

## Recorded Social Justice Class 02

1st July, 2024 at 9:00 AM

THE CLASS STARTED (IN CONTINUATION) AT: (10:00 AM):

POVERTY: (10:09 AM)

- • Data:
  - India's **Multi-dimensional** Poverty has been reduced to 11.28%.
  - According to the NITI Aayog 24.82 Crore people have moved out of multidimensional poverty.
  - Among the states, Bihar, UP, and MP saw the largest decline in the number of poor.
  - In terms of percentage of their population, Bihar pulled out 7% of its population from multi-dimensional poverty.
- • Causes of Poverty:
  - a) **Economic:**
    - 1) Low agricultural productivity.
    - 2) Decline in village industries.
    - 3) Globalization leads to the informalization of jobs.
    - 4) Inflation.
    - 5) Nature of Economic Growth.
    - 6) Consumerism.
    - 7) Mechanization leads to the displacement of labor.
    - 8) Tribals live in resource-rich areas.
    - 9) The problem of debt trap due to lack of access to the formal credit system.
  - b) **Demographic:**
    - 1) High fertility rate (HFR) leads to population growth & results in the lack of access to resources.
    - 2) Age Structure: A greater number of dependent people (especially old age people) due to a lack of assured income opportunities which results in forced & involuntary poverty of the old age people.
    - 3) Health Profile: **Direct Impact:** Out-of-pocket expenditure which will increase the probability of falling into the trap of poverty.
    - **Indirect Impact:** Poor learning outcome.
      - Lack of absorption of skills.
      - Low productivity at the workplace.

- Which leads to poverty.
- Skewed sex ratio.
- Feminization of the old age.
- c) **Socio-Cultural:**
  - Joint family.
  - Patriarchy.
  - Customs & Tradition.
  - Education.
- d) **Politico-Administrative:**
  - Lack of political will.
  - Poor implementation of schemes (one-size-fits approach).
  - Redtapism.
  - Identification of errors due to administrative.
  - Lack of motivation to uplift the vulnerable section due to vote bank politics. (Ex: Slum)
  - Lack of preparedness w.r.t to the **3Cs** (Climate Change, Conflict, COVID-19).
  - Son of soil theory.
  - Climatic factors like flood, famine, etc. (internal displacement happens due to such factors).

→ • **Manifestation of Poverty:**

- **Economic:** Right to Work.
- Right to Minimum Wage.
- Right to Conducive Environment at Work.
- Right to Equal pay for Work of Equal value.
- **Social:** Equitable access to Health, Education, and skill development.
- **Political:** Freedom of Expression, participation, Association, etc.
- **Culture:** Ability to preserve cultural identity, & freedom to participate in the community's cultural life.
- **Poverty is a multi-dimensional concept.**
- It can be referred to as a **violation of Human Rights** if it is a direct consequence of the government's policy or failure of the government to act e.g. development-led displacement of tribals, poor identification of beneficiaries.
- However, if it is the construct of an individual's inaction it will be treated as a violation.

- For example, Person 'X' does not want to migrate in search of jobs, and lacks FLFP due to patriarchy. 'X' prefers to remain unemployed until he/she gets the preferred job.
- Immediate gratification seeking e.g. intoxication.
- Poverty Through Nutritional & Relative Deprivation:
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Parameters	Nutritional	Relative Deprivation
Context	Applied context of developing, & underdeveloped countries.	w.r.t developed nations.
Concept	It deals with minimum calorie intake which is required to maintain the working capacity of individuals.	It refers to social disparities existing in the society.
Nature	It demarcates the poor from the non-poor (Ex: BPL)	It displays the deprivation of certain classes of people from privileged ones due to lack of access to resources.

- Government's Efforts:
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Type Of Scheme	Govt. Efforts
Accelerated economic growth &	National Social Assistance Programme, MGNREGA,

social safety net E-shram Portal, Code of Social Security, etc.

