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Millennium Development Goals: Why India is lagging Behind?

Dr. Sudha S. R.

*Guest Faculty, DOS in Economics, Kuvempu University, Jnana Sahyadri, Shankaraghatta
Stakahivamogga, Karnataka, India*

Abstract

The Millennium Development Goals (MDGs) have helped in bringing out a much needed focus and pressure on basic development issues in India. Considerable progress has been made in the field of basic universal education, gender equality in education, and global economic growth. However there is slow progress in the improvement of health indicators related to mortality, morbidity, and various environmental factors contributing to poor health conditions. Even though the government has implemented a wide array of programs, policies, and various schemes to combat these health challenges. Though India has made good progress with regard to few MDG it still lags behind when compared to its immediate neighbors. India needs to gear up and come up with a comprehensive strategy which would plug the loopholes in the existing framework. India has made significant progress in some areas. India could have done much better in achieving MDGs if the government as policy making body and officials as implementing agency had serious concern, commitment, good governance, transparency and accountability. India lags behind on targets for empowering women through wage employment and political participation, reducing child and infant mortality and improving access to adequate sanitation. India's performance in achieving the targets of millennium development goal can be termed as mixed success with much scope for improvement.

Introduction: Millennium Development Goals have been set in the year 2000 to develop a common agenda among the countries and make the planet better in terms of the quality of life. The Millennium Development Goals (MDGs) have helped in bringing out a much needed focus and pressure on basic development issues, which in turn led the governments at national and sub national levels to do better planning and implement more intensive policies and programmes. The MDGs originated from the Millennium Declaration adopted by the General Assembly of the United Nations in September 2000. The MDGs consists of eight goals, and these eight goals address many development issues. The Millennium Development Goals (MDGs) which include eight goals were framed to address the world's major development challenges with health and its related areas as the prime focus. In India, considerable progress has been made in the field of basic universal education, gender equality in education, and global economic growth. However there is slow progress in the improvement of health indicators related to mortality, morbidity, and various environmental factors contributing to poor health conditions. Even though the government has implemented a wide array of programs, policies, and various schemes to combat these health challenges.

Objectives of Millennium Development Goals by 2015

Sl. No.	Goals	Target	India's Stand
1	Eradicate Extreme hunger and poverty	24%	24.7%
2	Achieve Universal Primary Education	100% Enrollment	100%
3	Promote Gender Equality and Empower Women	50% Women in Non-Agriculture work force	24%
4	Reduce Child Mortality	42/1000	55/1000
5	Improve Material Health	140/100.000	190/100.000 as per 2013
6	Combat HIV/AIDS, Malaria and other diseases	No specific target	Though India has made a good progress in reducing these diseases, still there is a lot to do
7	Ensure Environmental Sustainability	No specific target	Use of non conventional sources of energy, 175 GW by 202, 175 GW by 2022, carbon emissions dropped from 1990 level
8	Develop a global partnership for development	No specific target	India has been playing a major role in WTO, bilateral and multilateral forums and has been also receiving aid from global financial institutions to fund its projects

- Combating extreme hunger and poverty:** India has been successful in achieving part one of this goal. It had to halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day. The country managed to reach its target in 2011-12, well ahead of the deadline, when the percentage of people below national poverty line dipped to 21.9% from 47.8% in 1990. Despite this improvement, one in five Indians still lives below the national poverty line. But the country is likely to fail when it comes to achieving the second target: extreme hunger.
- Achieve universal primary education:** India is on-track with this one and it provides primary schooling to all children between the ages of 6 to 10. The country is also likely to reach 100% youth literacy by 2015, according to India's department of statistics.
- Promote gender equality and empower women:** The first target within this goal was to eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015. India missed the 2005 deadline but it has hastened to catch up since then. The UN says that sex disparities are more prevalent at higher levels of education. The good news is that the Gender Parity Index for Gross Enrolment Ratio in higher education in India increased from 0.54 in 1990-91 to 0.86 in 2010-11. But participation of women in employment and decision-making is abysmally low and this disparity won't be eliminated by 2015. The share of women in wage

employment can at best reach a level of about 22.28% by 2015.

