AJSIHD
GLOBAL RESEARCH NETWORK

AMERICAN Journal of Science on Integration and Human Development
Volume 4, Issue 01, 2026 ISSN (E): 2993-2750

Poverty and Human Development in India: A Study of Basic Socioeconomic Indicators

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Abstract: This study examines the relationship between poverty and human development in India through selected basic socioeconomic indicators. It moves beyond a narrow income-based view of poverty and adopts a broader perspective that includes education, health, living conditions, employment, consumption, and human development outcomes. The study is based on secondary data drawn from trusted sources such as NITI Aayog, NFHS-5, PLFS 2023–24, HCES 2023–24, Census 2011, and UNDP. The findings show a clear decline in multidimensional poverty in India between 2015–16 and 2019–21, with a sharper reduction in rural areas. At the same time, the data reveal important progress in household amenities such as electricity, drinking water, and iodized salt usage. However, major disparities continue in sanitation, clean cooking fuel, education, health, and employment, especially between rural and urban areas and between men and women. Rural India shows higher fertility and mortality rates, while urban India records higher consumption expenditure and better educational outcomes. The state-wise correlation analysis further shows a negative association between multidimensional poverty and monthly per capita consumption expenditure, particularly rural MPCE. The study concludes that although India has made noticeable progress in reducing poverty and improving human development, persistent inequalities in access, opportunity, and living conditions continue to limit inclusive development.

Keywords: Multidimensional Poverty, Human Development, Socioeconomic Indicators, Rural-Urban Inequality, Consumption Expenditure, Educational Development, Health Outcomes, Employment Conditions, Inclusive Development.

Introduction

Poverty and human development are closely linked dimensions of socioeconomic progress, especially in a developing country like India where improvements in income, education, health, nutrition, and living conditions shape the quality of life of a very large population. Although economic growth has expanded opportunities in many sectors, the persistence of deprivation in health, education, employment, and access to basic household facilities continues to influence the overall development process. Therefore, the study of poverty in India can no longer be limited only to income deficiency; it must also include broader human development indicators such as literacy, health outcomes, employment status, sanitation, housing, and standard of living (NITI Aayog MPI 2023). India's demographic size makes this issue especially important.

According to the Census of India 2011, the country had a population of about **1.21 billion**, including around **623.7 million males** and **586.5 million females**, with a sex ratio of **940 females per 1,000 males** (Census of India 2011). The same source reports an overall literacy rate of **74.04 percent**, with male literacy at **82.14 percent** and female literacy at **65.46 percent**, showing that educational development has improved but gender disparity still remains significant (Census of India 2011).

In recent years, India has made notable progress in reducing multidimensional poverty. According to the National Multidimensional Poverty Index, the proportion of multidimensionally poor people declined from **24.85 percent in 2015-16** to **14.96 percent in 2019-21**, while rural poverty fell from **32.59 percent** to **19.28 percent** and urban poverty from **8.65 percent** to **5.27 percent** (NITI Aayog MPI 2023). The report also notes that nearly **13.5 crore people** moved out of multidimensional poverty during this period. This decline reflects improvement in several deprivation indicators such as sanitation, cooking fuel, nutrition, schooling, electricity, drinking water, and financial inclusion (NITI Aayog MPI 2023).

The human development side of the problem becomes clearer when health and household welfare indicators are examined. The National Family Health Survey-5 shows that **94.8 percent** of India's population lived in households with electricity, while **35.5 percent** of children under five were stunted, indicating that nutritional deprivation remains a serious challenge despite progress in infrastructure and welfare access (NFHS-5, 2019-21). NFHS-5 also highlights that anaemia and child undernutrition continue to affect a large section of the population, making health an essential component in any study of poverty and development in India (NFHS-5, 2019-21). Employment conditions also play an important role in understanding poverty and human development. According to the Periodic Labour Force Survey 2023-24, the Labour Force Participation Rate in India for persons aged 15 years and above reached **60.1 percent**, while the Worker Population Ratio stood at **58.2 percent** and the Unemployment Rate was **3.2 percent** (PLFS 2023-24). These indicators are important because employment generation affects household income, consumption capacity, and overall living standards, particularly in rural and low-income households (PLFS 2023-24).

Consumption data further strengthens the understanding of material well-being. The Household Consumption Expenditure Survey 2023-24 reports that the average Monthly Per Capita Consumption Expenditure was **₹4,122 in rural India** and **₹6,996 in urban India**, reflecting a significant rural-urban gap in consumption and living standards (HCES 2023-24). Such differences indicate that even when poverty declines in aggregate terms, disparities in actual living conditions continue to persist across regions and social groups (HCES 2023-24).

At the broader level, India's Human Development Index value was reported at **0.685** in the UNDP Human Development Report, with life expectancy at birth of **72.0 years**, expected years of schooling of **13.0 years**, and mean years of schooling of **6.9 years** (UNDP Human Development Report 2025 Statistical Annex). These figures indicate that India has made progress in overall human development, but the pace and distribution of that progress remain uneven, making it necessary to examine poverty together with basic socioeconomic indicators rather than in isolation (UNDP HDR).

