capital expenditure both growth of economy and employment slowed down.
It is useful to analyse the pattern of expenditure of the Govt. of A.P. with a view to discover whether expenditure policy has been tuned to achieve growth with social justice and human development.

The share of capital expenditure declined from 15.5% of GSDP to 11.8% during 1980-2002. Again while 79% of the expenditure allocated for development during pre reform period (1980-91) dwindled to 71% during post reform period (1991-2002).

To understand the performance of A.P. Govt. on social and human development, four ratios were calculated following UNDP methodology. Public Expenditure Ratio (PER) is a measure of the total expenditure of the state government as proportion of GSDP, while Social Allocation Ratio (SAR) conveys to what extent public expenditure is channelised for the development of social sector (education, health, family welfare, sanitation, water supply, housing, labour welfare etc.). Social Priority Ratio (SPR) is a subset of SAR. The fourth ratio is Human Priority Ratio (HPR) or Human Development Expenditure Ratio. It is product of three aforesaid ratios, which is also equal to Social Priority Expenditure as proportion of GSDP. An increase in the SAR, SPR and/or HPR may be viewed as wiser allocation of public expenditure which is expected to expand welfare in the economy. The PER remained less than 20% both in the pre reform and post reform periods. UNDP norm for PER is 25%.

While SAR decreased marginally from 37.3% to 34.2%, SPR remained close to 35%. While actual SAR in A.P. is nearer to UNDP norm, in the case of SPR, it is far below the norm of 50 percent. Due to inadequate allocation to social sector in general and social priority in particular during the post reform
period, HPR is just 2%, compared to the norm of 5%. One policy suggestion is that the AP Govt. should attempt to raise allocations to primary education, primary health including family planning and preventive medicine, sanitation and water supply.

According to author the observed pattern of public expenditure characterised by inadequate allocations to development, capital, social and human priority activities, is bound to have adverse impact on growth, poverty and unemployment. While A.P. economy grew at the average rate of 6.4% during the pre-reform period, it dropped to 5.3% in post reform period. Rate of growth of employment also slowed down from 2.6% during pre reform period (1983-84) to 2% during post reform period (1993-2000).

Amitabh Kundu, Basant K. Pradhan and A. Subramanian in their work, “Analysis of Impact of Urban Centres on thin periphery” (Kundu et al. 2002), argued that spatial dimension of development continues to be a neglected area in economic analysis. As a result traditional models of development fails to explain the gap of socio-economic development between the city and its periphery. The authors analysed that the distance of a village from the nearest town has a systematic impact on its socio-economic characteristics.

By the middle of the 20th century, economists had started perceiving geographical distance as a factor causing under development. Geographers and regional analysts proposed distance decay models that reflect the recognition of the impact of space on the process of development.

It would be useful to analyse the spatial distribution of socio-economic indicators in space and identify patterns or their absence. The data of indicators can be plotted against distance from the nearest urban centre. By tracing the
variations over distance and finding analytical explanations for that, an attempt can be made to formulate such models.

As far as health indicators are concerned, they show a declining trend with distance as expected. Both infant and child mortality rates increase sharply with increase in distance. This may be due to villages away from urban centres lack health facilities leading to larger number of deaths among infants as well as children below 14 years.

On the educational dimension, the literacy and enrolment rates can be seen as deteriorating with distance, as expected. Remote villages mostly have low enrolment, low literacy and low private expenditure on education.

Development economists have often stipulated that the values of socio-economic indicators tend to decline linearly with distance in the rural hinterland.

The analysis of the impact of distance of a village from the nearest town on the socio-economic characteristics of the former reveals an interesting pattern, providing a basis for examining some of the conventional theories as also programmes built on uncritical acceptance of market based solutions.

M.S. Swaminathan in her work on “Food Security and Community Grains Bank” (Swaminathan, 2002) pointed out that Human Development Report published by UNDP for 2001, has introduced a Technology Achievement Index (TAI), which is an aggregation of four groups of indicators relating to the creation of technology, diffusion of old innovations and human skills, creation of technology has been measured by the number of patents per capita and receipts of royalty and license from abroad per capita. The emphasis
is thus on intellectual property rights (IPR) of nations, evidenced by the power of proprietary science. The other indicators relate to digital extension and educational divides. This report titled “Making Technologies work for Human Development” has however, not drawn attention to the fact that bridging the expanding nutritional divide is fundamental to bridging the other divides particularly that relating to IPR.

