

Role of elected representatives of Panchayat Raj Institutions (PRIs) in enhancing rural health services in Tumkur district of Karnataka

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ABSTRACT : The introduction of the community development programme (CDP) in the first five year plan gave a new dimension as well as impetus to the participation of people in development. Development implies on overall positive change in the physical quality of life. This positive change for the better encompasses economic as well as social aspects. In other words Development implies growth with justice; it means an improvement in the quality of life through better Health, Education, Housing and Welfare. Study reveals that majority (70 %) of the elected members of Panchayat Raj Institutions (PRIs) were having low / less knowledge about Rural health programmes and their role in enhancing rural health services to community. It is evident from study was majority (46.66 %), of the elected members educational level was middle school and High school level.

KEY WORDS : Health, Development, Community, Panchayat Raj

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INTRODUCTION

In order to evaluate the working of community development and to suggest ways and means to overcome the shortfall of the Programme Balvantray Mehta as a chairman committee recommended a three tier system of Panchayat Raj with the Village Panchayat at the lowest level, a zilla Parishad at the apex (District Level) and a Panchayat Samiti at the Intermediate (Block /Taluka level a new system for local self Government suggested (DLHS and Iyer and Sen, 2000). Panchayat Raj System came in to existence in 1959 with the twin objectives of :

- Democratic decentralisation and
- Local participation in plan programme.

Panchayats in India are an age old institution for governance at village level. In 1992, through the enactment of the 73rd Constitutional Amendment, Panchayati Raj Institutions (PRI) were strengthened as local government organizations with clear areas of jurisdiction, adequate power, authority and funds commensurate with responsibilities (GOI, 2014 and SRS, 2004).

Panchayats have been assigned 29 rural development activities, including several, which are related to health and population stabilization (Chaturvedi, 1981). The XI schedule

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includes Family Welfare, Health and Sanitation, (including hospitals, primary health centers and dispensaries) and the XII schedule includes Public Health.

Karnataka Panchayat Raj system :

Karnataka has the distinction of enacting a comprehensive Panchayat Raj act, which incorporates all the essential features of the 73 rd constitution Amendment. The Act came in to force from May 10 1993 within a few days of the 73 rd constitution amendment being adopted. The Karnataka Panchayat Raj act 1993 provides for an elected three tier system at the village (Grama Panchayat), taluka (Taluka panchayat) and district (Zilla Panchayat) levels (Chaturvedi, 1981). The salient features of the act are :

- Establishment of three tiers elected Panchayat Raj Institutions at gram, taluka and district level.
- Holding of grama sabhas in each village.
- Reservations of seats for SCs, STs, BCs and women in Panchayat Raj Institutions.
- Reservations of Adhyakshyas and Upadyakshyas to SCs, STs, BCs and women.
- Constitution of State Election Commission to conduct election to Panchayat Raj Institutions.
- Constitution of state finance commission once in every five years to review the financial position of Panchayats.
- Constitution of district Planning Committees in each district to prepare plan for integrated development.

Zilla Panchayat Tumkur :

The Zilla Panchayat (ZP), Tumkur came into existence subsequent to formation of Tumkur district in the year 1997. Tumkur Zilla Panchayat is formed as per the Karnataka Panchayat Raj Act, 1993 which implements decentralized planning and programme implementations at the grass root level. As per the Karnataka Panchayat Raj Act, three tier system Administration have been introduced, *i.e.*, Zilla Panchayats, Taluka Panchayats, Grama Panchayats at district, Taluka and village level, respectively. Tumkur Zilla Panchayat has an elected body consisting of 57 elected members and administrative body consisting of administration staff in different sections like Development, Administration, Planning, Accounts, DRDA and Council sections. Tumkur Zilla Panchayat is an elected body: the elected members as determined under Section 160; the members of the House of People and the members of the State Legislative Assembly representing a part or whole of the district whose constituencies lie within the district; the members of the Council of State and the members of the State Legislative Council who are registered as electors within the district; and the Adyakshas of Taluka Panchayats in the district. There are 11- M.L.A's, 3 - M.L.C's, 3 - M.P.s, 57 - Zilla Panchayat members, 212 - Taluk Panchayat Members, 5362 - Grama Panchayat members.