Access to basic resources PM-Awas Yojana, Swachh Bharat Mission, **JJM**, Ujjwala Yojana, etc

Strengthening livelihood & employment opportunities Stand-up India, Start-up India, **NRLM**, etc.

- Five-Year Plans.
- Nationalization of Banks.
- 20-Point Programme during Emergency.
- Government Schemes: Wage/Employment, Social Security Food Security, etc.
- **Lacunae** In Govt.'s Efforts:
  - 1) Poor identification of the beneficiaries.
  - 2) Centralized top-down approach.
  - 3) Lack of a **piecemeal engineering approach**.
  - 4) Lack of funding & improper utilization of funds.
  - 5) Lack of infrastructure to facilitate the scheme e.g. food wastage due to lack of storage & water housing facilities.
  - 6) Lack of government spending on social infrastructure.
  - 7) Lack of credible data w.r.t incidence of poverty.
  - 8) Lack of an outcome-based approach dilutes the efficiency of policy & programs.
  - 9) Nexus between the elite section<sup>1</sup> and poor of the society e.g. failure of cooperatives.
  - 10) We have failed to acknowledge **social pathologies** in the societies.
  - 11) Rather than treating people as active participants they are often treated as passive recipients of the benefits.
  - 12) Lack of political will to overcome above mentioned issues
- **Questions:**

- 1) Despite the implementation of various programs for the eradication of poverty by the government in India, poverty still exists. Explain by giving reasons. (10 Marks/150 Words).
- 2) Poverty alleviation programs in India <sup>will</sup> remain mere showpieces until & unless they are backed by political will. Discuss w.r.t major poverty alleviation programs in India. (10 Marks/150 Words).
- 3) "An essential condition to eradicate poverty is to **liberate** the poor from the process of deprivation." **Substantiate** this statement with suitable examples. (10 Marks/150 Words).

#### WAY FORWARD: (10:47 AM):

- **Amartya Sen's Approach:** According to him **entitlement is necessary** for poverty eradication e.g. Kerala Model of Development, it is based on high literacy, access to health care, low IMR, low fertility rate, and high life expectancy.
- **Jagdish Bhagwati Approach:** According to this approach only **focusing on growth** can generate enough resources for investing in social sector schemes e.g. Gujarat Model of Development.
- **Three Major Components of the Gujarat Model:**
  - 1) Infrastructure to facilitate corporate investments.
  - 2) Good governance to address the requirements of corporates.
  - 3) Rise in incentives & subsidies on investment.
- **Orissa Model of Development:**
  - The state has brought down the poverty level from 63% to 29% by focusing on child malnutrition, & building the capacity of women SHGs.
- **Questions:**
  - 1) Hunger and poverty are the bigger challenges for good governance in India still today. Evaluate how far successive governments have progressed in dealing with these humongous problems. Suggest measures for improvement. (150 words/10 marks)
  - 2) The incidence & intensity of poverty are more important in determining the poverty rate than based on income alone. In this context discuss Multi-Dimensional Poverty Index. (15 Marks/250 Words).

## HUNGER: (11:00 AM):

- • Concept: It is defined as a situation of **distress associated with a lack of food.**
- Undernourishment: It is a situation according to the **FAO** where an individual consumes less than 1800 kcal/day.

### → • Causes of Hunger:

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- |                                |              |                          |
|--------------------------------|--------------|--------------------------|
| 1) Poverty                     |              | 5) Inflation.            |
| 2) Low agriculture production. |              | 6) 3C's: Climate change, |
| 3) Wastage/Hoarding.           | Lack of food | Conflict, COVID.         |
| 4) Lack of proper schemes      |              | 7) Unemployment          |

- |                                      |                          |  |
|--------------------------------------|--------------------------|--|
| 1) Green revolution.                 |                          | 4) Macdonalization of food habits.       |
| 2) Lack of a diversified diet.       | Lack of nutritious food. | 5) Lack of women as an agency of change. |
| 3) Lack of awareness w.r.t nutrients |                          | 6) Adulterated food.                     |

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|---|--------------------------|---------------------|
| 1) Lack of access to safe drinking water. | Lack of absorption       | 3) Disease burden.  |
| 2) Lack of sanitation.                    | of nutrition by the body | 4) Lack of hygiene. |

- **Question:**
- 1) How far do you agree with the view that focusing on the lack of availability of food as the main cause of hunger takes the attention away from ineffective **human development** policies in India? (15 Marks/250 Words).