- **Reduce child mortality:** India had the highest number of deaths of children under the age of 5 in the world in 2012, with 1.4 million children dying before reaching their fifth birthday, according to the UN. India's Under Five Mortality (U5MR) declined from 125 per 1,000 live births in 1990 to 55 per 1,000 live births at present. The infant mortality rate is likely to reach 40 deaths per 1,000 live births, missing the MDG target of 27 with a considerable margin.
- **Improve maternal health:** According to the UN, almost one-third of all global maternal deaths are concentrated in two countries: India and Nigeria. From a Maternal Mortality Rate (MMR) of 437 per 100,000 live births in 1990-91, India is required to reduce MMR to 140 per 100,000 live births by 2015. India will probably fall short of achieving this and is on track to report 140 per 100,000 live births by 2015.
- **Combat HIV/AIDS, Malaria and other diseases:** "India has made significant strides in reducing the prevalence of HIV and AIDS across different types of high-risk categories. Adult prevalence of HIV has come down from 0.45% in 2007 to 0.27% in 2011. Malaria, both in terms of prevalence and death, has declined. The malaria death rate in the country was 0.09 deaths per lakh population in 2000, which has come down to 0.04 deaths per lakh population in 2012.
- **Ensure environmental stability:** The forest cover in India declined from 2009 to 2011 by 367 sq km. By the 2011 estimate, the most recent one available, forest covers 21.05% of the country's territory. Protected areas, such as wildlife parks, have increased marginally to 4.90% of the total geographical area. India is on track in achieving the MDG target for sustainable access to safe drinking water.
- **Develop Global Partnership for Development:** For India, the main target within this MDG was to make benefits of new technologies, especially information and communication, available to all. It has performed impressively here. Overall tele density (number of telephones per 100 population) has reached 73.5% in 2013 from 9.08% in 2005. India is on track in achieving the MDG target for sustainable access to safe drinking water. It has already achieved that target for both rural and urban areas. The prevailing trend suggests attainability of nearly 100% coverage by 2015.

India's progress on the MDGs: MDG is an UN's initiative which set up eight international developmental goals to address the extreme poverty in all its dimensions income, poverty, hunger, diseases, shelter & exclusions while promoting gender equality, education & environmental sustainability. The recent MDG report 2015 shows India is able to achieve its target to halve the poverty (people having income less than \$1 per day) from 49.8% in 1990 to 24.8% in 2012. But still, it behind its poor neighboring countries Nepal, Bangladesh and Pakistan which have performed better. The hunger target is on track. However still India is dwelling of 1/4th malnourished people, more than 1/3 rd of underweight children and nearly 1/3rd of food insecure people. On education front it performed well in gross enrollment ratio which is nearly one in almost all states. The government Mid-day meal program may be regarded as one factor. However the quality of education and drop outs still remain concerns. It is far behind in its target of reducing MMR & IMR

though it has been improved. The maternal mortality rate has decreased from 560 per lakh in 1994 to 190 per lakh in 2014.

Very little progress in overall poverty levels, lagging in parameters like mortality rates of mothers and children, sanitation measures leave a lot to be desired. India's neighbors like Pakistan, Nepal and Bangladesh have done better especially in reducing poverty. India's progress thus, is perceived to be slow. (UN report data) However, India being larger in size, diversity and population certainly makes meeting targets tougher than her neighbors. The schemes and legislation are in place and their effective implementation and monitoring will certainly help India achieve the MDG targets. India's performance in achieving the targets of millennium development goal can be termed as mixed success with much scope for improvement. However progress is still lagging on infant mortality maternal mortality basic sanitation. Government needs to put more effort in achieving social welfare of every citizens.

India's progress on the MDGs

MDG 1 Poverty and Hunger: Consumption poverty (below national poverty line). Underweight children (<3 years of age)	Latest obs. (2011-12)- 21.9 Latest obs. (2013-2014) - 27
Achieve Universal Education: Net enrolment ratio (primary). Apparent survival rate (Ratio enrolment Grade V to Grade I) most important Youth literacy ratio (15-24 years)	Latest obs. (2013-14) - 88.08 Latest obs. (2013-14) - 93 Latest obs. (2011) - 86
MDG 3 PROMOTE Gender Equality and Women Empowerment: Ratio of girls to boys (primary education. Ratio of girls to boys (secondary education Ratio of girls to boys (tertiary education) Women in wage employment (non-agriculture)	Latest obs. (2011-12) - 1.01 Latest obs. (2011-12) - 0.93 Latest obs. (2011-12) - 0.88 Latest obs. (2011-12) - 19.3
MDG 4 Reduce Child Mortality : Child mortality rate (<5 years, per 1000 live births) Infant mortality rate (<1 year, per 1000 live births). Measles immunization (12-23 months)	Latest obs. (2013) - 49 Latest obs. (2013) - 40 Latest obs. (2009) - 74
MDG 5 Improve Maternal Health: Maternal mortality ratio (per 100,000 live births). Birth attendance by skilled health professional.	Latest obs. (2011-13) - 167 Latest obs. (2009) - 76.2
MDG 6 Combat HIV/ Aids, Malaria and Other Diseases : Prevalence (percent Malaria incidence (per 100,000 TB prevalence (per 100,000	Achieved / Improving Achieved / Improving Achieved / Improving
MDG 7 Ensure Environmental Sustainability: Forest cover (% geographical area) Households with access to water (%) Households with access to adequate sanitation (%)	Achieved / Improving Latest obs. (2011-12) - 90.6 Latest obs. (2011-12) - 54.6

Source: Based on national sources

For underweight children (<3 years) based on national figure from Rapid Survey on Children, 2013-2014, Ministry of Women & Child Development, (2014) Government of India. Baseline

estimate for maternal mortality rate in 1990 based on WHO, (2014). *Source:* Based on national sources.

Note: Latest data for underweight children (<3 years) based on national figure from Rapid Survey on Children, 2013-2014, Ministry of Women & Child India. Baseline Development, (2014) Government of India.

