

## THE NATURE OF DEPRIVATION IN INDIA WITH SPECIAL REFERENCE TO THE DEPRIVATION OF WOMEN

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### **Introduction:**

The term **Deprived** means a population lacking the financial means, education, family environment, adequate housing and the like, or social ties considered necessary to achieve a fulfilling life, whereas the term **deprivation** indicates the condition of being deprived.

According to Townsend deprived people are “Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or are at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities.”

In geography **deprive** means to keep from the possession of necessary items both physical and cultural which are considered to be inevitable for the fulfilling of the basic needs of a human being. Simply, it is the living standards of people of a country or region. It varies both temporally and spatially in a region or a country there are several disaggregated levels created by different socio-economic groups. The deprivation dimensions range widely from the conventional expenditure dimensions to non-expenditure dimensions such as access to drinking water and clean fuel to health dimensions.

The deprivation is a popular concept in all social sciences. We are not aware of a universal cross-disciplinary definition of the concept but deprivation generally depicts ‘a lack of’ some status, commodities, abilities or capabilities. Deprivation refers to the lack of income, work, education, health public services, human rights, living conditions, social relations, affections, senses and any other attribute that human beings are associated with (Verme, 2007). Townsend argued that “ people can said to be deprived if they lack the type of diet, clothing, housing, household facilities, fuel and environmental , educational, working and social conditions, activities and facilities, which are customary. People are in poverty if they lack the resources to escape deprivation.

Basic minimum needs for any individual involve accessibility to the bare minimum in consumption, education and health. In India development since Independence has succeeded in pulling many from living in a deprived world. However, a large part of India's population continues to live in conditions that are among the worst in the world.

A fundamental question is: what considerations influence how a group of people or a specific region is deprived? To understand the causes behind deprivation it is necessary to understand **spatial interaction**.

Spatial interaction means the movement of peoples, ideas, and commodities within and between areas. Such movements and exchanges are designed to achieve effective integration between different points of human activity. Movement of whatever nature satisfies some felt need or desire. It represents the attempt to smooth out the spatially differing availability of required resources, commodities, information, or opportunities. Neither the world's resources nor the products of people's efforts are uniformly distributed. Commonly flows are responses to these differences; they are links between points of supply and locales of demand. Such response may not be immediate or even direct. Matters of awareness of supplies or markets, the presence or absence of transportation connections, costs of movement, ability to pay for things wanted and needed-all and more are factors in the structure of deprivation. Underlying even these, however, is a set of controlling principles governing spatial interaction.

The conviction that spatial interaction reflects areal differences of resource utilization and consuming behavior. The natures of areal differences are the basic causes of deprivation. According to Edward Ullman spatial interaction is effectively controlled by three flow-determining factors that he called **complementarity, transferability, and intervening opportunity**

If two places are interact, one place must have what another place wants and can secure. That is, one place must have a supply of an item for which there is an effective demand in the other, as evidenced by desire of item, purchasing power to acquire it, and means to transport it. The word describing this circumstance is **complementarity**. Thus supply and demand must be "effective": mere differences from place to place in commodity surplus or deficit are not enough to initiate exchange. So, when complementarity does not exist in between two regions deprivation must arise. On the other hand if one region has no effective supply or demand, that region is deprived than another region where interaction is quite effective. For example, Purulia and Bankura Districts are deprived than North and South 24-Paraganas in terms of

complementarity. Here, the patterns of complementarity underlie the exchanges of the raw materials and agricultural goods of less developed regions.

**Transferability** is an expression of mobility or availability of a commodity or service. It is a function of three interrelated conditions: (1) the characteristics and value of the product or service; (2) the distance, measured in time and money penalties, over which it must be moved; and (3) the ability of the commodity to bear the costs of movement. Thus transferability is one of the basic causes for deprivation, because, if the time and money costs of traversing a distance are too great, exchange does not occur and without exchange of commodities, services or ideas one region must be deprived than other. So, deprivation is not just a physical matter but an economic one as well. If a given commodity or service is not upon affordable or transferable to a region, that region is deprived in terms of the supplying region and the people of that region must go without it.

**Intervening opportunity** demonstrate complementarity at a shorter distance, because complementarity can be effective only in the absence of more attractive alternative sources of supply or demand closer to hand or cheaper.

