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HEALTH FACILITIES - REGIONAL DISPARITIES IN A.P

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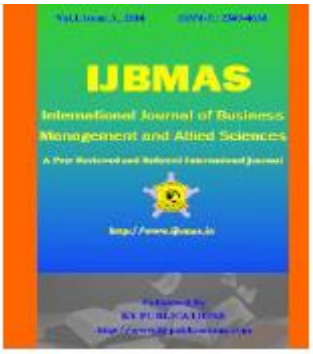

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ABSTRACT

The important that emerges from the study is that imbalances in health status and health services exist among the districts of Andhra Pradesh. The two- way analysis of the distribution of districts is based on Improvement Index on Health Facilities and Infant Mortality Rate reveals that backward districts in the pre-reform period such as Vizianagaram, Ranga Reddy and Kurnool showed development in the post-reform period such as Prakasam, Khammam and Adilabad showed a deadline are slipped into the category of backward districts in the post-reform period. Visakhapatnam district remained as backward in both the periods. Chittoor and Nizamabad remained as developed districts in both the periods.

A careful analysis of the reforms undertaken by the Government of Andhra Pradesh reveals that the programmes undertaken by the Government of Andhra Pradesh regarding urban slums, backward and tribal areas as well as the rural poor are inadequate. Growth of private sector, involvement of voluntary organizations, Self-Help Groups of Women and Youth is stressed being these days to achieve health goals. Of course, there needs to be proper regulation of private sector in the field of health care. The approach of our State must shift from State level to regional levels. Coordination between various bodies, regional planning and participation of Panchayat Raj Institutions (PRIs) will help in achieving the goals of better health for all.

Introduction

The health status of the population is a reflection of the socio- economic development of the country and is shaped by a variety of factors i.e. the level of income and standard of living, housing, sanitation, water supply, education, employment, health consciousness, personal hygiene and coverage, availability, accessibility and affordability of healthcare delivery services.[1] Regardless of the stage of development or level of income, people desire an improvement in the state of health and greater access to wide range of health and health related services.[2]

Equal access to health care is widely accepted as a right and recognized by the member states of W.H.O in the 'Declaration of Alma Ata 1978' and its commitment to the target 'Health for all by 2000 A.D. At the same time health care costs and expenditures in developing countries have been growing markedly faster than their gross national products in the last decade, as vividly described by the term 'health care cost explosion'. Hence is the need to achieve greater agreement between consumers, providers of service and contributors of finance about fundamental issues: health objectives and priorities, sources and allocation of resources, and effective and efficient methods of delivering services. Ultimately this implies greater attention to economic efficiency i.e. to improve allocative efficiency-raising finance and allocating resources between different diseases, patients, geographical areas, and services, so as to maximise the net benefit to society and to improve operational efficiency.[3]

Situation in A.P

During the fifty years of development, India did achieve some successes in the health sector and as a part of that A.P also gained some victories. After independence new thoughts emerged in the area of public health. At the dawn of independence, health facilities were sparse and transport was underdeveloped. Private medical facilities were also not developed. The opportunities for the growth of medical knowledge were low. Only licentiate level doctors used to be there both in and allopathy and various kinds of doctors without diplomas used to cater to the needs of the people. People were immersed with superstitions. During the post independence period government started searching for a way out of this situation. Several committees were appointed with the acceptance of the principle that 'public health is government responsibility'. The committees went into major causes for the diseases. It was recognized that potable drinking water and nutritious food are a must for the prevention of diseases and hence social reforms were suggested. A multifaceted thought process was expressed for proving modem health facilities. The need for more number of doctors and Para-medical staff was recognised. Industries were created for the production of medicines and equipment and research centres have also been created. When India became a partner to Alma Ata declaration i.e. health for all by the year 2000, as a part of it many changes were initiated in A.P also. Yet as compared to other southern states particularly Kerala, A.P. is lagging behind. Even after fifty eight years of independence and fifty years of the formation of the state, disparities in the availability of medical facilities still exist.[5] In this connection, an attempt has been made in this paper to analyse to regional variations in health facilities during 1981- 2001**.**

Regional disparities in Health facilities:

A. **Health status variations:** Regional disparities in health status in A.P. can be visualised from shifts in Infant Mortality Rate and Child Mortality rate.

Table -1 indicates the region-wise growth rates of Infant Mortality Rate and Child Mortality Rate during pre and post-reform period. The percentage decline in Infant Mortality Rate is more in to Rayalaseema region both in prereform period, post-reform period and also in the overall period. But, in the post-reform period there is an increasing trend in the percentage of infant deaths in to Coastal Andhra region whereas, in Rayalaseema and Telangana regions, the percentages of Infant Mortality Rates are declining but the decline is less in the post-reform period. During the total period 1981-2001, the percentage decline in Infant Mortality Rate is more in the Rayalaseema region.

