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# THE CAUSAL RELATIONSHIP BETWEEN HEALTH AND POVERTY IN INDIA

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## ABSTRACT

Health is an important indicator of Human Development. Health is an essential input for the development of human resources and quality of life and in turn the social economic development of the nation. In development strategy, human resource development plays a key role in the country with a large population. Health, education, nutrition, sanitation, hygiene etc. determine human resource development The World Health Organisation has defined health as “a state of complete Physical, Mental and Social well being and not merely absence of diseases or infirmity”. Health is a basic need along with food, shelter and education. The wealth of a nation is sum total of the health of its citizens, communities and settlements as well as the overall climate within which the citizen and communities live. The Health status of any country is measured in terms of life expectancy, mortality rate, fertility rate. This in turn depends on other factors like per capita income, nutrition, sanitation, safe drinking water, social infrastructure, medical care facilities, employment status, poverty etc and further it has impact on the health of individual. So there is a direct relationship between health and economic development of a country.

The Global Hunger Index 2012, ranked India 65$^{th}$ position out of 79 developing countries. Nutritional intake report shows that 2/3 of the Indian is eating less than required amount. India has the largest number of undernourished people in the world, highest levels of child malnutrition, over 47% are underweight children and over 46% are stunted in their growth which is greater than poverty stricken Sub-Saharan African Countries. Poor nutrition or micro nutrient deficiencies is main cause for mortality. This micro nutrient deficiencies or Hidden hunger is much more widespread than hunger. The GHI 2021 shows that India occupies 101$^{st}$out of 116 countries with a score of 27.5 and facing a serious level of hunger

Despite of improved health trend in the economic growth rate in India over several years, diseases are main causes for poverty and widespread hunger and malnutrition and are consequences of rampant poverty in India. Thus, there is need to analyses, the link between poverty and health because long term illness and extreme illness can drive even the non- poor in to poverty.

**Key words:** Human Resource, Health, Poverty, Global hunger Index, Nutrition, Calorie intake

## INTRODUCTION

Health is an important indicator of Human Development. Health is an essential input for the development of human resources and quality of life and in turn the social economic development of the nation. In development strategy, human resource development plays a key role in the country with a large population. Health, education, nutrition, sanitation, hygiene etc. determine human resource developmentThe World Health Organisation has defined health as"a state of complete Physical, Mental and Social wellbeing and not merely absence of diseases or infirmity". Health is a basic need along with food, shelter and education. The wealth of a nation is sum total of the health of its citizens, communitiesand settlements as well as the overall climate within which the citizen and communities live. The Health status of any country is measured interms of life expectancy, mortality rate, fertility rate. This inturn depends on other factors like percapita income, nutrition, sanitation, safe drinking water, social infrastructure, medical care facilities, employment status, poverty etc and further it has impact on the health of individual. So there is a direct relationship between health and economic development of a country. Thus health contributes of economic development; economic development improves the health status of the population in the Country. An investment on health increases the productive capacity of the working population which leads to rise in income levels and thereby reduces the poverty.

Poverty is caused by poor health, further reinforces ill health, poverty leads to low food intake, nutritional deficiencies, deprivation of basic amenities like sanitation and clean drinking water cause infections. Therefore, poverty and ill health are closely inter- related and inseparable. The total world population is 7 billion. About 805 million people,one in nine people worldwide – remain chronically hunger.Of these, only about 14 million of the world's hungerlive in Developed Countries.

India is also suffered from this hidden hunger problem because it is Second highly populated country with 121 million. Majority of the people live in villages where poverty persists. Main reason behind wide disparities in Socio – economic development of the Country is poor health Status which leads to poverty situation. Despite India being one of the ten fastest growing economies of the world, it accounts about 17% of the world's population and it is home for over one –third of the world's poor people and Contributes $1/5^{th}$ of the world's share of diseases.According to Census report of 2011, in India, only 32% of the households had access to tap water from a treated source. About 74% of household does not have hygienic Sanitation facilities in their houses. Open defecation is much or all of

excess Stunting among children in the Country.According to MDGS (Millennium Development Goals) report of 2012, nearly 231 million Indians continue to live in hunger even as the country strives to meet the first MDG of lowering extreme of poverty by half between 1990 and 2015.

According to WHO study, India is estimated to lose more than $2.37 billion of its GDP over the period of 2006-15 on account of premature death and morbidity from Non – Communicable diseases alone. Nearly 37 million people fall below poverty line due to high expenditure on health services they have to incur. For Poor people, health is their only productive asset. Falling sick puts a double burden on them in terms of loss of income and expenditure on health Care which pushes them further in to debt and poverty.