There are two types of deprivation occur in a region or country. The first one is **regional deprivation** which is the geographical difference between two regions in terms of the availability of basic resources that can support the life of human population in a region. Thus one region is physically deprived than other in terms of the availability of basic resources. The second one is the **human deprivation**, which is now a cause of great concern, as the gap between those at extreme areas in some of the most important issues is first widening with the human progress, be it , in poverty, health, literacy and gender centric issue. Shortages, interruptions in power supply, paucity of funds for infrastructure development, inadequate rail and road networks in rural and interior areas and problems of water supply have impeded the advancement of deprived areas.

Deprivation may be **one-dimensional** i.e. relies on money metric measures such as inequality and poverty rates, based solely on income and expenditure or **multidimensional** that means measures of deprivation based on a wider array of attributes that take rate of the fact that deprivation can occur in multiple dimensions. These measures combine qualitative and quantitative information in evaluating on individual's ability to lead a decent life through access to resources that are both monetary and non monetary in nature.

There are, principally, two alternative approaches to multidimensional deprivation measurement. Each of these involves measuring deprivation for a well defined category (e.g. access to electricity, access to clean fuel for cooking etc.) and then aggregating these category specific deprivation magnitudes into a single member that measures the overall magnitude of deprivation faced by a country or a region. They differ with respect to the emphasis placed when disaggregating the overall deprivation and working out the percentage contribution of each of the aggregated units.

**Nature of deprivation in India:-** when India became independent in 1947, the most conspicuous feature of the Indian economy was that hundreds of millions of India's people lived in conditions of appalling deprivation-in conditions of hunger, ill-health and avoidable diseases, illiteracy and homelessness and subject to different forms of class, caste and gender oppression. Sixty-five years later despite the substantial progress made in many fields the fact remain unchanged. The failure to provide the people of India with adequate food, clothing, shelter and the basic means of self-fulfillment constitutes undoubtedly the most serious failure of public policy in Independent India, and is perhaps one of the most tragic failure stories-of public policy in the world.

To identify people suffering from deprivation from deprivation the Millennium Development Goals (MDG) is used (Devroy). These goals cover four major aspects of human life that need urgent improvements. These include economic well-being and living standards, health status. Access to education and gender equality. The MDG further provide a set of indicators to measure a region's present status and future performance in each of these aspects. Devroy identified from amongst these eight indicators, two each for the four aspects.

The indicators used include

Living Standards

Absolute poverty (HEAD COUNT RATIO)

Hunger (FOOD SUFFICIENCY)

Health

Health of Mother and Child (INFANT MORTALITY RATE)

Public Action in Health (FULL IMMUNIZATION)

Education

Basic Minimum Education (LITERACY RATE)

Unlocking Human Potential (GROSS ENROLLMENT IN ELEMENTARY SCHOOL)

Gender Equality

Among Children ( SEX RATIO IN THE 0 TO 6 AGE GROUP)

### In Opportunities ( RATIO OF FEMALE TO MALE LITERACY RATE

Hunger is the deprivation of the fundamental 'right to food' that human beings have sought to achieve ever since the origin of mankind. The persistence of a scourge like hunger even today among large sections of the Indian population in spite of vast improvement in technology, especially over the last two decades, perhaps remain the greatest contradiction and challenge within the contemporary system.

Under development in India has been characterized by mass poverty, where large chunks of population do not have means to meet their most basic needs such as sufficient food, clothing and shelter. It has been accepted that since economic growth raises income, and as long as income distribution do not worsen, the growth will have a substantial effect on the incomes of poor people and help them to ride out of poverty. India has experienced substantially higher economic growth rate in per capita incomes during last two decades. But the decline of poverty is not same all over the country.

There are two types of hunger. The first one is overt or raw hunger, or the desire to consume food. The second type of hunger occurs when the human body gates used to having less food than necessary for healthy development. It is chronic or endemic hunger. Calorie consumption, body mass index (BMI), stunting and the lack of sufficient variety of food intake, offer a better measure for hunger.

