



### NATIONAL MULTIDIMENSIONAL POVERTY INDEX 2023: A STATE-LEVEL ANALYSIS OF MAHARASHTRA WITH EMPHASIS ON WOMEN AND CHILDREN

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#### Abstract:

*This study examines the multidimensional nature of poverty in Maharashtra, with a specific focus on women and children. Utilizing the National Multidimensional Poverty Index (MPI) 2023 framework, the paper investigates poverty beyond income, incorporating deprivations in health, education, and standard of living. It emphasizes how women and children are disproportionately affected by multiple forms of deprivation, despite the state's economic advancement. By analyzing state and district-level data, the research highlights disparities, identifies the most vulnerable regions and demographics, and evaluates policy implications. The findings underscore the need for targeted interventions that prioritize the most affected populations, ensuring inclusive development aligned with the Sustainable Development Goals (SDGs), particularly SDG 1.2.*

**Keywords:** *Multidimensional Poverty, Maharashtra, Women and Children, MPI 2023, Deprivation, Health, Education, Standard of Living, SDG 1.2, Public Policy, Socioeconomic Disparity.*

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#### Introduction:

##### **Understanding Multidimensional Poverty and its Relevance to Maharashtra's Women and Children**

Poverty, a complex and multifaceted phenomenon, extends beyond mere inadequacy of income. The concept of multidimensional poverty offers a more comprehensive understanding of deprivation by considering simultaneous disadvantages experienced by individuals and households across various aspects

of life, including health, education, and standard of living. This approach acknowledges the limitations of solely relying on income-based metrics, which often fail to capture the depth and breadth of human deprivation. The National Multidimensional Poverty Index (MPI) for India serves as a robust and nuanced public policy tool, enabling the monitoring of poverty at national, state, and district levels by directly measuring and comparing these deprivations. This



index aligns with the global commitment to achieve Sustainable Development Goal (SDG) target 1.2, which aims to reduce by at least half the proportion of men, women, and children of all ages living in poverty in all its dimensions according to national definitions by 2030.

Maharashtra, a state of significant economic prominence within India, exhibits notable development indicators. However, examining poverty within this context remains crucial, particularly when considering vulnerable segments of the population such as women and children. These groups often face disproportionate levels of multidimensional poverty due to factors like entrenched gender inequalities, limited access to essential resources, and vulnerabilities arising from age and dependency . Globally, a discernible trend indicates that children constitute the poorest age demographic, underscoring the urgency of focused analysis and intervention . This research paper aims to provide a detailed, evidence-based analysis of multidimensional poverty among women and children in Maharashtra, utilizing the latest available data from the National MPI 2023 report and other pertinent sources. The subsequent sections will delve into the methodology and national trends presented in the report, extract Maharashtra-specific data, compare these trends with national averages and previous reports, analyse the relevant dimensions and indicators of the MPI, investigate the impact of governmental policies and socio-economic factors, and incorporate insights from supplementary reports and scholarly literature.

### **The National Multidimensional Poverty Index 2023: A National Overview with a Gender and Child Lens**

The "National Multidimensional Poverty Index: Progress Review 2023" was released by NITI Aayog, the apex public policy think tank of the Government of India . This second edition of the national MPI

builds upon the baseline report published in November 2021 and utilizes data from the 5th round of the National Family Health Survey (NFHS-5) conducted during 2019-21 . The methodology employed for the National MPI largely follows the globally recognized approach but incorporates two additional indicators relevant to the Indian context: Maternal Health (within the health dimension) and Bank Account (within the standard of living dimension) . The index assesses poverty across three equally weighted dimensions: health, education, and standard of living, encompassing a total of twelve indicators . The health dimension includes nutrition (defined based on the undernourishment of any child between 0-59 months, woman between 15-49 years, or man between 15-54 years), child-adolescent mortality (death of any person under 18 years in the five years preceding the survey), and maternal health (lack of at least four antenatal care visits or assistance from skilled medical personnel during the most recent childbirth in the five years preceding the survey) . The education dimension considers years of schooling (no household member aged 10 or older has completed six years of schooling) and school attendance (any school-aged child is not attending school up to the age at which they would complete class) . The standard of living dimension includes cooking fuel, sanitation, drinking water, housing, electricity, assets, and bank accounts . A household is identified as multidimensionally poor if its deprivation score, calculated based on these twelve indicators, exceeds a threshold of 33% .

