

Status of Human Development of Muslim Women: A Case Study of Sultanpur District, Uttar Pradesh

DISSERTATION

Submitted To
BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY
(A CENTRAL UNIVERSITY)
LUCKNOW

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2018

*Dedicated to
My Beloved Parents*





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CERTIFICATE

I hereby certify that the Dissertation entitled "Status of Human Development of Muslim
Community: A Case Study of Sultanpur District, Uttar Pradesh" submitted in fulfillment for the
award of Master of Philosophy in Economics has been carried out under my supervision and no
part of the dissertation has been submitted for any degree and diploma to any other University.

The dissertation is forwarded for the submission to Babasaheb Bhimrao Ambedkar University
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Abbreviation

UNDP	United Nations Development Programme
HDI	Human Development Index
HDR	Human Development Report
HDCA	Human Development Capability Approach
GDP	Gross Domestic Product
GNP	Gross National product
AIDS	Acquired Immune Deficiency Syndrome
USA	United States of America
IMF	International Monetary Fund
GII	Gender Inequality Index
GEI	Gender Empowerment Index
IHDI	Inequality-Adjusted Human Development Index
MPI	Multidimensional Poverty Index
GDI	Gender Development Index
MDG	Millennium Development Goal
GNI	Gross National Income
GOI	Government of India
IMR	Infant Mortality Rate
MMR	Maternal Mortality Rate
ANC	Absolute Neutrophil count
PQLI	Physical Quality of Life Index

GEM

Gender Empowerment Measure

Chapter: One

1.0. Human Development: an Overview

The notion of Human development is about allowing people to lead a life that they value and enabling them to realise their potential on human beings. Human development is the expansion of people's freedom to live long, healthy and creative lives; and to engage actively in shaping development equitably and sustainably. Development is the process of bringing improvements in the quality of all human lives and enhancing their capabilities by raising people's living standard, self-esteem and freedom (Todaro & Smith, 2012). Political economists have pointed towards the fact that objective of development should be to create an enabling environment for people to enjoy healthily and creating lives (ibid). Human Development is primarily a concept used in the field of international development, and it involves studies of human conditions in which capability approach plays the central role. The term human development may be defined as an expansion of human capabilities, a widening of choices, 'an enhancement of freedom, and a fulfilment of human rights (Abdulhadi, 2017). The United Nations Development Programme (UNDP) has defined the Human Development as "the process of enlarging people's choices which allow them to lead a long and healthy life, to be educated, to enjoy a decent standard of living".

The UNDP's definition of human rights further included, "political freedom, other guaranteed rights various ingredients of self-respect" (UNDP, 1997). Expanding the people's choices, to lead a life they value, and improving the human conditions to make it possible has been the main development concerns (Streeten, 1994). These definitions suggest that human development is more than simple 'economic growth', which is one means of expanding the people's choice (HDR, 2009). Furthermore, it is developing the 'human capabilities' which is at the core of the concept of expansion of the choices. Capabilities can be defined as "the substantive freedom (a person) enjoys leading the kind of life (he or she has) reason to value (HDCA-note 1-5). Human Development is also about equity as it advocates for an equitable distribution of goods and services so that underprivileged people can access them (Srinivasan, 1994). Developing human capabilities is also related to investing in people so that an equitable growth can be achieved which

would encourage people to pursue many different life goals.¹ However, the most basic human capabilities includes; to lead long and healthy lives (i.e. good health), to be knowledgeable (i.e. educated), access to resources and social services needed for a decent life (i.e. standard of living), and to have capability of participating in community life (HDR, 2009, UNDP).

However, focus on human being as an objective of human development is not a new phenomenon as the idea of putting humans at the centre goes back to Aristotle who specifically suggested that any social arrangement must be judged by the extent to which they promote human potential. Aristotle was very clear about the differences between economic growth and human development. As he warned against judging societies merely by income and wealth. Wealth is not an end but is a mean according to him as he noted, “wealth is not a good we are seeking for it is merely useful and for the sake of something else”. He argued for seeing ‘the difference between a good political arrangement and a bad one’ on the basis of its success and failures in facilitating people’s ability to lead “flourishing lives”. Furthermore, an in-depth study of medieval and modern history suggests that ‘Human beings’, as the real end of all activities, has been a recurring theme in the writings of most of the early philosophers. Emmanuel Kant (1724-1804) observed: "So act as to treat humanity, whether with their own person or in that of any other, in every case as an end withal, never as means only." Similar ‘human-focused’ concerns have been echoed in the writings of the early leaders of quantification in economics – William Petty, Gregory King, François Quesnay, Antoine Lavoisier and Joseph Lagrange, the grandparents of GNP and GDP. Political economists such as Adam Smith, David Ricardo, Robert Malthus, Karl Marx and John Stuart Mill have also reflected the same concepts of development which place humans at the centre.

1.1. Need for a New Concept with a ‘human face.’

It has been witnessed by examples from many countries that excessive preoccupation with GNP growth and GDP has obscured that powerful perspective, supplanting a focus on ends by an obsession with merely the means. Although, initially the Gross National Product (GNP) and later on Gross Development Product (GDP) has been nation’s economic performance, however, international community has started realizing that the single goal of maximizing income growth

¹*"The Human Development Foundation - The Human Development Concept". 22 October 2009.*

has caused many social and environmental issues which have been reflected in the marginalization of many regions and groups of population along with increasing gap between rich and poor. The experiences of many industrialized nations, e.g., USA and West European countries, etc., showed that social problems accompanied by economic growth could put a question mark on the sustainability of the developmental gains. It was understood that to address any social issue, e.g., crime, etc., alongside the development process would be easier than it takes root and gets organized. Development experience of the twentieth century has once again highlighted the need for paying more attention to the link between economic growth and human development for many of reasons.

- Many fast-growing developing countries have discovered that their high GNP growth rates had failed to reduce the socioeconomic deprivation of substantial sections of their population.
- Many industrial nations realised that high income is no protection against the rapid spread of such problems as drugs, alcoholism, AIDS, homelessness, violence and the breakdown of family relations.
- At the same time, some low-income countries have demonstrated that it is possible to achieve high levels of human development with the skilful use of the available means to expand basic human capabilities.
- Human development efforts in many developing countries have been severely compromised by the economic crisis of the 1980s and the ensuing adjustment programmes.

Above mentioned development experiences can play the role of a powerful reminder that the expansion of output and wealth is only a mean and the end of development must be human well-being. It was in the backdrop of these experiences; especially during the late 1970s and early 1980s that development though started overtaking the reconstruction, economic growth and debt crisis under the economic stabilisation and structural adjustment programs of World Bank and IMF. The major outcome of this process was the stress on the social aspect of development, and it was the crisis of adjustment program “with a human face” shifted the development discussion from economic growth to the human dimension of the development (Cornia et al., 1988). Global development agencies such as United Nations Development Programme (UNDP) have started

thinking of an assessment scale with a human face to assess the progress. United Nations Development Programme (UNDP) had formulated the Human Development Index (HDI), in 1990, with the help leading economists, i.e., **MahbubulHaq, UnerKirdar** and AmartyaSen² to address the human face in the development process. The Index is a way for people and nations to assess and evaluate the flaws in the policies and development strategies. United Nations Development Programme (UNDP) and published the first Human Development Report in 1990.

1.2. Measuring Human Development

Measurement is an acceptable and neutral process in the context of physical sciences; however, in the realm of social and political affairs, it loses its objectivity and opens the doors for judging the progress with subjective perspectives. At the national level, once there is an availability of a measure such as Gross National Product (GNP), the practice of evaluating the performance of a particular regime based on this starts. Therefore the introduction of any new yardstick for assessing the political or social performances should be strictly evidence-based. The Human Development Index (HDI) was developed by the United Nations Development Program (UNDP) for ranking the countries according to their performance in the area of Health, Standard of living and education. The major purpose of a new measure, The Human Development Index, is to increase human development. The Human Development Index (HDI) is made available annually by the United Nations Development Program (UNDP). The first Human Development Report (1990) was issued commercially, (New York and Oxford: Oxford University Press, 1990). Peter Gall, then chief of media relations of UNDP, in an article in the UNDP's May 1990 World Development said that the Index, "quantifies the human condition and ranks countries by their success in meeting human needs. It also examines why some countries lag behind and recommend concrete steps to move countries forward; the result is a fresh and uncompromising look at how people's lives are enriched or impoverished throughout the world, in rich countries and poor."

²"The Human Development concept".UNDP. 2010. Retrieved 29 July 2011.

1.3. Different Indices of Human Development

Human development can be judged primarily by the following four human development composite indices. The first was given by the first human development report in 1990 and the last three by the human development report 2010.

- HDI: Human Development Index
- IHDI: Inequality-Adjusted Human Development Index
- GII: Gender Inequality Index
- MPI: Multidimensional Poverty Index

1.3.1. HDI: Human Development Index

Human Development Index (HDI), developed by UNDP addresses the measurement issues related to three major aspects of human development, i.e., education, health and standard of living, demonstrates the conceptual and methodological challenges that need to be further addressed. The Human Development Index (HDI) a score that amalgamates three indicators: lifespan, educational attainment and adjusted real Standard of living. The HDI sets a minimum and a maximum for each dimension, called goalposts. The achievements of any region, country or community about these goalposts are expressed as a value between **0 and 1**. Human Development Index combines the three dimensions:

- A long and healthy life,
- The acquisition of education and knowledge
- The standard of living and command over resource

1.3.2 IHDI: Inequality-adjusted Human Development Index:

The HDI is an average measure of basic human development achievement in the country. Like all averages, the HDI mask inequality in the distribution of human development across the population at the country level. HDR 2010 introduces the “Inequality-adjusted HDI. A new measure for a large number of countries, which takes into account, inequality in all three dimensions of the HDI by discounting each average dimensions value according to its level of inequality. The HDI is thus a measure of the average level of human development that a country has achieved in the three HDI dimension given the existing inequality in distribution at

achievement and the level of aversion to inequality which is set this year to a low level of 1. In this sense, the HDI can be viewed as an index of potential human development and IHDI as an index of actual human development. The “loss” in potential human development due to inequality is given by the differences between the HDI and the IHDI and can be expressed as a percentage. According to HDR, 2017, India IHDI value is 0.554 and rank is **131** out of **188** countries, India’s IHDI is calculated from the following data:

- Value of inequality-adjusted life expectancy index.
- Value of inequality-adjusted education index.
- Value of inequality-adjusted income.

1.3.3. GII: Gender Inequality Index

HDR 2010 introduced Gender Inequality Index (GII) reflecting women’s disadvantages in three dimensions:

- Reproductive health
- Women empowerment
- Economic activity

Reproductive health: Reproductive health is measured by the Material mortality and adolescent fertility rates.

Women empowerment: women empowerment is measured by;

- The share of parliamentary seats held by women
- Attainment at secondary and higher education

Economic activity: Economic activity of women is measured by their participation in the labour market.

The GII replaces the previous gender-related development index and gender empowerment index (GEI), and it shows the loss in human development due to inequality between female and male achievements in the three dimensions. First, aggregation of the GII dimensions is done separately for each gender group using geometric means which capture the inequality between women and men and adjusted for the association between dimensions. Finally, the GII is expressed as the relative difference (loss) between the harmonic mean and the reference mean. The reference

means is obtained assuming equality of gender in all three GII dimensions. In India's according to HDR 2013, 10.7 per cent of parliamentary seats are held by women, and 26.6 per cent of women have at least secondary education level compared to 50.4 percent of their male counterparts. On the other hand for every 100000 live birth 230 women die from pregnancy-related complications, and the adolescent fertility rate is 80.3 births per 1000 live births. Female participation in the labour market is 32.8 per cent compared to 81.1 per cent for men the result is a GII value of India at 0.617 ranking it 127 out of 188 countries.

1.3.4. MPI: Multi-dimensional Poverty Index

HDR has evolved an index over time to address the multi-dimensional nature of poverty effectively. HDR, 1997 have presented the human poverty index (HPI) which combines different aspects of non-monetary deprivation. The MPI has contributed to the way poverty is understood, but the measure does not capture overlapping deprivations suffered by individuals or household. The HDR, 2010 introduces the MPI, which identifies multiple deprivations in the same households in health and standard of living. Importantly, the education and health dimensions are based on six indications. It is mandatory that all the indicators needed to construct the MPI for a household that should be taken from the same household survey. The indicators are weighted, and the deprivation scores are computed for each household in the survey. Households with a score of 3, which is roughly equivalent to being deprived (or poor) are in at least three out of ten indicators reconsidered multidimensional poor. Similarly, households with a deprivation score between 2 and 3 are vulnerable to or at risk of becoming multi-dimensional poor.

1.4. Human Development and Women Empowerment

1.4.1 Gender Development Index (GDI)

The GDI measures disparities between women and men in three basic dimensions of human development—health, knowledge attainment and standards of living using the same component indicators as in the HDI. Other hand, the GDI is the ratio of the HDIs calculated separately for females and males using the same methodology as in the HDI. It is a direct measure of gender gap showing the female HDI as a percentage of the male HDI. For more details on computation, the GDI is calculated for 160 countries. Countries are grouped into five groups based on the

absolute deviation from gender parity in HDI values. This means that grouping takes equally into consideration gender gaps favouring males, as well as those favouring females. The GDI depicts how much women are lagging behind to their male counterparts and how much women need to catch up within each dimension of human development. It is useful for understanding the real gender gap in human development achievements and is informative to design policy tools to bridge the gap.

1.4.2. Women Empowerment and Education

Idea behind women empowerment was first introduced during an international women conference at Nairobi in 1985. Women empowerment is a widely accepted global developmental goal and participation of women in the political process and their equality with men in all respect of life have been debated at important platforms, and these issues have been at the centre of many formal and informal campaigns and initiatives worldwide. In India, women education and women's issues started getting attention from the fifth five-year plan (1974-78) onwards with a paradigm shift in approach to women's issue from welfare to development. It has been witnessed during last few decades that the empowerment of women has been at the centre stage in determining the status of women. The National Commission of women was set up by an Act of Parliament in 1990 for providing a legal safeguard to the rights and legal entitlements of women. Furthermore, 73rd and 74th amendments (1993) in the constitution of India ensured women participation in the grassroots level political process in panchayats and municipalities creating an enabling environment for women participation in decision-making process.

Evidence from all across the world along with a large number of literature on education suggests that education play a pivotal role in the empowerment of women. Educating a woman is almost educating a family and in many respects, educating a woman is worth more than a man. Education of girls and women contributes to the economy in many ways. It increases the level of human capital, causes a reduction in fertility rate with a corresponding decrease in the infant mortality rate. Most importantly, it may impact the educational level of next generation, in positive ways, and can lead to improvement in the overall quality of life. Many types of research and writings (Dollar and Gatti, 1999; Barro, 2001; Schultz, 2002; Klasen, 2002; and Knowles, 2002) show that there is a positive relationship between women education and gender equality

which positively impact the economic growth. However, despite all these positive reports and examples of women education and its contribution to society as well as the economy, women education, especially in developing countries has been comparatively neglected and required increased attention. Many types of research and writings, as mentioned above, suggest that education has been a milestone in the process of women empowerment as it enhances their abilities to effectively respond to their stereotypical and traditional normative roles which put various types of control upon them. Such gender-based control and discrimination have been a major barrier in the women empowerment, especially in the countries like India. Currently, India accounts for the largest number of illiterate women in the world. Although, literacy rate has risen sharply from 18.3% in 1951 to 64.8% in 2001 for both the genders and from 7% to 54% in respect of women over the same period, however, there is still a very large portion of our population, especially women, which is illiterate.

1.4.2.0. Literacy Rate of Women at National and State (UP) Level

The literacy rate of females in India and Uttar Pradesh, 2011 was 65.46% and 59.62% respectively, showing that there is a discrepancy of 5.84 per cent between the national and state level as shown below (Table: 1.1). It means the female literacy rate of Uttar Pradesh is lagging far behind the national average. Residence wise description of Census table (2011) shows that the literacy rate of females belongs to urban areas of UP are lagging far behind 8.24 per cent from the national average, same is the case with females belong to rural areas are lagging far behind 3.14 per cent (MehrajUdDin and QamarJahan, p. 5).

Table1.1: Types of level	Rural	Urban	Total
National level	58.75	79.92	65.46
State (UP) level	55.61	71.68	59.62

Sources: MehrajUd Din Sheikh & Dr. QamarJahan, page no, 5

1.4.2.1. Percentage of Literacy Rate of Women in India and UP in 2011

Table 1.1 show that after 65 years of independence and despite intensive efforts by the state over decades to improve the literacy level around half of the population of females in UP is still

educationally backward. On the one hand poverty, financial constraints, illiteracy of poor parents, lack of neighbourhood schools, and faulty curriculum lack of trained teachers. On the other hand traditional mode of teaching, low retention and enrolment, population growth are the major causes that prevent children from accessing quality education. Lack of basic infrastructure in rural areas and certain regions are the major factors for the educational and social backwardness of these populations in general and of women and girls in particular. Moreover, socio-economic factors which contributes significantly to disparities in literacy and educational attainment among women in rural and urban areas. However, threat to public security - partly associated with increasing incidents of communal violence, prevents parents from sending daughters to schools located at a distance where they would have to use public transport. This is particularly the case when they reach upper primary and middle school and leads to high dropout rates among Muslim girls in this age group (MehrajUd Din and QamarJahan, p. 5).

1.4.3. Education and Gender and Women's rights

AmartyaSen³ pointed out toward two main inequalities, between men and women i.e., health and education. In India irrespective of the caste, creed, religion and social status, the overall status of a woman is lower than men and therefore a male child preference exist in India. Sen again argued that a male child is considered a blessing and his birth are celebrated as opposed to a female child where her birth is not celebrated and is considered more of a burden. Role of education in addressing the gender disparity and promoting gender equality and empowerment has been recognized globally, and that is why education is chosen as the main target to attain the third Millennium Development Goal (MDG3). MDG3 aimed, "To promote gender equality and empower women" with the target of "The elimination of gender disparity in primary and secondary education by 2005 and at all levels of education by 2015".⁴ If we examine the rationale behind the gender equality perspective in education, then we can notice that it implies the 'rights' perspective along with the 'development' perspective as article 26 of the Universal Declaration of Human Rights says, "Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory.

³AmartyaSen: educational inequality and health inequality

⁴ Millennium Development Goals, UNDP

Technical and professional education shall be made generally available, and higher education shall be equally accessible to all by merit”.

1.5 HDR and HDI at Global and Regional Level

1.5.1 HDI at Global Level

India’s HDI ranking as reflected in the HDR 2015 places the country among those classed as ‘medium’ in the list. That can be seen as a huge achievement if we compare its ‘low’ ranking in the 1990s. India’s ranking in HDI, 2015 puts Asia’s third-largest nation among a group of countries classed as “medium in the list, as different to “low” in the 1990s, due to the positive impacts of the factors such as an increase in life expectancy and mean years of schooling in the past 25 years. However, local disparities in education, health and living standards within the country have shaved off 27% from India’s HDI score in the form of inequality. According to HDR 2015, India ranked 131 out of 188 countries on the list which was topped by Norway. Other side in South Asia, other two countries that are close to India in HDI rank with a comparable population size are Bangladesh and Pakistan, which are ranked 139 and 147 respectively. The HDI report also reflected that almost 1.5 billion people in developing countries live in multi-dimensional poverty out of which 54% or 800 million people live in South Asia while 34% are in Sub-Saharan Africa.

A comprehensive look at the report shows that India’s HDI value for 2015 is 0.624 which puts the country in the medium human development category but behind fellow South Asian countries like Sri Lanka and the Maldives. India’s 2015 score is up from 0.428 in 1990, i.e. an increase of 45.8% between 1990 and 2015. India’s improved HDI value is second among BRICS countries, with China recording the highest improvement 48%. Between 1990 and 2015 India’s life expectancy at birth increased by 10.4 years, mean years of schooling increased by 3.3 years and expected years of schooling increased by 4.1 years the report said, counting that India’s Gross National Income, or GNI, per capita, improved by about 223.4% during the same period. This was generally due to India adopting market reforms attracting investment and devoting more resources to social development in the sectors of health and education.

Since the HDI is an average measure of basic human development achievements in a country, it marks inequality in the allocation of human development across the population at the country level the HDI report points out. The difference between the HDI gives the loss in human development due to inequality, and inequality-adjusted HDI or IHDI says the report. Therefore, if India's HDI score for 2015 is 0.624 when this value is discounted for inequality, the HDI falls to 0.454, a loss of 27.2% due to inequality in the distribution of the HDI dimension indices the HDR 2015 says. In the case of "medium" HDI countries, the average loss due to inequality is 25.7%, and for South Asia as a whole, it is 27.7%. In almost every country certain groups are more disadvantaged than others, and the gaps are likely to widen over time as shocks and crises impact them most. These deprived groups include women and young girl's indigenous people, ethnic minorities and migrants and refugees. (Yuri Afanasiev, 2016)

However, with a development programmes at policy level since independence adopted in India like Skill India, Digital India, Make in India and Beti Bachao Beti Padhao, are expected to bridge these gaps in human development. These programmes and the long-running affirmative action measures illustrate the government's commitment to identifying and mapping human development deficits, as well as taking action to achieve the Sustainable Development Goals.

1.5.2. GOI's approach of Measuring Development

The Planning Commission, Govt. of India used somewhat different indicators but followed a similar approach and calculated the HDI and accordingly ranked all the States and UTs. In Planning Commission report, it was found that the Empowered Action Group (EAG) States (namely Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Uttar Pradesh and Uttarakhand) had relatively the lower ranks. The government of India has renewed focus, and special attention on these states as the development in these states will determine when the country is likely to achieve the population stabilization and millennium development goals. Given this, there is a need to calculate HDIs at district level which will help in developing the policy design and program implementation at the district level. This study is an attempt for using the approach of measuring HDI by of indicators available on Health, Education and Standard of living from Annual Health Survey (AHS) at the district level.

1.6. Human Development in Uttar Pradesh

Uttar Pradesh came up its first HDR in the year 2003 and second in 2008 following the UNDP methodology in the construction of the indices in the reports. These reports were based on the analysis of the data for the year 1991, 2001 and 2005. Along with providing and presenting an inter-state comparison vis-à-vis UP, the report also brought out an extensive analysis of the status of human development in various districts in the state. Unfortunately, the state had done nothing in this regard and has been silent on HDR publication. In spite of the demand from many corners for the updated district wise HDI of the state, complete obscurity was witnessed in this regard. The publications of Maharashtra (2012), Mizoram (2013) and Delhi (2013) governments came up recently with their HDRs which posed a challenge to UP as well as other state governments to update their Human Development Reports as per the latest data. Although many researchers tried to compute the district wise HDI however, they could not get the latest data. For example, Mishra and Mujjoo (2013) computed the HDI of the districts of UP. Nevertheless, data on most of the indicators were mainly related to 2005 or 2006. Singh and Lall (2013) too tried to calculate Gender Development Index with latest data but at the aggregate level.

Given the social and spatial disparities prevailing in the state of Uttar Pradesh, it becomes all the more important to analyse the district wise human development status. That becomes even more relevant as the state has distinct regions and geographical divisions and a comparative analysis would shed some light on important aspects regarding human development. Also, the frequent change in ruling governments/parties and their fondness for creating new districts and assigning new names etc., too have been among the important political reasons that ask for a regular study of the districts' human development levels. With the increase in development level - regarding economic growth, infrastructural expansion and structural changes in the last decade, the level of peoples' entitlements and attainments too would have increased. Furthermore, Uttar Pradesh is the biggest state in terms of population and sincere attempts from the state government for addressing the issues associated with human development would require concrete evidence base in the form of district wise HDR.

It is in this background that the present study has been conceptualized and written with an objective to make an inter-district analysis and comparison in terms of HDI indicators of Uttar Pradesh. It also attempts to prepare the latest human development index for the districts of the

state. As Census 2011 has been completed, data availability for the latest development scenario in the state offers a befitting opportunity for computation of human development indices. The study in all, to the best of our knowledge, is the first attempt to measure the district-wise Human Development Index based on Census (2011) for UP (Maurya, Sapana&Khare2015, p-2).