### → • **Data Related With Hunger:**

- Food production <sup>in India</sup> has increased from 50 million tonnes in 1950-51 to 292 million tonnes in 2019-20. and 315 million tonnes in 2023.
- By 2023 12.3 million hectares of land have been brought under micro irrigation.
- The productivity of **horticulture** has increased by 38.5% between 2004 to 2022.
- The overall area under organic farming was increased to 9.12 million hectares in 2022.

- According to the Global **MPI** 415 million people have been brought out of poverty.



- **Manifestation of Hunger:**

Individual Level:

- **Hunger/malnutrition:**

- Low physical.

- **Family Level:**

- Intergenerational transfer of poverty.

- Lack of harmonious & interpersonal relations.

- Low standard of living.

- Direct & indirect costs associated with hunger.

- **National Level:**

- Loss of human capital.

- Demographic dividend turning into a disaster.

- Increased burden on the government on its resources.

- Population acts as a liability rather than as an asset.

- **Question:**

- Malnutrition is a silent **assassin** which not only impact the individual but, also the nation as it creates an army of sick people. (10 marks/150 words)

- **Government Efforts:**



(this can be written as concluding remark also)

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End Hunger	1) Aadhar-linked ration cards. 2) Automation of fair price shops.
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Ensure food security	TPDS. ICDS. POSHAN Abhiyan
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Sustainable agriculture	Soil Health Card.
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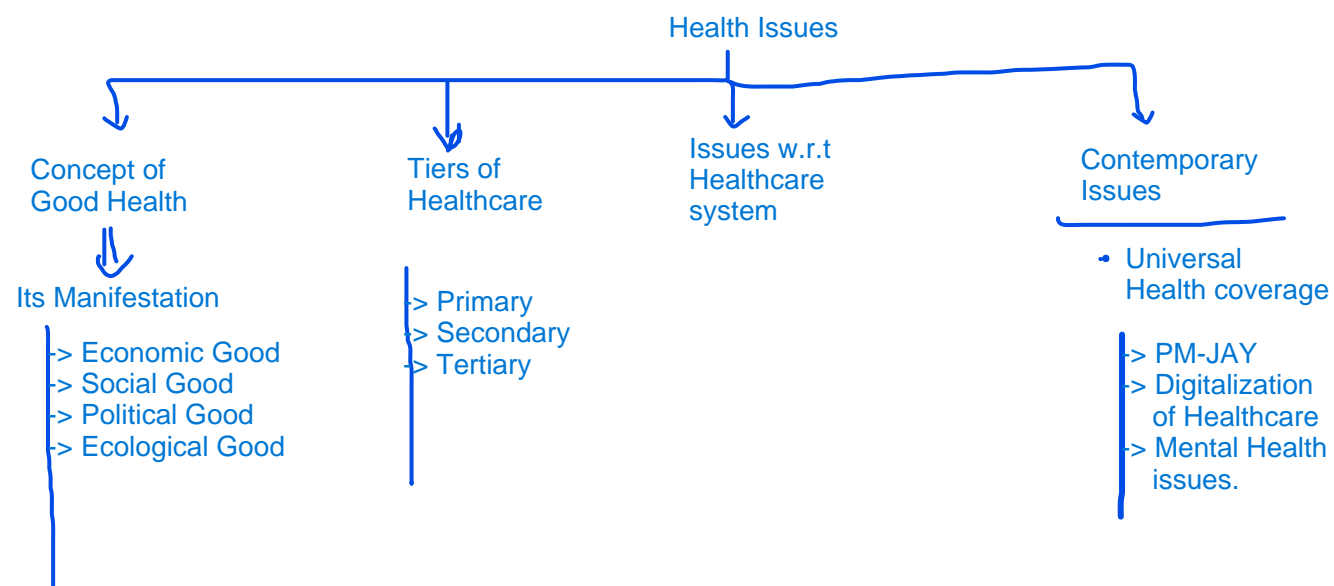
- **Lacunae:**

- 1) Failed to take note of the caste system, patriarchy, etc.

