



Health Status of Hailakandi District of South Assam in the Light of Some Selected Variables

HaimontiDebnath

Research Scholar, Department of Economics
Assam University, Silchar

Email: haimantidwdebnath@gmail.com

Abstract:

Health is an important indicator of Human Development. Achievement of Human Development in the other two components (education and income) is possible only when a person is both physically and mentally fit. So, the achievement in Human Development first demands good health. The present study makes an attempt to assess the health status of the people of Hailakandi District of Southern Part of Assam. With the help of secondary data it is found that though the availability of health infrastructure is not so bad in the district but the district is lagging behind in many important aspects of health indicator like IMR, acute malnutrition, underweight children etc. In all these respects the condition of the district is worse than Assam. So, Government should make an attempt to put an emphasis on the possible causes of low level of health status of Hailakandi District. The paper will try to make a comparative study of the district with the state figure. The present paper is divided into five segments: I. Introduction, II. Objectives, III. Data Source and Methodology, IV. Data Analysis and Discussion, V. Conclusion and Recommendations.

Key Words: *IMR, Health, Malnutrition, Human Development, Hailakandi*

Introduction:

A healthy person always is considered as a resource in the economic literature. Health implies both mental and physical wellbeing of a person. Health is an important component of Human Development Index (HDI). HDI is a composite index which includes the three dimensions of human life-health, education and income. So, health is a vital component of constructing the HDI as well as measuring the rest of the two dimension indices (education and income). Because only a healthy person can participate in the educational field and can engage himself/herself in income generation activities. So, good health is always a prerequisite for higher human development. Antony *et. al.* (2001) works in variations in HDI among Indian

states and their impact on health and nutrition. It is found in the study that the HDI value is low for Assam and it is due to variations in social development, interstates health differences occur. Barbhuiya (2019) makes a study on Body Mass Index of women of Hailakandi district and found that more than 40% of women are malnourished in the district. Bhattarjee (2015) makes a district level study of Assam on Human Development. It is found that Kamrup Metro is the best in HDI value and Dhubri is the worst performer. The study suggests government expenditure on health and education to boost up human development. It is firmly agreed in the study that social sector needs to be developed for Human Development of Assam. Bour (2004) works on the impact of education, distance, marital status, family size etc. on the utilization of health services by the rural and urban women in Ghana. Stewart (1990) proposed a four components model to make a detailed analysis of the causes of poor quality health care services and recommended the ways which can facilitate improved access to health care in Canada. Thus there is hardly any specific study on possible causes of low health status of this particular district in the light of the selected variables. So, there is a research gap in the area of addressing the issues of low level health attainment among the people of Hailakandi District of Assam.

Objectives:

The following objectives are set for the present study:-

- i) To assess the availability of health infrastructure at Hailakandi District of South Assam.
- ii) To compare the performance of the district with the state in the light of some basic health determinants.
- iii) To analyse the effect of socio-economic factors behind the low health status among the people of the study area.

Data Source & Methodology:

The study will be completely based on secondary data. The sources of data are various reports like Assam Human Development Report, Statistical Handbooks of Assam, National Family Health Survey-4, and Chief Minister's Vision for Women and Children etc. The present study is a descriptive study based on statistical tables.

Data Analysis and Discussion:

In this section the data will be analysed with the help of statistical tables in the light of the set objectives of the study. Analysis will follow the results and discussion accordingly.

Objective i) will be addressed with the help of the data shown in Table: 1 to Table: 4.

Table 1: Health Services Facilities Available in Govt. Sector for the Year 2018-19 (In Nos.)

