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Impact of public expenditure on health and family welfare in Jammu and Kashmir (UT)

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Abstract

Human capital, as characterized by good education and good health is an important determinant of economic growth. Health is the most important social service sector having direct correlation with the welfare of the human being. This sector assumes focus for reaping the demographic dividend having healthy productive workforce and general welfare of a UT. The (UT) of Jammu and Kashmir has performed relatively well in providing health and medical facilities to the people, but the level is still beneath the satisfaction. Among the various social services, health sector occupies an important position in the development of human resources. Up to the fourth plan, the broad objectives of health programme were to control and eradicate communicable diseases and to provide curative and preventive health services especially in the rural areas through the primary health centers on the base linked with referral hospital and by augmented training programmes of medical and para-medical personnel.

Keywords: Public expenditure, health sector, family welfare

Introduction

Among the various social services, health sector occupies an important position for the development of human resources. Health is an essential input for the development of humans. The health status of the population reflects a crucial aspect of human development i.e. physical and mental capacity which combined with appropriate skill and competence, forms valuable human capital of a nation. Human being, the essence of all development strategies, health constitutes an integral and essential component of the overall social and economic development strategy. As development cannot be measured in economic terms alone, the ultimate goal of development is the improvement in quality of life and the best feasible satisfaction of human needs through basic health care, safe drinking water, sufficient food, sanitation etc. In order to determine the health status in a society, the relevant variables would be the expectation of life at birth, the mortality rates particularly the infant mortality rate (IMR) and the prevalence of various health facilities particularly the number of doctors and paramedical staff, the health institutions like hospitals, health centers and the public health facilities. In Jammu and Kashmir UT, "Health Care Services" is important not only for human resource development, but also for restoring the faith of the people in the institutions of governance.

The Department of health and medical education has the mandate to provide equitable, affordable and quality healthcare which will eventually reduce Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) along with stabilization of population. Health is an essential input for the development of humans. The health status of the population reflects a crucial aspect of human development i.e. physical and mental capacity which combined with appropriate skill and competence, forms valuable human capital of a nation. Human being, the essence of all development strategies, health constitutes an integral and essential component of the overall social and economic development strategy. As development cannot be measured in economic terms alone, the ultimate goal of development is the improvement in quality of life and the best feasible satisfaction of human needs through basic health care, safe drinking water, sufficient food, sanitation etc. In order to determine the health status in a society, the relevant variables would be the expectation of life at birth, the mortality rates

particularly the infant mortality rate (IMR) and the prevalence of various health facilities particularly the number of doctors and paramedical staff, the health institutions like hospitals, health centers and the public health facilities.

Methodology

The methodology used to study the impact of public expenditure on health in Jammu and Kashmir. This involves studying the behavior of health expenditure trends, growth and variation by dividing the study period into different sub-periods. To notice the development, pattern and ability of public expenditure on health sector in Jammu and Kashmir.

Results

Number of Public Institutions

The data showcases fluctuations in the number of public health institutions over the years. There seems to be a general trend of variation, with some years witnessing an increase, while others show a decrease. This could be attributed to factors such as changing healthcare policies, resource allocation, and regional healthcare needs.

Bed Strength in Government Institutions

The bed strength in government-run hospitals and institutions remains relatively consistent, with minor fluctuations. Maintaining a stable bed capacity is essential for ensuring adequate healthcare infrastructure to cater to the medical needs of the population. The steady bed strength indicates a focus on providing essential healthcare facilities.

Medical Personnel in Health Department

The count of medical personnel within the health department demonstrates growth over time. This expansion of medical personnel signifies an effort to enhance the healthcare workforce and improve the accessibility of healthcare services to the population. The growth in medical personnel is crucial for effective healthcare delivery and addressing the medical needs of the community.

Variation in Public Institutions

The variation in the number of public health institutions, with a peak around 2016-17, might be a response to changing healthcare demands, urbanization, and population growth. Governments often adapt their healthcare infrastructure to meet the evolving needs of the population, ensuring accessible medical care for all.

Impact of Events

The data suggests that certain years experienced notable changes in healthcare infrastructure. For example, the year 2019-20 for the Union Territory of Jammu and Kashmir reflects the state's specific health data, potentially influenced by political and administrative changes.

The data in the table offers insights into the evolution of health and family welfare infrastructure over a period of two decades. The table includes information on the number of public health institutions, bed strength in government-run hospitals and institutions, and the count of medical personnel in the health department. Let's explore the trends and implications of this data:

Table 1: Number of Institutions, Bed strength in Hospitals and Doctors available in Institutions run by UT Government of Jammu and Kashmir.

Year	Number of Institutions (Public)	Bed strength in Hospitals and other Institutions run by Government	Medical personnel in Health Department
2000-01	4275	10529	24723
2001-02	3692	11921	25231
2002-03	3735	12177	N. A
2003-04	3789	12566	27146
2004-05	3806	12580	27022
2005-06	3698	12855	27454
2006-07	3705	12855	26474
2007-08	3603	13744	27286
2008-09	3657	12785	24205
2009-10	3701	12932	24877
2010-11	3972	13965	24877
2011-12	3850	13578	29059
2012-13	3856	14545	29524
2013-14	3858	15756	31533
2014-15	4321	15801	30912
2015-16	4317	16185	32882
2016-17	4531	16868	34305
2017-18	4804	17650	30813
2018-19	4655	18106	30432
2019-20 (UT of J&K)	4326	18142	29856

Source: Directorate of Health services Kashmir/Jammu Director, Indian system of Medicines J&k. SKIMS Soura/ JVC Bemina, Dental College Jammu / Srinagar, ASCOMS Jammu (Directorate of Economics and Statistics Jammu and Kashmir)

Conclusion

In conclusion, the data offers a glimpse into the evolution of health and family welfare infrastructure over the years. The trends and fluctuations in the number of institutions, bed strength, and medical personnel underscore the dynamic

nature of healthcare planning, with governments adapting to changing healthcare needs and priorities. Accurate and consistent healthcare data remains essential for shaping effective policies and ensuring accessible and quality healthcare for all.

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