There is a link between nutritional status or health and human effort and productivity. Hunger affects the ability of individuals to work productively, to think clearly, and to resist disease. Hunger may lead to low output and hence poor wages. Hunger in India has gender and age dimensions too. Women, children and old age people are less likely to get full nutritious meals needed for their development. Half of the country's women suffer from anemia and maternal under-nourishment, resulting in maternal mortality and underweight. Hunger and starvation have regional and geographical dimensions. Tribal regions in India have a higher incidence of food insecurity than the non-tribal regions in the same state. Agriculture has brought uneven development occurs regions and is characterized by low levels of productivity and the degradation of natural resources in tribal areas, leading to low crop output and reduced gathering from common property resources (CPRs)

Hunger can also be equated with chronic food insecurity, as both refer to a situation in which people consistently consume diets inadequate in calories and essential nutrients. This often happens as a result of the inability to 'access' food because of lack of purchasing power.

Poverty incidence reported here is simple **headcount ratio (HCR)**, which is a measure of percentage of population living below the poverty line. (Poverty line specified by planning commission, Government of India in 1979 at 1973-74 prices. This poverty line is essentially the cost of a bundle of commodities of share of expenditure on food items is over 80 percent and the remaining for other essential items such as clothing; that could provide a little over 2400 kilocalories to an average Indian living in rural areas. For the urban areas, the commodity bundle is similar, except that the average food energy requirement is estimated at just fewer than 2100 kilocalories on the average. The cost of these bundles was worked out to be Rs 49.09 per person per day for the rural population. For the urban population it was Rs. 56.64. International poverty norm is dollar a day (\$1.08 actually)).

On the basis of this study it has been found that though poverty declining since 1980, but the declining trend is not uniform across the states and regions within the states. Regionally maximum districts of Assam, northern and western part of West Bengal, most of the areas of Jharkhand, Bihar, Chattisgarh, Madhya Pradesh; eastern Uttar Pradesh and a large part of the eastern and northern Maharashtra, a large part of eastern Karnataka; a small pocket of southern Andhra Pradesh, northern Tamil Nadu and eastern Gujarat has been worst affected. On the other hand the smallest proportion of people live in below poverty line at Nagaland, Mizoram, Meghalaya and small part of western Tripura; around Kolkata and Howrah in West Bengal, southern Himachal Pradesh, northern Punjab, most of the Haryana, Jammu region of Jammu and Kashmir, western Gujarat, south western Karnataka, southern Kerala and a small pocket in central Tamilnadu and north-eastern Rajasthan and central Andhra Pradesh.

An extreme form of deprivation is where a person is not consuming sufficient food. An internationally adopted indicator to measure hunger is the percentage of undernourished people. Here, too, India among the bottom lot with 23% of the population undernourished as on 1997-99. This percentage has increased from 21% in 1996-98, in absolute terms; India would have the highest number of undernourished people

If we examine the proportion of people **not getting two square meals a day** regionally we find western and central Arunachal Pradesh, a small part of southern Nagaland, south-eastern part of Manipur, Silchar, Kachhar and eastern Assam, north and western part of West Bengal, north-western, north-eastern and south-eastern part of Bihar, almost all areas of Jharkhand, Orissa, eastern Chattisgarh, some scattered regions of Uttar Pradesh, western

Uttarakhand, some pockets of Madhya Pradesh, south eastern coastal part of Maharashtra, some parts of Andhra Pradesh, a small region of northern Karnataka and some parts of Kerala are worst affected.

Overall **health** conditions have improved in India since Independence. Both mortality and morbidity have come down and life expectancy has risen. Still, a high proportion of the Indian population suffers from preventable infections, pregnancy and childbirth related complications and malnutrition. Further, there exist large variations in health status across and within states. Those intra-and interstate variations are revealed by the spatial analysis of two indicators- **infant mortality** and **complete immunization among children**.

Infant Mortality Rate (IMR) is generally computed as the ratio of infant deaths (i.e the death of children under one year of age) in a given year to the total number of live births in the same year. Mortality rates are indicators of the deprivation of adequate health environment. There are a number of indicators developed mortality these include infant mortality rates, neo-natal and post-natal mortality rates, age-specific mortality rates and maternal mortality rates.

