

## **Regional Disparity in Uttar Pradesh: A Geographical Study of Social Spending on Human Development**

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### **Abstract**

*The paper's goal is to outline the low level of human development and the widening intrastate differences in all development metrics among the state's districts and regions. Low income levels maintain low social sector spending, which contributes to low human development levels. However, a significant economic barrier to the state's economic growth is the low level of human development. In terms of both human development and economic progress, the state paints a bleak picture. Poor levels of per capita income, a high prevalence of poverty, slow economic growth, strong population pressure, high birth and fertility rates, widespread illiteracy, high infant mortality and death rates, and poor life expectancy are some of its defining characteristics. Even when compared to other underdeveloped states, the U.P. spends less on the social sector. This also applied to the various social sector components. These numbers highlight the need for a significant increase in U.P.'s social sector spending levels and demonstrate the state's policymakers' low priority for the sector.*

### **Keywords**

*Social Spending, Human Development, Regional Disparity, economic disparity, health etc.*

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## **Introduction**

There has been a paradigm change in the current development discourse since the UNDP published its first Human Development Report in 1990. Productivity, equity, sustainability, and employment are the four key pillars of the human development paradigm. It is focused on both the rate of economic expansion and the fair allocation of growth's advantages. It addresses both the sustainability of these decisions for future generations as well as the choices made by the present generation. All things considered, human development is an integrated and comprehensive concept (HDR-UP, 2006).

Social policy and public spending are important in connection to all of these factors if the aim of development is to create societies that are democratically grounded, economically sound, and socially inclusive. Numerous attempts have been made to gauge the standard of living in societies around the world (UNDP Human Development Index, various years) or in Indian states (HDR of various States, various years). Numerous studies conducted in India have also highlighted the disparity in human development levels amongst states. Using various quantitative approaches, a number of studies came to the conclusion that social sector spending can have an impact on economic growth.

By providing infrastructure, health care, and education, and balancing private and public interests, these social expenditures increase production (Arora, 2001; Mundle, 1998; Dev and Ravi, 2007; Majumder, 2005; Kannan and Pillai, 2007; Sen and Karmakar, 2007; Guha and Chakraborty, 2003; etc.). The idea that low HDI states are genuinely increasing more quickly than high HDI states, resulting in HDI convergence, is called into question by the findings of numerous research. They came to the conclusion that although planned resource allocation in independent India was supposed to address regional imbalances and disparities in development, it was unable to meet its shortcomings (Roy and Bhattacharjee, 2009).

Uttar Pradesh has been shown to have the lowest state spending capacity for social services, which has significant implications for human development. As is well known, states have been under a great deal of fiscal strain since 1998–1999 for a number of reasons. These include the Pay Commission's recommendations, the reduction in central transfers, the rise in interest and pension payments, and the slow rate of economic growth, which all contribute to the severity of the situation in all states, but especially in Uttar Pradesh (Mohan Rakesh, 2005; Kripa Shankar, 2001). The paper's goal is to describe the low level of human development and the growing intra-state gap in all development indicators throughout the state's districts and regions.

Low income levels maintain low levels of state and household spending on the social sector, which leads to poor levels of human development. However, a significant economic barrier to the state's economic growth is the low level of human development. Low Social Spending's Effect on Humans. The introduction is one of four components that make up the paper. The situation of human development and associated problems in the fields of health and education with intra-state disparities are covered in Section II. The failure of public policy as demonstrated by spending priorities is covered in Section III.

The IV section provides a summary of the policy's evaluation and key conclusions. Despite having abundant resources, Uttar Pradesh is one of the nation's poorest and most economically disadvantaged states. In terms of both human development and economic progress, the state paints a bleak picture. Low per capita income (the country's per capita income has been significantly higher than the states since the mid-1990s and has been steadily rising—see chart), high rates of poverty, slow economic growth, high population pressure and population growth, high birth and fertility rates, widespread illiteracy, high infant mortality and death rates, and low life expectancy are its defining characteristics.