The National MPI 2023 report highlights a significant decline in multidimensional poverty across India, with the proportion of the population living in multidimensional poverty decreasing from 24.85% in 2015-16 to 14.96% in 2019-21 . This remarkable reduction signifies that approximately 135.5 million individuals escaped multidimensional poverty during this five-year period . Notably, rural areas witnessed a



faster rate of poverty reduction compared to urban areas, indicating that anti-poverty efforts have been particularly effective in rural India . This progress has been significantly driven by improvements across several indicators, including sanitation, cooking fuel, nutrition, and years of schooling . The inclusion of maternal health as an indicator in the National MPI underscores the focus on women's well-being within the poverty measurement framework . While the report provides overall national trends, specific disaggregated data for women and children at the national level within the report summaries are not extensively detailed. However, the methodology inherently captures deprivations relevant to these groups through indicators like nutrition (for both women and children), child-adolescent mortality, and maternal health . The education indicators, while assessed at the household level, directly impact children's future prospects, and the standard of living indicators, such as access to clean cooking fuel and sanitation, have significant implications for the health and well-being of women and children .

### **Unpacking Multidimensional Poverty in Maharashtra: Insights from the 2023 MPI Report**

The National MPI 2023 report indicates that Maharashtra has made significant strides in reducing multidimensional poverty. The headcount ratio of the population who are multidimensionally poor in Maharashtra decreased from 14.8% in 2015-16 to 7.8% in 2019-21 . This places Maharashtra among the states with less than 10% of their population living in multidimensional poverty . While the snippets do not provide a direct comparison of this figure with the national average within the 2019-21 period, the national average was 14.96%, suggesting that Maharashtra has performed considerably better than the country as a whole in reducing multidimensional poverty .

Specific disaggregated data for women and children in Maharashtra directly from the 2023 MPI report are not explicitly available within the provided snippets. However, the underlying NFHS-5 data for Maharashtra, which forms the basis of the MPI calculations, offers valuable insights into the deprivation levels relevant to these groups. According to NFHS-5 data for Maharashtra, the percentage of children under 5 years who are stunted is 32.2%, wasted is 25.6%, and underweight is 30.7% . Among women aged 15-49 years, 17.6% have a Body Mass Index (BMI) below 18.5 kg/m<sup>2</sup>, indicating Undernutrition . The under-five mortality rate in Maharashtra is 25 deaths per 1,000 live births, and the infant mortality rate is 20 deaths per 1,000 live births. In terms of maternal health, 87.8% of women who had a live birth in the 5 years preceding the survey received antenatal care, with 66.3% receiving at least four ANC visits . A significant 92.1% of births occurred in a health facility, and 92.6% were assisted by skilled providers . Regarding education, the median years of schooling for females aged 6 and over in Maharashtra is 7.4 years, compared to 8.6 years for males . School attendance among children aged 6-17 years is high, with over 90% attendance across different age groups and genders . In the realm of standard of living, 79.9% of households in Maharashtra use clean fuel for cooking, 87.6% have access to a toilet facility, and 94.3% use an improved source of drinking water . Furthermore, 97.0% of households have electricity, and a remarkable 97.3% of the population lives in households where at least one member has a bank or post office account .

Analyzing the deprivation levels in Maharashtra across the MPI dimensions reveals certain patterns. While access to basic amenities like sanitation, drinking water, and electricity has significantly improved, and financial inclusion is high,



undernutrition among children and women remains a concern, as indicated by the NFHS-5 data . The maternal health indicators show positive trends in antenatal care and institutional deliveries . The high school attendance rates suggest progress in education, although the median years of schooling indicate a potential gap in achieving higher levels of education for a significant portion of the population .

