# A Study Of Human Development In Bodoland Territorial Area Districts (BTAD), Assam

Priyambee Swargiary

**Abstract:** In the year 1990, United Nations Development Programme [UNDP] introduced a more comprehensive way of measuring human development, i.e. Human Development Index. HDI is a statistical tool used to measure a country's overall achievement in its social and economic dimensions. Both social and economic dimensions are based on education, health and standard of living. This index has become an alternative to the traditional unidimensional measure of development. HDI plays an important role to broaden the prospect of progress. HDI is an attempt to reflect the certain characteristics such as people's choices, capabilities, and well being etc. The main objective of the paper is to analyse the key dimension of human development i.e. education, health and standard of living of the people of BTAD. Its empirical evidence has proved to be very meaningful to the Governments all over the world as well as the UN agencies.

Index Terms: Development, Human Development Index, Capabilities, Well Being, Standard of Living, Health, Education etc.

## **1** INTRODUCTION

Bodoland Territorial Council is one of the largest autonomous council in Assam comprising of four districts viz. Kokrajhar, Chirang, Baksa, and Udalguri. Under the sixth schedule of the Indian Constitution BTC was formed on 10th February 2003. The autonomous council was carved out of the seven existing districts viz. Kokrajhar, Barpeta, Kamrup, Darrang, Sonitpur, Bongaigaon, and Nalbari. The area that falls under BTC iurisdiction is called Bodoland Territorial Area Districts (BTAD). The main purpose for the formation of BTAD are to fulfill the economic, educational, linguistic aspirations and the preservation of land -rights, socio-cultural and ethnic identity of the Bodos; and to speed up the infrastructure development in BTC. The area is covered with various compositions of population including Assamese, Bengali, Bodo, Rabha, Koch Raibangsi, Rabha, Nepali, Saotal, Muslim, Nepali, Garo, and other tribes etc. Its geographical area is 8795sg km. As per 2011 census, the literacy rate of the area was 67.12% and its population was 32 lakhs. Kokrajhar is the headquarter of BTC.

## NATURE OF THE PROBLEM:

In BTAD, the performance of socio-economic indicators is poor compared to the other districts of Assam as per Assam Human Development Report, 2013. Further, in BTAD the level of achievement on human development remains low. Again, the ranking of Human Development Index [HDI] is unsatisfactory in the four districts of BTAD. Baksa is ranked 26<sup>th</sup>, followed by Kokrajhar 20<sup>th</sup>, Udalguri 18<sup>th</sup> and Chirang 7<sup>th</sup>.The value Inequality Human Development Indices [IHDI]are higher in the districts of BTAD, Kokrajhar [0.516],

District	Sub- Division	Headquarter
Kokrajhar	i) Kokrajhar ii) Gossaigaon iii) Parbatjhora	Kokrajhar
Chirang	i) Kajalgaon ii) Bijni	Kajalgaon
Baksa	i) Mushalpur ii) Tamulpur iii) Salbari	Mushalpur
Udalguri	i) Udalguri ii) Bhergaon	Udalguri

Source: BTC Secretariat

 Priyambee Swargiary, Research Scholar, Dibrugarh University Dibrugarh, Assam, PH-8724916072. E-mail: priyambeeswargiary701@gmail.com

		, ,			
District	Area in	Population	Town	Block	No. of
	sq.km				Villages
Kokrajhar	3296	887142	4	11	1068
Chirang	1923	482162	3	5	508
Baksa	2457	950075	2	10	690
Udalguri	2012	831668	3	11	800

Source: Population Census2011

**OBJECTIVE OF THE STUDY:** 

The main objective of the paper is to analyse the key dimension of human development i.e. education, health and standard of living of the people of BTAD. Accordingly, the paper takes into account several key issues and concern related to Mean Years of Schooling, Expected Years of Schooling, Life Expectancy at Birth, Type and condition of house and Amenities available to households in BTAD with the sole purpose to provide possible policy directions and marking priority areas that requires urgent action and public policies.

# DATA SOURCES

The analysis is based on secondary sources of data including: BTC Secretariat, Census Reports of the Government, Human Development Report, National Family Health Survey, and Sample Registration System.

# ANALYSIS AND DISCUSSION

Earlier the very idea of development was typically identified in terms of material wealth or income. In other words, income was considered as an index of the level of development. Unfortunately measuring development only in terms of income is faced with severe problems. The significant shortcoming of income approach to development is that it lays more emphasis on commodities or income rather than on the quality of human life. Unlike in the income approach, human development approach lays more emphasis on the quality of human life. In the year 1990, United Nations Development Programme [UNDP], devised the Human Development Index [HDI]. It is a composite index of three dimensions- education, health and standard of living.



