

Synopsis of Maharashtra HDR (2002)

Maharashtra has a unique development experience. It is the second most populous State in the country, where per capita income is 40 per cent higher than the all India average. Yet it has the largest urban slum dwelling population and grave intra-state differences, both in the levels of attainment and poverty ratios.

Maharashtra, located on the west coast along the Arabian Sea is among the richer States of the country. It has an uneven natural resource endowment. Its rainfall from the South West Monsoon is subject to much variation, making some hinterland areas severely drought prone. Maharashtra's 35 districts are divided into 6 revenue divisions. Being more urbanised than most States in the country, almost 43 per cent of its population, much of it migrant, lives in towns and cities.

Maharashtra derives most of its income from the secondary and tertiary sectors and it is not yet self-sufficient in food grains. However, the tilt towards commercial crops like sugarcane and cotton, has given rise to a vibrant agro-processing industry. In recent times, fruits and vegetables have been added to this industry. Mumbai, the capital of Maharashtra, was once the icon of national industrialisation but with the decline of manufacturing it is now the principal financial center and a major commercial hub of India.

Existing levels of human deprivation in Maharashtra need to be viewed as both a challenge and an opportunity for focused action by the Government to eliminate them. It is important to recognise that the human development approach offers a comprehensive framework that goes beyond a mere sectoral or a departmental mode of action. Thus, the Maharashtra Human Development Report attempts to assess and explain the status of human development in the State, and helps to articulate policy implications. It is an overview intended to galvanise public debate on the indices of human development and people's participation. It does not claim to offer a comprehensive analysis of issues such as urban poverty, informal sector livelihoods, forestry and environment which could be dealt with in subsequent documents.

In the Report, analysis moves from the State to the district level, highlighting issues related to data gaps, data comparability and availability. The structure of the Report has evolved considering main questions raised in a consultative dialogue with various partners, taking into account the concerns of the people of Maharashtra. The document is expected to promote deeper understanding of the challenges and opportunities for human development action and sustainability of the challenges that have been met since the formation of the State of Maharashtra.

Table1: Human Development Index and per-capita District Domestic Product

No.	Districts	HDI 2000	Rank	PCDDP (Rs.) 1998-99 (At Current Prices)	Rank
01	Mumbai	1.00	2	45471	1
02	Mumbai (Subn.)	1.00	1	45471	2
03	Thane	0.82	3	33200	3
04	Raigad	0.70	6	30364	4
05	Ratnagiri	0.44	22	14354	25
06	Sindhudurg	0.60	9	20016	10
07	Nashik	0.51	13	20636	8
08	Dhule	0.36	30	11789	34
09	Nandurbar	0.28	32	11789	35
10	Jalgaon	0.50	14	16449	17
11	Ahmednagar	0.57	11	15251	22
12	Pune	0.76	4	28000	6
13	Satara	0.59	10	15563	20
14	Sangli	0.68	7	20411	9
15	Solapur	0.48	17	18097	13
16	Kolhapur	0.64	8	20925	7
17	Aurangabad	0.57	12	19365	11
18	Jalna	0.27	33	12047	33
19	Parbhani	0.43	24	13827	26
20	Hingoli	0.43	25	13827	27

21	Beed	0.47	18	15303	21
22	Nanded	0.37	29	13068	31
23	Osmanabad	0.38	28	12905	32
24	Latur	0.47	19	13677	29
25	Buldhana	0.41	27	13823	28
26	Akola	0.44	23	16069	18
27	Washim	0.36	31	16069	19
28	Amravati	0.50	15	17168	14
29	Yavatmal	0.22	34	13382	30
30	Wardha	0.49	16	16952	16
31	Nagpur	0.71	5	28878	5
32	Bhandara	0.46	20	14467	23
33	Gondiya	0.46	21	14467	24
34	Chandrapur	0.41	26	19325	12
35	Gadchiroli	0.21	35	17140	15
	Maharashtra	0.58		22763	

Population

The 2001 Census put Maharashtra's population at 96,752,247 or 9.4 per cent of India's population. At the time of its formation as a separate State, 40 years ago, its population was 39.6 million. A matter of grave concern is the increase in the density of population from 129 persons per sq km in 1961 to 314 persons per sq km in 2001.