Introduction about Tumkur district :

Tumkur district is about 70 Kms to the west of Bangalore, the capital city of Karnataka, three national highways run through the district connecting many districts of Karnataka to Bangalore.

Tumkur is at 818.51 meters from the sea level has 10596 Sq km land area and it is in the third place in land area of Karnataka state occupying 5.53 per cent of total area consisting of 10 taluks, for the smooth administration district divided into three revenue divisions. According to 2001 census Tumkur district is having a population of 2584711 (rural 2077509, urban 507202) out of which males are 1313801 females are 1270910 with a literacy rate of 76.10 per cent and 56.90 per cent, respectively.

Tumkur district has 10 towns and 2708 villages where 5.50 lakh families resides, out of which 4.41 lakh (80.18%) and 1.09 lakh (19.82%) families resides in rural and urban areas, respectively.

A basic goal of development is to improve the quality of life of people, an important indicator of which is the Health status of the population. Health is not only an end product to it as it helps to increase the productivity of the workforce. Health is an essential constituent of the human resources which plays crucial role in Development. India being a signatory to the Alma Ata Declaration is committed to provide primary Health care to its people. Improvement in the health status of people requires Co-ordinated efforts of the health sector and supportive activities of other sectors such as nutrition, education, housing, water supply and sanitation.

The National Health Policy, 2001, emphasizes implementation of public health programmes through local self-government institutions, The Planning Commission set up a task force to review PRI involvement in various sectors and to make recommendations on engagement of PRIs specific to each sector (PRI, 1995).

Many of the activities proposed are related to identification of people in need of services, in collaboration with the health system and monitoring of village level health workers and primary and secondary health care facilities. Currently the PRI are not equipped to take on such planning and monitoring functions, nor is there a cognizance in the health system of the role of PRI.

PRIs involvement as community ownership and as President in Village Health and Sanitation committee, President with Health worker untied fund, President of a Arogya Raksha Samitee (ARS) of Primary Health centre and Community Health Centre. Success of the rural health programmes in achieving its outcomes is significantly dependent on well functioning gram, block and district level Panchayats. Hence, to study the Role of Elected Representatives of Panchayat Raj Institutions (PRIs) in Enhancing Rural Health Services in Tumkur district Karnataka State carried out.

METHODOLOGY

A study on the Role of Elected Representatives of

Panchayat Raj Institutions (PRIs) in enhancing Rural Health Services in Tumkur district Karnataka State was carried out during 2013-14.

Table 1: Elected representatives of PRIS of taluk Panchayat and Gram Panchayat of Tumkur district

Sr. No.	Taluka	Total TP members			Total Gram Panchayath members		
		M	F	T	M	F	T
1.	Tumkur	18	9	27	342	251	593
2.	Gubbi	10	14	24	333	231	564
3.	Tiptur	10	7	17	226	164	390
4.	Turvekere	11	6	17	221	176	397
5.	Kunigal	12	9	21	300	244	544
6.	Chikanykanhalli	12	7	19	257	189	446
7.	Sira	17	9	26	331	239	570
8.	Pavagada	14	8	22	290	211	501
9.	Madugiri	15	9	24	350	230	580
10.	Koratagere	9	6	15	196	151	347
	Total	128	84	212	2823	2109	4932

Source: Rural Development and Panchayat Raj Department

Table 2: Elected representatives of PRIS of Zilla Panchayat Tumkur district

Sr.No.	Name of the district	Male	Female	Total
1.	Tumkur	35	22	57

Source: Rural Development and Panchayat Raj Department

Table 3 : Distribution of respondents according to their education.