- 2) Weak implementation of schemes.

- 3) Lack of qualified human resources e.g. low wages or inadequate training.

- 4) Food wastage according to FAO of 7% of total food production & 30% of fruits & vegetables are wasted because of poor handling & storage facilities.
- 5) Inability to ensure women's empowerment as a result either women don't have autonomy in decision-making or it is uninformed decision-making.
- 6) Failure to address the shift in diet & lifestyle e.g. sedentary lifestyle, over-dependence on technology, junk food culture, etc.
- Way forward:
  - Improve the resilience of the vulnerable section.
  - Poverty alleviation.
  - More investment in disaster prevention, & risk reduction.
  - Mitigate climate change.
  - Consumption of nutritious food & reduction of waste of food.
  - Prevent adulteration of food e.g. ensure mandatory labeling on the front of the packet.
  - Ensure safe WASH.
  - Collect, analyze, & use good-quality data to guide policymaking.
  - Fortification, & biofortification of food.
  - Develop women as an agency for change.
  - Creating awareness regarding eating disorders, especially among youths.





## HEALTH ISSUES: (11:36 AM):

- Concept of good health (It's manifestation).
- Tiers of Health Care (Primary, Secondary, and Tertiary)
- Issues w.r.t to health care.
- Government efforts, Lacunae, way forward.
- **Health:** According to the WHO good health is defined as a state of 'mental', 'physical', & 'social' well-being rather than a mere absence of illness.
- i) **Good health is a source of economic growth** and prosperity saving direct and indirect costs.  
*of individuals*
- ii) Good health ensures large benefits to a large section of society e.g.
  - a) Better social participation.
  - b) Better learning outcomes. *-> Absorption of Skills.*
  - c) Better interpersonal relations.
  - d) Human Capital Formation. *etc.*
- iii) It ensures political participation and the strengthening of democracy i.e. helps in creating active citizenry.
- iv) It provides for sustainable production consumption and development hence ecological good.

### → Issues Regarding Health Care In India:

- 1) Lack of health *care* workforce in terms of quality, & quantity. *w.r.t allopathy*
- **Quantity:** According to WHO 1 doctor over 1000 people, India's ratio is 1:1194.
- **Quality:** WHO 53% of medical professionals do not have requisite qualifications (dominance of quacks). *(in context to India)*  
*Lack of Infrastructure -*
- 2) Rural-Urban divide: According to a report by NITI Aayog, 80% of doctors, 75% of dispensaries, & 60% of hospitals in urban areas.
- 3) Lack of government spending which is 2.1% of GDP.
- 4) Lack of investment w.r.t infra, R&D.
- 5) Exclusion and inclusion errors in the implementation of policies.
- 6) Privatization of healthcare: 70% of **outpatient** care and 60% of **inpatient** care are provided by the private sector.  
*Weak Primary Health care -*
- 7) According to data **61% of primary healthcare centers have only one doctor on call** whereas 7% have no doctor at all. *→ by ministry of Health and Family Welfare*
- 76.2% shortage of specialized doctors in primary and community health centers.  
*-> Lack of optimum utilization of the existing resources such as Asha workers.*

Clinical Establishment Act 2010 to regulate private sector.  
But health is a state subject so not every state has implemented this Act.  
So there is issue with regulation of private sector which leads to out of pocket expenditure which is responsible for 1/6th of India's poverty.

