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Status of social well being in Uttar Pradesh: A comparative analysis

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Abstract

The infrastructure development of any country includes both economic infrastructure development that is development of various sectors like energy, power, telecom, transport, InfoTech, finance etc as well as social infrastructures including education and health issues. The social infrastructure in India includes education system, health care, the management of the education and health services in India, that form the basic social infrastructure definition. In India development is incomplete without social development. Uttar Pradesh is the second largest and most populous state of India. Despite the sign of recent progress, the state is still facing challenges in social infrastructure like education, health, social welfare. The present study represent the status of Uttar Pradesh which is one of the most backward state in India in terms of educational as well as in basic health care infrastructural development. These variations are not only inter-region but also intra-regional variations. The present paper attempts to analyse the existing inequality between the districts of state. Though from all the basic indicators of social well being, education and health infrastructure facilities were taken to analyse the result. The paper investigates the problem using secondary sources of data. Statistical techniques and GIS technique for map making is used to analyse the result.

Keywords: Social wellbeing, health care infrastructure, educational development, social infrastructure, Uttar Pradesh

Introduction

The Welfare Approach gives broader shift in societal concern from narrow economic criteria of development to broader aspects of the quality of life. The Well Being concept is heralded by D.M Smith with the basis of "who gets what where and how". In the theory, "who" refers to all individuals within society, while the "what" represents the utility or satisfaction (positive or negative) derived from the various good (or bad) which people consume or experience. "Where" element is the optimal spatial distribution of sources of satisfaction within a society (Smith 1972). Another aspects of Well Being is defined by Steward (2000) in terms of 5 dimensions and these dimensions are: material well being, health, education and literacy, participation in the productive sphere, and participation in the social sphere, claiming that this definition is widely used and accepted, although with variations. Applying this approach in India will have to include ownership of basic amenities as well as access to quality of life factors like hygiene, education and health care (Bhinje. R & Kapoor. H 2010) [2]. The NSSO created a Well Being Index for India using eight key categories, these are: Home amenities, kitchen facilities, education, hygiene, entertainment, communication, transportation and health care. India inspite of recent improvements still ranks 89th in basic infrastructure as per the Global Competition Report (2011-12) this indicates poor development compared to other countries of the world. Education and health care infrastructure are the main indicators of well being concerned in this paper. The present paper focuses the Uttar Pradesh State as a main thrust area of the problem. Uttar Pradesh is the fourth largest and most populous state of the country. The state is most backward state with respect to other states of the country as it ranks 161 in HDI next is only Bihar with 163 ranks in HDI (UNDP 2015). This shows the lowest development of the state in all the spheres of Human Development. At all India, in state wise enrollment and reading outcomes with primary education in rural areas Uttar Pradesh stands amongst the low position holders (ASER 2014). The state average literacy rate is 70 percent which lies below the national literacy level of around 74 percent in 2011 (census 2011).

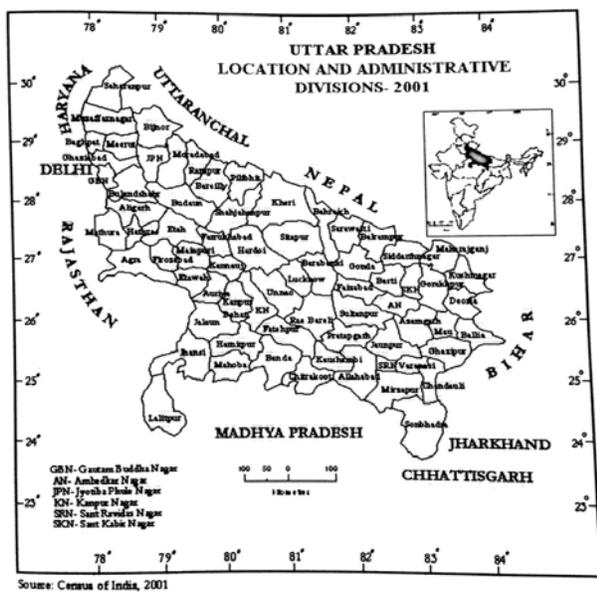
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An evaluation study of NHRM 2011 conducted in seven states (Uttar Pradesh, Madhya Pradesh, Jharkhand, Odisha, Assam, Jammu & Kashmir, Tamil Nadu) assessed the level of shortfalls faced by some of these in health personnel. There was 70 percent shortage of skilled health personnel in the state. The present paper represents the status of Uttar Pradesh with respect to educational as well as health care services as a main constituent of social well being. The variations in the state are not only inter-regional but also it is intra-regional as well. This paper attempts to analyse the existing inequality exist between the districts in terms of social infrastructure development.