Literature Review

The literature on poverty and human development in India shows a clear shift from a narrow income-based understanding of poverty to a broader multidimensional approach that includes health, education, nutrition, and living standards. **A.K. Shiva Kumar (2007)** argued that development in India should not be viewed only through economic growth, because real development depends on the expansion of human capabilities such as education, health care, employment, and access to basic services. He emphasized that poverty reduction and human development are closely connected and that public policy must focus on both together rather than separately. A major contribution to the measurement of multidimensional poverty in India was

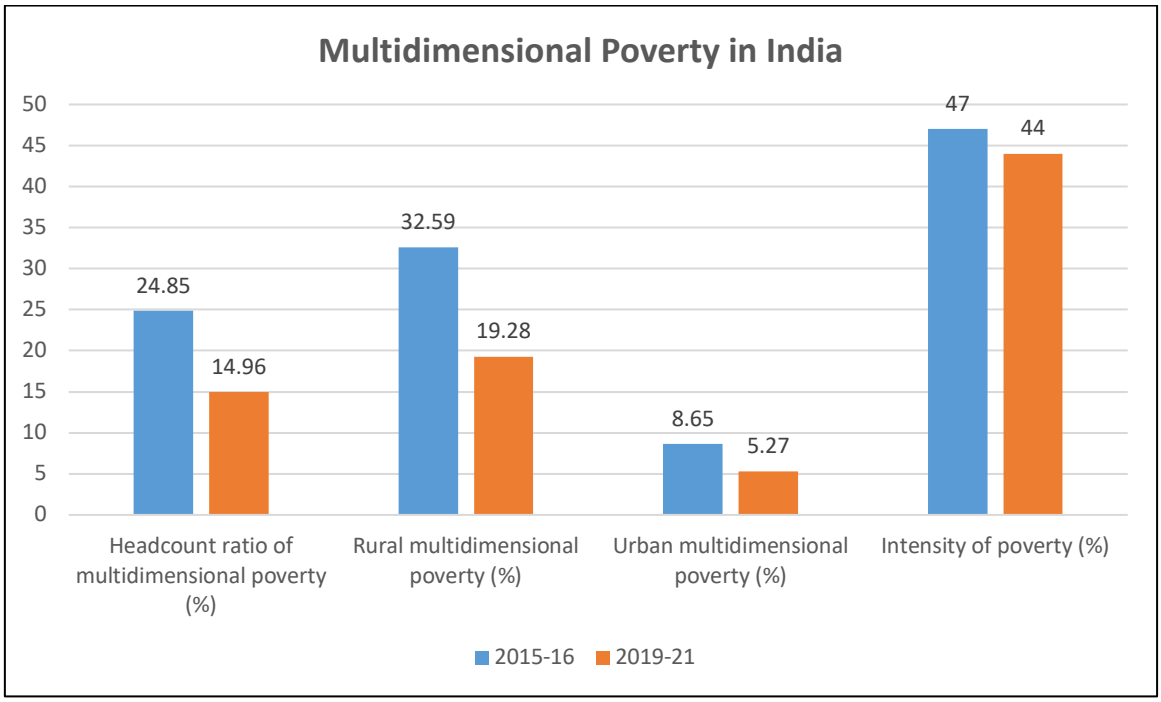
made by **Alkire and Seth (2015)**. Their study on poverty reduction in India between 1999 and 2006 showed that poverty declined significantly, but the pace of reduction was not uniform across states, castes, and religious groups. The authors found that improvement in indicators such as electricity, sanitation, drinking water, and housing played an important role in reducing deprivation, which suggests that human development variables are central to understanding poverty in India. The multidimensional perspective was further strengthened in official Indian policy discourse through the **National Multidimensional Poverty Index** prepared by **NITI Aayog with UNDP and OPHI**. This framework defines poverty through overlapping deprivations in health, education, and standard of living, and it is now widely used to assess poverty at national, state, and district levels in India. The 2023 progress review confirms that multidimensional poverty analysis provides a more realistic picture of deprivation than a purely income-based measure, especially in a country with wide regional and social disparities. The relationship between poverty and health outcomes has also received considerable attention. **Mohanty (2011)** examined multidimensional poverty and child survival in India using NFHS data and found that child survival was significantly lower among the abject poor compared to the non-poor. The study showed that poverty is not only associated with lack of income but also with poor health, low education, and weak household assets. This work is important because it demonstrates that poverty and human development are deeply interlinked through health deprivation. Another important stream of literature examines the **dynamic nature of poverty** rather than treating poverty as a static condition. **Thorat, Vanneman, Desai, and Dubey (2017)**, using panel data from the India Human Development Survey for 2005 and 2012, showed that some households escaped poverty while others fell into it during the same period. Their study found that marginalized social groups such as Dalits and Adivasis faced greater risks of remaining poor or becoming poor again, and that education, financial access, and social disadvantages strongly shaped these outcomes. This is highly relevant for studies of human development because it shows that poverty is influenced by structural and social inequalities, not only by current income levels. At the macro level, **Dev and Ravi (2007)** studied poverty and inequality in India from 1983 to 2005 and showed that poverty declined over time, but inequality patterns varied across states and between rural and urban areas. Their analysis suggested that growth alone did not automatically produce equal welfare gains, and that the distribution of development mattered significantly. This work remains important because it connects poverty trends with regional inequality and highlights the need to study socioeconomic indicators together. In a related line of inquiry, **Datt and Ravallion (2009)** examined whether India's economic growth became more pro-poor after reforms. They argued that the poverty-reducing effect of growth depends on the pattern of growth, sectoral distribution, and initial inequalities. This insight is useful for human development studies because it suggests that employment generation, rural development, and social sector access are essential for translating economic growth into reduced poverty. This argument was extended by **Datt, Ravallion, and Murgai (2020)**, who studied poverty and growth in India over six decades. Their work showed that long-run poverty reduction in India is closely connected with economic growth, but the relationship is shaped by structural transformation, rural change, and the inclusiveness of growth. Their findings support the view that poverty should be studied along with employment, sectoral change, and access to social opportunities. Recent literature has also looked directly at the relationship between **economic growth and human development** across Indian states. A study by the **Centre for Social and Economic Progress (2023)** found that the relationship between economic growth and human development in India has become stronger over time, but this progress is not uniform across states. The study argued that inclusive and job-generating growth, gender equality, financial inclusion, and public expenditure on health and education are necessary supporting conditions for better human development outcomes. This is especially relevant to the present study because it places poverty within a wider development framework. More recent evidence by **Bao et al. (2024)** also links multidimensional poverty with broader development performance across Indian states. Using NFHS-based state-level panel data from 1998–99 to 2019–21, the study follows the multidimensional approach of Alkire and Foster and

