

Lecture 6: Society and Development: The Model Of Inclusive Growth

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INCLUSIVE GROWTH

India is a developing country. In terms of indicators of development such as per capita income, literacy, life expectancy, level of urbanization and per capita energy consumption, it is far behind the developed countries. According to UNDP's Human Development Index, among 182 countries of the world included in the study India stands at 134th position. UNDP's *Human Development Report 2009* has divided 182 countries into four categories: very high human development (1-38), high human development (39-83), medium human development (84-158), and low human development (159-182). India with 134th position falls in the medium human development category (UNDP, 2009). According to Planning Commission however the Indian economy has had the impressive record of growth in the Tenth Plan period.

These positive factors notwithstanding, a major weakness in the economy is that the growth is not perceived as being sufficiently inclusive for many groups, especially Scheduled Castes (SCs), Scheduled Tribes (STs), and minorities. Gender inequality also remains a pervasive problem and some of the structural changes taking place have an adverse effect on women. The lack of inclusiveness is borne out by data on several dimensions of performance (Planning Commission, 2008).

In this backdrop the Eleventh Five Year Plan has come up with the paradigm of inclusive growth. This is a pattern of growth in which all social groups, i.e., SCs, STs, OBCs and others are equal beneficiaries (also the minorities, women, rural areas, backward regions, street children, drug addicts, disabled, and old people).

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Eleventh Plan examines the issue of poverty and development by social group at great length. Chapter 6 of Volume 2 is devoted to Social Justice. It looks explicitly at the economic, social, legal and other issues pertaining to development of Scheduled Castes, Scheduled Tribes, Other Backward Classes, Minorities, and Other Vulnerable Groups.

CONDITION OF MINORITIES

In sociology minorities are defined in different ways. Theoretically, the term carries the notion of being outside the mainstream or power. Commonly in India minorities are defined demographically as religious and linguistic minorities. However, in political sociology as well as in development discourse most often minorities refer to Muslims. The reason is that for various historical reasons in contemporary India Muslims have been lagging behind (This was not always the case). Other religious minorities such as Jains and Sikhs are quite prosperous. Box 2.4 is devoted to the condition of Muslims in India.

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BOX 2.4: ON CONDITION OF MUSLIMS

(From the Eleventh Five Year Plan)

Muslims have the highest rate of stunting and second-highest rate of underweight children.

- 25% Muslim children in the 6–14 years age group have either never attended school or have dropped out.
- Only one out of every 25 undergraduate and 50 postgraduate students in premier colleges is a Muslim.
- NCAER figures show that only about 4% of all Muslim students are enrolled in madaras.
- Workforce participation rate among Muslim women is only 25%. In rural areas, 29% of Muslim women participate in the workforce as compared to 70% of Hindu women.
- 61% of the total Muslim workers are self-employed as against 55% of Hindu workers. 73% of Muslim women are self employed as compared to 60% for Hindus.
- Only about 27% of the Muslim workers in urban areas are engaged in regular work as compared to 40% SC/ST, 36% OBC and 49% Hindu upper caste workers.
- Less than 24% of Muslim regular workers are employed in the public sector or in government jobs as compared to 39% regular SC/ST workers, 37% Hindu upper caste and 30% OBC workers.
- The share of Muslim male workers engaged in street vending (especially without any fixed location) is 12% as against the national average of less than 8%.
- The share of Muslims in Public Order and Safety Activities at the Central Government level is only about 6%. Hindu upper caste workers have a share of 42% and both SCs/STs and OBCs have 23% share each.
- The share of Muslims among defence workers is only 4%.
- Compared to other regular workers, a much larger proportion of Muslim regular workers have no written contract (73%, against 52% for Hindu upper caste and 63% each for Hindu-OBCs and SCs/STs) and no social security benefit (71% against the national average of 55%).

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HEALTH GOALS IN THE FRAMEWORK OF INCLUSIVE GROWTH

Health connects society with population studies. Health is both the cause and consequence of social development. For the first time, the chapter on Health and Family Welfare and AYUSH in the Eleventh Five Year Plan of India, presents time bound goals in a social framework. The goals are:

- Reducing Maternal Mortality Ratio (MMR) to 1 per 1000 live births.
- Reducing Infant Mortality Rate (IMR) to 28 per 1000 live births.
- Reducing Total Fertility Rate (TFR) to 2.1.
- Providing clean drinking water for all by 2009 and ensuring no slip-backs.
- Reducing malnutrition among children of age group 0–3 to half its present level.
- Reducing anaemia among women and girls by 50%.
- Raising the sex ratio for age group 0–6 to 935 by 2011–12 and 950 by 2016–17.

The above goals assume that health and family welfare are closely associated with women's place in society. In the patriarchal structure of India women are associated with reproduction. As they have low literacy, low awareness, lower entitlements and low decision making power they produce more children than they want, suffer from malnutrition and anaemia, and face high maternal mortality caused by home delivery and postpartum hemorrhage. In such a society a girl child is a burden on parents. Therefore, the family forces the pregnant women to go for sex determination test and abort the baby if the baby yet to be born is female. This results in low sex ratio in the age group 0-6. All these problems will have to be tackled jointly. They cannot be solved in isolation (Figure 2.1).