## **PROFILE OF THE DISTRICTS:** KOKRAJHAR DISTRICT

District	Kokrajhar
Rural Population	93.81%
Urban Population	6.19%
Literacy Rate	65.22%
Sex Ratio	959
Schedule Caste Population	3.33 %
Schedule Tribe Population	31.41%
Total Workers [Main & Marginal]	38.45%
Main Workers	28.53%
Marginal Workers	9.92%
Non- Workers	61.55%
Cultivators	45.95%
Agricultural Labourers	16.51%
Workers in household industry	3.64%
Other Workers	33.89%

Source Statistical Handbook Assam

#### CHIRANG DISTRICT

District	Chirang
Rural Population	92.67%
Urban Population	7.33%
Literacy Rate	63.55%
Sex Ratio	968
Schedule Caste Population	7.29%
Schedule Tribe Population	37.06%
Total Workers [Main & Marginal]	40.21%
Main Workers	28.83%
Marginal Workers	11.38%
Non- Workers	59.79%
Cultivators	41.43%
Agricultural Labourers	18.17%
Workers in household industry	3.96%
Other Workers	36.45%

Source: Statistical Handbook Assam.

#### **BAKSA DISTRICT**

District	Baksa
Rural Population	98.71%
Urban Population	1.29%
Literacy Rate	69.25%
Sex Ratio	966
Schedule Caste Population	7.69%
Schedule Tribe Population	34.48%
Total Workers [Main & Marginal]	42.18%
Main Workers	29.29%
Marginal Workers	13.52%
Non- Workers	57.19%
Cultivators	36.70%
Agricultural Labourers	23.55%
Workers in household industry	4.99%
Other Workers	35.05%

Source Statistical Handbook Assam

## **UDALGURI DISTRICT**

District	Udalguri
Rural Population	95.48%
Urban Population	4.52%
Literacy Rate	65.41%
Sex Ratio	973
Schedule Caste Population	4.55%
Schedule Tribe Population	32.15%
Total Workers [Main & Marginal]	41.49%
Main Workers	30.44%
Urban Population Literacy Rate Sex Ratio Schedule Caste Population Schedule Tribe Population Total Workers [Main & Marginal] Main Workers	4.52%   65.41%   973   4.55%   32.15%   41.49%   30.44%

Marginal Workers	11.04%
Non- Workers	58.51%
Cultivators	36.18%
Agricultural Labourers	21.08%
Workers in household industry	3.42%
Other Workers	39.32%

Source Statistical Handbook Assam.

## HEALTH DIMENSION: LIFE EXPECTANCY AT BIRTH:

Life Expectancy at birth is one of the most frequently used health status indicators. This indicator is used to measure the long term improvement in health.

Districts	Life Expectancy at Birth
Baksa	42.13
Chirang	68.52
Kokrajhar	55.04
Udalguri	55.00

Source: HDR Survey, 2013.

Except Chirang [68.52], lower life expectancy is experienced in the other three districts of BTAD viz. Baksa [42.13], Udalguri [55.00] and Kokrajhar [55.04] respectively.

## EDUCATION DIMENSION MEAN YEARS OF SCHOOLING

Mean years of schooling is one of the indicators used by UNDP to measure education in HDR. It indicates the average number of completed years of education of a country's population. It is also used by UNDP in the calculation of HDI. It is calculated for population aged 25 years and above.

Districts	Mean Schooling	Years	of
Baksa	4.49		
Chirang	5.82		
Kokrajhar	5.19		
Udalguri	4.90		

Source: HDR Survey, 2013.

The mean years of schooling is found to be lower in the districts of BTAD viz. Baksa [4.49], Udalguri [4.90], Kokrajhar [5.19], Chirang [5.82].

#### EXPECTED YEARS OF SCHOOLING

Expected years of schooling is the second indicator to measure educational achievement in HDI. It is a measure of the number of years of schooling a child at the start of his or her education is expected to receive, if current rates of enrollment are maintained throughout the child's life.

District	Expected Schooling	Years	of
Baksa	11.87		
Chirang	12.87		
Kokrajhar	12.26		
Udalguri	11.40		

Source: HDR Survey, 2013.

As compared to the other districts of Assam, expected years of schooling is poor in the four districts of BTAD, Udalguri[11.40], Baksa[11.87], Kokrajhar[12.26], Chirang[12.87]



#### STANDARD OF LIVING

The indicators of standard of living include the type and condition of house and the amenities available to the households. It reflects the quality of life of the people.

### STATUS OF HOUSING CONDITION

District	KUTCHA HOUSE PUCCA HOUS	
BAKSA	55.3	6.7
CHIRANG	34.1	12.8
KOKRAJHAR	37.0	12.0
UDALGURI	58.7	14.5

Source: HDR Survey, 2013.

The status of housing condition is unsatisfactory amongst the four districts of BTAD. The percentage of kutcha house is highest in Udalguri[58.7] followed by Baksa[55.3],Kokrajhar[37.0], and Chirang [34.1]. The percentage of pucca house is highest in Udalguri[14.5] followed by Chirang[12.8], Kokrajhar[12.0], and Baksa[6.7].

