
UNIT 15 SOCIAL AND HUMAN DEVELOPMENT*

Structure

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15.0 OBJECTIVES

After going through this unit, you will be able:

- Explain the meaning of social and human development;
- Discuss the broad patterns of development in relation to education in Northeast India; and
- Elaborate upon the health system and delivery of health services in the region.

15.1 INTRODUCTION

Social Sector Development in North-East India (2021), edited by Ashok Pankaj et al., discusses social sector development or human development in different states of Northeast India. Emphasising the people-centric approach development, the book argues that the strategic goal of development should be capital formation through social sector development of Northeast India. This requires course correction in the earlier approaches of development towards the region. That approach was driven by the consideration of the national security and territorial integrity of India. The book argues in favour of a shift in the development policy from the “top-down”, “infrastructure-focused to bottom-up to people-centric and social sector development focused” towards the region. The book also critiques the mainstream understating of India, which treats Northeast India as a homogeneous, geographic entity, ignoring its regional variations and socio-cultural and ethnic diversity. It is important because the tertiary sector is

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more dominant than the other sectors of the economy in the region. As you will read in unit 16, there are two sets of argument about the development of the region and the role of the centre in it. One set of arguments suggests that the centre has neglected the opinion of the people of the Northeast while formulating the policies about the region. The Other argument underlines that the centre has allocated a lot of funds to the region. But it does not reach the targeted groups because of its misuse. This unit discusses the broad patterns in the social and human development in Northeast India.

15.2 SOCIAL AND HUMAN DEVELOPMENT: THE CONCEPTS

Development is a broad phenomenon. It involves the following aspects, each of which perhaps has its specific scope and theories. It can be categorised in the following way:

1. The transition in the form of economic and social systems, e.g. from agriculture to industry or other sectors; the transition mode of production or phase in the progress of history through measures like land reforms such as the disintegration of the traditional agrarian and social systems, etc.
2. Development as welfarism, e.g., development through the welfare schemes for poverty alleviation; affirmative action for the welfare of marginalised communities such as the SCs, STs, OBCs, EWS (Economically Weaker Sections), women; and special provisions for the backward regions such as the Northeast India.
3. Sectoral/infrastructural development: roads (Expressways, highways); industrial development (Industrialization/ Special Economic Zones (SEZs): cluster-based industrialisation; educational institutions and health system, etc.

A complete picture of development can emerge only when all these aspects are integrated. Each notion of development mentioned above emphasises a specific aspect. However, they overlap and converge on certain common aspects of development. Development became a popular theme following World War II. Its meaning in Economics was different from the one in Sociology and Political Science. In Sociology, development implied the transformation of social relations and social institutions from one stage to another or traditional to modern. In Political Science, it implied changes in political institutions and processes from traditional to modern or democratic. In such changes both modernity and traditions were expected to impact each other. In economic development predominantly implied economic growth. However, with the blurring of boundaries between different disciplines, the notion of development now shares common features among different disciplines in social sciences. Due to the influence of Amartya Sen and Mehabub Ul Haq, the notion and scope of development has become wider from the late 1980s. Unlike the concept of growth that focuses on income, Amartya Sen's concept views development in terms of human capabilities. Human beings become capable of taking decisions

about their matters if they get the education and proper health service. The development of capability among the people enables to enjoy freedom (Dreze and Sen 1995; Sen 1999). Deprivation from education and health leads to deprivation of capabilities among people. It undermines their democratic rights. The capability approach influences the United Nation's Human Development Reports from 1989. Several state governments in India include health and education as important indices of development in their states. The capability approach of human development does not neglect the role of growth. It takes contingency of both growth and capabilities developed by the impact of education and delivery of health services. This unit looks at the development in Northeast India in relation to achievement about education and health.