Out of the 15 major states in the nation, the U.P. ranks 13th or 14th in terms of most human development metrics. The state's four regions have wildly disparate degrees of social and economic development. Economically speaking, the 26-district Western area is the most developed, with higher rates of urbanization, greater economic diversity, improved infrastructure, increased agricultural production, higher per capita incomes, and lower rates of poverty.

Backward regions include the Eastern region and Bundelkhand, which have 27 and 6 Impacts of Low Social Spending on Human districts, respectively. Additionally, both regions' economic infrastructure is comparatively underdeveloped. Compared to the two backward regions, the central region, which consists of ten districts, has comparatively better economic indices. However, the region has a high rate of poverty. Regional disparities are less pronounced when it comes to social variables like literacy levels. Economists are also gravely concerned about intra-state differences in economic well-being and human development levels in the states generally and in the U.P. specifically (Dreze and Gazdar 1996; Singh, 1999, 2000,2004, Chakraborty, 2009).

The state's human development status as was already established, but U.P. has a very poor record when it comes to human development. With the exception of Bihar, it is falling behind all other states in terms of important socioeconomic development metrics. The first conclusion that can be made is that, between 1991 and 2005, the

human development index values of every district and region increased noticeably. Nevertheless, not all districts have seen an increase in HDI values. In 1991, the Meerut district in the western region was ranked one with an HDI value of 0.5735.

With an HDI of 0.2671 and 0.2752, Bahraich and Budaun, which are located in the eastern region, came in first and second from the bottom. Eight districts from the Eastern area were among the poorest ten. Mau and Ballia were from the Eastern area, Kanpur Nagar and Lucknow were from the Central region, while six districts were from the Western region among the top ten (UPHDR, 2003). This also included the West U.P. districts of Shahjahanpur and Buduan. In 2001, there was little change in the positions. With an HDI value of 0.6740, the Gautam Buddha Nagar district held the top spot, while the Shrawasti district came in last with a value of 0.4042.

It's interesting to note that districts Mau and Ballia, which were in the top 10, fell to a lower place and were replaced by Auraiya and Jhansi (UPHDR 2003).

With the exception of Rampur and Mahoba, every other district in the bottom 10 remained from the Eastern area. However, there is a noticeable reordering of the districts' HDI rankings in the UPHDR, 2007. The majority of the districts in the Bundel Khand region, particularly Chitrakoot, saw an improvement in their HDI rankings and values in 2005. Jhansi is among the top ten districts in this region, whereas Banda, Jalaun, and Hamir Pur are in the middle and have improved in position.

On the other hand, the HDI ranks districts from the eastern area, such as Varanasi, Chandauli, Allahabad, Gorakh Pur, Deoria, Mirzapur, and Mau, comparatively lower. Although both regions have the same number of districts, ten of the high-value districts are located in the western region and only one, the state capital of Lucknow, is located in the eastern zone. The majority of the districts in the western area and Bundel Khand rank among the top ten in terms of progress. The majority of districts in the eastern and central regions either experience deterioration in their ranks or do not improve their standing (UPHDR, 2008).

The literacy rate at the district level varies greatly, ranging from a low of 38.8% in Rampur to a high of 74.4% in Kanpur Nagar. Over half of the population is illiterate in up to 20 areas. In up to 56 of the 70 districts, over half of the women lack literacy. In general, many districts in the east and some minority-dominated districts in the west of Uttar Pradesh have lower literacy rates (UPHDR, 2008). The primary excuse for not attending school, according to NHFS II (1998–99), was “not interested in studies.”

This is a reflection of the inadequate infrastructure and instruction in the schools. The second most significant justification offered was “needed for domestic tasks.” Impact of Low Social Spending on Humans The high expense of education also kept kids from going to school. Children from low-income families are therefore

unable to attend school due to poverty and the strain of sharing household duties in the case of working parents. Many females in rural communities are unable to go to school because of its remote location. Bundelkhand is the most developed part of the state in terms of the number of schools per lakh of population, whereas the more populated Eastern part is the least developed.

