

Assessing discrepancies in healthcare & health sector in Jammu and Kashmir

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Abstract

Background/Objectives: Jammu and Kashmir is one of the northern hill states of India rich in climatic resources and knowledgeable population dividend. The people of the state particularly in rural areas face hardships in terms of healthcare, especially during harsh winter months. The state/central administration has carried out tremendous efforts for creation of better health related services in the region. Thus, the broader objective of the study is to assess and estimate the healthcare infrastructure & healthcare services available in the state. The study also assesses the regional variations in the healthcare facilities in the state.

Methods/Statistical Analysis: In order to carry out the present study, the data was obtained from the secondary sources such as Health and family welfare department and department of Economics and Statistics, Government of J&K. The averages, percentages and comparative analysis of data have been made to draw logical inferences.

Findings/Results: The results of the study reveal that huge amount of funds are required to establish adequate and requisite healthcare infrastructure in both rural and urban areas. The study further reveals that the state lacks qualified doctors/nurses/para-medical staff and other basic amenities resulting inaccessibility of the healthcare to only 40-50 per cent of the population in the state.

Application/Improvements: The study is of great applicability for the betterment of the society in general and the quality of life index of the people of the state in particular. This study can be an eye opener for the policy makers and planners, so that necessary step shall be taken to improve the healthcare and health status of the state especially in the rural areas where hardly any medical amenity is available to them.

Keywords: Disparity, backwardness, healthcare infrastructure, para-medical staff, fund raising, quality of life.

1. Introduction

Health a fundamental areas in every society and is incorporated in the fundamental rights of the constitution of India [1]. The healthcare is a public right for every citizen, because a healthy citizen is a dividend for the society. Therefore, providing health services to every individual is obligation of state. The healthcare of a society is inter-related with socio-economic, political and environmental factors of any country and it also hinders economic advancement of the society as well. The basic activity of each and every government around the globe is to expand and enlarge the healthcare delivery system for the healthy citizens [2]. Usually every country's healthcare services are facing that it is urban oriented, and it is available only to a restricted people. The primary function of health department in any society is not to cover/reach the population in totality but to also to achieve a satisfactory level of health by establishment of primary healthcare programmes at ground level [3]. In India, healthcare falls under public domain and is therefore completely operated by government. From the inception of planning process in India a significant amount of funds are utilised for the public health infrastructure which comprise of establishment of several Hospitals, Super Specialty Hospitals, Sub-centres, Public Health Centres (PHCs) and Community Health Centres (CHCs) [4]. But still in our country the private player in health sector are operational and are fulfilling the healthcare needs of almost 80-85% of population that means only a little 15 to 20% of the population is treated at government operated hospitals. The reasons can be many; such as absenteeism of paramedical staff, lack of specialized treatment, the nature and arrogance of the staff, accessibility of basic amenities, time management etc.

2. Healthcare delivery system and drivers of growth for Jammu and Kashmir

1. Effectiveness in rural healthcare.
2. Proper care for aged population.
3. Better standard of living for rural and urban areas.
4. Ever increasing demand for healthcare services for rural and urban population.
5. Implementation of new government programmes and schemes.

3. Indicators of healthcare in Jammu and Kashmir

3.1. Demographic and socio-economic indicators

Basic healthcare indicators help any society/state to make out certain sectors that require drafting of policies, setting up of short & long term goals [5] as shown in Table 1. Birth and death rate of the state is having achieved a good result as compared to all India level. Life expectancy at birth for both males and females is at par with national level. Because of the same phenomenon, elderly people have demanded a need for specific healthcare facilities. Infant Mortality Rate has decreased and is better than all India level by 5% points. Total fertility rate also shows better results than all India level. Institutional deliveries in the state are covered with great care and are 55% in the state as compared to 47% in India; the sex ratio for the state is 843 while for India it is 906.

Table 1. Basic indicators of healthcare in Jammu and Kashmir

Indicators	Current status	
	All India average	J&K
Birth Rate (SRS 2009)	22.5	18.6
Estimated Death Rate (SRS 2009)	7.3	5.7
Infant Mortality Rate (SRS 2009)	50	45
Child Sex Ratio (Census 2011)	906	843
Total Fertility Rate (SRS 2009)	2.6	2.2
Institutional Deliveries (DLHS-2007-8)	47%	55%
Full Immunization (DLHS-2007-8)	54%	62.5%
Any Antenatal Check-up (DLHS- 2007-8)	75.2	84.5
Life Expectancy at birth	65.8 Male 68.1 Female	65.0 Male 67.0 Female

Source: Department of Health and Medical Education, Government of Jammu and Kashmir

4. Healthcare institution in the state

The state is progressive towards development of healthcare infrastructure, though a lot needs to be done in this sector, because the state is growing in terms of population [6].