## REVIEW OF LITERATURE

B.B.Waddy(1981)analyse the epidemic diseaseCerebro-Spinal Meningitis (CSM) caused by an organism which spread through respiratory route in sub-Saharan region. It is disease of season. It was still at its peak in the first rainfall. This disease is symptom of poverty, associated with housing conditions and lacks and blankets, it immobilised skilled active worker at a crucial time of year. It depressed the farming output and created more poverty in its wake. It is further evident that from east Africa also the even malaria declined in correlation with rise in the standard of living. He suggested continuous campaigning against individual mass disease and development reduced poverty throughout a community and in conquest of disease.

According to the caloric norms approach of planning commission, the percentage of people living below the poverty line in rural areas was 56.8 percent and 47.9 percent in urban areas and all India level it was 55.2 percent in 1960 – 61. It declined to 33.4 percent in rural areas, 20.5 percent in urban areas and 29.9% country as whole in 1987 – 88. During the decades of sixties and seventies, the percentage of population living below poverty line in the country was fluctuating but the fluctuation was around 50 percent in the rural areas of India.

Singh. R (2012) highlighted and educated people about the mitigation of poverty from the globe. Government has limited resources for poverty reduction programmes. Most of the antipoverty policies and programmes suffer from human diseases like discriminations corruptions and selfishness. The aim of the antipoverty policies and programmes should improve the quality of lives on the globe for all by reducing the rate of population growth and increasing the percapita income, level of education, expectancy of life and health care and lowering the infant mortality rate and the rate of teen pregnancies and eliminating discriminations and all sorts of corruptions from the globe.

Meenakshi and Brinda Vishwanathan (2003)focused calorie deprivation in rural areas of 16 states between 1983 to 1999-2000. The analysis is based on the NSSO household level data of consumer expenditure survey. The sample comprised of nearly 80,000 household in 1983 and 70,000 households in 1999-2000. Three alternative norms were used to find out the calorie deprivation in the rural areas. They are 1800 calories, 2400 calories and 2200 calories. The average intake were below 2400 calories in all but in northern region, six states had above the norms. By 1999-2000, intake had declined in all states except Kerala, Orissa and west Bengal.

The Global Hunger Index (GHI) 2012, ranked India 65th position out of 79 developing countries. Nutritional intake report shows that 2/3 of the Indian is eating less than required amount. India has the largest number of undernourished people in the world, highest levels of child malnutrition, over 47% are underweight children and over 46% are stunted in their growth which is greater than poverty stricken Sub-Saharan African Countries. Poor nutrition or micro nutrient deficiencies is main cause for mortality. This micro nutrient deficiencies or Hidden hunger is much more widespread than hunger. The GHI 2021 shows that India occupies 101st out of 116 countries with a score of 27.5 and facing a serious level of hunger. It uses four key indicators to measure progress towards zero hunger by 2030 at global, national and regional levels. They are undernourishment, child stunting, child wasting and child mortality.

Despite of improved health trend in the economic growth rate in India over several years, diseases are main causes for poverty and widespread hunger and malnutrition and are consequences of rampant poverty in India. Thus, there is need to analyses, the link between poverty and health because long term illness and extreme illness can drive even the non- poor in to poverty.

## OBJECTIVES

- To study the health indicators affecting the economic growth of a country.
- To analyse the trends of nutritional intake in India.
- To examine the child nutrition indicator in India.
- To find out the incidence of poverty in India.
- To study the trends of GHI in india

## METHODOLOGY

The present study is based on secondary data which is collected from various Books, Journals, Magazines and Websites.

**TABLE NO -1**

**HEALTH INDICATORS OF INDIA**

| Year | Crude Birth rate | Crude Death rate | Total fertility rate | Infant mortality rate |
|---|---|---|---|---|
| 1951 | 40.8 | 27.4 | 6 | 183 |
| 1961 | 40.9 | 22.8 | 5.5 | 146 |
| 1971 | 41.1 | 18.9 | 4.9 | 129 |
| 1981 | 33.9 | 12.5 | 4.5 | 110 |
| 1991 | 29.5 | 9.8 | 3.6 | 80 |
| 2001 | 25.4 | 8.4 | 2.5 | 66 |
| 2011 | 21.8 | 7.1 | 2.4 | 44 |
| 2012 | 21.6 | 7 | 2.4 | 42 |
| 2013 | 21.4 | 7 | 2.3 | 40 |
| 2014 | 21.0 | 6.7 | 2.3 | 39 |
| 2015 | 20.8 | 6.5 | 2.3 | 37 |
| 2016 | 20.4 | 6.4 | 2.3 | 34 |
| 2017 | 20.2 | 6.3 | 2.3 | 33 |

