

**ABSTRACT ON**  
**HUMAN DEVELOPMENT IN ASSAM: A STUDY IN THE TRIBAL**  
**INHABITED DISTRICT OF KOKRAJHAR**

Socio-Economic philosophers of the eighteen century were much concerned about development, which according to them must be evaluated on the basis of how far it has been succeeded in enhancing the quality of human life (UNDP, 1990: 9). However, by the middle of the nineteenth century when Development Economics had emerged as a full- fledged branch of Economic Science, in development debates, income and investment occupied the prime positions ignoring how far they have succeeded in changing the quality of human life. From the experience of several countries by last twenty century it has been realized that there is no automatic link between the level of income and the state of human welfare, and which had prompted the socio-economic experts to look for alternative development paradigms, leading to the emergence of the human development approach to measure quality of life. In short, human development refers to the expansion of people’s choices by enhancing their capabilities and functioning. It aims at enabling environment in which people’s capabilities can be enhanced and the range of their choices are expanded with a sustainability and gender equity. Pakistani Economist, Nobel laureate Mahbub Ul Haq challenged the conventional wisdom and asserted that there were no automatic links between economic growth and human development. Economic growth is necessary, but not a sufficient condition for human progress. Government needs to actively focus on human development goals; and direct and use their resources efficiently so that economic growth leads to the empowerment of people (**Haq, 1996**).

There has been wide spread poverty, low level of educational attainment, vast income gap, unequal opportunities between men and women, suppression of economic, social, cultural and political rights representing “Unhealthy Growth” in the country. The case is even more relevant in case of the state of Assam, in general, and the tribal inhabited districts of BTAD area, in particular. Many research studies

undertaken by the academicians and scholars revealed that the state of Assam is lagging behind other states in the country in terms of human development. So, the basic objective of research work is a systematic inquiry into the present state of the “Human Development Aspect” in the state of Assam with special reference to the tribal inhabited district of Kokrajhar; and to formulate suggestions to overcome the problems.

The study has been undertaken with the main objectives of (1) to analyze the regional disparities in human development aspects at the global, South Asia, inter-state variations in Indian context, (2) to evaluate the status and inter district variations of human development aspects in Assam, (3) to evaluate the extent and disparities of human capabilities in the tribal inhabited district of Kokrajhar, and (4) to formulate policy measures for its suggestion to raise the status of human development and to reduce disparities in the study area. Present study has been undertaken with two basic hypothesis (1) Tribal inhabited district of Kokrajhar (study area) is lagging behind the other districts of the state in terms of human development aspects, and (2) There is a wide disparity in terms of human development indicators in the Study Area.

In this study, proper research method and relevant methodology are employed to make a systematic inquiry, data collection; data organization, data analysis and drawing the statistical inferences. The study considers both the sources of information, i.e., primary data and the secondary data. An extensive study has been made to evaluate the status of human development in the district of Kokrajhar as the study area. The primary data for the present study has been collected through schedules, questionnaire, and focus group discussions. An appropriate sample design has been prepared with consideration of well defined set of rules for research work. All the five (main) Blocks of the district have been considered for the primary data collection and a total of fifteen (15) villages are considered by selecting three (3) villages from each Block. In present study, sample villages are selected purposively by considering community representation aspect. Thus, a total of 375 households are considered for the primary data collection from 15 villages. In the present study, sample households

are selected from rural areas only keeping the room for extensive study to be made by other researchers on urban areas.

Human Development Index is a composite index which measures the average achievement of a country in three basic dimensions of human development. These basic dimensions are a long and healthy life (as measured by life expectancy at birth) knowledge (as measured by the adult literacy rate and the combined primary secondary and tertiary gross enrolment ratio) and a decent standard of living (as measured by GDP per capita, PPP US\$). However, HDR, 2010 of UNDP has used mean years of schooling and expected years of schooling to calculate the educational attainment index and GNI per capita (PPP, US\$) to calculate standard of living or income index. These three indicators are also having three indices - health index, education index and income index. Maximum and minimum values (goalposts) are set between '0 to 1' in order to transform the indicators into indices.

The estimation procedures followed in this study are based on UNDP's new methodology (2010) and Assam Human Development Report 2014. The use of Assam Human Development Report, 2014 methodology by the present study is reasonable or justified as the present study area lies within the jurisdiction of the state of Assam. Moreover, the present study has made comparative study of the human development aspects of the present study area based on primary survey data with the conditions of other districts and the state as a whole. However, to overcome data limitations, some modifications have been made while taking the indicators of health and income index. As analyzed in details in chapter-I, infant mortality rate and per capita annual income has been considered as the indicator of health index and income index respectively.

