

A young child with dark, curly hair is sitting on the ground, looking off to the side. The child is wearing a white dress with small red polka dots and a dark necklace. The background is a warm, textured wall. The text is overlaid on the right side of the image.

Human Development: Capability Poverty

Rajendra Kumar Jain
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Assessment and its Relationship with Income Poverty

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PREFACE AND ACKNOWLEDGMENT

This book presents the current position pertaining to human capability in Tonk district of Rajasthan disaggregated by gender and place of residence. The main objective of the present study is to undertake a situation analysis of the variables of capability poverty. The three variables employed in the study to measure capability poverty cover substantial ground of social sector. The proportion of underweight children indicates the state of health and nutrition for the population as a whole. Access to reproductive health and general services has been provided by the variable of unattended births. Female adult illiteracy has been taken to assess basic educational attainment plus information on gender inequality.

In spite of quite satisfactory progress in gross domestic product and per capita income, India has failed to develop even minimum essential capabilities of its people. The level of human capabilities is less than that of other developing countries with similar per capita income. There are wide female-male and rural-urban disparities for human capability development. Nearly one-third of the population continues to live with meager resources and incomes barely enough to replenish daily individual nutritional requirements. The gains of development are not evenly distributed among various sections of society. More than fifty years after independence, the level of poverty has not declined.

Due to poor human capability, the productivity and competitiveness of Indian economy are significantly low and

are likely to perpetuate as nearly 61.5 per cent of the population suffer from capability poverty. These people neither have adequate food, nor access to facilities like education, health care, water, sanitation and shelter.

With adult illiteracy rate of 48 per cent, the country harbours more than 50 per cent of the world's illiterates. The adult literacy rate for male and female (1995) is 65.5 and 37.7 per cent respectively. The mean year of schooling for 25 years and above is as low as 2.4 years, against 12 and 4 years respectively, for developed and developing countries. Forty-five million of the children do not go to primary school. Indeed, there are a large number of children outside school today than there were in 1911. The dropout rate from schools reaches 70 per cent by the time children reach class ten. The numbers of child workers in the age group of 5-14 are estimated to be 11.3 million out of them 5.1 million are female child workers. Despite having the third largest bank of skilled personnel in the world, India faces the prospect of going into the twenty-first century with the deadweight of about 300 million illiterate adults. Also the availability of scientific and technical (SST) manpower-per-thousand people are only 3.5 against 85 and 9 for the developed and developing countries, respectively.

Indicators for health also look bad. The life expectancy is 61 as compared to 67 for developing countries as a whole. The lack of health infrastructure is reflected in our relatively high mortality rates. The infant and under-five mortality rate (1996) are 73 and 111 respectively. About one-third of the infants are low-birth weight and more than half of the children under-age five are underweight. It is highly shocking that about 88 per cent of the pregnant women aged 15-49 suffer from anaemia and two-thirds of the births are unattended by trained health personnel. The maternal mortality rate (per 1,00,000 live births) is 570. The proportion of people without access to safe water (1990-96) is 19 per cent. About 15 per cent of the population (1990-95)

does not have access to health services. Almost 71 per cent of the population (1990-96) lives without access to sanitation facilities.

The yields on capital are quite low. The incremental capital-output ratio (ICOR), which has lower values for more efficient economies, is as high as 4 to 6 in India. The quality of personnel, entrepreneurship and management reveals inherent weaknesses of the economy to compete with others.

Nobel laureate Prof. Amartya Sen has said that the basic problem with India is that it has ignored education, health care and other aspects of "social opportunity building."

Rajasthan is one of the least developed states of India in terms of many socio-economic and demographic indicators. Tonk district, the survey area of the project is one of the least developed districts of Rajasthan. The results of the study point to the high prevalence of capability deprivation, particularly in rural areas and call for immediate and special attention of the policy makers.

The book contains invaluable information about indicators of health, education and gender inequality such as underweight children, female adult illiteracy and unattended births. Never before in India has such a study on capability poverty been undertaken. I do hope that it will contribute to the knowledge of researchers and useful to the policy makers.

The study on 'capability poverty' could not have been successfully completed without cooperation and support from innumerable sources at various stages of the project. Although it is not possible to individually acknowledge everyone, several persons and organizations deserve special attention.

Our special thanks are due to the University Grants Commission, Zonal Office, Bhopal for permission and

providing the necessary financial assistance to carry out this project.

We are highly thankful to the library staff of Jawahar Lal Nehru University, New Delhi; University of Rajasthan, Jaipur and M.D.S. University, Ajmer for their permission to consult the library. We record our gratitude to the library staff of Govt. College, Ajmer.

Last but not least, the credit goes to the household respondents who spent their time and responded to the rather lengthy questionnaires with tremendous patience.

Though we have put in our sincere efforts with full devotion in completion of this study, yet we beg to be excused for any shortcomings and errors.

Dr. Rajendra Kumar Jain
Dr. Bharti Jain

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