

**EXPENDITURE IN HEALTH, EDUCATION AND  
MILITARY: A COMPARATIVE ANALYSIS OF CHINA,  
INDIA AND PAKISTAN**

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**Abstract:**

Health and Education (*Swasthya aur Shiksh*) have been the two important pillar of the holistic development in the modern democratic world and are the key to the every development. But the expenditure in Military (*Sena*) is continuously expanding in the every country. It is surpassing the either the expenditure of education or health, or both in majority of the countries. This paper analyzes the comparative expenditure made in Health, Education and Military (*Swasthya, Shiksha aur Sena*) in China, India and Pakistan.

**Key words:** Health, Educatio, Military, Expenditure, China, India, Pakistan and South Asia.

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## Introduction

Whenever the concept of development is discussed, first and foremost attention goes to education and health. These are the two very important fundamental gateway of any development. Education gives people critical skills and tools to help them better. Education helps people work better and can create opportunities for sustainable and viable economic growth now and in the future. Education helps fight the spread of deadly disease like HIV/AIDS and other diseases, reduces mother and child mortality and helps improve health. Education encourages transparency, good governance, stability and helps fight against graft and corruption.

Better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and return more. Furthermore, good health enables us to enjoy a productive and rewarding in public life for nation and private life for individual.

Most of the strategic experts agree that expenditure made in defence is also important. Defence and military widen the scope for political and democratic stability. According to them, it is absolutely imperative to make expenditure in military and defence. But in most of the third world countries like China, India and Pakistan military expenditure is continuously surpassing the either the expenditure of education or health, or both. The rate of increase in the military expenditure is more than the rate of increase either in health or education, or both. A neck to neck race can be seen in many of the third world developing countries.

In such countries health and education should be given immediate priority. Keeping in mind the above discussion, three major giants of South Asia have been selected for the comparative and analytical study of expenditure made in Health, Education and Military (*Swasthya, Shiksha aur Sena*).

## Rationale for the Selection of Study Area

For this analytical study three giants of Asia namely *China, India and Pakistan* have been selected. Their sequence has been arranged alphabetically. So, China comes first, Pakistan comes later and India comes in between.

All these three giants maintain similarity with each other. India and Pakistan share a uniform colonial past and the geographical parts of South Asian region. Despite these similarities, there are notable dissimilarities in the indicators of holistic development viz. health and education. On the other hand, China's developmental indicators, mostly, surpass the developmental indicators of other two countries. Furthermore China's progress at economic and social front is really appreciable with comparison to India and Pakistan. It is worth to mention here that China as well as India opened their economy in late eighties and early nineties. During that time their size of economy and levels of social development were more or less equal without any notable differences as opposite to present differences. Despite all the similarities, thus it becomes imperative to understand the unequal level of investment made in education, health and military.

**Data Source:**

Data for this analytical study have been collected from various sources like web resources, books, reports etc. Among web resources, the web sites of United Nations Development Programme (UNDP), World Bank, United Nations Educational. Scientific and Cultural Organization (UNESCO), Stockholm Institute of Peace Research Institute (SIPRI), North Atlantic Treaty Organization (NATO) etc. are notable. Various annual reports are also available on their web sites. However an attempt has been made for providing the latest data. In order to maintain the cross country uniformity, some years preceding data have also been selected.

**Discussion and Interpretation:****I. Human Development Index (HDI):**

In general, HDI refers the development made at Social and Economic fronts and in particulars in capture the progress made in Longevity, Per Capita Income, infant mortality rate (IMR) and Education. In this index, a majority of the weightage is directly given to health and education only. HDI value ranges from zero to one. Higher value refers the higher development and lower value refers the lower development. It is imperative to understand that HDI is a relative progress made by the various countries.

Table: 1

S. No.	Country	Value of HDI	Rank in HDI
1.	China	0.719	91
2.	India	0.586	135
3.	Pakistan	0.537	146

Source: compiled from various sources namely UNDP, UNESCO, and World Bank.

Among above three countries China's progress is remarkably high with comparison to remaining two countries. There is negligible difference between India and Pakistan but in HDI rank there is 11 rank difference. A mounting difference can be observed between China and India in HDI value viz-a-viz in HDI rank. However China's performance stands better than remaining two other countries (Table 1).