Why India is lagging behind in achieving Millennium Development Goals: India has made significant progress in some areas. In others, the picture is depressing. Performed Well in Reduced poverty and hunger by half (MDG 1), Achieved control on the spread of HIV, malaria etc. (MDG 6), Improved access to adequate sanitation to eliminate open defecation has increased forest cover and has halved the proportion of population without the access to cleaning drinking water, (MDG 7), India's international relations and expanding regional cooperation is positive. (MDG 8) Not reached the Goals in Rising inequality in poverty (MDG 1), lesser women's literacy, (MDG 3), not satisfactory enough in MMR and IMR (MDG 5). The fourth target is reduce two third under five mortality. Though we did progress still lagging in it. India need more capacity building and awareness among people on Maternal health. In this goal we are lagging though we did progress from 560 per lakh to 190 per lakh death at present .Government schemes such as ICDS ,Aganwari and Janani Surkha Yojna are helping in improving the maternal health. Also, Making awareness among people regarding this. "Some of the constraints for not achieving all the MDGs and relatively low performance with respect to neighbouring countries is due to over population, lesser economic strength, government bureaucratic apathy, lack of proper utilization of financial sources need proper admin to control the corruption". Multiple schemes like Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram, etc need to be monitored for their efficacy and effectiveness.

India has managed to control diseases like HIV/AIDS, malaria; mortality rate due to TB has come down. The existence and launch of various programs and policies to address MDG Progress is low. It has been observed that the utilization of services offered by different programs is rather low. On reducing the proportion of underweight children below five years, India has done worse than even least developed countries like Bangladesh and Afghanistan. The progress in reducing mortality in children below five years too has been slower than expected and India has been a laggard compared to other countries. India is also behind most countries on maternal mortality, and has not done enough to catch up with small countries like Bhutan. However, India is track to expand the antenatal care.

The causes for the slow progress, due to income disparities in these countries. India has the highest proportion of poor living and the lowest per capita expenditure on health among the countries studied. India needs to reach a target of 42/1000. Currently the rate is 55/1000 India's target for MMR is 140 per 100,000 live births by 2015, taking a baseline of 560 per 100,000 live births in 1990. India is not on target to achieving the goal of reducing child mortality.

Infant mortality due to low birth weight is usually a direct cause stemming from other medical complications such as preterm birth, poor maternal nutritional status, lack of prenatal care, maternal sickness during pregnancy, and an unhygienic home environments. Those living in poverty cannot afford medical advanced resources which leads to an increased chance of infant mortality. Developing countries have a lack of access to affordable and professional health care resources, and skilled personnel during deliveries. Medical advances in access to clean water, health care facilities, education, and diet. these changes may decrease infant mortality.

Governments could reduce infant mortality by building and strengthening capacity in human resources, such as physicians, nurses, and other health professionals will increase the number of skilled attendants and the number of people able to give out immunized against diseases such as measles, India might miss the target. It has also made significant process in reducing the incidence of tuberculosis and malaria. Though has made progress with regard to few MDG it still lags behind when compared to its immediate neighbours. India needs to gear up and come up with a comprehensive strategy which would plug the loopholes in the existing framework. Persistent inequalities, ineffective delivery of public services, weak accountability systems, and gaps in implementing policies are major bottlenecks to progress. Key recommendations include greater devolution of power to local governments in rural areas, streamlining of funds flow, and use of information technology to reach the 'unreached' and stop leakages. To reduce neonatal mortality has been the promotion of institutional deliveries by providing conditional cash transfer to pregnant women. In addition to cash transfer incentive, women delivering in government institutions are guaranteed free drugs, diagnostic tests, diet and free transport to the healthcare centre. trained healthcare workers presence greatly improves the chances of survival of the newborn babies. Good governance is an effect multiplier and will have a much greater impact on the country's MDGs than just increases in finance, infrastructure and health personnel. Corruption is a deadlier disease which needs urgent attention than most of the medical conditions affecting the people. Clean water, sanitation, nutrition, housing, education, employment and social determinants seem to receive a lower priority despite their known impact on the health of populations.

Conclusion: India has succeeded in bringing down the extreme poverty by more than a half. However, our neighbours have fare even better than us. The country has seen a good rise in the enrolment ratio and hence has performed well. But India still lacks behind in Maternity Morality Rate, Infant Mortality Rate and Basic Sanitation. Allocations of funds needs to remove the disease of corruption & strengthen the governance structure for Transparency and accountability to achieve the MDG.

India could have done much better in achieving MDGs if the government as policy making body and officials as implementing agency had serious concern, commitment, good governance, transparency and accountability. India lags behind on targets for empowering women through wage employment and political participation, reducing child and infant mortality and improving access to adequate sanitation to eliminate open defecation.

Policy interventions might be needed to help India attain its infant mortality MDG. States with high U5MRs and slow decline need to strengthen the health systems, prioritize essential elements of child health and nutrition services (high impact interventions) and develop and expand community participation for the prevention, increasing the use of health services and treatment of childhood illnesses (care seeking, compliance and preventive practices at the household level). Developmental programmes such as the Water and Sanitation Programme. A significant improvement in Indian women's educational attainment must also have played an important role in reducing mortality.

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