In his work on, “Social Construction of Health – Changing Paradigms” by Vijay Kumar Yadavendu (Yadavendu, 2001) the author discusses about health and medicine (which is an important component of human development) began to emerge in early Greek Society with its own theories and practitioners. Greeks had adapted an internal view on health and believed that medical intervention and prevention in the social and physical environment were necessary for health. World Health Organization (WHO) defines health as “physical, mental and social-wellbeing”. Medical Sociology described as the study of social factors in health care. Social scientists whose primary orientation is disciplinary (e.g., economics, sociology, psychology) rather than substantive (e.g. health) would respond with paradigms from their respective disciplines, more hazard role, pluralism and so forth. To move closer still pathology and medicine do have their own paradigms, but like these imposed by social science beg the substantive issue of health itself.

Grace Maria Antony, K. Visweswara Rao, N. Balakrishna (2001) in their work, “Suitability of HDI for Assessing Health and Nutritional Status” attempted to highlight the validity of Human Development Index (HDI) which is used widely to measure health inequality and standard of living. The author examined the behaviour of HDI with variations in demographic, social, economic, health, dietary habits and nutritional status and examine the
correlation of these variables with HDI. Every human being, according to this work, has a desire for a healthier and better world. The impact of poverty and nutrition on health has widened the gap between rich and poor. Health of the population directly related to economic efficiency, educational status, accessibility to basic health services, social and cultural development etc. Economists see poverty as the principal cause of undernutrition.

Jean Dreze and Haris Gazder, in their work, “Uttar Pradesh: The burden of Inertia” (1999) discusses the problem of economic and social backwardness in Uttar Pradesh and its causes. The main cause of underdevelopment, they pointed out are mal-functioning of public services and low rate of literacy in the state.

One of the lessons emerging from a wide range of recent development experiences is the public action can play a powerful role in promoting essential aspect of the quality of life, even at early stage of development.

Uttar Pradesh can be seen as a case study of development in a region of India that currently lags behind the rest of the country in terms of a number of important aspects of well-being and social progress.

A.N. Agrawal (1995) in his work on Indian Economy treats HDI as an important index of development. HDI according to author represents economic indicator through per capita income and it also represents social indicator through education and life expectancy. The index is useful and meaningful specially for less developed countries and regions. Highlighting the importance of HDI, he further opines that determining the well-being of the poor in less developed countries and regions also reveals the nature of the quality of life.
This increases the role of Government expenditure, with some restructuring which can be helpful for providing more resources for education and health.

C.B. Padmanabhan and Kanakasabai Nagarajan in their work “Interstate Development” have highlighted neo-classical viewpoint on human development. They adopted the UNDP’s approach on HDI, they studied HDI of 15 states of India showing Punjab and Kerala much above the all-India rate while Bihar and Rajasthan are much below the all India rate.

Hanumanth Rao in his work to measure Physical Quality of Life Index (PQLI) for major states in India in 1991 has indicated though not explicitly the following as important social indicator at local level. Provision of minimum needs such as elementary education, adult education, primary health centres, potable drinking water, public distribution of food grains, housing etc.

The Report addresses, as its main issue, the question of how economic growth translates or fails to translate into human development. The focus is on people and on how development enlarges their choices. This report discusses the meaning and measurement of human development, proposing a new composite index. However its overall orientation is practical and pragmatic (UNDP, 1990).

Lack of political commitment rather than financial resources is often the real cause of human development. This is the main conclusion of human development. Report 1991, the second in its series of annual reports on the subject (UNDP, 1991).

The report suggests a two-pronged strategy to break away from the situation of high income inequality. First, making massive investments in their
people and strengthening national technological capacity can enable some developing countries to acquire strong competitive edge in international markets. Second, there should be basic international reforms including the restructuring the Bretton Woods Institutions and setting up security council within the United Nations (UNDP, 1992).

The HDR 1993, examines how and to what extent people participate in the events and processes that shape their lives. It looks at major three means of people’s participation. People friendly markets, decentralised governance and community organizations, especially (NGO’s) and suggest concrete policy measures to address the growing problems of increasing unemployment (UNDP, 1993).

HDR 1994, introduces a new concept of human security which equate security with people rather than territories, with development rather than areas. It examines both the national and global concern for security (UNDP, 1994).

The HDR 1995, analyses the progress made in reducing gender disparities in the past few decades and highlights the wide and persistent gap between women’s expanding capabilities and limited opportunities. The report offers a five point strategy for equalizing gender opportunities in the decade ahead (UNDP, 1995).

The HDR 1996, argues that economic growth, if not properly managed, can be jobless, voiceless, rootless and futureless, and thus detrimental to human development and sustainability (UNDP, 1996).

HDR 1997, is related to eradicating poverty everywhere is more a moral imperative – it is a practical possibility. That is the most important message of
Human Development Report 1997. The world has the resources and the know how to create a poverty free world in less than a generation (UNDP, 1997).