confirms that NFHS data are especially useful for examining poverty together with anthropometric and human development indicators. This reinforces the methodological strength of combining poverty indicators with health, education, and living standard variables in Indian research. The broader human development literature, especially **UNDP's Human Development Reports**, has provided the conceptual base for many of these studies by defining development as an expansion of people's capabilities rather than only an increase in income. The adoption of the Multidimensional Poverty Index by UNDP and its later adaptation in India helped bring poverty and human development into one common analytical framework. This approach is particularly suitable for India, where deprivations in nutrition, schooling, sanitation, electricity, and housing often overlap and reinforce one another.

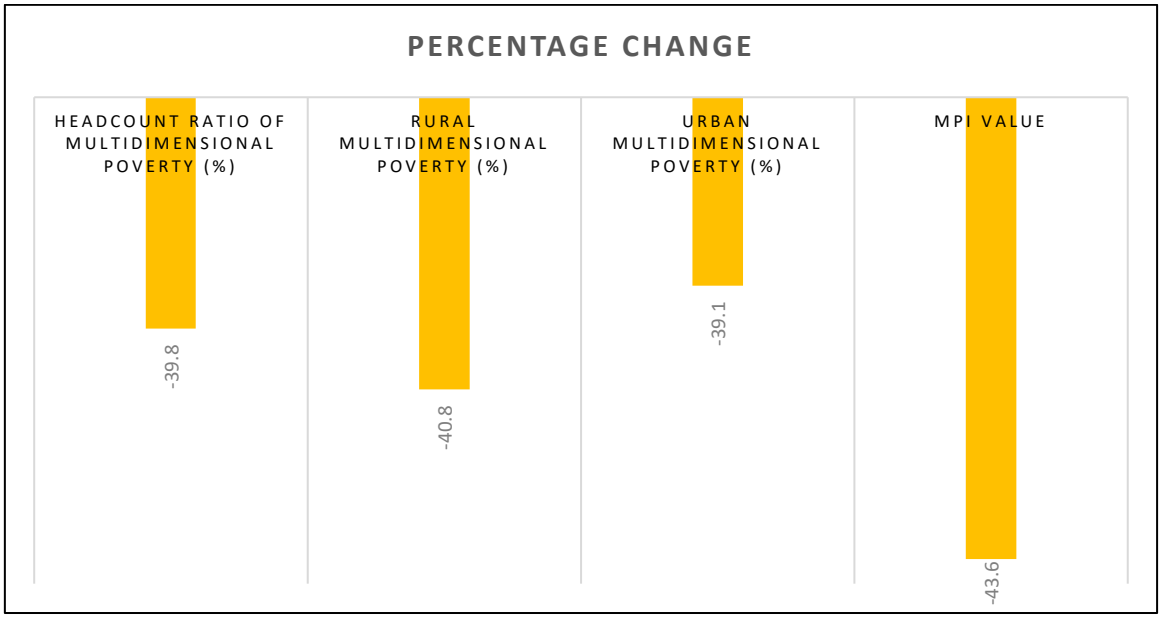
Data Analysis and Interpretation

Table : 1 Multidimensional Poverty in India

Indicator	2015-16	2019-21	Change (%)
Headcount ratio of multidimensional poverty (%)	24.85	14.96	-39.8
Rural multidimensional poverty (%)	32.59	19.28	-40.8
Urban multidimensional poverty (%)	8.65	5.27	-39.1
MPI value	0.117	0.066	-43.6
Intensity of poverty (%)	47.00	44.00	-6.4



Multidimensional poverty in India declined significantly between 2015–16 and 2019–21. The headcount ratio of multidimensional poverty fell from 24.85 percent to 14.96 percent, showing a decline of 39.8 percent. This means that the share of population suffering from multiple deprivations in health, education, and living standards reduced considerably during the period. In simple terms, fewer people were living under multidimensional poverty in 2019–21 compared to 2015–16. The decline was even more visible in rural areas. Rural multidimensional poverty decreased from 32.59 percent to 19.28 percent, registering a fall of 40.8 percent. This indicates that rural India experienced substantial improvement in poverty reduction. Since poverty is generally more concentrated in rural areas, this reduction is especially important and suggests progress in access to sanitation, electricity, housing, education, and other basic services.