An almost even mix of rural-urban population, with a large segment of slum dwellers, has impacted on overall fertility rates. Population levels in the cities have also increased as a result of social norms such as a preference for sons, early marriages and teenage motherhood observed by migrants. Disparities in the availability of education, healthcare and employment has affected the infant mortality rates and resulted in a declining sex ratio. Only three districts – Ratnagiri, Sindhudurg and Gondiya have a sex ratio that is favourable to women.

The Konkan division of Maharashtra is by far the most urbanised region of the State. In contrast, the Marathwada division does not have a single district, that is 40 per cent or more urbanised. A problem related to urbanisation, especially where affordable housing is

limited, is the proliferation of slums. To Mumbai goes the unenviable credit of hosting Asia's largest slum Dharavi. Apart from Dharavi, Maharashtra has about 10.6 million people living in slums, the largest number among all the States. The census report of 2001 found that 31.7 per cent of the 33.6 million people of Maharashtra, living in 62 towns and cities, were slum dwellers.

Sustained long-term measures are needed to decongest the cities in Maharashtra. The dispersal of population or control of the influx of migrants would at best be restrictive measures that would go against the provisions of the Constitution. Alternatives like the relocation of industrial activity and the creation of new employment opportunities are not easily materialised. Cultural variations too influence population growth and urbanisation, as, for instance, some communities and castes view the small family norm and the utilisation of health services as being against their religious practices. It is necessary, therefore, to build more efficient health and communication delivery services in the slum areas in order to bring about a change in attitude towards family planning.

Bearing in mind the cultural aspects and historical factors that appear in the different regions of the State it would be prudent to devise strategies that do not view Maharashtra as one homogenous entity. For instance, for the tribal regions it would be necessary to design culture specific methods that take into account the variations in social behaviour.

As per the Census of 2001, Maharashtra's population has far exceeded the projected population estimates of the Expert Committee, which had put it at 91.03 million, as well as the estimate given by the Population Foundation of India that had set it at 92.99 million. This challenge needs urgent attention otherwise it will seriously impact on all the achievements of the development process of the State.

Economic Development: Growth & Equity

Despite its poor quality of arable land, scanty rainfall and the skewed spatial distribution of natural resources, Maharashtra has done consistently well in terms of the State Domestic Product index. Its State Domestic Product during the 90's was second only to Gujarat. In terms of per capita income Maharashtra is only marginally behind Punjab. This economic growth has come largely from non-agricultural sectors, essentially in areas like Mumbai and Thane, resulting in both sectoral and regional imbalances of development. Wealth is unevenly distributed and wide disparities exist.

As mentioned earlier, the agriculture sector is heavily dependent on an uncertain monsoon leaving the rural population vulnerable to highly unstable incomes. To counter this instability more women (almost twice the men) work as marginal workers to supplement the family income. Estimates for 1999-2000 show that only 14.5 per cent of the net area sown in the State was irrigated, mainly by wells, resulting in insufficient food grain production. Though drought is the single major cause of low productivity, Maharashtra has chosen water intensive sugarcane as its principal cash crop.

There has been a concerted effort at the equitable distribution of irrigation water, mostly by NGOs, with varying degrees of success. The *Pani Panchayat*, a concept of collective rights, believes that water is a community asset that has to be shared by all – including the landless – and Water User Societies have tried to make sure that its distribution was optimized. This has actually inspired the Government of Maharashtra to decide that over the next three years, it would allow co-operatives of farmers to deal with the distribution of irrigation water.

The average landholding size has also decreased over the years, further intensifying the pressure of population on land and impacting adversely on productivity. Though two-thirds of the workforce in Maharashtra is dependent on agriculture as its primary source of livelihood, the low level of per capita income in the rural areas highlights the scope of labour absorption and productive employment. This constraint that had led the State to the path of non-agricultural development, has yet to satisfactorily address the problems of unemployment and poverty levels in the rural sector.