Objectives

1. The main objective of the paper is to analyse the current status of the state with respect to social infrastructure development.
2. To give a comparative analysis within the districts or intra-regional disparity in the state.
3. To compare the progress of social infrastructure development with respect to health care and education between the Western and Eastern districts of Uttar Pradesh.

Study area



Uttar Pradesh is India’s fourth largest and most populous state, located in the north-central part of the country. The state is situated between 23°52’N and 31°28’N latitudes and 77°3’ and 84°39’E longitudes. It is bordered by Rajasthan to the west, Haryana, Himachal Pradesh and Delhi to the north-west, Uttarakhand and Nepal to the north, Bihar to the east, Madhya Pradesh to the south and touches the states of Jharkhand and Chhattisgarh to the south-east. It covers 243,290 sq.km, equal to 6.88%of the total area of India. As per census 2011, the total population of the state is 199812 thousand. Uttar Pradesh is primarily an agrarian economy with more than 60 percent of population depends on agriculture for their livelihood. 77 percent population of the state lived in rural areas and 22 percent population lived in urban areas. Of the total rural population male population accounted for 52.1 percent and female accounted for 47.8 percent. The male population of the total urban population is

52.7 percent and female population is 47.2 percent. The density of population was 828 people per square kilometer and the sex ratio was 908 women per thousand men in 2011. The literacy rate of the state is 70 percent with male literacy rate is 79.24 percent and female literacy rate is 59.26 percent. The state is divided into four divisions namely Western, Eastern, Central and Bundelkhand. In total the state has 75 districts, 327 tehsils, 822 blocks and 107452 revenue villages. Out of which 30 districts comes under western division, 28 districts under eastern division, 10 districts in central division and 7 districts in Bundelkhand division.

Data base and Research methodology

The present work is based on the secondary sources of data. The data is collected from different government sources, which include the Statistical Abstract (2013) [7], Sankhikya Patrika (2013) [6] Uttar Pradesh, census of India (2011). The collected data were organized, tabulated, and the result were analysed with the help of statistical techniques. To determine the levels of health care and educational development following indicators are taken into consideration:

Health care infrastructure: Number of Allopathic Institutions, Number of Beds in Hospitals, Number of Government Doctors.

Educational development: Number of recognized Institutes (universities, Degree College, senior secondary, upper primary, primary), number of teachers (Degree College, senior secondary, upper primary, primary), number of students (enrolled in degree college, senior secondary, upper primary, primary).

For the analysis of development in health care infrastructure and educational development Z score statistical technique was used. This method was applied to transform data of each variable into a standard score.

$$Z_i = \frac{x_i - x}{sd}$$

Where Z_i = standard score of the i^{th} observation.
 x_i = actual value of the i^{th} observation.
 x = mean of the value of x variable.
 sd = standard deviation of x variable.

Further the results of the standard score obtained from different indicators were aggregated by composite standard score that will indicate an index of well being development in terms of health care infrastructure and educational development. This may be expressed as

$$CSS = \sum z_{ij} / N$$

CSS = composite mean Z score
 Z_{ij} = Z score of variables
 j = in observation
 N = number of variables

In order to classify the districts to their level of development on the basis of composite score, have been classified into three levels of development, High (the value of high ranges from above +0.50) medium (ranges from -0.50 to +0.50) low (below -0.50).

Results and Discussion

The overall performance of the state with respect to health care and educational development is not satisfactory. A variation in the health care facilities and educational facilities within the state is unexpectedly high. In health care infrastructure development, point should be noted that up to 46 percent of the districts performing below the state average, it is the major point of concerned.

Health Care Infrastructure Development

Table 1: Level of Health Care Development

Category	Name of the districts	No. of Districts (%)
High Above +0.40	Moradabad, Meerut, Aligarh, Agra, Bareilly, Lucknow, Kanpur Nagar, Jhansi, Allahabad, Barabanki, Gorakhpur, Azamgarh, Gazipur, Varanasi	14(20%)
Medium -0.40 to+0.40	Saharanpur, Muzaffarnagar, Bijnor, Rampur, Ghaziabad, G.B.Nagar, Bulandshahr, Mathura, Badaun, Shahjahanpur, Kheri, Sitapur, Hardoi, Unnao, Raebareilly Etawah, Fatehpur, Pratapgarh, Kaushambhi, Faizabad, Sultanpur, Bahraich, Gonda, Siddharthnagar, Basti, Maharajganj, Kushinagar, Deoria, Balia, Jaunpur, Mirzapur.	31(44%)
Low Below -0.40	Amroha, Etah, Baghpat, Hathras, Firozabad, Mainpur, Pillibhit, Farukhabad, Kannauj, Auraiya, Kanpur Dehat, Jalaun, lalitpur, Hamirpur, Mahoba, Banda, Chitrakut, Ambedkarnagar, Shrawasti, Balrampur, Santkabirnagar, Mau, Santravidasnagar, Sonbhadra.	25(35%)