In urban areas also, multidimensional poverty declined from 8.65 percent to 5.27 percent, showing a reduction of 39.1 percent. Although urban poverty was already lower than rural poverty, the decline still reflects improvement in living conditions and access to essential facilities in towns and cities. The MPI value, which combines both the proportion of poor people and the intensity of their deprivation, declined from 0.117 to 0.066, a reduction of 43.6 percent. This is a very important result because it shows that multidimensional poverty not only reduced in terms of the number of poor

Table: 2 Household Living Conditions in India (NFHS-5, 2019-21)

Indicator	Urban	Rural	Total
Population living in households with electricity (%)	99.1	95.7	96.8
Population living in households with improved drinking water source (%)	98.7	94.6	95.9
Population living in households using improved sanitation facility (%)	81.5	64.9	70.2
Households using clean fuel for cooking (%)	89.7	43.2	58.6
Households using iodized salt (%)	96.9	93.0	94.3
Households with any usual member covered under health insurance / financing scheme (%)	38.1	42.4	41.0

Household living conditions in India have improved significantly, especially in electricity, drinking water, and iodized salt usage. However, strong rural-urban disparities remain in sanitation and clean cooking fuel. Urban households are better placed in most amenities, while rural households still face greater deprivation, particularly in sanitation and access to clean energy. Health insurance coverage is relatively low overall, though rural coverage is slightly higher than urban coverage. These findings suggest that while India has made progress in basic living conditions, further improvement in rural household amenities is necessary for inclusive human development.

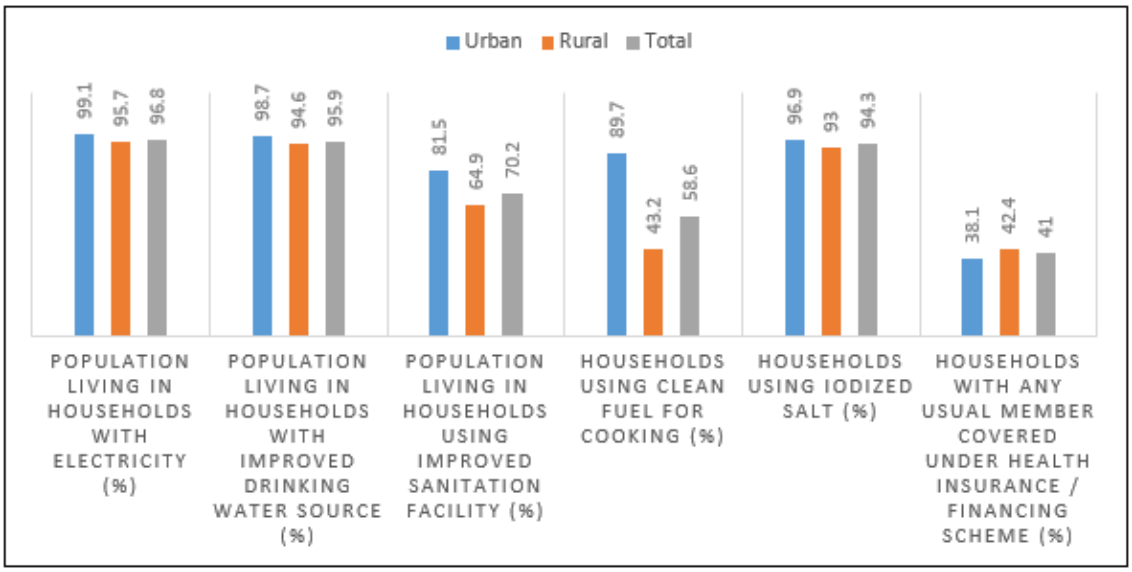
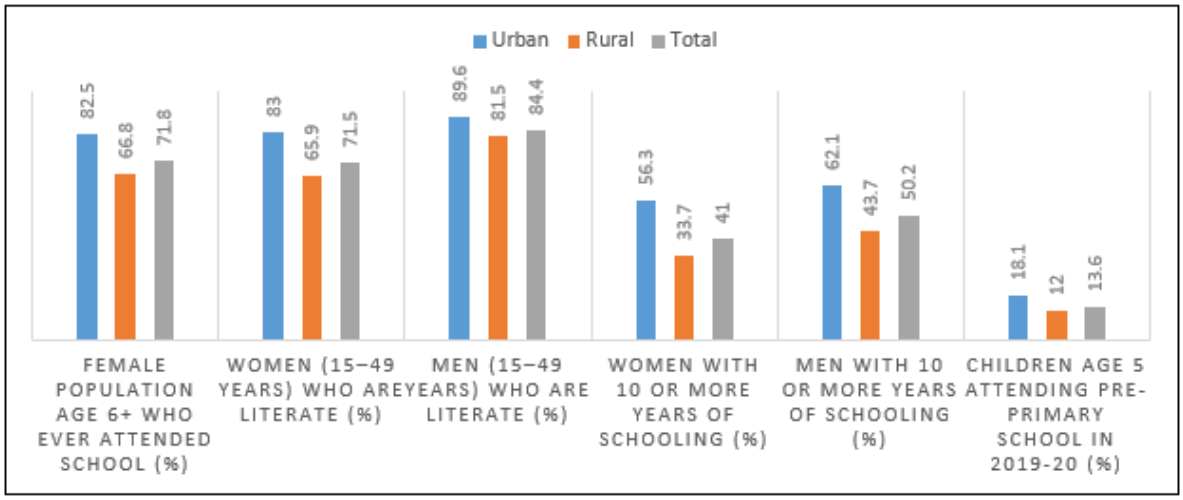