15.3 BACKGROUND

Social and human development is related to the tertiary sector of the economy. The other sectors are agriculture and industry. In Northeast India, the tertiary sector accommodates salaried population in banking, insurance, transport, communication, public administration and other services such as health, education, sanitation, etc. As you have read in unit 3, other sectors of the economy such as industry and agriculture in the Northeast play a less effective role than the tertiary sector. The predominance of the tertiary sector underlines the role of education and health – the indicators of social and human development. This sector employs human resources available in the region as well as migrants from other regions of the country. Despite the predominance of the tertiary sector, the region lacks adequate avenues for employing a large section of the people. This has led to the migration of the indigenous communities from the region to other parts of the country. Out-migration from the Northeast was insignificant until the 1990s. It became a trend in the post-reform period. Many of the out-migrants from the Northeast to the other regions are educated. It implies two things: one, improvement in social development in terms of getting an education; two, lack of economic opportunities to accommodate the educated youth.

Expansion of education in Northeast India can be traced to the colonial period. Modern education began with the efforts of the Christina Missionaries in the colonial period. The missionaries were encouraged to impart education in mother tongues and developed Roman script for tribals. By the first half of the twentieth century, a small section of educated people had emerged among certain tribes of the Northeast - the Nagas, Khasis, Mizos, besides a middle class which emerged among the Assamese. They got educated in Shillong, Calcutta (Kolkata) or Gauhati (Guwahati). English education created a middle class that joined government jobs and also fought against the British. Plain tribals formed associations. In Assam, they formed the Tribal League in 1933. The tribals demanded the establishment of the school and educational institutions for the tribal areas. The tribals also started “venture schools” in Assam (Doley 2021: pp. 151-153). The educated people belonging to the Naga and Mizos articulated their demands for cultural and social autonomy before the Simon Commission. Some

tribal leaders from the Northeast, such as J.J.M. Nichols Roy along with other leaders, participated in the Constituent Assembly debates. In the post-Independence period, the establishment of educational institutions in the region enabled a large section of the people from the region to avail themselves of the educational facilities. The availability of the educational institutions was confined to main cities such as Shillong, Guwahati or some other cities. There has not been equitable growth of educational institutions in all states of the region. Jayashree Doley's study shows that education has resulted in mobility among the youth of *Mising* tribe in Assam. It gave rise to an educated middle class among different sections, including the tribe such as *Mising*. It has also led to the generation of class heterogeneity among them and a shift from traditional occupations. Education has made them capable of fighting for their rights (Doley 2021). Educated women, individually as well as, as part of civil society organisations, play decisive roles in collective mobilisation in the region.

Check Your Progress 1

Note: i) Use the space given below for your answers.

ii) Check your answers with the model answers given at the end of the unit.

1) What is social and human development?

2) Trace the background of educational development in Northeast India.

15.4 EDUCATION

School education in terms of status, access, and outcomes has been discussed in the literature. A study by Saket Kushwaha et.al (2021) suggests differences in terms of the status of primary education across and within the states of Northeast India. The study observes that the socio-economic and geographic contexts have impacted the status of education in Northeast India. Because of the different geographic locations and socio-economic situations, the levels of achievement in education in different states have been different. Different levels are visible in relation to the following parameters: Accessibility of education through Gross Enrolment Number (GER), Net Enrolment Ratio (NER), Literacy rate, drop-out rate, etc.; supply-side factors such as the availability of the schools, pupil-teacher ratio; and differences in the outcome variables such as GER, NER, etc. It is acknowledged that the figures here are taken from the study of Kushwaha et al.

