

IIPS Research Brief

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**ARE THE URBAN POOR DOING BETTER THAN
THEIR RURAL COUNTERPARTS?**

A COMPARATIVE STUDY OF SELECTED DEVELOPMENT PARAMETERS

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Poverty in rural and urban areas is one of the most serious policy issues in India and it is increasingly becoming evident that the overburdened cities cannot address this social problems beyond a certain critical mass. Rural poverty is widespread and urban poverty is also increasing. The specific objectives of the study are to understand the level of poverty and its change over the years in India and its states; to examine the disparities between the poor by type of residence such as, large cities, small cities, towns and villages in terms of selected developmental parameters. Data sets used for the comparative analysis of the poor across major states in India are National Family Health Survey (NFHS) II (1998-99) and III (2005-06). We have followed the methodology of NFHS-II and calculated the Standard of Living Index (SLI) in NFHS-III considering the specified variables of NFHS II.

Level of poverty and its change over the years in India and its states

The proportion poor in India is decreasing over the years, but the percent poor across states varies from 50 percent in Orissa to 8 percent in Delhi. In NFHS II and NFHS III the percent population with poor SLI are given in the table no. 1.

The standard of living declines with a decrease in the size of the place of residence, that is, it is maximum in large cities and minimum in villages. However, large cities have also experienced deterioration in the mean standard of living from 1998-99 to 2005-06. Attention is needed in some states like Madhya Pradesh, Bihar, Orissa and Jharkhand where more than 50 percent

Table- 1 Percent Population Poor in Urban and Rural Areas of India

Place of Residence	Household population		Women (Aged 15-49)	
	NFHS II	NFHS III	NFHS II	NFHS III
Urban (%)	18.5	16.5	16.6	12.9
(N)	4651	5775	3870	5200
Rural (%)	52.0	41.4	46.8	34.1
(N)	34467	29998	30879	28063
All India (%)	42.8	33.3	38.9	27.1
(N)	39118	35773	34749	33263

Source: NFHS II (1998-99) & III (2005-06)

rural population are poor. A majority of the poor people are concentrated in villages followed by towns. Six out of every ten people are poor in the villages of Jharkhand compared to one in ten in Punjab. Wide state wise variation exists in this regard.

Disparities among poor in basic housing characteristics

Only 10 percent poor in the rural areas are residing in *pucca* houses. A lot of improvement is essential in the provision of toilet facilities (where only five persons in one hundred are using flush toilet and more than 90 percent rural poor do not have any toilet facility) and cooking fuel (only one percent poor use gas and electricity in rural areas). Expansion of electricity is also the need of the hour as about 40 percent poor villagers do not have this facility. In 2005-06 there was a substantial increase in proportion of poor population using pipe water, hand pump or well in residence yard or plot. However, 45 out of every thousand poor vil-

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lagers in India are relying on surface water as a source of drinking water. Large cities are much better than the other three places of residence in terms of basic household condition.

Education, employment and empowerment levels among poor women aged 15-49

About 70 percent poor women in rural areas were illiterate in 2005-06 while in towns and small cities the respective figures were 52 and 54 percent. Not only were EAG states lagging behind in literacy, but even some of the states which are economically well developed need special attention. For example, in Punjab, only 29 percent of poor women residing in large cities are literate. The rural areas of Gujarat, Haryana, Punjab, Andhra Pradesh and Jammu Kashmir were lagging behind in literacy as they were on par with the EAG states. Half of the poor villagers were not exposed to mass media.

Serious attention is needed as 74 percent poor in villages were getting married below 18 years which was 63 percent each in large cities and small cities and 65 percent in towns in 2005-06. Along with the EAG states, West Bengal, Maharashtra, Andhra Pradesh, Karnataka and Haryana need intensive efforts to increase the age at marriage. In 2005-06, 38 to 45 percent of poor women in India were giving birth before age 18. Women in large cities were more empowered than rural women.

Situation of the poor by health and mortality condition

In 2005-06, neonatal mortality of the small cities was the lowest (16 per 1000 live births) followed by large cities (29 per 1000 live births), whereas, villages experienced 39 per 1000 live births. Post neonatal mortality was the highest in large cities in 2005-06, that is, 31 per 1000 live births compared to 16 in small cities, 21 in towns and 20 in villages. In this also small cities were performing better than other. Infant mortality was also very high in large cities in 2005-06 (60 per 1000 live births), whereas, it was low in small cities (32 per 1000 live births).

Child malnutrition is a serious problem and it has increased over time. The proportion of children with a birth weight of less than 2.5 kg had increased by four percent points in large cities while in the rest of the places it decreased over the years in this regard. In all the places of residence, the proportion of severely wasted children (indicates acute malnourishment and is measured as weight for height below minus three standard deviation) was more in 2005-06 than in 1998-99, with the maximum proportion severely wasted was found in large cities. Over the years the proportion of acutely malnourished children had also increased in all the places of residence. Besides eastern states, poor women's anemic status was a matter of concern in rural parts of Haryana, Gujarat, Andhra Pradesh, Tamil Nadu, Chhattisgarh and Madhya Pradesh where the prevalence was more than

60 percent. Anemia among children was markedly high in both the rural and urban parts of the eastern states along with Andhra Pradesh, Karnataka, Assam, Chhattisgarh, Madhya Pradesh, Uttar Pradesh and Rajasthan.

Poor residing in Delhi, Kolkata, Mumbai and Chennai

Of the total population living in the first four metro cities in India, Chennai followed by Kolkata supports the maximum poor population. About two thirds of the poor in Delhi were devoid of toilet facility. Even in the metro cities in India, a large proportion of poor were marrying below age 18. This proportion was 66 percent in Delhi and 60 percent in Kolkata. About two thirds of the poor women in Kolkata were anemic. More than one fifth of the children in Chennai were acutely malnourished and 64 percent were anemic.

Conclusion

In terms of basic housing characteristics, the urban poor are having better housing condition than the rest. In terms of empowerment measures of women, urban poor are better off than the rural poor. However, low age at marriage is a universal phenomenon among the poor which is more intense in rural parts of India. In terms of infant and childhood mortality indices, medium size cities and towns are doing better than the large cities which are at par with the villages.

Policy Implications

Intensive efforts need to be made to improve the condition of the poor if equity is given priority in the policy frame. When a majority of the country's poor, especially in the rural areas, do not have access to flush toilet or clean cooking fuel, provision of an increased proportion of GDP in infrastructural development is necessary - otherwise the rich poor gap will steadily widen. A separate policy is needed to be implemented in cities like Delhi where two thirds of the poor do not have any toilet facility. Social development is also the need of the hour for sustaining the economic progress. The rural women of Gujarat, Haryana, Punjab, Andhra Pradesh and Jammu Kashmir are lagging behind in literacy and are on par with the EAG states in India. So in many places, economic development is not going hand in hand with social development. From the demographic point of view, even after legalizing the age at marriage, a huge proportion of the girls are getting married below the specified age and more than one third of the women are giving birth before age 18 which is definitely a matter of concern from the maternal health perspective.

The health condition of the poor in the large cities is not satisfactory and stringent policies are necessary to improve the deteriorating health situation of such urban places. Investment in infrastructural and social development on a much larger scale is required to improve the condition of the poor.

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