

HEALTH STATUS OF SUNRISE STATE OF ANDHRA PRADESH-A STUDY

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Abstract

Background: Health and wealth are basic requirements for every human being and also everybody tries to get of those as possible in daily life. Our traditional notion "Health is Wealth" is true every time in our real life. Health is a public good. Investment in social and physical infrastructure positively affects the poor directly and indirectly in multiple ways. Infrastructure development is one of the major factors contributing to economic growth and employment generation directly by creating externalities for investment in the private sector. Investment in social sector infrastructure and human development enhances productivity through better education, improved workforce skill development, lower absenteeism, greater mobility, faster demographic transition, increased participation of women in workforce and better social security and welfare schemes. One of the most important pillars of social infrastructure and human development is health care. In India, the Constitution assigns a predominant role in providing social infrastructure to the States. **Introduction:** The health status of the people in the country is an important flag-post to evaluate the success of the state policy. Health of the individual impacts the growth of the nation in a very material sense. It has been estimated that the difference in the growth performance of many countries can be attributed to the health status of the people. In recent years, public expenditure on health support programmes in fact contributes quite tangible in spurring the growth in the country. **Objectives:** To study the health status of A.P with some key variables among 13 districts, to observe the budget allocations to health care after bifurcation. **Methodology:** In this study the author used the secondary data collected from various Government Reports, BOOKs, News Papers and Megazines etc. **Findings:** In this study the major finding is disparities among the States regarding health standards among people, the reasons may be the utilization of government facilities or lack of awareness among the public. **Conclusion:** There is necessity to improve the quality of service and most important thing is sufficient infrastructure also require to get good results to beneficiaries.

Key Words: Human Development, Health Programs, Social Security, Nutrition, Indices

Introduction

In 21st Century, research in Social sciences increased in a different way. In recent times, the social scientists have been bringing out many composite indices designed to assess the social development concepts in a concise manner to compare the countries or states within a country or state. Over the years, there has been a radical shift in thinking about health as an outcome of economic growth to it being seen an essential ingredient in the development process "Health is Wealth". It is widely acknowledged that higher incomes enable individuals to lead healthier lives. Apart from the economic case for investing in health, there is strong moral justification that is particularly appearing. Health is valuable in its own right as it directly affects the well-being of the individual. National Health Policy-2017 sets the ambitious target of gradually increasing public health expenditure to 2.5 percent of GDP and policy shift in Primary Health Care from selective care to assured comprehensive care. It envisages establishing Health and Wellness Centers and engagement with private sector for critical gap filling. The overall tone of the policy for an assurance based approach, increasing access, affordability and quality. Through new policy the State Governments are implemented the new policies and benefits given public to improve health.

Objectives of the study:

1. to study the health status of Andhra Pradesh with some key indices and IMR, MMR among 13 districts after bifurcation
2. to analyze the budget allocations of State Government to improve health condition of the people.

Methodology: In this study, the author used the secondary data from various sources like Research reports, Research Papers, Government Reports, Daily News papers, Books, and magazines etc. Recent Statistical data was collected for analysis.

Analysis of the Data: Health is the State of Andhra Pradesh was an articulated priority of government. The former Chief Minister was especially focused on equity in the health care system and how to improve the services for the poor. The underlying philosophy was not only to improve the service delivery but also to address the link between poverty and health care; it had been recognized how health care costs is the main reason to indebtedness and often lead to poverty. A comprehensive social protection scheme was therefore introduced along with several innovative health care delivery models under the reform process. The common aim of these initiatives is to improve equity and access to health services. Technology

and new approaches in service delivery have been introduced as tool for efficiency and quality to reach the Millennium Development Goals in the State.

At present the people in the state facing health problems due to various reasons. After reviewing the data some districts are having low quality health profile and some are have high quality. In the present study the author collected nearly 25 indices data from official reports to analyze the status of health in the 13 districts of State.

Table-1: Indices of Health Status of Sunrise State of Andhra Pradesh with Key Health Parameters of 13 Districts