Sr. No.	Category	Gram Panchayat members		Taluk Panchayat members		Zilla Panchayat members		Total	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1.	Illiterate	07	23.33	04	13.33	02	6.68	13	14.44
2.	Primary School	08	26.66	06	20.00	03	10.00	17	18.88
3.	Middle School	06	20.00	08	26.66	07	23.33	21	23.33
4.	High School	05	16.66	08	26.66	08	26.66	21	23.33
5.	Higher Secondary School	02	6.67	03	10.00	05	16.66	10	11.11
6.	Above Higher Secondary	02	6.67	01	3.33	05	16.66	08	8.88
	Total	30	100.00	30	100.00	30	100.00	90	100.00

Table 4 : Distribution of respondents according to their age

Sr. No.	Category	Gram Panchayat members		Taluk Panchayat members		Zilla Panchayat members		Total	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1.	Young age (<35 yrs)	06	20.00	05	16.66	04	13.33	15	16.66
2.	Middle age (36-50 yrs)	19	63.33	22	73.33	19	63.33	60	66.66
3.	Old age (>50 yrs)	05	16.66	03	10.00	07	23.33	15	16.66
	Total	30	100.00	30	100.00	30	90	90	10.00

Table 5 : Distribution of respondents according to their involvement in rural health services

Sr. No.	Category	Gram Panchayat members		Taluk Panchayat members		Zilla Panchayat members		Total	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1.	Low	21	70.00	23	76.66	19	63.33	63	70.00
2.	Medium	06	20.00	05	16.66	07	23.33	18	20.00
3.	High	03	30.00	02	6.66	04	13.33	09	10.00
	Total	30	100.00	30	100.00	30	100.00	90	100.00

90 Elected Representatives of Panchayat Raj Institutions (PRIs) were selected from ten Talukas Tumkur district. Elected Representatives of Panchayat Raj Institutions (PRIs) were selected by proportionate random sampling method from three categories of zilla Panchayats, Taluka Panchayats and Grama Panchayats. Thus, 30 Members of zilla Panchayats, 30 Members of Taluka Panchayat and 30 Members of Grama Panchayat were taken as respondents and data was collected by personal interview method. Out of 90 Elected Representatives of Panchayat Raj Institutions (PRIs) 63 were male and 27 were female members.

Data were also collected from secondary sources of information such as reports of Department of Panchayat Raj and Rural Development and Health and Family welfare Department. Discussions were held with officials of these Departments, experts, executives, to elicit their views, ideas and opinion on the important issues pertaining to Rural Health Services. The data was collected through personal interview and secondary source was analyzed by using suitable statistical techniques.

OBSERVATION AND ASSESSMENT

The results from Table 1 and 2 indicated that 57 (35-male, 22-female) zilla Panchayat members, 212 (124-male, 84 female) Taluka Panchayat members, 5362 (2823-male, 2109 female) Grama Panchayat members. Total 4989 (2986-male and 2003-female) Elected Representatives of Panchayat Raj Institutions (PRIs), 59.85 per cent were male and 40.14 per cent female members in Tumkur district of Karnataka State.

The results from Table 3 indicated that majority and same percentage (23.33 %) of the respondents were having Middle School and High School education (total 46.66 %), followed by having primary school education (18.88 %), illiterates (14.44) and only 11.11 per cent and 8.88 per cent of elected members were completed Higher Secondary School and above education, respectively.

It was apparent from Table 4 that majority of the respondents (66.66%) were under middle age category followed by same percentage of young age (16.66 %) and old age (16.66 %).

Among the groups, majority of the respondents were under middle age category followed by (23.33 %) Zilla Panchayat members in old age group, Young age group of (20.00 %) Grama Panchayath members.

To understand the Role of of Elected Representatives of Panchayat Raj Institutions (PRIs) in enhancing Rural Health Services in Tumkur district Karnataka was analyzed. The findings

from Table 5 showed that majority (70.00 %) of the respondents were having low involvement and low knowledge about the Rural health services followed medium 20.00 per cent and only 10.00 per cent of the respondents were having high level of knowledge and involving in providing the rural health services (Nanda, 2006 and Vijayanand, 2003).

Conclusion :

The study has clearly shown that majority of the Elected Representatives of Panchayat Raj Institutions (PRIs), were having low knowledge and awareness about the rural health services and as a result their poor involvement observed in providing rural health services to the community. It is essential to organize awareness programmes and capacity building programmes to all Elected Representatives of Panchayat Raj Institutions (PRIs), to acquire knowledge about health services and their role in particular.

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