(2021). This study notes that according to the 2011 census, the literacy rate is highest in Mizoram (91.3), followed by Tripura (87.2 %), Sikkim (81.4 %), Nagaland (79.6%), Manipur (79.2 %), Meghalaya (74.4 %), Assam (72.2 %) and Arunachal Pradesh (65.4%). All India level literacy rate is 74.04 %. The states in Northeast India spend an increasing amount of per capita expenditure on education, sports, art and culture. It is highest in Sikkim, followed by Arunachal Pradesh, Mizoram and Nagaland for the years 2015-2016 to 2017-2018 (Kushwaha et.al., 2021, Tables 4.1, 4.3, 4.4). The less population of the state is positively associated with more expenditure on education, sports, art and culture. Performance in education in terms of outcome through variables such as Literacy Rate as per the 2011 census shows that Mizoram has the highest (91.3 %) literacy rate. It is followed by Tripura (87.2 %), Sikkim (81.4 %), Nagaland (79.6 %), Manipur (79.2%), Meghalaya (74.4%), Assam (72.2 %), and Arunachal Pradesh (65.4%) in an order (Kushwaha, et.al., 2021, Table 4.4). The remoteness of the state and it's being late starter are the reasons for low literacy outcomes in Arunachal Pradesh. Gross Enrolment Ratio (GER) shows "the ratio of the total number of children enrolled at a particular level of education, regardless of their age, to the total population of the age of that official group" (Kushwaha, et. al. 2021, p.103). In 2010-2011, Mizoram, Meghalaya and Arunachal Pradesh states had over 200 GER in the states of Arunachal Pradesh, Meghalaya and Mizoram. Over the years, the GER has been declining in the states of the Northeast. The decrease in the GER indicates a decline in the overage at the primary level of education. The decline in the GER is considered to be an indication of good primary education. There are different levels of accessibility to school education. The hilly terrain and inaccessibility to schools affect the GER in states such as Arunachal Pradesh and Meghalaya. Accessibility of education is better in Assam (Kushwaha et.al 2021, pp. 103-104). Northeast India has seen an increase in the Net Enrolment Ratio (NET) over the years. The drop-out rate indicates the percentage of students who were unable to complete their school education. Except in three states of Arunachal Pradesh, Mizoram and Sikkim, the drop-out rates at primary levels increased in the states of Northeast India between 2007-2008 and 2011-2012. Drop-out rates in classes 1-VIII and 1-X in the year 2011-12 were above the national level in Northeast India, except in Mizoram. The drop-out rate is high in Meghalaya, Assam, Manipur, Arunachal Pradesh, Sikkim and Nagaland. Tripura reports a drop-out rate equal to all India levels (Kushwaha, et.al 2021, p. 108).

Nirmali Goswami's study (2021) of educational attainment in Assam reflecting the "gender gap" shows parents' growing interest in sending their daughters to schools. Their number and proportion is more in the government schools than in the private schools. The preference of parents' choice of schools for their daughters is influenced by the cost of education, security and discipline. In the absence of joint families, working-class women prefer to send their daughters to schools instead of keeping them at home. Sending them to schools provides them security which is not possible at home because they have to go to work. Some even send their daughters to private schools because of security considerations.

Some parents even think that sending their daughters to schools will teach them to learn discipline (Goswami 2021).

15.5 HEALTH

This section is based on the studies of Shushanta Kumar Nayak and Geling Modi (2021), and Surajit Deb (2021). Compared to other regions of India, Northeast India has a better life expectancy and better child mortality rate. According to the NFHS-4 (2015-2016), the states in the Northeast have achieved a fifty per cent immunisation rate of children. This is so despite the fact that the region has poor infrastructure, difficult geographical terrain. The region inherited diseases such as diarrhoea, Malaria, tuberculosis, etc., from the colonial period. When a country became independent, Northeast India had negligible health facilities. The delivery of the health system is affected by whether the population is concentrated or scattered in an area and the availability of doctors. The areas which have a smaller population to be covered by a health centre get better health services and facilities. Arunachal Pradesh and Meghalaya have a high Infant Mortality Rate (IMR) and Crude Death Rate (CDR). In Arunachal Pradesh, a single doctor serves a larger population than in Meghalaya. Arunachal Pradesh has scattered human settlements. It makes the delivery of health services difficult for the people. The scattered human settlement in Arunachal Pradesh and the lack of doctors in Meghalaya are the causes of a high IMR and CDR.