Since the early 1990s, the government has worked particularly hard to boost school enrolment through initiatives like Sarva Shiksha Abhiyan and DPEP, as well as by providing a range of facilities and incentives to children from underprivileged backgrounds and to girls. The state has achieved great success in recent years in terms of enrolment, especially that of girls, as a result of these initiatives (Tenth Plan, U.P. Government). (b) Health The state exhibits notable regional and income-group-specific variance in health-related variables. The burden of health-related disabilities is significant for both the rich and the poor.

Health indices have significantly improved during the past three decades. The birth rate in Uttar Pradesh has decreased dramatically since the start of the plan era. As a result, life expectancy has increased. However, U.P. health indices stand out when compared to both the national average and some of the other poorer states. IMR: IMR exhibits notable intra-state variances within the state, per UPHDR (2008). The Bundelkhand region had the highest IMR in the 1990s. But in 2005, it got much better. During this time, infant mortality rates in the central and eastern regions rise significantly. According to RCH data, there was virtually little knowledge about how to treat diarrhea and pneumonia.

In the western region, even the percentage of children who have partial vaccination records is low. The situation in the eastern and central regions is far better. It should be noted that the western region falls behind in terms of public sector providers, despite having a very high concentration of private suppliers. Although public sector-led programs are mostly responsible for the inoculation, eastern and other regions appear to have fared somewhat better. Additional illnesses: Additionally, there is a high prevalence of leprosy, TB, blindness, and maternal morbidity. In every location, a significant percentage of infants are underweight.

According to NFHS III data, the prevalence of underweight children decreased from 52% to 47% between 1997 and 2005, wasting increased from 11% to 14.5%, and stunting decreased from 56 to 46. According to NFHS III (2006), about half of the state's children are still undernourished. It is also evident how different urban and rural locations are in terms of health indicators and the accessibility of medical facilities. Infrastructure quality in PHCs: The state's PHCs

and CHCs have infrastructure that is far from acceptable and significantly worse than the national average for each kind of facility.

Even though there were more than 18,000 PHCs in the state in 2001, the majority of them lacked adequate drinking water facilities and were ill-equipped. In Uttar Pradesh, just 40% of PHCs have access to power. Of them, just 20% have a labor room, and only about 31% have a laboratory where testing can be performed. But things are a little better in Uttar Pradesh in terms of CHCs. However, to improve the infrastructure that PHCs have, more funding must be given to them.

### **Economic Disparity**

The level of economic prosperity varies significantly by location. Because the education and health indices have a strong positive correlation with the income index and, by extension, the human development index, the Western region of the state was the most economically prosperous in 2004–05, while the Eastern region was the poorest, with Central and Bundelkhand falling into the middle category. Compared to other parts of the state, the Bundelkhand region is moving in the correct direction. From 1993–1994 to 2004–2005, its per capita net regional product grew at a compound annual rate that was significantly higher than that of comparable regions.

In other states, spending on the social sector rose dramatically. Even when compared to other underdeveloped states, the U.P. spends less on the social sector. When it comes to actual social spending, only Bihar lags behind the U.P. This also applies to the various social sector components. These numbers demonstrate the state's policymakers' low priority for the social sector and highlight the need for a significant increase in the U.P.'s social sector spending levels to lift the state out of its current state of poverty and low human development. Social services and education spending also includes spending on youth affairs and sports.

There are two ways to define health spending. Health I comprises spending on family welfare, public health, and medicine, whereas Health II includes spending on sanitation and water supply. Since spending on water supply and sanitation indirectly affects health and is not regarded as an essential component of health, these categories are maintained apart (Prabhu, 2001). While revenue expenditures rose significantly from 78 percent to 90 percent during the same period, capital expenditures fell from nearly 22 percent of total expenditures on the social sector in 1980–81 to almost 10 percent in 2002–03. Therefore, during the 1990s, the fiscal crisis had a greater effect on public account capital expenditures. Education, health I, health II, and social security are just a few of the social service components that exhibit the same downward trend in capital spending. Originally quite small, the share of Health I and Health II has grown to 15% in recent years. The extremely low

percentage of capital investment in vital social sectors like health and education demonstrates how policymakers disregard the social sector.