## II. Health:

To define health has become a challenging issue because it is very complex phenomenon and involves multi dimensional thoughts. Health is not mainly an issue of doctors and medicines but it is issue of social service. Thus health is one of those terms which most people find it very difficult to define. WHO defines health "*Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity (WHO: 1948)*". To bring these goals into reality health is a fundamental human right, essence of productive life, integral part of development and quality of life, individual as well as national-international responsibility, quality with quantity of the health services, social investment for socio-economic goals etc. (Park: 2013). Major indicators of health have been presented in table no. 2.

Table: 2

S. No.	Name of indicator	China	India	Pakistan
1.	Life expectancy at birth (in completed years)	75.33	66.41	66.57
2.	Infant Mortality Rate (IMR in per 1000 live births)	12	44	69
3.	Child Mortality Rate (CMR) (CMR in per 1000)	14	56	86

	live births)			
4.	Maternal Mortality Ratio (MMR in 100000 births)	32	200	260
5.	Birth attended by skilled health personnel (in %)	96.6	67	52
6.	Antenatal coverage (in %)	94.1	74.2	60.9
7.	Pregnant women receiving prenatal care (Minimum 4 visits during pregnancy) (in %)	89.4	50	28
8.	Contraceptive Prevalence Rate (CPR, in %)	85	55	27
9.	Total Fertility Rate (TFR per women)	1.7	2.5	3.3
10.	HIV prevalence (in %)	<0.1	0.3	0.1
11.	Physicians (per 10000 population)	14.6	7	8.3
12.	Total expenditure on health (per capita US \$)	480	157	77
13.	Health expenditure (% of GDP)	3.0	1.3	1.0

Sources: compiled from various sources namely UNDP (Country specific profile), UNESCO (Country specific profile), and World Bank (Country specific profile). All indicators are of during 2011-2012.

Life expectancy at birth and IMR are considered some of the most powerful indicators of development. Life expectancy refers the number of years a new born would live if prevailing patterns of mortality stay his/her life and IMR is the number of deaths of infants under one year of age per 1000 live births in a year. In both the indicators China surpasses both the remaining two countries. Here performance of China is equal to the western developed countries. IMR in India and Pakistan is about four time and six time, respectively, more than China (Table 2). Still both the countries are lagging behind in the Millennium Development Goals (MDG). It seems that in both the countries the percolation effect of economic growth is not taking place for the social development.

On the line of IMR similar trends are also visible of CMR and MMR. CMR is 14, 56 and 86; and MMR is 32, 200 and 260 for China, India and Pakistan respectively (Table 2). It really put up the question mark whether our babies and mothers are safe for their safe infancy and motherhood respectively. A death toll of 200 and 260 of MMR in India and Pakistan is really condemnable.

Birth attended by skilled health personnel refers the coverage and health facilities for the prospective mothers. In China this coverage is about to reach 100 per cent. But in Pakistan only half of the mothers and in India it is slightly over than two third mothers enjoy this facility. Is this coverage, doesn't put up the question for the philosophy for holistic development.

The inverse relationship between TFR and CPR and well known viz-a-viz well argued. Higher TFR refers the lower CPR and but vice versa not. A TFR of two is considered ideal for social and economic development. This inverse relationship can be very well understood by TFR and CPR of above three countries. in China TFR and CPR are 85 per cent and 1.7 respectively (Table 2). In this nation population growth is occurring due to population momentum though the population has become stabilized. The aim, to achieve TFR 2.1, of National Population Policy: 2000 (NPP: 2000) is still far away from TFR 2.5 where CPR is only 55 per cent. The performance of Pakistan is really very poor at this juncture.

Pakistan surpasses India but lagging with China as far as availability of Physician is concern is concern. There are 15, 8 and 7 physician per 10, 000 population in China, Pakistan and India respectively (Table 2).

Priority given to health can be better understood by the expenditure made on health with respect to other items in total GDP. China spends more than 6 times than Pakistan and more than three times than India on every citizen. Percentage share of GDP on health depicts better picture in this respect. This share is 3.0 %, 1.3% and 1% in China, India and Pakistan respectively (Table 2).

### III. Education

Education (*Shiksha*) is no less important than Health (*Swasthya*). A good education opens every insights of every citizen. Primarily, education is considered fundamental component for progress monitoring, policy making, effective productivity etc.

**Table: 3**

S. No.	Indicator	China	India	Pakistan
1.	Mean Years of Schooling (MYS in years)	7.54	4.43	4.73
2.	Expected Years of Schooling (EYS in	12.9	11.7	7.7

	years)			
3.	Adult Literacy Rate (ALR in %)	95.1	62.8	54.9
4.	Pupil Teacher Ratio (PTR)	17	35	41
5.	Expenditure on education (% of total GDP)	4.3	3.8	2.1

Sources: compiled from various sources namely UNDP (Country specific profile), UNESCO (Country specific profile), and World Bank (Country specific profile).

