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**RELATIONSHIP BETWEEN POVERTY AND HEALTH IN ODISHA**- Linsa Ray <sup>1</sup>**ABSTRACT:**

Poverty is one of the most dangerous threat to human existence. Poverty has now become a multidimensional aspect day to day life. Odisha became a separate linguistic state on 18 April 1936. Odisha has become highly legalised of its heritage ,its culture, history and natural resources. Its very unfortunate to say Odisha is land of poverty. Even after all this Odisha has been pulled off completely from handcuffs of poverty. Poverty has adverse impact on health because of malnutrition and poor sanitation, unsafe drinking water etc. Health care of Odisha is far and better satisfactory. One common technique is used to measure poverty is poverty line. As per analysis ,there is large number of disease in Odisha. Improvement of health results in improvement in national income ,poverty could decline on account of both standard tickle down effects and an increased financial capacity of nations to set up safety nets.

In this context, paper will give the theoretical understanding of poverty and intends to evaluate the prevailing scenario and its adverse impact on human lives in Odisha. It will also analyse about the relation between poverty and health. Health related expenditure increase debt position of poor household and they are again in poverty trap. Also it will reflect about the alleviation of poverty.

**KEYWORDS:** poverty, Odisha, health, alleviation.

**INTRODUCTION:**

India`s population is her 42 million including Scheduled Castes and Scheduled Tribes. Of these, 62 tribes live in Orissa. During the planning period, India's national and per capita income rose, social welfare rose, literacy rose, and people were able to meet more and more needs, but poverty There are some dramatic differences within and between states when it comes to the health status of people in India. Orissa is a state in which the infant mortality rate is receding.

In light of this, the Orissa Health Sector Plan (OHSP) aims to achieve equity in health

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outcomes, focusing primarily on access to services by vulnerable and marginalized groups such as women, castes and tribes. OHSP will develop strategies and action plans to integrate ways to address social exclusion, including gender inequality, throughout the programme. Poverty is currently an unstoppable obstacle on its path of development and the people of Orissa are still dying of hunger and living a very minimal life. It's time to take a new beginning for an ideal poverty-free state of Orissa.

### OBJECTIVE:

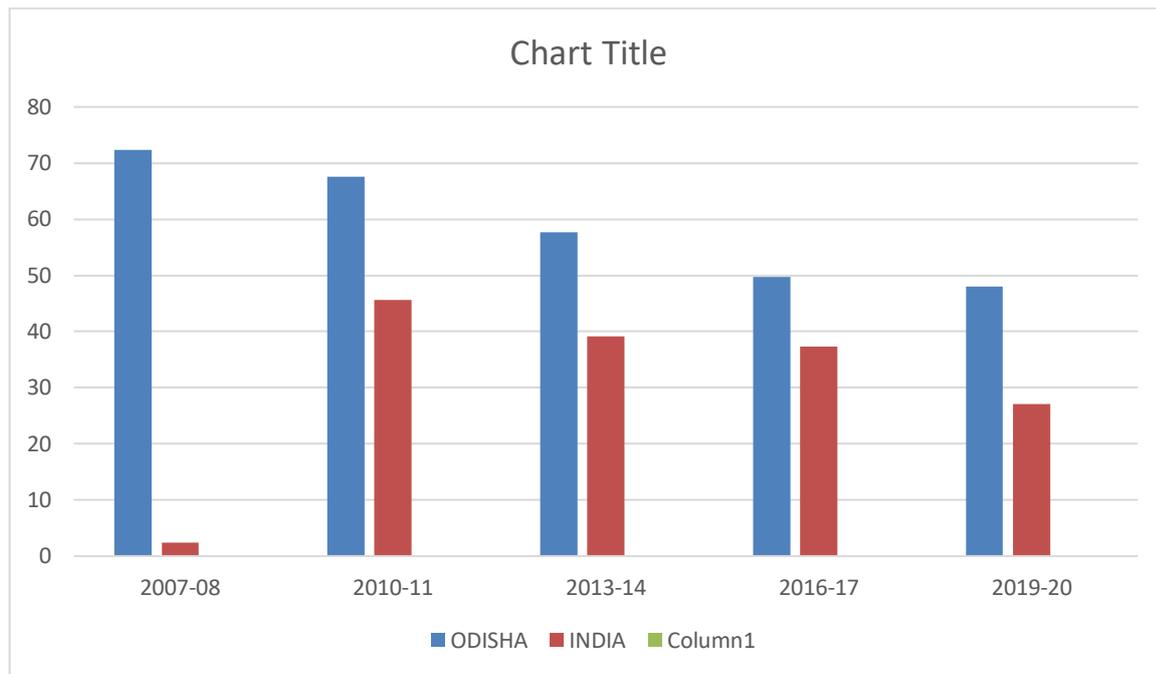
In this context ,this paper aims to give the theoretical underpinnings of poverty to evaluate the present scenario and its adverse impact and health of poor persons as well. The study also strives to analyse allocation of resources for health care system as well as peoples financing pattern on health care which affect to their livelihood situation .

