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AN ANALYSIS ON HEALTH INFRASTRUCTURE IN MYSURU DISTRICT - INDIA

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Abstract

Health is one of the most important goals of development. It implies the realisation of human possible and the satisfaction of basic human needs. Good health should not be seen only as an objective of development but as a positive determination supporting development. A healthy community is an infrastructure upon which an economically convenient society can be built up as unhealthy people can hardly be estimated to make each substantial contribution. Health is influenced by a number of factors such as sufficient food, housing, sanitation, healthy lifestyles, production against environmental hazards and communicable diseases. The present study is concerned with the Infant Mortality Rate (IMR), Child Mortality Rate (IMR) Maternal Mortality Rate health care in Mysuru district. Maternal and child health care is one of the significant aspects of the health care system. The present study is undertaken to study the health scenario of Karnataka and to analyze the health status in Mysuru district. The study is based on secondary data collected from many government Publications like NRHM annual Report, Human Development Report 2005, Mysuru Districts Human Development Report 2014, Economic Survey of Karnataka (2011, 2012).

Introduction

Health is an important requirement of every individual and it is the obligation of the government to implement health care to all people with equal dimensions. It is an important input in the developmental process. Since India's independence in 1947, different national health schemes and programs have been started with the view to promote the health status of people living in rural areas. The National Rural Health Mission (NRHM) was launched in 2005 as a direct, focused response to strengthen primary health care, with a specific focus on reproductive and child health. The target of the NRHM is to hold concerning improvement in the health system and the health status of the people, especially those who are in rural areas of the country. The Mission attempts to provide universal access to equitable, affordable and quality health care, as well as to make concerning improvement in the health status of the underprivileged sections of the society, especially women and children.

In Karnataka, the implementation plan for NRHM has been industrialised by incorporating different strategies suggested by the state health policy as well as core strategies of NRHM. The district health development programs from all the districts of the state are combined to form the state Program Implementation Plan (PIP) with a centre on the backwards districts and highly focused districts. The strategy implementation program mainly provides an overview of the present health status, the situational plan of the infrastructural facilities of the state and the plan of implementation for the current year. It highlights the strategies and activities to be undertaken by different components of the program in detail so as to meet the goals and objectives of the program.

Today the health scenario in Karnataka is a combination of achievements and challenges. Significant advances should take place in health and healthcare services over the past decade. It is an essential human development indicator and has a large signification for the overall development of the State. Obtaining and managing health is an essential and ongoing process. The Government of Karnataka has given importance to the health sector over the last few years. The ability of good health care to the people is an essential component of the health strategy adopted by the State. The focus on health intervention is to prevent and manage diseases, injuries and other health conditions for monitoring of cases and the promotion of health behaviours, communities and environments.

Plan of good health care to the people is a primary element of the growth strategy used by the State to manage overall socio-economic development. Karnataka

holds a significant progress in developing the health status of its people in the last few decades. Though, even though the progress, the State has a long way to go in achieving the desired health goals. The State has made satisfactory progress in building health infrastructure at different plans. The area of public expenditure on health is concerning 0.9% of GSDP during the Eleventh Five Year Plan period. The state has a wide institutional network implementing health services both in urban and rural areas. There are 18 District Hospitals, 10 other hospitals and 28 autonomous and teaching hospitals in the state. The primary health infrastructure within rural areas has performed the norms needed below the "minimum needs programme" at the aggregate level. There are 8871Sub-centers, 2346 primary health centres (PHC), 186 community health centres (CHC) and 176 taluk hospitals catering to the health needs of the rural population.

Objectives

The present study is undertaken to study the health scenario of Karnataka and to analyze the health infrastructure and health status in Mysuru district.

Methodology

The study is based on secondary data collected from various issues of government Publications like NRHM annual Report, Human Development Report 2005, Mysuru Districts Human Development Report 2014, Economic Survey of Karnataka (2011, 2012). The literature has also been gathered from published articles, books and Govt reports. The study uses statistical tools such as tables, graphs and also mainly focused on the health status of Mysuru district through IMR, CMR, MMR and availability of health infrastructure.

Table 1: Health status and Infrastructure in Karnataka

Infrastructure and Human Resources	India				Karnataka			
	2005		2011		2005		2011	
	Required	In position	Required	In position	Required	In position	Required	In position
Sub-centers		146026		148124		8143		8870
CHCs		23236		23887		1681		2310
PHCs		3346		4809		254		180
ANMs	169262	133194	172011	207868	9824	8544	11180	11433
Doctors at PHCs	23236	20308	23887	26329	1681	2041	2310	2089
Staff Nurses at PHCs and CHCs	46658	28930	57550	65344	3459	3100	3570	4722

Table 2: IMR in Mysuru District

Year	IMR
1991-92	79
2001-02	56
2005-06	48
2011-12	41

Source: Mysuru District Human development Report 2014

Tables 2 illustrate the IMR in Mysuru district has declined slowly from 79 per thousand in 1991 to 41 per thousand live births in 2011. Many factors have lead to infant mortality such as the mother's level of education, environmental conditions, and socio-economic conditions medical infrastructure.