1.7. Review of Literature

Review of earlier studies on the present topics of research enables the researcher to understand the methodology, research tools and techniques used for interpretation process and the areas covered. It also helps to identify the gaps in the area of study to point out the scope for future research. The variables are chosen, and the conclusion arrived can also be examined, purposefully. Researchers can have an early understanding of the appropriate process for their research, systematically, with the help of such reviews to fit in the research work into the body of knowledge on the subject.

This researcher has reviewed the following studies by keeping the above in view

Tara Nair; wrote an article titled “Gender and human development” which was based on comprehensive research on gender inequality, gender & human development in respect of the performances of Gujarat state against these issues. This article focused on the life cycle approach and gender-based discrimination against girls and women. The article was published by Gujarat Social infrastructure development of women (SIDS), Gandhi Nagar.

Bhatt K.N: (2003), wrote an article titled “human development profile a study of primary education standards in Uttar Pradesh” in which he described that human development could be understood as the expansion of human capabilities. Again he pointed out that the human development is a process which widens the people’s choice and improves their living standard. He stated that the basic objective of the development process should be to remove the illiteracy and to address the issues of ill health and social deprivation for ensuring individual freedom as the basic element of human capability. According to him, the component of the good quality of life play its role in making people more productive and help them in generating more income. Similarly, the primary education facilitates the rapid participation of people in the process of development. The author expressed concerns over the poor performance of Uttar Pradesh in context of literacy rate as 41% rate of the state is way behind the national average of 52%.

Swarna S Vepa, (2007): conducted a study on gender equity, human welfare indicators and unemployment & work participation. The findings of the study were published in his article titled “Gender Equity & Human Development” which was published by Ford Foundation and M.S. Swaminathan research foundation, Chennai, India. He stated that basic objective of human welfare should measure gender equity & human development, women’s & men’s participation in the welfare schemes. The importance of this research-based article lies in the fact that at the turn of the century amidst the glory of unprecedented growth in national income it focused on the equality across both genders in the development process.

Sheikh Mehrajuddin&JananQamer: wrote an article titled “literacy rate of Muslim women in Uttar Pradesh, India. This article was based on a study with research question whether Islam holds a genuine appeal both as religion and as a way of life for quality of life of men & women as interpreted in Quran while discussing the creation of humanity. However, the basic objective of the study was to investigate the development of Muslim women.

Margaret Khalakdina, (2008): wrote a book titled “Human development in the Indian context: a socio-cultural focus, Volume 1”. This book which was published by Sage Publication, New Delhi in 2008 was based on research on HDI in India. She highlighted the two different context of human development and wrote, ‘it is rather ironic that two different standards of knowledge know by the name “human development” have so far shown very small cross-fertilization between them’. She further observed, ‘while students in the home science department of colleges & universities in India have long been studying human development as personhood from childhood along with annual human development reports published by the United Nations Development Programme (UNDP) since 1990. However, they have been using the same pair of words, she noted, to articulate a seemingly different concept. According to her the human development as used by UNDP has been established firmly in the global science as an influential approach in the context of public policies which views the development as an expansion of people’s capabilities and enlargement of choices with an emphasis on the public action for the promotion of common good.

Pal and Pant (1993): wrote a paper titled “An Alternative Human Development Index”, in which they try to modify the UNDP methodology and propose an alternative measure of human development index about the Ranking Indian States. This alternative approach added more

variable, i.e., poverty, into the conventional measurement method which focused on three variables, viz., education, health, and material well-being. By this inclusion of poverty alleviation, they tried to address the explicit social goal of equitable distribution of income while measuring the human development.

MahbubulHaq (1997): wrote a famous book titled “Reflection on Human Development” in which he expressed that human development is more than GNP growth, or more than income and wealth and more than just producing commodities and accumulating capital. He stated that a person’s access to income might be one of the choices; however, it is not the sum-total of human endeavour as people are the real wealth of the nations. According to him, the basic capabilities for human development consist of health, education, access to resources and community participation. He stressed that without these, many choices are simply not available to them and many opportunities in their lives remain inaccessible.

AmartyaSen (2000): in his book titled “Freedom, Rationality and Social choices”, published by Oxford University Press, suggested that society’s standard of living should be judged not by the average level of income, but by people’s capabilities to lead the lives they value. He further expressed, ‘Nor should commodities be valued in their own right instead; they should be seen as ways of enhancing such capabilities as health, knowledge, self-respect and the ability to participate actively in community life. Therefore, he concludes, expansion of human capabilities should be seen as the greater freedom of choice.

Verma (2003): conducted a study in which he analysed the technique of measuring human development indices came up with the gaps in different regions of the world and also in different states of India. The study concluded that human development is a broader term which reflects planning for a tolerable life for human beings. However, on the other hand, poverty, according to the author, is a very micro term, which is confined to either income or calorie poverty. The author expressed that human development indices reflect critical scenario for developing, least developed, Sub Saharan African, and South Asian Countries along with some other countries of Southeast Asia.

Nayak (2007): wrote an article titled ‘Human Development Conceptual and Measurement Issues’ in which he tried to describe the evolution and concept of human development. He examined how the concept of human development emerged as a new approach to development and the served as the methodological framework of measuring the human progress. He noticed that the concept has brought for various changes in the methods of measurement brought out by individual researchers, UNDP, the planning commission of Government of India since 1990.

Pradhan (2007): wrote a paper titled “Human Development: A Case Study” in which he identified the status of human development in India in respect of global and state levels. His analysis applied two methods of measurements, i.e., HDI of UNDP and Alternative Composite Human Development Index (ACDI). He mentioned that the HDI reflected that a state has high human development with a value closer to one and low if its value is closer to zero. However, on the other hand, ACDI indicates that a state has high human development if it is close to zero and reflects a low level of human development with its score close to one. He suggested that government interventions should be directed to improve the status of human development with specific focus on addressing the regional gaps in human development, especially between the states.

Kumar (1993): conducted a study in which he examined the relationship between human development and economic growth in respect of sixteen states of India by the performance data for the period of 1960-61 to 1986-87. Significantly, this paper focused on trickle-down effects to investigate whether human development leads to economic growth and vice-versa. The study concluded that human development improved much faster than the growth in income and this observation was made in the context of all the states. Importantly, it was found that gaps in human development between states were significantly narrowed down during the period.

Haq (1997): conducted a study which challenged the conventional theories in respect of human development and economic growth and argued that there is no an automatic link between them. The study further observed that economic growth is necessary but not a sufficient condition for human development. The author recommended strong government intervention for bringing a balance and for strengthening the initiative towards achieving human development goals. The

study noted that sound social infrastructure is necessary for transforming gains in economic growth into human development. He concluded that economic growth should be translated into improvements in the lives of people otherwise it would be of no use and would be endangered.

Sarkar and Prabhu (1997): made an attempt in their study to underline the impact of human development on economic growth in respect of fifteen South and East Asian countries. The study was conducted with the help of Cobb-Douglas production in which health and education were considered along with labour and capital for analysis the performances of two decades of the seventies and eighties (1970-80 and 1980-90). The major finding of this comprehensive analysis suggested that capital played a major role in a production system. It was found that role of labour turned insignificant during the seventies and had a negative impact in eighties. However, the study noticed that since the 1990s the technological innovations and educational inputs had played a significant role in the production and it can be seen as the role of human development in economic growth.

Ramirez et al. (2000): analysed, in his study, the two-way linkages between economic growth and human development. He used the cross-country regression for seventy-six developing countries over the period of 1960 to 1992. It was found that the countries with initial lop-sided development favouring economic growth are more likely to lapse into the vicious circle category associated with poor human development outcomes over the period. However, the countries, which emphasise human development at the initial stage, are more likely to move into the virtuous circle category –where good human development reinforces growth and further promote human development.

Ranis and Stewart (2000): in a study expressed that strategy for success in Human Development requires extensive exploration of the conditions which enable successful human development in developing countries. The authors identified those conditions for country success in human development which included economic growth, income distribution, government expenditure pattern and female education along with nature of control over household resources. They collected this information from 1960 to 95 for three regions of the world, i.e., Africa, Asia and Latin America.

Mazumdar (2001): in his study investigated the causal relationship between social development and economic growth. He stated by his observations that the economic growth does not automatically transform into a better quality of life. He highlighted that the problem faced by the policymakers in many countries regarding this is to emphasise improvement in social indicators of development related to human well-being with keeping the economic growth as the priority.

Steward et al. (2001): conducted a study which concluded that an increase in economic growth automatically leads to advances in human development. It was assumed in the study that human development has to occur before or simultaneously with economic growth for any country to enter into a virtuous cycle. The study highlighted that any policy that emphasis only on the economic growth and ignores human development would prove to be futile in sustaining the gains of the growth or high level of human development.

Aloysius (2002): underlined the significance of Institutions in the process of development on both the frontiers, i.e., growth and capacity expansion. The author stated that the institutional structure determines the incentives and constraints which have a direct influence on the performance of economies over a period. He added that the state and people are the major players in the establishing and running institutions and therefore development is a function of technology and recourse both in terms of physical and human capital.

Prabhu and Kamdar (2002): highlighted the relationship between economic growth and social attainments within a framework of human development. The authors acknowledged the significance of the economic growth in enhancing the level of social attainments which in turn gives a fillip to a higher level of productivity and create an enabling environment for a higher rate of economic growth.

Sengupta (2003): carried out a study titled 'Economic Growth and its impact on Human Development in the Indian Economy', in which he computed the HDI of 15 major states of the country. He used UNDP methodology for computing the HDI from 1991 to 93 apart from using other socio-economic indicators such as Clean Drinking Water, Sanitation facilities, the status of

housing facilities and to electricity and various media, i.e., TV, radio, newspapers. The study concluded that literacy rate and Life Expectancy along are not sufficient to reflect the achievements in human development, especially in countries like India.

Rains (2004): in his study highlighted that the ultimate goal of the development process as economic growth is not appropriate as it is an imperfect proxy for more general welfare, or as a mean towards enhancing the level of human development. He observed that greater freedom and capabilities play a crucial role in improving the economic performance. He also noted that human development, in turn, will have an important effect on economic growth. According to him, the increased income would enhance the range of choices and capabilities people, and households and government enjoy and this would create an environment conducive to human development.

Ghosh (2006): conducted a study in which he examined the two-way nexus between economic growth and human development and observed that the developed regions essentially have a positive relationship between EG and HD, however, on the other hand, the poor regions generally have failed to match the rich ones in terms of per capita income. He highlighted that poor regions or states, therefore have to manage to catch up rich in term so of human development. Moreover, the author noted that social sector expenditure appeared to have played an important role in achieving regional convergence in human development as its positive impact on literacy, life expectancy at birth enhance the level of HD.

Oommen (2007): in his study tried to investigate the relationship between economic development and achievements in the social sector with special perspective of investment on in education and health. Based on the findings, the author stated that the correlation between economic growth and achievements in the social sector is not very significant. However, the study found that there existed, a high positive correlation between the health and education sector development, despite lopsided development. The study comprehensively examined the Kerala economic mode which reflected higher achievements in social sector through significant investment in health and education.

A comprehensive review of the literature suggests that most of the studies examined the relationship between economic growth and human development. Most of the studies focused on Indian experiences in the context of human development, and many of them considers the achievements of different states and compared them. However, none of the research computed district wise HDI for using it as a strategic tool for achieving the MDGs at the district level.

1.8. Research Gap and Need for the District HDI Report

Almost all the researches and literature mentioned above focus on human development indices at the macro level, i.e., national and international, as **UNDP has formulated the concept of HDI** (the concept of HDI has been formulated by UNDP) for ranking of countries. However, this concept has been initialised by the Planning Commission of India not only for ranking the states and UTs according to their performances but also for using the same as the basic analytical framework for developing the strategies for development and inclusive growth. Furthermore, the majority of the reports and researches used an approach which is influenced by economic theories and economic development related thinking which neglect the mainstream developmental approaches, i.e., participatory paradigm, decentralisation and socioeconomic empowerment of women, etc., associated with developmental issues and concerns. Furthermore, there has been a growing need to district wise HDI report, especially, in vast and diverse state like Uttar Pradesh. Although there have been some past efforts in this regards, however, these were based on old data which cannot be relevant in the current scenario. Therefore, there is a need for a research focusing on women's identifying HDI at grassroots levels, i.e., village, block, district, etc., to understand the link between various different indicators and associated socio-economic realities. With Census 2011 having taken place, data availability for the latest development scenario in the state offers a befitting opportunity for computation of human development indices, and therefore, the proposed paper would utilize the same for bringing the actual human development scenario existed at the district level.

1.9. The objectives of the Study

To earlier studies on the present topics of research enables the researcher to understand the methodology, research tools and techniques used for interpretation process and the areas covered. It also helps to identify the gaps in the area of study to point out the scope for future

research. The variables are chosen and the conclusion arrived can also be examined, purposefully. Researchers can have an early understanding on the appropriate process for their research, systematically, with the help of such objectives to fit in the research work into the body of knowledge on the subject. Their importance, following objectives has planned.

- To identify indicators of human development, relevant case in two blocks (Dubepur and kurwar) level within district Sultanpur, Uttar Pradesh.
- To study the gender-related development and disparities at districts level regarding the indicators relating to Health, Literacy and Standard of living.
- To look into Decentralization and participation to women empowerment especially the Hindu Women & Muslim Women within the block.

1.10. The hypothesis of the Study

To study “status of Human Development of Muslim Women “on the Block Dubepur and Kurwar HDI national and its importance, following hypotheses were planned.

Null hypotheses (H_0):

- A disparity against women in health and education is very high.
- Education of women can lead to a virtuous circle of lower fertility, better care for children, more educational opportunity and higher productivity.
- The empowerment condition of women is very severe.

1.11. Research Questions/Problems of the Study

- Does Per Capita Income not stand as a true index of development of any country?
- Can the HDI alone measure a country’s level of human development?
- Are the HDI dimensions weighted equally?
- Why does the HDI not include dimensions of participation, gender and equality?

1.12. Research Methodology of the Study

1.12.0. Research design

The proposed study will be based on both primary and secondary information. Primary data collection would be carried out in the villages of Sultanpur district of Uttar Pradesh. There are fourteen Blocks in seven Tehsils in the district. Two blocks would be selected for the study. Furthermore, two villages from each block would be stratified selected for this study. At the final step regarding the selection of villages, 4 out of 14 blocks would be stratified selected for the household survey under the proposed study. Finally, 60 households/families would be selected, in each blocks, on the basis of purposive sampling method, e.g., considering health, social status/livening of standard and level of education, etc., as the additional criteria for selection of families in each village for appropriate representation of all the relevant categories and subgroups. This step would ultimately, lead the research process towards a final tally of 200 families/households for the conducting the survey. Village, block, tehsil and district level government employees would be contacted for getting relevant information. Reports, publications and other types of secondary information would be collected from each level of administrative set up in the district for the purposed of this study.

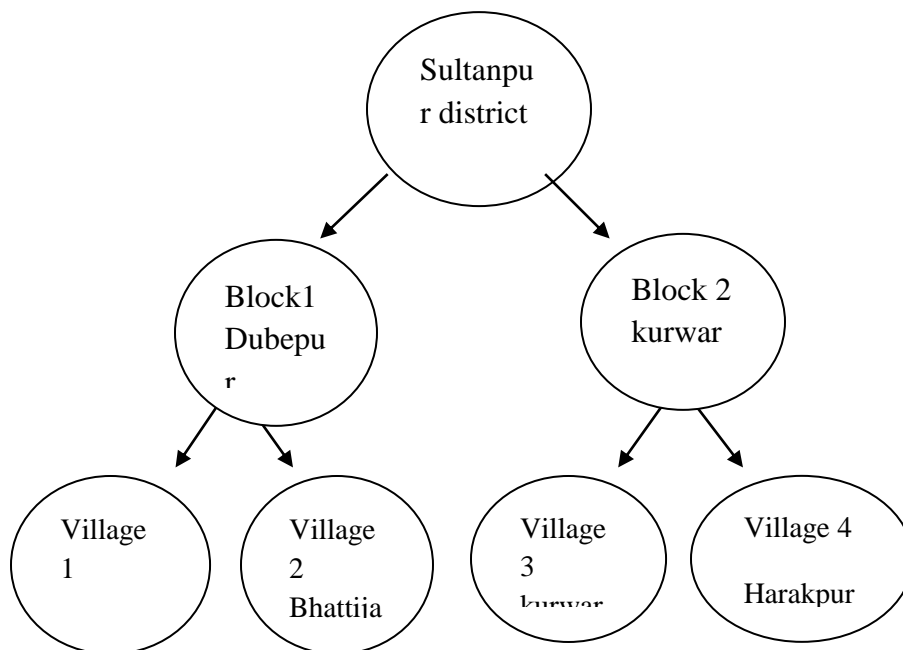
The primary and secondary information would be analyzed, and relative HDI of each block and Tehsil would be computed by the method employed by the planning commission (Now NeetiAayog), GOI, for ranking the States and UTs in India. It was found in the ranking of planning commission that EAG states received the lowest ranking in terms of HDI. EAG category (like Chhattisgarh, Odisha, Madhya Pradesh, Uttar Pradesh, Jharkhand, and Rajasthan) which continued to lag behind in HDI and remained below the national average. The present study would follow the same methodology while ranking calculating the HDI at the district level. The present study would also employ the indicators used by Annual Health Survey (AHS) and categorised as per the three dimensions of HDI.

1.12.1. Method of Data Analysis

1.12.1.0. Primary Data and tools

To obtain the objectives of present study a survey was done by well-structured questionnaire. The questionnaire has been made after a throw study of various scientific literature. A pilot study has been conducted to find out the possible and needful enhancement in the questionnaire. A test-retest methodology has been adopted to test the reliability of the questionnaire.

A survey will be conducted for the collection of primary data as per the objectives of the study. The survey was conducted on 120 households for the collecting the primary data. Four different sites, i.e., two blocks Less developed area(block Dubepur and Kurwar district of Sultanpur) More developed area Dubepur area ofSultanpur) and two urban Less developed urban area(Kurwar, Sultanpur) basically rural area) and More developed urban area (Dubepur, Sultanpurbasically urban area) were surveyed in district of Sultanpur. Furthermore, out of two blocks, or four villages one would be developed, and other would be underdeveloped based on their performances against the key development indicators and also on economic activities in the area. A sample of households from each area was selected through proportionate to random sampling. An about 30 households per villages/wards were surveyed for the proposed study.



Sampling procedure for selection of households

1.12.1. 1. Analysis of data

Data collected from the field would be entered into computer software through appropriate data entry software, i.e. CSPro. Quantitative analysis software was used to get the output as per the analysis plan based on the objectives of the study. The results were obtained through tabular analysis, mean, standard deviation, chi-square test and regression etc.

1.12.1.2. Secondary data

The proposed study would be based on secondary data as well as on primary data. A review report will be prepared based on literature available on the web and at other secondary sources. Secondary data on various factors related to HDI from the following sources will be collected to meet out the objectives.

- Annual HDR Report.
- Economic Survey 2016-2017
- District Handbook of Sultanpur.
- Annually UNDP Reports
- Archives of Indian express newspapers, and Economics times.
- Archives of Economic and Political weekly.
- UPHDR Report.

1.12.2. Description of Target District

Sultanpur, a district situated in Eastern U.P., is spread in 4436 km² which included 4396 km² of rural and 39.8 km² of urban area. The total population of the district was 3797117, and a total number of households was 623523 in 2011. Following table shows the basic demographic details of the district;

s.no.	Heads	Urban	Rural	Total
1	Area	39.8 km ²	4396 km ²	4436 km ²
2	Population	199916	3597201	3797117
3	Male population	104090	1810496	
4	Female population	95826	1786705	

5	Total Tehsil			7
6	Number of blocks			14
7	Number of villages			
8	Total number of households	33077	590446	623523

Names of Tehsils and blocks in Sultanpur

s.no.	Blocks (14)	Tehsils(7)
1	Dubey Pur	Sultanpur
2	Jaisingh Pur	Lambhua
3	Kurwar	Kadipur
4	Pratap PurKamicha	Jaisingh Pur
5	Dhanpatganj	Sadar
6	Kure Bhar	Kurebhar
7	Waldirai	Baldirai
8	Kadi Pur	
9	Dost Pur	
10	Karoundikalan	
11	Bhadinyan	
12	Akhand Nagar	
13	Lambhua	
14	Motigar Pur	

1.12.3. Key Research Indicators

Key Health related indicators: Average life expectancy, health, immunisation, IMR, MMR, ANC and PNC data, family planning methods, etc., would be used for analysis and categorisation of

the blocks and tehsils in the district. Indicators regarding living standard: The standard of living and rights over resources, structure of house, ownership of house, possession of computer/ telephone, fuel, access to toilet facility Source of drinking water.

Key Education related indicators: Acquisition of education and knowledge, Literacy rate, Dropout rates, currently attending schools are some of the indicators which would be categorized as negative or positive under the educational dimension of the human development.

1.12.4. Categorization of the research indicators

All the indicators related to the three dimensions of the human development would be categorized as positive or negative for the appropriate ranking of the blocks.

1.12.5. Computation of the Index

All the indicators of three dimensions of the human development would be indexed for a particular area, and then the ranking of different areas would be prepared.

1.13. Chapterisation

- Introduction
- The conceptual and theoretical framework of Human Development
- Measuring development and well-being, Human Development Policy Analysis: Case Studies
- Data analysis of Women Empowerment
- Summary, Conclusion And Recommendation

1.14. Conclusion

Human development is a concept of primarily used in the realm of international development and it involves concerns regarding human conditions and their capabilities. Human Development Index (HDI) was developed by the United Nations Development Program (UNDP) for the ranking of the countries by their performance in the areas of Health, education and living standard. More specifically, The Human Development Index (HDI) a score that amalgamates three indicators: lifespan, educational attainment and adjusted real Standard of living. HDR 2010 introduces the “Inequality-adjusted HDI (IHDI) a new measure for a large number of countries which takes into account inequality in all three dimensions of the HDI by discounting each average dimensions value according to its level of inequality. Planning commission of India

adopted a similar approach with somewhat different indicators for calculating the HDI of States and UTs and their respective rankings. There are many types of researches and literature which focused on HDI and related concerns at national and international levels. However, the majority of these researches adopted the approach of economic development rather than human development related approaches and concerns. Furthermore, there is a need to calculate HDIs at district level to develop the policy design and program implementation at the district level, especially in the context of achieving the millennium development goals effectively. The proposed study, therefore, is focused on a decentralised approach of calculating and ranking blocks in Sultanpur district of Uttar Pradesh on the basis of their performances against human development indices. Most probably, this proposed research paper is the first attempt to measure the district-wise Human Development Index based on Census (2011) for UP.

Human development is first and foremost about allowing people to lead a life that they value and enabling them to realise their potential on human beings. Human development is the expansion of people's freedoms to live long, healthy and creative lives; and to engage actively in shaping development equitably and sustainably on a shared planet. The UNDP's definition of human rights further included, "political freedom, other guaranteed rights various ingredients of self-respect". Expanding the people's choices, to lead a life they value, and improving the human conditions, to make it possible, has been the main development concerns. The experiences of many industrialized nations, e.g., USA and West European countries, etc., showed that social problems accompanied by economic growth could put a question mark on the sustainability of the developmental gains. Development experience of the twentieth century has once again highlighted the need for paying more attention to the link between economic growth and human development. United Nations Development Programme (UNDP) had formulated the Human Development Index (HDI), in 1990, with the help leading economists, i.e., Haq, Kirdar and Sento address the human face in the development process. The HDI was developed by the UNDP for ranking the countries according to their performance in the area of Health, Standard of living and education. Human development can be judged primarily by the following four human development composite indices. The first was given by the first human development report in 1990 and the last three by the human development report 2010.

