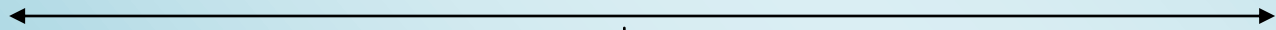


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DISPARITY OF HOUSING STATUS AND HEALTH CONDITION OF C. D. BLOCK KALIACHAK-II IN MALDA DISTRICT, WEST BENGAL

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ABSTRACT:

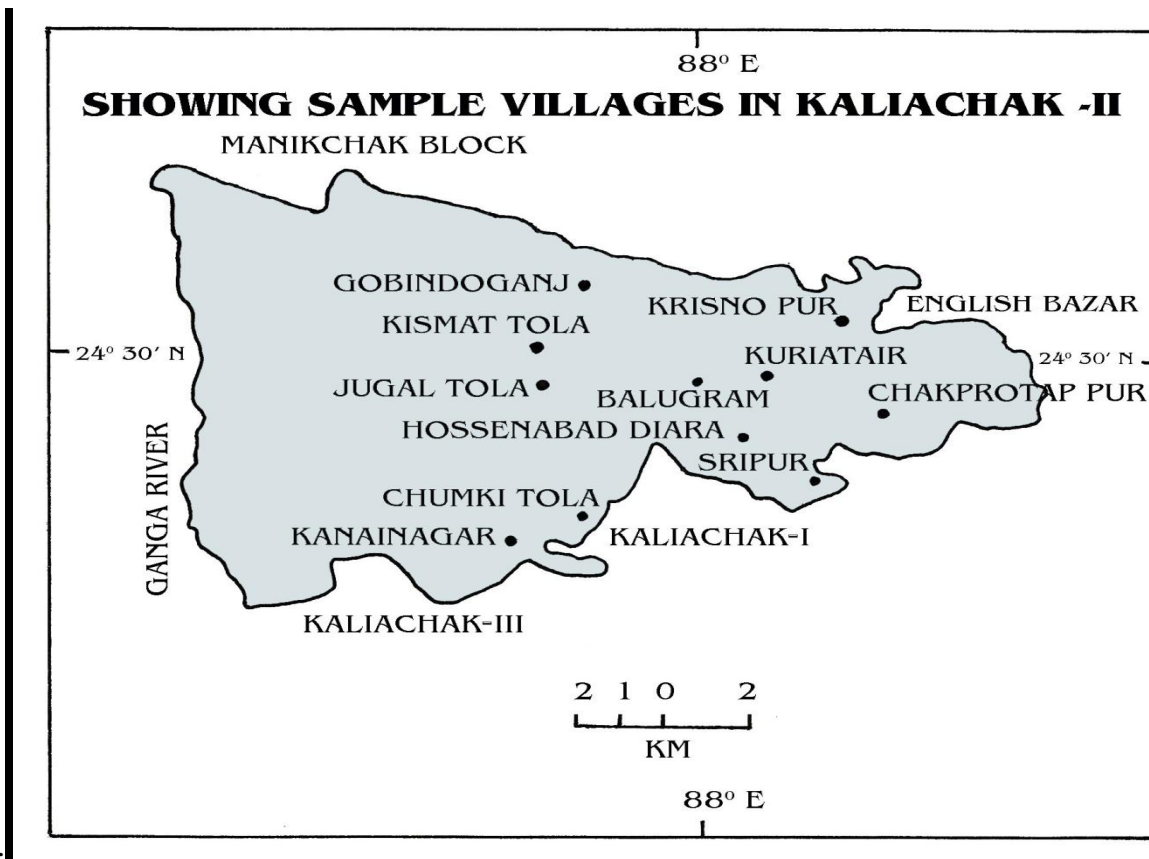
Shelter is the very important and basic need of human being after food and cloth. 'Health is Wealth' – it is universal truth. Status of Housing and Health condition are interrelated to each other of human being. So the paper finds out the status of Housing and Health condition of C.D. Block Kaliachak-II. The paper has attempted to find out the nature of houses, availability of safe drinking water sources, access of sanitation, facilities of electricity, availability of Doctors / quack, medical facilities and institutional child delivery. Following particular criterion on the basis of House hold survey eleven villages have been taken as sample of the study from the C.D. Block Kaliachak-II. The paper finds out 43.90% of pucca houses, 51.06% of houses available of sanitation. The paper also traces out that the medical facilities are very low and non-institutional child delivery rate is very high in the entire block.