Table 2 shows that in the state only one provincial hospital are catering the needs of the public. Similarly, the district hospitals are only 10 in number, the state is having only one maternity hospital and no super speciality hospital is established in the state. Therefore, the state is very poor in terms of high or super speciality treatment.

Table 2. Healthcare institutions in Jammu and Kashmir

No.	Name of Institution	Number of Health Centres
1	Provincial Hospital	1
2	District Hospital	10
3	General Hospital	2
4	Sub District Hospital/CHC	30
5	Emergency Hospital	6
6	Primary Health Centre	199
7	Allopathic Dispensary	134
8	Urban Health Centre/Evening Clinic	17
9	District TB Centre	7
10	Medical Aid Centres	151
11	Mobile Medical Aid Centre	12
12	Sub Centres	1063

13	MCH	0
14	Maternity Hospital	1
15	Leprosy Hospital	0
	Grand Total	1632

Source: Department of Health and Medical Education, Government of Jammu and Kashmir

5. Decadal birth and death rates in the state

Birth and death rates are the key indicators of a social dividend in a society. Little evidences are there that the use of IMR as a measure of population health has a negative impact on older groups in the population. IMR is an important indicator of health, for measuring advancement in the healthcare of a society. From the past few decades the country has launched many health oriented programmes for the better health of the citizens of India. The decadal variation in birth rate annual death rate in Jammu and Kashmir is shown in Table 3. The combined birth rate in Jammu and Kashmir during the decade of 1970 was 21.95% with 22.19 in rural areas and 20.89 in urban areas, while as the combined death rate for the same period was 7.87% with 8.5% in rural areas and 4.98% in urban areas. Similarly, the combined birth rate for state in 2011 was 17.8% with 19.1% rural and 13.1% in urban areas and the combined death rate for the same time period was 5.5% with 5.7% rural and 4.7% in urban areas. This means from the 1970s the birth rate has decreased by 4% points and death rates has also decreased by 2% points in case Jammu and Kashmir State, which implies that the social indicators are improving and the life expectancy, has increased.

Table 3. Decadal variations in birth and death rate of Jammu and Kashmir

Decadal variation in birth and death rates in J&K						
Annual Birth rate per million				Annual Death rate per million		
Rural	Urban	Rural	Urban	Combined	Rural	Urban
8.5	4.98	22.19	20.89	7.87	8.5	4.98
10.5	5.6	33.5	21.4	9.6	10.5	5.6
7.9	6.4	31.8	23.3	7.6	7.9	6.4
6.3	5.9	20.5	16.5	6.2	6.3	5.9
5.9	4.7	149.5	13.5	5.7	5.9	4.7
5.7	4.7	19.1	13.1	5.5	5.7	4.7

Source: Digest of Statistics, Department of Economics and Statistics, Govt. of J&K

6. Infant mortality in Jammu and Kashmir

Jammu and Kashmir is at the 6th position amongst 21 bigger states after Kerala, Tamil Nadu, Delhi, Maharashtra and Punjab. The statement from the health department further reveals that the state is near to achieve gender parity in child survival with a gap of only one point. The state of J&K registers 8% decline in Infant Mortality Rate (Sample Registration System Bulletin issued by Registrar General, India).

Table 4. Infant Deaths in Jammu and Kashmir

Infant deaths in J&K						
year	Rural			Urban		
	Male	Female	Total Rural	Male	Female	Total Urban
2004	753	635	1388	154	954	1108
2005	770	612	1382	158	988	1146
2006	751	621	1372	180	991	1171
2007	721	612	1333	208	979	1187
2008	582	512	1094	331	885	1216
2009	652	573	1225	258	975	1233
2010	603	557	1160	257	879	1136
2011	386	587	973	410	635	1045

Source: Digest of Statistics, Department of Economics and Statistics, Govt. of J&K

Table 4 shows the detailed account of the infant death rate in the state of Jammu and Kashmir. The year 2004 witnessed total 1388 & 1108 infant deaths in rural and urban J&K with 753 male deaths and 635 female deaths in rural areas and 154 male and 954 female's death in urban J&K respectively. The infant deaths in Jammu and Kashmir has reduced over the years and in 2011 the total rural infants in the state reduced to 973 with 386 male and 587 female deaths and in urban Jammu and Kashmir the total deaths were 1045 with 410 male death and 635 female deaths. The decrease could be attributed to easily accessible better health facilities provided to both rural and urban dwellers at cheapest rates.