District	Civil Hospital	SDCH	FRU	Sub Centres	Primary Health Centre		State Dispensaries		Community Health Centre	
					Rural	Urban	Rural	Urban	Rural	Urban
Hailakandi	1	0	0	107	13	0	3	0	3	0
Assam	25	14	15	4644	946	0	262	16	172	0

Source: Statistical Handbook Assam, 2019

N.B: SDCH=Sub-Divisional Civil Hospital, FRU=First Referral Units

Table 1 show there are one civil hospital and 107 sub-centres in the district. 13 PHCs and 3 state dispensaries along with 3 Community Health Centre in the rural areas of the district. The data of Assam is also enlisted in the table. Stewart (1990) also tells about the structural barriers to health care.

Table 2: Medical and Paramedical Personnel under Govt. Sector in Assam for the Year 2018-19 (In Nos.)

District/State	Doctors		Pharmacist		Nurse (ANM)		Midwives (GNM)	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
Hailakandi	55	27	42	9	143	37	149	29
Assam	3626	1172	1582	507	10932	1319	5213	1078

Source: Statistical Handbook Assam, 2019

The number of medical and paramedical personnel working under government sector in both the district and in the state is reflected in the Table:2.

Table 3: Availability of Health Centres and Manpowers

District/State/ Country	No. of Sub Centre Per 100 SqK.m	No. of PHC Per 100 SqK.m	No. of Doctors Per 100000 Population	No. of Nurse Per 100000 Population
Hailakandi	7.98	0.99	8.67	19.47
Assam	5.96	1.31	5.05	11.40
India	4.93	0.81	3.29	7.80

Source: Calculated from Rural Health Statistics 2014-15, Govt. of India, Ministry of Health and Family Welfare, Statistics Division & Statistical Handbook Assam, 2015.

Table: 3 reveal a clear picture that the number of doctors and nurses per 100000populations is higher in Hailakandi district in comparison to both the state figure and national figure. Apart from this the number of Sub-Centres and PHC per 100 Sq. kilometer is also better in the district with an exception in case of sub-centres in which all over Assam's figure shows a little better performance, otherwise the district performance is better in comparison to both state and all India level.

Table 4: No. of Beds in Different Type of Govt. Health Institutions in Assam, 2018

(In Nos.)

District/State	CH	BPHC	MPHC	CHC	SDCH	MCH	Total
Hailakandi	100	24	36	90	0	0	250
Assam	3630	900	3460	4860	915	5121	18886

Source: Statistical Handbook Assam, 2019

N.B: CH= Civil Hospital, BPHC= Block Primary Health Centre, MPHC= Mini Primary Health Centre, CHC= Community Health Centre, MCH=Medical College Hospital

Number of beds in various health institutions is an important component of health infrastructure. Table: 4 shows that in total there are 250 no. of beds available in different types of health centres at Hailakandi District.

Table: 5 show the data of some health determinants of the district and the state to justify the second objective.

Table 5: Determinants of Health showing theHealth Achievement among the People of Hailakandi District and Assam

Attributes	Hailakandi	Assam
Infant Mortality Rate (IMR)	55	47(2015)
Mother Who Attended At least 4 Antenatal Care Visits	34.5%	47%
Women Having Anemia	47.2%	46%
% of Underweight Children in the Age Group of 0-59 Months (2013)	62.0%	37.4
Women with BMI<18.5	33.2%	25.7%

Source: Chief Minister's Vision for Women & Children, Govt. of Assam, 2016 & NFHS-4, 2015-16 and Assam HDR, 2014, Statistical Handbook, Assam, 2019

Infant Mortality Rate which is the number of infant deaths for every 1000 live births. It is an important parameter to assess the health status of any place. Antony *et. al*(2001) finds in his study that life expectancy is an important determinant of health. It reveals from Table: 5 that Infant Mortality Rate in the district is 55. That means 55 nos. of children die per 1000 live births before completing one year of age, whereas, the IMR is 47 in all over the state. Another important variable used in the present study is mother who attended at least four antenatal care visits. The percentage of such mother is only 34.5% at Hailakandi. The overall state data shows a better performance in this regard (47%). When women are in the stage of anemic it implies deterioration of health status of this particular area. The percentage of women having anemia is 47.2% at Hailakandi in comparison to state percentage which is 46%. So, there is not much deviation of the district data with the state data. Overall the percentages of anemic women are very high in the state. It indicates poor health condition of the state. Because a healthy mother can bring forth a healthy baby who will become a resource in future. So, stress should be given to the health condition of mother. This fact is also proven from the underweight data of children. At Hailakandi 62.0% of the children in the age group of 0-59 months are fall into the category of underweight. In this respect the district average is much higher than the state average which is 37.4%. In the study area women 33.2% are also suffered from acute malnutrition. This percentage is little bit lower in all over Assam (25.7%).

