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The Cause and Effect Relationship Between Poverty and Health in India

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ABSTRACT

We are all aware that national growth in any field depends on good health. Thus, health is regarded as an essential human right. The terrible diseases are mostly under the control of science and technology. India has a very poor general health standard because to a poor diet, poor medical services, and an unsanitary environment. The country's major health issues, including infant mortality, terminal diseases, and frequent illness, have an impact on the social and economic standing of the populace by lowering their ability to afford basic necessities like food, shelter, and education and thereby sustaining a cycle of poverty. Numerous health disorders have been related to a higher prevalence of poverty. A vicious cycle is created in the nation as poverty is one of the main causes of non-communicable diseases, which in turn make poverty worse. Therefore, pervasive poverty is the primary cause of the nation's population's poor health.

Key Words: Health, Poverty, Calorie Intake, Human Development, Nutrition.

INTRODUCTION

One important measure of human development is health. Human resource development, quality of life, and ultimately the social and economic advancement of the country all depend on good health. In a nation with a large population, human resource development is a crucial component of development strategy. Human resource development is determined by factors such as health, education, nutrition, sanitation, and cleanliness. "A state of complete physical, mental, and social well-being and not merely absence of diseases or infirmity" is how the World Health Organisation defines health. Along with food, housing, and education, health is a basic necessity. A country's overall wealth is determined by the health of its people, communities, and settlements as well as the general environment in which they live.

Life expectancy, death rate, and fertility rate are used to gauge a nation's health. The health of an individual is further impacted by this, which in turn depends on other factors including per capita income, nutrition, sanitation, safe drinking water, social infrastructure, medical care facilities, employment status, poverty, etc. Therefore, a nation's economic prosperity and health are directly related. Therefore, economic development enhances the health of the nation's population, and health contributes to economic development. Spending money on health improves the working population's ability to be productive, which raises income levels and

lowers poverty. In addition to causing low food consumption and nutritional deficiencies, poverty also fosters bad health by depriving people of essential conveniences like clean drinking water and sanitary facilities, which can lead to infections. As a result, poverty and poor health are inextricably linked. There are seven billion people on the planet. Approximately 805 million people, or one in nine people globally, continue to suffer from chronic hunger. Merely 14 million of the world's hungry reside in developed nations.

With 121 million people, India is the second most populous country in the world and suffers from this hidden hunger issue as well. The majority of people reside in impoverished communities. Poor health status, which contributes to poverty, is the primary cause of the nation's large socioeconomic development gaps. Even though India's economy is among the top ten fastest expanding in the world, it still has 17% of the world's population, more than one-third of the world's poor, and contributes 1/5th of all diseases. Just 32% of Indian households had access to tap water from a treated source, according to the 2011 Census data. Approximately 74% of households do not have access to sanitary facilities. One of the main causes of excessive stunting in the nation's children is open defecation. The 2012 MDGS (Millennium Development Goals) report states that despite India's efforts to achieve the first MDG, which calls for reducing severe poverty by half between 1990 and 2015, about 231 million people still go hungry.

A WHO study estimates that premature death and morbidity from non-communicable illnesses alone cost India more than $2.37 billion of its GDP between 2006 and 2015. Due to the exorbitant costs of the health care they must receive, about 37 million individuals live below the poverty line. The only useful resource available to the poor is their health. They bear the twin burden of losing their job and paying for medical care when they are sick, which furthers their debt and poverty.

EARLIER STUDIES

Waddy. B.B (1981) in this study examines the epidemic of disease. In the sub-Saharan region, cerebro-spinal meningitis (CSM) is brought on by an organism that spreads through the respiratory system. It's a seasonal disease. When the first rain fell, it was still at its height. This illness, which is a sign of poverty and is linked to substandard housing, blanket shortages, and other factors, rendered skilled active workers immobile during a critical season. In its wake, it increased poverty and decreased agricultural productivity. It is also clear that as the level of living increased, malaria rates decreased in East Africa as well. He proposed that persistent efforts to combat individual mass illness and development would lessen poverty in a society and aid in the fight against disease.

Meenakshi and Brinda Vishwanathan (2003) in their studies focused on severe calorie deficit in 16 states' rural areas from 1983 to 1999–2000. The NSSO household level data from the consumer expenditure survey served as the basis for the study. In 1983, there were around 80,000 households in the sample, and in 1999–2000, there were 70,000 homes. To determine the level of calorie shortage in rural areas, three distinct

standards were employed. They have 1800, 2400, and 2200 calories, respectively. All states had average intakes below 2400 calories, with the exception of six in the northern region. In all states but Kerala, Orissa, and West Bengal, intake had decreased by 1999–2000.

