

Social Sector Development in India with Special Reference to NE India

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Abstract

The concept of development has undergone a sea change after the popularization of the Human Development Approach and publication of the first Human Development Report of the United Nations Development Programme (UNDP) in 1990. Today, human beings are considered as both the means and ends of production. Thus, all the development activities are centred towards maximizing well-being of the mankind; and for which social sector development is considered very vital. By social sector, one can simply refer to education, health, hygiene, drinking water and housing which can enhance the quality of life of the people; and of which, education and health are considered as the most essential for determining the level of social development of a region and thereby economic development. This paper analyzes the social sector development in India with special reference to North East India.

Key words : North East India, Social sector, Sex ratio, Literacy rate.

Introduction :

The concept of development has undergone a sea change after the popularization of the Human Development Approach and publication of the first Human Development Report of the United Nations Development Programme (UNDP) in 1990. Today, human beings are considered as both the means and ends of production and all development activities are centred towards maximizing

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well-being of the mankind; and for which social sector development is considered very vital. Thus, social sector development gets importance in the matter of economic and human development which gets further acknowledgement with the Copenhagen Declaration and Programme of Action in 1995. By social sector, one can simply refer to education, health, hygiene, nutrition, drinking water, housing, matters related to eradication of poverty and issues involving senior citizens which can enhance the quality of life of the people; and of which, education and health are considered as the most essential for determining the level of social development of a region and thereby economic development. This paper analyzes the social sector development in India with special reference to North East India.

Objectives of the study :

The basic objective of the paper is to study the status of social sector development in India with special reference to North East India.

Data source :

The data for the study have been sourced from the Census Report of 2011, District Level Household and Facility Survey -3, Planning Commission Data Bank and State Report Cards prepared by the NUEPA for various years.

Methodology of the study :

The collected data have been analyzed to gauge the status of social sector among the states of the NER vis-à-vis the country and some selected states of the country. The criterion taken for selecting the states is the HDI scores in 2011. Two states from each of the High, Medium and Low Human Development Category states in the HDI ranking in 2011 have been considered for the comparison. The selected states are Kerala (1), Himachal Pradesh (3), Haryana (10), Gujrat (12), Bihar (19) and Chhattisgarh (21).

Discussion :**Infant Mortality Rate (IMR) :**

The IMR is one of the health indicators of development which can to

great extent reflect the overall health status of a country, state or a society. If the IMR is low then it indicates better health condition of not only of the infants but also of the mothers. Moreover, low infant mortality rate is associated with high life expectancy at birth. Since, except for the state of Assam, the life expectancy at birth data is not available for other states of the north-eastern states and hence, the IMR is the only outcome indicator of health attainment for the states of the region. In this section, an attempt has been made to analyse the achievement of the states of the north east with respect to the IMR to that of the country as a whole and to some of the selected states of the country.

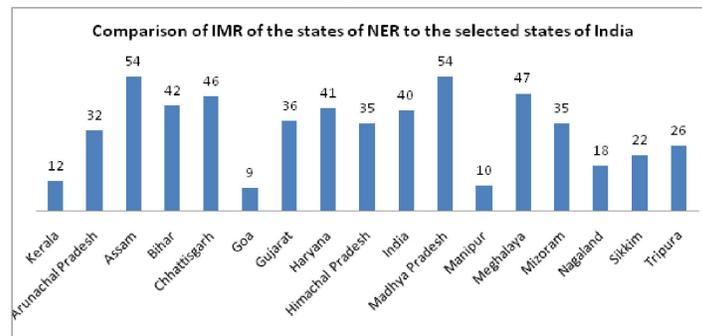
Table - 1
Comparison of Infant Mortality of the States of NER with few selected States of India

Sl. No.	State	IMR
1	Kerala	12
2	Himachal Pradesh	35
3	Haryana	41
4	Gujarat	36
5	Bihar	42
6	Chhattisgarh	46
7	Arunachal Pradesh	32
8	Assam	54
9	Manipur	10
10	Meghalaya	47
11	Mizoram	35
12	Nagaland	18
13	Sikkim	22
14	Tripura	26
15	Goa	9
16	Madhya Pradesh	54
India		40