Having defined the minimum and maximum values, the sub indices are calculated as follows:

$$\text{Dimension Index} = \frac{\text{Actual Value} - \text{Minimum Value}}{\text{Maximum Value} - \text{Minimum Value}} \quad (1)$$

The HDI is the geometric mean of the three dimension indices:

$$\text{HDI} = \sqrt[3]{\text{Education Index} * \text{Income Index} * \text{Life Expectation Index}} \quad (2)$$

The thesis has been organized in seven chapters. Chapter-1 deals with Introduction and Research Design. Chapter-2 discusses Review of Literature on Human Development. Chapter-3 discusses Human Development - Regional Disparities Aspect (An Empirical Study). Chapter-4 elaborates Human Development Scenario in Assam-A Perspective Analysis. Chapter-5 deals with Status of Human Development in the Tribal Inhabited District of Kokrajhar (Study Area). Chapter-6 discusses Human Capability - An Observation from Sample Respondents, (Focus Group Discussion) and Chapter-7 deals with Findings, Conclusions and Policy Recommendations.

The present work also presented a brief review of literature on the evolution of both theoretical and methodological aspects of human development, status and trends, empirical findings on regional disparity including future research implications.

The present study made an attempt to analyze regional disparities in human development, empirically at various regional levels namely global to local level, focusing on inter-state disparities. Relevant data shows that India is not only showing poor performance in terms of human development indicators at the global level including SAARC countries, but also representing lower performer than many Asian and South Asian countries such as China and Srilanka; even India's position was below the average of developing countries. It has been observed that the average annual HDI growth from 1990-2019 was higher in low human development countries than high and medium human development countries indicating a convergence trend; and the case is same in case of GDI and GEM.

Progress of Human Development Index of India from the year 1990 to 2019 indicates that in terms of HDI rank, India's position improved from 128<sup>th</sup> position in 2005 to 119<sup>th</sup> in 2010; and then deteriorated to 131<sup>st</sup> in the year 2019. Though India has done well in human development indicators over the past six and half decades, necessary policy initiative is required to join the rank of 0.800 HDI value. There has been a wide inter-state variation in the performance of HDI. The estimated value of HDI varies from 0.237 to 0.500 in 1981; 0.308 to 0.591 in 1991; 0.367 to 0.638 in 2001 and 0.467 to 0.790 in 2011 representing a declining trend of the gap between the

highest and lowest HDI values, and convergence between high and low human development states in the country.

It has been observed that during 2004-2005, except Assam and Arunachal Pradesh, the North Eastern States were perceived to be doing fairly well in human development as compared to states in other regions of the country. The state of Assam is lagging behind other states in terms of Human Development aspects. The National Human Development Report (NHDR 2001) of India indicated that out of 15 major states considered by the report, Assam ranked 14<sup>th</sup> with HDI value of 0.386; which is much below the national average of 0.472; and the position of Assam was just after Bihar from the bottom. HDI value of the state increased to (0.444) in 2007-2008 as per NHDR, 2011 which is much lower than the all-India average of (0.467).

The tribal inhabited district of Kokrajhar and the state of Assam as a whole lagging far behind the other developed districts and states in terms of human development. The Assam Human Development Report 2003 estimates the value of HDI for the state as a whole at 0.407 which indicates that given the desired normative goal, the present level of progress in overall human development in the state is even below the halfway mark. The position of tribal inhabited district of Kokrajhar among the 23 districts stood at 14<sup>th</sup> place with HDI value of 0.354. The Assam Human Development Report 2014 estimates the value of HDI for the state as a whole at 0.557. This indicates that given the desired normative goal, the progress in overall human development in the state of Assam is just a little beyond the halfway mark. Data relating to human development indicators indicates that the upper Assam districts are in a better position in comparison to lower Assam districts. HDI percentage improvement of the districts from 2003 to 2014 also shows a convergence trend between the higher and lower performing districts in the state.

An Analysis by considering historical division of Assam at district level indicates that the attainment of human development largely vary across the regions of Assam. The co-efficient of variations of health index, education index, income index and HDI being 13.61, 4.24, 4.95 and 6.68 percent respectively. Upper Assam

represents best performing regions than others in terms of human development indicators.

Analysis of gender development in the state of Assam reveals that both Gender Development Index (GDI) and Gender Inequity Index (GII) improved considerably from the year 2003 to 2014. The gap between the highest and lowest value decreased from the year 2003 to 2014, indicating more equal trend among the districts in the state. It is noteworthy that the tribal inhabited district of Kokrajhar achieved much lower position than the state average; the district placed 20<sup>th</sup> and 21<sup>st</sup> position respectively in terms of GDI and GII in the state. All the indices – HDI, GDI and GII vary largely across the districts in the state. For all the districts GDI is greater than the HDI. The co-efficient of variation of HDI, GDI and GII are represented by 12.5, 8.6, and 16.5 percent respectively. State average GII, GDI and HDI is given by (0.375), (0.875) and (0.557) respectively.