The Global Hunger Index (2012) in this paper analysed India was placed 65th out of 79 developing nations. According to a nutritional intake report, two thirds of Indians do not eat enough. With more underweight children and stunted development, India has the worst rates of child malnutrition and the most undernourished population in the world, surpassing even the poorest Sub-Saharan African nations. The primary cause of death is inadequate nutrition or deficits in certain micronutrients. Hunger is far less common than hidden hunger or micronutrient deficits. The GHI 2021 shows that India occupies 101stout of 116 countries with a score of 27.5 and facing a serious level of hunger. It uses four key indicators to measure progress towards zero hunger by 2030 at global, national and regional levels. They are undernourishment, child stunting, and child wasting and child mortality.

Singh. R (2012) in his study highlighted and educated people about the mitigation of poverty from the globe. Government has limited resources for poverty reduction programmes. Most of the antipoverty policies and programmes suffer from human diseases like discriminations corruptions and selfishness. The aim of the antipoverty policies and programmes should improve the quality of lives on the globe for all by reducing the rate of population growth and increasing the per capita income, level of education, expectancy of life and health care and lowering the infant mortality rate and the rate of teen pregnancies and eliminating discriminations and all sorts of corruptions from the globe.

Dhaneswari Alamelu M & V. Revathy (2022) in their study examines all aware that national growth in any field depends on good health. Thus, health is regarded as an essential human right. The terrible diseases are mostly under the control of science and technology. India has a very poor general health standard because to a poor diet, poor medical services, and an unsanitary environment. The country's major health issues, including infant mortality, terminal diseases, and frequent illness, have an impact on the social and economic standing of the populace by lowering their ability to afford basic necessities like food, shelter, and education and thereby sustaining a cycle of poverty. Numerous health disorders have been related to a higher prevalence of poverty. Poverty is a key drivers for non communicable diseases in turn exacerbates poverty, the creating a vicious circle in the country. Thus basic cause for poor health of population in the country is widespread poverty.

METHODOLOGY

The present study is based on secondary data which is collected from World Development indicators, World Bank.

RESULTS AND DISCUSSIONS

Table. 1

Health Indicators of India

Year	Crude Birth Rate	Crude Death Rate	Total Fertility Rate	Infant Mortality Rate
1951	40.8	27.4	6	183
1961	40.9	22.8	5.5	146
1971	41.1	18.9	4.9	129
1981	33.9	12.5	4.5	110
1991	29.5	9.8	3.6	80
2001	25.4	8.4	2.5	66
2011	21.8	7.1	2.4	44
2012	21.6	7.0	2.4	42
2013	21.4	7.0	2.3	40
2014	21.0	6.7	2.3	39
2015	20.8	6.5	2.3	37
2016	20.4	6.4	2.3	34
2017	20.2	6.3	2.2	33
2018	20.0	6.2	2.18	32
2019	18.5	6.7	2.11	30
2020	17.9	7.3	2.05	29
2021	16.4	9.45	2.01	28
2022	16.3	9.07	2.01	27
2023	16.1	9.7	1.98	26

Source: World Development indicators, World Bank.

According to Table 1, health parameters such as the infant mortality rate, crude birth rate, crude death rate, and total fertility rate are exhibiting decadal declining patterns between 1951 and 2023. Beginning in 1971, the crude birth rate gradually declined while the death rate rose annually. In contrast to the infant mortality rate, the total fertility rate declined after 2017. This demonstrates social growth. These factors are the most crucial benchmarks for evaluating the situation and quality of life of an economy's citizens.

Table. 2

Trends of Nutritional intake in India

Year	Calories(kcal)		Protein(gm)		Fat(gm)	
	Intake per capita per day		Intake per capita per day		Intake per capita per day	
	Rural	Urban	Rural	Urban	Rural	Urban
1983-1984	2221	2089	-	-	-	-
1993-1994	1253	2071	60.2	57.2	31.1	42
1999-2000	2149	2156	59.1	58.5	36.1	49.6
2004-2005	2047	2020	57	57	35.5	47.5

2009-2010	2020	1946	55	53.5	38.3	47.9
2011-2012	2099	2058	56.5	55.7	41.6	52.5
2012-2013	3011	2016	58.8	56.8	45.9	53.2

Source: World Development indicators, World Bank.

Table 2 shows that the daily consumption of calories, protein, and fats per capita is low or below the necessary level, which lowers an individual's nutritional status and, consequently, their productivity. A balanced and nourishing diet is unattainable for those who are unable to eat even two meals a day. Calorie intake, as determined by the Planning Commission task force in 1979, is one criterion used to gauge poverty in India. It was calculated to be 2400 calories per capita per day for rural areas and 2100 calories per capita per day for urban areas. With the exception of urban areas in 1999–2000, both rural and urban areas have low daily calorie intakes when comparing the task force estimate with nutritional intake during 1983–2013.