Manipur, Mizoram, Nagaland and Sikkim have a low IMR. The lower population served by the doctors in Nagaland and Sikkim result in low IMR. In Nagaland, especially high female literacy rate along with a high number of doctors may be counted for low IMR. The IMR in Assam is the highest among the states in Northeast India, and it is above the national average. The principal reason for high IMR in Assam is linked to high risk in post-neonatal child care practices. Mizoram and Manipur have better health results. The main reason for this is high literacy rates and the “moderately better presence” of the doctors in these states. Overall, Northeast India has seen improvement in the delivery of health services over the years. But the health system still does not satisfy the health needs of the people in the region. People in the villages have to travel long distances to consult doctors. The health care system is available only in a few villages (Nayak and Modi 2021). Surajit Deb’s study (2021) examines the quality of health in terms of “anthropometric indicators” of malnourishment such as underweight, stunting, wasting and anaemic in Northeast India. The study notes that the states of Mizoram, Sikkim, Arunachal Pradesh and Nagaland have the lowest instances of underweight children. Some states have lower instances of child stunting, child wasting and anaemic or overweight children. The performance of states such as Mizoram, Nagaland and Sikkim has been spectacular in increasing child nutrition levels. The states of Assam, Manipur, Meghalaya, and Tripura lag behind in relation to several indicators about child health. Overall, most states in Northeast India have performed better than at all India levels in relation to malnutrition indicators such as stunting, wasting and anaemia.

Check Your Progress 2

Note: i) Use the space given below for your answers.

ii) Check your answers with the model answers given at the end of the unit.

1) Discuss the features of education development in Northeast India.

2) Explain the features of the development of the health system in Northeast India.

15.6 LET US SUM UP

Social and human development is about the development of capabilities among individuals to live their lives with dignity. Broadly, social and human development can be conceptualised as human development. This is possible by enabling people to lead a healthy and informed life. It is also about the relations among them. Healthy and knowledgeable persons are better able to debate their lives and critique the government's policies. They can contribute to the democratisation of society. Human development is different from economic development. The former is about the level of educational and health-related achievements, and the latter is about growth and sectoral development. Both focus on different aspects but are interrelated. Human development can be achieved if there is proper economic development in terms of the availability of employment opportunities, healthy and sufficient food, other needs of life, and a healthy environment. This, in turn, depends on the capability of the people to participate in a debate about the development of their life. Human development is measured by the level of the standard of health - IMR, CBR, CDR, etc., and educational achievements. The states of Northeast India lag the average national level of educational achievements. However, there are variations in the levels of human development in different states. Northeast India inherited certain diseases from the colonial period. Despite the constraints of regional backwardness and remoteness of villages from the main cities, the states in Northeast India have seen improvement in the health sector. However, there are variations with the states in terms of availability of health centres and the required number of doctors.

15.7 REFERENCES

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15.8 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1) Social and human development indicates the level of capability of people to be able to decide about their issues. It can be achieved by imparting education and health services to the people. Educated and healthy people can enjoy their democratic rights better. Social and human developments are indicated by the level of achievement of people in the fields of education and health.
- 2) Modern education in Northeast India can be traced to the colonial period. By the first half of the twentieth century, a section of educated people emerged among some tribal and the non-tribal communities in the region. They participated in the generation of political consciousness among their respective communities and articulating their concerns. However, the expansion of education was limited to certain cities. The expansion of education continued in the post-Independence period.

Check Your Progress 2

- 1) There are different levels of educational achievements in the states of Northeast India in terms of status, access, and outcomes in schools. The difference indicated in the parameters such as accessibility of education through Gross Enrolment Number (GER), Net Enrolment Ratio (NER), Literacy rate, drop-out rate, etc.; supply-side factors like availability of the schools, pupil-teacher ratio; and differences in the outcome variables such as GER, NER, etc. According to the 2011 census, the literacy rate is highest in Mizoram (91.3%). The remoteness of the state, hilly terrain works as a limitation in the development of education in the region. Cost of education, security to girls, and discipline influence the decisions of working-class mothers' to send their daughters to schools in some particular areas. Education has also resulted in mobility and class divisions among the tribe, such as *Mising*.
- 2) Northeast India has a better life expectancy and better child mortality rate than other regions of the country. The states in the Northeast have achieved a fifty per cent immunisation rate of children. The concentration of population, availability of doctors impact the delivery of health services. There are differences in different states in relation to different parameters. For example, Arunachal Pradesh's scattered human settlement makes health service delivery difficult in the state. In Nagaland, high literacy among results in low IMR. Assam has high IMR because of high risk in post-neonatal child care practices