As said earlier, women's issues are connected with region. In general, status of women in the southern states (i.e., on the southern side of Vindhya range of mountains) is better than in the northern states. This divide is reflected well in all the health and demographic parameters. This means that health issues, women's issues and regional issues are to be handled simultaneously.

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The next section deals with the spatial inequalities in development.

SPATIAL INEQUALITIES

Inclusive growth framework gives special importance to regional inequalities. Box 2.5 shows the differences in Human Development Index of different states. The box exhibits that in terms of HDI Kerala is at the top among Indian states and Madhya Pradesh is at the bottom. Further, there are both high and low HDI areas (districts) in each state. Interestingly, Kerala has the least inter-district variation in HDI meaning thereby that all the districts of Kerala have uniformly benefited from development. On the other hand Maharashtra has the highest inter-district diversity: it has one district with perfect value of HDI but also a district where HDI is lower than that for any other district in the country. This high regional diversity in development has serious social and political implications for the country.

BOX 2.5: DISPARITIES IN STATE HDIS

S. No	State	No. of Districts in the State	State HDI	Highest HDI for a District in the State	Lowest HDI for a District in the State	Coefficient of Variation %
1.	Arunachal Pradesh	17	0.515	0.660	0.362	18.36
2.	Assam	23	0.407	0.650	0.214	27.99
3.	Chhattisgarh	16	0.471	0.625	0.264	21.16
4.	Gujarat	25	0.479	0.582	0.309	16.14
5.	Himachal Pradesh	12	0.433	0.534	0.390	11.14
6.	Karnataka	27	0.633	0.753	0.547	7.62
7.	Kerala	14	0.773	0.801	0.749	2.37*
8.	Madhya Pradesh	45	0.394	0.694	0.372	11.37
9.	Maharashtra	34	0.580	1.000	0.210	36.55
10.	Nagaland	8	0.620	0.733	0.450	15.89
11.	Orissa	30	0.404	0.736	0.389	16.94
12.	Punjab	17	0.537	0.761	0.633	4.93
13.	Rajasthan	32	0.424	0.656	0.456	8.88
14.	Sikkim	4	0.454	0.501	0.391	8.92
15.	Tamil Nadu	29	0.657	0.757	0.584	5.97
16.	Uttar Pradesh	70	0.532	0.710	0.366	11.59
17.	West Bengal	18	0.610	0.780	0.440	16.68

Source: SHDRs.

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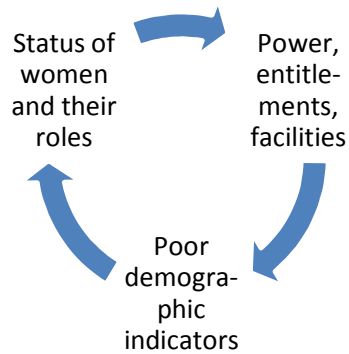


FIGURE 2.1: PATRIARCHY AND HEALTH

For development planning the Planning Commission has divided all the states of India in to two categories:

1. Special Category States

- North-Eastern States (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura)
- Himachal Pradesh
- Jammu and Kahmir
- Uttarakhand

2. Non Special Category States (all other states)

Among the second category states there is very large variation in development. Among them Bihar is the poorest state. Punjab and Maharashtra are the richest states with ratio of per capita income above 20. Uttar Pradesh, Rajasthan, Orissa, and Madhya Pradesh are a few other backward states of India.

In the Eleventh Plan the following 13 targets are planned to be monitored for individual states:

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- (i) GDP growth rate
- (ii) Agricultural growth rate
- (iii) New work opportunities
- (iv) Poverty ratio
- (v) Drop out rate in elementary schools
- (vi) Literacy rate
- (vii) Gender gap in literacy rate
- (viii) Infant mortality rate (IMR)
- (ix) Maternal mortality ratio (MMR)
- (x) Total Fertility Rate (TFR)
- (xi) Child malnutrition
- (xii) Anaemia among women and girls
- (xiii) Sex-ratio

It is hoped that with inclusive growth approach (that focuses on the condition of lagging social groups and regions) Indian society will move towards a higher level of development with all sections of society benefiting from this.

Questions and Exercises

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1. What is the difference in values and norms?
2. Define the concepts of Sanskritization and Westernization.
3. What is the effect of policy of protective discrimination on Sanskritization?
4. What is globalization? How does it affect society of India?
5. What is the concept of inclusive growth? Why does India need this concept? Enumerate the major health goals of India developed in the framework of inclusive growth?
6. Collect data on sex ratio in age group 0-6 years for major states of India. Are there significant differences? What do they tell about social institutions and processes?
7. Review the skill development policy of India as presented by the Eleventh Five Year Plan?

References

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