

An Analysis Of The Health And Hygiene Status In Assam

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Abstract: Health is an important fundamental human right. Access to health care facilities lead to enhanced life expectancy, better quality of life, productive workforce, employment and hence economic growth. The World Health Organization in the year 1946 defines good health not just as the absence of disease or infirmity but as “a state of complete physical, social and mental wellbeing”. Planning Commission of India defines health care as “Ensuring equitable access for all Indian citizens, residing in any part of the country, regardless of income level, social status, gender, caste or religion to affordable, accountable, appropriate health services of assured quality [promotive, preventive, curative and rehabilitative] as well as public health services addressing the wider determinants of health delivered to individuals and populations with the government being the guarantor and enabler, although not necessarily the only provider of health and related services.

Index-terms: Nutritional Status, Maternal Health, Family Planning, Gender Discrimination.

1. INTRODUCTION:

As per Census 2011, Assam is a rural state constituting 86 percent of rural population with more than 98 percent of its area covering rural areas. Assam is one of the North East states of India. Geographically, Assam is surrounded by Nagaland and Manipur on the east, Tripura and West Bengal on the west, Bhutan and Arunachal Pradesh on the north, Meghalaya and Mizoram on the west. The total area of Assam is 78,438 sq.km representing 2.9 percent of the total geographical area of the country. As per 2011 Census, Assam has a population of 31,205,576 out of which 15,939,443 are males and 15,266,113 are females. The sex ratio of Assam (females per 1000 males) is 958, male literacy rate is 77.85 percent and female literacy rate is 63 percent

2. REVIEW OF LITERATURE:

Soman Krishnan [1992] analysed family dynamics by incorporating womens health and illness. He conducted a complete census on the socio-economic status of households. In the sample there were a total of 272 households including 971 individuals in the specified age group of 15 and above and 456 were women. It was reveal that women continued to confine within boundaries of households, performing labour with on role in decision making process. As per the estimates of annual report for illness, women were largely dependent upon village private practitioners, those lacking in medical qualification. Women belonging to the poorer section were heavily dependent upon government services for immunization and iron supplementation. Thus, it can be concluded from the analysis that the main reasons that lead to severity of quality health condition of women were patrilineal structure of the society, sense of responsibility towards family and the economic conditions Reddy [2002] conducted a study for 21 states of India for the year 1951-1981 by taking into account determinants and indicators of health status.

He analysed the relationship between literacy percentage and expectation of life in India. In case of males and females the correlation came out to be 0.97 and 0.93. He considered eight determinants and amongst them female literacy found to be the most significant determinant of health status. Thus, it can be concluded that for the improvement and enhancement of health status, the spread of literacy must be given due attention. Roy, Kulkarni, Vaidehi [2004] tried to assess the extent of inequality in health care and nutritional states by focusing on tribe and caste across states. NFHS-2 data was used for conducting this study including four socio-economic indicators – illiteracy, low standard of living, no exposure to media, no health facility within locality were used for examining the health inequality by caste and tribe. They used two indicators based on nutritional status such as low body mass index and anemia, as well as for health services such as unsafe delivery and non-utilization of ANC services was taken. The tools that were used in the study were Chi-square test and logistic regression. In his paper the analysis of differentials between four major groups in Indian society pointed out that the situation in four North states – Uttar Pradesh, Madhya Pradesh, Bihar and Rajasthan was quite unfavourable. Inequality was low in West Bengal, but situation was comparatively better in Orissa. Maharashtra and Karnataka showed least inequality. Moreover, ST women were less likely to be anemic; SC women were less likely to be without ANC as well as OBC women were less likely to have unsafe delivery. Saikia & Das [2012] studied the scenario of health infrastructure of the North East India by analyzing the availability and progress of health infrastructure and services in the rural areas. Their study found that there was a significant improvement in terms of quality of health care services as well as trained and specialized manpower since the implementation of NRHM in 2005.