As regards the overall growth process, the primary sector, agriculture in particular, has not shown the same momentum as the other sectors. Its share declined from 42.14 per cent in 1960-61 to 27.69 per cent in 1980-81 and fell to 17.44 per cent by 1999-2000. The secondary sector as a whole increased its share from 26.13 per cent in 1960-61 to 31.70 per cent in 1970-71 and has maintained that level ever since keeping pace with the economy since the 70's. It is the tertiary sector that has grown consistently, maintaining a higher pace than the national average. Its share increased from 31.73 per cent in 1960-61 to 38.44 per cent in 1980-81 and upwards to 50.45 per cent in 1999-2000. Trade and transport account for much of the rising rate of growth.

It is clear then that though the primary sector has the largest workforce, it is the least productive; in the secondary sector, manufacturing is the major employer with good productivity levels; the tertiary sector, which has increased its share of the workforce by only 7 per cent, has the highest productivity level. This gives rise to serious imbalances within the State and can become a major cause for concern. Furthermore, the incidence of rural poverty increased during the 70's, declined during the 80's and had fallen below the national average by 1999-2000. Urban poverty, however, decreased since the 70's, remained below the national average till the mid-80's, but, thereafter, crossed the national average.

Despite the intra state imbalances, Maharashtra has demonstrated strong, overall growth. The uneven distribution of these gains needs to be addressed and the agricultural sector has to be encouraged. Improved irrigation facilities, water conservation programmes and the diversification of agriculture could help mitigate some of the problems of the rural poor, while new employment systems for the primary workers together with an improved public distribution system could improve their lives.

Health and Nutrition

Though important, income levels alone do not determine the well being of a people. Improvement in health and access to healthcare, higher life expectancy levels and better nourishment standards are just as important indicators of human development. On two counts Maharashtra has done fairly well – reducing the infant mortality rate and raising life expectancy at birth. From 105 in 1971, the IMR declined to 48 per 1000 births in 1999 with a marginal differential between males and females. Though the overall gap is steadily closing the difference between the urban and rural levels remains a cause for concern.

The latest estimates of life expectancy at birth are 67.7 years and 61.7 years for urban and rural males respectively, and it is 71.2 years and 63.9 years for urban and rural females respectively. This is due to improved access to healthcare and facilities like immunisation and nutrition. In the tribal areas or among the poorer sections in the cities, the high

prevalence of diseases can be ascribed to poor living conditions like overcrowding and congestion. Nutrition standards also vary in the State and insufficient calorie intake at the formative stages of growth lead to higher mortality rates. About 57.4 per cent of rural and 54.8 per cent of urban households consume less than the required standard calorie intake of 2,700 per day. Nutritional deficiencies are more evident in women and children below 3 years and among the tribal populations. It is necessary, therefore, to improve the food security of the poorer people. Here the State could utilise and extend further the Integrated Child Development Services (ICDS) to cover more areas.

The challenge of HIV and AIDS constitutes one of the biggest hurdles for Maharashtra, which has among the highest incidence of this disease in India. HIV needs to be addressed as a regular development issue as its prevalence is closely related to poverty, migration patterns of labour, urbanisation and child mortality. It represents a formidable task that needs focused effort by clinics supplying blood, community education programmes, awareness campaigns and family planning bodies.

There is a wide gap in the healthcare infrastructure available in the rural and urban areas. Public investment and health expenditure is not only inadequate but has declined since the 1990's, lowering Maharashtra's position vis-à-vis the other States of India. The private health sector in Maharashtra is the largest in the country and better developed, especially in Mumbai, but the issues of quality and minimum standards need to be assessed. As far as the public sector is concerned, the non-availability of doctors and medicines, lengthy bureaucratic procedures and inadequate medical staff add to the problems. More resources are required, therefore, in the public domain to achieve better equity in health services with a special focus on children and their needs.

Education

In education, Maharashtra has developed a fairly progressive network of schooling opportunities. Modern Maharashtra's education system has been built on a strong historical tradition based on the enlightened vision of Shivaji, Mahatma Jyotiba Phule and subsequent leaders who accorded women and girls a valued place in society. In fact, a school for girls was established as early as 1848 by *Mahatma Phule*.