The Human Development Index (HDI) a score that computed on the basis of three indicators: lifespan, educational attainment and adjusted real Standard of living. HDR 2010 introduces the IHDI a new measure for a large number of countries which takes into account inequality in all three dimensions of the HDI by discounting each average dimensions value according to its level of inequality. HDR 2010 introduced Gender Inequality Index (GII) reflecting women's disadvantages in three dimensions:

- Reproductive health
- Women empowerment
- Economic activity

The GII shows the decline in human development due to inequality between female and male in three dimensions. HDR, 2010 introduces the multidimensional poverty Index, which identifies multiple deprivations in the same households in health and standard of living. Sen pointed out toward two main inequalities-education and health-between men and women. In India irrespective of the caste, creed, religion and social status, the overall status of a woman is lower than men and therefore a male child is preferred over a female child.

India's human development index ranking for 2015 puts Asia's third-largest nation among a group of countries classed as "medium in the list, as different to "low" in the 1990s, due to the positive impacts of the factors such as an increase in life expectancy and mean years of schooling in the past 25 years. However, local disparities in education, health and living standards within the country have shaved off 27% from India's HDI score in the form of inequality.

In India, Uttar Pradesh came up its first HDR in the year 2003 and second in 2008 following the UNDP methodology in the construction of the indices in the reports. These reports were based on the analysis of the data for the year 1991, 2001 and 2005. Given the social and spatial disparities prevailing in the state of Uttar Pradesh, it becomes all the more important to analyse the district wise human development status. That becomes even more relevant as the state has distinct regions and geographical divisions and a comparative analysis would shed some light on important aspects regarding human development. It is in this background that the present study has been conceptualized and written with an objective to make an inter-district analysis and comparison in terms of HDI indicators of Uttar Pradesh.

Chapter: Two

Conceptual and Theoretical Framework of Human Development

2.0. Introduction

Modern theories of economic development appeared after Second World War when Europe tried to address the issues associated with reconstruction after the great destruction and the needs of newly emerged independent countries (Arndt, 1987). European economies needed a mass infusion of capital along with austerity measure to reconstruct the war trodden nations and maintained sustainable growth (Harrod, 1939 and 1948, and Domar, 1946) and also post-war theories, e.g., Hirschman, 1958, Nurkse, 1955 and the Rosenstein-Rodan, 1984). Only the United States was in a position to provide such huge amounts of capital, and billions of US dollars were transferred to Europe in the form of grants under the Marshall Plan. However, the evidence amassed rapidly showed that it was the quality of life of labourers which was principally changed and only a portion of growth could be assigned to conventional factors of production. Some evidence shows that educational status of labourers improved and entrepreneurship among them developed as an outcome (e.g., Meier, 1964; Schultz, 1971 and 1981, and Chaudhry, 1974). Further examples of human resource development as the main ingredient for the economic growth came from so-called newly developed countries, such as those of East Asia where the emphasis was placed on the development of their human resources. It was during the late 1970s and early 1980s that development thought started overtaking the reconstruction, economic growth and debt crisis, especially in many less developed countries under the economic stabilisation and structural adjustment programs of world banks and IMF. As the major outcome of this process, the social aspect of development came into the prominence. It was the cries for the adjustment program “with a human face” shifted the development discussion from economic growth to the human dimension of the development process (Cornia et al., 1988).

Experiences of industrialised countries, e.g., United States of America, also contributed to development thinking. It was observed that economic growth could take place alongside social ills such as inequalities in the distribution of income, poverty, homelessness, the disintegration of the families, high rates of divorce, environmental pollution, degradation and destruction of the

environment, the spread of violent crime and drug abuse (Fisher, 1913). In other words, it can be said that Gross National Product (GNP) and undesirable social trends could rise together and therefore, it was understood that such models of growth were neither desirable nor sustainable in the long run. The major issues associated with GNP as a scale of welfare is that it only measures commercial transactions in an economy and ignores many non-transactional aspects of human development. However, many economists' tries to adjust GNP to address these issues and one notable attempt were made by the concept of Net Economic Welfare, introduced by Nordhaus and James Tobin in 1972 and later adopted by Paul Samuelson. Net Economic Welfare (NEW) considers the do-it-yourself work done at households, work done in the informal sector (both legal and illegal) as well as environmental damages (Samuelson and Nordhaus, 1992, p.430). Although, Net Economic Welfare was a step in the right direction towards the effective measurement of development and welfare, however, it fell short of the desired goal as it excluded many activities associated with general welfare. Women's household work was not included into it along with the fact that assessment of environmental damages remained problematic. Net Economic Welfare could not effectively address the issues of other social ills, i.e., poverty, drug abuse, suicide, divorce, violent crimes and similar activities.

Last forty-five years witnessed some attempts by social scientists to develop a more socially sensitive measurement scales or Indices to assess the level of human development with the incorporation of other variables than GNP. Unitary Index in the 1960s was one of the major examples in this regard which tries to combine a large set of social variables, e.g., nutrition, shelter, health, education, leisure, security and social and physical environment (Drewnovsky and Scott, 1966). One more such example was the Physical Quality of Life Index of the 1970s (Morris, 1979), which included infant mortality, life expectancy at birth and adult literacy into it. Similarly, the International Human Suffering Index (IHSI) of the 1980s (Population crisis committee, 1992) included life at birth, calorie intake, availability of clean drinking water, secondary enrollment, inflation rate, infant immunisation and many indicators associated with civil rights and political freedom. However, it was the Human Development Index (1990) developed by UNDP which finally integrated almost all the multi-variable indices of development and combined some indicators which are generally the proxies for various dimensions of economic and social life into one widely accepted global index of development.

2.1. Economic Growth and Economic Development

Economic growth: refers to the rise in the value of products and services in any economy and it implies the annual increase in the GDP or GNP of the country of the economy in percentage terms. It indicates towards a considerable rise in the per-capita national product, over a period. If the growth rate of increase in total output is greater than the population growth rate, then economic growth can be registered. However, on the other hand, **Economic Development** refers to increase in the economic wealth of the country or a particular area, for the welfare of the people. It should be understood that economic growth is an essential condition for the economic development; however, it is not the only condition for the same.⁵ In other words, economic growth is one of the features of the economic development, and it enables an increase in the indicators such as GDP, per capita income, etc. Economic development, on the other hand, is a wider concept which encompasses the qualitative improvements in the people's life, i.e., improvement in the life expectancy rate, infant mortality rate (IMR), literacy rate and poverty.

Economic development: refers to the improvement of the overall economic wealth of a country. Economic development includes the development of human capital, improving standards of living, development of buildings and infrastructure, economic growth (as measured by GDP), increase in international trade, environmental health, improving health, public safety, social justice, life expectancy, literacy, etc. Economic development is aimed at improving the economic and social well-being of the country and its people. According to the findings of Professor Michael Todaro, the best way to measure economic development is through the Human Development Index (HDI). He argues that HDI takes into consideration the literacy rates of the country as well as life expectancy, which can have a huge impact on productivity. The concept of economic development stems from the writings of Adam Smith and other classical thinkers and further developed by Neo-classical school and Marxian thinkers. Therefore it would be appropriate to incorporate major economic theories into this discussion. Primarily, classical, new-classical and Marxian thinkers contributed to the concept of economic development. A brief overview of these schools of economic thinking is given below.

⁵<http://keydifferences.com/difference-between-economic-growth-and-economic-development.html>

2.2. Classical Theory

A classical theory which is also known as liberal economics was developed in the late 18th and early 19th century by Adam Smith, Jean-Baptiste Say, David Ricardo, Thomas Robert Malthus and John Stuart Mill. According to this theory, markets function best with minimal government interference.⁶ Adam Smith advocated for free markets during the time of protectionism, and many writers found his idea convincing. His book *The Wealth of Nations* published in 1776, which is based on the key assertion that wealth of nations was not based on gold but trade, is usually considered as the beginning of the classical economics.⁷ According to this theory, every economy has a steady state of GDP, and any deviation from that is temporary, and the same steady state would eventually return in due course. This assumption is based on the concept that in case of a growth in the GDPs of any nation there will be a rise in population which casts an adverse effect on the GDP growth due to higher demand and limited resources. However, when GDP goes down the steady state, there will be a decrease in the population with lower demand creating a condition for bringing back the GDP growth at a steady level.⁸

2.2.1. Adam Smith's Theory of Economic Development

It should be noted that Prof. Adam Smith did not submit any specific economics growth theory and his views on the economic development are primarily based on his general economic principles. One of the economic historians R. Lekachaman observes, "A good deal of Smith's analysis reads as though written with today's UDC's in mind." However, most of the classical economic writers found an appropriate basis for their ideas and theories of economic development in his book, 'Wealth of Nations'.

2.2.2. Neo-Classical Theory: Solow-Swan Growth Model

⁶Smith, Adam (1759). *Wealth Of Nations* (1982 ed.). pp. 233–34.

⁷Smith, Adam (1776) *An Inquiry into the Nature and Causes of The Wealth of Nations*. (accessible by table of contents chapter titles) AdamSmith.org ISBN 1-4043-0998-5

⁸Mill, John Stuart (2009) [1848]. *Principles of Political Economy*

Two economists, i.e., T.W. Swan and Robert Solow, made important contributions to economic growth theory which is known as a **Solow-Swan Growth Model**, which focuses on three factors that impact the economic growth. These factors include labour, capital, and technology or more specific technical advances⁹. Theory shows that per worker output, i.e., growth per unit of labour increases with the output per capita, i.e., growth per unit of capital. However, the per worker output increases against per capita output with decreasing rate and this is referred as **diminishing marginal return**¹⁰. Due to this diminishing marginal return there comes the point at which labour and capital can be set to reach an equilibrium state. Solow-Swan Growth Model further points towards the fact that a nation can theoretically determine the amount of labour and capitals necessary for the economy to remain at the above mentioned steady point. Therefore, this is the technological advancement which causes the growth in the economy. The economic growth, according to this theory, will not take place unless there are technological advances. However, such advances take place by chance. This theory postulates that once advancement in the technology takes place, then labour and capital should be automatically adjusted accordingly. In case all the nations have gone through the similar level of technological advancement then, according to this theory, the standard of living will become equal.¹¹

However, a thorough appraisal of this theory suggests towards two major concerns associated with it. The first concern is in the conclusion that continuous economic growth can only occur when there is the technological advancement and which happen by chance. That means that economic growth, according to this theory, cannot be modelled. Secondly, the crux of this theory relies on the diminishing marginal returns of the capital and labour. However, there is no historical, empirical or real life evidence which can reinforce this claim of diminishing marginal return. Therefore, it can be said that Solow-Swan Growth Model identifies technology as a factor in the context of economic growth; however, it fails substantially to explain the same.

⁹Acemoglu, Daron (2009). "The Solow Growth Model". *Introduction to Modern Economic Growth*. Princeton: Princeton University Press. pp. 26–76.

¹⁰Solow, Robert M. (February 1956). "A contribution to the theory of economic growth". *Quarterly Journal of Economics*. *Oxford Journals*. **70** (1): 65–94.

¹¹Swan, Trevor W. (November 1956). "Economic growth and capital accumulation". *Economic Record*. Wiley. **32** (2): 334–361.

2.2.3. Karl Marx's and his Contribution in Economic Thinking

Karl Marx, the father of methodical socialism, is considered as one of the greatest philosopher, revolutionary, thinker, and a scholar of historical processes. Karl Marx wrote the book 'Das Kapital' (1867) which is regarded as the Bible of socialism. Marx is still valued as a real prophet by millions of peoples and is held, in high respect, among intellectual class, across the disciplines. According to Prof. Schumpeter, "Marxism is a religion. To an orthodox Marxist, an opponent is not merely in error but in sin."¹² Karl Marx prophesied the decline of capitalism and the advent of socialism. One of the greatest achievements of the Marxists is their school of analysis and which is one of the most penetrating examinations of the historical process as well as the economic development. According to Marx and his followers, the breakdown of capitalism would not take place due to economic stagnation but due to sociological reasons, and it would happen after the arraignment of a very high degree of development. Marxian theory of growth, is based on certain assumptions, (a) division of society in two principal classes, i.e., Bourgeoisie and Proletariat, (2) wages of the workers, are determined at subsistence level of living, (3) labour theory of the value holds good and therefore labour is the primary source of value generation, (4) capitalists owned the sources of production, (5) capitalists are exploitative in the nature, (6) labor is homogenous and mobile, (7) there is always a competition in the economy, (8) and most importantly, the national income is distributed in terms of wages and profits.

2.2. 4. Marxian Concept of Economic Development

Marx and his followers perceived productions as the means of generating value, and therefore, according to them, economic development is the process of more value generation. Although, labour generates the value, however, according to Marxists, high level of production is possible only through more and more capital accumulation and technological advancement. Marxists describes the growth process in steps, and according to them, growth under the capitalism generates high value at the start and accumulates the capital as per the level of value. However, after reaching its peak, there comes a stage when there is a concentration of capital associated with falling rate of profit, which reduces the rate of investment and ultimately the rate of

¹²Schumpeter, Joseph A. (2014) [1942]. *Capitalism, socialism and democracy (2nd ed.)*. Floyd, Virginia: Impact Books. ISBN 978-1617208652.

economic growth. Unemployment increases, at this stage, according to them, which intensifies the class conflicts in the society which leads to the labour conflicts and then class revolt. This class conflict ultimately leads towards the downfall of capitalism and the rise of socialism.

2.3. Economic Development and Human Development

Experiences of developed countries, e.g., USA and European post-war reconstruction reinforced the fact that social problems that may accompany economic growth can put a question mark on the sustainability of the developmental gains. Furthermore, it would be the best option to address the social issues alongside the development process as it would be easier and less expensive. For example, solving the problem of crime at its beginning is quite easier than after it takes root and gets organised. It was also understood that the single goal of maximising income growth had caused many social and environmental issues. It has been evident that marginalisation of many regions and groups of population along with increasing gaps between rich and poor were the outcome of the income-oriented growth model. Such narrow principles and models of development lead to the degradation of the environment and caused social unrest and destroy the fruits of economic growth. On the other hand, the human development based approach of social development focuses on the greater participation of the population in decision-making and the execution of development activities and thus promotes equality, minimises poverty, brings advancements in lives of women and ensures the developmental process. According to The UNDP's Human Development is "the process of expanding people's choices", said choices allowing them to "lead a long and healthy life, to be educated, to enjoy a decent standard of living", as well as "political freedom, other guaranteed human rights and various ingredients of self-respect."¹³

Human development based approach plays a positive role in the long-run intensity and sustainability of economic development. Mr. James Gustave Speth, the UNDP administrator, stated, "sustainable human development is a development that not only generates economic growth but distributes its benefits equitably; that regenerates the environment rather than destroying it; that empowers people rather than marginalizing them. It gives prosperity to the poor, enlarging their choices and opportunities and providing for their participation in decisions

¹³ *United Nations Development Programme (1997). Human Development Report 1997. Human Development Report, p. 15. ISBN 978-0-19-511996-1.*

affecting them. It is a development that is pro-poor, pro-nature, pro-jobs, pro-women and pro-children (UNDP, 1994, p.13).” It should be understood that Human Development does not deny the importance of economic growth for the welfare of the society. However, it stresses that economic growth is an essential but not the sufficient condition for human development (UNDP, 1990, p.11). It is possible to bring major improvement in the quality of life even before the accumulation of great wealth as UNDP report of 1994 (p.15) observed, “A society does not have to be rich to be able to afford democracy. A family does not have to be wealthy to respect the rights of each member. A nation does not have to be affluent to treat women and men equally.” Human Development approach, therefore, insists on a simultaneous treatment of social and economic aspects of development.

2.3.1. Basic Concept of Human Development

There are six basic pillars¹⁴, on which entire edifice of the concept of human development is based. These pillars are equity, sustainability, productivity, empowerment, cooperation and security.¹⁵ **Equity** is the idea of equality and fairness for every person, between men and women, and among communities. Every person has rights to education, health and a decent life of his choice. **Sustainability** focuses on equality of opportunities among different generations, and therefore, it insists on sustaining means of achieving the progress so that intragenerational equity can be achieved. So according to this principle, we all have the rights to earn a living that cannot create a barrier for the future generation in accessing the same rights. **Productivity** is the next important pillar of human development, and it states that people should have enough capability and skills to generate income. Similarly, **Empowerment** is the process associated with the enhancing people’s capabilities and skills to be productive and to effectively participate in the decision making. Empowerment has specific dimensions too, especially in the context of women and weaker sections of the society. The empowerment process is a must for bringing equity in the society. **Cooperation** is the other pillar which stipulates the participation of people in the process of development. That is also important for individuals for belonging to communities and groups as a means of mutual enrichment, and thus this has a social meaning. Last but not the least is the **Security** which offers people opportunities for development in a free and safe environment so that their progress will not disappear suddenly, in the course of future, especially against adversities.¹⁶

¹⁴<http://hdr.undp.org/en/content/what-human-development>

¹⁵ Various Human Development reports

¹⁶ “The Human Development concept”. UNDP. 2010. Retrieved 29 July 2011.

2.3. 2.Measurement of Human Development

Measuring the progress of development is a key step in developing strategies for economies. However, economic concepts of GDP and GNP are not the equitable measure to assess the progress and therefore challenged by many economists, sociologists and anthropologist. As we have mentioned above and elsewhere that UNDP developed the HDI for measuring the status of human development across the nations with an objective to rank the nations and use the HDI reports as the policy tool for the development strategies. However, there are various alternative scales and indices based on alternative approaches to human development theory, many of which challenge one or more aspect of the HDI. Following are a brief description of these scales and indexes.

2.3.3. The Human Development Index (HDI)

United Nations Development Programme (UNDP) had formulated the Human Development Index (HDI), in 1990, to address the human face in the development process. The Index is a way for people and nations to assess and evaluate the flaws in the policies and development strategies. This index encompasses the health, education and living standard of the people and ranks the nations and geographical areas their performances against the indices. Although, HDI does not cover many other aspects that contribute to human capabilities, however, it is the standardised and vastly acceptable scale for quantifying the human capabilities across the world.

2.3.4. Human Poverty Index (HPI)

United Nations came up with a new index, Human Poverty Index (HPI), in 1997, to address the gaps in Human Development Index. Through HPI an effort is made to capture a broader view of human development with the measurement of the deficiencies in the three indexes HDI, i.e., longevity, knowledge and a decent standard of living.¹⁷

2.3.5. Multi-Dimensional Poverty Index (MPI)

Human Poverty Index (HPI) covers the different aspects of non-monetary deprivations, and it was being reported since 1997 with the human development reports and contributed to

¹⁷http://hdr.undp.org/hdr2006/pdfs/report/Human_development_indicators

enhancing the understanding of poverty. However, it does not capture overlapping deprivations which individuals and households experience.¹⁸ Therefore, the HDR of 2010 introduced the Multi-dimensional Poverty Index (MPI), which captures the multiple deprivations experienced by individuals and households in the area of health and standard of living. There are six indicators to assess deprivations in the education and health dimensions, and it is mandatory that all the indicators which needed to calculate MPI for a household must be collected from the same household survey. Households with a score of 3 are roughly considered as being deprived or poor as at least three out of ten indicators identify the household or individual as multi-dimensional poor. Similarly, households with the deprivation between 2 to 3 can be considered as vulnerable to becoming a multi-dimensional poor.¹⁹

2.3.6. Inequality-Adjusted Human Development Index (IHDI)

IHDI was introduced with HDR 2010 as a new measure for a large number of countries which consider inequality in all three dimension of HDI. IHDI discounts each dimensions average value according to its level of inequality and thus measure the average achievement of a country in three HDI dimensions against the existing inequalities in the distribution of the achievement.

2.3.7. Gender Inequality Index (GII)

HDR 2010 brought new perspectives in the Human Development Index with the introduction of IHDI and GII.²⁰ The GII tries to reflect the disadvantages which women face in respect of three dimensions, i.e., reproductive health, women empowerment, and economic activities. Reproductive health covers the maternal mortality and adolescent fertility rates, while women empowerment encompasses educational attainment (primary, secondary and higher education) , seat share in parliament, legislative assemblies and PRIs. Similarly, economic activity is measured by the rate of labour market participation of each gender. Gender Inequality Index replaced the previous Gender Empowerment Index (GEI) and shows the loss in human

¹⁸Alkire Roche Santos Seth. "Multidimensional Poverty Index 2011: Brief Methodological Note

¹⁹"Table 6: Multidimensional Poverty Index: developing countries". Table 4: Comparison between the revised and the original MPI. UNDP. March 2015. p. page 54, Table 4: Comparison between the revised and the original MPI. Retrieved 22 September 2016.

²⁰Klasen, Stephan1; Schuler, Dana. Reforming the Gender-Related Development Index and the Gender

Empowerment Measure: Implementing Some Specific Proposals. Feminist Economics. January 2011 (1) 1 - 30

development as a result of inequality across genders in three dimensions. For the calculation of the GII, each gender group's achievements in three dimensions area aggregated by using geometric means which capture the inequality across genders and adjust them in context of their association between dimensions. GII is then expressed as the relative difference or loss between harmonic and the reference means. It should be noted that reference means is based on the assumption of equality across genders in all three GII dimensions. India ranked at 127th position out of 188 countries with a GII value of 0.617.

2.3.8. Gender Development Index (GDI)

The GDI²¹ is based on the measurements of the gender-gap in human development achievements by considering the disparities across genders in the three dimensions of HDI, i.e., healthcare, Educational knowledge and living standard. GDI uses the same component indicators which are used in the measurement of HDI, and it can be said that GDI is the ratio of the HDIs separate calculation of each gender using the same methodology and it reflects the gender gap by showing the female HDI as a percentage of the male HDI. GDI of 160 countries is grouped into five categories on the basis of absolute deviation from gender parity as per HDI value. GDI is useful to understand the real gender gap in human development achievements.

2.3.9. Gender Empowerment Measure (GEM)

Gender Empower Measure (GEM), which is developed under the HDR of UNDP, tries to determine the degree to which women and men participate actively in economic, professional and political activity along with their role in decision making. GEM is a measurement of the indices pertaining to three variables, (a) power over economic resources depicted by per capita income, (b) access to professional activities along with participation in economic decision-making based on job share in the administrative, managerial, professional and technical categories, and (c) participation in political process and decision making reflected by share of parliamentary seats.²²The third indicator of the GEM has been an important indicator for women

²¹Klasen, Stephan1; Schuler, Dana. Reforming the Gender-Related Development Index and the Gender

Empowerment Measure: Implementing Some Specific Proposals. *Feminist Economics*. January 2011 (1) 1 - 30

²²Klasen S. UNDP's Gender-Related Measures: Some Conceptual Problems and Possible Solutions. *Journal of Human Development* [serial online]. July 2006;7(2):243-274. Available from: EconLit with Full Text, Ipswich, MA. Accessed September 26, 2011.

empowerment, and HDR of 1995 recognized that “one of the best indicators of political participation would be women’s share of representation in local bodies. However, these data are unavailable for many countries (HDR, 1995, p 83).”

2.3.10. Physical Quality of Life Index (PQLI)

The Physical Quality of Life Index (PQLI), which was developed by Morris David for Overseas Development Council in the mid-1970s, measures the quality of life of a country and is based on the average value of three dimensions, i.e., literacy rate, infant mortality, and life expectancy at the age of one year. In the process of calculating the PQLI, all three achievements are equally weighted on a 0 to 100 scale. PQLI was developed to address the shortcomings in the GNP as an indicator of development. The basic difference between HDI and PQLI, lies in the fact that while later summarizes infant mortality, life expectancy at age one and basic literacy on a zero to hundred scale, the previous index is a combination of indexes of the country’s average achievements in three basic aspects of human development, i.e., health, knowledge and a decent standard of living.²³

2.3.11. Modified Human Development Index (MHDI)

There have been comprehensive suggestions from experts, practitioners and researchers, on the UNDP’s Human Development Index for making it more effective in representing the actual measurement of human development. These suggestions ranged from the component of the index to those relevant to the structure of the HDI and resulted in a modified version of the index. MHDI was first computed for the data associated with 1995 HDR, and many experts suggested that modified version of the index was technically effective than the actual HDI.