Table: 3 Education and Social Development Indicators in India (NFHS-5, 2019-21)

Indicator	Urban	Rural	Total
Female population age 6+ who ever attended school (%)	82.5	66.8	71.8
Women (15–49 years) who are literate (%)	83.0	65.9	71.5
Men (15–49 years) who are literate (%)	89.6	81.5	84.4
Women with 10 or more years of schooling (%)	56.3	33.7	41.0
Men with 10 or more years of schooling (%)	62.1	43.7	50.2
Children age 5 attending pre-primary school in 2019-20 (%)	18.1	12.0	13.6

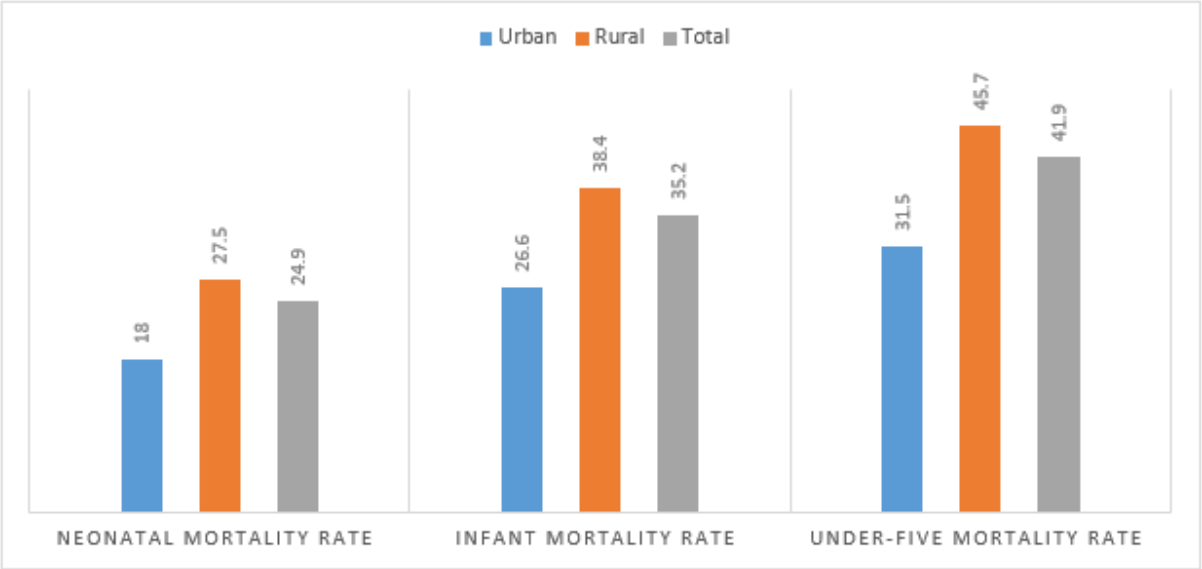
Education and social development indicators in India have improved, but clear rural-urban and gender disparities still remain. Urban areas have better school attendance, literacy, and schooling attainment than rural areas. Men perform better than women in literacy and years of schooling, while rural women appear to be the most disadvantaged group. The low percentage of children attending pre-primary school also indicates that early childhood education needs greater attention. Overall, the table highlights that educational progress in India is uneven and that rural and female education require stronger policy support. Female schooling and literacy in India have improved, but strong rural-urban and gender gaps remain.



Urban females have better school attendance and literacy than rural females, while men perform better than women in both literacy and years of schooling. Higher educational attainment is still limited, especially among rural women. Pre-primary school attendance is also low, particularly in rural areas, showing that early childhood education needs more attention.

Table: 4 Fertility and Mortality Indicators in India

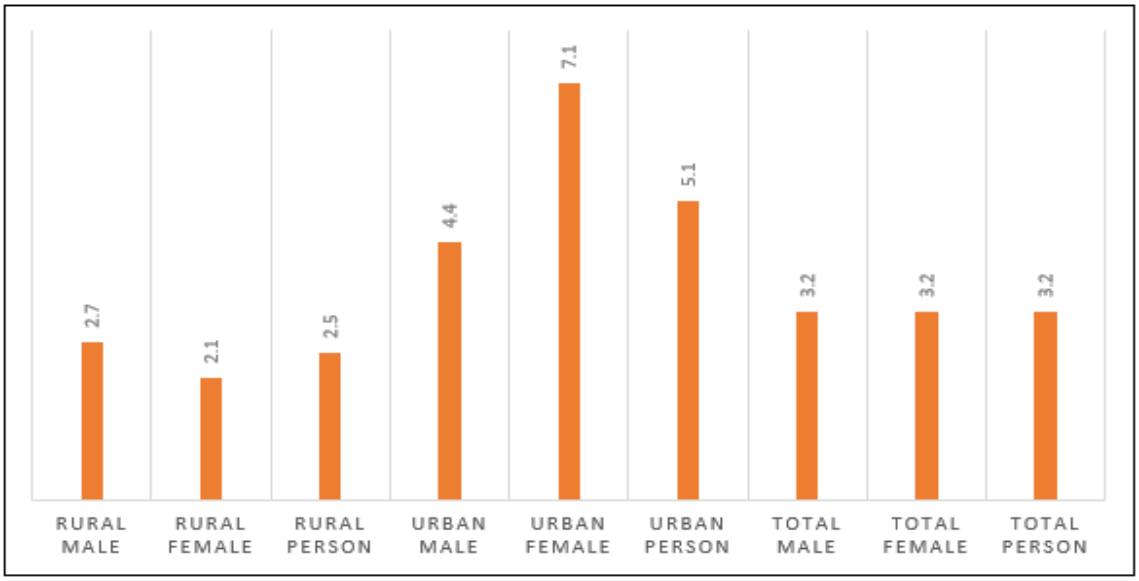
Indicator	Urban	Rural	Total
Total fertility rate	1.6	2.1	2.0
Neonatal mortality rate	18.0	27.5	24.9
Infant mortality rate	26.6	38.4	35.2
Under-five mortality rate	31.5	45.7	41.9