The above table 1, shows the overall level of health care infrastructure development in the state. The results findings show that the overall performance of the state is very pathetic. Only 14 districts (i.e only 20 percent) out of 70 districts from the state made place under high category of development. Lucknow with 3.36 score is well equipped with health infrastructure facilities as it is the capital city. The condition of the state is rather more dismal as 25 districts (i.e 35 percent) of the total 70 districts are

categorized under low level of development. Shrawasti scored lowest with (-0.99) in overall indicators of health infrastructure development. Most of the districts of Western Uttar Pradesh lies in the category of High and medium category of development. 7 districts from the Western region where as 18 districts are from the Eastern region, this shows the intra-regional disparity within the districts with respect to development as most of districts lies in low category are the Eastern districts.

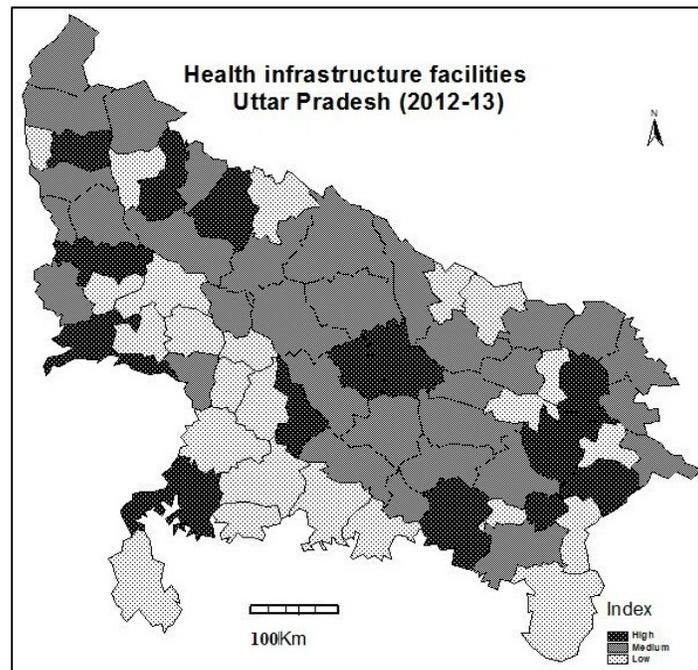


Fig 1: map of Uttar Pradesh

Educational development

Table 2: Level of Educational Development

Category	Name of the districts	No. of Districts (%)
High Above +0.37	Bijnor, Moradabad, Meerut, Aligarh, Aligarh, Agra, Bareilly, Sitapur, Hardoi, Lucknow, Kanpur Nagar, Pratapgarh, Allahabad, Gorakhpur, Deoria, Azamgarh, Jaunpur, Ballia, Ghazipur, Varanasi.	19(27%)
Medium -0.37 to+0.37	Saharanpur, Muzaffarnagar, Rampur, Amroha, Ghaziabad, G.B Nagar, Bulandshahr, Mathura, Etah, Firozabad, Mainpuri, Badaun, Shahjahanpur, Kheri, Unnao, Farrukhabad, Kanpur Dehat, Jhansi, Fatehpur, Barabanki, Faizabad, Ambedkarnagar, Sultanpur, Bahraich, Gonda, Kushinagar, Mau, Mirzapur	28(40%)
Low Below -0.37	Baghpat, Hathras, Pillibhit, Raebareilly, Kannauj, Etawah, Auraiya, Jalaun, Lalitpur, Hamirpur, Mahoba, Banda, Chitrakut, Kaushambi, Shrawasti, Balrampur, Siddharthnagar, Basti, Santkabirnagar, Maharajganj, Chandausi, Santravidasnagar, Sonbhadra.	23(32%)