Source: Secondary data

The table No.1 shows that health parameters like crude birth rate, crude death rate, total fertility rate and infant mortality rate are showing decadal decreasing trends from 1951-2011. From2012 onwards the crude birth rate and crude death rate decrease at slow rate( 1point percentage).Total fertility rate was stable after 2012 whereas the infant mortality rate decreased by 9 percentage from 2012-2017.This is an indication of social development. These parameters are most important yardstick in assessing the status and standard of living of population of an economy.

**TABLE NO - 2**
**TRENDS OF NUTRITIONAL INTAKE IN INDIA**

| Year | Calories(kcal) Intake per capita per day | | Protein(gm) Intake per capita per day | | Fat(gm) Intake per capita per day | |
|---|---|---|---|---|---|---|
| | Rural | Urban | Rural | Urban | Rural | Urban |
| 1983 | 2221 | 2089 | - | - | - | - |
| 1993-1994 | 1253 | 2071 | 60.2 | 57.2 | 31.1 | 42 |
| 1999-2000 | 2149 | 2156 | 59.1 | 58.5 | 36.1 | 49.6 |
| 2004-2005 | 2047 | 2020 | 57 | 57 | 35.5 | 47.5 |
| 2009-2010 | 2020 | 1946 | 55 | 53.5 | 38.3 | 47.9 |
| 2011-2012 | 2099 | 2058 | 56.5 | 55.7 | 41.6 | 52.5 |

Source: Secondarydata

The table No.2 shows that the consumption of per capita per day for calorie, protein & fats is low or less than required level of consumption which reduces the nutritional status of the individual and thereby their productivity. People do not able get even two meals a day cannot dream for balanced and nutritious diet. Oneof threshold to measure poverty in India is calorie intake estimated by the task force of planning commission in 1979 as the nutritional requirements of 2400 calories per capita per day for rural areas and 2100 calories per capita per day for urban areas. By comparing the task force estimate with nutritional intake from 1983-2012 the calorie intake per capita per day for rural and urban areas are low except urban in the year 1999-2000.

**TABLE NO :-3**

**CHILD NUITRITION INDICATORS (% OF UNDERNOURISHED CHILDREN)**

| **Indicators** | **1975-1979** | **1988-1990** | **1996-1997** | **2000-2001** | **2004-2005** | **2015-2016** |
|---|---|---|---|---|---|---|
| **Weight forAge** | | | | | | |
| **Below 2SD** | 77 | 69 | 62 | 60 | 55 | 35.7 |
| **Below 3SD** | 37 | 27 | 23 | 21 | 18 | - |
| **Height for Age** | | | | | | |
| **Below 2SD** | 79 | 65 | 58 | 49 | 52 | 38.4 |
| **Below 3SD** | 53 | 27 | 29 | 26 | 25 | - |
| **Weightfor Height** | | | | | | |
| **Below 2SD** | 18 | 20 | 19 | 23 | 15 | 21 |
| **Below 3SD** | 2.9 | 2.4 | 2.5 | 3.1 | 2.4 | 7.5 |

Source: Secondary data

The table No.3 shows that child under 2 and 3 years has malnutrition and under nourishment problems. The trend shows decreasing trend in weight for age. The height for age and weight for height of child shows decreasing trend from 1975 -2016.

**TABLE NO:4**

**DIRECT ESTIMATES OF POVERTY LINE AT MRP( Calorie Intake)**

| | **Rural** | | **Urban** |
|---|---|---|---|
| **Year** | **2400** | **2200** | **2100** |
| 1973-1974 | 56 | 49 | 65 |
| 1983 | 120 | 100 | 147 |
| 1993-1994 | 325 | 260 | 398 |
| 2000-2005 | 800 | 575 | 1000 |
| 2009-2010 | 1570 | 1075 | 2000 |

Source: Secondary data

The table no. 4 shows that both rural and urban population consumes below the required calorie intake in India. This reduces income and results in the low health status and low productivity. Thereby leads to poverty situation.