Keywords: *Housing, Health condition, Medical facilities, Institutional child delivery.*

1. INTRODUCTION:

Shelter is one of the most important basic necessities of human being. 'The rural society in India in the form of village, as a social unit, is assumed, since long, a community which has a strong base in historical and even present fact' (Singh,p-308). The relationship between housing and health has been investigated in numbers of studies and several major reviews reveal that housing types and sanitation facilities are important indicators of health development. Permanent, solid, sizeable houses with sanitation facilities indicate better health development. Health understood as the indispensable basis for defining a person's sense of well- being. Good health contribute to the production of consumable services because the better the state of health, the more time available for income – generating or productive activities. Health is a basic component of happiness and well – being and also as a means of empowering people with capabilities and freedom and it induces knowledge & efficiency in work which needed to the overall development and growth of a country.

1.1. STUDY AREA: Kaliachak is located in the southern part of Malda district in West Bengal. Kaliachak consists of three blocks. These are known as Kaliachak-I, Kaliachak-II, Kaliachak-III. Kaliachak Block-II extends between latitudes $24^{\circ}57'49''$ N to 24.963° N and longitudes $88^{\circ}05'22''$ E to 88.0895° E. It is spreading over an area of 209.17 Km^2 with 210105 populations (Census 2011). According to the said census the literacy rate of Kaliachak – II is 66.71% and the worker population is 42.63%



1.2. OBJECTIVES: The objectives of the paper are –

- I To examine the Housing status of the study area.
- II To examine the health care facilities of the study area.
- III To assess the share of patients in health care centre.
- IV To find out the Institutional child delivery rate.
- V To find out the measure for solving the problems.

2.3. DATA AND METHODOLOGY: The present paper is based both on primary and secondary data. Primary data has been collected by survey of 11 villages across the C.D.Block Kaliachak-II. These villages have been selected on the following criterion- Minimum 20 % household per village was surveyed for the research. Keeping these considerations in mind it has planned to select villages some of which are nearer to the road while others are

farther from the road; similarly some villages are inhabited by single community while others are inhabited by multiple communities. Some are connected by a good road while others are only linked by Katcha road. Similarly some are developed, semi-developed and other is remote. Secondary data has been collected from community Block Development Office, District Health and Welfare Society, innumerable newspaper, article in journals, Census of India.

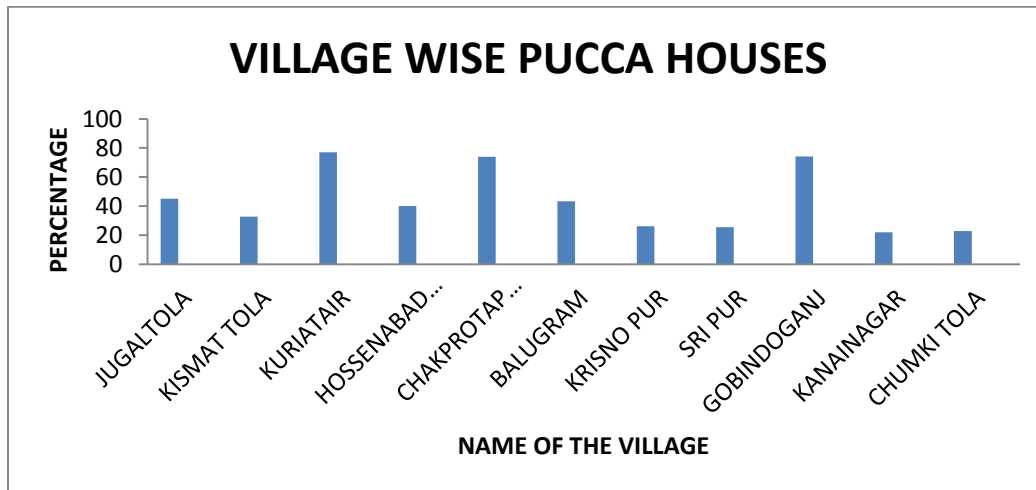
2. HOUSING STATUS:

2.1. PUCCA HOUSES: The relationship between poor housing and ill health is a complicated one which involves many different factors. Evidence suggests that living in poor housing can lead to an increased risk of cardiovascular and respiratory disease as well as to anxiety and depression. Problems such as damp, mould, excess cold and structure defects which increase the risk of an accident also present hazards to health.

Housing material quality varies from place to place, but generally speaking household income more or less regulates the housing structure and quality. In Kaliachak-II, more than 43.90 per cent of the total sample household are pucca. More number of pucca households is found Kuriatair nearly 76.92 per cent followed by Gobindoganj (74.24%), Chakprotap pur (74%), Jugal Tola (45%), Balugram (43.33%), Hossenabad Diara (40%), Kismat Tola (32.79%), Krisnopur (26.23%), Sripur(25.49%), Chumkitola (22.86%), Kanainagar (22.06%), because most of the people belong to very poor income groups.

NAME OF THE VILLAGE	% OF PUCCA HOUSES
1.Jugal Tola	45
2.Kismat Tola	32.79
3.Kuriatair	76.92
4.Hossenabad Diara	40
5.Chakprotap pur	74
6.Balugram	43.33
7.Krisnopur	26.23
8.Sripur	25.49
9.Gobindoganj	74.24
10.Kanainagar	22.06
11.Chumkitola	22.86
TOTAL	43.90

Source: Field Survey 2015

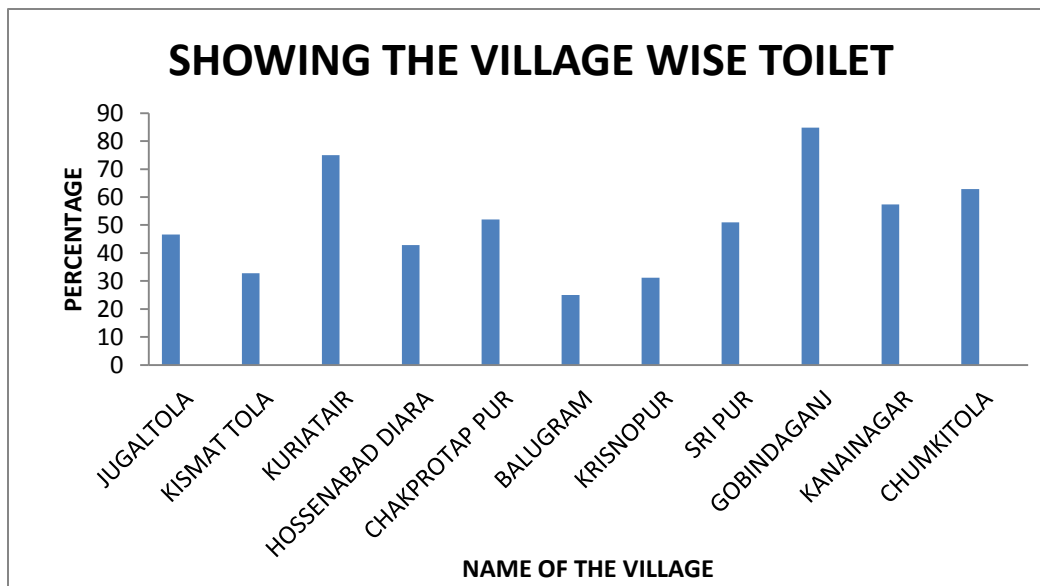


2.2. SANITATION: 68 per cent of the global population now uses an improved sanitation facility (UNICEF, P-25, 2015). 82 per cent of the global urban population and 51 per cent of the rural population uses improved sanitation facilities (UNICEF, P-04, 2015). 31% Indian population practising open defecation in 2015 (UNICEF, P-16).