Source: SRS Bulletin, Vol.49, No. 1, September 2014

From the above Table-1, it is observed that the IMR rate of the states of North East India as compared to the national average and the other states of India is a little bit satisfactory because out of 8 states, the infant mortality rate of 6 states are lower than the national average. Again, Manipur is the state whose IMR is one of the lowest in the country (10) after Goa (9), the highest achieving state of the country in 2014. Moreover, the IMR of the states of the region except Assam and Meghalaya are even below or at par with the high HDI ranked states of the country. It is also to be mentioned here that the HDI rank of the states of the NER without considering Assam is sixth, which is a remarkable achievement of the states of the NER with its geographical isolation, infrastructural bottleneck, industrial backwardness, primitive agriculture, problem of insurgency and unrest. On the other hand, the saddest part of the story of achievement in health sector is that Assam is one of the states of India where the IMR is highest in the country (54). It has shared the lowest position in the country along with Madhya Pradesh (54). But, if we compare the health infrastructure of the region, then it is the Assam where the infrastructure is most developed. Thus, it is need of the hour to study the reasons behind the possible causes of high prevalence of the IMR in Assam. The possible reason for this may be high level of illiteracy prevalent in the Char and the tea garden area of the states which is further aggravated by the grossly underdeveloped health sector, pitiable road condition, extreme poverty along with lack of public awareness about different governmental schemes and non-participation in those programs. The degree of inequality in the achievement of the health in terms of the IMR is shown in the Figure-1.

Figure-1



Sex ratio :

The sex ratio is a good indicator to represent precisely the gender discrimination and also of population composition in a society. In India, sex ratio is quite low as compared to the developed countries of the world due to gender discrimination against women and girl child and due to son preference. However, as compared to the states of the mainland India, the women of the NER have greater social and economic mobility. In this section, an attempt has been made to analyse the status of women in terms of gender with respect to sex ratio and child sex ratio (0-6 years) with the help of the Table-2.

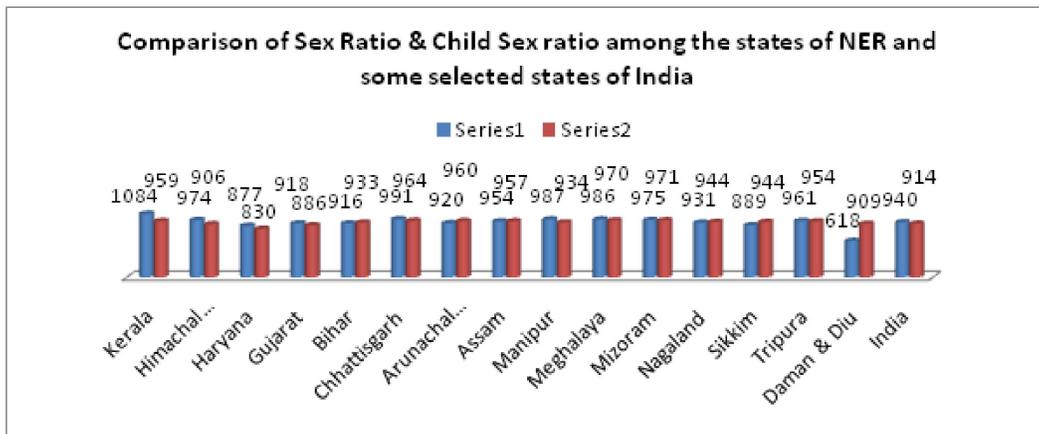
Table-2**Comparison of Sex Ratio of the States of NER with few selected States of India**

Sl. No.	State	Sex Ratio	Sex ratio (0-6 Years)
1	Kerala	1084	959
2	Himachal Pradesh	974	906
3	Haryana	877	830
4	Gujarat	918	886
5	Bihar	916	933
6	Chhattisgarh	991	964
7	Arunachal Pradesh	920	960
8	Assam	954	957
9	Manipur	987	934
10	Meghalaya	986	970
11	Mizoram	975	971
12	Nagaland	931	944
13	Sikkim	889	944
14	Tripura	961	954
15	Daman & Diu	618	909
India		940	914

Source : Census of India, 2011.

It appears from the Table-2 that sex ratio of the most of the states of the NER are above the national average (940) in 2011. However, the sex ratio for Sikkim (889) is one of the lowest in the country. The sex ratios of the other states of the NER in descending order are: Arunachal Pradesh (920), Nagaland (931), Assam (954), Tripura (961), Mizoram (975), Meghalaya (986) and Manipur (987). At the same time it is observed that the sex ratio of the state Kerala (1084) was highest and Daman & Diu (618) was the lowest in 2011.

