

Rural Health Status and Human Development - A Case Study of Karimganj District of Assam.

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Introduction:

Economic growth of a country reflecting in the rise of GNP was questioned by 1950's and as a result there emerged a wider approach to determine a country's growth or development which included multidimensional aspects. It was assumed earlier that gains in GNP will trickle down to people in different form but it faced a strong criticism when it was found that 40% of the developing world's population had not benefited at all from the rise in GNP per capita and structural changes in the economy during the 1950s and 1960s. Economic development therefore was redefined with the phrase 'redistribution with growth' where development conceived as a multidimensional process involving major changes in social structures, popular attitudes, and national institutions, as well as the acceleration of economic growth, the reduction of inequality, and eradication of poverty etc. Thus the definition of development, in its essence, must represent the entire gamut of change by which an whole social system, tuned to the diverse basic needs and desires of individuals and social groups within that system, moves away from a condition of the life widely perceived as unsatisfactory toward a situation or condition of life regarded as materially and spiritually better (Todaro and Smith, 2006).

Mahbul ul- Haq, Amartya Sen and others hold the view that purpose of all development is to enlarge people's choices, which relates to accessibility of



knowledge, nutrition and health services, security of life and property, political, cultural, and religious freedom. Every aspect of economic development contributing in enlarging human development gave a paradigm shift to the concept of economic development –**Human Development paradigm.**

Human development paradigm thus, considers human being is the real capital of the nation, and accordingly the utmost need is to develop the human resource. Until a country has a strong human capital its development dream is impossible. One of the vital ingredients to create a strong base for human capital is ‘health’. It is a means and end of human development. It plays a very important role in the improvement of socio-economic condition of an economy, which is economic development of a country. Improved health enhances the formation of human capabilities. Better health for the masses improves their living conditions, ability and efficiency to work, which in turn contributes to general improvement of productivity and stimulates economic growth.

Schultz (1961) in seminal paper realized the importance of investment in health and found the linkage between health and economic growth. He argued that the large differences in earnings between whites’ and blacks workings on comparable activities; between those in south and north or west, etc. are reflections of differences in education and health. Productivity is determined by the number of hour’s works and its intensity. The low incomes and low levels of the living of poor which are manifested in poor health, nutrition and education can lower their economic productivity and thereby lead directly and indirectly to a slower growing economy (Todaro, 1985).

An under nourished or sick person cannot work long or properly. Absence of medical facilities further reduces productivity. So, investment in health ensures no scope of low earnings in future. Early age exposures to



infectious disease may also have adverse effects on health and well-being into old age (Case and Paxson 2009). Thus Poor health acts as a retarding factor in the path of economic development. Better health and nutrition raises workers productivity by increasing their working lives is found in the study of Baste et al (1979) on rubber plantation workers in Indonesia. Malaria eradication programmed in Sri Lanka in 1940's and 1950's led to 10 percent rise in incomes. Farm workers of Sierra Leone and Kenyan farm workers have raised their output after increasing the levels of calorie intake (World Bank, 1991). Health and nutrition are not only important ends in themselves, but also may be important means through which productivity and population goals are affected.

In India nearly 70% of the population is coming from the rural areas. Creating human capital and human capabilities is of great importance in the rural areas as the huge masses of people are residing here. Thus the policies of human development should focus the upliftment of rural masses. It is a known fact that the health conditions of rural people are very acute. They are suffering and dying from preventable diseases, problems related to mother and child and also malnutrition. One of the prerequisite of better health is the existence of sound delivery of better health care services and rural India is lacking from this services. Another serious threat to the Indian health care system is the existence of non-communicable diseases like cancer, diseases or illness due to the use of tobacco, cardio-vascular diseases, and HIV-AIDS. As health is an important means in enlarging human capabilities, the prime focus is to improve the condition of health delivery as well health condition.

In this respect it *necessitates* in the present paper to study the health status of the rural people of Karimganj District.



