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GRT SOME DIMENSIONS OF HUMAN DEVELOPMENT: A STUDY ON THE STATE OF HEALTH AND EDUCATION OF KBK DISTRICTS OF ODISHA

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Abstract:-The KBK districts of Odisha is regarded as the homeland of the tribals having a total tribal population of about 81,45,081 which is 22.21 percent of the State's total population according to Census 2001. 89.95% people of this region still live in villages. This region is considered one of the poorest regions in the country. The present paper aims at examining the health and educational status of undivided KBK districts of Odisha. It also attempts to study the gender-wise disparities on health and literacy among KBK districts in general.

Keywords: Human Development , Health And Education , Dimensions , health and literacy .

1.INTRODUCTION

“Be Happy” is a debatable issue and could have only a subjective answer. Not solely food, clothing and shelter, however good education and a decent health are considered as basic necessities for living within the development discourse. Deprivation from these elements stakes a condition of vulnerability and the manifestations of poverty. In spite of endowment with rich natural resources, Odisha is measured as one of the poorest states of the nation with 49.72% of population living below poverty line (1997). Nearly 87% of population lives in rural areas depending mostly on agriculture for their livelihood. Their development depends on development of social sectors like education, health etc.

KBK (Kalahandi-Balangir-Koraput) districts are designated as the most backward region of Odisha by the planning commission. Malnutrition, lack of access to the basic services and failure of entitlements, persistent crop failure, starvation and migration are the legendary manifestations in this region. Backwardness of this region is multi-faceted like tribal backwardness, hill area backwardness, backwardness due to severe natural calamities and apathy of state and central government towards this region. This paper explores an extensive study on the dimension of human development with respect to social sectors of status of health and education of KBK districts of Odisha.

2. OBJECTIVES OF THE STUDY

The objectives of the study are given below:

- To analyze the general socio-economic condition of KBK districts where world's poorest tribal reside
- To analyze the quantum of paucity of health and education in KBK districts
- To examine the gender-wise disparities on health and literacy among KBK districts in general

3. METHODOLOGY

The study is basically based on secondary data. Data have been collected from various sources like books, journals, manuals and reports of the state concerned for literature part. Data have been interpreted with the help of statistical devices. The study was conducted in KBK districts of Odisha, actually focusing on growth.

4. SOCIO-ECONOMIC PROFILE OF KBK DISTRICTS

The undivided districts of KBK region have been divided into eight districts since 1992-93: Koraput, Nawrangpur, Rayagada, Malkangiri, Bolangir, Kalahandi Sonepur, and Nuapada. The physiographic of KBK districts gives a perfect platform for the tribals in sustaining their ethno-cultural identity. It has been the homeland of various tribal communities with their sub-tribes. Tribal communities dominate this region. As per 2001 Census, about 38.41% people of these districts belong to the Scheduled Tribes (ST) communities including four Primitive Tribal Groups (PTG), i.e., Bondas, Dadai, Langia, Sauras and Dangaria Kandhas. These eight districts comprise of 12,293 villages, 1,437 Gram Panchayats, 80 CD Blocks, 37 Tehsils and 14 Subdivisions. The KBK districts account for 30.59 per cent geographical area and 19.79 per cent population of the state. Ninety percent population of this region still lives in villages. This region is one of the poorest regions in the country. As per 1999-2000 NSS data estimation, 87.14 percent people in this region are Below Poverty Line (BPL). Lower population density (153 persons / sq.km) in comparison to 236 for Odisha indicates difficult living conditions and an underdeveloped economy. Literacy rates are much below the State as well as National averages.

The districts quite from a long time were recognized as most vulnerable districts of Odisha experiencing multifaceted backwardness. Starting from poor health, swelling distress and dwindling economy, people of the region led a very miserable and painful life. The human resource development was almost in a dire state with indebtedness, illiteracy and ignorance. Other socio-economic indicators including population density and composition, net area irrigation and connectivity of villages to growth centers and service centers are also far from satisfactory. Some socio – economic indicators are summarized in Table-1.

Table-1: Some Socio – Economic Indicators of KBK districts.

