Rural-Urban Disparities in India: Comparative Analysis of Social Indicators

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This study examines rural-urban disparities in India, with a focus on socio-economic indicators such as poverty reduction, health outcomes, education, electrification, and access to basic services. The findings highlight a significant disparity in the pace of urbanization, with urban areas growing faster than rural areas, leading to challenges such as overcrowding, environmental degradation, and urban sprawl. While both rural and urban regions have made notable progress in poverty reduction, the absolute decline is larger in rural areas due to the initially higher poverty rate. Health indicators show steady improvements, but rural areas still lag urban areas in terms of infant mortality, life expectancy, and under-five mortality rates, underscoring the need for continued investments in rural healthcare. Overall, the study advocates for targeted interventions that address rural-urban disparities in healthcare, education, nutrition, and infrastructure to promote more equitable, balanced and inclusive development across India.

Introduction

India's vast and diverse landscape exhibits substantial socio-economic inequalities between its rural and urban populace. These disparities are evident in multiple aspects, including income levels, education, healthcare access, and overall living standards. While urban areas benefit from rapid economic growth and infrastructure expansion, rural regions often struggle to keep pace, resulting in significant imbalances. There are no universally accepted approaches to rural development. It is a choice influenced by time, space and culture. The term rural development connotes overall development of rural areas to improve the quality of life of rural people. In this sense, it is a comprehensive and multidimensional concept, and encompasses the development of agriculture and allied activities, village and cottage industries and crafts, socio-economic infrastructure, community services and facilities and, above all, human resources in rural areas.

Rural-urban disparities have always been a cause of concern for policymakers. The disparities exist in all spheres of human life- economic and non-economic. For large parts of India, there exists a rural-urban divide in various socio-demographic aspects. (Das & Pathak, 2012). India, home to over 1.4 billion people, exhibits significant disparities between its rural and urban regions. Despite notable economic advancements in recent decades, the divide between these areas remains a critical concern, influencing livelihoods, access to essential services, and overall well-being. While cities have emerged as centers of economic activity, innovation, and infrastructure, rural communities continue to grapple with challenges such as poverty, inadequate healthcare,

limited educational resources, and underdeveloped infrastructure. In the Indian context, rural development assumes greater significance as 908.8 million populations still lives in rural areas during the year 2022. Every five-year plan focused on the improvement of social and economic conditions of rural people. Various schemes and programmes have been formulated and implemented to achieve the goal of balanced growth since 1950.

During the plan periods, there have been shifting strategies for rural development. The First Plan (1951-56) was a period when community development was taken as a method and national extension services such as the agency for rural development. Co-operative farming with local participation was the focus of the Second Plan (1956-61) strategy. The Third Plan (1961-66) was the period of re-strengthening the Panchayati Raj System through a democratic decentralized mechanism. Special Area Programmes were started for the development of backward areas in the Fourth Plan (1969-74). In the Fifth Plan (1974-79), the concept of minimum needs programme was introduced to eradicate poverty in rural areas. There was a paradigm shift in the strategy for rural development in the Sixth Plan (1980-85). The emphasis was on strengthening the socio-economic infrastructure in rural areas, and initiatives were taken to alleviate disparities through the Integrated Rural Development Programme (IRDP). During the Seventh Plan (1985-90), a new strategy was chalked out to create skill-based employment opportunities under different schemes. Special Programmes for income generation through creation of assets, endowments and land reforms were formulated for participation by the people at the nation-building through decentralized planning. Greater role of private sector was also ensured in the development process.

The Ninth Plan laid stress on a genuine thrust towards decentralization and people's participation in the planning process through institutional reforms. It emphasized strengthening of the Panchayati raj and civil society groups for promoting transparency, accountability and responsibility in the development process. The role of the government, in general, had to shift, from being the provider, to the facilitator of development processes by creating right types of institutional infrastructure and an environment conducive to broad-based economic development (Planning Commission, 2002). In the Tenth Five-Year Plan emphasis was on alleviation of poverty, generation of adequate employment and provision of basic minimum services such as drinking water, shelter and connectivity to all in a time bound manner. Programmes for providing self-employment, generating income, imparting technology and skill up gradation training (SGSY) and wage employment (SGRY), Special Area development programmes (MLACDS, WGDP,DPAP), programme for people's participation to accelerate the effort of the development process and to provide for community maintenance of public assets (Self-sufficiency Scheme) and programmes pertaining to institutional reforms for people's participation in decentralized governance, planning and development constituted the core of the Rural Development Programmes.

The outlay approved for Implementation of various Rural Development programmes during Tenth Plan was Rs.350000 lakhs. An outlay of Rs.68766.55

lakhs has been provided for the Special Programme for Rural Development and Community Development during 2003-04. Despite various initiatives and programmes launched by Government, there are still wide disparities across rural and urban India with respect to various socio-economic indicators. Several factors contribute to this rural-urban divide, including variations in economic prospects, government interventions, and social progress indicators. The rapid pace of urbanization has further intensified these inequalities, prompting large-scale migration from villages to cities in search of better opportunities. However, this demographic shift has also led to issues such as overcrowding, the rise of informal settlements, and increasing strain on urban infrastructure.

Although numerous studies have acknowledged rural-urban disparities in India, to the best of our knowledge, none have specifically analyzed these differences using socio-economic indicators (for the year 2021). In light of this, the primary objective of this study is to assess rural-urban disparities in India for the years 2011 and 2021, utilizing various socio-economic parameters. This study delves into the critical aspects of rural-urban disparities in India, emphasizing economic, social, and infrastructural differences. It explores the underlying causes and implications of these inequalities. Addressing these imbalances is essential for fostering inclusive and sustainable growth in India. The findings are expected to provide insights into effective policy measures that can bridge the rural-urban divide and foster inclusive growth.

Objectives of the Study

1. To Analyze Rural-Urban Disparities: Assess the content of socio-economic inequalities between rural and urban areas in India using key indicators such as education, healthcare access, and nutrition and infrastructure development.
2. To Examine Temporal Changes: Compare rural-urban disparities over two decades (2011 and 2021) to understand the progress made and the persisting gaps in various socio-economic aspects.
3. To Identify Contributing Factors: Investigate the underlying causes of rural-urban disparities.
4. To Provide Policy Recommendations: Suggest effective strategies and policy measures to bridge the rural-urban divide, promote inclusive development, and ensure equitable access to resources and opportunities across India.

Data Sources

The present study is based on secondary data. The data used in the study were collected from Central Statistical Organisation, National Human Development Report 2001, Census of India-2011, Data book for the use of Deputy Chairman (Planning Commission 2011), UNDP India 2011, National Family Health Survey (NFHS I, II, III, IV & V) and India Human Development Report-2011.

Results and Discussion

Population Distribution

The total land area of India is 2,973,190 Sq. km. of which 70 % of area comes under rural area which consists of 6,40,867 villages. Out of which 5,98,000 are inhabited villages. There are only 7,935 towns and 4,041 urban areas as per 2011 Census of India (Das & Pathak, 2012).