2.4. Human Development Index (HDI)

The HDI measure three important aspects of human development, i.e., health, education²⁴, and standard of living, as it measures the average achievements in a country or a region. The HDI is a geometric mean of the normalised indices measuring achievements in the three dimensions and

²³ Morris, MD (1980). "The Physical Quality of Life Index (PQLI)." *Development digests*. 18 (1): 95–109. PMID 12261723

²⁴Mean years of schooling: Barrow and Lee

embodies imperfect substitutability across all HDI dimensions. Therefore, it can be said that HDI elaborates.

2.4.1. Historical Perspective of HDI

The modern concept of Human Development Theory has roots in ancient philosophy and the writings of early economists. Aristotle observed, “Wealth is not the good we are seeking, for it is purely used for something else.” Similarly, as we mentioned above, Adam Smith and Karl Marx were more concerned with the human face of the growth and development and stressed on human capabilities. It was **Amartya Sen** and his Human Capability perspective, which pushed the theory of human development into the realm of importance in the 1980s, and it played an important role in his receiving the 1998 Nobel Prize in Economics. However, it should be noted that the modern concept of Human Development was formulated by three economist thinkers including **Mahbub ul Haq, Uner Kirdar** and **Amartya Sen**.²⁵ While working with UNDP, during 1970s, and later as the Finance Minister of Pakistan Mr. Mahbub ul Haq questioned the traditional means of assessing the development and growth (GDP) and stressed on the need of a more human face of the development process. However an important adjunct to this theory which addressed the issue associated with sustainability. (Sen and Anand, 2000).

There were many other writers contributed to the development of the Human Development Theory as the measure to assess the progress and development and sometimes challenged several aspects of it suggesting alternatives to the theory. Martha Nussbaum’s publication in the late 1990s and 2000s highlighted the need to pay more attention towards human aspect, particularly the human emotions, in the Human Development Theory. However, an emotional and psychological aspect of the human development, as a separate approach, was rooted in the writings of Abraham Maslow (1968). The emotional and psychological dimensions of human development came up with the **Human-Scale Development** approach, which was developed by **Max-Neef** during mid-to-late 1980s. This scale addressed **human needs** and **satisfying factors** which are remain almost static across time and context. Many anthropologists and sociologists have also challenged the different perspectives of the Human Development Theory, which stem from the neoclassical economists, e.g., Diane Elson, Raymond Apthorpe, Irene Van Staveren, and AnantaGiri. Elson Proposed in 1997 that human development measures should encompass

²⁵*"The Human Development concept".UNDP. 2010. Retrieved 29 July 2011.*

the diverse approach to individual incentives, i.e., seeing people as agents in the control of their choices, capabilities to select from a set of possibilities and utilising human capital as one of the assets. Many theorists insisted on a need to see people as having more mutable choices which are controlled or influenced by social structure and normative roles. According to them, individual's culture, age, gender and family play an important role in enabling or disabling their potential to progress. These adjuncts to the human development theory have brought a dynamic approach into it which was advocated by Haq and Sen.²⁶

Human Development Index across Districts of Uttar Pradesh

The HDI, first presented in the 1990 Human Development Report (HDR), measures a country's success in the following human development achievements for its citizens. Uttar Pradesh came up its first HDR in the year 2003 and second in 2008 following the UNDP methodology in the construction of the indices in the reports. These reports were based on the analysis of the data for the year 1991, 2001 and 2005. Along with providing and presenting an inter-state comparison vis-à-vis UP, the report also brought out an extensive analysis of the status of human development in various districts in the state. Unfortunately, the state had done nothing in this regard and has been silent on HDR publication. In spite of the demand from many corners for the updated district wise HDI of the state, complete obscurity was witnessed in this regard. Given the social and spatial disparities prevailing in the state of Uttar Pradesh, it becomes all the more important to analyse the district wise human development status. It is in this background that the present study has been conceptualized and written with an objective to make an inter-district analysis and comparison in terms of HDI indicators of Uttar Pradesh. It also attempts to prepare the latest human development index for the districts of the state. As Census 2011 has been completed, data availability for the latest development scenario in the state offers a befitting opportunity for computation of human development indices. The study in all, to the best of our knowledge, is the first attempt to measure the district-wise Human Development Index based on Census (2011) for UP (Maurya, Sapana&Khare2015, p-2)

²⁶Elizabeth A Stanton, Feb 2007

HDI Dimensions and indicators



Sources: Technical Notes Human Development Report (2016), UNDP, Page no 1

Method 1: The first method of calculating the HDI is to create three separate indices for each of the three dimensions. These dimensions are (long and healthy life, knowledge and a decent standard of living) are then used to calculate the overall HDI. In each of the three dimensions, a state's successes are measured at a score between 0 and 1 using the minimum and maximum values defined below.

Method 2: These three indices are then aggregated to create the overall HDI. To do this, the three dimension indices are multiplied collected, and their cube root is taken. That produces the **geometric mean** of dimension indices.

Table 2.1: Choice of Indicators

Dimension	Indicators	Definition	Minimum	Maximum
Health Index	Life expectancy of birth	Number of years a newborn infant could expect to live if prevailing patterns of age-specific mortality rates at the time of birth stay the same throughout the infant's life.	20 years	85 years
Education Index	Expected year of schooling	Number of years of schooling that a child of school entrance age can expect to receive if prevailing patterns of age specific enrolment rates persist throughout the child's life.	0 years	18 years
	Mean year of	Average number of years of education	0 years	15 years

	schooling	received by people ages 25 and older, converted from education attainment levels using official durations of each level.		
Standard of Living	GNI Per Capita	Aggregate income of an economy generated by its production and its ownership of factors of production, less the incomes paid for the use of factors of production owned by the rest of the world, converted to international dollars using PPP rates, divided by midyear population	PPP \$100,	PPP \$75,000

Sources: HDR 2016

Dimension Calculation formula: 1 for separate values of namely Health Index, Education Index and GNI Index.

$$\text{Dimension index} = \frac{\text{Actual value} - \text{Minimum value}}{\text{Maximum value} - \text{Minimum value}}$$

To find the indices of each dimension we have calculated the average mean of the Indicators of the particular dimension. For computing the income index, after estimating the district per capita income in PPP US\$, log values of income have been put in this formula Per capita income (PPP\$)

$$\text{Per capita income (PPP\$)} = \frac{\text{Log per capita income (PPP\$)} - \text{Log minimum value}}{\text{Log maximum value} - \text{Log minimum value}}$$

Dimension Calculation formula: 2

After calculating the dimension-wise indices, the final Human Development Index (HDI) Of each district is calculated by taking the arithmetic mean of the three dimension indices:

$$HDI = (I_{Health} \cdot I_{Education} \cdot I_{Income})^{1/3}$$

RANK	Districts	HDI	RANK	Districts	HDI
1	Gautam Buddha Nagar (0)	0.757	37	Ballia (-11)	0.602
2	Kanpur Nagar (+1)	0.728	38	Mau (-19)	0.599
3	Lucknow (+1)	0.717	39	Kannauj (-14)	0.596
4	Ghaziabad (-2)	0.716	40	Chandauli (-18)	0.594
5	Jhansi (+3)	0.702	41	Allahabad (-12)	0.590
6	Meerut (0)	0.681	42	Sant Kabir Nagar (+22)	0.590
7	Mathura (+3)	0.679	43	Deoria (0)	0.589
8	Baghpat (-5)	0.675	44	Bhadohi (-12)	0.588

9	Auraiya (+5)	0.669	45	Farrukhabad (-18)	0.588
10	Etawah (+2)	0.663	46	Lalitpur (+3)	0.586
11	Mainpuri (+10)	0.656	47	Pilibhit (0)	0.583
12	Mahoba (+22)	0.656	48	Kashiram Nagar	0.582
13	Hathras (-2)	0.656	49	Moradabad (+5)	0.579
14	Agra (-7)	0.652	50	Jaunpur (-12)	0.578
15	Hamirpur (+20)	0.650	51	Ghazipur (-18)	0.577
16	Muzaffarnagar (+2)	0.647	52	Azamgarh (-8)	0.574
17	Sultanpur (+29)	0.642	53	Bareilly (-2)	0.573
18	Jalaun (-2)	0.635	54	Mirzapur (-14)	0.571
19	Kanpur Dehat (-6)	0.634	55	Hardoi (+4)	0.568
20	Bulandshahar (-3)	0.634	56	Barabanki (-4)	0.567
21	Bijnor (+3)	0.634	57	Kaushambi (-1)	0.566
22	Firozabad (+1)	0.633	58	Kheri (-16)	0.563
23	Csmaharaj Nagar	0.624	59	Rampur (+3)	0.563
24	Banda(+17)	0.622	60	Basti (+1)	0.561
25	Gorakhpur(+3)	0.621	61	Pratapgarh (-8)	0.559
26	Unnao (+19)	0.620	62	Faizabad (-23)	0.558
27	Varanasi (-12)	0.617	63	Gonda (+2)	0.555
28	Jyotiba Phule Nagar (+3)	0.616	64	Shahjahanpur (-6)	0.555
29	Chitrakoot (-9)	0.616	65	Sitapur (-8)	0.554
30	Fatehpur (+20)	0.615	66	Kushinagar (-6)	0.550
31	Rae Bareli (+24)	0.615	67	Maharajganj (-4)	0.533
32	Etah (+16)	0.614	68	Bahraich (+1)	0.524
33	Sonbhadra (+3)	0.612	69	Siddharth Nagar (-3)	0.519
34	Saharanpur (-25)	0.612	70	Budaun (-3)	0.515
35	Aligarh (-5)	0.611	71	Balrampur (-3)	0.498
36	Ambedkar Nagar (+1)	0.602	72	Shrawasti (-2)	0.443

Sources :(Maurya, Sapana&Khare2015, p-13)

Table 2.3. Classification of districts on the basis of HDI, 2011 (three indicators)

Table 2.3. Classification of districts on the basis of HDI, 2011 (three indicators)											
High Above .60			Medium (0.55 to 0.59)			Low (0.54 to below 0.50)			Very low (below 0.50)		
RANK	Districts	HDI	RANK	Districts	HDI	RANK	Districts	HDI	RANK	Districts	HDI
1	Gautam Buddha Nagar	0.654	12	Lalitpur	0.599	37	Varanasi	0.549	66	Shahjahanpur	0.500
2	Jhansi	0.648	13	Banda	0.599	38	Sonbhadra	0.542	67	Maharajanj	0.496
3	Hathras	0.642	14	Baghpat	0.595	39	Moradabad	0.541	68	Budaun	0.483
4	Lucknow	0.638	15	Hamirpur	0.595	40	Fatehpur	0.540	69	Bahraich	0.469
5	Mahoba	0.634	16	Etawah	0.586	41	Kheri	0.539	70	Balrampur	0.458
6	Jyotiba Phule Nagar	0.625	17	Agra	0.584	42	Aligarh	0.537	71	Siddharthnagar	0.446
7	Kanpur Nagar	0.622	18	Auraiya	0.582	43	Faizabad	0.537	72	Shrawasti	0.399
8	Chitrakoot	0.616	19	Sultanpur	0.580	44	Hardoi	0.535			
9	Bijnor	0.605	20	Jalaun	0.579	45	Kaushambi	0.535			
10	Mathura	0.601	21	Mainpuri	0.574	46	Kanpur Dehat	0.533			
11	Ghaziabad	0.601	22	Meerut	0.570	47	Ghazipur	0.532			
			23	Ambedkar Nagar	0.568	48	Deoria	0.532			
			24	Firozabad	0.565	49	Barabanki	0.530			
			25	Csmaharaj Nagar	0.562	50	Gorakhpur	0.529			
			26	Rampur	0.561	51	Ballia	0.528			
			27	Muzaffarnagar	0.559	52	Bareilly	0.527			
			28	Chandauli	0.557	53	Pratapgarh	0.526			
			29	Rae bareli	0.557	54	Sant kabir Nagar	0.526			
			30	Kannauj	0.554	55	Allahabad	0.526			
			31	Mau	0.554	56	Mirzapur	0.522			
			32	Bulandshahr	0.554	57	Kashiram Nagar	0.521			
			33	Sitapur	0.553	58	Gonda	0.519			
			34	Saharanpur	0.553	59	Jaunpur	0.519			
			35	Unnao	0.552	60	Bhadohi	0.517			
			36	Azamgarh	0.551	61	Kushinagar	0.516			
						62	Farrukhabad	0.516			
						63	Basti	0.515			
						64	Pilibhit	0.509			
						65	Etah	0.501			

Sources :(Mourya, Sapana and Kharer2015, p-14)

2.5. MDGs and Human Development Report

2.5.1. Millennium Development Goals

The Millennium Development Goals (MDGs) have been one of the most effective anti-poverty movements across the world in the history. It was in September 2008 that United Nations came up with eight millennium development goals which included; eradication of extreme poverty and hunger, to achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS and other diseases, ensure environmental sustainability, Develop a global partnership for development. United Nations

initiated this move with a commitment to accomplish these goals by 2015. MDG Report of 2015 observed that the 15-year of intensive effort to achieve the MDGs which were set out in Millennium Declaration in 2000 was largely successful across the world, however, the same report also acknowledged some shortcomings. The report shows the statistics in support of its claim and according to which poverty had declined from 1.9 billion in 1990 to 836 million in 2015. The population of the middle class (with more than \$ 4/day) has been nearly tripled during the same period, and proportion of undernourished people in developing countries dropped by almost half since 1990. One of the important data was regarding education and according to the report out-of-school children of primary school age worldwide fell by almost half from 100 million in 2000 to 57 million in 2015. Gender parity in primary school was also achieved significantly. Noticeable changes have been noticed in health as IMR cut by more than half since 1990 and MMR fell by 45 per cent during the same period. Malarial deaths were also averted significantly (over 6.2 million) between 2000 and 2015. One of the biggest breakthroughs has been registered in the area of HIV spread as new infections fell approximately by 40 per cent between 2000 and 2013. Approximately 13.6 million people, according to the report, who were living with HIV were on ART which shows a sharp increase from 2003 figure of 800,000. Similarly, tuberculosis prevention, diagnosis and treatment-related interventions have saved around 37 million lives during the same period. 2.1 billion people have access to improved sanitation facilities, and 147 countries have achieved the MDGs drinking water target during the same period, as per the report. Similarly, 95 countries have achieved sanitation targets of MDGs and 77 countries have achieved the both (drinking water and sanitation targets of MDGs).²⁷

2.5.2. Human Development Report

The Global HDR is an annual publication of UNDP which capture global, regional and national reports. Global HDR includes four major indexes, i.e., HDI, Gender-related Development Index (GDI), GEM and Human Poverty Index (HPI). First Human Development Report was published in 1990 by UNDP with the support of many economists such as AmartyaSen and MahbubulHaq. The first report focused on defining the concept of human development as a paradigm shift in the context of measuring development process. HDR 1993 report focused on people's participation in the process of development, HDR 1994 on bringing security as the new dimension of human

²⁷ MDG report 2015

development, and HDR 1995 on bringing gender into development perspectives. Similarly, HDR 2010 introduced the IHDI and Gender GII. Following table (1) shows the HDRs from 1990 onwards with their themes.

2.5.3 Human development report 2016

Human development report, 2016 has been released by united nation development programme (UNDP). The world’s top three countries in HDI are Norway, Australia and Switzerland. However, India slipped down one place to 131st place from 130 among the 188 countries ranked in terms of human development. India’s HDI value of 0.624 puts it in the “medium human development “category, alongside countries such as Congo, Namibia and Pakistan. It is ranked third among the SAARC countries, behind Sri Lanka(73)and the Maldives (105), both of which figure in the “high human development category. The largest gender disparity in development was in South Asia, where the female HDI value is 20 per cent lesser than the male counterpart. The report says 54 per cent of people who live in multidimensional poverty are concentrated in SouthAsia.While India’s HDI value increased from 0.428 in 1990 to 0.624 in 2015, It still had the lowest rank among BRIC nations. The percentage of women in the workforce is the lowest in India among the BRIC countries. India’s public health expenditure (1.4% of GDP) was even lower than in South Asia average spending (1.6% of GDP). In India between 1990 and 2015, Life expectancy has improved by 10.4 years. Child malnutrition declined by 10 per cent points from 2015; therewas some modest gain in infant and under-five mortality rates. The report praised India’s reservation policy, saying even though it has not resolved caste-based exclusion; it has had substantial positive effects. It commended the Indian grassroots group MazdoorKisan Shakti Sanghatanfor popularizing social audits of government schemes.

Sl. No.	Year	Main Theme	Definition
1	1990	Human Development since 1960, and measurement of Human Development	The process of expansion of choices for people.

2	1991	Poverty and inequality, financing Human Development	development is to increase people's choices
3	1992	Political Freedom and Human Development	Political Empowerment of people and human development.
4	1993	Peoples' participation	involves widening [people's] choices
5	1994	Human Security, New Dimensions of Human Development	Safety net and development.
6	1995	Gender and Human Development	The process of enlarging people's choices.
7	1996	Economic growth and Human Development	Same
8	1997	Human Development and Poverty Eradication	Same
9	1998	Consumption for Human Development	Same
10	1999	Globalization with a Human face	Same.
11	2000	Human Rights and Human Development	Same
12	2001	Making new Technologies works for Human Development	Expanding the choices of people has to lead lives that they value.
13	2002	Deepening democracy in a fragmented world	Same
14	2003	Millennium Development Goals (MDGs): A Commitment Among Nations to end Human Poverty	To improve people's lives by expanding their choices, freedom and dignity.
15	2004	Cultural liberty in today's diverse world	The process of widening choices for people to do and be what they value in life.
16	2005	International cooperation at crossroads: Aid, Trade and security	Building human capabilities.

		in an diverse world	
17	2006	Beyond scarcity: Power, poverty and the global potable water crisis	Human development is about the realisation of potential where people can expand their efficiency with their capabilities by exercising real choices in their lives.
18	2007/ 2008	Fighting climate change: Matter of Global Concern	Same
19	2009	Human mobility and development; migration	Same
20	2010	The pathways to Human Development,	Same
21	2011	Sustainability and equity	Same
22	2013	The rise of the South: Human Progress in a Diverse World	Human development is through active investment in enhancing capabilities and enlarging opportunities.
23	2014	Sustaining Human Development: Combating Vulnerabilities and Building Resilience	Human development is a process of enlarging people's choices with long and healthy life, to be educated and to enjoy a decent standard of living.

Sources: HDR 2015

2.6. Conclusion

Nation states and economic thinkers of late 18th and 19th century were guided by the concept of economic growth and economic development which stem from the writings of classical thinkers, especially **Adam Smith**. His book '**Wealth of Nations**', inspired many neo economists to come up with the concept of economic development according to which every economy has a **steady state of GDP** and any deviation from that is temporary, and the same steady state would eventually return in due course. However, the Ne classical thinkers Solow and Swan presented a

comprehensive **Solow-Swan growth model** which considers three factors, i.e., labour, capital and technological advancement as the major in determiner of growth. According to this theory per worker, output increases with per capita output with a decreasing rate which is referred to as **diminishing marginal return**. This theory identifies technology as a key factor for economic growth. However, it fails substantially to explain the same. **The Marxian** concept of economic growth focuses on the **creation of value**. At first, according to them, growth process generates high value under the capitalism and accumulates capital, however, after reaching its peak profit starts falling and economic growth halts causing unemployment and social tension in the society. This social tension leads to class conflict and finally with the downfall of capitalism there comes the rise of socialism.

However, economists such as Sen, Haq, etc., started arguing that concept of economic growth, GDP and GNP are not the true representative measurement of human progress and there should be the human face in the context of the development process. The concept of human development is based on six basic pillars, i.e., equity, sustainability, productivity, empowerment, cooperation and security. For measuring the status of human development, UNDP developed HDI and the first HDR published in 1990 which focused on the global, regional and national level of Human Development. The concept of HDI has been enriched in the course of time and with the addition of another index which focused on poverty, inequality and gender disparity. Human Poverty Index (HPI) was developed by United Nations in 1997 to address the gaps in HDI. However, HPI did not cover various dimension of poverty; therefore, the Multi-dimensional Poverty Index (MPI) was introduced with HDR 2010 to capture the multiple deprivations of individuals and households. Inequality-adjusted Human Development Index (IHDI) was introduced with HDR 2010 as a new measure for a large number of countries which consider inequality in all three dimension of HDI. Other important indexes which were developed to capture the human development included Physical Quality of Life Index (PQLI), and Modified Human Development Index (MHDI).

Disparity across genders has also been considered an important aspect of inequality, and therefore many indexes included along with HDI to capture the gender disparity. HDR 2010 introduced the Gender Inequality Index (GII) which tries to reflect the disadvantages which women face in respect of three dimensions, i.e., reproductive health, women empowerment, and economic

activities. Similarly, Gender Development Index (GDI) captures the gap in development by considering the gender disparity in three dimensions of HDI, i.e., health, knowledge and living standard. Gender Empower Measure (GEM), which is developed under the HDR of UNDP, tries to determine the degree to which women and men participate actively in economic, professional and political activity along with their role in decision making. United Nations Development Programme (UNDP) have taken the lead in developing the HDI and another index for measuring human development and inequalities along with publishing global, regional and national Human Development Reports (HDR) as a policy measure to address the needs of development strategies across the world. First HDR was published in 1990 which defined the human development as enlarging people's choice and the freedom to live their lives as per their choice. HDR 2010 brought IHDI and GII and GEM into the development perspective and broadened our understanding and approach towards human development.

Chapter: Three

Measuring development and well-being, Human Development Policy

Analysis: Case Studies

3.0. Introduction

The Human Development Index (HDI) was created with the support of United Nations Development Programme (UNDP) to highlight the fact that people and their capabilities should be the ultimate criteria for assessing the development of a country or a region instead of the net economic growth alone. The Human Development Index (HDI) is a summary measure of achievements in three key dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living. The HDI is the geometric mean of normalised indices for each of the three dimensions. Changing approach for assessing country's/region's performances with the viewpoint of human development provide answers to why two regions with the same level of economic growth per capita can end up differently in the context of human development outcome. The HDI is also an effective tool to understand the level of human development across various regions within a country or regions. Various state human development reports pointed towards sharp disparity among Indian state regarding the level of human development. Furthermore, states like Uttar Pradesh where disparities between different zones on development and growth scale as well as in respect of HDI are well known, a regional or district-level human development index would provide an effective tool for developing regional or district level development strategies. A field survey in two blocks of Sultanpur district of Uttar Pradesh was carried out under the present study to understand the block level human development following the UNDPs HDI methodology.

3.1. Household Details in the Study Area

The study area has covered two blocks, viz. Dubepur and Kurwar, district of Sultanpur of Uttar Pradesh, where total 120 households were interviewed, i.e., 60 from each block. Two villages have covered in each block where 60 households are divided into two categories, and the ratio is 30 and 30 from each villages.

60 households were selected equally, i.e., 30 in each village, for the interview. Village wise details and respective sampling is depicted in table 01.

District	Sultanpur (Uttar Pradesh)				Total
Blocks	<i>Dubepur</i>		<i>Kurwar</i>		
Villages	Hasanpur	Bhatti Jarouli	Kurwar	Harakpur	
Sample size	30	30	30	30	
Total Sample size	60		60		

Sources: Estimated from field survey

3.2. Block and Religions wise Population of the Study

Field survey covered both Hindus and Muslims for the interviews. Respondents from both the religion were almost equal in percentage as Hindus and Muslim. Mostly 256 households in Kurwar block were Hindus and second mostly 248 Muslim in Dubepur block. Religion-wise details and respective sampling is depicted in(Table 3.2)

Block Name	Hindu	Muslim	Total
Dubeypur	232	248	480
Kurwar	256	224	480

Sources: Estimated from field survey

3.3. Village & Religion Wise Household Population

Field survey covered both Hindus and Muslims for the interviews. Respondents from both the religion were almost equal in percentage as Hindus mostly 17 Harakpur village in Kurwar block where Muslim mostly 16 Hasanpur village in Dubepur block. Where seen the religion is equal in Hindus or Muslim village Bhattijarouli and village Kurwar which are both block Dubepur and Kurwar. Village & Religion-wise details and respective sampling is depicted in(Table 3.3)

Table 3.3: Village	Religions		Total
	Hindu	Muslim	
Hasanpur	14	16	30
BhattiJarouli	15	15	30
Kurwar	15	15	30
Harakpur	17	13	30
Total	61	59	120

Sources: Estimated from field survey

3.4. Caste Wise Socio-Economic Condition

There are three categories of caste in the study area such as general, OBC, SC. The total 120 households selected for the interview in the four villages 45 (37.5%) were from general category, this is lowest because 63 (52.5%) were from other backward class (OBC) and 12 (10%) were from scheduled cast (SC) community (Table 03).