Background of the study

Karimganj with an area of 1839 sq km is a district in the southern part of Assam. Of the three districts of Barak valley, Karimganj has an international border with Bangladesh in its North West side, Tripura on its southwest, Mizoram in the south and other two districts of Barak valley Cachar and Hailakandi on the eastern side.

Karimganj is situated between longitude 92°15' and 92°35' east and between 24°15' and 24°55' east latitude. The north and north eastern district are plain areas while south and south western parts are covered by dense forests.

Largest number of population of Karimganj i.e. 92.67% resides in the rural areas and their main occupation is agriculture and allied activities. Rice accounted for nearly 80% of the gross cultivated area. But this practice is seasonal, in other times they mainly depend on other occupations such as day labour. District has very weak economic and social infrastructure.

The unemployment problem in the district is very acute due to high density of population, lack of economic opportunities and shortage of industries in the region.

Overview of the district:

Table I

1.	Total land area	1089 sq.km
2.	Total population	1003678
3.	Total rural population	934126
4.	Total urban population	73,747
5.	Sex ratio	944
6.	Literacy rate	55.74
7.	Poverty line	40.86

Source: Department of statistics and economics. (2001 census)



Objectives of the study:

1. To study the health status of the people in rural areas of Karimganj district.
2. To find how far health condition is enlarging human capabilities of the rural masses.

Methodology and data base:

The study is mainly based on secondary data. The data are collected from different sources like official publications of governments both at the centre and states.

Defining Health Status:

The different indicators used here to indicate health status are:

- a) Infant mortality rate.
- b) Life expectancy at birth.
- c) Maternal mortality rate
- d) Doctor- population ratio
- e) Birth Rate
- f) Death Rate

Findings:

Health Status of the rural people of Karimganj District:

India being a signatory of Alma – Ata Declaration committed to provide primary health care, from the time of independence, several measures have been



undertaken by the government of India to improve the health of the people. Different national health programmes have been launched by the Central government to control and eradicate communicable disease, improve sanitation, raising standard of nutrient, improvement in child and mother health, reducing infant and maternal mortality rate, improving life expectancy at birth, control of population and improve rural health. The Ministry of Health and Family welfare, Government of India evolved a National Health Policy in 1983 keeping in view the national commitment to attain the goal of 'Health for All' by the year 2000. Since then there has been significant changes in the determinant factors relating to the health sector, necessitating revision of the policy. Looking forward the lack of health delivery in rural areas government of India launched the National Rural Health Mission in April 2005 to fulfill the goal of improving the health status of rural people.

The NRHM was also launched in the district Karimganj in 2005 with the target to reduce maternal mortality rate, infant mortality rate and improve the health delivery mechanism and improve health status of people. Amongst the different strategies to achieve the target is to build strong and sound primary health care delivery mechanism and provision for community participation is worth mentioning. The health infrastructures of the district though not to the norms but still have provided opportunity to the rural masses to have health care services at their nearest door step. There are 5 BPHC, 7 MPHC, 2 SHC, 6 SD, and 218 SC covering health services to nearly 90% of the rural population of the district. This is shown in the table II. The health status of the district is revealed in the indicators of health. There is no availability of data regarding birth rate, death rate, maternal and infant mortality rate so we incorporated the state level data. The scenario of the district will almost be the same as the state level. The



infant mortality rate and maternal mortality rate of the state is 66 per thousand and 409 per lakh. The health status is shown in table III.

The health delivery is very poor as it is evident that the Doctor Population ratio is 0.056 per lakh population and the availability of bed is 0.16 per lakh population.

Table II: Health Infrastructure of the Karimganj District.