The data provided in Table 1 shows the population distribution of India in 2011 and 2021, broken down into rural and urban categories along with their differences. The total population increased from 121.0 crore in 2011 to 140.8 crore in 2021. This reflects a growth of 19.8 crore (16.4 %) over a decade.

Table 1: Population (in crore)

Year	Total	Rural	Urban
2011	121.0	83.3	37.7
2021	140.8	90.9	49.8
Difference	19.8	7.6	12.1

Source: Census 2011-Provisional Population Totals-India; Macrotrends, World Bank, and United Nations, 2024

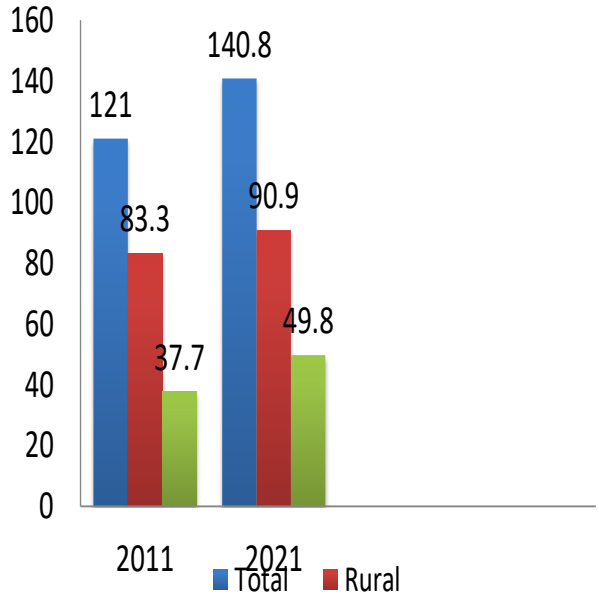

Fig. 1: Population of Total, Rural and Urban India

Out of the total of 1408 million populations in India, the size of rural population is 909.38 million (64.58%) of the total population, whereas urban population is 498.18 million (35.38%) for the year 2021. The rural population increased from 83.3 crore to 90.9 crore, a rise of 7.6 crore (about 9.1%). The absolute increase in population is more in urban areas than in rural areas. The urban population saw a substantial increase from 37.7 crore to 49.8 crore, an addition of 12.1 crore (about 32.1%). The urban population grew almost 1.6 times faster than the rural population, highlighting ongoing urbanization. Migration, natural increase and possibly better opportunities in cities are the possible causes for the urban population to have risen more than rural areas.

However, the growth rate in rural areas is significantly lower than the overall population growth rate, indicating a relative slowdown in rural population growth. Of the total population increase of 19.8 crore, urban areas accounted for 61.1%, whereas rural areas contributed 38.4%. This underscores the growing role of urban regions in India's demographic expansion.

Figure1 reveals that the "Total" increase is largely driven by growth in both rural and urban areas. Urban areas experienced a more substantial relative increase compared to rural areas, suggesting faster development in urban regions. Rural areas still contribute significantly to the "Total" value but at a slower rate compared to urban areas.

Table 2: Growth Rate of Population (in %)

Year	Total	Rural	Urban
2001-2011	17.6	12.2	31.8
2011-2021	16.4	9.1	32.1
Difference	-1.2	-3.1	0.3

Source: Census 2011-Provisional Population Totals-India, Government of India**.** (2019). *Population Projections for India and States 2011-2036*.

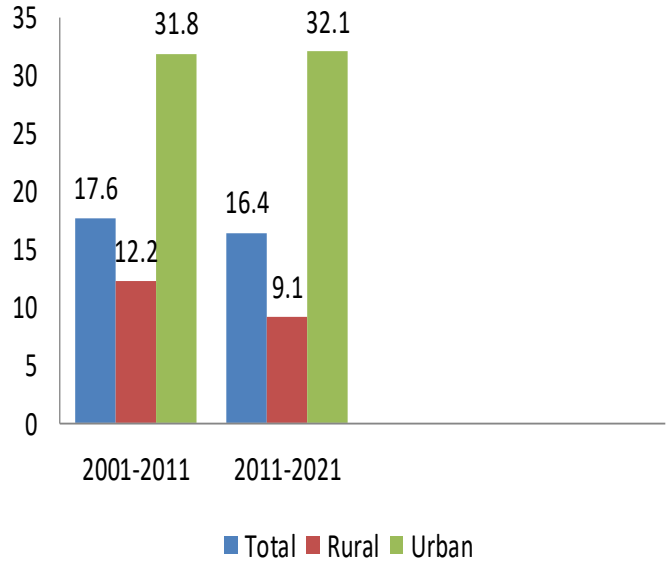

Fig. 2: Growth rate of population in Total, Rural and Urban Areas

Table 2 provides the population growth rates for India across different sectors-total, rural and urban for two consecutive decades 2001-11 and 2011-2021. Table highlights that the total growth rate decreased from 17.6% (2002-2011) to 16.4% (2011-2021), indicating a decline in the overall population growth rate by 1.2%.

Table shows that the growth in rural population in India has been declining significantly over the period from 12.2% in 2001-2011 to 9.1% during 2011-2021 (a drop of 3.1%). The decline in rural growth rate contrasts with the steady increase (0.3%) in urban areas. The slowing down of the overall growth rate of population in rural areas is due to the increased urban migration over the period.

Figure 2 illustrates a strong and steady shift towards urbanization, as urban areas show higher growth rates and even a slight increase over time. The rural population growth is consistently declining, likely due to migration to urban areas and lower population growth in rural regions. The total population growth rate shows a declining trend, which may suggest overall demographic transitions such as reduced birth rates or population stabilization.

Multidimensional Poverty

Multidimensional poverty refers to poverty measured not only by income but also by deprivations in multiple indicators such as health, education and living standards. The head-count ratio indicates the percentage of people living in multidimensional poverty.

