



MORTALITY AND ECONOMIC STATUS OF NORTH TRIPURA: AN EMPIRICAL STUDY

Social Science

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ABSTRACT

The influence of economic conditions on mortality has been recognised since times immemorial. Empiricism of the most casual sort was sufficient to establish the link between food supply and mortality. But recent years have witnessed a movement away from economic determination in mortality analysis. It is widely believed that mortality has become increasingly disassociated from economic level because of a diffusion of medical and health technologies, facilities and personnel that occurred, in large part, independently of economic level, yet this position has its critics who have gained a sympathetic audience. This article utilises cross sectional data of north Tripura and presented the status of mortality and income. It is found that a total of 99 mortality cases have been reported of 350 the households surveyed at the average age of 21.034 years. The average education level of persons died is found to be only 6.55 years. It is also found that urban respondents are earning more than rural respondents irrespective of sex with an average annual income of Rs. 272808.71. In case of rural respondents, the average income of a respondent is Rs. 84314.

KEYWORDS

Mortality, Health, income, rural and urban.

INTRODUCTION:

The influence of economic conditions on mortality has been recognised since times immemorial. Empiricism of the most casual sort was sufficient to establish the link between food supply and mortality. But recent years have witnessed a movement away from economic determination in mortality analysis. It is widely believed that mortality has become increasingly disassociated from economic level because of a diffusion of medical and health technologies, facilities and personnel that occurred, in large part, independently of economic level, yet this position has its critics who have gained a sympathetic audience (Samuel H Preston 2007). This article utilises cross sectional data of north Tripura and presented the current status of mortality and income independently.

The study is of interest for a different reason. First, income is probably the best single indicator of living standard in a society. It is the indicator most comprehensive of multiple factors. Secondly, as the leading index of level of economic development, income per head is the focus of growth models from which policy measures are derived.

State Profile:

The North Tripura district is an interior part of Tripura- a tiny state of India located in its north-east region. The State of Tripura has geographical area of 10,491.69 sq km with a stretch of 856 km of international border with Bangladesh, 109 km long border with Mizoram and 53 km border with Assam. Around two-thirds of the geographical area of the State of Tripura is hilly with six major hills running criss-cross in the North-South direction. The hilly terrain makes a large area of the State difficult to access and this has serious implications for the accessibility of the people to formal health care. As per 2011 Census, the size of population of the state is 36.71 lakh approximately with 18.71 lakh males and 17.99 lakh females.

DEMOGRAPHICS:

Tripura is the second most populous state in North-East India, after Assam. According to the census of 2011, Tripura has a total population of 3,671,032 with 1,871,867 males and 1,77,165 females, the sex ratio of the state is 961 females per thousand males. The density of population is 350 persons per square kilometre. Tripura constitutes 0.3% of India's total population. In the 2001 census of India, Bengalis represent almost 70% of Tripura's population and the native tribal populations represent 30% of Tripura's population. The tribal population comprises several different tribes and ethnic groups with diverse languages and cultures with the largest tribal group being the Kokborok-speaking tribes of the Tripuri (16% of the state's population), the Jamatia, the Reang, and the Noatia tribal communities. There is some tension between these native tribal populations and Bengali settlers in tribal areas. Tripura ranks 6th in the human development index in 2014. The literacy rate of Tripura in 2011 was 87.75% which was higher than the national average of 74.04%.

OBJECTIVES OF THE STUDY:

The objectives of the study are to find out the Mortality (Immature death) and economic status of both rural and urban areas of the district.

MATERIALS AND METHODS:

The study is based on primary data as well as secondary data the secondary sources are mainly different reports published by govt and non government agencies and primary data are collected with the help of a structured schedule from four different castes of populations spread over eight development blocks of North Tripura District. Stratified random sampling technique was applied for the collection of data at household level where the sample units are the adults in the age group 18 - 55 years. The basic criteria of selection of population groups were a balanced representation of different social castes such as ST, SC, OBC and General in the sample.

The sample size is 350 comprising of 260 Males and 90 Females. Only the adult males and females who looked apparently active at the time of survey are included in the sample. Information pertaining to income status and mortality records has been collected through structured questionnaire. During collection of mortality records cases of death which the responded has seen or faces in his or her life are only counted. The collected data has been analysed only with the help of descriptive statistics.