Within the State education budget, the proportion allocated for elementary education was around 45 per cent from 1988-89 to 1995-96; secondary education received about 40 per cent and the balance went towards higher and technical education. An impressive growth of institutions over the last 40 years has been accompanied by a steady growth in access to basic education. The average number of students in each primary school has risen from about 140 in 1970 to 190 in 2000, while the ratio of teachers to students has remained remarkably stable. In the case of secondary schools, the increase in schools was almost 100 per cent during the years 1980-1990, and almost all government teachers have received intensive training in the last 5 years. Educational opportunities have considerably widened for the youth of the State.

Enrolment levels of education have increased for both boys and girls, and the difference is much smaller than in most States until the higher levels of education. With access to education so easy the high dropout levels are disturbing. Data reveals that by Standard IV only 85 per cent of boys and 86 per cent of girls remain in school. These figures dip further for the higher classes and by Standard X only 47 per cent of boys and 40 per cent of girls remain in school. This gender based dropout rate needs to be addressed speedily.

To upgrade the system of education a constant restructuring of expenditure in favour of districts with poor educational participation or attainment levels needs to be done. Accurate data on school attendance and reliable estimates of learning and achievement need to be collected so as to build a dynamic system that provides a strong basic foundation for human development.

Gender Issues

Historically, Maharashtra has a better track record on women's rights than many other States of India. It has been pro-active in promoting policies for women's development and empowerment, so much so that the Maternity Benefits Act does not stipulate that to receive maternity benefits a woman has to be married. There are also many Centrally Sponsored Schemes, beneficial to women, but because State resources have been spread thin they have failed to make an adequate impact on the economic situation of women. While the government of Maharashtra recognises the need for special protection to women, the absence of sufficient data makes it difficult to monitor their policies and programmes.

Life expectancy for women in Maharashtra stands at about 65.4 years, higher than for men, which is 63 years. Only in 2 other Indian States, Kerala at 74.7 years and Punjab at 67.6 years, do women have a higher life expectancy rate. However, the sex ratio records declining trends - in 1901 it was 978 women to 1000 men, in 1991 it fell to 934 and in 2001 even further to 922. A deficit of this nature confirms that socio-economic conditions are weighted against women. The combined effect of increased male migration, decline in the number of girl children born and a high mortality rate for girls and young women only aggravates the problem.

This imbalance needs focused attention as Mortality Rates reveal the neglect of women in general and the girl child in particular. Nutritional deficiencies are well documented, particularly anemia in girls and women. There is a higher mortality rate in the age group of 15-19 years for women than men in the same age group. Early marriage, often before the legally prescribed age of 18, and teenage pregnancies pose high risks to these young women. It is essential, therefore, to ensure good health by providing adequate food, proper nutrition, safe drinking water, improving personal hygiene as also promoting integrated health services that include curative, preventive and rehabilitative services. Simultaneously, law enforcement agencies must penalise offenders and communities must be educated about the problems of early marriage and teenage motherhood. Family planning programmes should include education about the spacing of children, the choice for a woman to exercise birth control and the question of a preference for a son. Maternity management and awareness of sexually transmitted diseases have to become a part of health and population policy schemes.

To give women dignity, social identity and prestige it is important to provide them with work and an independent income. Agriculture, as elsewhere in the country, is the biggest employer of women in Maharashtra but their work is often undervalued, both by custom and perception. According to the 2001 Census, of the 12.7 million women working in rural areas 89 per cent are employed in agriculture, 41 per cent as cultivators and 48 per cent as agricultural labour. A small number of women work in the household industry and in other non-farm occupations. This significantly alters the popular image of the farmer as a man. It is also true that a larger proportion of women than men are employed in subsidiary and marginal work. More than half the women work as casual labour with no more than 1.5 per cent working on a regular basis. This results in great fluctuations between weekly and daily

wages in the peak and lean seasons of agricultural activity. This impermanent and insecure employment attracts the illiterate rather than the educated women and discourages them from enhancing their qualifications and skills.