Coming to the Child Mortality Rate, the percentage decline is high in Rayalaseema region in pre-reform period whereas, it is more in Telangana region during post-reform period. It is higher in Rayalaseema region during the total period 1981-2001. In Telangana region, there is an increasing trend in the rate of decline of Child Mortality Rate and declining trend in Coastal Andhra region and Rayalaseema in post-reform period compared to pre-reform period.

Inter-relation between Infant Mortality Rate, Child Mortality Rate and Health Facilities:

Generally, when health facilities show improvement, mortality rates will be at a low level. Therefore, it is assumed that there is a negative association between health facilities and Infant Mortality Rate (IMR) and Child Mortality Rate (CMR). To reflect on the degree of association between health facilities on the one hand and IMR and CMR on the other hand, the relative positions of various districts in respect of these three indicators have been presented in Table-2 and Table-3. Districts having better health care facilities are assigned rank 1. The study assumes a positive relation between Health Facilities and Infant Mortality Rate.

With respect to the association of the ranks of Health Facilities and Infant Mortality Rate, for all the study years, there exists a negative relation, but it is statistically not significant. As far as the association with Child Mortality Rate is concerned, there is a positive association in 1981, but in the later years 1991 and 2001 the degree of association became negative and statistically not significant.

During 1981 -2001, the association between Health Facilities and Infant Mortality Rate as well as Child Mortality Rate is not significant. Insignificant association between health facilities and IMR and CMR may be due to the decline in the Health Facilities in the public sector. Reduction in Infant Mortality Rate and Child Mortality Rate may be due to the spread of literacy, health consciousness and perhaps the growth of private health care especially from 1981. However spread of health facilities and reduction of regional imbalances go a long way in the context of enhancement of health status.

B. Regional disparities in Health Facilities: Now let us have a glance at the regional disparities in Health facilities in A.P.

Table-4 reveals the region-wise decadal growth rate of hospitals, doctors and beds in Andhra Pradesh. In case of hospitals, the percentage increase is highest in Telangana (excluding Hyderabad) in 1991 when compared to 1981. The percentage change is negative in all regions in the decade 1991-2001. This tempo continued even in 1981 to 2001 due to the increase in the private number of hospitals in the state. In case of doctors, the percentage increase is highest in Rayalaseema in 1991 when compared to 1981. The percentage increase in the number of doctors in 2001, when compared to 1991 is highest in Telangana (excluding Hyderabad). In respect of the percentage increase in the number of doctors in 2001 when compared to 1981, Telangana (excluding Hyderabad) is in first position, Rayalaseema is in second position and Coastal Andhra is in third position. Whereas in case of beds, the percentage increase is highest in Telangana (excluding Hyderabad) in 1981-91. This tempo continued even in the decade 1991-2001 and from 1981 to 2001.

Table-5 reveals region-wise proportionate share of availability of hospitals, doctors and beds in the total number in the State during 1981-2001. In case of hospitals, doctors and beds, Coastal Andhra's share is highest in all the decades and holds first position. Telangana (excluding Hyderabad) is in second and Rayalaseema is in third position. This tempo is continued in 1991 and in 2001.

Table-6 presents the coefficient of variation of availability of hospitals, doctors and beds in the regions of Andhra Pradesh. In case of hospitals, the coefficient of variation in Coastal Andhra has declined from 39.51 to 23.36 but increased in 2001 to 35.32. In case of Rayalaseema, the coefficient of variation declined sharply from 34.10 to 5.37 but increased sharply to 38.00. In case of Telangana, the coefficient of variation declined from 23.61 in 1981 to 14.06 in 2001. The overall picture of the coefficient of variation reveals that inter-regional variations in the availability of hospitals declined more in Telangana region. In case of doctors, the coefficient of variation in Coastal Andhra, Rayalaseema and Telangana has continued to decline from 1981 to 2001. Whereas in case of beds, the coefficient of variation in coastal Andhra and Telangana has declined during 1981-2001. In case of Rayalaseema, the coefficient of variation has declined from 32.57 in 1981 to30.52in 1991 but increased to38.14 in 2001. It is observed that the interregional variations in the availability of beds are decreasing in coastal Andhra and Telangana regions.