**TABLE NO - 5**

**POVERTY IN MAJOR CITIES 1993-1994-2009-2010**

| | **Calories intake in official Poverty** | | | **% of Persons** | | | **OPL ratio** | | |
|---|---|---|---|---|---|---|---|---|---|
| **States** | **1993-1994** | **2004-2005** | **2009-2010** | **1993-1994** | **2004-2005** | **2009-2010** | **1993-1994** | **2004-2005** | **2009-2010** |
| **Delhi** | 1770 | 1710 | 1400 | 35 | 57 | 92 | 16.1 | 15.2 | 14.4 |
| **Maharashtra** | 1865 | 1715 | 1700 | 52.5 | 85 | 82 | 35 | 32.2 | 18.3 |
| **Tamil Nadu** | 1785 | 1685 | 1730 | 69 | 70.5 | 76 | 39.9 | 22.2 | 12.8 |
| **Uttar Pradesh** | 1850 | 1735 | 1650 | 49 | 67.5 | 82 | 23 | 14.8 | 22 |
| **All India** | 1885 | 1795 | 1720 | 57 | 64.5 | 73 | 33.2 | 25.7 | 20.9 |

Source: Secondary data

The table No.5 shows that poverty level in major states. Calorie intake, Number of persons below poverty line and Official poverty line are high in Delhi compared to other states in the country.

**TABLE NO -6**

**GLOBAL HUNGER INDEX**

| Year | India's Rank | Number of countries analysed |
|---|---|---|
| 2011 | 67 | 122 |
| 2012 | 65 | 120 |
| 2013 | 63 | 120 |
| 2014 | 55 | 120 |
| 2015 | 80 | 117 |
| 2016 | 97 | 118 |
| 2017 | 100 | 119 |
| 2018 | 103 | 132 |
| 2019 | 102 | **117** |
| 2020 | 94 | 107 |
| 2021 | 101 | **116** |

Source: Secondary data

Table No -6 shows that India's rankin GHI has worsened in the last 10 years. The country's rank has become quite poor since 2016. It was in 97th position out of118 countries now it was ranked 101 out of 116 countries in GHI 2021 and country faces a serious level of hunger with 27.5 points.

**TABLE NO -7**

**INDICATORS OF GLOBAL HUNGER INDEX IN PERCENTAGE**

| Indicators of GHI | 2000 | 2006 | 2012 | 2021 |
|---|---|---|---|---|
| Under nourishment | 18.4 | 19.6 | 15 | 15.3 |
| Child Stunting | 54.2 | 47.8 | 38.7 | 34.7 |
| Child Wasting | 17.1 | 20 | 15.1 | 17.3 |
| Child Mortality | 9.2 | 7.1 | 5.2 | 3.4 |

Source: Secondary data

The proportion undernourishment, child stunting and mortality shows a decrease trend whereas child wasting shows fluctuating trend which assesses the level of hunger in a country.

**FINDINGS:**

- There is a decrease in trends in health indicators. It indicates social development in the country by investing in health and education.
- Nutritional intake shows that both rural and urban population consumption is less than the required level of the country.
- Calorie intake and Protein intake are less comparative to fat. Fat intake is one of the causes for non communicable diseases like hypertension, heart diseases etc,
- Undernourishment of children below 2 years and 3 years are high.
- The calorie intake of both urban and rural population is less compared to national per capita calorie intake.
- The number of poor in major states is high in terms of calorie and official poverty line ratio.
- India's rank in GHI is worsened and it faces the problem of serious hunger.
- The key indicators assess the GHI score from extreme hunger to no hunger. In India , it shows a fluctuating trend.

**SUGGESTIONS:**

- Safe drinking water and nutritious intake can combat incidence of morbidity in short term.
- Quality public health services should be provided to poor to eradicate poverty.
- Health education should be given in communicable diseases.

**CONCLUSION:**We all know that health is the fundamental for national progress in any sphere. So health is considered a fundamental human right.To large extent the dreadful diseases are controlled by science and technology. In India general health standard is quite low due lack of nutritious diet, inadequate medical care and under unhygienic environment. Frequent illness, infant mortality and terminal diseases and the major problems affecting the health of the people in the country affects the social and economic condition of the population in terms of reducing the purchasing capacity to secure the basic necessities such as food , shelter, education,and perpetuating a cycle of poverty. The cycle of poverty has linked to higher prevalence of many health conditions. Poverty is a key drivers for non communicable diseases in turn exacerbates poverty, the creating a vicious circle in the country. Thus basic cause for poor health of population in the country is widespread poverty.

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