3. NATURE OF THE PROBLEM:

Health is the most important indicator that signifies wellbeing and that has positive and immediate indicators contributing both to the quality of life and productive capacity and capabilities and thereby contributing towards the economic growth of the country. In the year 2010-12, Assam recorded the highest number of Maternal Mortality Ratio [MMR] with 328 as against the country which was 178. In the year 2016, Assam recorded highest Infant Mortality Rate [IMR] of 44 per thousand live births which was higher than all India average of

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34 per thousand live births. With respect to IMR, Assam hold fifth highest in India and highest amongst the Northeastern States. In the year 2010-14, the life expectancy at birth in Assam for males and females was 62.7 years and 65 years which were lower than all India average of 66.4 years and 69.9 years for males and females respectively. The percentage of birth at institutional health facility in Assam is 22 which is lower than the all India average of 44. Further, 52.9% of women received antenatal care from a professional as against 27.8% received no antenatal care in Assam. Compared to the other states in India, the prevalence of anemia is highest in Assam both for men [40%] and women [70%].

4. OBJECTIVES OF THE STUDY:

The objective of the study is to examine the current scenario of the availability and existing health facilities and status in Assam. For the attainment of the objective different parameters like Nutritional Status, Maternal Mortality Rate, Level of Anemia, Health Problems, Sexually Transmitted Diseases, Family Planning etc. are used.

5. DATA SOURCES:

The analysis is based on secondary sources of data including: Census Reports of the Government, National Family Health Survey, Sample Registration System.

6. ANALYSIS AND DISCUSSION:

Nutritional Status:

Nutrition is one of the significant determinants of wellbeing. A balanced diet increases body's resistance to infection. Mostly women in Assam suffer from under nutrition, but overweight and obesity are also becoming a common problem.

Table: 1.1 Nutritional Status of adults in Assam

Category	Women	Men	SC	ST	OBC	Other
Thin	36.5	35.6	26.4	14.4	27.6	27.1
Severely Thin	15.2	12.5	10.4	3.6	11.9	10.8
Overweight or Obese	7.8	5.0	12.6	14.2	11.9	13.0

Source: NFHS -3, Assam. SC =Schedule Caste, ST =Schedule Tribe, OBC= Other Backward Caste.

As per NFHS-3, in Assam adults in the age group 15-49 are too thin, including 36.5% women, 35.6% men, 26.4% SC, 14.4% ST, 27.6% OBC, 27.1% Others. Similarly, severely thin category includes 15.2% women, 12.5% men, 10.4% SC, 3.6% ST, 11.9% OBC and 10.8% Other. Further overweight or obese category includes 7.8% women, 5.0 men, 12.6% SC, 14.2% ST, 11.9% OBC and Other 13.0.

7. BIAS IN THE INTRA- HOUSEHOLD DISTRIBUTION OF FOOD AND NUTRITIVE ELEMENTS:

As per NFHS-3, the health status of women is relatively poor

compared to men due to the allocation of food and health care within household. Moreover, the pattern of food consumption shows that comparatively women consume less nutritious food than men. Further, compared to women, men are less likely to abstain of fish, chicken or meat.

Table 1.2: Food Consumption of women and men in Assam

Type of food	Frequency consumption			
	Daily		Never	
	Women	Men	Women	Men
Milk or Curd	14.7%	18.9%	9.6%	6.2%
Pulses or Bean	43.8%	21.5%	0.9%	1.2%
Dark Green Leafy Vegetables	75.2%	59.5%	0.1%	0.6%
Fruits	7.7%	10.1%	2.3%	0.6%
Eggs	5.3%	11.1%	7.4%	4.6%
Fish	13.8%	26.5%	2.8%	2.1%
Chicken/ Meat	2.0%	2.5%	5.6%	3.8%
Fish or Chicken/ Meat	13.9%	27.1%	2.3%	1.8%

Source: NFHS -3, Assam.

