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RURAL PUBLIC HEALTH SERVICES IN INDIA



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PART A CONTENTS

Towards Universal Healthcare System In India : Issues And Options	17
Dr. V.B. Kakade	
Cooperative Health Care Model For Rural India	30
Dr. P.A. Koli	
Rural Public Healthcare System In Maharashtra State : Swot Analysis	38
Dr. V.A. Pawar	
An Analytical Study Of Rajiv Gandhi Jeevandayee Arogya Yojana (Rgjay) In Maharashtra	45
Dr. L.N. Ghatage & Dr. V.M. Kumbhar	
An Appraisal On Changes In Child Mortality And Infant Mortality In Kolhapur District	56
Mr. Sachin P. Hudale	
Affordability Of Medical Services And Its Quality : A Comparative Study Of Private And Government Hospitals In Sangli District	61
Sachin H. Lad	
Problems And Prospects Of Rural Public Health In India	71
Avinash M. Kharat	
Analysis Of Trends In Child Mortality And Infant Mortality In The Sangli District	77
Dr. D. K. More & Mr. Ashok Jadhav & Dr. Tukaram Rabade	

An Appraisal on Changes in Child Mortality and Infant Mortality in the Kolhapur District

Mr. Sachin Hudale

Introduction

Child and infant mortality are sensitive indicators of socio-economic development. Reducing child and infant mortality is 4th goal in the 8th Millennium Development Goals (MDGs) of country and it became a high priority in National Population Policy, 2000, National Health Policy, 2002; as well as National Rural Health Mission (2005-2012). The Infant Mortality Rate (IMR) and Under-Five Mortality Rate (U5MR) are widely accepted and long standing indicators of health status. A high IMR is an indicator of death during the first year of life and is indicative of unmet health needs and unfavourable environmental factors. The U5MR is an appropriate indicator of the cumulative exposure to the risk of death during first five years of life, and an accepted global indicator of the health and socio-economic status. It is also useful for assessing the impact of various intervention programmes aimed at improving child survival. Improving Child Survival, therefore, remains a major development task in India. The value for Mortality rate, infant (per 1,000 live births) in India was 47.20 as of 2011. As the graph below shows, over the past 51 years this indicator reached a maximum value of 159.40 in 1960 and a minimum value of 47.20 in 2011.

Kolhapur district is one of rich districts in Maharashtra state, still it suffering from the child mortality and infant mortality. Recent U5MR of Kolhapur district is 22.81, alike IMR is 10.85. In this paper, an attempt is made on the changes

56

Rural Public Health Services in India

in the child and infant mortality in the Kolhapur district.

Conceptual Terms

U5MR : Under-Five Mortality Rate or Child mortality rate is the probability of dying between the exact ages of one and five, if subject to current age-specific mortality rates. The probability is expressed as a rate per 1,000.

IMR : Infant mortality rate is the number of infants dying before reaching one year of age, per 1,000 live births in a given year.

Objective

To study the changes in the child mortality and infant mortality in Kolhapur district during last 10 years.

Study Region

The area undertaken for the present paper is Kolhapur district, which situated in the extreme southern part of Maharashtra state. It lies between 15° 43' and 17° 17' north latitude and 73° 40' and 74° 42' east longitude. It surrounded by Sangli district to the north, Belgaum district (Karnataka State) to the east and south and Raichur and Sindhudurg districts to the west. The Sahyadri ranges to the west and zigzag Warana River to the north form the natural boundaries.

Discussion

Kolhapur district is one of the well off districts in the Maharashtra, but still it suffering from the child and infant mortality. Physiographically, western part of the district is completely different from the eastern part, which affects in delivering health care services and accordingly it affecting on the child and infant mortality rate. The following table depicts the Child Mortality Rate and Infant Mortality Rate in Kolhapur district with the Growth Rate during last 10 years.