It is seen that if we rank the district of Assam in habitations which are having with drinking water facility, Hailakandi ranks 19th. So, it is quite true that there are some socio-economic factor which are responsible for poor health status of the people of Hailakandi district of Assam in particular and Assam in general. Table: 6 shows the numbers and rank of the districts according to the habitations having drinking water supply facility.

The third objective is analysed with the help of the Table: 6 Shown below and evidences found from reviewing the related literature.

Table 6: Habitations Having Drinking Water Facility

District	Habitation With Functioning Drinking Water Supply Facility (As on 01-03-2019) (In Nos.)	Rank
Dibrugarh	5578	1
Kamrup	3558	2
Cachar	2758	3
Golaghat	2749	4
Dhubri	2592	5
Kokrajhar	2506	6
Sivasagar	2410	7

Lakhimpur	2200	8
Karimganj	2126	9
Jorhat	2125	10
Biswanath	1909	11
Tinsukia	1869	12
Goalpara	1851	13
Darrang	1832	14
Nagaon	1780	15
Sonitpur	1588	16
Chirang	1550	17
Hojai	1549	18
Hailakandi	1527	19
Barpeta	1357	20
Charaideu	1345	21
East Karbi Angling	1225	22
Dhemaji	1165	23
Morigaon	1144	24
Nalbari	1065	25
Baksa	832	26
Bongaigaon	696	27
Kamrup Metro	591	28
DimaHasao	433	29
West KarbiAnglong	458	30
South Salmara	333	31
Udalguri	298	32
Majuli	172	33
Assam	55171	-

Source: Compiled from the Data Statistical Handbook Assam, 2019

Findings and Conclusion:

To wind up the discussion it is clearly seen that Hailakandi District is one of the most backward district of Assam which suffers from multiple of deprivations. In the light of the first objective there are health infrastructures but the problem lies elsewhere. There are some socio-economic factors which deteriorates the health performance of the district. To address the second objective which is regarding the achievement of health it is found that infant mortality rate of Hailakandi district is 55 (per 1000) where as it is 47

(per 1000) in case of Assam. That means the performance of the district is lower than the state performance. Moreover the percentage of anemic women's and women with BMI <18 are also high in the district in comparison to the state figure. 33.2% of women fall in the category of BMI <18 at Hailakandi in comparison to 25.7%, indicating more acute malnutrition exists in the district. The percentage of underweight children in the age group of 0-59 months in the study area is almost double (62%) than that of the state figure. Out of five basic health determinants, the performance of each and every determinant is very poor in the district than that of Assam. Expected mother are not taken care of properly at their home resulting they suffer from anemia, acute malnutrition etc. and consequence of this is the underweight children in the age group of 0-59 months. Moreover, drinking water facility is also not properly available in the habitations. Existing literature justifies the fact that education is an important determinant to boost up the health status of the people. But still it is a fact that due to SarvaSikhsha Mission, the performance of the district in educational dimension shows an improved scenario but it is far lagging behind in case of health attainment. The reason is some socio-economic factors. The health sector of the district is very poor. Lack of proper sanitations is also an important barrier to improve health condition of the people and literature also justifies this. All this findings support the third objective of the study. So, government attention is required in the social-economic aspects of the people of Assam in general and Hailakandi in particular. More emphasis should be given to health education among women so, that they can improve their health. And it will automatically results in good health of the family.

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