Table 3.4: social categories of the households		
Social categories	Numbers	Percentage (%)
General	45	37.5
OBC	63	52.5
SC	12	10
Total	120	100

Sources: Estimated from field survey

3.5. Caste Wise Distribution of Households

OBCs formed the majority of households in villages covered under the survey, except in Harakpur of Kurwar block, where 50% of households belonged to general category. Both the villages in Dubepur block were, predominantly represented by OBC category with 66.7% of the total households belonged to them in each village. General category formed 26.7% of the total households covered in Hasanpur and 33.3% in BhattiJarouli, whereas SCs constituted 6.7% in former. No a single household of SC category was represented in BhattiJarouli. Kurwar village in the Kurwar block total households covered included 50% of OBCs followed by 40% of

general community and remaining 10% belonged to SCs. Harakpur in Kurwar block represented 50% general category households followed by 26.7% OBCs and a sizable 23.3% of SCs.

Table 3.5: Block	Village	Gen	OBC	SC
Dubeypur	Hasanpur	26.70	66.70	6.70
	Bhattijarouli	33.30	66.70	0
Kurwar	Kurwar	40	50	10
	Haraqpur	50	26.70	23.30

Sources: Estimated from primary data

3.6. Religious Back Ground of the Respondents

Field survey covered both Hindus and Muslims for the interviews. Respondents from both the religion were almost equal in percentage as Hindus constituted 50.8% of them whereas rests of them (49.2%) were Muslims.

Table 3.6: Religious	Per cent
Hindu	50.8
Muslim	49.2

Sources: Estimated from primary data

3.7. Distribution of Population across Age and Gender Groups

A comparative analysis of the profiles of the respondents across four villages in two blocks showed an interesting picture. Analysis shows that majority of the family members were below 30 years of age across both the genders and religions. A further analysis reflected that 19% of Hindu males in the households covered under the survey belonged to age categories which fall into 21-30 years of age basket, and around 38% were over 30 years of age. Around 7% of the households Hindu males were between 0-5 years of age, over 11% were between 6-10 years and remaining 24% were from 11-20 years of age category. In respect of Hindu females 21.50% were over 30 years, around 26% were between 21-30 years, 25.40% were between 11-20 years, 12.30% were of 6-10 years age category and remaining 4.6% of them were infants, i.e., 0-5

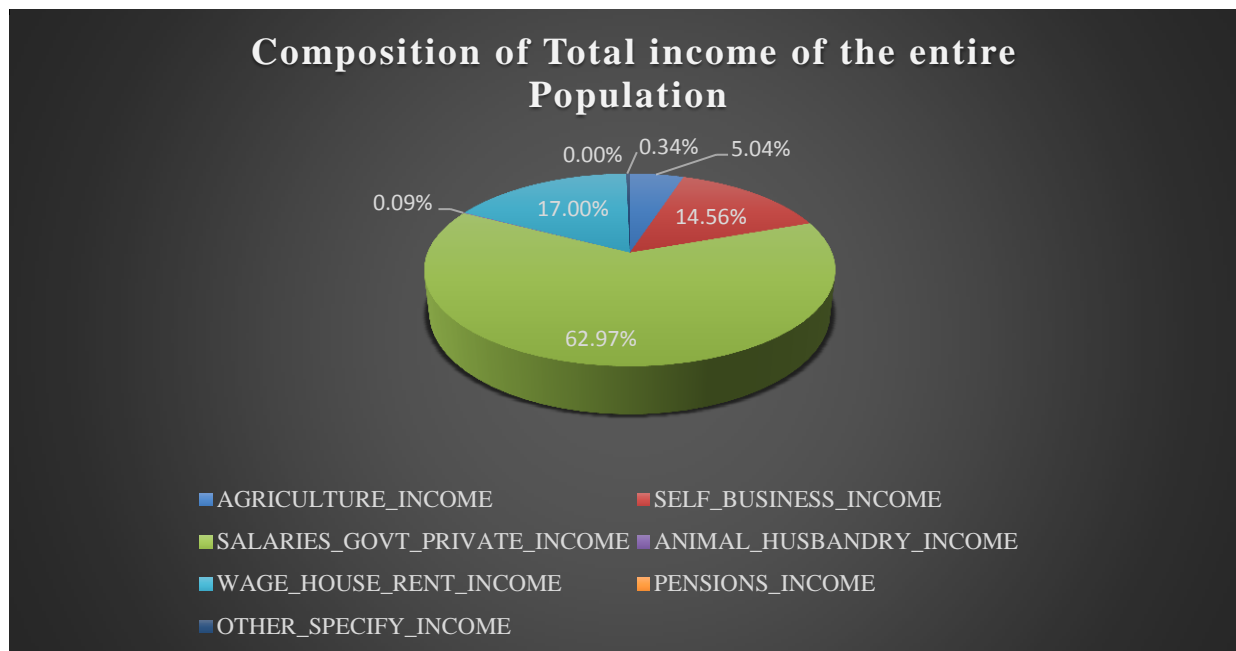
year's age category. Similarly, 31.1% of Muslim males were over 30 years of age, around 20% of them were between 21 and 30 years, 32.9% belonged to 11-20, 12.2% were of 6-10 years category and remaining 3.7% were infants. Age categories of Muslim females showed that 22.4% of them were over 30 years, 31.3% belonged to 21-30 years, 24.6% to 11-20 years, 11.9% were between 6 and 11 years, and a significant 9.7% were infants.

Table 3.7:Religion	Sex	0 - 5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	Above
Hindu	Male	6.70	11.60	11.00	14.00	10.40	8.50	37.80
	Female	4.60	12.30	10.80	14.60	19.20	16.90	21.50
Muslim	Male	3.70	12.20	15.20	17.70	10.40	9.80	31.10
	Female	9.70	11.90	13.40	11.20	16.40	14.90	22.40

Sources: Estimated from field survey

3.8. Household's Income

The composition of Total Income for the entire Population (Figure3.1)



Sources: primary data survey

Table3.8: Source of Income	Value	%Share
AGRICULTURE_INCOME	2624000	5.04%
SELF_BUSINESS_INCOME	7584000	14.56%
SALARIES_GOVT_PRIVATE_INCOME	32800048	62.97%
ANIMAL_HUSBANDRY_INCOME	48000	0.09%
WAGE_HOUSE_RENT_INCOME	8856000	17.00%
PENSIONS_INCOME	0	0.00%
OTHER_SPECIFY_INCOME	176000	0.34%
TOTAL_INCOME	52088048	100.00%

Sources: Estimated from field survey

The table below shows the distribution of income categories of the households covered by the survey. It can be seen that the overwhelming majority (76.7%) of the household covered under the survey belonged to the low-income category, i.e., Rs.48000-Rs.100000/year, followed by

middle-income group (18.3%) with between Rs. 1 lakhs to Rs. 2 lakhs and higher income group (5%) with an annual income of Rs. 2 lakhs to Rs. 6 lakhs.

Table 3.9: Distribution Of House Hold Income	Per cent
48000-100000(Low Income Groups)	76.7
100001-200000(Middle Income Groups)	18.3
200001-600000(Higher Income Groups)	5
Total	100

Sources: Estimated from primary data

A comparative analysis of the minimum and maximum income category of the respondent's households, as depicted in the table xx, shows that that household's income varied between Rs. 48000 per annum to Rs. 600000/year with a mean income of Rs. 80490/year and standard deviation of Rs.88110.99 (see table below). This figure indicates towards the social and economic disparity among families within the same village (SeeTable10)

Minimum	Maximum	Mean	Std. Deviation
48000	600000	80490.00	88110.999

Sources: Estimated from primary data

3.9. Blockwise Sources of Income

The table presented below depicts the block-wise occupational distribution of the respondents. It can be seen that overwhelming majority (81.7%) of the respondents in Dubepur block belonged to daily wage workers, whereas those who were in private job constituted just 1.7% of them. Government job holders were 5%, and self-employed were 3.3% of the total number of the respondents in Dubepur block. On the other hand, private job owners constituted as significant 38.7% of the total respondents from Kurwar block. Although daily wage workers constituted the highest share in the total number of the respondents from the Kurwar block. However, their percentage (48.3%) was way behind what was in Dubepur block (81.7%). Government jobs

holder constituted 6.7% and self-employed 8.3% of the total respondents from the Dubepur block. Investigators explored the source of income of the household covered during the field survey. It was asked to respondents whether they had got land resources or not. Findings showed that only 40% of the total households had land resources whereas the majority of them (60%) lacked. Furthermore, 26.6% (16) of the total households in Dubepur and 53.3% (32) in Kurwar block did not have land. On the other hand, 74.4% (44) households in Dubepur and 46.7% (28) in Kurwar block owned land resources. It was found that majority (00%) of households who had land were marginal farmers with 0-2 acre of land, whereas 4 (1 in Dubepur and 3 in Kurwar) had 2-5 acres of land and two households in Kurwar block owned land between 5-7 acres. Respondents from 12 households did not specify how much land they possessed.

Survey further explored whether covered households were depended upon agriculture as a source of income or not. The finding revealed that overwhelming majority (67.5%) of the households was not depended on agriculture. Furthermore, 25% (15) households in Dubepur and 40% (24) in Kurwar blocks were depended on agriculture as the source of their income whereas 75% (45) and 60% (36) households were not depended on agriculture, in respective villages. It was found that 16 households which possessed land resources, 9 practised self-farming, four used tractors and three employed labourers for agriculture in Dubepur block. Whereas in Kurwar block, 12 households out of 28 practised self-farming, 13 used tractors and seven used labourers for the agriculture.

Table 3.11: Distribution of block-wise sources of income			
Dubepur	Per cent	Kurwar	Per cent (%)
Govt job	5	Govt Jobs	6.7
Private job	1.7	Private jobs	36.7
Self-employed	3.3	Self-employed	8.3
Daily wages worker	81.7	Daily wages worker	48.3
Domestic worker	8.3	Domestic worker	0
Agriculture	25	Agriculture	40

Sources: Estimated from primary survey

3.10. Household's Expenditure

The composition of Total Expenditure for the entire Population (figure3.2)

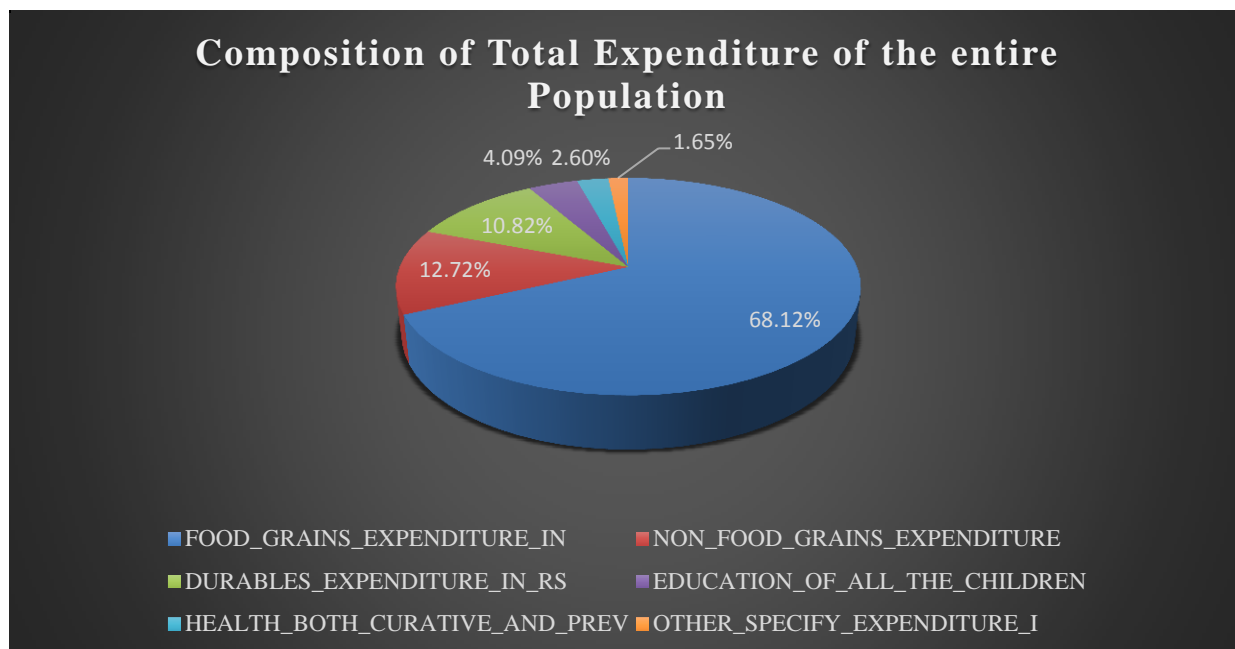


Table3. 12: Sources of Expenditure	Value	%share
FOOD_GRAINS_EXPENDITURE_IN	13520000	68.12%
NON_FOOD_GRAINS_EXPENDITURE	2524800	12.72%
DURABLES_EXPENDITURE_IN_RS	2148000	10.82%
EDUCATION_OF_ALL_THE_CHILDREN	811200	4.09%
HEALTH_BOTH_CURATIVE_AND_PREV	516000	2.60%
OTHER_SPECIFY_EXPENDITURE_I	328000	1.65%
TOTAL_EXPENDITURE_IN_RS	19848000	100.00%

Sources: Estimated from field survey

The survey explored the total expenditure of the households covered by the survey. It was found that household's expenditure ranged from Rs. 48000 in a year to Rs. 300000 a years with a mean expenditure of Rs. 65290 and standard deviation of Rs. 54283 (Table3.13).

Minimum	Maximum	Mean	Std. Deviation
48000	300000	65290.00	54283.333

Sources: Estimated from primary data

3.10.1. Expenditure on Agriculture

Survey also explored the households' expenditure on agriculture to understand the socioeconomic aspects of the rural agrarian economy. This question was asked to representatives of 48 households which owned the land out of which 47 responded. It was found that 23 out of 47 spent below Rs. 5000 in a year on agriculture, whereas 20 households had the expenditure between Rs. 5000 and Rs. 10000 and only four expended between Rs. 10000-Rs. 15000. Interestingly, all four households with agricultural expenditure between Rs. 10000-Rs. 15000 belonged to Kurwar block whereas 13 out of 16 households in Dubepur block spent below Rs. 5000. Remaining three households in Debupur block had agricultural expenditure between Rs. 5000 to Rs.10000, whereas in Kurwar block, ten households fell into the category which spent below Rs. 5000 a year on agriculture and 17 between Rs. 5000 to Rs. 10000 (see table 14). This finding suggests towards the fact the Kurwar block had comparatively well of families of farmers.

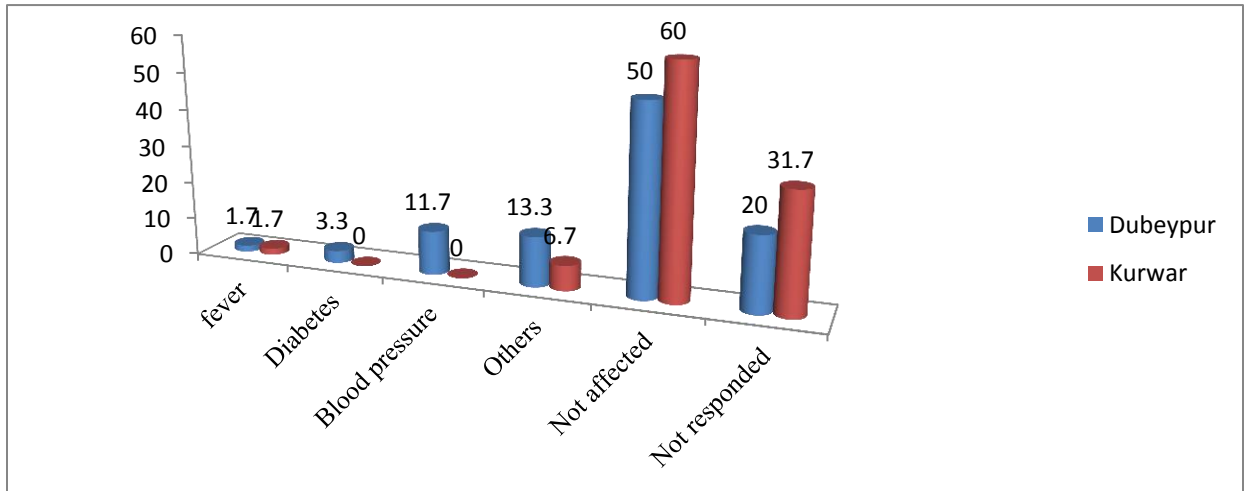
Table3.14:Block name	00-5000 Rs	5000-10000 Rs	10000-15000 Rs	Nane	Total
Dubepur	13	3	0	44	60
Kurwar	10	17	4	29	60
Total	23	20	4	73	120

Sources: Estimated from primary data

3.11. Household Health

Field survey explored the health situation existed in the two blocks covered by the study. It was asked what types of diseases commonly affect the members of households. Only 100 out of 120 households representatives responded to this query in which 50 reported that no one in their families was affected by any disease. Blood pressure (11.7%), diabetes (3.3%) and fever (1.7%)

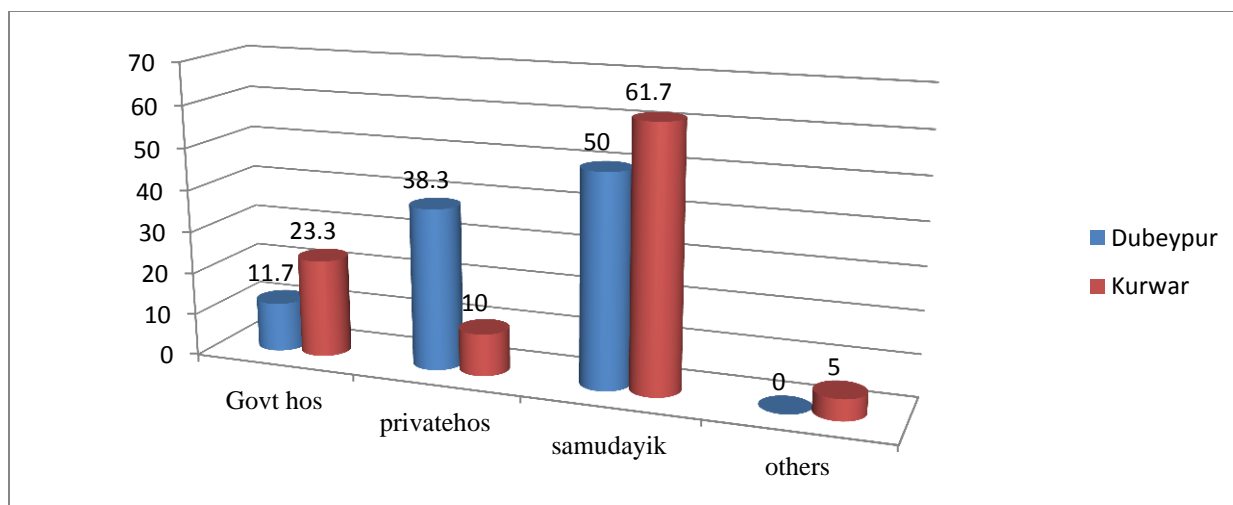
were reported by the household's representatives, whereas 13.3% of them had other health issues to their family members which they did not specify (See figure 3.3).



Sources: Estimated primary survey data

3.11.1. Types of Preferred Health Facilities

The survey further explored the household's preferences and practices regarding health issues and availability of health facilities near them. Survey explored which type of doctor visited their homes in case of any medical urgency. It was found that 53% of the households covered under the study in Dubeypur were visited by registered doctors and 47% by unregistered health practitioners. However, in Kurwar block a dominant majority (85%) of households were visited by registered doctors and only 15% by unregistered health providers. It was further asked whether there was any hospital close to households and it was reflected that 50% of them in both the blocks had health facilities near their vicinity. Responses of the household's representatives are depicted in the figure below. (Figure 3.4)



Sources: Estimated of primary survey data

It can be seen in the above figure that 50% of households in Dubeypur and 61.7% of Kurwar had Samudayik Hospitals (Community Hospital) in their vicinities, whereas 38.3% and 10% of the total households covered under the respective blocks had private hospitals/health facilities near them. Furthermore, a comparatively lower per cent, i.e., 11.7% in Dubeypur and 23.3% in Kurwar, of the total households in both the blocks had government hospitals existed in their vicinities.

3.11.2. Household's Practices Regarding Health and Nutrition

Block Name	Does the family have medical insurance (%)	
	Yes	No
Dubeypur	1.7	98.3
Kurwar	3.3	96.7

Sources: Estimated field survey

Block name	Type of Medical system used in (%)		
	Allopathic	Ayurvedic	Homoeopathy
Dubeypur	95	5	0
Kurwar	87.5	0	12.5

Field survey explored various other health-related issues during the interviews with household's representatives. It was found that only 1.7% in Dubepur and 3.3% households in Kurwar had the medical insurance. Furthermore, in Dubepur block 95% of the total households' preferred Allopathic treatment whereas 5% opted for an Ayurvedic system for the treatment. However, in Kurwar 87.5% per cent preferred Allopathic system and 12.5% went for Homeopathic. Strikingly, only 8.3% of households in Dubepur and 17.5% in Kurwar shared that they had proper dietary supplement and rest, 91.7% in former and 82.5% in later block did not have the same. However, when it was asked whether they had appropriate nutrition in their food 100% of the households in Dubepur responded affirmatively whereas only 35.7% in Kurwar block answered positively. This finding also indicated the link between cast and nutrition as the 64.3% of the households of Kurwar block where a sizable portion of SC households covered did not have appropriate nutrition in their daily meal.

3.11.3. Availability of Clean Drinking Water

Table 3.17: Block Name	Do you have clean drinking water facilities		Total
	Yes	No	
Dubepur	3	57	60
Kurwar	9	51	60
Total	12	108	120

Sources: Estimated field survey

Field survey explored the questions related availabilities of and accessibilities of households to clean drinking water. Only three households in Dubepur and 9 in Kurwar block had clean drinking water facilities.

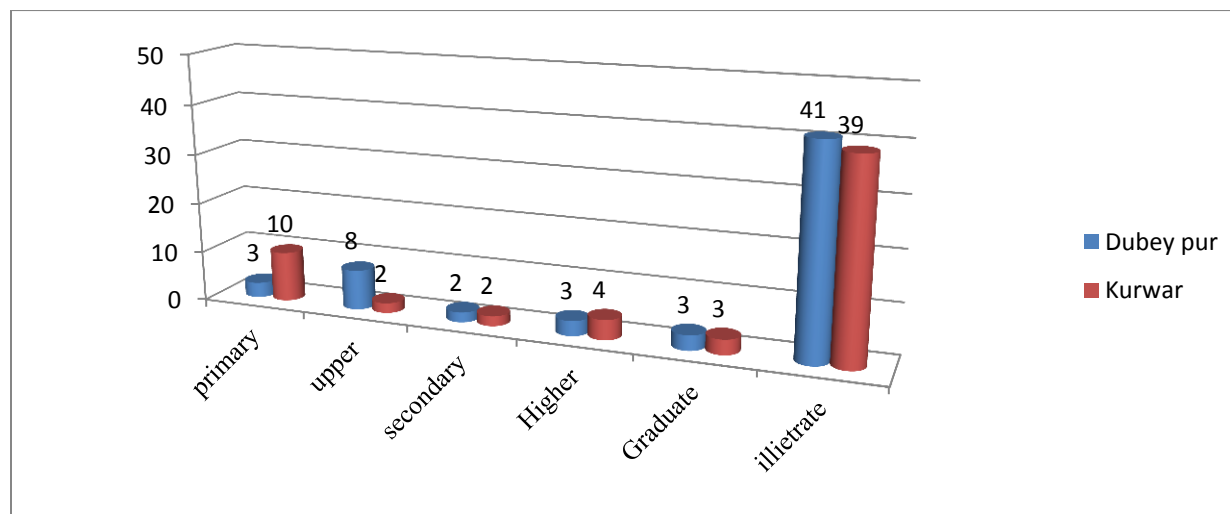
Table3.18: Block Name	Which type of water facilities			Total
	Water purifier	Boiled water	Not purifier	
Dubepur	2	1	57	60
Kurwar	9	2	49	60
Total	11	3	106	120

Sources: Estimated field survey

In Dubepur block, 2 households had a water purifier and remaining 1 resort to boiling of water for getting safer drinking water, whereas in Kurwar block 9 had the purifier and 2 depended on boiling.