Household survey found that among 11 villages the toilets are not equally distributed. The Survey shows that Gobindoganj village has the highest toilets (84.85%) and Balugram villages has the lowest percentage of households toilets amounting only 25 percentage ; other villages like Jugal Tola (46.67%), Kismat Tola (32.79%), Hossenabad Diara (42.86%), Chakprotapur (52%), Krisnapur (31.15%), Sripur (50.98%), Kanainagar (57.35%) and Chumkitola (62.85%) toilets.

NAME OF THE VILLAGE	PER CENTAGE OF TOILET
1.Jugal Tola	46.67
2.Kismat Tola	32.79
3.Kuriatair	75
4.Hossenabad Diara	42.86
5.Chakprotap Pur	52
6.Balugram	25
7.Krisnopur	31.15
8.Sripur	50.98
9.Gobindoganj	84.85
10.Kanainagar	57.35
11.Chumkitola	62.85
Total	51.06

Source: Field survey 2015



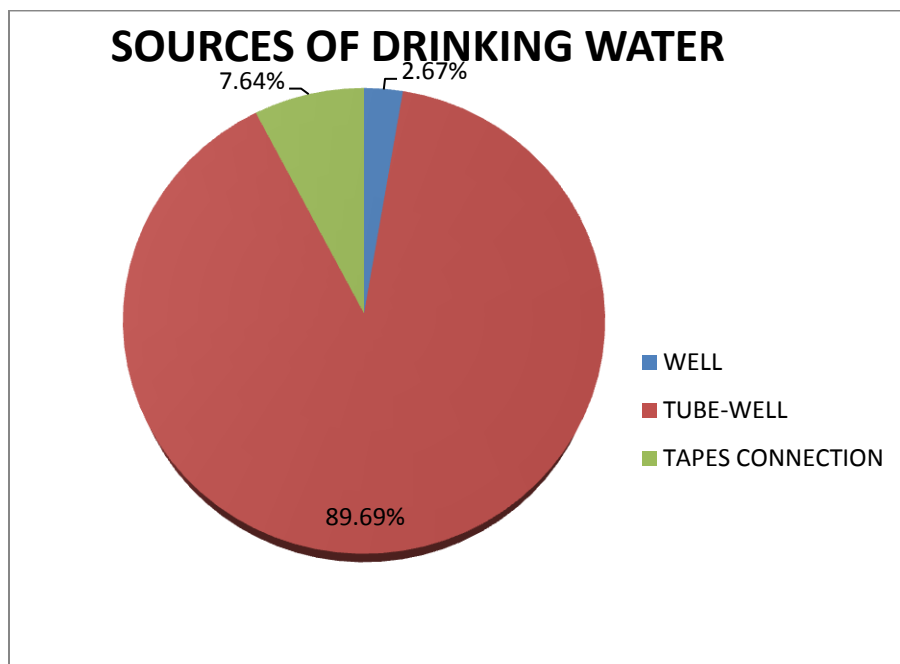
2.3. DRINKING WATER: 91 per cent of the global population now uses an improved drinking water sources (UNICEF, P-25, 2015). 96 % of the global urban population uses improved drinking water sources, compared with 84 % of the rural population (UNICEF, P-04, 2015).

There are three types of source of drinking water i.e. well, tube well and arsenic free running water in the surveyed area. Most of the people use tube well. Following data show the percentage of the use of tube well; Jugal Tola (85%), Kismat Tola (90.16%), Kuriatair (80.77%), Hossenabad Diara (97.14%), Chakprotap pur (94%), Balugram (95%), Krisnopur (73.47%), Sripur (96.08%), Gobindoganj (89.40%), Kanainagar (85.29%) and Chumkitola only use the tube well water. Very few people use as source of drinking water.