Rural India has higher fertility and mortality rates than urban India. The total fertility rate is 2.1 in rural areas compared to 1.6 in urban areas, indicating higher childbirth levels in rural households. Similarly, neonatal, infant, and under-five mortality rates are all significantly higher in rural areas than in urban areas. This reflects weaker health conditions and comparatively lower access to maternal and child healthcare in rural India. Overall, the data suggest that although India has made progress in health outcomes, rural health disadvantage remains a major concern.

Table: 5 Unemployment Rate

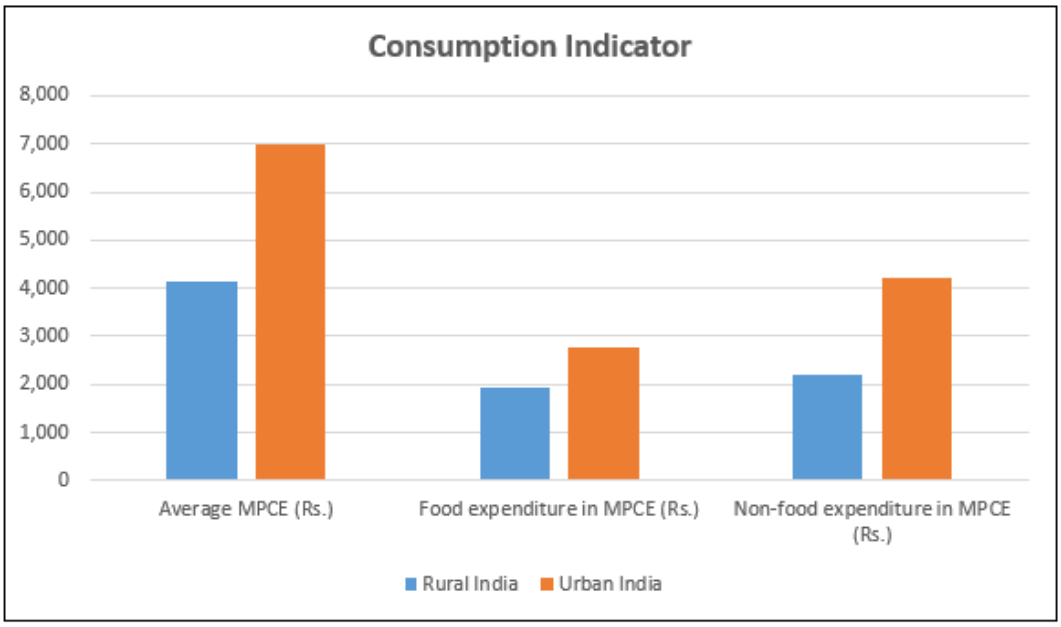
Indicator	Rural Male	Rural Female	Rural Person	Urban Male	Urban Female	Urban Person	Total Male	Total Female	Total Person
Unemployment Rate (%)	2.7	2.1	2.5	4.4	7.1	5.1	3.2	3.2	3.2