Again, if we consider about the child sex ratio, then it appears that in states like Arunachal Pradesh (960), Assam (957), Nagaland (944) and Sikkim (944), the ratio of the same is increasing as compared to the overall sex ratio; while in the other states of the NER viz., Meghalaya (970), Mizoram (971), Manipur (934) and Tripura (954); it is declining either moderately or slightly. However, the child sex ratios of the states of the NER are well above the national average (914). At the same time, it also appears that the child sex ratio in the state like Kerala is also quite low (959) as compared to its overall sex ratio. In fact, the states like Arunachal Pradesh, Meghalaya and Manipur has the higher sex ratio than that of Kerala which is impressive. Thus, the higher child sex ratio of the states of the NER is a positive side in the context of the gender discrimination prevailing in the country.



Literacy rate :

Education is an essential component for expanding opportunities of the human being that also builds human capacity and expands human freedom. Without education people are crippled as it adds value to a person's life and plays a crucial role in his/her overall development. Further it adds tremendous value to society at the macro level. There is a strong correlation between lack of literacy and poverty, both in the economic sense and in the broader sense of deprivation of capabilities (UNESCO, 2006 in India Human Development Report, 2011, p. 181). Moreover, education can also help one to generate self-esteem and gain confidence to do something worthy. It increases employability thereby one's income and reduction of poverty in turn improves social status. Thus, education enhances opportunity, builds capacity and expands freedom and these are the reasons why educational attainment is not only important for social sector development but also an essential component of human development.

Two variables, viz., youth literacy (15-24 years) and adult literacy +15 age are considered to have a brief idea about the educational attainment of the states of the NER. The table:3 provides a kaleidoscopic picture of the status of the penetration on education among the people of NER. The Table-3 gives an idea about the adult literacy and youth literacy of the states of the NER to that of the nation as a whole and to the selected states of the country.

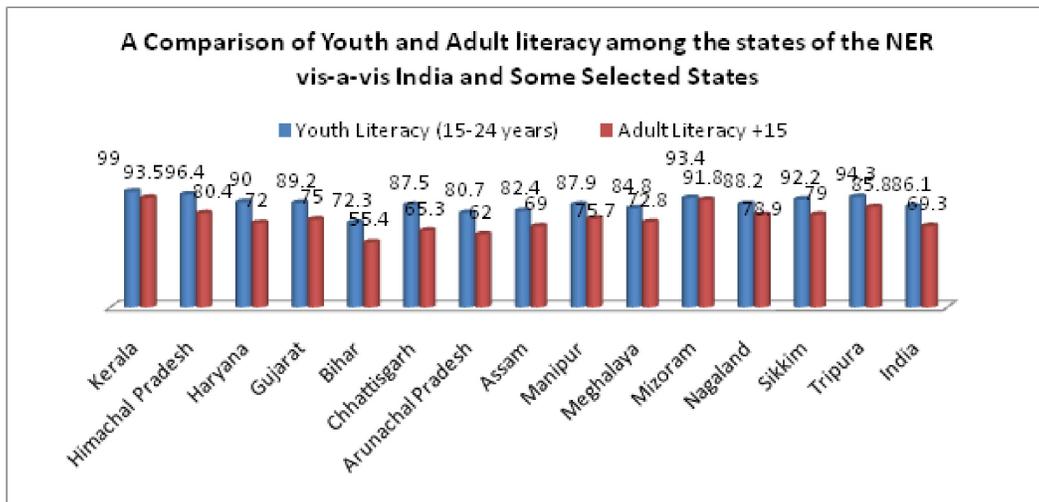
Table-3
A Comparison of Literacy Rate among the States of NER and certain selected states of India

Sl. No.	State	Youth Literacy (15-24 years)	Adult Literacy +15
1	Kerala	99.00	93.5
2	Himachal Pradesh	96.40	80.4
3	Haryana	90.00	72
4	Gujarat	89.20	75
5	Bihar	72.30	55.4
6	Chhattisgarh	87.50	65.3

8	Assam	82.40	69
9	Manipur	87.90	75.7
10	Meghalaya	84.80	72.8
11	Mizoram	93.40	91.8
12	Nagaland	88.20	78.9
13	Sikkim	92.20	79
14	Tripura	94.30	85.8
	India	86.10	69.3

Source: Census of India, 2001 & Education for All Towards Quality with Equity INDIA, 2014.