Table 3: Multidimensional poverty in India's Rural and Urban Areas (Head-count Ratio)

Year	Total	Rural	Urban
NFHS-4 (2015-16)	24.85%	32.59%	8.65%
NFHS-5 (2019-21)	14.96%	19.28%	5.27%

Source: NFHS-4 & 5

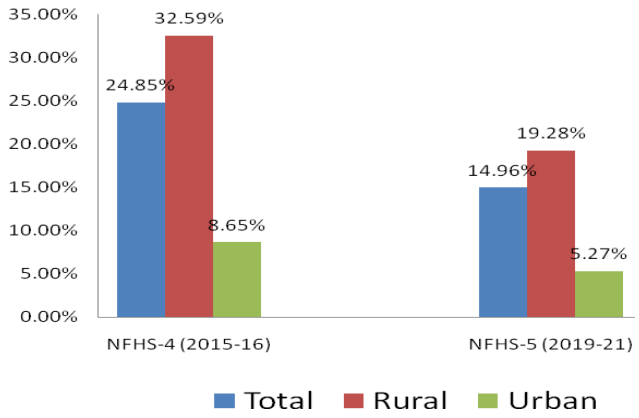

Fig. 3: Multidimensional Poverty of Total, Rural and Urban India

There has been an overall decline in poverty between NFHS-4 & NFHS-5, as the total headcount ratio of multidimensional poverty decreased significantly from 24.85% to 14.96%. This marks a reduction of around 40% during the period under study. Table reveals that rural India saw a notable decline (approximately 40.8%) in multidimensional poverty over the period. Despite this progress, rural areas continue to have significantly higher poverty rates compared to urban areas. Disparities in multidimensional poverty still exist between rural and urban areas, with the proportion of multidimensional poor in 2021 being 19.28% in rural areas compared to 5.27% in urban areas. Rural poverty is still three times higher than urban poverty. Urban poverty remains much lower than rural poverty in both time periods. Urban areas benefit from better infrastructure and access to opportunities, leading to consistently lower poverty rates compared to rural areas.

Figure 3 illustrates that rural areas consistently exhibit a higher poverty ratio compared to urban areas in both survey periods. The decline reflects India's progress in addressing multidimensional poverty, with substantial improvements in rural areas where poverty was initially higher. Urban areas started with a lower poverty rate and continued to see a gradual decline. The figure highlights significant progress in poverty reduction across India between

2015-16 and 2019-21, especially in rural areas. However, the persistent disparity between rural and urban poverty suggests the need for sustained efforts in rural development.

Infant Mortality Rate

Data on infant mortality rates (IMR) from 1981 to 2019-20, segmented into Total, Rural, Urban and rural/urban ratios has been shown in Table 4. The table shows that IMR has consistently decreased over the years for all categories (total, rural and urban). Total IMR decreased from 110 in 1981 to 35 in 2019-20, reflecting significant progress in health care and living conditions. The rural IMR declined from 119 in 1981 to 38 in 2019-20, while Urban IMR reduced from 62 to 27 in the same period. However, IMR is consistently higher in rural areas compared to urban areas. Further, the rural/urban IMR ratio decreased from 1.92 in 1981 to 1.40 in 2019-20. This indicates a reduction in the gap between rural and urban IMR, though disparities still exist. Overall data reflects positive progress in reducing infant mortality over time, but further efforts are needed to address rural-urban disparities.

Table 4: Infant Mortality Rate

Year	Total	Rural	Urban	Rural/Urban
1981	110	119	62	1.92
1991	80	87	53	1.64
2001	66	72	42	1.71
2010	47	51	31	1.65
2019-2020	35	38	27	1.40

Source: Planning Commission (2002): Registrar General of India (2011) and NFHS-4 & 5.

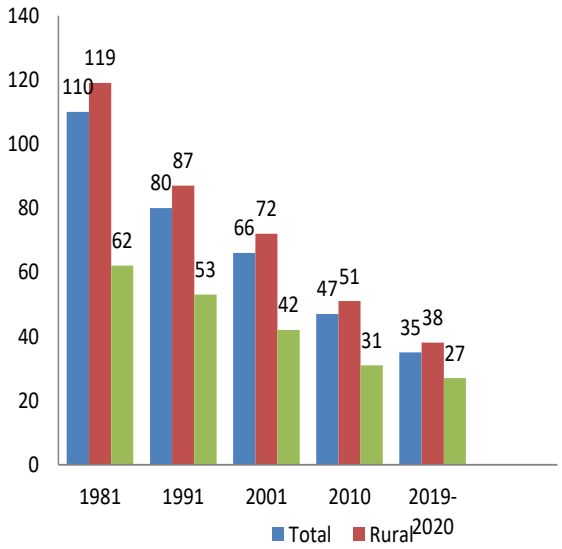

Fig. 4: Infant Mortality Rate for Total, Rural and Urban India

Figure 4 shows that Rural IMR has been consistently higher than Urban IMR in all years, indicating disparities in healthcare access and living conditions between rural and urban areas. While the overall IMR in India has declined significantly over the years, rural areas still lag urban areas. Continuous efforts are needed to bridge this gap and ensure equitable healthcare for all.

Life-Expectancy at Birth

Table 5 provides data on life expectancy at birth over several time periods, comparing total life expectancy with breakdowns for rural and urban populations, as well as rural-to-urban ratio. Life expectancy at birth shows a steady increase across the periods, from 55.5 years in 1981-85 to 69.4 years in 2014-18. This reflects improvements in healthcare, nutrition, and living conditions. Urban life expectancy is consistently higher than rural life expectancy across all periods. In 1981-85, urban life expectancy was 62.8 years, while rural was 53.7 years. By 2014-18, urban life expectancy reached 72.6 years, compared to rural life expectancy of 68.0 years

Table 5: Life-Expectancy at Birth

Year	Total	Rural	Urban	Rural/Urban
1981-85	55.5	53.7	62.8	0.86
1991-95	60.3	58.9	65.9	0.90

1998-2002	62.5	61.2	67.9	0.90
2002-2006	64.7	63.5	68.9	0.92
2007-2011	66.5	65.3	70.1	0.93
2014-2018	69.4	68.0	72.6	0.95

Source: Planning Commission (2002), Registrar General of India (2003), SRS based Abridge Life Tables and National Health Profile 2018 and 2022).

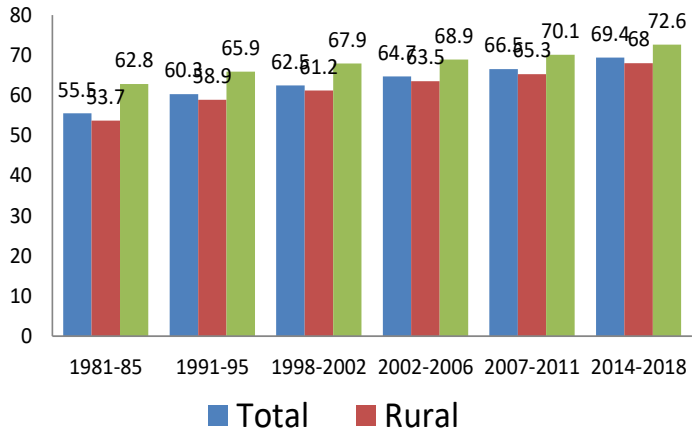

Fig. 5: Life Expectancy at Birth for Total, Rural and Urban India

The rural-urban gap has gradually narrowed. The difference was 9.1 years in 1981-85 (62.8-53.7) and reduced to 4.6 years in 2014-18 (72.6- 68.0). This suggests that rural health care and living conditions have improved over time, though disparities still exist. The rural/urban ratio has steadily increased from 0.86 in 1981-85 to 0.95 in 2014-18. This indicates a relative improvement in rural life expectancy compared to urban areas.