7. Healthcare system and healthcare infrastructure in Jammu and Kashmir

Health as an essential factor for socio-economic development of any society has gained a sound recognition. During 1960's a common thought developed among the people that socio-economic progress was not essential for improving the health status of people in under developing and developing countries, and that substantial and rapid progress could be made through introduction of modern public health measures alone. The prime function of government is to deliver healthcare services. The healthcare of a state or area constitutes managerial and organisational affairs of the system. Table 5 shows the number of institutions, bed strength, number of health personnel's and doctors available in the state of Jammu and Kashmir. The table shows that during 1980's, the total number of health institutions available in the state were 1816 with bed strength of 5422 with 1715 doctors, 688 nurses and 3599 other paramedical staff. The total number of patients treated during 1980's in the state 2.31 lakh (indoor) and 78.81 lakh (outdoor). The healthcare system in the state in every sphere shows an improvement over the years and during 2012 the health institutions has improved to 3856 with an up-gradation in the bed strength to 14545 and escalation in the number of doctors, nurses and other health personal to 6278, 3157, 20089 respectively. The patients indoor (14.2 lakh) and outdoor (223.16 lakh) were treated in the hospitals during the year 2012. This means an improvement has been recorded in the healthcare system of the state with an improvement in the patient care.

Table 5. Healthcare and infrastructure in J&K

Year	Total Institutions in J&K	Bed strength in Govt. hospitals & other institutions	Medical Personal in health Department				Patients treated (in lakhs)		
			Doctors	Nurses	Others	Total	Out door	In door	Total
1980	1816	5422	1715	688	3599	4287	78.81	2.31	81.12
1985	2314	6930	2377	1219	5043	6262	93.56	2.85	96.41
1990	3305	7849	2641	1666	7552	9218	97.92	3.12	101.04
1995	3639	10263	2646	1876	8169	10045	105.82	3.94	109.76
2000	3656	11507	4838	2462	9134	11596	140.44	14.77	155.21
2005	3698	12855	5239	2804	19411	22215	157.04	6.4	163.44
2010	3972	14165	5573	2721	16583	19304	198.73	9.06	207.79
2012	3856	14545	6278	3157	20089	23246	223.16	14.2	237.36

Source: Digest of Statistics, Department of Economics and Statistics, Govt. of J&K

8. District wise infant and maternal mortality in the state

Mortality rate, or death rate, is a measure of the number of deaths in a particular population, per unit of time. Mortality rate is typically defined as deaths per 1,000 individuals per year; mortality rate is different from "morbidity", which means the prevalence or incidence of a disease. Table 6 shows the district wise infant and maternal death rates from 2007 to 2013. The infant death rate in district Anantnag shows a varying trend and it increased from 9 to 93 from 2007 to 2013 with highest number of infant deaths recorded in the year 2010, the maternal deaths in the same district showed almost a same pattern ranging from 9 to 11 deaths respectively in the 2007 and 2013. District Kulgam carved from district Anantnag showed a declining trend in the infant death rate from 87 to 72 during the reference period.

Similarly, the maternal death rate in district Kulgam shows a similar pattern during the reference period. District Pulwama showed an increasing trend in infant death rate from 10 infant deaths in 2007 to 87 infant deaths in 2013 with highest in the year 2008 and showed a declining trend in maternal death rates from 10 in 2007 to 6 in 2013.

District Shopian showed a declining trend in both infant death and maternal death rates during the time period 2007-2013. District Srinagar the capital city of the Kashmir region showed an increased trend in infant death rate from 4-21 in the year 2007 and 2013 respectively with a highest number of deaths in the year 2009. The maternal death rates in the district Srinagar showed a decreasing behaviour from 4 maternal deaths in 2007 to 1 maternal death in the year 2013. District Ganderbal and district Bandipora showed a declining trend in infant death rates and increasing trend in maternal death rates during the reference period (i.e. 2007-2013). Similarly, district Baramulla showed an erratic a pattern in case of infant death rate and almost a similar trend in case of maternal death rate during the year 2007-2013. The northern most district of Kashmir region, Kupwara showed an increasing pattern in infant death rates from 11 to 112 from the year 2007 to 2013 and showed almost an increasing pattern in maternal death rates from 2007 to 2013.