| Index/Dist | D1 | D2 | D3 | D4 | D5 | D6 | D7 | D8 | D9 | D10 | D11 | D12 | D13 |
|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| A1 | 977 | 997 | 1006 | 1003 | 992 | 988 | 981 | 985 | 1015 | 1019 | 1006 | 1004 | 985 |
| A2 | 3.40 | 5.40 | 7.60 | 10.40 | 4.80 | 7.60 | 6.50 | 55.20 | 3.80 | 7.30 | 3.20 | 5.60 | 4.70 |
| A3 | 2.90 | 2.40 | 2.30 | 2.70 | 2.10 | 3.30 | 2.20 | 2.40 | 2.30 | 2.50 | 2.50 | 2.30 | 2.70 |
| A4 | 65.60 | 72.40 | 71.50 | 75.20 | 77.70 | 60.20 | 72.70 | 68.10 | 67.50 | 79.30 | 73.80 | 71.20 | 60.60 |
| A5 | 65.40 | 72.10 | 71.20 | 75.00 | 77.30 | 60.20 | 71.90 | 67.90 | 67.30 | 79.10 | 73.60 | 71.00 | 60.20 |
| A6 | 16.10 | 15.60 | 17.80 | 13.20 | 9.30 | 17.40 | 19.70 | 12.60 | 21.30 | 11.20 | 13.70 | 19.50 | 24.10 |
| A7 | 82.00 | 91.60 | 95.20 | 91.20 | 96.90 | 75.70 | 92.70 | 91.60 | 92.20 | 93.20 | 80.30 | 97.80 | 92.70 |
| A8 | 10.90 | 3.00 | 1.30 | 4.10 | 0.50 | 13.70 | 3.20 | 3.30 | 6.70 | 3.40 | 3.20 | 2.20 | 3.00 |
| A9 | 66.20 | 55.30 | 62.20 | 62.80 | 46.70 | 59.40 | 57.10 | 54.40 | 80.00 | 63.40 | 65.00 | 51.60 | 62.00 |
| A10 | 5.80 | 9.10 | 9.30 | 11.50 | 8.10 | 9.20 | 10.20 | 13.30 | 8.50 | 9.30 | 12.70 | 8.80 | 11.50 |
| A11 | 12.20 | 10.80 | 10.80 | 12.90 | 7.90 | 10.80 | 9.50 | 14.40 | 20.20 | 12.50 | 15.50 | 11.30 | 9.90 |
| A12 | 75.70 | 78.60 | 81.30 | 82.10 | 72.70 | 82.40 | 72.10 | 79.70 | 83.60 | 76.60 | 76.70 | 75.30 | 77.60 |
| A13 | 22.60 | 21.70 | 20.70 | 23.50 | 19.20 | 30.30 | 13.50 | 21.40 | 15.80 | 10.20 | 18.30 | 18.30 | 17.40 |
| A14 | 74.70 | 70.60 | 63.90 | 79.50 | 82.40 | 73.60 | 57.70 | 84.60 | 78.00 | 71.10 | 61.80 | 60.90 | 59.80 |
| A15 | 18.30 | 10.90 | 9.10 | 11.70 | 15.60 | 9.20 | NA | 10.80 | 5.10 | 17.80 | 8.00 | 12.00 | 6.60 |
| A16 | 63.20 | 63.40 | 78.20 | 73.70 | 72.80 | 69.50 | 64.70 | 72.40 | 69.40 | 60.40 | 61.20 | 66.70 | 65.40 |
| A17 | 12.40 | 8.90 | 8.20 | 9.60 | 12.30 | 12.10 | 9.70 | 9.60 | 7.50 | 5.00 | 6.60 | 8.80 | 9.10 |
| A18 | 25.10 | 21.30 | 20.40 | 19.30 | 19.30 | 19.60 | 20.40 | 20.30 | 21.10 | 20.10 | 20.10 | 19.60 | 19.70 |
| A19 | 19.40 | 26.20 | 24.40 | 23.50 | 23.20 | 23.50 | 24.40 | 24.20 | 26.30 | 25.10 | 25.00 | 22.90 | 24.60 |
| A20 | 19.40 | 8.30 | 12.70 | 22.10 | 14.00 | 19.50 | 14.30 | 14.40 | 4.30 | 11.40 | 17.80 | 14.70 | 17.50 |
| A21 | 10.40 | 9.40 | 18.10 | 15.70 | 11.00 | 21.70 | 10.80 | 14.40 | 8.00 | 9.00 | 13.40 | 14.60 | 13.20 |
| A22 | 84.10 | 70.50 | 95.50 | 95.50 | 88.20 | 79.60 | 52.00 | 79.60 | 92.00 | 88.00 | 87.10 | 88.00 | 77.30 |
| A23 | 79.60 | 70.50 | 86.40 | 68.20 | 58.80 | 68.20 | 84.00 | 65.90 | 84.00 | 84.00 | 80.70 | 84.00 | 65.90 |
| A24 | 69.70 | 42.40 | 21.90 | 41.40 | 39.30 | 37.80 | 23.30 | 32.20 | 42.90 | 40.00 | 63.00 | 35.00 | 48.30 |
| A25 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | - | 1 | 1 | 1 | 1 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Source: Report of NITI AAYOG-2017-18 Govt. of India