Districts	% of Rural Families Living above the Poverty Line (As per 1992 Survey)	Total Literacy Rate(2001 Census)	Per Capita Food grain Production (1998- 99) in kg.	Yield rate of Rice (1998- 99) (qt/hecatare)	Percent age of Villages Electrified as on 31st March, 1999	Work Participation Rate (1991 Census)	% of Urban Population to Total Population (1991 Census)	Bank Branches per Lakh of Population n (1999- 00)	Medical Institutions per Lakh Population n t(1999- 00)	Total Road Length per 100 sq. km of Area
Rayagada	18.44	35.61	192.97	16.99	38.20	48.89	12.51	5.71	6.08	95.76
Koraput	13.41	36.20	236.45	15.31	52.01	49.90	16.67	5.10	5.60	98.56
Malkanagiri	8.14	31.26	284.45	14.33	40.45	46.86	8.16	3.96	8.12	83.99
Nawrangpur	9.44	34.26	259.01	13.56	74.49	49.00	4.97	2.85	4.81	149.08
Sonepur	32.56	64.07	298.99	13.98	77.23	44.06	7.30	5.19	4.81	178.86
Balangir	8.10	54.93	152.50	7.80	84.89	40.74	10.51	5.47	4.49	142.05
Nuapada	13.68	42.29	220.27	8.53	67.65	45.65	5.49	5.28	4.34	147.30
Kalahandi	13.23	46.20	157.41	7.11	56.96	45.07	6.91	5.85	4.65	162.80
Odisha	21.30	63.61	173.76	12.12	73.03	37.53	13.38	6.05	4.64	145.53

5. INTENSITY OF HDI, GDI AND RHI AMONG KBK DISTRICTS

Poverty should not only be taken in terms of the size of income but also it should also consider illiteracy, bad health, social mal-practices, and also other forms of vulnerabilities which all make living uncomfortable and difficulties. In this

regard, the pattern and extent of inter-district variations in respect of three measurable indicators of human development can be analyzed - namely, Human Development Index (HDI), Gender Development Index (GDI) and Reproductive Health Index (RHI). It also examines the degree of correspondence between different indices or that between an overall index and a particular component of that index at the district level.

HDI is the basic measure of human development and it would be useful to see how Odisha has performed in terms of these indices. Amongst the 15 major states of India, it is seen that the absolute value of the index has risen sharply between 1981 and 2001 by 51.3%. The HDI for Odisha was the fifth lowest in 1981, fourth lowest in 1991 and again the fifth lowest in 2001, even though (OHDR, 2004). Though Odisha's position was not the least, it was very low (0.404) as compare to Kerala and Punjab whose values were 0.638 and 0.537 respectively. The KBK districts are very poor in HDI as compare to Odisha and other states of India. While HDI is based on three dimensions of human development that are considered to be fundamental such as longevity, knowledge and a measure of necessary income, GDI brings the dimension of fundamental significance in the concept of human development. The RHI focuses on an essential condition of the reproductive health dimension. Table-2 gives a precise picture of some important indices among KBK districts.

Districts	HDI	HDI rank	GDI	GDI rank	RHI	RHI rank
Rayagada	0.443	25	0.428	24	0.585	8
Koraput	0.431	27	0.415	26	0.509	22
Malkanagiri	0.370	30	0.362	30	0.502	23
Nawrangpur	0.436	26	0.422	25	0.485	27
Sonepur	0.566	16	0.543	11	0.592	07
Balangir	0.546	21	0.518	16	0.479	28
Nuapada	0.581	14	0.561	09	0.495	26
Kalahandi	0.606	11	0.579	08	0.526	21
Odisha	0.579		0.546		0.549	

Note: HDI = Human Development Index, GDI = Gender Development Index, RHI = Reproductive Health Index, Ranking is done from highest to lowest.

Source: (i) Odisha Human Development Report-2004, pp194-203.
(ii) Odisha Economic Survey, Planning and Coordination Department, 2011.

Table-2 represents that all the districts of KBK except Kalahandi and Nuapada districts, Human Development Index (HDI) and Gender Development Index (GDI) are much below than Odisha average where Malkanagiri is lowest both in GDI and HDI of the state. Reproductive Health Index (RHI) of Rayagada is the highest among KBK districts which is also above Odisha Index (0.549), while others are much below than Odisha average.

6. DIMENSION OF HEALTH AND EDUCATION OF KBK DISTRICTS

6.1 Health Standard

Under Article 47 of the constitution, the state shall regard the level of nutrition and standard of living of people and improvement of public health as its primary duties. Bore committee (1946) clearly portrayed that lack of environmental hygiene and unsanitary condition inadequate preventive, promotive and curative health care services, insufficient and imbalanced consumption of food, illiteracy, poverty and unemployment are the main causes for ill-health situation in India. Good health is a livelihood asset that enables people to participate in work and socioeconomic development. Illness, on the other hand, causes misery and impoverishment.

Some of the important demographic indicators of Odisha are given in Table- 3.