In the urban sector only about 13 per cent of the female population is part of the work force. A large urban-rural gap has always existed, reflecting the different working conditions faced by women. The agricultural sector allows women to combine home management with outside work and requires relatively low skills and easy job training. In contrast, urban markets demand literacy, greater specialised skills as well as organised job training. Distances between home and work place, childcare requirements and longer working hours makes it difficult for many women to meet these demands, forcing them to take up self-employment. These self-employed are mainly domestic workers, hawkers and rag pickers making up 45.3 per cent of the work force, while regular employees make up only 33.3 per cent. Until literacy levels are not improved it will be difficult for a woman to enhance her earning capacity, or fully realise her potential for empowerment. It is noted that more girls drop out of courses at the higher educational levels than boys, though they do excel in the Higher School Certificate exams.

For 87.5 per cent of the women of Maharashtra the only domain where their writ runs is their kitchen. Almost half of them cannot seek healthcare for themselves, or visit and stay with parents and siblings without the permission of their husbands or family members. For 35.8 per cent of the women their earned income is controlled by the husband or other senior members of their family. This underlines the fact that women are not yet fully integrated in the social structure of society, despite Maharashtra's legacy of women playing a leading role in freedom struggles and political protests.

In Maharashtra, whether it is in gram Panchayats, Samities, or Zilla Parishads, a common practice is for elected women to hold the seat for a male member of the family. Often, the male is a husband, father, father-in-law or brother-in-law and rarely, a son. Almost invariably, the effort is to retain the reins within the family.

It is not uncommon for a woman to just sign away her authority to the upa-sarpanch, even if she is an elected sarpanch to fill a reserved slot because the powerful males dictate the terms. This practice is seen in a pronounced manner in municipal councils and Samities, where the male functions as a proxy to the woman who thereby has her legitimate rights curtailed.

It is hoped that as more and more women emerge in their own right to fill these posts, a trend that is beginning to strengthen, such rule by proxy would diminish and disappear.

At the policy level, Maharashtra is way ahead of many other States in the country, but gender development is not commensurate with the potential on account of the socio-political conditions. The benefits of growth must be shared equally among all people; the multiplier effect on society of an investment in women and their development must be accorded an important place in any strategy.

Conclusions on Human Development & Growth

- Sharp disparities exist across regions, districts and between the urban and rural areas in the fields of education, health and nutrition.
- Marathwada districts are the most backward and score low on the HDI
- The growth of the secondary sector, rise in employment in non-agricultural enterprises and more dispersed economic development is needed to further the structural changes.
- Access to amenities and social infrastructure like schools and healthcare facilities, specially in view of distances, are crucial to ensure their optimal use.

Areas that need focused attention:

1. Management of water resources
 - Conserve water for drinking and irrigation
 - Optimise water shares and increase equity in distribution
 - Increase the proportion of arable land under irrigation
2. Stabilisation of income potential from agricultural operations
 - Provide farm inputs to improve the productivity of land and predictability of incomes
 - Reduce the vulnerability of small farmers/farm labourers
 - Discourage the migration of unskilled labour to urban areas and encourage reverse migration
3. Empowerment of Women
 - Strict enforcement of the legally marriageable age, which would, in turn,
 1. *Improve their health*
 2. *Enable them to complete secondary education*
 3. *Correct the female-male ratio*
 4. *Delay childbearing tasks till they are ready*
 - Punish female foeticide
 - Eliminate the system of male-proxies for elected women and restore real power to women
 - Improve women's health to reduce anemia thereby facilitating birth of healthy children

4. Targeting of compulsory elementary education
 - Provision of school-based nutrition in a practical manner would
 1. *Improve their nutrition status*
 2. *Ensure attendance and facilitate learning*
 - Focus on immunisation and other health related programmes to improve child health
5. Improvement of healthcare
 - Extend Medicare facilities, especially in rural areas
 - Ensure such facilities grow in the public domain, with public funding
 - Make such facilities more accessible
 - Monitor the delivery capabilities and ethical aspects of the system
6. Enhance
 - Nutritional status of persons who currently consume less than 90 per cent of required calorific value per day
 - Food security by providing improved access for the poorer population to the PDS
 - Cover more eligible women and children under ICDS
 - Improve literacy levels by greater enrolment and by preventing neo-literates from relapsing into illiteracy