The villages where such use is found are Jugal Tola (3.33%), Kuriatair (9.11%), Hossenabad Diara (2.86%), Balugram (5%), Krisnopur (1.64%), Sripur (3.92%), Gobindoganj (3.03%). Arsenic free running water is less used as source of drinking water. The villages which do not have the connection of Arsenic free running water are Hossenabad Diara, Balugram, Sripur, and Chumkitola. People of Jugal Tola (18.67%), Kismat Tola (9.84%), Kuriatair (9.62%), Chakprotappur (6%), Krisnapu (24.59%), Gobindoganj (7.57%), Kanainagar (14.71%) use arsenic free drinking water.

NAME OF THE VILLAGE	% OF WELL USE	% OF TUBE-WELL USE	% OF TAPES USE
1. Jugal Tola	3.33	85	11.67
2. Kismat Tola	0	90.16	9.84
3. Kuriatair	9.61	80.77	9.62
4. Hossenabad Diara	2.86	97.14	0
5. Chakprotap pur	0	94	6
6. Balugram	5	95	0
7. Krisno pur	1.64	73.77	24.59
8. Sri pur	3.92	96.08	0
9. Gobindoganj	3.03	89.40	7.57
10. Kanainagar	0	85.29	7.57
11. Chumkitola	0	100	0

Source: Field survey 2015



In 2015, South East Asia 17% of rural houses and 51% of urban houses use of piped water on premises (UNICEF, P-10). In case of tapes connection Household survey reveals that the number of houses which has Arsenic free drinking water is very low. Moreover, there are some villages where there is no tapes connection in houses- Such villages are Hossenabad Diara, Balugram, and Chumkitola. The percentage of Arsenic free drinking

water connection household in the village Jugal Tola (8.33%), Kismat Pur (21.31%), Kuriatair (11.53%), Chakprotap pur (10%), Krisnopur (6.56%), Sripur (1.96%), Gobindoganj (6.06%) and Kanainagar (14.70%).

Name of the village	% of Tapes connection	Name of the village	% of Tapes connection
1.Jugal Tola	8.33	7.Krisnopur	6.56
2.Kismat pur	21.31	8.Sri pur	1.96
3.Kuriatair	11.53	9.Gobindoganj	6.06
4.Hossenabad Diara	0	10.Kanainagar	14.70
5.Chakprotap pur	10	11.Chumkitola	0
6.Balugram	0	Total	7.31

2.4. ACCESS OF ELECTRICITY: 300 Million Indians go without electricity (The Economics Times, 03.12.2015). Household survey found that among eleven villages the electricity connection household are very high. Very few household has no electricity connection. The survey shows that Hossenabad Diara village has the highest electricity household nearly 98.57 per cent and Chumkitola village has the lowest per cent of household electricity amounting 70 per cent; others villages like Jugal Tola (96.67%), Kismat Tola(83.60%), Kuriatair (76.92%), Chakprotap pur (98%), Balugram (78.33%), Krisno pur (86.89%), Sri pur (94.12%), Gobindoganj (93.93%), Kanainagar (91.18%) of electricity.