3.12. Education

Educational qualification of the respondents is given in the following table which clearly shows that 41 in Dubepur and 39 in Kurwar blocks were illiterate. Total 78 illiterate out of 120. (See figure3.5)



Sources: Estimated from primary data

It can also be viewed that 6 (3 in each block) had graduate degree, 7 (3, Dubepur, 4 in Kurwar) completed higher secondary, 2 in each block had education up to secondary standard and 12 (8 in Dubepur and 2 in Kurwar) had education up to upper primary level while 13 (3 in Dubepur and 10 in Kurwar) had primary level of education. Representatives of the households covered under

the field survey were also asked different questions about the educational background of their households. It was found that 30 out of 60 households in Dubepur block answered affirmatively to the question whether children in the households getting an education or not, whereas remaining half (30) replied negatively to this question. In Kurwar, it was the slightly better situation with 34 replied 'yes' to this question while remaining 26 responded negatively. These findings sincerely question the educational interventions in the state. Only one household in each block sends their children to English medium schools and rest of them rely on Hindi medium schools for the education of their children. Household's representatives who were interviewed were asked to share the types of the school/college they completed their education. It was found that 34 in Dubepur and 33 in Kurwar completed their education from government schools, while 5 in former and 11 in later block went to aided schools. On the other hand, 17 respondents in Dubepur and 12 in Kurwar blocks went to private schools and 4 in each block educated in self-funded schools. A representative of the households interviewed during the field survey were asked whether they wanted to continue their education only 4 in Dubepur and 1 in Kurwar block responded affirmatively and remaining 56 in former, and 59 in later replied in negatively. Interestingly, 21 respondents in Dubepur blocks and 7 in Kurwar shared that they found education and learning interesting.

3.13. Living Standard

3.13.1. Source of Drinking Water and Sanitation Facilities

The survey explored various other questions about the standard of living of the households covered under the study. It was found that almost all the households except 59 in Dubepur and 58 in Kurwar blocks were depended on a hand pump for drinking water. And other sources on drinking water depend on tube well 0, and other specifies 1 in Dubepur and 1 tube well 1 other specifies 1 in Kurwar.

Table3.19: Block Name	Source of drinking water			Total
	Hands pump	Tubewell	Other Specify	
Dubepur	59	0	1	60
Kurwar	58	1	1	60
Total	117	1	2	120

Sources: Estimated from field survey

Strikingly, 49 out of 60 households in Dubepur and 29 out of 60 in Kurwar were still lacked the toilet facilities. On the other hand 31 in Kurwar and 11 in Dubepur had this facility at households' level. Out of 31 households which had toilets, in Kurwar 12 had latrine and bathroom, 18 had only latrines, and 1 had the only bathroom. While in Dubepur 6 households had the only latrine and 5 had both, i.e., latrine and bathroom.

Table3.20: Block Name	Toilet facilities: Yes /No		Total
	Yes	No	
Dubepur	11	49	60
Kurwar	31	29	60
Total	42	78	120

Sources: Estimated from field survey

Table3.21: Block Name	Type of Toilet facilities Crosstabulation				Total
	Latrine	Bathroom	Both	Outside	
Dubepur	6	0	5	49	60
Kurwar	18	1	12	29	60
Total	24	1	17	78	120

Sources: Estimated from field survey

3.13.2. Electricity and Communication Facilities

Table3. 22: Block Name	House electrified Crosstabulation		Total
	Yes	No	
Dubepur	21	39	60
Kurwar	45	15	60
Total	66	54	120

Sources: Estimated from field survey

The survey revealed that only 21 out of 60 households in Dubepur and 45 out of 60 in Kurwar were electrified till the time of field survey. That was strange that 54 out of total 120 households covered under the survey were not electrified. However, the situation regarding telephone connectivity was better with 79 out of 120 had connectivity in which 35 were in Dubepur and 44 households were in Kurwar. Strikingly similar number of households in both the blocks accepted that they had access to internet connectivity. Furthermore, 80 households out of total 120 had private vehicles of which 29 were in Dubepur and 51 in Kurwar. Interestingly, 54 out of 80 households with vehicle had cycle 25 had two-wheelers, and 1 in Dubepur had another unspecified vehicle.

Table3.23:Block Name	Telephone Connection		Total
	Yes	No	
Dubepur	35	25	60
Kurwar	44	16	60
Total	79	41	120

Sources: Estimated filed survey data

Table3.24: Block Name	Which type of telephoneCrosstabulation			Total
	Land Line	Mobile	None	
Dubepur	0	35	25	60
Kurwar	1	43	16	60
Total	1	78	41	120

Sources: Estimated from field survey

Table3.25: Block Name	Internet connectionCrosstabulation		Total
	Yes	No	
Dubepur	35	25	60
Kurwar	44	16	60
Total	79	41	120

Sources: Estimated from field survey

Table3.26: Block name	Private vehiclesCrosstabulation		Total
	Yes	No	
Dubepur	29	31	60
Kurwar	51	9	60
Total	80	40	120

Sources: Estimated from field survey

Table3.27: Block Name	Type of vehicles cross tabulation				Total
	Cycle	Motorcycle	Other specify	Not vehicles	
Dubepur	20	8	1	31	60
Kurwar	34	17	0	9	60
Total	54	25	1	40	120

Sources: Estimated field survey

3.13.3 Consumer Durable Goods

The survey explored the availability of consumer durable goods, viz., television, radio, electric iron, video cassette recorder, washing machine and fridge. It was found that 35 households in both the blocks had televisions out of which nine were in Dubepur and 26 in Kurwar. This finding pointed towards the fact that majority of the households (85) did not have television and this can explain why the efficacy of many electronic campaigns of government has been poor, especially in the rural areas. Furthermore, only 5 households (1 in Dubepur and 4 in Kurwar) had a radio. Surprisingly, 79 out of 120 households had electric iron. Not household in both the block had video cassette recorder, and only one in each block (total 2) had a washing machine. Similarly, 5 out of 120 households had a fridge. These findings suggest towards the poor availability of the consumer durable goods in the households covered under the study.

Table3.28: Block Name	Consumer Durable Goods		Total
	Yes	No	
Dubepur	13	47	60
Kurwar	33	27	60
Total	46	74	120

Sources: Estimated from field survey

Consumer Durable Goods List

Table3.29: BlockName	Items Name	Yes	No
Dubepur	TV	9	51
Kurwar	TV	26	34

Dubepur	Radio	1	59
Kurwar	Radio	4	56
Dubepur	Videocassette recorder	0	60
Kurwar	Videocassette recorder	0	60
Dubepur	Electric iron	31	29
Kurwar	Electric iron	46	14
Dubepur	Washing machine	1	59
Kurwar	Washing machine	1	59
Dubepur	Fridge	2	58
Kurwar	Fridge	3	57

Sources: Estimated primary survey data

3.14. Empowerment

The survey explored various dimensions of women empowerment among the households covered under the study. It was asked whether respondents had access to the information regarding human development schemes. It was found that only 13 households (total 26) in each block had information regarding such schemes. When it was asked about the medium of such information majority (21) of those which had information (26) pointed towards newspaper, whereas 2 got information from mass media, viz, hoarding, 2 from internet and 1 from a magazine. If yes, Source of Information. (Table3. 30)

Block name	News paper	Hoarding system	Magazine	Internet	Not information	Total
Dubepur	9	2	1	1	47	60
Kurwar	12	0	0	1	47	60
Total	21	2	1	2	94	120

Sources: Estimated from primary survey

3.14.1. Participation in Political Process:

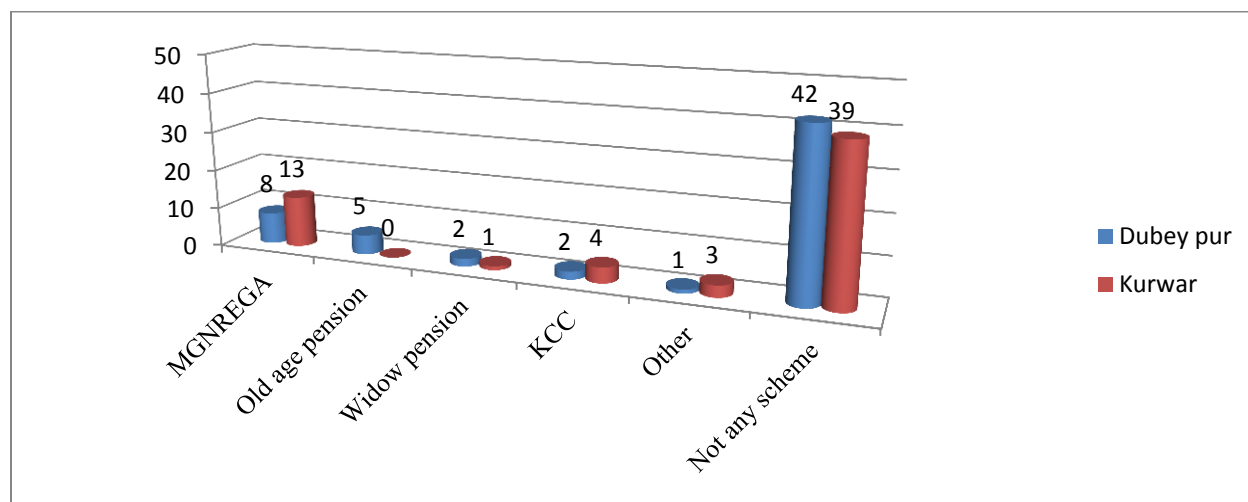
It was also explored whether respondents had participated in political activities or not. The Survey revealed that only 5 (2 in Dubepur, 3 in Kurwar) out of 120 respondents participated in the political process which was the Panchayati election in their respective villages/areas. No respondents from any block reported to have any criminal record.

Table3.31: Participated in political activities	Yes	No
Dubepur	2	58
Kurwar	3	57

Sources: Estimated from field survey

3.14.2. Participation in Empowering Schemes:

Only three respondents from Kurwar accepted that their families were depended upon them financially. Furthermore, 36 of 120 respondents participated in the empowerment schemes in which 16 were from Dubepur and remaining 20 were from Kurwar block. (See figure 3.6)



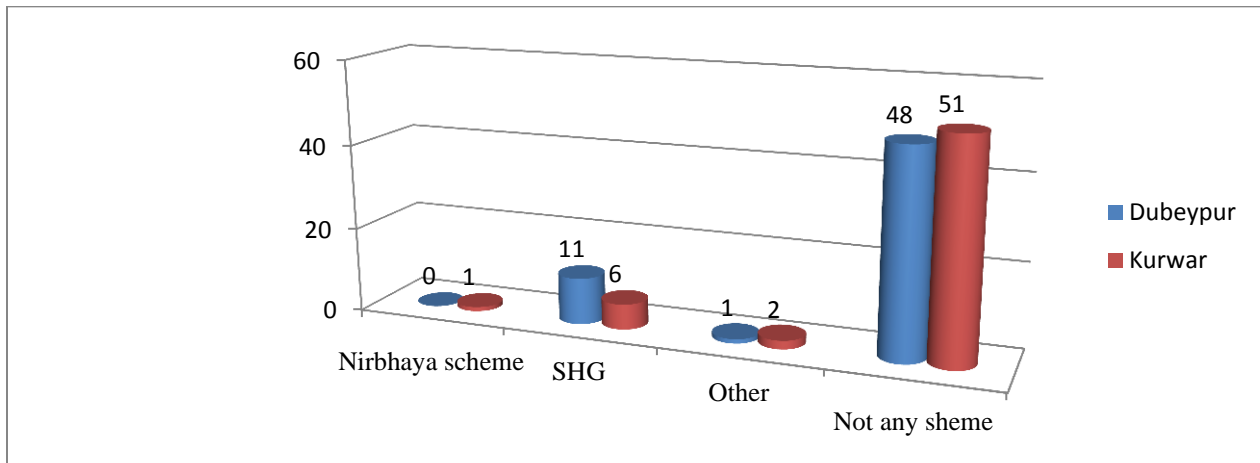
Sources: Estimated from primary survey

Table xx, shows that 21 respondents participated in MGNREGA, 5 were the beneficiaries of old age pension, 3 were getting widow pension, and 6 participated in KCC, while 4 other took part in

unspecified empowering schemes. Interestingly, when it was asked whether they had any skill, no one responded affirmatively.

3.15. Women Empowerment

Interestingly, almost half (59) respondents acknowledged that women empowerment was one of the most important priorities in India. While a little less (56), believed, that women had appropriate freedom of mobility. On the other hand, 66 respondents believed that women did not have appropriate freedom of mobility. When asked whether they had rights in decision making in family matters, 78 respondents responded affirmatively while remaining 42 reacted negatively. When it was asked whether they had participated in any women empowerment scheme 99 out of 120 responded negatively, 17 reported to be participants in SHG scheme, 1 in Nirbhaya and 3 in other unspecified schemes, as depicted in following table(See figure3.7).



Sources: Estimated of the primary data survey

3.16. Conclusion:

The Human Development Index (HDI) is a summary measure of achievements in three key dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living. The findings of the field study pointed towards the fact that both the blocks were way below the average national level of HDI in all three key dimensions of human life. Majority of respondents across both the blocks landed the access to important knowledge and a decent standard of living, e.g., availability of safe drinking water, toilet, electricity and essential consumer goods. Respondents from both the block lacked a good education, and in fact, a major

share of them was illiterates. In the context of health, the majority of the respondents from both the place lacked the access to quality health services.

Chapter: Four

Data Analysis of Women Empowerment

4.0. Introduction

As, it has been, mentioned in the previous chapter, that Human Development Index (HDI) is a summary measure of achievements in three key dimensions of human development, i.e., a long and healthy life, access to knowledge and a decent standard of living. The field survey explored these dimensions in two blocks of Sultanpur district with a perspective of district wise human development index among Hindu and Muslim women. Furthermore, The Gender Development Indicator (GDI) measures gender gaps in human development achievements by accounting for disparities between women and men in three basic dimensions of human development—health, knowledge and living standards using the same component indicators as in the HDI. This chapter captured the status of women across two religions, i.e., Hindu and Muslim, in respect of the three dimensions of the human development in two blocks covered under the study. Moreover, this chapter also explored the level of participation of the women in the decentralized political system, especially in various empowerment programmes.

4.1. Condition of Living

4.1.1 Availability of Toilet

The survey explored the status of availability of the toilet, especially in the context of females. The survey reflected that 65% of the households did not have toilet facilities at home while only 35% of them shared that they had this facility. Field data further explored the availability of toilet across women of two religious categories, i.e., Hindu, Muslim. Field data reveals that a slightly better percentage of Muslim women (37.3%) had availability of toilet in comparison to Hindu women (32.8%) in the area . However, the block-wise analysis suggests that situation in Dubepur block is drastically poor as 81.7% of the women participated in the survey shared they had no toilet facilities at home, while Kurwar block reflected a comparatively better situation with 51.7% of the women had the toilet facilities at home.

Religious categories	Yes	No	Total
Hindu	32.8	67.2	100
Muslim	37.3	62.7	100
Over all	35	65	100

Sources: primary survey data

4.1.2. Type of Toilet Facilities Available

Survey further explored the type of the toilet facilities available for women at home. It was found that 57% of the households with toilets had the only latrine while 40.5 of them had both bathroom and latrine. Only 2.4 of the households with toilets had only bathrooms. Table 2 shows that over 45 per cent of Hindu women have access to a toilet with both Latrine and Bathroom facility while only 36 per cent of Muslim women have access to such toilets. Survey also revealed that only 50% of the Hindu women had latrine facility at home against the 63.6% Muslim women with the same facility.

Religious category wise	Latrine	Bathroom	Both	Total
Hindu	50.0	5.0	45.5	100
Muslim	63.6	0.0	36.4	100
Total	57.1	2.4	40.5	100

Sources: primary survey data

4.1.3. Availability of safe drinking water

Field survey explored the questions related availabilities of and accessibilities of households to safe drinking water. The survey revealed that no Muslim family surveyed in both the blocks had safe drinking water facilities. Only three households in Dubepur and three in Kurwar block had safe drinking water facilities. In Dubepur block two households had a water purifier and

remaining one resort to boiling of water for getting safer drinking water, whereas in Kurwar block 1 had the purifier and 2 depended on boiling.

4.1.4. Source of drinking water:

The survey explored the source of drinking water in the context of both the religious categories. This question is quite relevant especially in the case of rural women as they had to fetch drinking water from its source to households. It was found the 97.5% of the total households' surveyed fetched drinking water from hand pump while one family depended upon tube well and two on unspecified sources. There was no block-wise difference observed on this issue. This pattern remained similar across both the categories with 96.7% Hindu women and 98.3% of Muslim women fetch water from Handpump.

Religious category wise	Hand pump	Tube well	Others	Total
Hindu	96.7	00	3.3	100
Muslim	98.3	1.7	00	100
Total	97.5	0.8	1.7	100

Sources: primary survey data

4.1.5. Electrification:

Electrification of household is an important indicator in context of women empowerment as it brings ease on parts of women's household's activities. The survey revealed that 55% of the households covered under the study was electrified while 45% still waiting for this. Hindu women surveyed had a slight edge over Muslim women with 59% of former had access to electrified households whereas only 50.8% of later (Please see table 4). Furthermore, Situation in Kurwar block (75%) was much better than the Dubepur block (35%). Strikingly, 65% of the total households covered under this survey from Dubepur block of the district were not electrified.

Religious categories	Yes	No	Total
Hindu	59	41	100
Muslim	50.8	49.2	100
Total	55	45	100

Sources: primary survey data

4.1.6. Telephone Connection:

Telephone connectivity is one of the important indicators of standard of living, especially in the 21st century. Field survey explored the ground situation regarding this indicator. It was found that 65.8% of the total households had telephone connectivity while 34.2 did not have this facility. Again, the situation in respect of both Muslim (66.1%) and Hindu (65.6) women was quite similar (Table 4.5).

Religious categories	Yes	No	Total
Hindu	65.6	34.4	100
Muslim	66.1	33.9	100
Total	65.8	34.2	100

Sources: primary survey data

4.1.7. Type of Telephone:

The survey revealed that mobile phone (98.7%) had almost taken the place of landline (1.3%). Only 2.5% of Hindu households surveyed had landline connection otherwise rest of the families solely depended upon mobile phones (Table4. 6).

Religious categories	Landline	Mobile	Total
Hindu	2.5	97.5	100
Muslim	00	100	100
Total	1.3	98.7	100

4.1.8. Internet Connection:

The survey explored the availability of internet connection at household level in both the blocks. It was found that 65.8% of them had the internet connectivity while 34.2 responded negatively to this question. Furthermore, Muslim households (73.3%) had better access to the internet than Hindu households (58.3%) surveyed (Table4. 7).

Religious categories	Yes	No	Total
Hindu	58.3	41.7	100
Muslim	73.3	26.7	100
Total	65.8	34.2	100

Sources: primary survey data

4.2.0 Education

Educational achievement or knowledge is one of the key dimensions of human development index as defined by UNDP. The survey explored the educational achievements of the women across two religious categories. Survey revealed that only 13.3% of the total women had a graduation degree, 15.6% were educated up to higher secondary, 8.9% up to secondary while 26.7% had reached up to upper primary and a huge 28.9% had studied only up to primary standard. It was found that 38.9% of Muslim women surveyed had education only up to primary levels while only 22.2% Hindu women had education up to this level indicating a slightly better primary education among later. This trend further reinforced with 33.3% Hindu women surveyed educated up to Upper primary level against only 16.7% of Muslim women surveyed. In the context of secondary level education again Hindu women (14.8) took the lead against Muslim women (00%). This trend continued with 18.5% Hindu women surveyed achieved higher secondary level education against only 11.7% Muslim women surveyed. Please see table 4.8 below for more detail.

Religious category	Table 4.8: Educational qualification						
	Primary	Upper primary	Secondary	Higher secondary	Graduate	Other (specify)	
Hindu	22.2	33.3	14.8	18.5	3.7	7.4	100
Muslim	38.9	16.7	0.0	11.1	27.8	5.6	100
	28.9	26.7	8.9	15.6	13.3	6.7	100

Sources: Estimated of primary survey

4.2.1. The reason behind Leaving Education:

The survey explored the regions why women left their education. It was found that the overwhelming majority (81.7%) of them left their education due to marriage, whereas 13.3% of them had some social issues which force them to leave their education. Only 3 women participant shared that they had some financial issues while according to remaining 2 women there was a lack of infrastructure regarding education. There was no significant difference, across two categories, except, the fact that percentage of Muslim women, leaving education, due to marriage and social issues was higher (See table4. 9) for more details.

Religious category	Table4. 9: Reasons for leaving the education					Total
	Financia l issues	Marriage	Socia l issues	Lack of infrastru ctu re	Other (specif y)	
Hindu	3.3	75.4	16.4	3.3	1.6	100
Muslim	1.7	88.1	10.2	0.0	0.0	100
	2.5	81.7	13.3	1.7	0.8	100

Sources: Estimated of primary survey

4.2.2. Want to Continue Education

When it was asked to women, whether they wanted to continue their education, 95.8% of them replied negatively, and only 4.2% responded positively. Again there was no significant difference across religion in respect to this question (Table4. 10).

Religious category	Table 4.10: Do you want to continue your education		Total
	Yes	No	
Hindu	4.9	95.1	100
Muslim	3.4	96.6	100
	4.2	95.8	100

Sources: primary survey data

4.2.3. Interest in Education and Learning

Survey explored whether women were interested in learning or education. It was found that only 16.7% of the expressed that they had interests in learning and education and a huge majority (83.3%) expressed negatively. Interestingly, 26.2% Hindu women surveyed shared that they were interested in learning and education while only 6.8% Muslim women surveyed expressed similar interest.

Religious categories	Table 4.11: Interested in learning education?		Total
	Yes	No	
Hindu	26.2	73.8	100
Muslim	6.8	93.2	100
Total	16.7	83.3	100

Sources: primary survey data

Women representatives of the households covered under the field survey were also asked different questions about the educational background of their households. It was found that 30 out of 60 households in Dubepur block answered affirmatively to the question whether children in the households are getting education or not, whereas remaining half (30) replied negatively to this question. In Kurwar, it was the slightly better situation with 34 replied 'yes' to this question while remaining 26 responded negatively. These findings sincerely question the educational interventions in the state. Only one household in each block sends their children to English medium schools and rest of them rely on Hindi medium schools for the education of their children. Household's representatives who were interviewed were asked to share the types of the school/college they completed their education.

4.3.0. Health

Achievement in health is also an important dimension of overall development and is included in calculating HDI as formulated by UNDP. Field survey explored the various question with women on health situation existed across both the religious categories of women in the two blocks covered under the study. It was asked what types of diseases commonly affect the members of households. Only 100 out of 120 women participants responded to this query in which 50 reported that no one in their families was affected by any disease. Blood pressure (11.7%), diabetes (3.3%) and fever (1.7%) were reported by the household's representatives, whereas 13.3% of them had other health issues to their family members which they did not specify (See table 4.12 below). There were no significant differences in the responses across two religious categories.