8. MATERNAL MORTALITY RATIO:

It refers to the number of deaths due to pregnancy and child birth complications per 100,000 live births in a given year. In order to capture the reproductive health status of women, maternal mortality ratio is a very useful indicator. In the reproductive age groups deaths due to pregnancy and during child birth are common among women. In the year 2010-12, Assam recorded the highest number of MMR with 328 while India's total MMR was 178.

Table 1.3: Maternal Mortality in India and Assam.

SL.No.	Category	2010-12
1	India	178
2	Assam	328

Source: SRS [2010-12], Office of Registrar General.

9. MATERNAL HEALTH:

It is another major indicator indicating the status of women. Poor status of maternal health signifies the extreme poor and low status of women in the society. In Assam, majority of women do not receive proper and appropriate health facilities during pregnancy which has both direct and indirect effects on the survival condition of women and their children.

Table 1.4 Maternal Care Indicators For Births in Assam – NFHS-3, 2, 1.

Indicators	NFHS-3	NFHS-2	NFHS-1
Percentage who received antenatal care	70.8%	60.6%	52.6%
Percentage who had received at least three antenatal care visits	36.3%	30.9%	24.9%
Percentage who received antenatal care within the first trimester of	37.9%	31.5%	19.3%

<i>pregnancy</i>			
Percentage of births delivered in a health facility	22.9%	17.6%	11.7%
Percentage of deliveries assisted in a health personnel	31.2%	21.4	18.1%
Institutional Births	22.9%	17.6%	11.7%

Source: NFHS-1, 2, 3, Assam.

From the above table it can be concluded that percentage of women receiving maternal care facilities for their last birth has been steadily increasing over time since NFHS-1 to NFHS-2 to NFHS-3.

Table 1.5 Antenatal Care.

<i>Background Characteristics</i>			
<i>Mother's Age at birth</i>	<i>Doctor</i>	<i>Other health personnel</i>	<i>Other</i>
35-49	35.0	0.0	4.5
<i>Caste/Tribe</i>			
SC	49.7	0.0	1.4
ST	40.1	0.9	4.3
OBC	68.5	0.0	0.5
Other	51.2	0.9	2.2

Source: NFHS-3

In the age group of 35-49 years, the percentage of women of receiving antenatal care from doctor was 35.0, other health personnel 0.0 and others 4.5. Further amongst SC, ST, OBC and Other the percentage of women receiving antenatal care from doctor was 49.7, 40.1, 68.5, 51.2, other health personnel percentage was 0.0, 0.9, 0.0 and 0.9, moreover from other was 1.4, 4.3, 0.5 and 2.2.

Table 1.6 Antenatal Care Indicators.

<i>Background Characteristics</i>			
<i>Mother's Age at birth</i>	<i>Doctor</i>	<i>Other health personnel</i>	<i>Other</i>
35-49	35.0	0.0	4.5
<i>Caste/Tribe</i>			
SC	49.7	0.0	1.4
ST	40.1	0.9	4.3
OBC	68.5	0.0	0.5
Other	51.2	0.9	2.2

Source: NFHS-3

In the age group of 35-49 years, the percentage of women who had three or more ANC visits were 30.5 and amongst SC were 41.9, ST 34.2, OBC 53.4 and Other 35.1. Further the percentage of women with an ANC visit in the first trimester of pregnancy was 33.5 and amongst SC were 43.7, ST 39.7, OBC 52.1 and Other 35.

Table 1.7 Delivery & Postnatal Care.

<i>Background Characteristics</i>

	<i>% of births delivered in a health facility</i>	<i>% of deliveries assisted by health personnel</i>	<i>No. of births</i>
35-39			
SC	20.4	28.2	215
ST	23.5	33.2	185
OBC	28.2	42.8	270
Other	19.8	27.4	858

Source: NFHS-3

In the age group of 35-49 years, the percentage of births delivered in a health facility amongst SC was 20.4, ST 23.5, OBC 28.2, and Other 19.8. Similarly, the percentage of deliveries assisted by health personnel amongst SC was 28.2, ST 33.2, OBC 42.8, and Other 27.4. Further, the no. of births amongst SC was 215, ST 185, OBC 270 and Other 858.