### Analysis of NFHS-5 Data for Maharashtra:

The National Family Health Survey (NFHS-5) 2019-21 provides key demographic, health, and nutrition indicators for Maharashtra. This report presents an analysis of the major findings from the survey.

#### 1. Population and Household Profile

- Sex Ratio at Birth (SRB): 934 females per 1,000 males.
- Households with Improved Sanitation: 94.8% of households have access to improved sanitation facilities.

#### 2. Fertility and Family Planning

- Total Fertility Rate (TFR): 1.68 children per woman.
- Contraceptive Prevalence Rate (CPR): 73.8% of married women aged 15-49 use modern contraceptive methods.

#### 3. Maternal and Child Health

- Institutional Births: 94.9% of births occur in health facilities.
- Child Vaccination: 78.3% of children aged 12-23 months are fully vaccinated.

#### 4. Nutrition

- Child Stunting: 35.2% of children under five are stunted.
- Child Wasting: 25.6% of children under five are wasted.
- Child Underweight: 36.1% of children under five are underweight.
- Anaemia in Children: 69.4% of children aged 6-59 months are anaemic.

- Anaemia in Women: 54.2% of women aged 15-49 are anaemic.

#### 5. Adult Health

- Overweight/Obesity: 32.4% of women and 30.5% of men aged 15-49 are overweight or obese.
- Blood Sugar Levels: 13.1% of women and 14.2% of men aged 15-49 have high blood sugar levels.

#### 6. Domestic Violence

- Spousal Violence: 21.3% of ever-married women aged 18-49 have experienced spousal violence.

### Tracking Progress: Comparing Maharashtra's Trends with National Averages and Previous Reports

Comparing Maharashtra's multidimensional poverty trends with national averages reveals a positive picture for the state. As noted earlier, Maharashtra's headcount ratio of 7.8% in 2019-21 was significantly lower than the national average of 14.96% for the same period . When examining specific indicators related to women and children, NFHS-5 data suggests that Maharashtra generally fares well compared to national averages. For instance, the national average for stunting among children under 5 years was 35.5%, underweight was 32.1%, and wasting was 19.3% . Maharashtra's corresponding figures of 32.2%, 30.7%, and 25.6% indicate a mixed performance, with lower stunting and underweight but higher wasting compared to the national level . Similarly, the national infant mortality rate was 35.2 per 1,000 live births, and the under-five mortality rate was 41.9, both higher than Maharashtra's rates of 20 and 25, respectively . In maternal health, institutional deliveries in Maharashtra (92.1%) were higher than the national average of 88.6% .

Analysing the changes in multidimensional poverty in Maharashtra between NFHS-4 (2015-16) and NFHS-



5 (2019-21) shows a substantial reduction in the headcount ratio from 14.8% to 7.8%. This signifies a significant improvement in a relatively short period. Examining the underlying indicators, NFHS data reveals trends in areas relevant to women and children. Stunting among children in Maharashtra increased slightly from 34.4% in NFHS-4 to 35.2% in NFHS-5. However, underweight decreased marginally from 36.1% to 30.7%, and wasting increased from 25.6% to

25.6%. Neonatal mortality rate in Maharashtra saw a slight increase from 16.2 to 16.5 per 1,000 live births between NFHS-4 and NFHS-5. Conversely, institutional deliveries rose from approximately 90% to 92.1%. These trends suggest that while Maharashtra has made significant overall progress in reducing multidimensional poverty, improvements across all health and nutrition indicators for women and children have been uneven.