Crude Birth Rate (2008-SRS) 21.4 Per 1000 Population
Crude Death Rate (2008-SRS) 9.0 Per 1000 Population
Infant Mortality Rate (2008-SRS) 69 Per 1000 Live Births
Infant Mortality Rate - Urban (2008-SRS) 49 Per 1000 Live Births
Infant Mortality Rate - Rural (2008-SRS) 71 Per 1000 Live Births
Natural Growth Rate (2008-SRS) 1.24%
Total Fertility Rate (NFHS-3) 2.40%
Couple Protection Rate (NFHS-3) 50.70%
Life Expectancy at Birth (2006-10 Project) 63.5
Maternal Mortality Rate (2004-06) 303 per 1,00,000 Live Births

Source:(i) National Rural Health Mission, Orissa Profile, Govt. of Orissa (ii) Economic Survey, Orissa: 2010-11

Health is an essential input for the development of human resources and the quality of the life and in turn the social and economic development of the nation. A positive health status is being defined as a state of complete mental, physical and social welling being and not merely absences of diseases or infirmity (WHO). The relentless efforts of our government have had significant impact on the reduction of IMR from 98/1000 live births in 1998 to 87/1000 live births in 2002. In fact, that Odisha remains the state with the highest IMR in India. In our state, over 60% of infant deaths occur in the first 28 days of life – the neonatal stage – this underlines the need to focus attention on the care to the newborn. Some incredulous facts and figures of KBK districts relating to growth Rates (1991 - 2001), density of population (sq. km.),% to total population of state % of girl marrying below 18 years, couple protection rate (cpr), % of institutional delivery, % of safe delivery,% of children with complete immunization,% of children with no immunization, % of females aware of HIV/AIDS,% of males aware o HIV/AIDS,IMR,CBR and Sex Ratio (2001) are demonstrated in Table-4.

	Rayagada	Koraput	Malkangiri	Narangpur	Sonepur	Balangir	Nuapada	Kalahandi
Growth Rates (1991 - 2001)	16.40	14.41	13.71	20.26	13.39	8.52	13.00	17.99
Density of Population (sq. km.)	116	134	83	193	231	203	138	168
% to Total population of State	2.24	3.21	1.31	2.77	1.47	3.64	1.45	3.64
% of girl marrying below 18 years	38.5	64.7	56.0	69.5	39.2	57.7	42.5	59.4
Couple Protection Rate (CPR)	40.1	40.4	37.4	31.8	48.2	38.5	45.00	37.3
% of institutional delivery	19.1	11.1	7.1	12.3	13.8	13.3	7.1	11.1
% of safe delivery	28.1	20.4	10.7	15.10	40.6	36.7	21.00	23.4
% of children with complete immunization	55.2	55.5	50.2	67.7	66.6	72.4	52.4	55.7
% of children with no immunization	6.6	9.6	9.7	11.8	2.1	4.3	10.8	9.2
% of females aware of HIV/AIDS	21.6	12.7	8.2	16.9	28.0	16.8	9.5	17.7
% of males aware of HIV/AIDS	40.5	19.6	17.2	34.9	44.9	38.1	26.8	41.2
IMR	118	118	118	118	101	101	108	108
CBR	34.3	34.3	34.3	34.3	29.0	29.0	29.9	29.2
Sex Ratio (2001)	1029	998	996	992	966	983	1006	1000

Source: i. Census of India, 2001 ii. Odisha Economic Survey, 2011.

6.1 Education and Literacy

Education is an indispensable input for development of human resources. It is widely realised that the society with higher percentage of literates has higher levels of development. Primary education accelerates the pace of economic development. In India the social rate of return is 29.3% in primary education compared to 10.8% in university education (Tilak, 1994). However, the efficiency and equity effects of education depend upon the level of both quantitative and qualitative expansion of schooling. Since elementary education has the highest impact on generation and distribution of income, there is a greater need for expansion of elementary education particularly in a less developed region and among backward population.

The overall literacy rate in Odisha has increased by about 15 percent, between 1991 and 2001 from 49.09 to 63.61 percent. As per 2001 census, the overall literacy rate is the highest in Khurda district at 80.19 percent (Non-KBK District) and lowest in Malkangiri District at 30.53 percent (KBK District). The male literacy rate is the highest (88.96 percent) in Jagatsinghpur district and the lowest (40.14 percent) in Malkangiri district (KBK dist), the female literacy rate is the highest (71.06 percent) in Khurda district and the lowest (20.67 percent) in Nawarangpur district (KBK). Thus, the male, female and overall literacy rates are the lowest in the KBK Districts of the state while they are the highest in the non KBK districts of the state. Overall Literacy Rate of KBK districts are given in Table-5.