Figure 5 highlights the steady improvement in life expectancy in India. Life expectancy has steadily increased for all three groups (total, rural and urban) over the years. The overall life expectancy for India (total) rose from 55.5 years in 1981-85 to 72.6 Years in 2014-18. Life expectancy is consistently higher in urban areas compared to rural areas throughout the time period. The gap between rural and urban life expectancy has slightly narrowed but remains evident. Urban areas consistently have better health care, sanitation and living conditions, contributing to higher life expectancy.

Under Five Mortality Rate

The data in table 6 provides insights into trends in child mortality for children under five years of age, segmented by Total, Rural, urban, and Rural/Urban ratio over several periods. Under Five Mortality Rate (U5MR) refers to the probability of children born in a specific period dying before reaching the age of five years and is expressed as number of deaths per 1,000 live births.

Table 6: Under Five Mortality Rate

Year	Total	Rural	Urban	**Rural/Urban**
1988-92	109.0	119.4	74.6	1.60
1994-98	95.0	103.7	63.1	1.64
2001-05	74.0	82.0	52.0	1.58
2015-16	50.0	56.0	34.0	1.64
2019-20	42.0	46.0	32.0	1.43

Source: NFHS 1,2,3,4 & 5; Registrar General of India (2011).
*Note: * All estimates are for the five years preceding the survey (approximately 1988-92 for NFHS 1, 1994-98 for NFHS 2 & 2001-05 for NFHS 3, 2015-16 for NFHS 4 and 2019-21 for NFHS 5)*

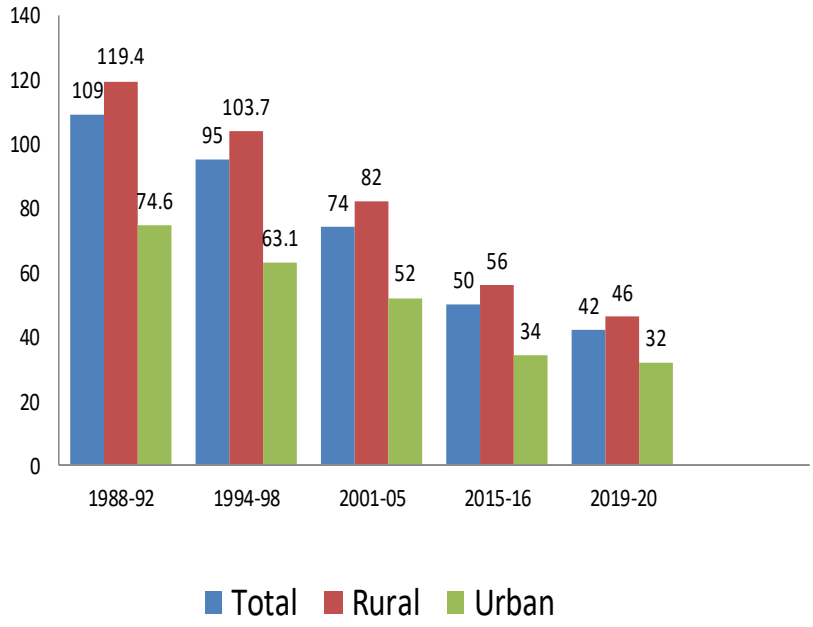

Fig. 6: Under-five mortality rates for Total, Rural and Urban India

U5MR has shown a consistent decline from 109.0 (1988-92) to 42.0 (2019-20), indicating significant progress in reducing child mortality. The decline is also visible across rural and urban areas, but rural areas consistently show higher mortality rates. Across all years, rural mortality rates remain significantly higher than urban rates. Urban areas consistently show significantly lower U5MR compared to rural areas. The urban rates decreased from 74.6 (1988-92) to 32.0 (2019-20), indicating effective healthcare interventions and infrastructure in urban areas. The rural rate dropped from 119.4 (1988-92) to 46.0 (2019-20), but the progress in rural areas has been slower compared to urban areas. Further, the rural-urban ratio fluctuates slightly but shows persistent rural disadvantage. It started at 1.60 (1988-92), peaked slightly at 1.64 (1994-98 & 2015-16), and declined to 1.43(2019-20). This decline in the ratio from 2015-16 to 2019-20 suggests that rural areas are catching up, though disparities still exist.

Figure 6 shows that there has been a significant decline in under-five mortality rates across all three categories over time. Rural areas consistently show higher mortality rates compared to urban areas throughout the period. This indicates persistent disparities in healthcare access, nutrition, sanitation and other socio-economic factors between rural and urban populations. The reduction in rural areas is faster than in urban areas, narrowing the rural-urban gap over time. However, rural areas still face higher mortality rates. Figure highlights significant progress in reducing under-five mortality rates in India. However, rural areas continue to lag behind urban areas, indicating the need for targeted interventions to improve child health outcomes in rural populations.

Trends in Nutritional Status of Children

We also looked at the data from the National Family Health Surveys (NFHS-2 & 3) to get a detailed picture of the nutritional status of children in India between 1998-99 and 2005-06. Although detailed tables are not provided here and can be obtained from the authors, we found there was a decrease in stunting with overall percentage declining from 27.7% in NFHS-2 to 22.0% in NFHS-3. Rural areas experienced a more significant reduction (30.2 % to 23.8%) compared to urban areas (19.7% to 16.4%). The rural-urban difference decreased slightly, indicating some narrowing of the gap. Stunting prevalence (percentage below 2-SD) decreased from 51.0 % to 44.9%. The decline was more pronounced in rural areas, where the rate dropped from 54.0% to 47.2%, compared to urban areas (41.1% to 37.4%). The rural to urban disparity remains, but the ratio dropped from 1.31to 1.26, showing minor improvement in equity. Wasting (percentage below 3-SD) showed a slight increase from 6.7% to 7.9%. Both rural (7.1% to 8.3%) and urban (5.3% to 6.8%) areas showed increases. The rural-to-urban ratio decreased from 1.34 to 1.22, suggesting a slight convergence. There was a rise in wasting (percentage below 2-SD) prevalence from 19.7 % to 22.9%, with rural rates increasing from 20.7% to 24.1% and urban rates from 16.3% to 19.0%. The rural-to-urban ratio remained constant at 1.27, indicating persistent inequality.

Underweight (percentage below 3-SD) prevalence slightly declined overall from 17.6% to 15.8%. The decline was seen in both rural areas and urban areas. The rural-to-urban ratio decreased marginally from 1.73 to 1.64. The prevalence of underweight (percentage below 2-SD) children also decreased from 42.7% to 40.4%. There was a decline in rural and urban areas also. However, the rural-to-urban ratio increased from 1.32 to 1.45, indicating growing disparities between rural and urban populations.

