ECONOMIC ANALYSIS OF MOTHER AND CHILD HEALTH CARE PROGRAMME IN KURINJIPADI BLOCK, CUDDALORE DISTRICT

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Abstract

Good Health is a major resource for social, economic and personal development and an important dimension of quality of life. Human resource development is fostered by a mosaic of factors such as education, health, water supply and housing that constitute the basic needs. The economic characteristics of developing countries are reflected in their health characteristics. Good health is fundamental to every man, women and child, not only for their well-being but also for their very survival. Health expenditure has an impact on average expectation of life, productive age, production, productivity, earning capacity, employment and well-being of the people. On the other hand several economics variables like employment, income, purchasing power and poverty determine the health status of the people. There are many studies have been carried out to assess the relationship between health and economic development at macro level.

Introduction

Good Health is a major resource for social, economic and personal development and an important dimension of quality of life. Human resource development is fostered by a mosaic of factors such as education, health, water supply and housing that constitute the basic needs. The economic characteristics of developing countries are reflected in their health characteristics. Good health is fundamental to every man, women and child, not only for their well-being but also for their very survival.
Need and Importance of the Study

Health status is one of the important indicators of the welfare of the people. The issue of health is great importance both from the point of view of the individuals and the nation as well. In any country it is the health status of the people that determines their well-being and the pace of economic and social development. Health expenditure has an impact on average expectation of life, productive age, production, productivity, earning capacity, employment and well-being of the people. On the other hand several economics variables like employment, income, purchasing power and poverty determine the health status of the people. There are many studies have been carried out to assess the relationship between health and economic development at macro level. Assessing this relationship, that is, between health and economics, at micro level is need of the hour; in this perspective this study is getting importance.

As stated earlier, the health of women is an important one. Simultaneously mother-child health care should also be taken care. Malnutrition to mother and child leads to number of health problems, sometime it causes death both to mother and child. Once, the quantum of health has come down, one cannot expect the real economic growth and development.

To avoid such thing, the government has implemented the mother-child health care programme. The first and foremost problem i.e., the target group or beneficiary should aware about this programme. Hence, the researcher has taken Kurinjipadi Block of Cuddalore district randomly.

On the outset of above discussed premises, this study sets the following objectives:

Objectives of the Study

1. To examine the socio-economic conditions of maternal mother and child health care in Kurinjipadi Block.
2. To study about the utilization of health care programmes in the study area by the respondents.
3. To analyze the health expenditure of the respondents in the Kurinjipadi block, Cuddalore district.
4. To suggest measure to improve the efficiency of the programme and health conditions of mother-child in the study area.

Hypotheses of the Study

1. There is an association between annual household income and mother-child health expenditure of the respondents.
2. There is an association between annual household expenditure and non-medical expenditure of the respondents.

Methodology

The methodology consists of the research design used, the techniques used in the selection and construction of tool, the manner in which the required data were collected, tabulation, analysis and interpretation and presentation of the research report. In following section, the whole process of the research work has been explained step by step.
Research Design

Research design means a plan, structure and strategy of investigation so that the whole research will be qualitative one. The researcher has taken descriptive design for the research. It means describing the various components of problems faced by the health status of mother and child. This design helped the researcher to describe their educational status, economic condition, mother child health status, maternal and child health care programme in Kurinjipadi Block. After conducting a pilot study, two villages namely (i) Puliyur and (ii) Sammathikuppam where the mother-child health care programme is going on.

Sample Size

After going through the records of the concerned PHCs, the researcher has selected each 60 samples from the selected two villages.

Method of Data Collection

The researcher collected the primary data by using interview schedule because most of the respondents were not in a position to fill up the questionnaire correctly. The researcher translated the questions into Tamil. So that they could understand the questions well and answer correctly.

Statistical Tools Used in the Study

For the analysis, percentage, chi-square test and likelihood ratios have used in this study.

Review of Literature

Cameron Johnstone (2011) stated that governments should provide cash incentives to low-income populations for using available public health services? In 2005, the Indian Ministry of Health and Family Welfare introduced a Conditional Cash Transfer (CCT) program called JanaiSurakshaYojana (JSY) that does exactly this. Eligible pregnant women who deliver their babies in a government or accredited private health facility receive 600 Indian rupees ($13) in urban areas and 700 rupees ($15) in rural areas. Evidence from JSY suggests CCT programs can have a significant impact, but also present practical and ethical concerns.

Lim, Stephen, et al. (2010) study also found significant problems with the implementation of JSY (JananiSurakshaYojana). The authors observed a substantial variation in the percent of women receiving payments between Indian states – from as high as 42 percent to as low as seven percent. Women with some education had higher odds of receiving JSY payments than those with none, and, in some states, wealthier mothers were more likely to receive payments.

Jyotishikha Nanda, Dipak Kumar Adak and PremanandaBharati (2010) explain that Tamil Nadu regions make the difference in the observed significant association between the utilization of maternal health care and independent variables at the state level. Though religion and age of women are significantly associated with maternal health care at the state level, it is not so in each region. The status of district in terms of human development index is positively associated with the utilization of maternal health care in Tamil Nadu.