All indicators are of the year 2011-2012.

In any country years of schooling shows the over-view of primary and secondary education performance and indirectly denotes the level of country's education system and education policy. MYS depicts the educational base for all type of development and considered as very important indicator of the same. In this indicator China excels with 7.5 MYS, to remaining two countries (Table 3). Marginally Pakistan surpasses India in this indicator.

EYS is an estimate of the total years of schooling that an average child at the age of school entry will receive including years of spent on repetition. It is also very important indicator of country's progress, measured in school years. There are fairly high variations in EYS in above three countries.

Still there are mounting gaps between MYS and EYS in all three countries. This gap is highest in India followed by China and Pakistan (Table 3). More gap between MYS and EYS indirectly indicates the more gap to bridge, where India preceded by two remaining countries.

ALR refers the materialized performance at the educational front. It is exceptionally high in China and followed by India and Pakistan viz. 95.1%, 62.8% and 54.9% respectively (Table 3).

PTR is very critical input for imparting the education among the people. On the line of ALR same trends can be seen in this indicator also. Allotted expenditure to education shows the given priority to education. In this indicator China gives priority to education by allotting higher share of GDP (table: 3).

#### IV. Military

Military (*Sena*) has become the necessity in the modern strategic world. Strategic experts agree that military and defence are unavoidable components for peace and stability. In this analysis

military expenditure includes all current and capital expenditure on the armed forces, including peacekeeping forces, defence ministries and other government agencies engaged in defence projects, paramilitary forces, military space activities etc. Such expenditures include military and civil personnel, including retirement pensions of military personnel and social services of personnel, military operations and maintenances, procurement, military research and development, military aid etc.

**Table: 4**

S. No.	Indicator	China	India	Pakistan
1.	Armed forces personnel (% of total labor force)	0.4	0.6	1.6
2.	Military expenditure (% of total GDP)	2.0	2.5	3.2
3.	Military expenditure (% of total GDP in 2006-07)	4.3	2.5	3.0

Source: collected from <http://www.tradingeconomics.com>, <http://www.sipri.org/> and World Bank (2000) and <http://www.indexmundi.com>.

*Prima-facie*, it seems that there is close neck to neck race among all above three countries as far as military expenditures viz-a-viz percentage of labor force engaged in military services are concern. In the relative figure Pakistan surpasses remaining two countries. But due to large size of economy, in absolute figures, China surpasses remaining two countries. Percentage of labor force engaged in military services is 0.4%, 0.6% and 1.6% in China, India and Pakistan respectively (Table 4). But due to large size of work force China got huge size of military personnel.

#### **Conclusion:**

In today's world all elements of Health, Education and Military (*Swasthya, Shiksha aur Sena*) are very important. But there is need to rationalise the expenditure made on Health, Education and Military. For the holistic progress health and education should be given foremost priority and fund allotment should be made accordingly. Pakistan spends 3.0 % of GDP on military, 2.1% on education and only 1% on health. Although national military is an important function of government and security from external threats. But very heavy and excess spending on military burdens the economy and impedes the growth and ultimately retards the holistic development.



There is need to protect the border but improving the relations with neighbours is more important. Had it not been that all the three nations maintained a neck to neck race for the education and health, it would had more rewarding rather to maintain a neck to neck race for military and defence.

It is foremost and primary responsibility of a well civilized society to educate its citizen and keep them healthy. Because, expenditure made in education and health is the most rewarding investment. It is imperative to understand high education along with good health leads to high economic growth. Thus education plays a pivotal role for the economic and social development of a nation.

### References and Bibliography:

1. World Bank (2000), "2000 World Development Indicator" The World Bank, Washington DC.
2. Croxton, F. E., D. J. Cowden and S. Klein (1988), "Applied General Statistics" Prentice-Hall of India Private Limited, New Delhi.
3. Ray, A. (1998), Development Economics, Oxford University Press, New Delhi.
4. Park, K. (2013), Park's Textbook of Preventive and Social Medicine, Banarsidas Bhanot, Jabalpur.

### Web resources

<http://hdr.undp.org/en/countries>

<http://data.worldbank.org/indicator>

<http://www.tradingeconomics.com>

<http://www.worldbank.org>

<http://en.unesco.org>

<http://www.sipri.org>

<http://unicef.in>

<http://www.indexmundi.com/g/r.aspx?v=132>