We found that there was a noticeable improvement in the nutritional status of children in India during the period 1998-99 to 2005-06, particularly in terms of height-for-age (stunting) and weight-for-age (underweight). However, weight-for-height (wasting) worsened slightly, reflecting issues with acute malnutrition. However, there was large rural-urban disparity in the nutritional status of children, though the disparity declined in most cases during the period. Nutritional deficiencies are consistently higher in rural areas compared to urban areas. While the rural-to-urban gap narrowed for stunting and wasting (3-SD), but widened for underweight children (2-SD).

We also found there was an overall decline in cases of severely stunted (below 3-SD) from 16.3% in 2015-16 to 5.1% in 2019-20. Rural areas showed a reduction from 17.9% to 16.0%. Urban areas showed a slight decrease from 12.0 % to 12.6%. Moderately stunted (below 2-SD) declined from 38.4% to 35.5%. Rural areas improved from 41.2% to 37.3%. Urban areas also improved from 31.0% to 30.1%. There was an overall small increase from 7.4% to 7.7% in case of severely wasted (below 2-SD). Both rural and urban areas showed little change, with rural staying constant at 7.7% and urban moving from 7.5% to 7.6%. Moderately wasted (below 2-SD) declined from 21.0% to 19.3%. Rural areas improved from 21.4% to 19.5%. Urban areas improved from 20.0% to 18.5%. We found severe wasting remained mostly static, while moderate wasting showed improvement.

There was an overall decline from 11.0% to 10.6% and 35.7% to 32.1% for severely underweight (below 3-SD) and moderately underweight (below 2-SD) respectively. Both severe and moderate underweight prevalence reduced, with rural areas showing a larger decrease. Overall, the study found that across all indicators, rural areas consistently have higher rates of malnutrition compared to urban areas.

Trends in children's Anaemia

Our data analysis also considered trends in the prevalence of anaemia among children during the two survey periods, NFHS-2 (1998-99) and NFHS-3 (2005-06), disaggregated by severity (mild, moderate and severe) and rural/urban distribution. We found that the percentage of children with "any anaemia" increased from 74.3% in NFHS-2 to 78.9% in NFHS-3, reflecting a worsening public health scenario. While the prevalence of mild and moderate anaemia increased, severe anaemia showed a decline from 5.4% to 3.7%. This indicates a potential improvement in the management of the most critical cases. Anaemia prevalence is consistently higher in rural areas. In NFHS-3, 80.9 % of rural

children had any anaemia compared to 72.2% in urban areas, showing a marked rural disadvantage. Our data revealed that there is an increase in anaemia both in rural as well as urban areas over the period under study, but the increase was seen primarily in rural areas, where anaemia rose from 75 percent to 81 percent.

The ratio of rural to urban anaemia prevalence increased for moderate anaemia (from 1.12 to 1.23) and "any anaemia" (from 1.06 to 1.12). This suggests that rural children become relatively more disadvantaged over time. The prevalence of mild anaemia increased slightly, from 22.9% to 25.7% in total, with no significant rural-urban disparity. The most common severity level, moderate anaemia, increased significantly from 45.9% to 49.4% with rural areas showing a higher increase than urban areas. The increase in overall anaemia prevalence is concerning and highlights the need for intensified nutrition and health interventions, especially in rural areas.

We also looked at the trends in anaemia among children between the NFHS-4 (2015-16) and NFHS-5 (2019-20) periods. The percentage of children with any anaemia increased significantly from 58.5% in 2015-16 to 67.1% in 2019-20. This indicated a worsening situation in anaemia prevalence over the four-year period. The rural-urban gap reduced slightly in case of mild anaemia with rural prevalence moving closer to urban levels (rural/urban ratio decreased from 1.05 to 1.01). Moderate anaemia revealed a widening disparity, with rural areas showing a higher increase (from 29.8% to 36.9%) compared to urban areas (from 27.5% to 33.1%). Rural/urban ratio increased from 1.08% to 1.11%. Marginal change, with rural and urban prevalence remained similar in case of severe anaemia across the periods. Both rural and urban areas saw s significant increase in Prevalence of any anaemia. It increased from 59.5% to 68.3% for rural areas and from 56.0% to 64.2% for urban areas. The rural-urban gap remained consistent at 0.6 % for both periods.

Net Attendance Ratio (primary)

The Net Attendance Ratio (NAR) data for primary education in India for the year 2015-16, (Table 7) broken down by Total, rural and urban segments reveals that the total NAR (77.8%) is slightly higher for males (78.4%) compared to females (77.0%). This indicates a marginal gender gap in attendance, with males attending primary schools slightly more than the females. Rural areas have a slightly higher overall NAR (77.8%) compared to urban areas (77.6%). This suggests that the attendance gap between rural and urban areas is minimal. For males, rural areas (78.5%) have a slightly higher attendance ratio compared to urban areas (78.2%). For females, the attendance is equal (77.0%) in both rural and urban areas. The gender gap in attendance is consistent across rural and urban settings. Males have a slight advantage of about 1.5 percentage points (or less) over females in both rural and urban contexts.

Table 7: Net Attendance Ratio (primary) 2015-16

India	Total	Male	Female

Total	77.8	78.4	77.0
Rural	77.8	78.5	77.0
Urban	77.6	78.2	77.0

Source: NFHS-4

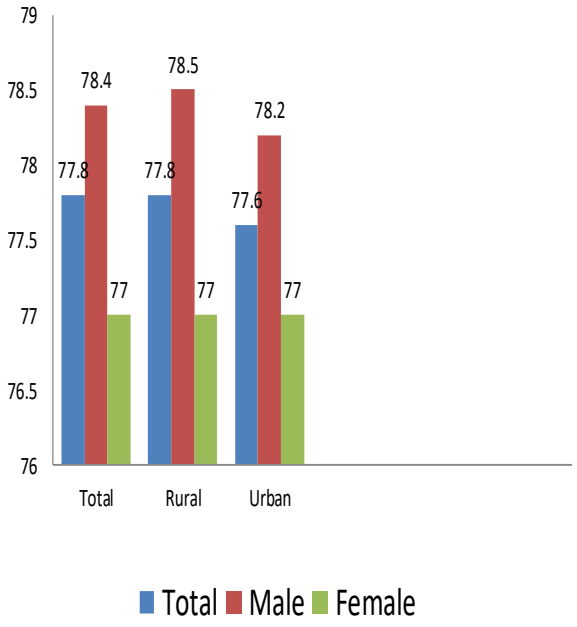

Fig. 7: Net Attendance Ratio (Primary) in India: Total, Rural and Urban

Figure 7 shows that the rural attendance ratio is slightly higher than urban for males (78.5% vs. 78.2 %) and the same for females (77%). This suggests that primary school attendance is relatively uniform across rural and urban areas, indicating successful outreach in rural education. While the overall attendance is fairly high, the gender gap (males attending more than females) indicates a need for continued efforts to improve female education participation.