This study discovered that, with the exception of 2003–04, PER never came close to the state average of 25% of the NSDP. This is mostly due to the state's low tax-to-NSDP ratio and low per capita income. From 1980–81 to 2005–06, the proportion of social sector spending to total revenue expenditures (SAR) likewise decreased significantly. The percentage fluctuated between 53 and 57 percent in the early 1980s. SAR has been between 30 and 35 percent since 1985-86, when it started to fall significantly. As a result, SAR has fallen short of the UNDP report's recommended revenue expenditure in social services of 40% throughout the post-reform period.

This relates once more to the financial pressures the state budget is under because of the disproportionate amount of money spent on interest payments, pensions, and salary components. Low Social Spending's Effect on Humans However, in the majority of the state's years, SPR has been above the UNDP-recommended threshold of 40%. From 54% in 1980–81 to about 73% in 1990–91, it has grown. With a few notable exceptions, SPR has mostly stayed steady at 70% over the post-reform era.

As a percentage of NSDP, Human Priority Expenditure (HER) appears to be disappointing because it has consistently fallen short of the recommended threshold of 5%. IV. Conclusion and Evaluation of the Social Spending Policy Over the past ten years, the state has achieved significant strides in education, particularly at the primary level. Illiteracy is widespread, particularly among women and in rural regions. The death rate is high. In issues pertaining to health and education, discrimination against girls is evident. The state's economy has grown relatively slowly, which has prevented the social sector and human development levels from significantly improving.

As a result, the state's level of human development is lower than that of every other state save Bihar. Social indicators have improved as a result of the lack of economic development, and the state's quick economic growth is significantly hampered by the low level of human development. State development is profoundly impacted by intra-state differences in rankings and values with reference to the human development index. It presents a dismal picture of the social and economic advancement of the state. Many of the districts are classified as having medium to low levels of human development.

Many of the districts are classified as having medium to low levels of human development. The districts of Uttar Pradesh have a tendency to converge in terms of HDI, and the Bundelkhand region has seen substantial development recently. From

2001 to 2005, the Western region did well, however social growth is not happening at a fast rate. However, the states' eastern and central regions are seeing extremely sluggish progress in terms of economic, health, and educational advancement. Many of these two regions' districts fall into the lowest human development index category. Uttar Pradesh lags behind other states in the nation as a result of this regional difference in development.

The failure of public policy, which gave social sectors little attention, is to blame for the U.P.'s poor accomplishments and intra-state differences in social development. Only two or three districts in western Uttar Pradesh are the focus of the current state government's capital and revenue expenditures for social development and infrastructure. Public spending in the health and education sectors stayed low during the planned period. According to Dreze and Gazdar, "Uttar Pradesh stands out as a case of resilient government inertia as far as public provisioning is concerned, whether we look at health care provisions, educational facilities, the public distribution system, or indeed almost any essential public services for which relevant data are available."

The state's public institutions' ability to function has clearly deteriorated. Dreze and Gazdar (1996) have provided a clear illustration of the condition of primary schools in Uttar Pradesh. In addition to being understaffed and poorly equipped, public schools and hospitals frequently have absentee teachers and hospital employees, especially in rural areas (UPHDR 2003). The creation of ration cards, voter lists, election administration, and other official tasks frequently take up primary school teachers' time, leaving them with little time for their primary responsibility of teaching. Inequality in access to various social groups, with wealthier segments receiving more than proportionate access and a bias towards urban locations, is another characteristic of public health services.

Additionally, the state's academic community and political leadership have not vigorously brought up the subject of social progress to exert public pressure on the administration. Deep rifts along caste and community lines are depicted socially in U.P. New political regional parties have emerged as a result of political mobilization along caste and communal lines rather than on social and economic reasons. In Uttar Pradesh, the profound caste, class, and gender-based social and economic differences have a tendency to impede societal advancement.

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