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**Status of human health in india:
Emerging issues in the era of globalisation**

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**STATUS OF HUMAN HEALTH IN INDIA:
EMERGING ISSUES IN THE ERA OF GLOBALISATION**

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Enhancing the quality of growth is an important objective of the development paradigm in many developing countries. Better health, education, equal and wider job opportunities to all, trustworthy and transparent people's intuitions, sustainable and cleaner environment, dignity, self-esteem and life security, among others, are key manifestations of the quality of growth (WB 2000). If the quality of human capital is not good, physical capital and natural resources cannot be properly utilised and growth neither be sustained nor be qualitative. Health is major segment of human capital.

According to WHO, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The health status is usually measured in terms of life expectancy at birth, infant mortality rate, fertility rate, crude birth rate and crude death rate. These indicators of health are determined by numerous factors such as per capita income, nutrition, housing, sanitation, safe drinking water, social infrastructure, health and medical care services provided by government, geographical climate, employment status, incidence of poverty and the like (Reddy and Selvaraju 1994; Dadibhavi and Bagalkoti 1994). It is, *de facto*, the quality of human health upon which the realization of life goals and objectives of a persona, the community or nation as whole depends. Health is multi-dimensional phenomenon. It is both an end and means of development strategy. The relationship between health and development is mutually reinforcing- while health contributes to economic development, economic development, in turn, tends to improve the health status of the population in a country. Health is also an important entitlement that enhances "capabilities" of the poor people leading to increase in "commodities" and further improvement in health status (Dadibhavi and Bagalkoti 1994; Bloom *et al* 2004). As investment on health increases, the productive capacity of the working population, and hence the level of income tends to

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rise and to that extent it contributes to a decline in the incidence of poverty (Reddy and Selvaraju 1994). With rapid improvement in health, particularly of the poor “vicious circle” of poverty can be converted into “virtuous circle” of prosperity (Mayer 1999; Mayer 2000; Bloom *et al* 2004). Although there has been a two-way relationship, a strong causal link from adult health to economic growth is observed by many studies (Mayer 1999; Knowles and Owen 1997; Jamison and Wang 1998). Further, Knowles and Owen (1997) and Jamison and Wang (1998) find that life expectancy contributes to economic growth more than education. In addition to its direct impact on productivity, health has other effects on economic development and demographic transition. Good infant health and nutrition directly increase the benefits of education (WB 1993; WHO 1999). Further, Barro (1996) points out that by increasing longevity, health reduces the depreciation rate of human capital, making investment in education more attractive.

It is a well-known fact that India is, next only to China, the second largest country in terms of population in the world. But the health status of a great majority of the people is far from satisfactory as compared to China and other developed countries. However, over the last five decades or so, India has built up health infrastructure and manpower at primary, secondary and tertiary care in government, voluntary and private sectors and made considerable progress in improving the health of its population (Ray 2003; Bhat and Babu 2004). However, India is one of the major countries where communicable diseases are still not under control. The incidence of new fatal diseases such as AIDS/HIV, hepatitis-A is on the increase and tuberculosis and malaria still take a high toll. Chronic non-communicable diseases such as heart diseases, diabetes and cancer are also in the rise (Bhat and Babu 2004). Health risk due to high prevalence of alcohol and tobacco consumption is also increasing. India’s dream of “World Class” health care delivery system is difficult to achieve. On the other hand, the economic reforms that have been introduced in the country since 1991 have brought changes in all the sectors of the Indian economy. It is the social sector, particularly health and education, which is financially getting affected, among others. The share of public expenditure as a percentage to GDP on health and education at higher level has been gradually declining (Panchamukhi 2000; Dev and Mooij 2002). The health sector, therefore, faces “dual” challenges: while control of communicable and non-communicable diseases is of

paramount importance, the budget allocation by the government is on the gradual decline in recent years. Hence, India faces the daunting challenge of meeting health care needs of its vast population and ensuring accessibility, efficiency, equity and quality of healthcare and thereby achieving the objective of growth with equality and social justice.

In the light of the changes outlined above, the present study is designed to: *examine the health status across male-female, rural-urban and regions; explore the factors contributing to health improvements and variations across regions; analyse the extent and impact of public expenditure on health improvements; and discover the extent of link between the health (indicators) and economic development (indicators) during the pre- and post-reform period in India.*

The present study is based on secondary data to be collected for 15 major regions (states) and all India. The data relating to health indicators and health infrastructure will be collected from Ministry of Health and Family Welfare, Government of India, National Human Development Report, Planning Commission, Government of India and Population Census of India. The data relating to socio-economic indicators will also be collected from the Central Statistical Organisation and other sources for the years of pre- and post- reform period. Appropriate econometric tools will be used to analyse the data.

References

- Barro, R. (1996), "Health and Economic Growth", Annex I of the Convocatoria para propuestas de investigacion sobre Inversion en Salud y Crecimiento Economico de la Organizacion Panamericana de la Salud.
- Bhat, Ramesh and Sumesh K. Babu (2004), "Health Insurance and Third Party Administrators: Issues and Challenges", *Economic and Political Weekly*, Vol. 39, No 28, July 10-16.
- Bloom, D. E. and Williamson, J. G. (1998), "Demographic Transitions and Economic Miracles in Asia", *The World Bank Economic Review*, Vol. 12.
- Bloom, David E., David Canning and Dean T. Jamison (2004), "Health, Wealth and Welfare", *Finance and Development*, Vol. 41, No. 1, March.
- Dadibhavi, R. V and S. T. Bagalkoti (1994), "Inter-State Disparities in Health Status in India", *Yojana*, December 31.
- Dev, S. Mahendra and Jos Mooij (2002), "Social Sector Expenditure in the 1990s: An Analysis of Central and State Budget", *Economic and Political Weekly*, Vol. 37 No. 9, March 2.

Jamison, Lau and Wang (1998), "Health's Contribution to Economic Growth, 1965-1990", in *Health, Health Policy and Health Outcomes: Final Report*, Health and Development Satellite WHO Director-General Transition Team.

Knowles, S. and Owen, P. D. (1995), "Education and Health in an Effective-Labour Empirical Growth Model", *Economics-Record*, Vol. 73 (223), April.

Mayer, D. (1999), "The Long-Term Impact of Health on Economic Growth in Latin America", in *Health, Growth and Income Distribution in Latin America and the Caribbean: A Study of Determinants and Regional and Local Behavior*, Project Report for the Pan American Health Organisation.

Mayer, David (2000), "On the Role of Health in the Economic and Demographic Dynamics of Brazil, 1980-1995", paper presented at the conference on *Population Dynamics and the Macro Economy* organised by Harvard Centre for Population and Development Studies and IFS. September.

Panchamukhi, P. R. (2000), "Social Impact of Economic Reforms in India: A Critical Appraisal", *Economic and Political Weekly*, March 4.

Ray, C. N. (2003), "Liberalisation and Urban Social Services, Health and Education", Rawat Publication, New Delhi.

Reddy, K. N. and V. Selvaraju (1994), "Determinants of Health Status in India: An Empirical Investigation", *The 76th Annual Conference Volume of the Indian Economic Association*, Indira Gandhi Institute of Development Research, Bombay.

World Bank (WB) (2000), "The Quality of Growth", Oxford University Press, New York.

W B (1993), "World Development Report 1993: Investing in Health", Oxford University Press, New York.

World Health Organisation (WHO) (1999), "World Health Report: Making a Difference", Geneva.