Regional Disparities in the Availability of Beds-Vulnerable Group:

Table-7 reveals the region-wise decadal growth rates of availability of beds to women and children in Andhra Pradesh. In case of women, the percentage decline is highest in Telangana in 1981-91.The region-wise decadal growth rates of availability of beds to women are negative in 1991 -2001. Whereas in case of children, the percentage increase is highest in Rayalaseema during 1981-91. But, in 1991-2001 Telangana (excluding Hyderabad) comes first. Even in 1981-2001, Telangana holds first position, when compared to Rayalaseema and Coastal Andhra regions.

Table-8 reveals region-wise proportionate share of beds available to the women and children in the total beds of the State during 1981-2001. With respect to the availability of beds to women and children, Coastal Andhra's share is highest in all the decades 1981 to 2001 when compared to Telangana and Rayalaseema (excluding Hyderabad). Telangana is in second and Rayalaseema is in third position.

Table-9 reveals the coefficient of variation of availability of beds to the women and children in the regions of Andhra Pradesh. In case of availability of beds to women, the coefficient of variation in Coastal Andhra has declined from 56.06 in 1981 to 50.37 in 1991 and increased to a great extent to 80.00 in 2001. In

case of Rayalaseema and Telangana (excluding Hyderabad), we can find the same situation like Coastal Andhra. The overall picture of the Table reveals that the inter-regional variations are increasing in all regions and more in Telangana region. In case of children, the co-efficient of variation in Coastal Andhra increased from 103.77 in 1981 to 132.54 in 1991 but decreased to a great extent to 45.2 in 2001. In case of Rayalaseema, the co-efficient of variation increased from 35.48 in 1981 to 57.67 in 1991 but decreased to 31.21 in 2001. In case of Telangana, the co-efficient of variation increased to a great extent from 42.14 in 14 in 1981 to 123.03 in 2001. It is observed that the inter-region variations decreased in Coastal Andhra and Rayalaseema, but increased in Telangana region.

On the basis of the above analysis the following are the emerging results.

The inter-regional disparities with respect to hospitals have increased between Coastal Andhra to Rayalaseema and Rayalaseema to Telangana, but declined between Coastal Andhra to Telangana during 1981-91 to 1991-2001. With respect to doctors and beds availability, inter-regional disparities have declined between three regions during the two decades. With respect to the beds availability to women, inter-regional disparities have come down between Coastal Andhra to Rayalaseema, but increased slightly between Rayalaseema to Telangana and Telangana to Coastal Andhra regions. With respect to the beds availability to children, inter-regional disparities have increased between the three regions during the period of study.

Table 1: Region-wise Growth Rates of Infant Mortality Rate and Child Mortality Rate in Andhra Pradesh during Pre and Post reform period

s. No.	Rate	Regions	1981-91 Prereform period	1991-2001 Post-reform Period	1981-2001 Overall period
1.	Infant Mortality Rate	Coastal Andhra	-38.96	19.69	-26.94
		Rayalaseema	-44.62	-27.27	-59.73
		Telangana	-40.64	-4.02	-42.06
		Andhra Pradesh	-39.56	1.42	-39.54
2**.**	Child Mortality Rate	Coastal Andhra	-34.28	-30.62	-54.41
		Rayalaseema	-42.12	-30.74	-59.91
		Telangana	-35.59	-36.68	-59.34
		Andhra Pradesh	-37.23	-30.51	-56.38

Source: 1981, 1991 Estimated Infant Mortality Rate from AP Development-Economic Reforms and Challenges - Ahead (ed.) Ch.Hanumantha Rao and Mahendra Dev, 2003, p.317.

2001 Estimated Infant Mortality Rate is estimated by International Institute of Population Studies (IIPS) based on RCH.

P.N.Mari Bhat "Some Indirect Methods for Estimation of Fertility and Contraceptive Use of District Level" Sept. 2004, p.70, 80,103,104

Table 2: Spearman Rank Correlation Coefficient (Achievement)

	1981			1991			2001		
	Infant Mortality	**Child Mortality**	**Health Facilities**	**Infant Mortality**	**Child Mortality**	**Health Facilities**	**Infant Mortality**	**Child Mortality**	**Health Facilities**
Infant Mortality	**1**			**1**			**1**		
Child Mortality	0.896**	**1**		0.879**	**1**		0.282	**1**	
Health Facilities	-0.12	0.082	**1**	-0.160	-0.171	**1**	-0.325	-0.034	**1**

Table-3: Spearman Rank Correlation Coefficient (Improvement)

	1981-91			1991-2001		
	Infant Mortality	Child Mortality	Health Facilities	Infant Mortality	Child Mortality	Health Facilities
Infant Mortality	1			1		
Child Mortality	0.779**	1		0.386	1	
Health Facilities	0.082	0.068	1	-0.147	-0.077	1

Table-4: Decadal Growth rate of Regions in the availability of Hospitals, Doctors and Beds in Andhra Pradesh