3. HEALTH CONDITION:

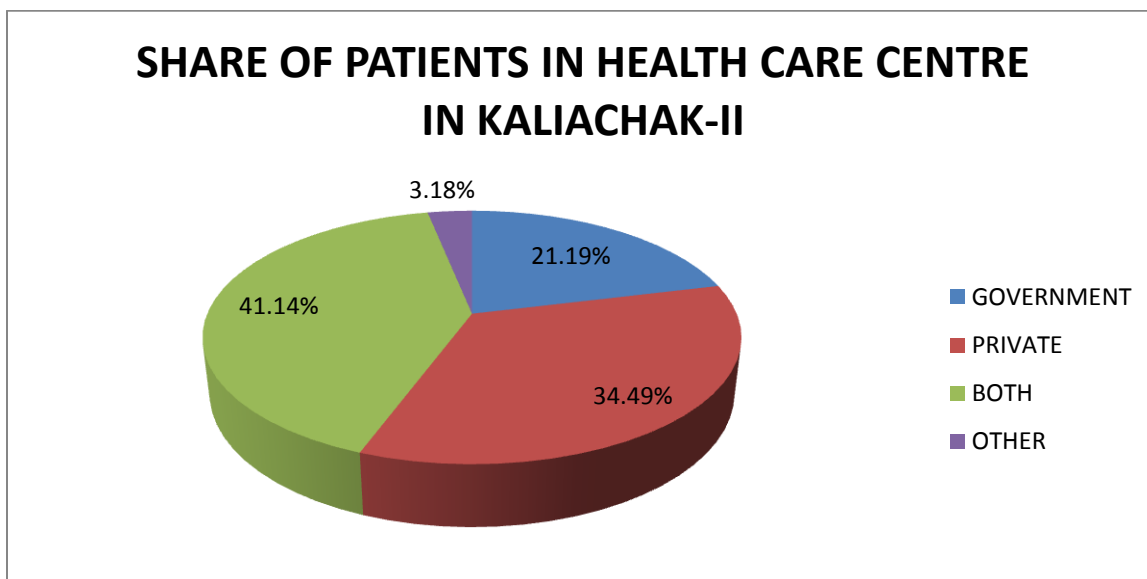
3.1. DOCTORS AVAILABILITY: There is only one doctors per 1700 citizens in India (WHO,2015).Every government hospital serves an estimated 61000 people in India with one bed for every 1833 people (THE HINDU, 22 Sept,2015).

There are very few numbers of the registered doctors in the entire block Kaliachak-II. There are six doctors in Bangitola Block Primary Health Centre and only one doctor in Mothabari Primary Health Centre. In most case, the people of this area have to go the Malda Medical College & Hospital or Silampur Block Primary Health Centre in Kaliachak-I or practitioner of Malda Town for their treatment. According to field survey over the 11(Eleven) villages in Kaliachak- II the number of non-registered doctors varies from village to village; Kanainagar (3), Gobindoganj (5), HossenabadDiara (5), Jugal Tola (4), KismatTola (2), Kuriatair (4), Chakprotap pur (4), Balugram (1), Krisnopur (1), Sripur (1), Chumkitola (1).

3.2. HEALTH CARE CENTRE: Health care is the right of every Individual but lack of quality infrastructure, dearth qualified medical functionaries, and non- access to basic medicines and medical facilities thwarts its reach to 60% of population in India. In rural India , where the number of primary health care centre is limited, 8 per cent of the centres do not have doctors or medical staff, 39 per cent do not have lab technicians and 18 per cent primary health centre do not even have a pharmacist(NRHM,2015).

Name of the village	Name of the health care centre & share of patients in percentage			
	Government	Private	Both	Others
1.Jugal Tola	11.67	16.67	61.66	10
2.Kismat Tola	49.18	34.42	16.39	0
3.Kuriatair	25	15.38	57.69	1.93
4.Hossenabad Diara	14.29	34.29	44.28	7.14
5.Chakprotap pur	12	40	48	0
6.Balugram	46	18	20	16
7.Krisnopur	4.91	72.13	22.95	0
8.Sripur	11.76	76.48	11.76	0
9.Gobindoganj	34.84	53.03	12.13	0
10.Kanainagar	19.12	13.24	67.67	0
11.Chumkitola	4.29	5.71	90	0
Total	21.19	34.49	41.14	3.18