w.r.t nurses  
WHO -> 1:300  
India -> 1:670

- States like UP, Bihar, Jharkhand, and Andhra face many infrastructural inadequacies.
- 8) **Promotive, Preventive, Curative, and Rehabilitative**: However the focus is on curative care, and less than 7% budget is spent on preventive care.
- 9) **Absence of medical ethics**:
  - 9.1) Prescribing branded medicines rather than generic medicines.
  - 9.2) Provider induced demand.
- 10) High dependence on the import of **API** (Active Pharmaceutical Ingredients) as 70-80% of APIs are imported from China.
- 11) According to NITI Aayog 30% of the population is devoid of **protection** for health. ↑ financial
- 12) Medical education is expensive (affordability issue and brain drain).
- 13) Lack of adequate medical colleges, politicization, and corruption.
- 14) **Lack of integrated health management information system** which results in delays, & increases in health costs.
- 15) Problem with the quality of generic drugs as 4.5% of such drugs in circulation are substandard.
- 16) Lack of insurance coverage: According to IRDA, 17% of the population is covered under some kind of insurance.
- 17) Lack of infra. w.r.t implementation of schemes.
- 18) Lack of digitalization of health care e.g. **tele medicine** and **eco clinic**. ↑ echo
- 19) Lack of focus on emerging health issues like mental health, lifestyle diseases, gaming disorders, etc.
- 20) Health-related taboos like superstitious practices, and sexual health. ↑ and reproductive
- 21) Changing nature of disease burden. -> Problem of self treatment.
- 22) Lack of trust in traditional medicinal systems like AYUSH, etc.
- 23) Lack of integrated disease surveillance program the purpose was to monitor the disease trends, detect and respond. However, in the absence of funds, workforce, R&D, and infra. the program was not successful. (Ayushman Bharat Mission)
- 24) Attitude towards healthcare. -> Stigmatization of certain diseases.

#### Dysfunctional state of Integrated Disease Surveillance Program

-> The purpose was to monitor the disease trends, detect and respond however due to lack of resources it fail to create a strong database.

## TIERS OF HEALTH CARE SYSTEM: (12:20 PM):

### → **Primary Healthcare:**

- 1) It is the backbone of the healthcare delivery system.
- 2) It is the first point of contact between the community & healthcare system.
- 3) Its objective is to promote a comprehensive, integrated, accessible to all, & contextually relevant healthcare system.
- It includes family planning, vaccination, nutritional awareness, etc.
- It deals with **GOBI-FF** (Growth monitoring, Oral rehydration, Breastfeeding, Immunization, Family Planning, Food Supplements, and female Education).
- According to the Alma Atta Declaration the Goals of Primary Healthcare: (1978)
  - i) To reduce exclusion.
  - ii) Organize healthcare services around the needs of the people.
  - iii) It ensures community participation & qualitative workforce.
  - iv) Development of appropriate technology. → Qualitative and Quantitative workforce.
  - v) Multisectoral convergent approach. → Lack of preparedness to address non-communicable diseases.  
→ Trust deficit between patient and provider.  
→ Top down approach.  
→ Poor governance w.r.t primary healthcare.
- **Challenges:**
  - 1) Increase in the burden of non-communicable disease.
  - Lack of government funding e.g. According to the National Health Policy 2017 expenditure on health should be 2/3rd which is around 55% only.  
primary healthcare should at least be 2/3rd of the health expenditure which currently is around 55%.
  - 2) Trust deficit between patient, & providers.
  - 3) Not understanding the social nature of the society
  - 4) Lack of infrastructure. (60% of PHCs have one doctor, & 5% have no doctor)
  - 5) Instead of a holistic approach health planning is done according to the convenience of the state.
  - 6) Poor governance of Primary Health Care.
  - 7) Failure to understand the social nature of society.
  - According to Amartya Sen Primary Healthcare is not robust in India what according to you are the challenges, & how can be addressed?

### TOPICS OF THE NEXT CLASS: Continuation of Health Issues, etc.