Note: Description of Indices A1 to A 25 & D1 to D13 are given in Annexure-I

The above Table-1 show that the key parameters of health status in the State, the highest Sex-ratio recorded in Vizianagaram district and the lowest in Ananthapuram. Next important variable is Institutional deliveries are very high in west Godavari district and lowest recorded in Kurnool. Prevalence of severe Anaemia in Pregnant women is very high in Ananthapur and lowest in Srikakulam. In Krishna and Guntur recorded the mean age at marriage for Girls are very low and it is very high in Ananthapur. Villages with sub-health centers within 3km are more in East Godavari and Guntur districts only. It is very less in Prakasam District. Villages with Primary Health Centers within 10km percentage is very high in East Godavari whereas in Krishna it is very low. PHC's functioning in 24x7 are in Ananthapuram district is very high percentage and it is very low in East Godavari. The Number of District hospitals are very number in (2) four districts and rest of other are having only one and in Srikakulam no District Hospital. Percentage of prevalence of Anemia from 6-59 months is very high in Srikakulam and low in Prakasam district. Prevalence of Severe anemia from 6-59 months percentage is very high Kurnool and very low in Prakasam district. Another important indices is Prevalence of anemia in pregnant women aged 15-49 percentage is very high in Nellore and very low in Kadapa. Among 13 districts these indices are varied and health status very poor in some district and some moderate, very poor in some districts.

Infancy and child hood periods of human life are often threatened by major potential risks to survival due to a number of reasons. In Andhra Pradesh, a number of inter linked elements like bifurcation, poverty, malnutrition, mother's health, medical care, education of the parents, awareness about government facilities etc., in addition to the child's health conditions lead to the persisting significant rates of under-five mortality, infant mortality and its components viz., neonatal mortality and post neo-netal, peri-netal mortality. Over the years, India has attained impressive achievements in the fields of child survival and a faster declining trend has been observed in the recent past in IMR rates. However, the gravity of the problem varies significantly among the states.

The Health of mother has an important bearing on the health of child. Thus interventions for improvement of maternal health are critical for improving survival of newborn and are deemed to be intervention for both maternal and child health. The Maternal Mortality ratio (MMR) is the number of women who die from any cause related to or aggravated by pregnancy or its management during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 1,00,000 live births.

Table-2 IMR & MMR Rates among 13 Districts (During April 2018 to September, 2018) in A.P

| Name of the District | During April 2018 to September, 2018 | | | 2014-16 | |
|-------------------------|--------------------------------------|--------------------|----------------|-------------------|---------------|
| | Birth rate of Infant | MMR (Per 1,00,000) | IMR (per 1000) | MMR(Per 1,00,000) | IMR(per 1000) |
| 1. Srikakulam | 20,497 | 17 | 192 | 98 | 47 |
| 2.vizianagaram | 15,644 | 17 | 147 | 107 | 45 |
| 1. Visakhapatnam | 33,491 | 37 | 451 | 117 | 39 |
| 2. East Godavari | 36,971 | 30 | 556 | 74 | 34 |
| 3. West Godavari | 26,082 | 18 | 164 | 80 | 28 |
| 4. Krishna | 33,462 | 14 | 243 | 79 | 25 |
| 5. Guntur | 34,422 | 30 | 475 | 83 | 31 |
| 6. Prakasam | 26,395 | 08 | 213 | 87 | 37 |
| 7. Nellore | 20,168 | 08 | 111 | 77 | 35 |
| 8. Chittoor | 27,781 | 17 | 358 | 86 | 35 |
| 9. YSR Kadapa | 24,371 | 13 | 276 | 85 | 38 |
| 10. Ananthapuram | 34,103 | 18 | 442 | 98 | 45 |
| 11. Kurnool | 31,242 | 26 | 498 | 108 | 43 |
| 2018 (April- September) | 3,64,629 | 253 | 4,126 | - | - |
| 2017(April- September) | 3,45,834 | 354 | 4,356 | - | - |
| 2014-16 | - | - | - | 92 | 74 |

Source: EENAADU daily Telugu news paper Dt.

The above Table show that the IMR and MMR rates in two periods i.e., 2014-16 and 2018 from April to September. These figures indicate that after bifurcation also these values are very low, it is a positive position of improvement of health condition, but in 2018 these figures are very high the reasons may be due to natural calamities and unhealthy environment in the state. Due sudden rise of various diseases, lack of medical infrastructure. Human resources, and Doctors strikes etc.

The invariable existence of socio-cultural difference in the community has always been a major challenge to the health care efforts made by the Government, particularly in the rural areas where illiteracy is more. The study analysis points out that the awareness in community has to be increased. To achieve target MDG of MMR and IMR state needs to reach the unreached and motivate all needy women to avail the facilities given by the government.