Primary survey data reveals that the achievement of the sample villages in terms of human development indicators is very low. The average dimensional index of health, education and income in the district is represented by 0.504, 0.636, 0.392 respectively; and the average HDI for the district on average is estimated at 0.499; just half way of desired normative goal. Estimated dimensional indices and HDI represent lower than state average as published by Assam HDR, 2014. The Report estimated state average dimensional index of health, education and income at 0.523, 0.661 and 0.501 respectively. Average HDI for the state is estimated at 0.557. This aspect establishes the hypothesis No.1 of the present study that the tribal inhabited district of Kokrajhar is lagging behind the other districts in the state of Assam.

Village level analysis of human development aspects in the district indicates large variations across the sample villages; the co-efficient of income index, education index, health index and HDI being 19.06, 12.52, 5.29 and 11.15 percent respectively. Block wise analysis also reveals the same aspect. This aspect establishes the hypothesis No.2 of the present study that there is a wide disparity in terms of human development indicators in the tribal inhabited district of Kokrajhar.

Survey data indicates that the average sex ratio of tribal inhabited district of Kokrajhar is 976 which show better sex ratio than 959 as per census data 2011. Primary data indicates that on average age category below 6 years, 7-14 years, 15 -59 years and above 60 years are represented by 10 percent, 14 percent, 63 percent and 12 percent respectively in the district. It has been observed that the tribal inhabited district of Kokrajhar is uniquely diverse in terms of its demography, the district on average constitute ST, SC, OBC, General and Minority community by (51 percent), (4 percent), (19 percent), (2 percent) and (24 percent) respectively.

Survey data indicates that the average literacy rate of tribal inhabited district of Kokrajhar is represented by 76.0 percent which is much lower than the state average of Assam 85.9 percent as recently announced by the National Statistical Office (NSO). Survey data also reveals inequality between male and female; male and female literacy rate being 79 and 72 percent respectively; showing a gap of 7 percent.

Thus, it emerges from survey data that, on the whole, there is a considerable degree of deprivation in terms of housing facilities and deprivations are worryingly substantive not only in the relative sense but also in the absolute sense. This is very much serious concern that there are no single households in Singimari village availing bathroom facility; the district on average has only 24 percent households availing bathroom facility. Sanitation facility (latrine and toilet) in the study area is too poor; the district in average has got only (65.20 percent). Survey data indicates that a large percentage of the population still either defecate in open or use unsanitary bucket latrines or smelly public toilets. This poor facility of safe drinking, sanitation facility may form basic reason for ill-health condition in this tribal inhabited district of Kokrajhar.

Primary data reveals that the per-capita monthly income, per-capita monthly consumption expenditure and the surplus income in the district on average is given by rupees (3822), (2685) and (1137) respectively. Block level analysis reveals large variation across the sample Blocks in terms of per-capita monthly income, per-capita monthly consumption expenditure and surplus income; the co-efficient of

variation being (33.73 percent), (38.96 percent) and (22.89 percent) respectively.

The present work has also analyzed the observation of the sample respondents on various aspects of human development and deprivations by employing the methodology of *focus group discussion*. The discussion represents the observations of different sections of the sample respondents which may help the policy makers while improving human development aspect; and removing disparity in the study area.

On the basis of the analysis of human development and disparity in various chapters and findings, the present study also made some recommendations, in order to improve human development aspects and removing disparity in the study area. The tribal inhabited district of Kokrajhar and the state of Assam is a unique storehouse of demographic diversities with uniquely rich and diverse social norms and customs, different tribes and communities. The district is also part of interesting institutional diversities in the state of Assam – Bodoland Territorial Council (BTC), and now Bodoland Territorial Region (BTR), an autonomous council for self-governance by different communities. While formulating plan policies for the development, relative advantages and aspirations of various groups and communities need to be understood and proper policy need to be incorporated in terms of human capabilities. There is an urgent need for re-examination of pattern of development in the present study area. On the part of the state, there is a need to prioritize, and target especially relatively backward regions of the districts and groups of disadvantaged people; development strategy that is decentralized as well as integrated developmental projects. Investment pattern need to address the aspect of disparities among the districts and villages in terms of health, income and education; and other social indicators.

The present research work has made an attempt to study the aspect of human development and deprivations in the tribal inhabited district of Kokrajhar based on primary data and the state of Assam based on secondary data; keeping in mind of the underlined objectives and hypothesis . The present study is only an elementary step towards improving micro-level studies in human development in the district



Kokrajhar and the state of Assam. The present study is indicative, rather than comprehensive. The aspects of human development and capability in the present study area needs further studies, particularly at more disaggregated levels. Researcher of the present study hopes, this work will be useful in initiating and intensifying research in that direction in the present research area. A number of studies can be undertaken by the future scholars following the framework developed in the present research work. The important contribution of the present study is the observation that the *acute deprivations, and inter and intra-block disparities in the present study area. From the present study, it has also been observed that while estimating HDI through conventional indicators, there is possibility of over estimation of it.* These aspects of observation can be taken as the basis for future social science researches.