Infant mortality rates are highest in Uttar Pradesh, eastern part of Rajasthan, most of the Madhya Pradesh, Chattisgarh, Orissa, upper part of the Brahmaputra Valley and Silchar of Assam and a small parts southwestern Andhra Pradesh.

Complete immunization includes vaccination of children against six diseases namely Diphtheria, Pertusis, Tetanus, Tuberculosis, Poliomyelitis and Measles. The Government under Expanded Immunization Programme (EIP) aimed at improving child health by providing free vaccination for all for six serious but preventable diseases. Every infant should receive vaccination against these six diseases by the time they complete their first year of life. Most of these six diseases have been the cause of high infant mortality and morbidity in India. Children deprived of immunization are more likely to fall prey to these diseases. Thus percentage children not immunized reflect both the health status of children and also the availability of health facilities.

Geographical variation is still high, with not even 10% coverage in certain districts and 100% coverage in others. Most deprived regions are Rajasthan, Uttar Pradesh, Bihar, Jharkhand, Meghalaya, Arunachal Pradesh, Nagaland, Mizoram, Assam, Murshidabad and Maldaha district of West Bengal, northern parts of Chattisgarh and Karnataka.

**Education** is by far the most potent means of enhancing human development. Both, in terms of economic well being as well as health of an individual and his family. Thus deprivation from education also reflects on the livelihood of

improvement in other sectors of human development. A number of indicators have been developed to measure the extent of educational attainment. These include enrollment rates, dropout rates and literacy rates

**Literacy rate** is measured as the percentage of these aged 7 years and above who are literate is used for a person who can read and write his/her name and a simple sentence. It does not reflect how well written matter can be understood, or how well an individual can communicate in writing.

The spatial spread of the illiterate population varies from 30% (Dantewada in Chattisgarh) to 100% in many districts. The variation is not only across states, but also within states. Very low literacy rates are found in Kashmir Valley region of Jammu and Kashmir, parts of eastern Himachal Pradesh, most of the Rajasthan, eastern and northern parts of Uttar Pradesh, Bihar, Jharkhand, pockets of Madhya Pradesh, northern and southern parts of Chattisgarh, southern Orissa, western and north-central part of West Bengal, most of the Arunachal Pradesh, some parts of Assam, northern Karnataka, Telengana Plateau of western Andhra Pradesh and Kutch region of Gujarat.

**Gross enrollment in elementary School** refers to the ratio of the number of children enrolled in elementary level (class 1 to 8), to the population of 6 to 14 years old. Gross enrolment ratio at the first level of education (primary school) is one of the major indicators used internationally for international comparisons of schooling levels. Gross primary enrolment ratio has been used to indicate broad levels of participation as well as school capacity. It is also a reliable future indicator of probable future adult literacy. This ratio provides an indication of the capacity of each level of the education system. However, a high ratio does not necessarily indicate a successful education system. Enrolling children is half the task. It is meaningful only when they complete it too.

Low level of enrolment ratios are found in eastern part of Arunachal Pradesh, eastern Meghalaya, Uttar Pradesh Bihar, most of the Jharkhand, northern Orissa, south-western corner of Madhya Pradesh, a large part of Gujarat some pockets of Karnataka.

**Gender inequality** is a prevalent feature across all parts of India, though in varying degrees. This has led to the deprivation of half the country's population from basic health, education and income benefits.

**Sex ratio** is defined as females per thousand males for the relevant population age group. The age-group considered here is from 0-6 years and not the overall sex-ratio. The indicator therefore is useful in assessing. I) difference in health



care provided to the two sexes. 2) Nutritional differences between sexes, 3) future sex composition of the population of a country.

Sex-ratio in the 0-6 year age group has shown a sustained fall throughout the last two decades in India. In the male dominated patriarchal society of India where dowry is rampant at time of marriage, deprivation of living standards or education are not likely to be the key causes. The trend of low sex-ratio in 0-6 age group is visible even in economically better off areas of India. Rural areas, that tend to be poorer and more deprived, contain higher females per male than in urban area

Low sex-ratio is observed in Punjab, Haryana, Rajasthan, Gujarat, Chandigarh, Delhi, western part of Uttar Pradesh, some pockets of Northern Bihar, a large part of central Maharashtra, some parts of central Orissa and in Karnataka Plateau.