### ODISHA CONTEXT IN POVERTY:

BiswamoyPati Orissa as: “According to Nitti Ayog, 30% of the population in Orissa is poor. Nitti Ayog reports that in districts of Navarampur he is 59.32% poor. Inneighboring districts such as Koraput and Malkangiri Half of the population is poor.

(TABLE1)

YEARS	ODISHA	INDIA
2007-08	72.38	53.07
2010-11	67.53	45.65
2013-14	57.64	39.09
2016-17	49.72	37.27
2019-20	48.01	27.09

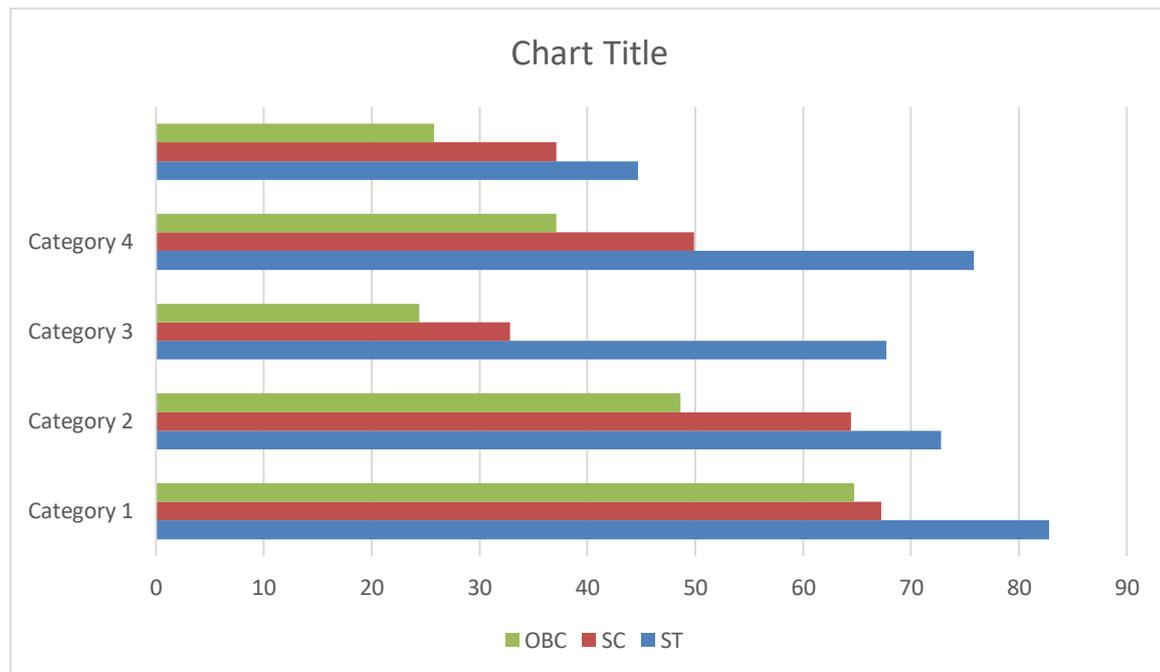


(As per table2)

Table 2 shows that Orissa's population is below the poverty line compared to other major states. From the table above, we can see that poverty in Orissa has decreased over time and is still the highest among the major states. According to the Rural Odisha Health Commission, Odisha's percentage of her 4,444 residents in 2019-20 was below the poverty line at 32.4%. Many anti-poverty programs have begun to address chronic and extreme poverty by creating jobs and creating durable and productive assets through institutional credit support and livelihood subsidies. Poverty is increasing every day around the world. Instead of spending billions of rupees on relief programs. Poverty is a measure of income that reflects the ability to dispose of material resources. The extent of poverty in a country or region depends on income levels and their distribution. Poverty rates are high in Orissa. HCR, PG and SPG reflect the degree and severity of poverty. In Orissa, areas such as the south and north are less developed than the coastal areas. One of the most important reasons for this is the high concentration of ST populations in the two regions. In 2009, the proportion of ST populations in coastal areas was estimated at 64.0% .

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Poverty rate analysis shows that the incidence of rural poverty is very high in both Orissa and other states. Evaluations of anti-poverty programs show many problems. As mentioned earlier, in Orissa, a percentage of rural families live below the poverty line. The Panchayati Raj Department of the Government of Orissa produced district-by-district estimates of rural households below the poverty line based on income bracket and occupation. Projected tribal and caste populations, especially her ST population, are very backward class. Analysis shows that Orissa is one of the poorest states in our country, with people's living conditions below the national average in terms of various development indicators. In order to improve the living conditions of the people, the Orissa government has taken various welfare measures. Government intervention in the form of anti-poverty programs, elimination of hunger programs, to improve people's living standards., employment protection system, public decentralization system, lunch regulation, etc.