(Percentage)

S. No.		**Regions**	1981-91 Per-reform period	1991-2001 Postreform Period	1981-2001 Overall period
1.	Hospitals	Coastal Andhra	24.0	-66.8	-58.8
		Rayalaseema	29.5	-69.8	-60.9
		Telangana	103.5	-69.9	-38.7
2.	Doctors	Coastal Andhra	44.0	52.9	120.2
		Rayalaseema	62.3	49.2	140.1
		Telangana	58.7	53.9	144.2
3.	Beds	Coastal Andhra	20.9	17.10	41.7
		Rayalaseema	24.2	20.6	49.9
		Telangana	38.0	35.7	87.4

Source: Statistical Abstracts of Andhra Pradesh 1981, 1991 and 2001.

Table 5: Region-wise share of hospitals, doctors and beds

S. No.		Regions	1981-91 Prereform period	1991-2001 Post-reform Period	1981-2001 Overall period
1.	Hospitals	Coastal Andhra	53.9	46.6	49.1
		Rayalaseema	22.5	20.2	19.5
		Telangana	23.6	33.2	31.4
2.	Doctors	Coastal Andhra	48.7	47.4	46.9

		Rayalaseema	21.5	22.1	22.4
		Telangana	29.8	30.5	30.7
3.	Beds	Coastal Andhra	49.4	47.3	42.6
		Rayalaseema	20.2	20.6	22.0
		Telangana	30.4	32.1	35.4

Table-6: Region-wise coefficient of variation of availability of hospitals, doctors and beds in Andhra Pradesh during 1981 to 2001

s. No.		Regions	1981-91 Pre-reform period	1991-2001 Post-reform Period	1981-2001 Overall period
1.	Hospitals	Coastal Andhra	39.51	23.36	35.32
		Rayalaseema	34.10	5.37	38.00
		Telangana	23.61	17.74	14.06
2.	Doctors	Coastal Andhra	64.44	49.69	41.58
		Rayalaseema	54.08	41.58	36.15
		Telangana	40.74	38.02	27.00
3.	Beds	Coastal Andhra	64.44	49.69	41.58
		Rayalaseema	54.08	41.58	36.15
		Telangana	40.74	38.02	27.00

Table-7: Decadal growth rate of regions in the Availability of Beds to Women and children in Andhra Pradesh during 1981-2001 (Per cent)

S. No.	Beds	Regions	1981-91 Pre reform period	1991-2001 Post re form Period	1981-2001 Overall period
1.	Women	Coastal Andhra	21.7	-38.0	-24.5
		Rayalaseema	14.4	-40.0	-31.4
		Telangana	29.2	-53.7	-40.2
2.	children	Coastal Andhra	23.3	13.7	40.2
		Rayalaseema	51.8	0	40.2
		Telangana	48.1	190.0	329.6

Table-8: Region-wise Share of Beds to Women and children

S. No.	Beds	Regions	1981-91 Pre reform period	1991-2001 Post reform Period	1981-2001 Overall period
1.	Women	Coastal Andhra	47.8	45.6	53.6
		Rayalaseema	20.6	21.8	20.9
		Telangana	31.6	32.6	25.5
2.	children	Coastal Andhra	53.8	50.2	44.6
		Rayalaseema	18.4	21.2	23.0
		Telangana	27.8	28.6	32.4

Table-9: Region-wise coefficient of variation of availability of beds to women and children in Andhra Pradesh during 1981 to 2001.

s. No.	Beds	Regions	1981-91 Prereform period	1991-2001 Post reform Period	1981-2001 Overall period
1.	Women	Coastal Andhra	56.06	50.37	80.00
		Rayalaseema	32.70	31.85	62.63
		Telangana	35.73	27.91	94.54
2.	children	Coastal Andhra	103.77	132.54	45.2
		Rayalaseema	35.48	57.67	31.21
		Telangana	42.14	49.11	123.03

Conclusion

The basic thrust of the Eleventh Plan is 'more inclusive growth'. The performance of the social sector assumes Centre-stage, as the ongoing reforms process, both internal liberalization programmes as well as globalization does not seem to have benefited the under privileged sections. The answer lies in co-opting the Panchayati Raj institutions in social sector development.[6]

The important point that emerges from the study is that imbalances in health status and services exist in the regions of Andhra Pradesh. Therefore, any attempt at balanced regional development has to emphasise the critical role that the State has to play in the more backward regions, particularly in the health sector. It may be concluded by saying that special attention needs to be paid to improve all the components of health sector so as to raise 'Health Expectancy'. In this context, Panchayati Raj Institutions have got to play a very significant role in the realm of delivery mechanism.

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