Table 1.8 Prevalence of Anemia in Adults.

<i>Category</i>	<i>Women</i>		<i>Men</i>	
	<i>Moderate [7.0-9.9g/dl]</i>	<i>Severe [<7.0g/dl]</i>	<i>Moderate [9.0-11.9g/dl]</i>	<i>Severe [<9.0g/dl]</i>
40-49	8.6	0.6	16.7	0.9
SC	9.2	0.9	9.5	1.1
ST	9.0	0.2	11.5	0.4
OBC	9.5	1.0	13.0	1.3
Other	7.2	0.5	9.3	0.5

Source: NFHS-3

A great majority i.e. 70% of women are anemic in Assam. The percentage of women who were moderately anemic was 8.6, severely anemic was 0.6 and amongst men who were moderately anemic was 16.7, severely anemic was 0.9. Further, the percentage of SC women who were moderately anemic was 9.2, ST 9.0, OBC 9.5 and Other 7.2 and men were SC 9.5, ST 11.5, OBC 13.0, and Other 9.3. Again, the percentage of SC women who were severely anemic were 0.9, ST 0.2, OBC 1.0 and Other 0.5 and men were SC 1.1, ST 0.4, OBC 1.3 and Other 0.5.

Table 1.9 Health Problems.

<i>Background characteristics</i>	<i>Diabetes</i>	<i>Asthama</i>	<i>Goitre or other thyroid disorders</i>	<i>Total women</i>
<i>Age</i>				
15-19	255	1190	851	699
20-34	118	972	708	2021
35-49	1004	2341	798	1120
<i>Residence</i>				
Urban	812	1542	731	721
Rural	307	1380	767	3119
<i>Education</i>				
No Education	307	1593	668	1161
<5 years complete	437	1636	762	548
5-9 years complete	341	1116	817	1387
10 years or more years complete	637	1513	798	743
<i>Wealth Index</i>				
Lowest	0	3787	583	615
Second	429	1124	1124	1116
Middle	132	524	527	908
Fourth	616	1233	529	673

Highest	1003	998	892	527
Total	402	1411	760	3840

Source: NFHS-3

From the above table it can be concluded that a large number of women were reported of having various kind of diseases. Meanwhile education is a significant factor for it. Further, women possessing 10 or more years of education are outlined to have less number of diseases than the women with less education.

10. SEXUALLY TRANSMITTED DISEASES:

As per NFHS-3, 53% of ever married women know about AIDS, compared with 34% ever married women in NFHS-2 as compared to 75% of men in NFHS-3. In the year 2011, as per Assam AIDS Control Society till December 2011, a sample of 1, 82,834 people across the state, a blood test was conducted. 112 pregnant women tested positive for the HIV virus and 76 of them already been delivered.

Table 1.10 Family Planning Methods.

Sl.No.	Category	NFHS-3
1	Not using any method	44%
2	Female Sterilization	13%
3	Male Sterilization	0.2%
4	Pill Users	10%
5	IUD Users	1%
6	Condom Users	2%
7	Rhythm Users	17%
8	Withdrawal Users	12%

Source: NFHS-3

44% of the family planning users use traditional methods and not modern methods in Assam. Assam is the only state in India where the use of traditional method is highest. Female sterilization method is used by only 13% of currently married women in Assam. The most commonly used methods of spacing are the pill method [10%], rhythm method [17%], and withdrawal method [12%]. Only 2% use condoms.

11. CONCLUSION:

Good health is the key criterion contributing towards wellbeing, prosperity and growth. Thus, there is an urgent need to create awareness among the women regarding the particular social evils and taboos in the society. Until and unless women don't realize the need for a such a change, no amount of government help can really achieve the desired results. Therefore, it is necessary to improve the literacy rate and quality education as well as provide adequate employment opportunities for women which might explore positive impact on the women's health concerns.

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