#### STATUS OF BASIS AMENITIES

District	HHWE	HHWT	HHWDW
Baksa	34.4	72.1	23.2
Chirang	26.4	84.4	0.8
Kokrajhar	44.0	72.2	14.8
Udalguri	0.6	78.1	7.4
Udalguri	0.6	78.1	7.4

Source: HDR Survey, 2013

A dismal performance can be seen with respect to basic amenities such as Household Without Electricity [HHWE], Household Without Toilet [HHWT], Household Without Drinking Water [HHWDW] in the four districts such as the percentage of HHWE in Kokrajhar is 44.0 followed by Baksa 34.4, Chirang 26.4 and Udalguri 0.6, HHWT in Chirang is 84.4, Udalguri 78.1, Kokrajhar 72.2, and Baksa 72.1, HHWDW in Baksa is 23.2, Kokrajhar 14.8, Udalguri 7.4 and Chirang 0.8.

## CONCLUSION

The paper highlights the critical significance of bridging the disparities and inequalities across various aspects. The level of human development in BTAD remains low in relation to the desired level. The improvement of health and education has emerged as the most significant policy concern. Thus gainful employment and decent standard of living assumes greater significance in the human development strategy in BTAD. Further inequalities in the opportunities with respect to education and income has resulted considerable loss in potential development achievement. Therefore, disparities need to b e bridged to improve the overall human development in BTAD. Thus analytical and critical insights need to be drawn up towards inclusive development in BTAD. The role of governance have significant impact over levels of achievement and those requires to be set right for better development outcomes.

#### REFFERENCE

- Alkire, S. (2002). Valueing Freedoms: Sen's Capability Approach and Poverty Reduction. Oxford University Press, Oxford.
- [2] Alkire, S. (2010). Human Development: Denitions, Critiques, and Related Concepts. UNDP.
- [3] Alkire, S., & Foster, J. (2009). Counting and Multidimensional

Poverty Measurement. Working Paper No 32, OPHI.

- [4] Allendorf, K. (2007). Do women's land rights promote empowerment and child health in Nepal? World Development, 353(11), 1975–1988.
- [5] Anand, S., & Sen, A. K. (1994). Human Development: Methodology and Measurement. UNDP.
- [6] Anand, S., & Sen, A. K. (2000). The Income Component of Human Development Index. Journal of Human Development, 1(1), 83–106.
- [7] Clark, D. A. (2005a). Sen's Capability Approach and Many Spaces of Human Well-being. Journal of Development Studies, 41(8), 1339–1368.
- [8] Clark, D. A. (2005b). The Capability Approach: Its Development, Critiques and Recent Advances. Global Poverty Research Group.
- [9] Kovacevic, M. (2010). Measurement of Inequality in Human Development - A Review. Human Development Reaserch Paper, 35, UNDP.
- [10] Kuznets, S. (1966). Modern Economic Growth. Rate, Structure, and Spread. New Haven: Yale UniversityPress.
- [11] Sen, A. (1982). Equality of What. Choice, Welfare and Measurement (p. 353). Oxford University Press, New Delhi.
- [12] Sen, A. (1985). Well-Being, Agency and Freedom: The Dewey Lectures. The Journal of Philosophy, 82(4), 169–221.
- [13] Sen, A. (1987a). Freedom of Choice: Concept and Content. WIDER Working Paper 25, The United Nations University.
- [14] Sen, A. (1987b). Commodities and Capabilities. Oxford University Press, New Delhi.
- [15] Sen, A. (1989). Development as Capability Expansion. Journal of Development Planning, 19(1), 41–58.
- [16] Sen, A. (1995). Inequality Reexamined. Oxford University Press, New Delhi.
- [17] Thakur, J. S., Prinja, S., Garg, C. C., Mendis, S., & Menabde, N. (2011). Social and Economic Implications of Noncommunicable diseases in India. Indian Journal of Community Medicine, 36, 13–22.
- [18] Torras, M. (2006). Ecological inequality in assessing wellbeing: Some implications. Policy Sciences, 38(4), 205–224.
- [19] Tucker, R. P. (2011). A Forest History of India. New Delhi: Sage.
- [20] Vellakkal, S., Subramanian, S. V., Millett, C., Basu, S., & Stuckler, D. (n.d.). Socioeconomic Inequalities in Non-Communicable Diseases Prevalence in India: Disparities between Self-Reported Diagnoses and Standardized Measures. PLoS One, 8(7), 2013.
- [21] Walker, M. (2006). Towards a capability-based theory of social justice for education policy-making. Journal of Education Policy, 21(2), 163–185.
- [22] Walker, M., & Unterhalter, M. (2007). Amartya Sen's Capability Approach and Social Justice in Education. New York: Plagrave Macmillan.
- [23] Weibe, H. (2006). River Flooding and Erosion in North East India: Exploratory Consideration of Key Issues (mimeo). North West Hydraulic Consultants, Alberta, Canada.
- [24] WHO. (n.d.). Trends in Maternal Mortality: 1990 to 2010: WHO, UNICEF, UNFPA, and the World Bank Estimates. WHO, Geneva, Switzerland.
- [25] Zambrano, E. (2011). Functionings, Capabilities and the 2010 Human Development Index. UNDP. Zimmer, Z., Natividad, J., Lin, H. S., & Chayovan, N. (2000). A cross-national examination of the determinants of self-assessed health. Journal of Health and Social Behavior, 41(4), 465–481