Table 6. Infant & maternal death in Jammu and Kashmir

Infant Deaths					Maternal Deaths			
Year	Districts	Rural	Urban	Total	District	Rural	Urban	Total
2007	Anantnag	8	1	9	Anantnag	8	1	9
2008		74	32	106		10	1	11
2009		67	17	84		9	3	12
2010		84	36	120		8	2	10
2011		63	20	83		9	1	10
2012		82	14	96		8	0	8
2013		79	14	93		10	1	11
2008	Kulgam	58	29	87	Kulgam	3	0	3
2009		47	17	64		6	1	7
2010		36	16	52		3	2	5
2011		46	14	60		3	0	3
2012		61	11	72		4	0	4
2013		58	12	70		4	0	4
2007	Pulwama	7	3	10	Pulwama	7	3	10
2008		69	32	101		5	2	7
2009		68	21	89		5	3	8
2010		33	18	51		5	2	7
2011		48	16	64		5	0	5
2012		75	13	88		7	0	7
2013		74	15	89		6	0	6
2008	Shopian	58	24	82	Shopian	3	1	4
2009		63	11	74		4	0	4
2010		21	9	30		3	0	3
2011		40	15	55		2	0	2
2012		43	7	50		4	0	4
2013		41	9	50		3	0	3
2007	Srinagar	4	0	4	Srinagar	4	0	4
2008		33	49	82		3	0	3
2009		47	112	159		2	1	3
2010		35	98	133		1	0	1
2011		18	86	104		2	0	2
2012		23	75	23		3	0	3
2013		21	76	21		1	0	1
2008	Ganderbal	57	25	82	Ganderbal	1	0	1
2009		72	5	77		5	0	5

2010		52	32	84		3	1	4
2011		50	35	85		4	0	4
2012		50	11	61		3	0	3
2013		51	12	63		6	0	6
2007	Budgam	5	2	7	Budgam	5	2	7
2008		79	40	119		6	2	8
2009		91	27	118		5	2	7
2010		44	31	75		4	2	6
2011		56	26	82		9	0	9
2012		64	16	80		7	0	7
2013		64	15	79		9	0	9
2007	Baramulla	9	4	13	Baramulla	9	4	13
2008		83	43	126		4	0	4
2009		87	42	129		10	3	13
2010		64	48	112		10	2	12
2011		63	34	97		10	1	11
2012		98	22	120		11	1	12
2013		94	20	14		12	1	13
2008	Bandipora	73	45	118	Bandipora	3	2	5
2009		60	32	92		8	1	9
2010		51	31	82		4	0	4
2011		34	12	46		5	1	6
2012		62	7	69		6	0	6
2013		58	7	65		6	0	6
2007	Kupwara	9	2	11	Kupwara	9	2	11
2008		91	26	117		5	2	7
2009		78	25	103		9	2	11
2010		76	38	114		13	1	14
2011		60	53	113		12	1	13
2012		91	23	114		11	0	11
2013		89	23	112		13	0	13

Source: Digest of Statistics, Department of Economics and Statistics, Govt. of J&K

9. Conclusion

Jammu and Kashmir is still lagging behind in per capita availability of health status, per capita health expenditure, public health expenditure etc. The unusual outpatient department (OPD) patient load is very high especially in the super speciality hospitals, the institutional delivery load to the only super speciality gynaecology hospital is also very high, the primary health centres throughout the state has only limited bed capacity which require special attention, so that better medical care should reach to the door steps of the poor people especially to the rural populace. Thus, the need of the hour is to increase the public health expenditure in the state so that healthcare delivery system can be improved in the state. The prevailing situation in the rural Kashmir is that there is less number of qualified doctors/nurses/para-medical staff and other basic amenities which result sun reach ability of the healthcare to 40-50% of the people in the state. About 80-85% of the people live in rural areas where the medical facilities are available only in a limited manner. Thus keeping the grim situation in view, a dire need for adequate healthcare infrastructure arises in the state.

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