It appears from the Table-3 that the literacy rate both the adult and youth among the states of the NER are satisfactory as compared to the nation as a whole to that of the other selected states.



Nutritional Status of the Children and Women :

The nutritional status of the children and women is another good indicator of social sector development. In India, malnutrition is a major problem which leads to underweight, low birth weight and stunted growth of children; early

death of children; infant mortality; low BMIs of the women and anaemia among the women. Moreover, if proper nutritional care to the children is provided then more development of their brain take place that contributes to better learning ability; and a better learning ability will help the child to enhance his/her capability. On the other hand, a healthy mother can only gives birth to a healthy child and provide sufficient nutrition during the breastfeeding period. The Table-4 provides a glance at the nutritional status of the children and women in the NER with respect to the country and the some of the selected states of India.

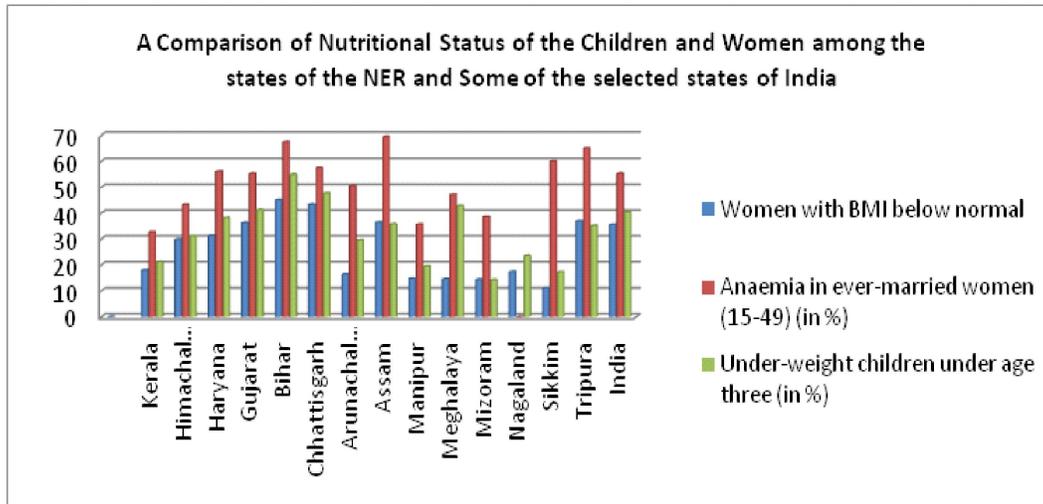
Table-4
A Comparison of Nutritional Status of Women and Children among the States of NER and certain selected states of India

Sl. No.	State	Women with BMI below normal (in %)	Anaemia in ever-married women (15-49) (in %)	Under-weight children under age three (in %)
1	Kerala	18.0	32.8	21.2
2	Himachal Pradesh	29.9	43.3	31.1
3	Haryana	31.3	56.1	38.2
4	Gujarat	36.3	55.3	41.3
5	Bihar	45.1	67.4	55.0
6	Chhattisgarh	43.4	57.5	47.8
7	Arunachal Pradesh	16.4	50.6	29.6
8	Assam	36.5	69.5	35.8
9	Manipur	14.8	35.7	19.5
10	Meghalaya	14.6	47.2	42.9
11	Mizoram	14.4	38.6	14.3
12	Nagaland	17.4	38.4*	23.6
13	Sikkim	11.2	60.0	17.3
14	Tripura	36.9	65.1	35.2
	India	35.6	55.3	40.4