Table : Child and Infant Mortality Rate in Kolhapur District

Rural Public Health Services in India

57

Tahsils	U5MR		IMR			
	2002-03	2012-13	2002-03	2012-13		
	Growth Rate	Growth Rate	Growth Rate	Growth Rate		
Shahuwadi	18.58	17.13	-0.01	3.44	2.86	-0.02
Panhala	10.57	3.71	-0.10	2.49	0.74	-0.11
Hatkanangale	31.45	10.12	-0.11	7.93	4.76	-0.05
Shirol	7.62	6.13	-0.02	6.35	2.71	-0.08
Karveer	70.52	47.05	-0.04	40.55	23.29	-0.05
Gagan Bavada	5.18	8.47	0.05	5.18	4.24	-0.02
Radhanagari	16.11	3.96	-0.13	6.90	0.79	-0.19
Kagal	18.19	6.92	-0.09	4.55	1.73	-0.09
Bhudargad	18.87	3.30	-0.16	8.65	0.66	-0.23
Ajara	17.20	4.01	-0.14	8.03	1.61	-0.15
Gadhinglaj	10.00	1.68	-0.16	3.20	0.72	-0.14
Chandgad	11.08	0.69	-0.24	4.03	0.00	-1.00
Total	37.31	22.81	-0.05	18.24	10.85	-0.05

Source : District Socio-Economic Abstract of concern years

Child Mortality Rate (U5MR)

The Child Mortality Rate of the Kolhapur district in the 2002-03 is 37.31 while in the 2012-13 it is 22.81 and it is reduced with the rate of 0.05 during last 10 years. In the year 2002-03, it is found that tow highly urbanised tahsils like Karveer (70.52) and Hatkanangale (31.45) have highest Child Mortality Rate. On the other side, Shirol (7.62) and Gagan Bavada (5.18) tahsils have lowest Child Mortality. All the remaining tahsils experienced the Child Mortality Rate between 10 and 20.

In the 2012-13, U5MR of the Karveer tahsil (47.05) remains highest, which reduced with rate of 0.04. Child mortality of Shahuwadi (17.13) and Hatkanangale (10.12) tahsils is ranges between 10 and 20. All the other remaining tahsils having U5MR is less than 10, which is very satisfactory.

58

Rural Public Health Services in India

Child Mortality Rate in all the tahsils in the Kolhapur district is shows decline trends except Gagan Bavada tahsils. Gagan Bavada tahsil is western hilly tahsil shows positive growth of 0.05 in U5MR during 2002-03 to 2012-13.

Infant Mortality Rate (IMR)

The Infant Mortality Rate of the Kolhapur district in the 2002-03 is 18.24 which reduced up to 10.85 in the year 2012-13, with the rate of 0.05. Again it is found Karveer tahsil, that very highly urbanised tahsil has maximum Infant Mortality Rate. In the year 2002-03, Karveer tahsil has 40.55 Infant Mortality Rate, while all the other tahsils having IMR is less 10. Among them Gadhinglaj (3.20) and Panhala (2.49) tahsils are experienced minimum IMR.

In the year 2012-13, Karveer tahsil remains highest IMR with 23.29, which deducted with the rate of 0.05 as compare to 2002-03. All the other remaining tahsils are experienced Infant Mortality Rate is less than 5. Among them, Radhanagari (0.79), Panhala (0.74), Gadhinglaj (0.72), Bhudargad (0.66) tahsils are having very minimum IMR, whereas Chandgad tahsil has not a single death of infant during the year 2012-13.

Concluding Remarks

As per the above discussion it is observed that, child and infant mortality in the Kolhapur district during the last 10 years is reached at the very minimum level, except highly urbanised tahsils like Karveer and Hatkanangale. Physiographic diversification is not affected the U5MR and IMR in the Kolhapur district. Only Gagan Bavada tahsils shows some kind of positive growth in U5MR during the investigation period, otherwise all the tahsils show decline trends in the U5MR and IMR also. Hence in the case of U5MR and IMR Kolhapur district appears being very satisfied situation.

Rural Public Health Services in India

59

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