Table 8: Net Attendance Ratio (primary) 2019-21

India	Total	Male	Female
Total	83.2	83.6	82.7
Rural	83.0	83.3	82.6
Urban	83.8	84.4	83.1

Source: NFHS-5

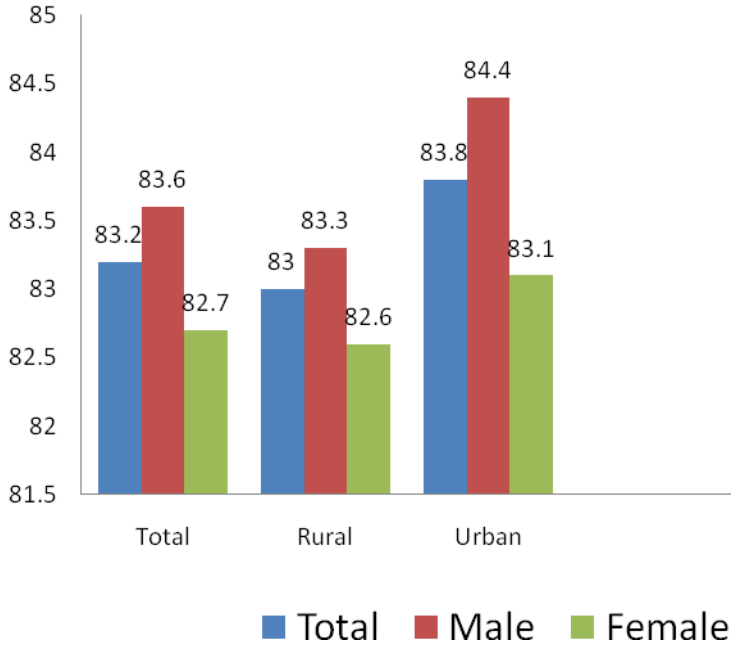

Fig. 8: Net Attendance Ratio (Primary-2019-21) in India: Total, Rural and Urban

The Net Attendance ratio (NAR) is a measure of percentage of children in the official primary school age group attending primary school. The data provided for the period 2019-21 indicates that 83.2% of primary-age children in India were attending school during the reference period. The overall attendance shows a relatively small gender disparity, with males (83.6%) slightly outpacing females (82.7%). Urban NAR (83.8%) is slightly higher than the Rural NAR (83.0%). This reflects better school attendance in urban areas, potentially due to better access to educational facilities and fewer barriers like distance or socio-economic constraints.

Male attendance is higher in both urban (84.4%) and rural (83.3%) areas compared to female attendance. Female attendance is slightly lower across all regions (82.7% overall, 82.6% in rural areas, and 83.1% in urban areas). This indicates a persistent gender gap, albeit a relatively small one.

Figure 8 shows that across all categories, males have higher attendance ratio than females. The net attendance ratio is higher in urban areas compared to rural areas. Males have consistently higher attendance than females, indicating a gender gap in education access. Urban areas likely have better educational facilities, transportation, and socio-economic conditions that encourage higher attendance.

Households with Electricity Connection

Table 9: Households with Electricity Connection

Year	Total	Rural	Urban	Rural/Urban
1991	42.37	30.54	75.78	0.40
2011	67.2	55.3	92.7	0.60
2021	96.8	95.7	99.1	0.96

Source: National Human Development Report 2001, Census 2011and NFHS-5

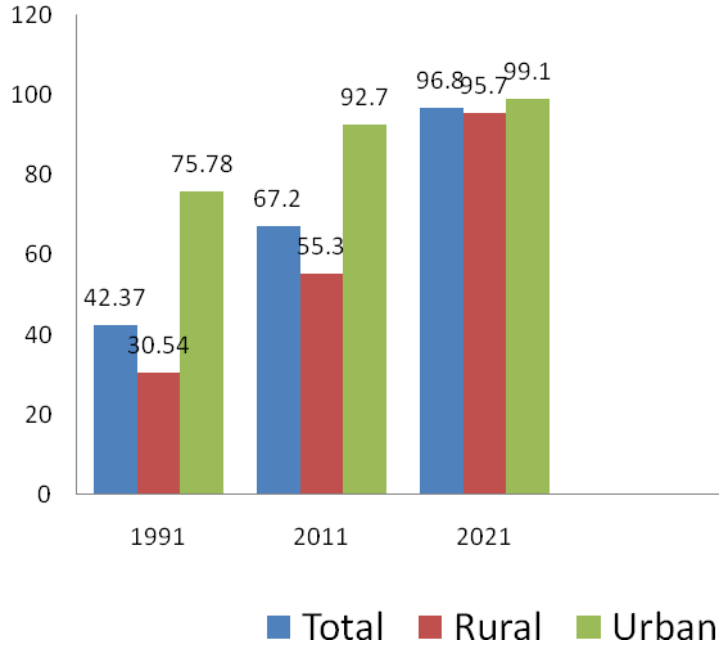

Fig. 9: Total, Rural and Urban Households with Electricity connection

The data in table 9 reflects the progress in the percentage of households with electricity connections in India from 1991 to 2021, with separate statistics for rural and urban areas and their relative ratio. The total percentage of households with electricity increased dramatically from 42.37 % in 1991 to 96.8% in 2021. This represents a significant improvement, showing successful efforts in expanding electricity access over 30 years. During 1991, only 30.54 % of rural households had electricity, compared to 75.78 % in urban areas. This highlights a stark rural-urban divide, with urban areas having 2.5 times the coverage of rural areas. By the year 2011, rural electrification had increased to 55.3% and urban electrification to 92.7%, showing a narrowing gap but still notable disparity. For the year 2021, rural electrification reached 95.7%, nearly closing the gap with urban areas, which stood at 99.1%. This indicates near-universal

access in both areas. The rural/urban ratio (the proportion of rural electrification relative to urban) shows consistent improvement. It is 0.60 during 2011 (6 rural households for every 10 urban households) and 0.96 during 2021 which shows nearly equal access. The significant leap between 2011 and 2021 aligns with government initiatives like Deen Dayal Upadhyaya Gram Jyoti Yojana and the push for 100 % electrification under schemes like *saubhagya.*

Figure 9 shows a significant rise in electricity connections across total, rural, and urban households from 1991 to 2021. Rural electrification saw the most dramatic growth, increasing from 30.54% in 1991 to 95% in 2021, reducing the rural-urban gap significantly. Urban areas achieved near-universal coverage (99.1% in 2021), reflecting successful electrification programs and infrastructure expansion.