Source: NFHS-2,NFHS-3;*Data for NFHS-2

It appears from the Table-4 that status of women with respect to the parameter women with below normal BMI is satisfactory to that of the country and to the other states of India including the best performing states like Kerala in the HDI. Among the states of the NER, the percentage is lowest for Sikkim (11.2), followed by Mizoram (14.4), Meghalaya (14.6), Manipur (14.8), Arunachal Pradesh (16.4) and Nagaland (17.4). It is to be noted here that all the states status for the indicator is above the national average (35.6 per cent) and states like Kerala (18.0 per cent). However, the percentage of women with below normal BMI in Assam (36.5) and Tripura (36.9) are lower than the national average. Again, the percentage of ever married anaemic women in some of the states of the NER, viz., Manipur (35.7), Nagaland (36.4), Mizoram (36.6), Meghalaya (47.2) and Arunachal Pradesh (50.6) are lower than the national average (55.3 per cent). On the other hand, the situation is same for the state of Assam (69.5) and Tripura (65.1) along with Sikkim (60.0). Thus, it can be concluded that the nutritional status of the states like Assam and Tripura are lower than the all India level as well as to the other states of the country; and within the states of the NER which is a major concern.

On the other hand, in case of child nutritional status except Meghalaya (42.9 per cent), the average of the other states of the NER is better than the national average (40.4 per cent). The percentages of underweight children under age 3 are respectively: Mizoram (14.3 per cent), Sikkim (17.3 per cent), Manipur (19.5 per cent), Nagaland (23.6), Arunachal Pradesh (29.6 per cent) and Assam (35.8 per cent). Thus, it is observed that the status of children in terms of underweight children of age 3 in the NER as whole is better than the national average and for many states it even better than the highly development states like Kerala in terms of HDI.



Access to Toilet, Safe Drinking Water and Housing :

Housing that provides security and safety is a basic need of the human beings. On the other hand, access to toilet and safe drinking water contribute positively towards reduction of health related problems such as water-borne diseases. The table:5 provides an idea about the access to housing, toilet and safe drinking water facilities in the states of NER to that of the country and the some of the selected states.

Table - 5
Access to Toilet, Safe Drinking Water and Housing

Sl. No.	State	***Household with Pucca houses (%) (in 2007-08)	*Household with access to Safe drinking water (%) (in 2011)	**Household with Toilet facility (%) (in 2008-09)
1	Kerala	79.2	33.5	95.7
2	Himachal Pradesh	45.5	93.7	57.7
3	Haryana	58.0	93.8	66.3
4	Gujarat	38.2	90.3	56.4

5	Bihar	14.8	94	25.9
6	Chhattisgarh	10.5	86.3	27.1
7	Arunachal Pradesh	9.2	78.6	87.3
8	Assam	5.5	69.9	87.9
9	Manipur	3.6	45.4	99.2
10	Meghalaya	7.4	44.7	90.7
11	Mizoram	7.0	60.4	99.3
12	Nagaland	N.A.	53.8	97.4
13	Sikkim	42.9	85.3	97.9
14	Tripura	7.9	67.5	97.1
	India	32.7	85.5	50.8

Source: * Economic Survey 2013-14, ** NSS 65th Round, ***DLHS-3

It appears from the Table-5 that housing quality is not satisfactory for the states of the NER. It is far below than the national status as per the DLHS-3 report during 2007-08. Sikkim (42.9) is the only state where the percentage of people living in the pucca houses is higher than the national average (32.7 per cent). The percentage of people living in pucca houses in the other states of the NER are respectively Arunachal Pradesh (9.2 per cent); Tripura (7.9 per cent); Meghalaya (7.4 per cent); Mizoram (7 per cent), Assam (5.5 per cent) and Manipur (3.6 per cent). The data for Nagaland is not available. Similar is the fact about the access to safe drinking water. The access to safe drinking water for all the states of the NER is below the national average (85.5 per cent).

On the other hand, with respect to the access to toilet facilities, the states of the NER are far above the national average and the other states of the country which is the only encouraging aspect in the context of its numerous problems.

Conclusion :

From the above discussion, it can be concluded that with respect certain outcome indicators of social sector development, viz., literacy rate, infant mortality rate, sex ratio, the attainment of the states are of mixed bag. On the other hand, in case of the indicators except access to toilet facilities those contribute social sector development are also not worth-mentioning. Measures should be taken to provide self-employment opportunities to the unemployed youths of the region so that the problem of unemployment, poverty and insurgency can be solved permanently in a region where industrial development is yet to take place in a proper direction. Thus, the need of the hour is to adopt proper development policy for the states of the NER based on their attainment level in different segments. The level of attainment should be studied by considering human development approach at disaggregate level.

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