Table-3 AP Budget allocations to Health Sector during 2014-15 to 2018-19

| Particulars | Accts 2014-15 | Accts 2015-16 | Accts 2016-17 | RE 2017-18 | B.E 2018-19 |
|--|---------------|---------------|---------------|------------|-------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Urban Health services | | | | | |
| Allopathy | 1,669.19 | 1,873.00 | 2,766.66 | 2,720.18 | 3,058.56 |
| Other Systems of Medicine | 165.07 | 104.62 | 63.26 | 73.91 | 138.33 |
| Rural Health Services | | | | | |
| Allopathy | 780.80 | 607.89 | 666.96 | 650.03 | 825.37 |
| Other Systems of Medicine | 46.75 | 46.99 | 50.34 | 51.35 | 67.47 |
| Medical education, training and research | 397.08 | 372.85 | 467.63 | 450.96 | 804.86 |
| Public Health | 375.54 | 343.32 | 413.52 | 430.04 | 518.83 |
| General | 242.65 | 242.62 | 266.13 | 267.10 | 306.94 |
| Family welfare | 1,128.60 | 1,354.07 | 1,349.83 | 1,885.75 | 2,563.67 |
| Total | 4,805.68 | 4,945.36 | 6,044.03 | 6,529.32 | 8,284.03 |

Source: Health and Family Welfare Report of A.P-Allocations to Important sectors in Budget 2014-18

The above table-2 show that the state Budget of Andhra Pradesh 2018-19 has focused on increased allocation towards socio-economic development of the health care in the state. It has been increased from 4,805.68 in 2014-15 to 4,945.36 cr in 2015-16. During the third separate budget also allocations are favorable towards health i.e. 6,044.03 cr. Whereas in the year 2017-18 the revised estimates are also high Rs.6,529.32 crs. both rural and Urban health allocations increased year wise. The current Budget estimates are also increased at Rs.8,284.03 crs. These allocations are covered Urban and Rural areas all types medical facilities. During 2018-19 year these allocation amounts increased at higher amounts.

Conclusion

In concluding part the present study observed that the 25 key indices are considered to know the health status among 13 districts in the state. These indices are very useful to identify the condition of district in health position. Among these 13 districts shows variations in health condition of the people. In the case of IMR and MMR rates are very low in 2014-16 and in 2018, these rates recorded at a higher values in 2018 due to unfavorable conditions in the state and lack of availability of medicines, medicinal infrastructure in government hospitals, less rate of institutional deliveries, and skilled medical observers are also very less in the state. The mean age of girls at the time of marriage indices is very less among all the districts in the state. Due to lack of sufficient and nutritious food during pregnancy also cause to increase MMR and

IMR rates among the districts. The budget allocations are also not sufficient to reduce the unhealthy conditions in the districts.

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Annexure-I

Table-1(a) Indices of A1 to A 25 & description of D1 to D13

| In-dex code | Item Description | District code | District Name |
|-------------|---|---------------|---------------|
| A1 | Sex Ratio (Number of Females per 1000 Males) | D1 | Ananthapuram |
| A2 | Births to Women aged 15-19 yrs out of total births (%) | D2 | Chittoor |
| A3 | Mean number of Children ever born to women aged:40-49 yrs | D3 | East Godavari |
| A4 | Current use of family planning methods (%) | D4 | Guntur |
| A5 | Current use of any modern method of family planning (%) | D5 | Krishna |
| A6 | Total unmet need for family planning (%) | D6 | Kurnool |
| A7 | Institutional Deliveries (%) | D7 | Prakasam |
| A8 | Deliveries at home conducted by skilled health personnel (%) | D8 | Nellor |
| A9 | Children who received full vaccination (%) | D9 | Srikakulam |
| A10 | Prevalence of Acute illness (%) | D10 | Vizianagaram |
| A11 | Prevalence of chronic illness (%) | D11 | Visakhapatnam |
| A12 | Prevalence of Anaemia (6-59 months) (%) | D12 | West Godavari |
| A13 | Prevalence of severe Anaemia (6-59 months) (%) | D13 | YSR Kadapa |
| A14 | Prevalence of Anaemia in Pregnant women aged 15-49 yrs (%) | | |
| A15 | Prevalence of Severe Anaemia in Pregnant women aged 15-49 yrs (%) | | |
| A16 | Prevalence of Anaemia in women aged 15-49 yrs (%) | | |
| A17 | Prevalence of Severe Anaemia in Women aged 15-49 yrs (%) | | |
| A18 | Mean age at marriage for girls (%) | | |
| A19 | Mean age at marriage for boys (%) | | |
| A20 | Currently married women married below 18 yrs of age (%) | | |
| A21 | Currently married men married below 21 yrs of age (%) | | |
| A22 | Villages with sub-Health Centres within 3km (%) | | |
| A23 | Villeges with Primary Health centres within 10km (%) | | |
| A24 | PHC's functioning on a 24x7 hrs basis (%) | | |
| A25 | Number of District Hospitals | | |
| | | | |

Source : NITI AYOUG-2017 Repot Statistics