Religious category	Table 4.12: Types of diseases affecting the members of the family						Total
	Fever	Diabetes	Blood pressure	Others (specify)	Not affected	No response	
Hindu	1.6	1.6	4.9	13.1	55.7	23.0	100
Muslim	1.7	1.7	6.8	6.8	54.2	28.8	100
	1.7	1.7	5.8	10.0	55.0	25.8	100

Sources: primary survey data

4.3.1. Types of Preferred Health Facilities

The survey further explored various household's preferences and practices regarding health issues and availability of health facilities near them. In this context, it was asked whether there was any hospital close to their households. Responses against this question reflected that 50% of them in both the blocks had health facilities near their vicinity. However, the survey explored other aspects of health-related practices across both the categories. When it was asked which type of hospital they preferred to visit, the majority (78.9%) of the respondents shared that they visited government hospitals at the district level, 15.8% visited private hospitals and remaining 5.3% visited Samudayik hospitals. The survey revealed that per cent of Muslim households (87.5%) visiting a government hospital is more than Hindu households (72.7%). Though, a

higher per cent of Hindu households (18.2%), were visiting the private hospital than the Muslim households contacted during the survey. Similarly, around 9.1% of the total Hindu households, visited Samudayik hospitals, whereas no Muslim family shared that they had visited Samudayik hospitals for seeking health (See table4. 13).

Religious categories	Table4.13: Type of hospital attending			Total
	Government hospital (district)	Private hospital	Samudayik hospital	
Hindu	72.7	18.2	9.1	100
Muslim	87.5	12.5	0.0	100
Total	78.9	15.8	5.3	100

Sources: primary survey data

4.3.2. Type of Doctor Attending

The survey explored the women regarding which type of doctors they were visited during the time of medical need. It was found,that majority (69.2%) of them were visited by registered doctors. However, a significant 30.8% of them were visited by un-registered doctors. This was a matter of huge concern that around one-third of women and their households were still visited by un-registered medical practitioners. This trend was more prominent in Muslim women (32.2%) than among Hindu women (29.5%). Please see table 14 for the details.

Religious categories	Table4. 14: Type of doctor attending		Total
	Registered	Unregistered	
Hindu	70.5	29.5	100
Muslim	67.8	32.2	100
Total	69.2	30.8	100

Sources: primary survey data

4.3.3. Type of Preferred Medical System

Survey explored with women participants on which type of medical system they generally preferred in case of any medical emergency. It was found that 92.9% of them preferred Allopathic system while 3.6 % Ayurvedic and same per cent used Homoeopathy. Interestingly

100% of Muslim women surveyed preferred allopathic system whereas this trend was prevalent among a lesser percentage (89.5) of Hindu women. Findings suggest that 5.3% of Hindu women surveyed preferred Ayurvedic system and the same percentage of them preferred Homeopathic (See table 15).

Religious categories	Table 4.15: Type of medical system used			Total
	Allopathic	Ayurvedic	Homoeopathic	
Hindu	89.5	5.3	5.3	100
Muslim	100	00.0	00.0	100
Total	92.9	3.6	3.6	100

Sources: primary survey data

4.3.4. Availability of Hospital in Nearby Location

Availability and access to medical facilities are one of the important areas of assessing the overall quality of health available to any community. It was asked during the survey whether the respondent has any hospital located near their households. Fifty per cent of the surveyed women shared that there were hospitals located near their household while rest half of them replied negatively. Interestingly 52.5% of Muslim women responded positively to this question against 47.5% of Hindu women surveyed (See table4. 16).

Religious categories	Table 4.16: Do you have any hospital in a nearby location		Total
	Yes	No	
Hindu	47.5	52.5	100
Muslim	52.5	47.5	100
Total	50.0	50.0	100

Sources: primary survey data

4.3.5. Type of Hospital Located in Nearby Place

Respondents have further queried which types of hospital located near their residence. The analysis of the data suggests that Samudayik Hospitals (55.8) were more frequently located near their residence, followed by Private Hospitals (24.2%) and government hospitals (17.5%). There was no significant difference between Hindus and Muslims contacted of the survey.

Religious categories	Table 4.17: Which type of hospital is located a nearby place				Total
	Government	Private	Samudayik	Others	
Hindu	19.7	24.6	55.7	00.0	100
Muslim	15.3	23.7	55.9	5.1	100
Total	17.5	24.2	55.8	2.5	100

Sources: primary survey data

4.3.6. Health/Medical Insurance

Field survey explored various important health-related issues during the interviews with women representatives of households covered. One important question was whether the family had any medical insurance? It was found that 97.5% of the households did not have any health insurance. It revealed that no Muslim families covered under the study had medical insurance cover while only 4.9% of the total Hindu households covered had this facility.

Religious categories	Table 4.18: Does family have medical insurance?		Total
	Yes	No	
Hindu	4.9	18.2	100
Muslim	0.0	100.00	100
Total	2.5	97.5	100

Sources: primary survey data

4.3.7. Dietary Supplement in the Food

The survey explored the situation regarding intake of a dietary supplement in the food at households' level. It was found that 82.5% of women lacked the dietary supplements in their food. Sadly, only 11.9% Muslim and 23% Hindu households covered had a proper dietary supplement. Strikingly, a huge percentage of Muslim (88.1%) and Hindu (77%) households covered under the study did not have proper dietary support. (See table 19)

Religious categories	Table 4.19: Do you have proper dietary supplement?		Total
	Yes	No	
Hindu	23.0	77.0	100

Muslim	11.9	88.1	100
Total	17.5	82.2	100

Sources: primary survey data

4.3.8. Proper Nutrition in the Meal

The survey explored the women whether they had proper nutrition in their food? Findings suggest that only 40% of them had proper nutrition while 60% devoid of the same. However, 50% of the Hindu households covered under the study responded affirmatively to this question whereas only 33.3% of Muslim respondents said ‘yes’ to this question. A block-wise analysis sheds some light on the grassroots level realities and focuses on the link between cast and nutrition as the 64.3% of the households of Kurwar block where a sizable portion of SC households covered did not have appropriate nutrition in their daily meal. (See table 4.20)

Religious categories	Table4. 20: Do you have proper nutrition in your food?		Total
	Yes	No	
Hindu	50.0	50.0	100
Muslim	33.3	66.7	100
Total	40.0	60.0	100

Sources: primary survey data

However, all women participants from two religious categories in both the blocks shared that their food included green vegetables, pulse, wheat and milk.

4.3.9. Clean Drinking Water Facility

The survey revealed that only 3.3% of the total respondents across both the religious categories had clean drinking water facilities. No Muslim family covered in both the blocks had clean drinking water facilities and only 6.6% of the total Hindu households covered had access to potable water. (See table 4.21)

Religious categories	Table4. 21: Do you have clean drinking water facilities?		Total
	Yes	No	
Hindu	6.6	93.4	100
Muslim	00.0	100.0	100
Total	3.3	96.7	100

Sources: primary survey data

4.3.10. Type of Water Facilities

Water purifier, boiled water and other methods were quoted by those who had access to clean drinking water facilities in the survey.

Religious categories	Table4. 22: Type of clean water facilities			Total
	Water purifier	Boiled water	Other	
Hindu	28.6	57.1	14.3	100
Muslim	00.0	100.00	00.0	100
Total	22.2	66.7	11.1	100

Sources: primary survey data

4.4.0. Empowerment and Development

The survey explored various dimensions of women empowerment among the households covered under the study. Important dimensioned explored induced participation in political process, decision making, awareness and participation in women empowerment schemes,

4.4.1. Participation in Decision Making

Survey explored with women whether they enjoyed the right of decision making in family matters? It was found that the majority of women (65%) had decision-making rights in family issues with a very good majority (73.8%) among Hindus and a simple majority (55.9%) among Muslims covered under the study. However, the other side of the responses shows that 44.1% Muslim woman and 26.2% of their Hindu counterparts did not enjoy the rights of decision making at households level (See table 23) for details.

Religious categories	Table4. 23: Do you have rights to decision making in family matters?		Total
	Yes	No	
Hindu	73.8	26.2	100
Muslim	55.9	44.1	100
Total	65	35	100

Sources: primary survey data

4.4.2. Participation in Political Process

Women participants were asked whether they participated in political activities or not? Strikingly the survey revealed that 95.8% of the women participants did not participate in political activities. Only 4.9% of Hindu women and 3.4% of the Muslims covered under the study said they participated in political activities (See table 24).

Religious categories	Table4. 24: Do you participate in political activities?		Total
	Yes	No	
Hindu	4.9	95.1	100
Muslim	3.4	96.6	100
Total	4.2	95.8	100

Sources: primary survey data

Survey further explored those who participated in the political activities, and it was found that Panchayati Raj election was the only political activity in which they participated (See the table 25).

Religious categories	Table4. 25: In which political activities?		Total
	Panchayati Raj Election	Others	
Hindu	100	00.0	100
Muslim	100	00.0	100
Total	100	000	100

Sources: primary survey data

4.4.3. Criminal Record

Survey tried to explore whether there was any women participation with any criminal record and it was found that no women participant across both the religious categories had any criminal record (See table4. 26).

Religious categories	Table 4.26: Do you have any criminal record?		Total
	No	Yes	
Hindu	100	00.0	100
Muslim	100	00.0	100
Total	100	000	100

Sources: primary survey data

4.4.4. Family's Financial Dependence upon Women

The survey examined the issues of whether the family of women respondents were financially depended upon them or not. It was found that only 2.5% of the total families surveyed were financial depended upon women respondents while 95% did not depend upon them. Only 3 respondents from Kurwar block (two Hindus and one Muslim) accepted that their families were depended upon them financially.

Religious categories	Table4. 27: Does your family depend upon you economically?		Total
	Yes	No	
Hindu	3.3	96.7	100
Muslim	1.7	98.3	100
Total	2.5	97.5	100

Sources: primary survey data

4.4.5. Women's Skill

Skills play a very crucial role in empowerment process. Keeping, this fact in mind, the survey further explored the whether the respondents had any marketable skills? Surprisingly all the women participants express negatively to this question (See table4. 28).

Religious categories	Table 4.28: Do you have any skills?		Total
	Yes	No	
Hindu	00	100	100
Muslim	00	100	100
Total	00	000	100

Sources: primary survey data

4.4.6. Participation in Human Development Schemes

It was asked whether respondents had access to the information regarding human development schemes. It was found that only 13 women (total 26) in each block had information regarding such schemes. When it was asked about the medium of such information majority (21) of those which had information (26) pointed towards newspaper, whereas 2 got information from mass media, viz, hoarding, 2 from internet and 1 from a magazine (See table).

Table4. 29: a source of information about human development schemes						
Block name	Newspaper	Hoarding system	Magazine	Internet	Not information	Total
Dubepur	9	2	1	1	47	60
Kurwar	12	0	0	1	47	60
Total	21	2	1	2	94	120

Sources: primary survey data

4.4.7. Participation in Empowering Schemes

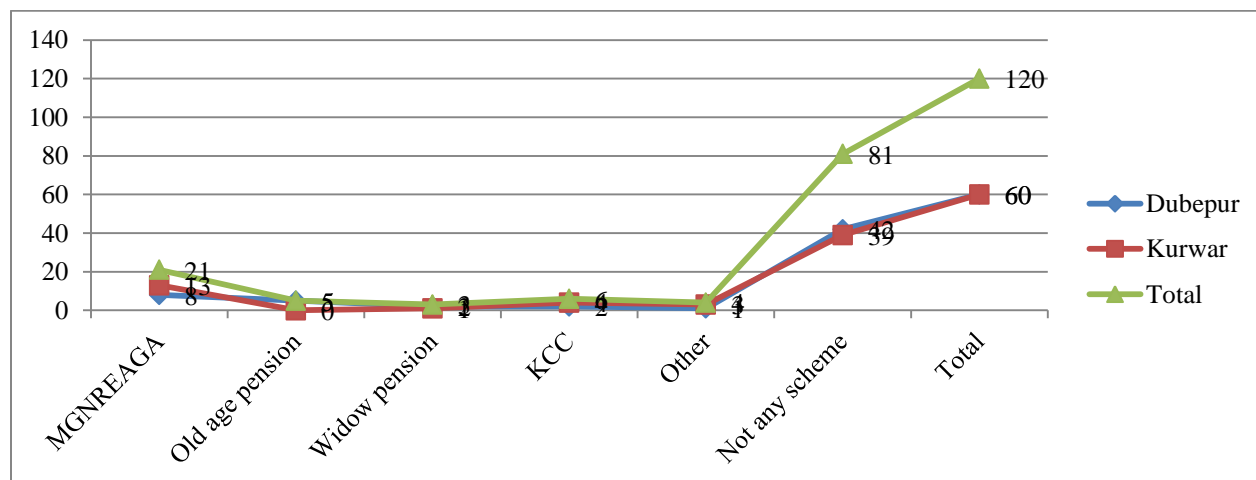
Furthermore, 36 of 120 respondents across both the religious categories participated in the empowerment schemes in which 16 were from Dubepur and remaining 20 were from Kurwar block. It was found that 39.3% of the total Hindu women covered participated in the government schemes focuses on empowerment. Similarly, 20.3% Muslim women said they had participates in such schemes. Most significant point of this findings are the fact that around 80% Muslim and 61% Hindu women covered under the study did not participated in any empowering government scheme (See table4. 30).

Religious categories	Table4. 30: Do you participate in any government scheme?		Total
	Yes	No	
Hindu	39.3	60.7	100
Muslim	20.3	79.7	100
Total	30.00	70.00	100

Sources: primary survey data

4.4.8. Empowering Schemes in which Women Participated

The survey explored the main empowering scheme in which women participated. Following diagram, shows that 21 respondents participated in MANREGA, 5 were the beneficiaries of old age pension, 3 were getting widow pension, and 6 participated in KCC, while 4 other took part in unspecified empowering schemes. Interestingly, when it was asked whether they had any skill, no one responded affirmatively. (See the figure 4.1)



Sources: primary survey data

Table 31 depicts the finding of above query across religious categories. It can be seen that 67.5% women across both the categories did not participated in any government scheme. However, 19.7% Hindu and 15.3% Muslim women shared that they participated in MGNREGA. (See table4. 31) for the details regarding other schemes in which women participated.

Religious categories	Table4. 31: schemes in which women participated?						Total
	MGNREGA	Old age pension	Widow pension	KCC	Other	Not any scheme	
Hindu	19.7	8.2	1.6	8.2	4.9	57.4	100
Muslim	15.3	00	3.4	1.7	1.7	7.8	100
Total	17.5	4.2	2.5	5.0	3.3	67.5	100

Sources: primary survey data

4.5.0. Gender and Women Empowerment

4.5.1. Opinion about Women Empowerment

The survey sought the opinion of the participants regarding whether women empowerment is on the most important priorities in a country like India. Interestingly, almost half (50.8) of all women respondents acknowledged that women empowerment was one of the most important priorities in India while 49.2% did not agree to this statement (see the table below). Interestingly, only 30.5% women have agreed affirmatively to this question whereas in respect of Hindu participants it was a huge 67.2% who expressed the need for women empowerment on a priority basis.

Religious categories	Table 4.32: Do you agree that women empowerment is one of the most important priorities in India?		Total
	Yes	No	
Hindu	67.2	32.8	100
Muslim	30.5	69.5	100
Total	49.2	50.8	100

Sources: primary survey data

4.5.2. Freedom of Mobility for Women

Survey asked women respondents whether women had the freedom of mobility or not? Findings revealed that only 45% of women were of the opinion that they or other women had appropriate freedom of mobility while the majority (55%) of them denied that. Again, the majority of

Muslim women (66.1%) expressed negatively to this question against the majority of Hindu women (55.7%) who thought they and other women had appropriate freedom of mobility (See table 4.33).

Religious categories	Table4. 33: Do you have freedom of mobility?		Total
	Yes	No	
Hindu	55.7	44.3	100
Muslim	33.9	66.1	100
Total	45.00	55.00	100

Sources: primary survey data

4.5.3. Participation in Women Empowering Scheme

Participants were asked whether they were involved in any empowerment scheme. It was found that 81.7% of the total women contacted did not participate in such schemes. Religious category wise analysis reflects that participation of Muslim respondents (11.9%) was poor in such schemes in comparison with their Hindu counterparts (24.6%). Please see the table 34 for the details.

Religious categories	Table4. 34: Are you involved in any empowerment scheme?		Total
	Yes	No	
Hindu	24.6	74.4	100
Muslim	11.9	88.1	100
Total	18.3	81.7	100

Sources: primary survey data

When it was asked whether they had participated in any women empowerment scheme 99 out of 120 responded negatively, 17 reported being participants in SHG scheme, 1 in Nirbhaya and 3 in other unspecified schemes, as depicted in table 35. Again, a higher percentage of Muslim women respondents (89.8%) did not participate in any women empowerment scheme in comparison to their Hindu counterparts (75.4%) .(See table 4.35)

Religious categories	Table 4.35: Which empowering scheme you are involved in?				Total
	Nirbhaya scheme	SHG	Other	Not any scheme	
Hindu	1.6	21.3	1.6	75.4	100
Muslim	00	6.8	3.4	89.8	100
Total	0.8	14.2	2.5	82.5	100

Sources: primary survey data

4.6.0. Conclusion

The survey explored various issues about different dimensions of Gender Development Index (GDI) in the two blocks of Sultanpur district. It was found that women are still way behind men in respect of key human development index. It was found that no significant difference across Hindu and Muslim women in respect of basic living conditions and facilities. However, the survey revealed that women across both the religion are still denied appropriate health and education related rights. Most of the females, especially Muslims, in the survey areas left their education due to marriage and other social barriers. It was also shared by many of them that they still rely on unregistered medical practitioners for health. They lacked appropriate nutrition in their daily meals. It was also found that Muslim women lack awareness on important issues and it limits their capabilities of participating in decision making inside house and outside which was reflected in the survey. Their participation in the political process was limited, even though there is 33% reservation for them in PanchayatiRaj system. It was also revealed by the survey that Muslim women lacked appropriate information regarding women empowerment schemes and this also limited their level of participation in these activities. Findings of this survey indicated towards the need of a more inclusive development strategy in which both genders can have an equal level of participation as any region/state of the nation cannot achieve the desired level of development unless it includes both genders on equal footings.

. Chapter: Five

Summary, Conclusion and Recommendation

Summary

The notion of development was initially in the sense of Gross National Product (GNP) and later on Gross Domestic Product (GDP) has been the measures of nation's economic performance. However, internationally it has been started realizing that the single goal of maximizing income growth has caused many social and environmental issues which have been reflected in the marginalization of many regions and groups of population along with increasing gap between rich and poor. It was in this context that human development had taken centre stage of measuring the nation's performances. Human development is the expansion of people's freedoms to live long, healthy and creative lives; and to engage actively in shaping development equitably and sustainably on a shared planet. The UNDP has defined the Human Development as the process of enlarging people's choices which allow them to lead a long and healthy life, to be educated, to enjoy a decent standard of living. Developing human capabilities is also related to investing in people so that an equitable growth can be enabled which would encourage people to pursue many different life goals. However, the most basic human capabilities includes; to lead long and healthy lives (i.e. good health), to be knowledgeable (i.e. educated), access to resources and social services needed for a decent life (i.e. standard of living), and to have capability of participating in community life (HDR, 2009).

Measurement is an acceptable and neutral process in the context of physical sciences; however, in the realm of social and political affairs, it loses its objectivity and opens the doors for judging the progress with subjective perspectives. Different indices were developed to measure overall and various specific dimensions of human development such as HDI, IHDI, GII, MPI and GDI. India's human development index (HDI) ranking for 2015 puts Asia's third-largest nation among a group of countries classified as "medium in the list, as different to "low" in the 1990s, due to the positive impacts of the factors such as an increase in life expectancy and mean years of schooling in the past 25 years. However, local disparities in education, health and living standards within the country have shaved off 27% from India's HDI score in the form of

inequality. The Planning Commission of India used somewhat different indicators but followed a similar approach and calculated the HDI and accordingly ranked all the States and UTs.

Given this, there is a need to calculate HDI at district level which will help in developing the policy design and program implementation at the regional as well as district level. Given the social and spatial disparities prevailing in the state of Uttar Pradesh, it becomes important to analyse the district wise human development status. That becomes even more relevant as the state has distinct regions and geographical divisions and a comparative analysis would shed some light on important aspects regarding human development across communities. This study is an attempt to use the approach of measuring HDI for a comparative analysis across women of two religious communities, i.e., Hindu and Muslim, using indicators available on Health, Education and Standard of living from Annual Health Survey (AHS) at the district level. A field survey in two blocks of Sultanpur district of Uttar Pradesh was carried out under the present study to understand the block level human development following the UNDP's HDI methodology. The findings of the field study pointed towards the fact that both the blocks were way below the average national level of HDI in all three key dimensions of human life. Majority of respondents across both the blocks had limited access to important knowledge and a decent standard of living, e.g., availability of safe drinking water, toilet, electricity and essential consumer goods. Respondents from both the block lacked a good education, and in fact, a major share of them ~~was~~ were illiterates. In the context of health, the majority of the respondents from both the place lacked the access to quality health services. Furthermore, the GDI measures gender gaps in human development achievements by accounting for disparities between women and men in three basic dimensions of human development—health, knowledge acquisition and living standards using the same component indicators as in the HDI.

The finding suggested that the status of women across two religious categories, in respect of the three dimensions of the human development in two blocks covered under the study. It has found that in general women of both the categories are still way behind men in respect of key human development index and are still denied appropriate health and education related rights. Most of the females in the survey areas left their education due to marriage and other social barriers. It was also shared by many; they still rely on unregistered medical practitioners for health. They lacked appropriate nutrition in their daily meals. It was also found that women lack awareness on

important issues and it limits their capabilities of participating in decision making inside house and outside which was reflected in the survey. Their participation in the political process was limited, even though there is 33% reservation for them in Panchayatiraj system. It was also revealed by the survey that women lacked appropriate information regarding women empowerment schemes and this also limited their level of participation in these activities. Findings of this survey indicated towards the need of a more inclusive development strategy in which both genders can have equal level of participation as any region/state or the nation cannot achieve the desired level of development unless it includes both genders on equal footings.

Field survey tried to cover important dimensions of lives, i.e., living condition, education, health, decision making, and empowerment, etc., of local women who are significant to assess their progress as per the HDI defined by UNDP. No significant differences between the living standard of Hindu and Muslim women were found in the field survey, especially in respect of availability of toilet facilities, access to safe drinking water, electricity and telephone. Although, it was revealed that Muslim women had a slight edge over Hindu women in respect of availability of toilet and access to the internet, however, Hindus covered in the study had slightly better electrification of households than their Muslim counterparts.

Coming to education, which is one of the important dimension of empowerment and development, it was revealed by the field survey that Hindu women, covered under the study had better performances in respect of upper primary, secondary and higher secondary level education. However, on the other hand, Muslim women had far better achievement in respect of primary and graduate level education. The survey further revealed that social issues and marriage are comparatively bigger issues in Muslim community which form the barrier in women education. Further indicates that Muslims community still needs internal reforms, which would support the education of women and girls. Furthermore, it was also found that Muslim women lacked the interest in learning and education pointing towards a need of addressing the normative stereotypes at family and social levels.

Achievements in respect of availability and access to health form one of the important dimensions in respect of enlarging individual's capabilities, which is at the core of their development. Findings of field survey suggest that there is no significant difference between

Hindu and Muslim women in respect of various health-related parameters. Households of both the categories covered under the survey experienced an almost similar pattern of diseases and health-related issues. However, there is a slight difference in the preferred hospital as higher per cent among Muslims preferred government hospital than their Hindu counterparts. Hindu households covered under the study preferred private hospitals. Similarly, a sizable population among Hindu households also visited Samudayik hospitals which is not observed among Muslims covered under the study. It was also found that all the Muslims households covered under the study preferred allopathic medicine system whereas Homeopathy and Ayurvedic medicine system was popular among some section of Hindu households. It was also found that majority of both Hindus and Muslims covered under the study preferred visiting registered doctors in case of any health-related issues. It was also found that there is no significant difference between Muslim households and that of Hindus in respect of availability of any hospital in their vicinity.