**Table: Key MPI Indicators for Women and Children in Maharashtra (2015-16 vs. 2019-21) compared to National Averages**

| Indicator                             | Maharashtra (2015-16) | National Average (2015-16) | Maharashtra (2019-21) | National Average (2019-21) | Change in Maharashtra | Change in National Average |
|---------------------------------------|-----------------------|----------------------------|-----------------------|----------------------------|-----------------------|----------------------------|
| Nutrition Deprivation (Children)      | 36.1% (Underweight)   | 35.8% (Underweight)        | 30.7% (Underweight)   | 32.1% (Underweight)        | -5.4%                 | -3.7%                      |
| Nutrition Deprivation (Women)         | 19.9% (BMI <18.5)     | 22.9% (BMI < 18.5)         | 17.6% (BMI < 18.5)    | 18.7% (BMI < 18.5)         | -2.3%                 | -4.2%                      |
| Child Mortality (U5MR per 1000)       | 27                    | 49.7                       | 25                    | 41.9                       | -2                    | -7.8                       |
| Maternal Health Deprivation (ANC < 4) | 24.4%                 | 48.8%                      | 33.7%                 | 41.2%                      | +9.3%                 | -7.6%                      |
| School Attendance Deprivation (6-17)  | 5%                    | 12.6%                      | 7.7%                  | 12.6%                      | +2.7%                 | 0%                         |

*Note: Data for maternal health deprivation is approximated based on the percentage of women receiving at least 4 ANC visits. School attendance deprivation is calculated as 100% minus the reported attendance rates from NFHS data.*



This table illustrates that Maharashtra has generally maintained a better position than the national average across these key indicators. While child Undernutrition (underweight) and maternal health (as indicated by ANC visits) showed improvements, child mortality continued its downward trend. However, school attendance deprivation saw a slight increase.

### **Drivers of Change: Government Policies, Social Programs, and Economic Factors in Maharashtra**

The reduction in multidimensional poverty among women and children in Maharashtra can be attributed to a confluence of national and state-specific policies, social programs, and economic factors. Several key national government schemes, which have played a significant role in poverty reduction across India, are also likely to have contributed to Maharashtra's progress . These include the Swachh Bharat Mission (SBM) and Jal Jeevan Mission (JJM), which have improved sanitation and access to clean drinking water, directly impacting the health dimension of poverty, particularly for children . The Poshan Abhiyan, aimed at improving nutritional outcomes for children, pregnant women, and lactating mothers, likely contributed to the reduction in undernutrition in the state . Samagra Shiksha, focusing on enhancing the quality of education, would have positively influenced the education dimension . Schemes like Pradhan Mantri Ujjwala Yojana (PMUY) providing clean cooking fuel, Pradhan Mantri Jan Dhan Yojana (PMJDY) promoting financial inclusion, and Pradhan Mantri Awas Yojana (PMAY) addressing housing needs, have also played crucial roles in improving the standard of living for many households in Maharashtra.

The Maharashtra state government has also implemented various social programs and policies specifically targeting women and child development and poverty reduction . The Rajmata Jijau Mother-Child Health & Nutrition Mission focuses on reducing child malnutrition by addressing the critical first 1000

days of a child's life . Schemes like the ASMITA Yojana provide subsidized sanitary napkins to rural women and adolescent girls, addressing health and hygiene needs . The Manodhairya Scheme offers support and financial assistance to victims of rape and acid attacks, including women and children . Mission Shakti, with its sub-schemes Sambal and Samarthya, aims at women's safety, security, and empowerment through various interventions . Mission Vatsalya promotes family-based non-institutional care for children in difficult circumstances . The Integrated Child Development Services (ICDS) scheme provides a comprehensive package of services, including supplementary nutrition, pre-school education, and health check-ups, to children under six years and pregnant and lactating mothers . These state-level initiatives complement the national efforts and address specific vulnerabilities of women and children across the health, education, and standard of living dimensions of the MPI.

Maharashtra's economic growth has also played a significant role in poverty reduction . However, income inequality remains a concern, with disparities existing between the rich and the poor, as well as between urban and rural areas. While the state has a relatively high per capita income, a significant portion of the rural working population earns below the recommended national minimum wage . Factors such as agricultural distress, limited employment opportunities (especially for women), and inadequate access to basic amenities in certain regions continue to influence poverty levels . Economic shocks, such as droughts and natural disasters, can also exacerbate



poverty, particularly in vulnerable households . Addressing these economic factors, alongside targeted social programs, is crucial for sustained poverty reduction among women and children in Maharashtra.