Households with an improved Drinking water source

Table 10: Households with an improved Drinking water source

Year	Total	Rural	Urban	Rural/Urban
2015-16	89.9	89.3	91.1	0.98
2019-21	95.9	94.6	98.7	0.96

Source: NFHS 4&5

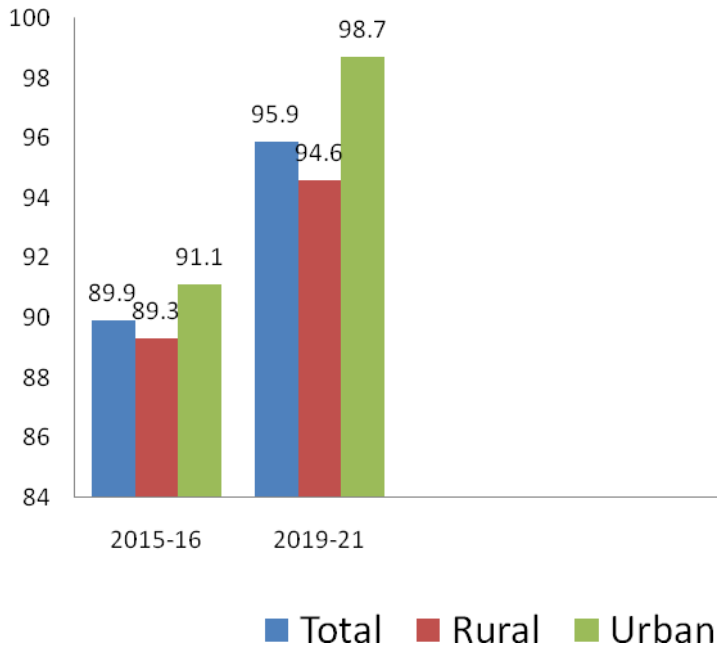

Fig. 10: Total, Rural and Urban Households with improved Drinking water

The data in table 10 compares access to improved drinking water sources for households across total, rural and urban areas between two time periods, 2015-16 and 2019-21. 89.9% of households had access to improved drinking water sources during 2015-16. This increased to 95.9% during 2019-21, indicating a significant improvement of 6 percentage points. 89.3% of rural households had access to improved drinking water sources which increased to 94.6% showing a 5.3 percentage point increase over the period. 91.1% of urban households during 2015-16 rose to 98.7% during 2019-21reflecting a 7.6 percentage point increase. The rural/urban ratio was 0.98 during 2015-16, revealing that rural access was only slightly behind urban access. The ratio dropped to 0.96 during 2019-21, indicating that the gap between rural and urban access widened slightly over time. This decline in ratio (from 0.98 to 0.96) highlights that the improvement rate in rural areas was slightly slower than in urban areas. Figure 10 shows a significant improvement in access to improved drinking water from 2015-16 to 2019-21 across total, rural, and urban households. Rural access rose from 89.3% to 94.6%, reducing the gap with urban areas, which improved from 91.1% to 98.7%**.** The overall progress (89.9% to 95.9%) highlights successful water supply initiatives, particularly in rural regions.

Monthly Per Capita Consumption Expenditure (MPCE)

The level of household consumption expenditure as measured by the Monthly Per Capita Consumption Expenditure (MPCE) in India during the year 2011-12 and 2022-23 has been shown in Table 11.

Table11: Trend in level of consumption (Average MPCE in Rs.)

Sector	**2011-12**	**2022-23**
Rural	**1430**	**3860**
Urban	**2630**	**6521**
Difference as % of rural MPCE	**83.9**	**68.9**

Source: Household Consumption Expenditure Survey 2023-2024.

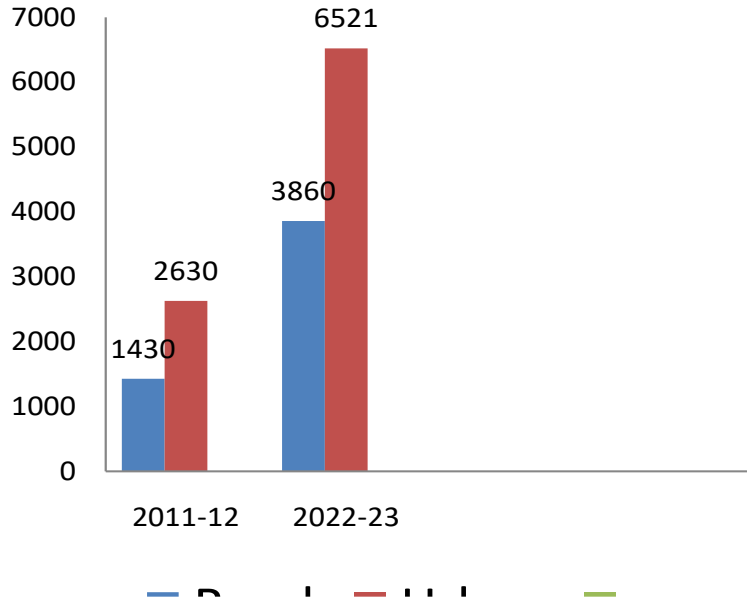

Fig.11: Rural and Urban Trend in level of consumption

The data provides information on the trend in the level of consumption, measured as the monthly per capita expenditure (MPCE) in Rs. for rural and urban sectors in India for two time periods. Rural MPCE grew faster in percentage terms (170%) compared to urban MPCE (148%), but the urban sector still has higher absolute consumption levels. The disparity between urban and rural consumption has decreased, reflecting relatively faster growth in rural consumption levels. This indicates narrowing inequalities in consumption, though urban areas still maintain a consumption advantage. While both sectors saw substantial growth in MPCE, the relative reduction in urban-rural disparity suggests progress towards reducing inequalities. However, the urban sector's higher absolute growth underscores the ongoing challenge of achieving parity in consumption levels.

Figure 11 represents the trend in level of consumption (Average MPCE in Rs.) for 2011-12 and 2022-23 in rural and urban sectors. The figure highlights significant growth in both areas, with rural MPCE rising 170% and urban MPCE increasing 148%, indicating improved economic conditions.

Consumption of Cereals and Food Items

There has been a decline in the share of cereals in Average Monthly Per Capita Consumption (MPC). During 2011-12 in rural areas, cereals contributed to 10.75% to the average MPC. By 2022-23, this share dropped significantly to 4.91%. There has been a 54.3% reduction in the share of cereals. The share of

cereals declined from 6.66% in 2011-12 to 3.64 % during 2022-23 in urban areas. There has been 45.4% reduction in the share of cereals in urban areas.

Table 12: Trend in share of consumption of cereals and food items

	Rural		**Urban**	
Period	**%share of cereals in average MPC**	**%share of food in average MPC**	**%share of cereals in average MPC**	**%share of food in average MPC**
2011-12	**10.75**	**52.90**	**6.66**	**42.62**
2022-23	**4.91**	**46.38**	**3.64**	**39.17**

Source: Household Consumption Expenditure Survey 2023-2024.