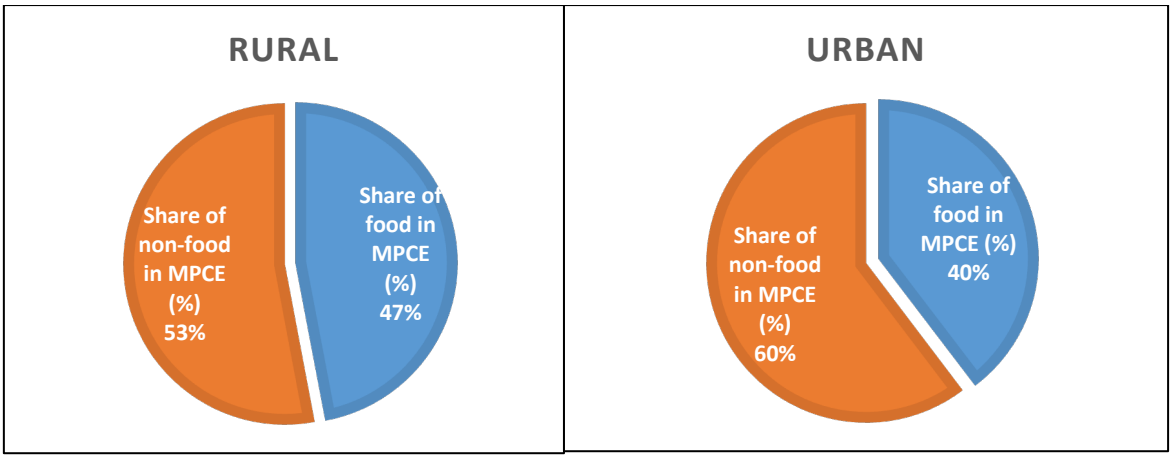


The unemployment rate in India is 3.2 percent for both males and females at the overall level. In rural areas, unemployment is relatively low, with 2.7 percent for males, 2.1 percent for females, and 2.5 percent for persons. In urban areas, unemployment is much higher, especially among women, where it reaches 7.1 percent, compared to 4.4 percent for urban males and 5.1 percent for urban persons. This indicates that unemployment is a bigger problem in urban India than in rural India, and the burden is particularly severe for urban females. Overall, the data suggest that labour market opportunities are relatively more limited in urban areas, especially for women.

Table: 6 Consumption Indicators in India (HCES 2023-24)

Indicator	Rural India	Urban India
Average MPCE (Rs.)	4,122	6,996
Food expenditure in MPCE (Rs.)	1,939	2,776
Non-food expenditure in MPCE (Rs.)	2,183	4,220
Share of food in MPCE (%)	47.04	39.68
Share of non-food in MPCE (%)	52.96	60.32





Rural-urban difference in consumption expenditure in India. The average MPCE is much higher in urban India (₹6,996) than in rural India (₹4,122), indicating a higher standard of living in urban areas. Food expenditure is also higher in urban areas, but its share in total MPCE is lower at 39.68 percent, compared to 47.04 percent in rural India. On the other hand, the share of non-food expenditure is higher in urban areas (60.32 percent) than in rural areas (52.96 percent). This suggests that rural households spend a larger portion of their consumption on food, while urban

households have greater spending on non-food items, reflecting better income levels and more diversified consumption patterns in urban India.

Table: 7 Human Development Index (India)

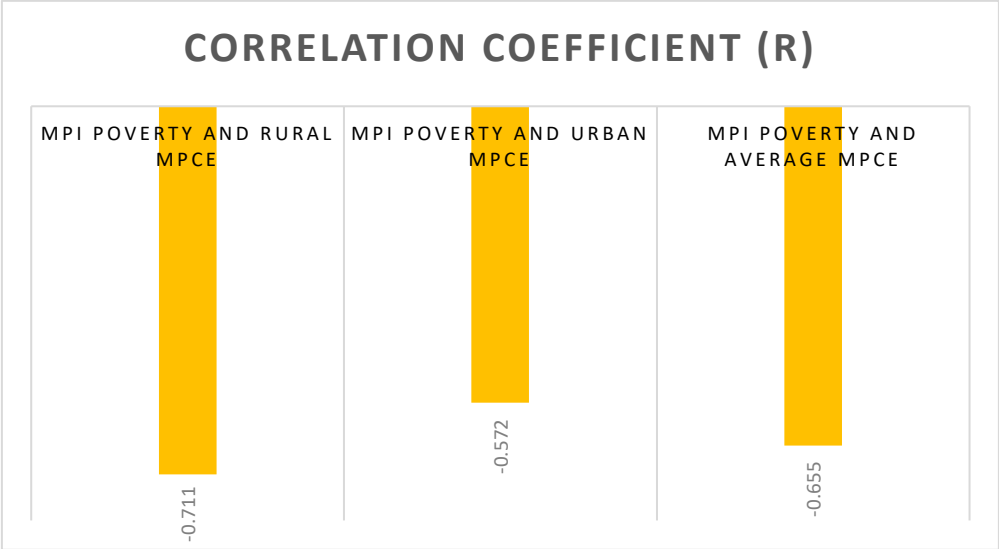
Indicator	Value
HDI value (2023)	0.685
HDI rank	130
Life expectancy at birth (years)	72.0
Expected years of schooling	13.0
Mean years of schooling	6.9
GNI per capita (2021 PPP $)	9,047

Table: 8 State-wise multidimensional poverty headcount ratios

State / UT	MPI Headcount Ratio	Rural MPCE (Rs.)	Urban MPCE (Rs.)
Andhra Pradesh	6.06	5,539	7,341
Arunachal Pradesh	13.76	6,107	9,877
Assam	19.35	3,961	6,913
Bihar	33.76	3,788	5,165
Chhattisgarh	16.37	2,927	5,114
Goa	0.84	8,178	9,782
Gujarat	11.66	4,190	7,198
Haryana	7.07	5,449	8,462
Himachal Pradesh	4.93	5,833	9,230
Jharkhand	28.81	3,056	5,455
Karnataka	7.58	5,068	8,169
Kerala	0.55	6,673	7,834
Madhya Pradesh	20.63	3,522	5,589
Maharashtra	7.81	4,249	7,415
Manipur	8.10	4,592	6,005
Meghalaya	27.79	3,900	7,857
Mizoram	5.30	5,963	8,709
Nagaland	15.43	5,282	8,136
Odisha	15.68	3,509	5,925
Punjab	4.75	5,874	7,383
Rajasthan	15.31	4,626	6,640
Sikkim	2.60	9,474	13,965
Tamil Nadu	2.20	5,872	8,325
Telangana	5.88	5,675	9,131
Tripura	13.11	6,368	8,118
Uttar Pradesh	22.93	3,578	5,474
Uttarakhand	9.67	5,123	7,547
West Bengal	11.89	3,815	5,903
Delhi	3.43	7,415	8,548
Jammu & Kashmir	4.80	4,896	6,375