Serial no	Anchali k	Hospita	Subsidi ryHealth	Commu ty	PHC	Mini	Dispens	Total	Total populat ion
1	South Kxj	-	-		1	1	1	6(.003)*	213577
2	North Kxj	-	1	-	1	1	1	6(.005)*	114552
3	Badar pur	-	-	1	1	-	2	36(.031)*	113458
4	Lowa irpua	-	1	-	-	-	-	-	124737
5	Pathe rkandi	-	-	-	1	1	1	6(.005)*	132404
6	R.K. Nagar	-	-	-	-	2	1	-	139822
7	Durla vchara	-	-	-	1	2	1	6(.006)*	95576
	Total	1	2	1	5	7	7	60 (.006)	934126

Table III: Health Status of Karimganj District

Birth rate ®	21.2(per thousand)
Death rate ®	8.8(per thousand)
Infant mortality rate (0-5 yr)®	66(per thousand)
Maternal mortality rate ®	409(per lakh)
Fertility rate	7.08
Life expectancy at Birth Male Female	57.7 yrs 58.1 yrs

Source: Joint Director of Health Services, Karimganj ® State Data *the percentage converges of population

The health delivery is very poor of the district as it is evident that the Doctor Population ratio is 0.056 per lakh population and the availability of bed is 0.16 per lakh population as revealed in Table IV. The HDI value of the



district is 0.301 compared with the state value 0.407 which is much lower. The health and income index of the district is 0.207 and 0.078 compared to 0.343 and 0.286 respectively of the state level (source: Assam Human Development Report, 2003). All this above data clearly indicates that since the health status is low it is one of the reasons of low income of the people which can be termed as lack of human capabilities and thus the HDI rank is low implying low level of human development.

Conclusion:

Thus, in the concluding remarks it can be said that to enjoy the for human development and to increase human capabilities health status has to be improved. In India where a huge population is residing in the rural areas, to enjoy the fruit of economic development this huge population has to come to the main stream of development. Though we know most of the policies of the government are very much rural centric but more emphasis again have to be given on the assurance of inclusion of each and every people. There are ample examples of lack of proper implication, allocation and distribution of means in different form. Unless and until the urge comes from within the people himself to get incorporated to mainstream of development it's really a tough job to ensure human development through only the policy implications.



REFERENCES

1. Assam Human Development Report, 2003: Directorate of Economics and Statistics, Government of Assams.
2. Case, Anne and Christina Paxson (2009), “Early Life Health and Cognitive Function in Old Age”, American Economic Review.
3. Dreze, Jean and Amartya Sen (1998), India Economic Development and Social Opportunity, Oxford University Press.
4. Goel, S.L. (2004), Health Care Management and Administration, Deep and Deep Pulications Pvt. Ltd.
5. Kumar, Anil (2005), Health Education, International Scientific Publishing Academy.
6. Lee, Kenneth and Anne Mills (1985), The Economics of Health in Developing Countries, Oxford University Press.
7. Marshall, Alfred (1930), Principles of Economics, 8th Edition, Macmillan and Co. Ltd. , London. .
8. Meir, Gerald.M and Rauch.E.James (2006), Leading Issues in Economic Development, Oxford University Press.
9. Park K (2007), Preventive and Social Medicine, Banarasidas Bhanot Publishers.
10. Parthasarathy, Gogula (2003), Economic Reforms and Rural Development in India. Academic Foundation New Delhi.
11. Rao, T.V (2006) Human Resources Development Experiences Interventions Strategies, Sage Publications.
12. Shah Ghanshayam (1997), Public Health and Urban Development, Sage Publication.



- 13.Sarma, Suranjan (2004) Public Investment in Primary Health Care, Mittal Publication.
- 14.Sakiko, Fukuda Parr and A.K. Sinha Kumar (2003), Readings in Human Development, Oxford University Press.
- 15.Schultz, T.W., (1961), “Investment in Human Capital”, American Economic Review.
- 16.Sen Amartya, Sudhir Anand and Fabienne Peter(2006), Public Health , Ethics and Equity, Oxford University Press, Sengupta, Keya (2010), Human Development, Multi Dimensional Approach to Human Wellbeing, Concept publishing Company Pvt. Ltd..
- 17.Toderro, Michael.P and Stephen,C.Smith(2006)Economic Development, Dorling Kindersley (India) Pvt. Ltd.
- 18.World Health Organization (2006,2002), The World Health Report,

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