For the rural poor, the program was first introduced on October 2, 1993 in 143 blocks of a revised public decentralization system of 16 districts. . A field survey conducted in the Mayurbanji district of Orissa shows one-sidedness in the implementation of the programme. . Additionally, most beneficiaries did not receive an EAS card. . These shortcomings have prevented the program from eradicating rural poverty.

### **MIDDAY MEAL SYSTEM:**

The central government launched a lunchtime program on August 15, 1995 to reduce early

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school dropouts and promote primary school employment, attendance and retention. The program is implemented in her 40,967 primary schools targeting her 430,000 pupils in District 30 of Orissa. In Orissa, the problems identified in the PDS are: All the necessities of life are needed by the poor. BC The quantity of various commodities delivered to the poor is not enough to ensure their livelihood.

International voluntary and charity organisations have assisted. Church World Service has provided milk powder to Delhi and Madras Municipal Corporation; CARE has provided corn soya meal, Bulgar wheat, and vegetable oils; and UNICEF has provided high proteins foods and educational support. In 1982, 'Food for Learning' was launched with assistance from the Food and Agriculture Organization (FAO). Initially the programme was aimed at scheduled caste and scheduled tribe girls. In 1983, the federal Department of Education prepared a scheme under the auspices of the World Food Programme to supply meals to 13.6 million scheduled caste girls and 10.09 million scheduled tribe girls in classes one to five in 15 states and three union territories. The value of the food itself was \$163.27 million per year. Labour, facilities, and transportation costs were to be paid by the state governments.

#### ODISHA CONTEXT IN THE HEALTH

“The poor live shorter lives and are more ill than the wealthy. This disparity highlights the striking sensitivity of health to the social environment. It is one of the most important indicators to determine. According to Human Development Report Odisha 2018, the statewide HDI value is 0.579. The county health index within the state ranges from 0.006 to 0.782.

DISTRICT	HEALTH INDEX	HDI RANK
Malkangiri	0.122	30
Kandhamal	0.006	29
Gajapati	0.173	28
Koraput	0.218	27
Nabarangpur	0.34	26
Rayagada	0.25	25
keonjhar	0.34	24
Boudh	0.423	23
Jajpur	0.333	22
Bolangir	0.468	21
Ganjam	0.404	20

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Jagatsinghpur	0.288	19
Balasore	0.442	18
Baragarh	0.449	17
Sonepur	0.474	16
Nayagarh	0.402	15
Nuapada	0.692	14
Sambalpur	0.436	13
Dhenkanal	0.468	12
Kalahandi	0.243	11
Kendrapada	0.596	10
Mayurbhanj	0.782	9
Bhadrak	0.673	8
Puri	0.622	7
Angul	0.481	6
Deogarh	0.776	5
Sundargarh	0.692	4
Cuttack	0.686	3
Jharsuguda	0.635	2
Khordha	0.724	1
ODISHA	0.468	

(Table 2)

children under 5 years of age. Therefore, as far as IMR is concerned, there is According to Table 2, districts with the lowest HDI ranks, such as Malkangiri, Kandhamal, Koraput and Nabarangapur districts, have the lowest health indices. Cuttack, Jharsuguda, Sundargarh and Khordha, on the other hand, have the highest HDIs, apart from better income opportunities. People's health is the most important indicator of human development. According to Rural Development in Orissa, the prevalence of the disease in women in Orissa is relatively higher than her NSSO survey in 2020. This is evident in the study that 23 per 1,000 are women compared to 33 per 1,000. An attempt was made to analyse the results of various health studies conducted at the national and regional levels, including a comparative analysis between Odisha and other states. In-state education, age groups, etc. The report also attempted to clarify her 5-year reported mortality rates of new-borns, neonates, infants and not much difference between

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NHFS and SRS data.

#### MEASURES TAKEN TO ABOLISH POVERTY AND HEALTH

- 1.Swarnajayanti Gram SwarazgarYojna
- 2.SampurnaGraminRojgarYojna
- 3.MatrutiSmrutiYojna
- 4.JananiSahayataYojna
- 5.Swasthya Sebeka NijuktiYojna

#### CONCLUSION:

In summary, Orissa is one of the poorest states in our country. Poverty rates were higher in northern and southern provinces than in coastal areas. There was a higher incidence of poverty among populations of planned tribes than populations of planned castes and other castes. Orissa has made many strides to become a social determinant of health. and poverty. Moreover, the proportion of rural families living below the poverty line was much higher in the provinces. In light of the above results, this indicates that efforts have been made to reduce the incidence of poverty among the state's population. Increased economic growth is needed to improve people's living conditions. Most poor people get Medicare from government departments, primary care centers. Medical expenses are cheaper than the private sector. There is an urgent need for basic and emergency medical care in Orissa. There is a strong positive correlation between her starting per capita income statewide. Growth-oriented policies will lead to improved health conditions for the population. Growth-oriented policies lead to improved public health.

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