**Ratio of female to male literacy rate** indicated gender bias in education. The inequality across gender is greatest in Bihar, Uttar Pradesh, Rajasthan, a large part of Madhya Pradesh, Kutch region of Gujarat, parts of Chattisgarh, southern Orissa, north-eastern Andhra Pradesh, some pockets of northern Maharashtra and central Karnataka

The **shelter** or **housing** is one of the three basic needs of human beings which still remains unfulfilled, and it is not only an indicator of social welfare but also has great socio cultural and economic importance. The houses are the human structures, which are used either to live in, or work in or to store things in. A house with the basic amenities of water, sanitation and domestic energy, offering a sense of privacy, safety and dignity is the right of every individual in society. The great portion of population lives in non-livable houses. A major portion cannot even afford a formal house. Economic condition forces them to live in an inferior housing environment

It can be said that shelter is the basic human requirements that needs to be met on priority basis. As per 2001 Census of India 71 per cent of the total population of the country lives in the rural areas where the problem of housing shortage and the lack of civic amenities have become a serious cause for concern. The data released by the Census of India on Houses, Households in the rural areas are 138.27 million as against the availability of 135.05 million houses, of which nearly 11.40 million houses were non serviceable 'kutcha' (temporary) houses needing replacement. Thus requirements of houses in rural areas are 14.6 million units. India's total population 1028.6 million and total urban housing stock is 50.0 million, while total housing requirement including the backlog is estimated about 26.53 million in the country.

According to Khan et. Al, nine states are fall under the category of high level of housing shortage. These are Uttar Pradesh, Bihar, Assam, West Bengal, Orissa, Gujarat, Maharashtra, Andhra Pradesh and Tamil Nadu. There are seven states which experience the medium level of housing shortage. These are Punjab, Haryana, Rajasthan, Tripura, Madhya Pradesh, Karnataka and Kerala. There are twelve states, namely, Jammu & Kashmir, Himachal Pradesh, Uttarakhand, Sikkim, Arunachal Pradesh, Nagaland, Manipur, Mizoram, Meghalaya, Jharkhand, Chattisgarh and Goa comes under the low level of housing shortage.

**High level of socio-economic deprivation** is found in only four states, which are Rajasthan, Uttar Pradesh, Bihar and Madhya Pradesh. There are 21 states of medium level of socio-economic deprivation. It comprises the states of Jharkhand, Orissa, Chattisgarh, Gujarat, Maharashtra, Andhra Pradesh, Karnataka, Goa, Tamil Nadu, West Bengal, Sikkim, Arunachal Pradesh, Nagaland, Manipur, Tripura, Meghalaya, Assam, Jammu & Kashmir, Punjab, Uttarakhand and Haryana. Low-level of socio-economic deprivation is found only in Himachal Pradesh, Kerala and in Mizoram

#### **Discrimination against women;**

A look at the proportions of women and men in Indian society shows that the 2011 census counted 586.47 (48.46%) million women and 623.72(51.54%) million men in a total proportion of 1.21 billion. It shows that women constitute a little less half the total population of India

The term sex-ratio means the number of women per thousand men in a given population at a given time. The 2011 Census shows that there are 940 women for every 1000 men. The sex ratio was much higher and favorable to women a hundred-ten years back that is in 1901 when it is stood at 972 women to 1000 men. Since, then the sex ratio has been declining steadily though with small variation

When we look at the distribution of sex ratios in all the states of India we find that some states have higher sex ratios than other states. Kerala is the only state in India, which has a very high sex ratio, that is there are 1084 women to 1000 men. All the other states have low sex-ratios. The sex ratio of Haryana is only 877 and Jammu & Kashmir is 883 respectively in spite of the fact that the very low sex-ratios are found in those states which are relatively rich in terms of per capita income. The trend of sex ratio is higher in southern states as compared to northern states.

Regarding food consumption, women in India eat less than men in absolute terms. But women are also smaller so need lesser food. The simple observation

that certain people consume less than others is not necessarily evidence of discrimination. When consumption is expressed as a proportion of requirements comparisons become more informative but also more but also more complicated. In India, adult women who are neither pregnant nor lactating actually consume a higher proportion of their energy requirements than adult men, but dietary adequacy deteriorates sharply with pregnancy and lactation. The expected female disadvantage appears when dietary adequacy for all women average is compared with that for men. An explanation that relies on general discrimination against women I intra-household food allocation does not fit a situation in which those women who are neither pregnant nor lactating are better fed than men.