Table. 3

Child Nutrition Indicators (% of Undernourished Children)

Indicators	**1975-1979**	**1988-1990**	**1996-1997**	**2000-2001**	**2004-2005**	**2015-2016**
Weight for Age						
Below 2SD	77	69	62	60	55	35.7
Below 3SD	37	27	23	21	18	-
Height for Age						
Below 2SD	79	65	58	49	52	38.4
Below 3SD	53	27	29	26	25	-
Weight for Height						
Below 2SD	18	20	19	23	15	21
Below 3SD	2.9	2.4	2.5	3.1	2.4	7.5

Source: World Development indicators, World Bank.

Table 3 shows that children under the ages of two and three suffer from malnutrition and undernutrition. The pattern indicates a decline in weight in relation to age. Between 1975 and 2016, the child's height for age and weight for height exhibit a declining trend.

Table. 4

Direct Estimates of Poverty Line at MRP (Calorie Intake)

	Rural		**Urban**
Year	**2400**	**2200**	**2100**
1973-1974	56	49	65
1983-1984	120	100	147
1993-1994	325	260	398
2004-2005	800	575	1000

2009-2010	1570	1075	2000

Source: World Development indicators, World Bank.

Table 4 reveals that India's rural and urban populations both consume fewer calories than is necessary. Income is decreased as a result, and productivity and health are also impacted. Consequently, poverty results.

Table. 5

Poverty in Major Cities in India

States	Calories intake in official Poverty			% of Persons			OPL Ratio		
	1993-1994	2004-2005	2009-2010	1993-1994	2004-2005	2009-2010	1993-1994	2004-2005	2009-2010
Delhi	1770	1710	1400	35	57	92	16.1	15.2	14.4
Maharashtra	1865	1715	1700	52.5	85	82	35	32.2	18.3
Tamil Nadu	1785	1685	1730	69	70.5	76	39.9	22.2	12.8
Uttar Pradesh	1850	1735	1650	49	67.5	82	23	14.8	22
All India	1885	1795	1720	57	64.5	73	33.2	25.7	20.9

Source: World Development indicators, World Bank.

The poverty level in the major states is shown in Table 5. Compared to other states in the nation, Delhi has higher official poverty, calorie intake, and the number of people living below it.

Table. 6

Global Hunger Index

Year	India's Rank	Number of countries analyzed
2011	67	122
2012	65	120
2013	63	120
2014	55	120
2015	80	117
2016	97	118
2017	100	119
2018	103	132
2019	102	117
2020	94	107
2021	101	116
2022	107	121
2023	111	125
2024	105	127

Source: World Development indicators, World Bank.

India's GHI ranking has declined over the past 14 years, as Table 6 demonstrates. Since 2016, the nation's standing has deteriorated significantly. The country experiences a severe level of hunger and was placed 105th out of 127 countries in the GHI 2024, down from 97th out of 118.

Table.7

Indicators of Global Hunger Index in Percentage

Indicators of GHI	2000	2006	2012	2021	2022	2023	2024
Under nourishment	18.4	19.6	15	15.3	13.7	16.6	13.7
Child Stunting	54.2	47.8	38.7	34.7	35.5	35.5	35.5
Child Wasting	17.1	20	15.1	17.3	18.7	18.7	18.7
Child Mortality	9.2	7.1	5.2	3.4	2.9	3.1	2.9

Source: World Development indicators, World Bank.

According to the above table, which measures the degree of hunger in a nation, the proportions of undernourishment, child stunting, and death are trending downward, whereas child wasting is trending upward.

FINDINGS

- Trends in health indices are declining. By making investments in health and education, it shows the nation's socioeconomic progress.
- Nutritional intake reveals that the country's required level of consumption is not being met by either the rural or urban population.
- Protein and calorie intake are lower than fat intake. Consuming fat contributes to the development of non-communicable diseases such as heart disease and hypertension.
- Children under the ages of two and three have high levels of undernutrition.
- Both urban and rural populations consume fewer calories per person than the national average.
- According to the official poverty line ratio and calorie count, there are a lot of impoverished people in large states.
- India is experiencing severe hunger and its GHI ranking has deteriorated.
- The GHI score is evaluated using the major indicators, which range from excessive hunger to no hunger. It exhibits a varying trend across India.

SUGGESTIONS

- In the short term, a nutritious diet and safe drinking water can reduce the incidence of morbidity.
- To end poverty, the impoverished should receive high-quality public health services.

- Health education about communicable diseases ought to be provided.

CONCLUSION

We are all aware that national growth in any field depends on good health. Thus, health is regarded as an essential human right. The terrible diseases are mostly under the control of science and technology. India has a very poor general health standard because to a poor diet, poor medical services, and an unsanitary environment. The country's major health issues, including infant mortality, terminal diseases, and frequent illness, have an impact on the social and economic standing of the populace by lowering their ability to afford basic necessities like food, shelter, and education and thereby sustaining a cycle of poverty. Numerous health disorders have been related to a higher prevalence of poverty. A vicious cycle is created in the nation as poverty is one of the main causes of non-communicable diseases, which in turn make poverty worse. Therefore, pervasive poverty is the primary cause of the nation's population's poor health.

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