Districts	Overall Literacy Rate		
	Male	Female	Total
Rayagada	47.35	24.31	35.61
Koraput	47.20	24.26	35.72
Malkangiri	40.14	20.91	30.53
Nawarangpur	47.04	20.67	33.93
Sonepur	78.94	46.17	62.84
Balangir	71.67	39.51	55.70
Nuapada	58.46	25.79	42.00
Kalahandi	62.66	29.28	45.94
KBK	57.55	29.10	43.33
Odisha	75.35	50.51	63.08

Source: Census of India, 2001

Table-5 represents precarious situation of literacy rate of KBK districts. The overall literacy rates in all respect are much below of state average. It is notably seen that female literacy is in jeopardy except Sonepur district.

Districts	IMR	Health index	Education index	Overall Literacy index	Combined Gross Enrollment index	Equally Distributed Health index	Equally Distributed Education index
Rayagada	131	0.250	0.531	0.356	0.882	0.253	0.521
Koraput	136	0.218	0.535	0.362	0.881	0.221	0.525
Malkanagiri	151	0.122	0.491	0.313	0.847	0.125	0.482
Nawrangpur	117	0.340	0.516	0.343	0.863	0.343	0.563
Sonepur	96	0.340	0.731	0.641	0.912	0.474	0.715
Balangir	97	0.468	0.666	0.549	0.898	0.468	0.650
Nuapada	62	0.692	0.582	0.423	0.901	0.691	0.691
Kalahandi	51	0.763	0.585	0.462	0.830	0.762	0.565
Mean	105	0.399	0.579	.431	0.876	0.417	0.593
Odisha	97	0.468	0.723	0.636	0.896	0.471	0.713

Source: Odisha Human Development Report, 2004.

Table-6 shows some peculiar characteristics of the districts that some districts possess better health aids while few others enjoy better educational amenities. Therefore, there is a wide dispersal of socio-economic indicators from the mean value of KBK districts. It is found that out of 8 districts, 5 districts (Rayagada, Koraput, Malkanagiri, Nawrangpur and Kalahandi) needs special attention and Malkanagiri district is the most affected district of KBK. The peculiar characteristics of the districts show that Malkanagiri district is highest in IMR (151) which is the worst in all aspects, while Kalahandi district is better in health aspect and Sonepur district possesses better education and enrollment.

7. State of Inequality and Gender Discrimination in KBK Districts

An analysis has been made to know the behavior of the institutions health, education and wealth and property distribution. This shows inequality. Poverty is a manifestation of inequalities. For a welfare state such distributional issues are important and they draw the attention of masses. An attempt is made to analysis the inequality of the districts.

India moves through a planning process. Development has become the central objective. Obviously, on the development part, inequality will appear. Therefore social justice comes next. Studies on inequality in India are many. Mostly the people of the district are tribals and non-farmers. They only own labour entitlement.

Women in KBK region of Odisha face discrimination in all spheres. The 33% reservation for women in formal grass root politics (Panchayat) is still not effective as they are not able to exercise their power mainly because of the patriarchal nature of society. The female literacy in the KBK region is abysmal and is below 30% (OES, 2007-2008). High maternal mortality rate shows that women are in a detrimental condition when it comes to health benefits. Notably, average wage rate for female workers is much lower than the male workers (Mallick and Meher, 2002). Gender-wise Disparities index on Health and Literacy of KBK Districts and Odisha are shown in Table-7.

Districts & Indices	IMR		Share of population		Overall Literacy(2001)		Combined enrolment Ratio(6-14 years)		Health index		Education index	
	M	F	M	F	M	F	M	F	M	F	M	F
Rayagada	131	130	49.29	50.71	47.35	24.31	87.89	88.60	0.250	0.256	0.609	0.457
Koraput	136	135	50.04	49.96	47.58	24.81	87.66	88.68	0.218	0.224	0.609	0.461
Malkanagiri	151	150	50.90	49.91	41.21	21.02	84.62	84.85	0.122	0.128	0.557	0.425
Nawrangpur	117	116	50.19	49.81	47.36	21.28	85.83	86.91	0.340	0.346	0.602	0.430
Sonepur	95	97	50.87	49.13	80.30	47.28	91.18	91.22	0.468	0.308	0.839	0.619
Balangir	96	98	50.44	49.56	70.36	39.27	89.45	90.21	0.474	0.462	0.767	0.562
Nuapada	66	58	49.85	50.51	58.78	26.01	89.89	90.40	0.667	0.718	0.629	0.475
Kalahandi	54	48	50.00	50.00	62.88	29.56	82.35	83.84	0.744	0.782	0.694	0.477
Odisha	97	96	50.71	49.29	75.95	50.97	89.38	89.79	0.468	0.474	0.804	0.639