Discrimination against female children is pervasive all over our country. It is seen in all the strata of society and manifests in various forms. Female child has been treated inferior to male child and this is deeply engraved in the mind of the female child. Some argue that due to this inferior treatment the female fail to understand their rights. Women have a biological advantage over men for longevity and survival; however, in spite of this there are more men than women.

There are two main inequalities- the educational inequality and health inequality, these are the indicators of a women's status of welfare. In India, irrespective of the caste, creed, religion and social status, the overall status of women is lower than men and therefore a male child is preferred over a female child.

A social development report presented in 2010 in World Bank and UNDP, found that the time a female child and a male child spends on various activities is similar with the exception of domestic work and social/resting time; a female child spends nearly three-fourths of an hour more on domestic work than a male child and therefore lesser hours of social activity/resting time than boys. Despite progress in advancing gender equity from a legal standpoint in practice many women and female children still lack opportunities, and support for the socio-economic advancement. Historically, the inclusion of young girls and women in education has helped challenge gender and discrimination. This suggests that providing space for young girls to develop leadership skills, through education and healthy living is important. this can shape attitudes towards women as leaders and decision makers especially in conventionally male domains and male dominated cultures. Because of the sex preference of male children in India, female children are deemed of resources in the areas of health and education.

In the western countries women are born with the advantage not just in political and economic opportunities but also in their ability to access health care. In the western nations women typically live about six years longer than men. But this is not true in India. There is plenty of evidence that shows that the girls are been given lesser food and health care than boys especially in Northern India. Girls are breast fed for shorter periods given less medical attention, fewer consultations and visit to a doctor, and in case of an emergency and or a major health concern are taken very late or not at all to the hospital. Because of some culturally assigned duties, many girls miss out on the chance to improve their overall health. Miller called this is an extended: "infanticide", where life sustaining inputs like food, nutrition and health care was denied to the female child. Also, female children in general are given lesser food both in quality and quantity and therefore are undernourished compared to male children. This in turn leads to health issues like anemia and intrauterine growth restriction during pregnancy. Girls in India face higher risks malnutrition, disease, disability and retardation of growth and development. She is considered as a liability and outside commodity. She is deprived of good food and nutrition. According to a global study conducted by Thomas Reutar, India is the fourth most dangerous country for a girl child in the world

The female child in India is often deprived from her right of an education. The basic facility of education is deprived to her. The number of girls dropping out of schools far exceeds the boys. Definitely, this is because she is expected to help at home, either in household work or help in taking care of her younger siblings. Nearly 80% of the girls drop out from standards of 1 to 5. Out of 100 girls that enroll in class 1 only 42 reach class 5. Among scheduled caste and scheduled tribe many of those who live below poverty line of the 100 girls only 19 reach class 5.

### **Conclusion**

Deprivation in our country is relative, multi-dimensional and perceptual. It differs in time , space and nature. Also, it refers to spatial as well as structural disparity. Hence, because of its complex characteristics, there is no easy solution to eradicate deprivation. The degree of deprivation of a place and that of the people living their get impacted upon each other. This is of so because the people and places are inter-woven in symbolic relationship. All parts of a country are not equally endowed with rich natural and human resources. Resource rich areas leave behind their poor counterparts on the path of development. Gradually the gap widens and as a result deprived places and

people conscious of the widening gap, demand the measures to mitigate deprivation

The deprived regions of India are still now suffering from ‘resource curse’ or ‘paradox of plenty’, which refers to the paradox that areas with an abundance of natural resources, specifically point-source non-renewable resources like minerals and fuels tend to have less economic growth and worse development outcomes than areas with fewer natural resources. This is hypothesized to happen for many different reasons, such as 1) a decline in the competitiveness of other economic sector, 2) volatility of revenues from the natural resources sector due to exposure to global commodity market savings, 3) government mismanagement of resources and 4) weak, ineffectual, unstable or corrupt institutions.

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