Sri Rama Kant Mishra (2006) explained the main policies and programmes of the health and family welfare sectors are (i) Implementing the UN sponsored WHO programme on “Health for All” priority being given to infants, children and mother, (ii) Aiming at suitable reduction of birth rate. Death rate infant
mortality rate, child (up to 5 years of age) mortality rate, delivering mother mortality rate etc. through suitable health care facilities and delivery of health services, (iii) Controlling and eradicating the dreadful dangerous and communicable tropical disease by launching various disease specific programmes and (iv) Implementing and maintaining the tempo of implementation of the National Immunization and Nutrition Programmes.

Testing of Hypotheses

<table>
<thead>
<tr>
<th>Medical Expenditure</th>
<th>Family Income</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;=3000</td>
<td>3 (33.3)</td>
<td>69 (57.5)</td>
</tr>
<tr>
<td>3001-5000</td>
<td>25 (64.1)</td>
<td>40 (33.3)</td>
</tr>
<tr>
<td>5001-7000</td>
<td>15 (51.7)</td>
<td>11 (9.2)</td>
</tr>
<tr>
<td>70001+</td>
<td>26 (60.5)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9 (100.0)</td>
<td>120 (100.0)</td>
</tr>
</tbody>
</table>

Source: Computed from Primary data.
Note: Figures in parentheses denotes percentage.

The calculated value of Chi-square is 12.092 is lower than the commonly accepted levels of 12.592 (i.e. 5% level of significance). So we can accept the null hypothesis and it calculated that family income was no significant relation to medical expenditure of the mother-child respondents. But if we concern 10% level of significance, the calculated value of chi-square is greater than the commonly accepted levels of 10.645. So we can reject the null hypothesis and it calculated that family income was meagre significant relation with medical expenditure of the mother-child respondents.

<table>
<thead>
<tr>
<th>Chi-Square Tests</th>
<th>Value</th>
<th>Degrees of Freedom</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>12.092a</td>
<td>6</td>
<td>.060</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>10.912</td>
<td>6</td>
<td>.091</td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
<td>2.725</td>
<td>1</td>
<td>.099</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>120</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chi square = 12.092
Thus, the data reveals that there is relationship between annual household income and mother-child health expenditure of the respondents.

H₀: There is an association between family income and mother-child health expenditure.
H₁: There is relationship between annual household expenditure and non-medical expenditure of the respondents.
Since, the level of significance value is (0.151) less than the expected value. Therefore there is relationship between annual household income and mother-child health expenditure of the respondents.

Table No: 2
Annual Household Expenditure and Non-Medical expenditure of the Respondents - Cross Tabulation

<table>
<thead>
<tr>
<th>Household Expenditure of Respondents</th>
<th>Non-Medical expenditure of the Respondents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Below Rs.500</td>
<td>Rs. 501 - 1000</td>
</tr>
<tr>
<td>Below Rs. 10000</td>
<td>1 (100.0)</td>
<td>3 (18.8)</td>
</tr>
<tr>
<td>Rs. 10001 - 15000</td>
<td>0</td>
<td>9 (56.2)</td>
</tr>
<tr>
<td>Rs. 15001 - 20000</td>
<td>0</td>
<td>4 (25.0)</td>
</tr>
<tr>
<td>Rs. 20001 - 25000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Above 25000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1 (100.0)</td>
<td>16 (100.0)</td>
</tr>
</tbody>
</table>

Source: Computed from Primary data.
Note: Figures in parentheses denotes percentage.

The above analysis shows that majority (77.8 percent) of the respondents’ non-medical expenditure was above Rs.2001 whose household expenditure was above Rs.25001, 64.7 percent respondents’ non-medical expenditure was above Rs.2001 and their household expenditure was between Rs.20001-25000. The researcher has to conclude that compare the medical expenditure is higher than the non-medical expenditure.

Chi-Square Test Results

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Value</th>
<th>df</th>
<th>Asy nip. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>36.102</td>
<td>16</td>
<td>.003</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>37.668</td>
<td>16</td>
<td>.002</td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
<td>22.535</td>
<td>1</td>
<td>.000</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>120</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Chi-square value is 0.003
Thus, the data reveals that there is relationship between annual household expenditure of the respondents and non-medical expenditure of the respondents.

\( H_0: \) There is no relationship between annual household expenditure of the respondents and non-medical expenditure of the respondents.

\( H_1: \) There is relationship between annual household expenditure of the respondents and non-medical expenditure of the respondents.

Since, the level of significance value is \((0.05)\) less than the expected value. Therefore there is relationship between annual household expenditure of the respondents and non-medical expenditure of the respondents.

**Conclusion**

To conclude, it is essential to give women's health in a holistic way within the social economic and political context of their lives. Improving women's health requires a strong and sustained government commitment, a favourable policy environment, and well-targeted resource. Thus one can say that it is now urgent that the nation mores to frame some comprehensive legislative measures in order to improve women's health status. Health education and nutrition education of mothers, health persons and balwadi-anganwadi workers are necessary to promote good nutrition practice for children. The Government has providing nutrition foods such as nutrition powder for the health promotion of children's. Those children's are good health and good wealthy in future, and also to make a good nation.

**Reference**