Source: Odisha Human development Report, 2004.pp-199

Table-7 depicts the gender disparities indices that in KBK districts the male infant mortality rate varies from the lowest of 54 (Kalahandi) to the highest of 151(Malakanagiri). Similarly male overall literacy varies from the lowest 41.21(Malakanagiri) to 80.30(Sonepur), Combined enrolment ratio varies from 84.62(Malakanagiri) to 91.89(Sonepur), Health index 0.122(Malakanagiri) to 0.744 (Kalahandi),education index 0.557 (Malakanagiri) to 0.839(Sonepur) where as female infant mortality rate varies from the lowest of 48 (Kalahandi) to the highest of 150(Malakanagiri), overall literacy varies from the lowest 21.02(Malakanagiri) to 47.28(Sonepur), Combined enrolment ratio varies from 84.85 (Malakanagiri) to 91.22(Sonepur), Health index 0.128(Malakanagiri) to 0.782(Kalahandi) and education index 0.425 (Malakanagiri) to 0.767(Sonepur) vary for female.

There exist significant regional disparities across KBK districts and across population. In the KBK districts the overall literacy rate varied from the lowest of 30.53 percent to the highest of 62.84 percent in 2001 for all population. It is also observed that HDI varies 0.370 to 0.606, GDI 0.362 to 0.579, RHI 0.479 to 0.585, RPY Rs 3787 to Rs 5300, PQLI 0.7633 to 0.9770 and IDI 75.39 to 115.82 (ODR, 2004).

SUMMARY OF FINDINGS

The study is highly indicative. This study is confined with the district framework of KBK districts of Odisha. This region is predominantly primitive tribal districts of Odisha. The State witnesses wide regional and social disparities in development. All districts have not developed uniformly. With a view to addressing the problem of regional disparities and expediting development of interior tribal dominated districts, the Government has implemented a series of development programmes such as Revised Long Term Action Plan (RLTAP), Biju KBK Plan, Biju Kandhamal O Gajpati Yojana, Gopabandhu Gramin Yojana (GGY), Backward Regions Grant Fund (BRGF) and Western Odisha Developed Council (WODC). With support from Government of India, the State has launched a new initiative, called "Integrated Action Plan (IAP)" for 15 tribal and backward districts of Odisha in 2010-11. These development initiatives aim at faster development of the backward regions of the State. The fruits of general development have not even marginally reaped by the masses of the districts. This speaks of two things: (i) Institutional failure to link mass with the growth pole and (ii) Entitlement failure because of skewed property distribution and leptokurtic work opportunities. Blatant state sponsored activities are half-way done and voluntary missionary's zeals are lost somewhere. Therefore, good results are lost in totality.

Despite the sincere and concerted efforts by the government for the overall development of KBK districts, they are still far behind in almost all the standard parameters of development. They are not able to participate in the process of development, as they are not aware of most of the programmes and policies made for their uplift. This is mainly due to the high incidence of illiteracy and very low level of education among the people. In this regard, it needs further study for curative

actions in future.

The fact that the extent and nature of disparities have become more pronounced or have not been reduced despite several government programmes. These disparities urgently need explanation, particularly in the context of India's democratic set-up. The disparities do not appear as the result of a lack of development or economic growth but rather a case of entitlement failure. The inequalities described above are neither just, nor efficient rather they are they are cumulative.

Disparities between social groups are not being reduced significantly. Tribals suffer from the cumulation of disadvantages related to location and social group and they face the kinds of discrimination that has been well-documented for other parts of India. Gender disparities equally are significant, with education gaps not being reduced, and women continuing to suffer from specific health disadvantages. The history of displacement and lack of adequate resettlement and rehabilitation illustrates that deprivation has been the result of exploitative social and economic processes. Lack of command over food – caused by unequal access to land, credit and productive assets – has been responsible for deprivation. The continuing disparities appear as the result of social practices of discrimination, structural impediments and problems build on social order which is reinforced by culture and tradition, so that, a culture-led development is essential in the districts.

CONCLUSION

This work has made an humble attempt to bring out a number of analytical issues of wider relevance pertaining to economic growth, income and wealth distribution and poverty level of KBK districts. The long run implications of pitch are more important for both economic development and social justice. At present, the aggregate picture of state of health and education of KBK districts is unfavourable. Economic development in an aggregate as well as in disaggregated levels, therefore, calls for the importance of institutions. It is found that the diversity in economic growth even within districts is persisting extremely. So intra-district growth models and regular evaluation are worthwhile. All these depend on the qualities of institutions as well as government.

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