From the table 2 it is clear that, at educational level of development, picture is not different from the health infrastructure development. The overall performance of educational development is not satisfactory in the state. 19 districts out of 70 districts i.e only 27 percent of the districts lies in high level of development. Lucknow in this also ranked at the top position with the 2.04 score among all the districts with better education facilities. 32 percent of the districts i.e 23 districts hold the position of low level of educational development in the state, this shows that situation is not good with education system. Mahoba among all the districts possessed the lowest position with the score of -1.26, i.e situation is worst in the district with low level of development in all indicators of educational development. This is also clear from the results that, districts lies in the high and medium category of development mostly are the Western districts as compared to the Eastern districts. Only 3 (Baghpat, Hathras, Pillibhit) districts from the Western region and rest of the 20 districts are from the Eastern region lie in the low category of development. This also shows the level of regional disparity within the state i.e intra-regional disparity and it is the point of concerned that should be recognized.

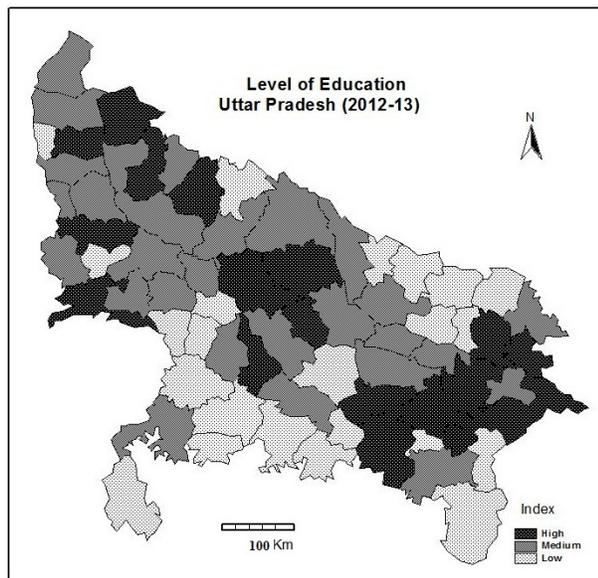


Fig 2: map of Uttar Pradesh

Conclusion and Suggestions

The overall performance of the state with respect to the social wellbeing status is not satisfactory. Uttar Pradesh in terms of both health care infrastructure and educational development is facing almost the same condition, both the concerned area need to be focused for the betterment of the society. Health care infrastructure development in the state is very challenging as 46 percent of districts perform below the state average. Out of 70 districts, only 14 districts in the state are well equipped in the development of health care facilities, but situation is worst because 25 districts in the state gives pathetic situation as they have position themselves in low level of development. In educational development scenario, situation is not different from the health care facilities. Only 19 districts are performing well in the educational development and at least 23 districts performing low in the development. Lucknow with the highest score in both health care and educational

development ranked at top position among all the districts, where as Sravasti in health care infrastructure and Mahoba in educational development with low score rank at lowest position among all the remaining districts. Western districts as comparison to the Eastern districts secure good positions in both development fields as these are the districts who holds the positions in the both high and medium category of development, where as Eastern districts lies in the lowest category of development in both field of development. This situation shows the worst condition with respect to development as intra-regional disparity is unexpectedly high in the state. For the society to grow with better amenities needs improvement in all the spheres of development. For the betterment of the society each and every single unit should be develop with same enthusiasm as the others parts of the country. This requires greater commitment on the part of the government to create the basic facilities and increased role of education institutions, media, and social activists to create better opportunities in the development of the societies.

References

1. Anand M. Health status and Health Care Services in Uttar Pradesh and Bihar: A Comparative study, Indian Journal of Public Health, 2014, 58.
2. Bhinje R, Kapoor H. Well Being in India: disparity and surprises across districts, TATA Strategic Management Group, Mumbai Census of India, 2010-2011.
3. Economic Survey, Government of India, Ministry of Finance, Department of Economic Affairs, 2015.
4. Smith DM. Who Gets What Where and How: A Welfare Focus for Human Geography, Geography, 1974; 59(4):289-297.
5. Gallaway S *et al.* Well-Being and Quality of Life: Measuring The Benefits of Culture and Sport: A Literature Review and Think piece, Scottish Executive Social Research, 2005.
6. Sankhikya Patrika. Uttar Pradesh, 2013.
7. Statistical Abstract. Uttar Pradesh, 2013.
8. State Agriculture Profile of Uttar Pradesh, Agro Economics Research Centre, University of Allahabad, 2015.
9. The State Profile, PHD Chamber of Commerce and Industry, New Delhi, 2011.