Table 3: Taluk-wise Infant Mortality Rate

Taluk	2005-06	2011-12
Periyapatna	48	47
Hunsur	47	25
K R Nagara	49	40
Mysuru	44	25
H D Kote	50	60
Nanjangud	49	37
T Narasipura	49	50
District Average	48	41
Karnataka State	48	31
India	57	42 (2013)

Source: Mysuru District Human development Report 2014

Figure 1: Taluk-wise Infant Mortality Rate in Mysuru District

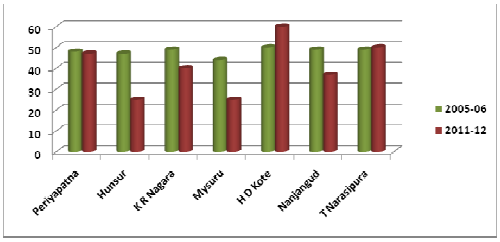

Table 3 and figure 1 shows that, the infant mortality rates per thousand live births in Mysuru district. In all the Taluks there is a decline in IMR except H D Kote taluk. In 2005-06, in Mysuru taluk the IMR was the least (44) and it was the highest in H D Kote (50). In 2011-12 also there is no change in the relative positions of the Taluks. Further, there is a decline in IMR in all the Taluks except H D Kote. It is shocking to note that in H D Kote taluk, IMR has increased from 50 to 60 per thousand live births.

Table 4: CMR in Mysuru District and Karnataka 2011-12

Taluk	2011-12
Periyapatna	56
Hunsur	30
K R Nagara	51
Mysuru	31
H D Kote	75
Nanjangud	45
T Narasipura	62
District Average	50
Karnataka	54.7

Source: Mysuru District Human Development Report 2014

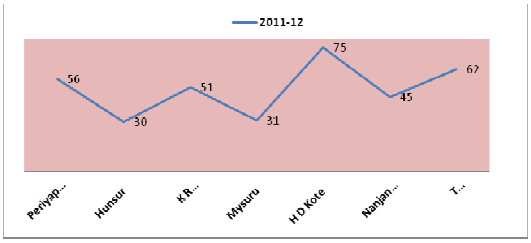

Table 4 shows that the CMR in Mysuru district is much greater than the State average. This is mainly because of poor health status in some of the Taluks like H D Kote (75), T Narasipura (62) and Periyapatna (56).

Table 5: Taluk-wise MMR in Mysuru District and Karnataka – 2011-12

Taluk	MMR
Periyapatna	114
Hunsur	155
K R Nagara	234
Mysuru	85
H D Kote	103
Nanjangud	375
T Narasipura	297
District Average	195
Karnataka Sate	144

Source: Mysuru District Human Development Report 2014

Table 5 observed that in the district average the MMR is 195 according to 2011-12 data. A glance at the table makes it clear that the MMR is highest in Nanjangud (375) and the lowest in Mysuru taluk (85). Though IMR and CMR are the highest in H D Kote taluk, the taluk is having the second lowest MMR in the district (103). The reasons for the high MMR are early marriage, high fertility rate, anemia and malnutrition, lack of awareness, reluctance to utilise institutional facilities, poor socio-economic conditions, delays in utilisation the services during crucial stages and so on.

Table 6: Number of Government Hospitals in the District 2011-12

Taluks	Taluk Hospitals		Other Hospitals		Primary Health Centers		Community Health Centers	
	Nos	Beds	Nos	Beds	Nos	Beds	Nos	Beds
Periyapatna	1	100	0	0	19	128	0	0
Hunsur	1	100	0	0	22	132	0	0
Krishnarajanagara	1	100	0	0	14	84	1	30
Mysuru	1	400	3	671	33	198	2	60
Heggadadevanakote	1	100	0	0	18	108	0	0
Nanjangud	1	100	0	0	18	128	1	30
T Narasipura	1	100	0	0	14	76	3	90
Mysuru district	**7**	**1000**	**3**	**671**	**138**	**854**	**7**	**210**

Source: Mysuru district at a Glace2013-14

Table 6 depict that there are 7 taluk hospitals, 138 Primary Health Centers, and 7 community health centers in Mysuru district. A number of Primary Health Centers are functioning in Mysuru taluk. However, from the point of view of functionality much leaves to be desired. In most of the government hospitals and PHCs, the required facilities are not available. Quite often doctors and paramedical staff are also not available. As a result, public generally, do not rely on government hospitals and prefer private clinics and hospitals. Therefore it is not just the number of hospitals but the availability of the facilities, effectiveness, efficiency, quality, adequacy and reliability of services are also important. This should become an integral component of rural health care system.

Conclusion

The World Health Organization in its program has specifically advised developing countries to focus more on sustainable development including the regeneration of agricultural activities, natural resources, and quality health care. In this way, health is an important requirement of every individual and it is the obligation of the government to implement health care to all people with equal dimensions. It is an important input in the developmental process. The IMR in Mysuru district has declined slowly from 79 per thousand in 1991 to 41 per thousand live births in 2011 and in all the Taluks there is a decline in IMR except H D Kote taluk. In 2005-06, in Mysuru taluk, the IMR was the least (44) and it was the highest in H D Kote (50). In 2011-12 also there is no change in the relative positions of the Taluks. The CMR in Mysuru district is much greater than the State average. Though IMR and CMR are the highest in H D Kote taluk, the taluk is having the second lowest MMR in the district (103). The reasons for the high MMR are early marriage, high fertility rate, anemia and malnutrition, lack of awareness, reluctance to utilize institutional facilities, poor socio-economic conditions, delays in utilization the services during crucial stages and so on.

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