Analysis and discussion:

Mortality is considered as a fair indicator of the comparative health of the people (K. Park 2007). Table-I below show the respondent's household mortality details. In Table-I it is shown that a total of 99 mortality cases have been reported at the average age of 21.034 years. The average education level of persons died is found to be only 6.55 years. In rural-urban areas the death cases of 28 rural males with an average education level of 6.23 years and 19 females with an average education level of 5.57 years at average age of 16.81 and 9.85 years respectively are reported. The story is slightly different in urban areas where 35 mortality cases of males with an average education level of 6.76 years and 17 females with an average education level of 7.67 years at the average age of 31.17 and 20.18 years respectively are reported. The persons died in urban areas belong to older cohorts in comparison to those of rural areas.

Table: I- Household's mortality Profile -The Reasons of Death

Place	No. of persons died of								
	Communicable disease			Non communicable disease			Accident, suicide etc.		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Rural	1	2	3	14	10	24	13	7	20
Urban	5	3	8	27	12	39	3	2	5
Total	6	5	11	41	22	63	16	9	25

Source: Field Survey

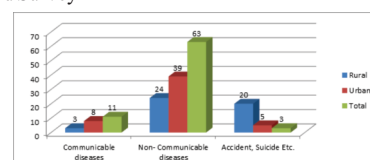


Figure: I- Reasons of Death

Table- I and figure-I show the reasons of death of the members of respondent's households. It is clear from the table that cases of death due to communicable diseases are only 11 out of the total of 99 cases. Prevalence of death due to communicable diseases is high in urban areas with 5 male and 3 female members compared to rural areas where it is 1 for male and 2 for female only. Number of death cases due to non communicable diseases is largest with a total of 63 cases. Here also deaths due to non communicable diseases in urban areas are more with 27 males and 12 females compared to 14 males and 10 females in rural areas. The remaining cases of deaths are accident, suicide etc totalling to 25 cases, 13 males and 7 females in rural areas and 3 males and 2 females in urban areas.

Economic status of the respondent plays a great role in determining health. Traditionally Indian culture is a male dominated one. In the present study also, males are found to be the dominant group. In case of workforce participation, males are in a better position than the females resulting higher average income for males than females. Table-II represents economic status of the respondents.

Table: II- Economic Status of the Respondents

Place	Average annual Income of the respondent (in Rs)			Average family income (in Rs)
	Male	Female	Total	
Urban	313855.90	108620	272808.71	352058.50
Rural	101994.30	43060	84314	115614
Combine	199776.60	64913.33	165097.50	216947.40

Source: Field Survey

As Table-II shows urban respondents are earning more than rural respondents irrespective of sex with an average annual income of Rs. 272808.71 in an average, where male's average income is Rs.313855.90. In case of rural respondents, the average income of a respondent is Rs. 84314 where male's average income is Rs. 101994.30 per annum against Rs. 43060 only for female respondents. The male respondents are earning about three folds more than the female respondents as shown in the table, the male average income combining both rural and urban being Rs. 199776.60 as against Rs. 64913.33 for female respondents.

Table: III- Type of Jobs of the Respondents

Place	Type of Job of the Respondents					
	Permanent			Temporary		
	Male	Female	Total	Male	Female	Total
Urban	87	25	112	33	5	38
Rural	71	25	96	69	35	104
Combine	158	50	208	102	40	142

Source: Field Survey

Job permanency is considered as an important correlates of health in the literature. In this study, out of the total of 350 respondents, 208 respondents are permanent in their occupation or job (Table-III). The rural respondents with permanent occupation figures 96 out of that male respondent are 71 and female respondents are 25 in number. As against these figures, respondents with permanent job in urban areas are 112 where male respondents number 87 against 25 female respondents with permanent job. The respondents with temporary jobs are 142 in number where rural areas contribute 104 with males 69 and females 35 as against urban contribution of 38; males 33 and females only 5.

CONCUSSION:

Universal health care does not eliminate mortality. Differences in health-related behaviour factors are not sufficient to explain the mortality differences within an area. The findings suggest that it is not solely personal choice related to health behaviour but that other explanations must be invoked to account for the mortality. In spite of inclusive and balanced growth model adopted by different government of different times and repeated attempt to minimise the regional or rural urban differences, in respect of income generation rural India still struggling to compete with urban India and North Tripura is not different than other rural Indian districts in income per capita.

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