# HUMAN HEALTH INDEX; A COMPARISON BETWEEN PRE AND POST LIBERALIZATION PERIOD

# INTRODUCTION AND STATEMENT OF THE PROBLEM

The present study tries to analyze Human Health Index during1951 to 2011. This study is conducted as a comparison between pre and post liberalization period. The history of Indian economic growth can be classified in two major eras, namely, i.e, pre-liberalization era, i.e, before 1991 and post liberalization era, i.e, after 1991.

The pre-liberalization era broadly divided into three main categories namely, (a) pre-colonial period (up to 1757), (b) colonial period (1757-1947), (c) pre-liberalization period (1947-1991). The economic growth of the country started after independence. From 1947 onwards India adopted mixed economic system, where industrial development was mainly in the hands of the public sector. Boost to agriculture was given through a Green Food Revoluition (1960s). Banks were nationalized and social sector were give top priority. However, till 1991, Indian economy was a pretty closed economy and this brought country to the brink of disaster in 1991. Prime Minister Narasimha Rao along with his finance minister Dr.Manmohan Singh initiated the economic liberalization of 1991.by the turn of the century India had progressed towards a free market economy, with a substantial reduction in the state control of the economy and increased financial liberalization. This has been accompanied by increase in life expectancy, literacy rate and food security.

Throughout the study we are going to deal with human health index. Indicators also termed as index or variable is only an indicator of a given situation. Human health index or indicator is a variable, susceptible to direct measurement that reflects the state of health of persons in a community. Human health indicators are the vitatal statistical tools such as birth rate, mortality rate, fertility rate etc.

However to my knowledge no comprehensive study has not yet been conducted on the topic Human Health Index; A Comparison Between Pre And Post Liberalization Period, based on secondary data Ministry Of Health And Family Welfare, Govt. Of India, the study will fill the gap of knowledge in this area of research.

# **OBJECTIVES OF THE STUDY**

- 1. To compare the human health index of India, between pre and post liberalization period.
- 2. To forecast human health index for the next10 years (2018-2028).

# **CONCEPTUAL FRAMEWORK**

### HUMAN HEALTH INDEX

Human Health Index or indicators are quantifiable characteristics of population which researchers use as supporting evidence for describing the health of population. (www.whosis.int)

## LIBERALISATION PERIOD

The history of Indian economic growth can be classified into two major era, namely; pre-liberalization era, i.e., before 1991 and post-liberalization era, i.e. after 1991.

## VITAL STATISTICS

"Vital statistics are conventionally numerical records of marriage, birth, sickness, and death by which the health and growth of community may be studied."(Statistics; Pearl and Burger)

#### HEALTH

"Health is a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capabilities." (World Health Organization, 1986)

#### **BIRTH RATE**

The birth rate is the total number of live births per 1000 in a population in a year or period. (www.social.niti.gov.in)

#### **DEATH RATE**

Death rate is the ratio of deaths to the population of a particular area or during a particular period of time, usually calculated as the number of death per one thousand people per year. (www.social.niti.gov.in)

#### SPCIFIC DEATH RATE

Specific death rate is the ratio of number of death occurring in a specific class of a given area and time to the number of persons in the specific class of the population for the same area and time. (www.social.niti.gov.in)

#### **INFANT MORTALITY RATE**

Infant mortality rate is the number of deaths per thousand live births of children under one year of age. (www.social.niti.gov.in)

#### PERINATAL MORTALITY RATE

The perinatal mortality rate combines death of fetuses of specified gestational age with death of live born infants who die in their first week of life. (www.social.niti.gov.in)

### NEONATAL, EARLY NEONATAL, POST NEONATAL MORTALITY RATE

The neonatal mortality rate approximates the risk of dying in the first month of life.

The early neonatal mortality rate is the risk of dying during the first week of life.

Post neonatal mortality rate is the risk of dying during one month of age and their first birth day. (www.social.niti.gov.in)

## METERANAL MORTALITY RATE

Maternal mortality rate is the number of registered maternal deaths due to birth-orpregnancy-related complications per 100,000 registered live births. (www.social.niti.gov.in)

## LIFE EXPECTANCY

Life expectancy is a statistical measure of the average time an organism is expected to live, based on the year of its birth, its current age and other demographic factors including gender. (www.social.niti.gov.in)

# **RESEARCH QUESTION**

- 1. How varied India's HHI in post liberalization era from pre liberalization era?
- 2. What will be the value of HHI in the future ten years (2018-2028)?

# **REVIEW OF LITERATURE**

SL.NO	AUTHOR	ARTICLE	YEAR	STUDY FINDINGS
1	Willie V.	A Research Note	1959	Under the conditions of this
	Charles	On The Changing		study, little association was
		Association		demonstrated between infant
		Between Infant		mortality rates and the socio-
		Mortality And		economic status level of
		Socio-Economic		ecological areas in Syracuse,
		Status.		New York. Family income
				was significantly associated
				with both distributions of
				neonatal and post-neonatal
				mortality rates while the
				socio-economic status index
				consisting of occupation,
				education, and housing

2	Matessi Carlo and Menozzi Paolo	Environment, Population Size And Vital Statistics: An Analysis Of Demographic Data From18th Century Villages In The Province Of Reggio Emilia (Italy)	1979	variables was significantly associated with post-neonatal mortality rates only. These associations were negative. They investigated the relationship between these vital statistics and population size for evidence of population regulation by density- dependent mechanisms between 1960 and 1973. The statistical results indicate that: (1) birth rates do not depend on population size but increase significantly from mountains to hills and plains; (2) death rates increase significantly with population size, also increasing by environmental zone in the same order as birth rates; (3) consequently, growth rates depend significantly on both environment and population size.
3	Kunhikannan T P and Aravindan K P	Family Health Expenditure after Liberalization ;Kerala Experience	1996	Their study states that, in a milieu of fast rising cost of living, the expenses in health care seem to be rising at an even faster rate. This is caused by weakening of the public health institutions. This is compounded by the lack of political will on the part of the government to set things right. Simultaneously, there is a proliferation of private doling out expensive medical care.

4	Ghosh P Prabhat	Structure of	2005	He demonstrated
	Prabhal	Madhya Pradesh		Madyapradesh has relatively
		Economy Pre- and		better performance in the
		Post-		educational sector. It has a
		Liberalization		major impact on social
				indicator, health.
5	Siri J.	Vital statistics	2009	This book explains details
	Michael and			about various vital statistical
	Cork L.			measures.
	Daniel			
6	Kohn L.	What is Health? A	2012	This paper illustrates a health
	Jennifer	Multiple		index that uses multiple
		Correspondence		correspondence analyses to
		Health Index		reduce multiple discrete
				indicators to a continuous
				variable using minimal
				modeling assumption.
7	Chatterjee	Trade	2014	They examined the impact of
	Tonmoy and	Liberalization,		trade liberalization in the
	Gupta	Health Care and		form of regime change on
	Kausik.	International		levels of different sectors, in
		Fragmentation:		the presence of a private
		The Role of		health care. In this part
		Health Capital		shown that a change in
		Mobility		regime from international
				health capital immobility
				international health capital
				mobility, leads to an
				expansion of health services.

# SCOPE AND METHODOLOGY

The study utilized secondary data. To collect secondary data, Ministry Of Health And Family Welfare, Government of India, Human Development Reports, NSSO data etc. are utilized.

By using the methods of correlation, regression and time series analysis estimate HHI for the next 10 years.