The high levels of production and consumption in the world today, the power of potential technology and information, present great opportunities. After a century of vast material expansion, will leaders and people have the vision to seek and achieve more equitable human advance in the 21\textsuperscript{st} century (UNDP, 1998).

The HDR 1999, points out that Global market, global technology, global ideas and global solidarity can enrich the lives of people everywhere. The challenge is to ensure that the benefits are shared equitably and this increasing interdependence works for people – not just for profits. The report argues that globalization is not new, but the present era of globalization, driven by competitive global markets, is outplacing the governance of markets and the repercussions on people (UNDP, 1999).


The HDR 2001, highlights that the technology networks are transforming the traditional map of development, expanding peoples horizons and creating the potential to realize in a decade progress that required generations in the past (UNDP, 2001).

HDR 2002, is first and foremost about the idea that politics as important to successful development as economics. Sustained poverty reduction requires
equitable growth – but it also requires that poor people have political power. It can be achieved by building strong and deep forms of democratic governance at all levels of society (UNDP, 2002).

HDR 2003, depicts that range of human development in the world is vast and uneven, with astounding progress in some areas amidst stagnation and decline in others. Balance and commitment of all nations, rich and poor, and a global development compact to extend the wealth of possibilities to all people (UNDP, 2003).

The HDR 2004, highlights that accommodating peoples growing demands for their inclusion in society, for respect of their ethnicity, religion and language takes more than democracy and equitable growth. Also needed are multicultural policies that recognise differences, champion diversity and promote cultural freedom, so that people choose to speak their language, practice their religion and participate to shape their culture – so that people can choose to be who they are (UNDP, 2004).

HDR, 2005 takes stock of Human Development including progress towards the Millenium Development Goals (MDGs). Looking beyond statistics it highlights the human costs of missed targets and broken promises. Extreme inequality between countries and within countries is identified as one of the main barriers to human development and as a powerful brake on accelerated progress towards the Millenium Development Goals.

In a study made by K. Srinivasan (1997) Executive Director of Population Foundation of India and Abusaleh Sariff, Principal economist – National Council for Applied Economic Research (NCAER) to analyse various facets of the Indian society and economy by collecting data on various aspects
of human development an attempt has been made to make a comprehensive
evaluation of the major states in terms of HDI. The index attempts to measure a
country’s or an area’s achievements in the enhancement of human capabilities.
The HDI computed for different major states of India and the country as a
whole giving equal weightage to three components viz. life expectancy at birth,
educational attainment and an appropriately adjusted real GDP per capita is a
composite index ranging from 0 to 10. He found that most of the Indian States
are having low human development except few states like Kerala, Punjab, Goa,
which are having high human development.

Research work as revealed by our survey of literature relating to human
development in North-East India or more particularly to Assam is very scanty.
Recently the first Human Development Report published by Government
of Assam. Inspite of rich natural resources, the state is still economically
backward. This has induced the centre to announce various economic packages
for the development of the state with very little success.

Development efforts have received a shock by ethnic and social strifes
and separatist movement in the region. Prof. Amartya Sen’s observation that
“inequality causes social tension”, it would be interesting to see whether
inequality is existing in the state or not among different social, religious and
income groups. This can be observed from the construction of human
development index for different social, religious and income groups in the state.

Even after so many years of developmental experience, the people of this
state with their own characteristic problems are still engaged in a bitter struggle
for survival. What has escaped the attention of the planners and policy makers
is that only economic development with undue attention to Human
Development, will only result in concentration of benefits of economic development in a few limited hands. This will result in emergence of the feeling of deprivation, negligence and alienation among the people. Under the given circumstances human development receives a jolt resulting in further accentuation of deprivation, which in turn retards economic development. According to Planning Commission’s Human Development Report (NHDR, 2001), Assam’s rank is 14th among all the major 15 states of India.

The state till recently, was not caught up in the mad race of consumerism and materialistic life style. A sudden rise in the income of a certain section of the population due to economic reform and onslaught of the market economy, has resulted in a rise in consumerism as well. This has led to a wide-scale disparity in the level of income and consumption between different sections of the people, pushing down further the index of human development.

The turmoil in the state is more a outcome of low level of living rather than low level of economic development, a disturbing feature which needs to be arrested immediately. All these vital but neglected issues call for examining the real developmental problems of the state. This brings to the forefront identification of factors governing Human Development which can no more be seen separately from economic development. This prompts us in undertaking the present study in which we shall make an attempt to identify the various factors determining Human Development of the various income, social and religious groups across the state and fulfill this long gap existing in human development literature.
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