Table: 9 Correlation Coefficient

Relationship	Correlation coefficient (r)	Interpretation
MPI poverty and Rural MPCE	-0.711	Strong negative correlation
MPI poverty and Urban MPCE	-0.572	Moderate negative correlation
MPI poverty and Average MPCE	-0.655	Moderate to strong negative correlation



The correlation results show that multidimensional poverty is negatively associated with monthly per capita consumption expenditure (MPCE). This means that states with higher consumption expenditure generally tend to have lower multidimensional poverty. The correlation between MPI poverty and rural MPCE (-0.711) indicates a strong negative relationship. It suggests that higher consumption levels in rural areas are closely linked with lower poverty. This relationship is stronger than the urban one, which implies that rural consumption plays a more important role in explaining poverty differences across states. The correlation between MPI poverty and urban MPCE (-0.572) shows a moderate negative relationship. This means that poverty also tends to decline as urban consumption rises, but the association is not as strong as in rural areas. Similarly, the correlation between MPI poverty and average MPCE (-0.655) indicates a moderate to strong negative relationship. This confirms that better overall consumption levels are associated with lower poverty across states. Overall, the results suggest that higher household consumption expenditure is linked with lower multidimensional poverty, and this association is especially stronger in rural India. This supports the idea that improvement in living standards and purchasing capacity can contribute to poverty reduction. However, since correlation does not establish cause and effect, the results should be interpreted as an association rather than proof of direct impact.

Conclusion

The present study on poverty and human development in India shows that the country has made meaningful progress in reducing multidimensional poverty and improving several basic socioeconomic indicators, but the gains remain uneven across regions and social groups. The analysis confirms that poverty in India cannot be understood only in terms of income. It is closely connected with deprivation in health, education, nutrition, housing, sanitation, employment, and access to household amenities. For this reason, the multidimensional approach provides a more realistic and comprehensive understanding of deprivation in the Indian context. One of the most important findings of the study is the sharp decline in multidimensional poverty between 2015–16 and 2019–21. The headcount ratio fell substantially, and both rural and urban poverty showed improvement. The reduction was particularly important in rural India, where poverty has traditionally been more concentrated. The fall in MPI value also indicates that the overall burden of deprivation has declined. However, the relatively smaller decline in the intensity of poverty suggests that those who still remain poor continue to suffer from multiple overlapping disadvantages. This means that poverty has become less widespread, but it has not become less serious for the poorest households.

It also highlights important improvements in household living conditions. Access to electricity, improved drinking water, and iodized salt has reached a very high level in India, indicating the expansion of basic infrastructure and welfare access. Yet, sanitation and clean cooking fuel still

show strong rural-urban disparities. Urban households are much better placed in both these indicators, while rural households continue to face greater deprivation. This suggests that the quality of basic living conditions remains unequal, and that rural development still requires more focused intervention. Education and social development indicators further reveal the persistence of inequality. Although school attendance and literacy have improved, rural populations, especially women, remain disadvantaged. Men continue to perform better than women in literacy and years of schooling, and the percentage of children attending pre-primary school remains low. These findings indicate that educational progress in India is real but uneven. Since education is central to human capability, productivity, and social mobility, greater investment in rural and female education is essential for long-term poverty reduction.

Health indicators also point to a clear rural disadvantage. Rural India records higher fertility, neonatal mortality, infant mortality, and under-five mortality than urban India. This reflects differences in maternal and child healthcare, awareness, nutrition, and access to quality health services. Nutrition-related indicators such as stunting and anaemia also show that human development challenges remain serious despite progress in other areas. These results underline that poverty and weak health outcomes reinforce each other, making health a crucial dimension of development policy. Employment and consumption data add another important dimension to the analysis. While the overall unemployment rate appears moderate, urban unemployment, especially among women, is considerably higher. At the same time, urban India has much higher monthly per capita consumption expenditure than rural India. Rural households spend a larger share of their total expenditure on food, while urban households spend more on non-food items. This difference reflects unequal living standards and lower purchasing power in rural areas. The state-wise correlation analysis confirms this pattern by showing that multidimensional poverty is negatively related to MPCE, especially rural MPCE. In simple terms, states with higher consumption levels tend to have lower poverty. This suggests that improved purchasing capacity and living standards are closely associated with lower deprivation, particularly in rural India.

Overall, the study concludes that India has made considerable progress in poverty reduction and human development, but the development process remains incomplete and unequal. Rural-urban gaps, gender disparities, health disadvantages, and uneven access to education and household amenities continue to shape the pattern of deprivation. Therefore, inclusive development in India requires sustained attention to rural infrastructure, women's education, maternal and child health, employment opportunities, nutrition, and improvement in living standards. A balanced strategy that combines poverty reduction with human development enhancement is necessary for achieving more equitable and sustainable progress in India.

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