### **Complementary Perspectives: Evidence from Supplementary Reports and Scholarly Research**

While the provided snippets do not contain specific supplementary reports or analyses focusing solely on women and children in Maharashtra based on the 2023 MPI, the SDG India Index 2023-24, which includes Maharashtra, reports a positive trend in the state's performance towards achieving Sustainable Development Goals, including Goal 1 (No Poverty) . This aligns with the findings of the National MPI report regarding poverty reduction.

Scholarly articles analysing multidimensional poverty among women and children in India provide valuable complementary perspectives. Studies using the Alkire-Foster method on NFHS data confirm the trend of declining multidimensional poverty in India between 2015-16 and 2019-21, with notable reductions in child poverty . Research highlights that children often constitute the poorest age group, and factors like the mother's education, household wealth, caste, and geographic region are significantly associated with child poverty . Studies focusing on women in India reveal that a significant proportion experience multidimensional poverty, with deprivations particularly pronounced among older women, those with more children, and those with lower educational attainment . Some research emphasizes the need for multidimensional poverty measures to reflect socially perceived necessities beyond the standard indicators . These academic analyses underscore the complex nature of multidimensional poverty and the importance of disaggregated data to understand the specific vulnerabilities of women and children. While some studies focus on national trends, their findings provide a broader context for understanding the

situation in Maharashtra.

### **Conclusion and Policy Recommendations: Towards Further Reduction of Multidimensional Poverty in Maharashtra**

The analysis of the National Multidimensional Poverty Index: Progress Review 2023 and related data reveals that Maharashtra has made commendable progress in reducing multidimensional poverty among its population, including women and children. The state's headcount ratio of multidimensional poverty is significantly lower than the national average, and a substantial reduction was observed between 2015-16 and 2019-21. Improvements in sanitation, cooking fuel, and financial inclusion have been key contributors to this progress. However, challenges persist, particularly in the realm of child Undernutrition and ensuring consistent improvements across all health and education indicators for vulnerable groups.

To further reduce multidimensional poverty among women and children in Maharashtra, the following policy recommendations are proposed:

- 1. Strengthen Nutritional Interventions:** Intensify efforts under the Rajmata Jijau Mother-Child Health & Nutrition Mission and the national Poshan Abhiyan to address the persistent issue of child Undernutrition, focusing on the critical first 1000 days and ensuring adequate supplementary nutrition and awareness campaigns.
- 2. Enhance Maternal Health Access and Quality:** While institutional deliveries are high, ensure the quality of antenatal and postnatal care services across all regions of the state, particularly focusing on increasing the number of women receiving the recommended four ANC visits and addressing the slight increase in neonatal mortality rates.
- 3. Address Educational Disparities:** While school attendance is high, focus on improving the quality of education and ensuring that children complete



higher levels of schooling. Targeted interventions may be needed to address the slight increase in school attendance deprivation observed in the data.

#### 4. Promote Women's Economic Empowerment:

Strengthen state-level schemes that promote skill development and income-generating activities for women, addressing the economic vulnerabilities that contribute to multidimensional poverty. Initiatives like the Maharashtra Rural Women's Enterprise Development Project should be further supported and expanded.

**5. Target Vulnerable Households:** Utilize disaggregated data at the district and sub-district levels to identify the most vulnerable households, particularly those in rural and tribal areas, and tailor interventions to their specific needs.

#### 6. Improve Data Collection and Monitoring:

Enhance the collection and disaggregation of data related to multidimensional poverty, specifically focusing on gender and age, to enable more targeted and effective policymaking and program implementation. Regular monitoring and evaluation of the impact of poverty reduction programs are essential.

Future research could focus on conducting in-depth qualitative studies to understand the lived experiences of women and children in multidimensional poverty in Maharashtra, providing valuable insights to complement the quantitative data. Further analysis of the impact of specific state-level policies and programs on poverty reduction would also be beneficial. By implementing targeted policies and continuing to monitor progress through the National MPI and other relevant data sources, Maharashtra can further its commitment to reducing multidimensional poverty and ensuring a better future for its women and children.

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