The share of food in MPC decreased from 52.90% in 2011-12 to 46.38% in 2022-23 in rural areas. There has been a 12.3% reduction in the share of food expenditure in rural areas. Food share of urban areas in MPC dropped from 42.62% in 2011-12 to 39.17% in 2022-23. There has been a decline of 8.1% in the share of food expenditure by urban areas. The data demonstrates a clear trend of decreasing reliance on cereals and food in overall expenditure in both rural and urban areas. This is likely driven by rising incomes, changing consumption patterns, and urbanization. The sharper decline in rural areas indicates convergence in consumption patterns between rural and urban populations over time.

Table 13: Average MPCE (Rs.) for each State/UT in 2023-24

State/UT	**Rural**	**Urban**
Andhra Pradesh	5,327	7,182
Arunachal Pradesh	5,995	9,832
Assam	3,793	6,794
Bihar	3,670	5,080
Chhattisgarh	2,739	4,927
Delhi	7,400	8,534
Goa	8,048	9,726
Gujarat	4,116	7,175
Haryana	5,377	8,428
Himachal Pradesh	5,825	9,223
Jharkhand	2,946	5,393
Karnataka	4,903	8,076
Kerala	6,611	7,783
Madhya Pradesh	3,441	5,538
Maharashtra	4,145	7,363
Manipur	4,531	5,945
Meghalaya	3,852	7,839
Mizoram	5,963	8,709

Nagaland	5,155	8,022
Odisha	3,357	5,825
Punjab	5,817	7,359
Rajasthan	4,510	6,574
Sikkim	9,377	13,927
Tamil Nadu	5,701	8,165
Telangana	5,435	8,978
Tripura	6,259	8,034
Uttar Pradesh	3,481	5,395
Uttarakhand	5,003	7,486
West Bengal	3,620	5,775
Andaman & N Islands	7,771	10,453
Chandigarh	8,857	13,425
Dadra & Nagar Haveli and Daman & Diu	4,311	6,837
Jammu & Kashmir	4,774	6,327
Ladakh	5,010	7,533
Lakshadweep	6,350	6,377
Puducherry	7,598	8,637
All-India	**4,122**	**6,996**
CV	**31.21 %**	**26.10 %**

Source: Household Consumption Expenditure Survey 2023-2024

Table 13 reveals the average MPCE for both rural and urban areas in Indian states and UTs for the year 2023-2024. The All-India MPCE is Rs. 4122 for rural and Rs. 6996 for urban areas. This indicates that urban residents spend significantly more than rural residents on average. The coefficient of variation (CV) is 31.21% for rural areas and 26.10 % for urban, reflecting greater variability in MPCE among rural areas compared to urban areas. In rural areas, the top three states/UTs with highest MPCE and bottom three states/UTs with lowest MPCE are Sikkim, Chandigarh, Goa and Chhattisgarh, Jharkhand, Bihar respectively. The top three states/UTs with the highest MPCE in urban areas are Sikkim, Chandigarh and Andaman & Nicobar Islands. The three bottom states with lowest MPCE are Chhattisgarh, Bihar and Jharkhand.

Across all states and UTs, urban MPCE is consistently higher than rural MPCE, reflecting better economic conditions, higher income levels, and greater access to resources in urban areas. The largest differences between urban and rural MPCE have been observed in Sikkim where urban MPCE is Rs. 4550 higher than rural MPCE, Arunachal Pradesh's urban MPC is Rs. 3837 higher than rural MPCE and Chandigarh urban MPC is Rs. 4568 higher than rural MPCE. Lakshadweep has the smallest rural-urban MPCE gap (Rs. 27).

Sikkim stands out with the highest MPCE for both rural and urban areas, reflecting its high standard of living. Chandigarh, a union territory, also showcases high expenditures due to its urban-centric development and

economic profile. Goa ranks high, aligning with its tourism-driven economy and relatively high-income levels. States like Chhattisgarh, Bihar and Jharkhand consistently show low MPCE in both rural and urban areas, indicating lower economic development and consumption levels.

North-Eastern states like Sikkim, Arunachal Pradesh, and Tripura show high MPC in comparison to the national average, possibly due to higher government spending and smaller population sizes. Central and Northern states like Uttar Pradesh, Madhya Pradesh and Rajasthan have lower MPCE, reflecting challenges in economic growth and rural development. Southern states like Kerala, Tamil Nadu and Telangana have relatively higher MPCE, indicating better economic and social infrastructure.

Conclusion

Our study reflects a clear trajectory of urbanization in India, with urban areas growing significantly faster than rural areas. The shift towards urban areas highlights a demographic transition but underlines the need to balance development between rural and urban areas. Rapid urbanization can lead to overcrowding, environmental degradation, and urban sprawl if not managed properly. Urban areas require significant investments in housing, transportation, healthcare and education to accommodate the growing population. Improved connectivity (physical and digital) between rural and urban areas can support regional development and reduce urban-rural disparities.

Both rural and urban areas have achieved similar relative reductions in poverty by around 40%, showing consistent improvement across regions. However, the absolute reduction in rural areas is larger due to the initially higher poverty rate. Despite improvement, rural areas still experience substantially higher poverty levels, requiring continued focus on rural development programs, health care and education. Although there is positive progress in reducing infant mortality over time, rural areas still lag urban areas. Continued investment in rural health care is required. Life expectancy has increased for both rural and urban populations, but urban areas maintained a consistent lead.

Study reveals commendable progress in reducing under-five mortality rates over the years, with marked improvements in both rural and urban settings. However, the persistent rural-urban disparities highlight the need for equitable health care initiatives to ensure all children have an equal chance of survival. The findings suggest the need for targeted nutritional programs, especially in rural areas, and interventions to address wasting. Strengthening health care infrastructure, promoting maternal nutrition and improving access to fortified foods are critical for sustained progress.

There has been an increase in all categories of anaemia, especially moderate and severe, highlights a growing public health challenge. Rural areas consistently exhibit higher anaemia prevalence, especially in moderate anaemia, indicating a need for targeted interventions. There is a need to intensify nutrition programs, particularly in rural areas. Intervention to address moderate and

severe anaemia should be prioritized, such as iron supplementation and improving dietary diversity.

Urban areas consistently have better attendance for both genders, suggesting stronger educational infrastructure and policies targeting urban populations. The slightly lower attendance rates in rural areas point to challenges like limited school availability, socio-economic barriers, or cultural factors affecting school enrolment and retention. Disparities should be addressed by extending urban education benefits to rural schools. Programs should be implemented to encourage female enrolment and retention, especially in rural regions.

The data demonstrates a remarkable improvement in electrification, with rural areas catching up with urban areas during 2021. This progress reflects sustained policy focus, technological advancements, and infrastructure development. However, ensuring consistent and reliable power for all households should be the next step.

Both rural and urban areas experienced improved access to drinking water, with urban areas showing a larger percentage point increase compared to rural areas. States with lower MPCE, especially in rural areas, need targeted interventions to boost economic opportunities, infrastructure and social welfare. Higher MPCE in urban areas suggests that urbanization correlates with better living standards and consumption patterns. Bridging the gap between high and low MPCE states is crucial for balanced economic development.

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