Field survey also revealed that few Hindu households had health insurance coverage. In respect of nutrition and diet, it was found that majority of women; especially the Muslims lacked proper dietary supplement. The survey revealed on the important difference between the nutritional pattern between Muslim women and their Hindu counterparts as almost two third of the former lacked the essential nutrition in their diet in contrast with only half among later. Similarly, the grassroots level situation regarding access to clean drinking water was very grim as per the survey results suggest. Above discussion suggest that ground realities in respect of health are almost similar among both the communities except few differences regarding nutrition pattern.

One of the major findings of the field survey has been in the area of decision-making capacity which is supposed to be one of the most important gender and equality related issues. It was reflected that Muslim women covered under the study did not enjoy the rights of decision making in family matters, in comparison to Hindus. Furthermore, participation in political processes was found to be very limited across both the communities. Although, initially the Gross National Product (GNP), and later on Gross Domestic Product (GDP), has been the measures of nation's economic performance, however, international community has started realizing, that the single goal of maximizing income growth has caused many social and environmental issues, which have been reflected in the marginalization of many regions and

groups of population along with increasing gap between rich and poor. It was in this context that human development had taken centre stage of measuring the nation's performances. Human development is the expansion of people's freedoms to live long, healthy and creative lives; and to engage actively in shaping development equitably and sustainably on a shared planet. The UNDP has defined the Human Development as "the process of enlarging people's choices which allow them to lead a long and healthy life, to be educated, to enjoy a decent standard of living. Moreover, access to resources and social services needed for a decent life and to have capability of participating in community life (HDR, 2009).

Conclusion

Overall findings of the field survey indicate towards a harsh reality of gender-based discrimination, control and inequalities at the grassroots level, in respect of all walks of life. A major size of women population, especially in rural areas, are still denied the basic minimum living amenities, i.e., availability of toilet and other sanitation-related facilities, access to clean drinking water, electricity, etc. The survey further suggests that there is no significant difference across religious categories, i.e., Hindu and Muslim, in respect of availability and access to essential amenities for life. However, some differences in both categories were observed in respect of education as it was found that Muslim women were more prone to leave education due to marriage and social issues. Some differences were also observed in respect of nutrition; however, women of both categories were living in similar health-related situations. Furthermore, Muslim women, as per the findings of this survey, face a higher level of control at the household level and denied participation in the decision-making process at the level their Hindu counterparts enjoy.

It was also reflected that women, in general, do not enjoy family support in respect of earning related activities, marketable skill building and economic empowerment. Families are generally not depended upon women for income in spite of the fact they are involved in a lot of economic activities in rural areas. Though there are many government schemes for welfare and empowerment of women, however, their participation in these schemes, except the MGNREGA has been limited. Even most of the women are still not aware of many women empowerment schemes. It was also reflected that women participation in the political process has been very limited and restricted mainly in PanchayatiRaj elections. It can be said that patriarchal nature of

society in respect of both the communities have restricted women within the walls of households and in gender norms and they do not enjoy the same rights to education, skill building and going out for work as males do.

Recommendations

Field survey unearthed many issues associated with the gender-based control, injustice and inequalities. Based on the key findings of the survey few general recommendations for government, development agencies and civil societies are being made.

The need of Gender Sensitive District Level HDI

A district-level gender specific HDI must be applied to bring the real grassroots level picture of women and girls before the policy makers, development agencies and government. Different Indexes and tools used by governments and planning commission are not gender specific and localised as per the needs at the grassroots level.

Effective Sensitization of Educational and Social Institutions

Field survey has revealed that women and girls of both the religious communities, i.e., Hindu and Muslim, are still forced to live under the patriarchal framework of control, discrimination and inequalities. Therefore, sensitisation of community, social institutions, and PRIs and schools and hospitals, government departments and media is an essential step to set the ground for development and change in respect of them. Normative stereotypes of gender and patriarchy should be challenged at households, social and institutional levels to address this issue of gender-based injustice and inequalities.

Moreover, gender budgeting is an effective tool which can be used by governments and agencies to create an enabling environment for change and to bring equality across genders. The educational system should be sensitized to address the specific needs of women and girls. Field survey revealed that many girls and women had left education due to marriage and social issues. Educational institutions should have some outreach activities to reach such families, which prevent women and girls from further education and sensitize them.

Involving Men, in Empowerment of Women and Girls

Bringing change in respect to gender and gender roles could not be done effectively unless men are involved in the process. Sensitized men can play an effective role in bringing a change in the lives of their daughters, sisters, wives, mothers, and female fields. Therefore effective interventions at the grassroots level to sensitize men in the process of women empowerment are necessary for bridging the gap across genders.

Women and Girls specific Health and Sanitation Infrastructure, Health Delivery System

Women play an important role in running the households and in other activities at the family level. However, they have to suffer a lot when it comes to the basic needs. Villages, towns, cities do not have appropriate sanitation and health-related infrastructure which could serve common and specific needs of women. An effective health delivery system is at the core of healthy society. Health services should be reached, in rights mode, to every person in need of such services.

Effective skill Building drives for Women Empowerment

The real empowerment of women or any person is the economic empowerment which depends upon one's marketable skills and her/his performances in labour market. Sadly, India is a unique country where women workforce participation has decreased with development and growth, in recent decades. Women workforce participation should be increased to bring effective justice and equality across genders, and effective skill building of women and girls would play a critical role in this regard.

Creating Enabling Environment for effective Participation of Women in Political Process

Participation of women in important decision making at social and political level is the hallmark of equality across genders. Women should be motivated, trained and supported to take part in political processes at different levels. The participation of women in political processes would be reflected in the outcomes toward equality, i.e., priorities on women's issue at every level. Government, development agencies and civil societies should play an important role in bringing this change. Political parties also can play a crucial role in bringing equality across gender.

Bibliography

- Abdulhadi Abba Kyari (2017). Aminu Saleh College of Education, Azare. Human Development.
- Abou Zahr, C. (2010). Making sense of maternal mortality estimates. Working Paper Series, Number 11, University of Queensland, Australia.
- Acemoglu, Daron (2009). "The Solow Growth Model". Introduction to Modern Economic Growth. Princeton: Princeton University Press. Pp. 26–76.
- Ahiraj, M. (2009). Infant mortality rate declines in Bellar. The Hindu, 10 June, 2009.
- Aisha Sultanat, Human Development Approach: Along Journey Ahead.
- Alkire Roche Santos Seth. "Multidimensional Poverty Index 2011: Brief Methodological Note Alternative Indices" Centre for Development Studies, University of Glasgow, UK
- Amartya Sen: Educational Inequality And Health Inequality
- Anand, S. & Ravallion, M. (1993). Human development in poor countries: On the role of private incomes and public services. *The Journal of Economic Perspectives*, 7(1), 133-150.
- Anand, Sudhir, and Amartya Sen (2000) 'The Income Component of the Human Development Index.' *Journal of Human Development*, 1(1). Pp. 83-106.
- Andrew Leigh and Justin Wolfers (2006) "Happiness and the Human Development Index Australia Is Not a Paradox" Research School of Social Sciences, The Australian National University Wharton School, University of Pennsylvania, Centre for Economic Policy Research, IZA and National Bureau of Economic Research
- Annual Health Survey, Fact Sheet-2010-11, Office Of Registrar General Of India, New Delhi
- Bleakley, H. (2010). Health, human capital, and development. *Annual Reviews of Economics*, 2, 283-310.
- Census of India 2011 Provisional Tables Registrar General of India.
- Census of India 2011, Uttar Pradesh: District Census Handbook Sultanpur.

- Clark, H. (2010). The real wealth of nations: Pathways to human development. Summary, Human Development Report 2010, UNDP, 20th Anniversary Edition, United Nations Development Programme.
- Countries, Akadeniai Kiado Publication.
- De la Torre, Rodolfo & Moreno, H. (2010). Advances in sub national measurement at the Human Development Index: The case at Mexico. Human Development Research Paper 2010/23, UNDP.
- Deneulin, Severine With Lila Sahani (Ed.), “An Introduction To The Human Development And Capability Approach”, Earthscan, International Development Research Center, 2009
- Development of Human Development: Index at District Level for EAG States, Padam Singh & Satyendra Keshori.Economics and Statistics Department.
- Development, Palgrave Publication.
- District Information System for Education (DISE), National University of Educational Planning and Administration (NUEPA), New Delhi.
- Economics and Statistics Department.
- Elizabeth A Stanton, The Human Development Index,feb 2007
- Expected Years Of Schooling: UNESCO
- Farhad Noorbakhsh (1998) “The Human Development Index Some technical Issues.
- Glenda Gallardo (2009) “The Human Development Index As An Effort To Measure Well-Being In Honduras” The 3rd OECD World Forum On “Statistics, Knowledge And Policy” Charting Progress, Building Visions, Improving Life Busan, Korea - 27-30 October 2009
- GoI (2011). Annual Health Survey: Uttar Pradesh, Factsheet 2011-12. Vital Statistics Division, Office of the Registrar General & Census Commissioner, India.
- GoI (2012). District Elementary Education Report Card 2011-12. Raw Data 2011-12, District Information System For Education (DISE), National University Of Educational Planning And Administration(NUEPA), New Delhi.
- GoI (2012). District Elementary Education Report Card 2011-12. Raw Data 2011-12, District Information System for Education (DISE), National University of Educational Planning and Administration (NUEPA), New Delhi.

- Goli, S. & Jaleel, A.C.P. (2014). What Is The Cause Of The Decline In Maternal Mortality In India? Evidence from Time Series and Cross-Sectional Analyses. *Journal Of Biosocial Science*, 46, 351-365, Doi: 10.1017/S00219320130
- Goli, S. & Jaleel, A.C.P. (2014). What is the cause of the decline in maternal mortality in India? Evidence from time series and cross-sectional analyses. *Journal of Biosocial Science*, 46, 351-365, doi: 10.1017/S0021932013000564.
- GoUP (2008). Uttar Pradesh Human Development Report (UPHDR) 2008. Government of Uttar Pradesh.
- GoUP (2011). National District Domestic Product (At constant prices) by Economic Activity 2011-12. Economics and Statistics Department.
- Gy.Becsky, An Analysis Of The Economic Growth In Developed Capitalist
- Haq, M. Ul. (1990). *Human Development Report 1990*. Oxford University Press, Oxford, New York.
- Haq, M. Ul. (1995). *Reflections on human development*. Oxford University Press, Oxford, New York.
- [Http://Hdr.Undp.Org/En/Content/What-Human-Development](http://Hdr.Undp.Org/En/Content/What-Human-Development)
- [Http://Hdr.Undp.Org/Hdr2006/Pdfs/Report/Human_Development_Indicators](http://Hdr.Undp.Org/Hdr2006/Pdfs/Report/Human_Development_Indicators)
- [Http://Keydifferences.Com/Difference-Between-Economic-Growth-And-Economic-Development.Html](http://Keydifferences.Com/Difference-Between-Economic-Growth-And-Economic-Development.Html)
- Human Development and Capability Association. "Capability & Functionings: Definition & Justification". Human Development and Capability Association Briefing Note: 1–5.
- Human Development Report 2016
- Human Development Report, 2009, UNDP
- Jain, A. K. (2010). Janani Suraksha Yojana and the Maternal Mortality Ratio. *Economic and Political Weekly*, XLV(11), 15-16.
- Katoch, R. (2003). Engaged governance for human development: A case study of sub-national human development reports in India. Paper presented at UN DESA Interregional *Workshop on Engaged Governance*, 09-11 December 2003, Colombo, Sri Lanka.

- Klasen S. UNDP's Gender-Related Measures: Some Conceptual Problems and Possible Solutions. *Journal of Human Development* [Serial Online]. July 2006; 7(2):243-274. Available From: Econlit with Full Text, Ipswich, MA. Accessed September 26, 2011.
- Klasen, Stephan¹; Schuler, Dana. Reforming the Gender-Related Development Index and The Gender Empowerment Measure: Implementing Some Specific Proposals. *Feminist Economics*. January 2011 (1) 1 - 30
- Life Expectancy At Birth: UNDESA
- Living Conditions and Human Development in Uttar Pradesh: a Regional Perspective, April 30 2010, Poverty Reduction and Economic Management South Asia
- Maurya, Sapana & Khare (2015) "Human Development In Uttar Pradesh: A District Level Analysis" *Social Science Spectrum*
- McCartney Matthew (2015), *Economics Growth And Development*
- MDG Report 2015
- Mean Years Of Schooling: Barrow And Lee
- Mill, John Stuart (2009) [1848]. *Principles Of Political Economy*
- Millennium Development Goals, UNDP,2016
- Mishra, N. & Mujjoo, R. (2013). Regional disparities and human development in Uttar Pradesh. *Man and Development*, 35(4).
- Mishra, R. P. (2010). Bridging the widening development gap: A case study of Uttar Pradesh, India. In: Antoni Kuklinski & Krzysztof Pawlowski (Eds.) *The Atlantic Community: The Titanic of the XXI Century?*
- Montgomery, A. L., Ram, U., Kumar, R., & Jha, P. (2014). Maternal mortality in India: Causes and healthcare service use based on a nationally representative survey. *PLoS ONE* 9(1): e83331. doi:10.1371/journal.pone.0083331
- Morris, MD (1980). "The Physical Quality Of Life Index (PQLI)." *Development Digests*. 18 (1): 95–109. PMID 12261723
- Nnual Health Survey 2010-11 Office of Registrar Govt. of India.
- Prasad, R. (2014). Fastest decline in child mortality rates witnessed. *The Hindu*, September 16, 2014.

- Ralph L. Musher, Educational and Psychological Application of Theories of Human Development: A Brief Overview, Trustees of Boston University.
- Randive, B., Sebastian, M. S., Costa, A. D., & Lindholm L. (2014). Inequalities in institutional delivery uptake and maternal mortality reduction in the context of cash incentive programme, Janani Suraksha Yojana: Results from nine states in India. *Social Science & Medicine*, 123, 1-6. <http://dx.doi.org/10.1016/j.socscimed.2014.10.04>
- Schumpeter, Joseph A. (2014) [1942]. *Capitalism, Socialism and Democracy* (2nd Ed.). Floyd, Virginia: Impact Books. ISBN 978-1617208652.
- Sheikh, M.U.D. & Jahan, Q. "Literacy Rate of Muslim Women In Uttar Pradesh (India)" / Education Confab.
- Singh, C. B. & Lall, A. J. (2013). Gender inequality in India with special reference to Uttar Pradesh, Uttarakhand and Kerala. *UPUEA Economic Journal*, 9(9), 55-62.
- Smith, Adam (1759). *Wealth of Nations* (1982 Ed.). Pp. 233–34.
- Smith, Adam (1776) *An Inquiry into the Nature and Causes of the Wealth of Nations*. (Accessible By Table Of Contents Chapter Titles) Adamsmith.Org ISBN 1-4043-0998-5
- Solow, Robert M. (February 1956). "A Contribution to the Theory of Economic Growth". *Quarterly Journal of Economics*. Oxford Journals. 70 (1): 65–94.
- Srijit Mishra, Hippu Salk Kristle Nathan (2013) "Measuring Human Development Index: The Old, The New and The Elegant" Indira Gandhi Institute Of Development Research (IGIDR) Mumbai- 400065, India
- Srinivasan, T. N. (1994). Human development: A new paradigm or reinvention of the wheel? *The American Economic Review*, 84(2), 238-243. *Papers and Proceedings of the Hundred and Sixth Annual Meeting of the American Economic Association*, May.
- Srinivasan, T.N. (May 1994). "Human Development: A New Paradigm Or Reinvention Of The Wheel?" *Human Development* (84.2): 238–243.
- Streeten, P., Burki S. J., Haq, M. Ul., Hicks, N., & Stewart, F. (1981). *First things first: Meeting basic human needs in the developing countries*. Oxford University Press, New York.
- Streeten, Paul (May 1994). "Human Development: Means and Ends". *Human Development* (84.2): 232–237.

- Swan, Trevor W. (November 1956). "Economic Growth and Capital Accumulation". *Economic Record*. Wiley. 32 (2): 334–361.
- Swarna S. Vepa(2007)” Gender equity & human development” Ford Foundation Chair for Women & Sustainable Food Security, M. S. Swaminathan Research Foundation, Chennai, India
- Timaeus, Ian M. (1991). Measurement of adult mortality in less developed countries: A comparative review. *Population Index*, 57(4), 552-68.
- UNDP (2010) “Human Development in India: Analysis to Action” Publication based on reports from partner State governments compiled and edited by Pia Lindstrom
- UNDP (2014). Human Development Report – Sustaining human progress, reducing vulnerabilities and building resistance. United Nations Development Report, New York.
- UNDP (2015) “Human Development Report ”Work for Human Development
- United Nations Development Programme (1997). Human Development Report 1997. Human Development Report. P. 15. ISBN 978-0-19-511996-1.
- Various Human Development Reports

Appendix

QUESTIONNAIRES

Dear Sir/ Madam

I am ABDUL AHAD doing M.Phil. from BBAU, Central University Lucknow. I am preparing a dissertation on,

Status of Human Development of Muslim Women: A Case Study of Sultanpur District, Uttar Pradesh for this, I have designed a Questionnaire to know your views and satisfaction level on HUMAN DEVELOPMENT. Please fill the given Form as per your opinion and experiences with this. I will be thankful to you for this.

Part A

I. GENERAL CHARECTERSTIC

1- Name: of Respondent _____

2-Address: _____

3-Block..... Tahsil.....

4-Village-----Post-----

5-City:Pin:State.....

6-Contact No.....

7-Religion: :(Please tick appropriate boxes)

(a) Hindu (b) Muslim (c) Christian (d) other

8-caste: :(Please tick appropriate boxes)

(a) General (b) OBC (c) SC (d) ST

9- Marital status

(a) Married (b) Unmarried

II. Household Profile

Socio economic characteristics of households

SR NO	Name	Age*	Sex#	Educational Qualification\$	Occupational status@	Annual income
1						
2						
3						
4						
5						
6						

Code: # Male-1, Female-2

* Age: 0-5 years-1, 6-10 years-2, 11-15 years -3, 16-20 years -4, 21-25years-5, 26-30years-6, 31 above-7

\$ Child up to 5 years-1, illeterate-2, Literate without formal schooling-3, Literate but below primary-4, primary -5,Middle-6, secendary-7 Higher-8,diploma/certificate-9 Graduate -10, post graduate and above-11.

@self Employment-1, Regular salary group (both public and private)-2, non agriculture labour-3, agricultural labour-4, Unemployment-5, Domestic work-6, Domestic work with some side work-7, student-8, service-9, other (specify)-10.

Part B
Economic status of family

Income by all Sources (for one year)

Source of income	Gross income(in Rs)
Agriculture	
Self-Business	
Salaries Govt/Private	
Animal husbandry	
Wage /House Rent	
Pensions	
Other(specify)	
Total	

Expenditure pattern (Annual expenditure of the health & Education):

Sr No	Expenditure types	Expenditure(in Rs)
1	Non- durables (Monthly exp) (a) Food grains. (b)Non-food grains	
2	Durables	
3	Education(of all the children)	
4	Health(both curative and preventive)	
5	Other (specify)	
6	Total	

Part C

Indicators of Measuring Human Development:

A: INCOME CONDITION:

1-(a) Have you got resources of Land in acres? Yes /No

(a) 0-2 acres (b) 2 -5 acres (c) 5-7 acres (d) Other specify

(b) Mode of farming

(a) Self farming (b) Tractor (c) agriculture labor (d) other specify

(c) Total expenditure of agriculture in yearly

(a) 00-5000 Rs (b) 5000-10000Rs (c) 10000-15000 Rs (d) Other specify

2-Sources of Income;

(a) Gov t job (b)Private job (c)Self-Employed (d) Daily Wages Worker (e)Domestic Worker

(f) Other (Specify

3-Have you got Animals? Yes /No

(a)Buffalo (b) Cow (c) Goat (d) Other

4-Have you dependent on agriculture? Yes /No

B: LIVING CONDITIONS:

1. Source of drinking water:

(a) Hands pump (b) Pipe connection (c) Tube well (d) Other specifies

2. Toilet facilities: Yes /No

(a) Latrine (b) Bathroom (c) both (d) Other specify

3. House electrified: Yes /No

4. Telephone Connection: Yes /No

(a) Land Line (b) Mobile (c) Other specify

6. Internet connection: Yes/No

(a) Broad band internet (b) Mobile internet (c) wife (d) Other specify

6. Private vehicles: Yes/No

(a) Cycle (b) Motor cycle (c) Car (d) Other specify

C: CONSUMER DURABLE GOODS: Yes/No

(a) TV (b) Radio (c) Video cassette recorder (d) Electric iron (e) Washing machine (f) Fridge (g)

Other specify

D: EDUCATION:

1. In which class(es) your children are studying
(a) Primary (b) Upper primary (c) Secondary (d) Senior Secondary (e) Graduate/Technical diploma (f) Post graduate (g) other specify
2. Medium of school: English/ Hindi
3. Are children attending private tuition classes: Yes/ No
4. In which school/college did you completed your education:
(a) Government (b) Aided (c) self-financing (d) Other specify
5. What is your educational qualification specially women/girls. Primary / upper primary/ secondary/ higher secondary/ graduate/ diploma/ technical/ post graduate/(other (specify)
6. Do you want to continue your education? Yes/ No
7. What is the reason behind leaving your education?
(a) Financial issue (b) marriage issue (c) social issue (d) lack of infrastecture (e) Other specify.
8. Do you have interested learning education? Yes/No

E: HEALTH:

1. Types of diseases affecting the members of family: cold/ fever/ diabetes/pressure/.....
2. Types of hospitals attending:
(a) Govt. hospital(District) (b) Private hospital (c)Urban health center (d)Samudayik health center (e) Other specify
3. Type of Medical system used:
(a) Allopathic (b) Ayurvedic (c) Homeopathy (d) Other specify
4. Does the family have medical insurance? Yes /No
6. Do you have proper dietary supplement? Yes /No
7. Do you have proper nutrition in your food? Yes /No
(a) Green vegetable, pulse, wheat and milk (b) Egg, Chicken/mutton (c) Both A and B (D) Other than A & B
8. Do you have clean drinking water facilities? Yes /No
(a) Water purifier (b) Chlorine water (c) Boiled water (d) Other specify
9. Type of doctor attending
(a) Registered (b) Un-Registered
10. Do you have nearest any hospital? Yes/No

(a) Govt. hospital(District) (b) private hospital (c) Urban health center (d) Samudayik health center (e) Other specify

F: From where have you got information Human Development scheme? Yes/No

(a) Newspaper (b) Hording system (c) T.v chainal (d) Magazine (d) Internet (e) Radio (f) Other specify

G: WOMENS EMPOWERMENT:

1. Do you participate in political activity? Yes/No

(a) Panchayat election (b) Bhidhan Sabha election (c) Look Sabha election (d) Bhidhan prisad (e) Other specify

2. Do you have any criminal record? Yes/No

(a) Robbery (b) Murder (c) Neighbor Quarreling (d) Other specify

3. Do your family depending on you in economic perspective. Yes/No

(a)Family expenditure (b) only child education (c) Other specify

4. Do you have any skill? Yes/No

(a) Poet/Shyer (b) Writer (c) Actor (d) Player (e) Journalist (d) Other specify

5. Do you participate in any government scheme? Yes/No

(a) MGNREGA (b) Old age pension (c) Widow pension (d) Kcc (e) Other specify

6. Do you involve any empowerment scheme? Yes/No

(a) 1090 scheme (b) Nirbhaya scheme (c) SHG (D) other specify

7. Are you agree Women empowerment is one of the most important priorities in India? Yes /No

8. Have women freedom of mobility? Yes /No

9. Do you have right of decision making in family matters? Yes /No

H: Have you Inform Human Development even before? Yes/No

THANK YOU