Source: Field survey 2015



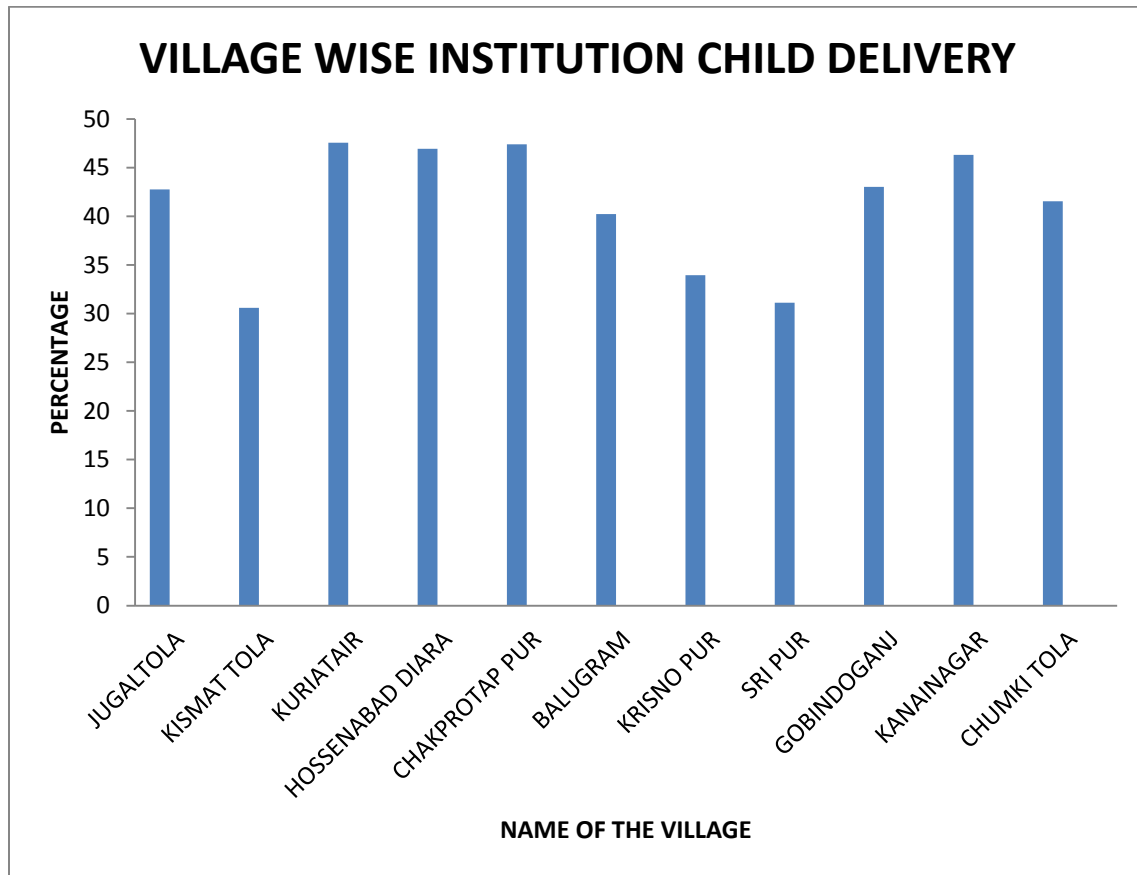
Survey reveals that the health condition of the entire block is very worse. Some people go to the private doctors for the purpose of their treatment; some others go to the government doctors; some depend upon both private and government doctors and very few household go to the local Hakims and others for the purpose of treatment. Nearly 21.19 per cent households solely depend upon private doctors and only 34.49 percent households go to Government hospital and Majority of the households go to private chamber and government hospital for their treatment that is nearly 41.14 per cent and very negligible percentage about 3.18% households depends upon local Hakim and others. Most of the families with high income go to private doctors while lower income group's family go to government and local Non-registered doctors.

3.3. INSTITUTIONAL DELIVERIES: The institutional deliveries in the country have increased from 38.7 per cent as per the National Family Health Survey (NFHS-III) in 2005-06 to 46.9 per cent as per District Level Household Survey (DLHS-III) in 2007 – 2008. As per the Coverage Evaluation Survey (CES, 2009) conducted by UNICEF, the institutional delivery is 72.9 per cent.

Institutional delivery rates in rural and urban areas 28.9 per cent and 67.5 per cent respectively as per NFHS-III in 2005-06 which rose to 37.8 percent and 70.4 per cent as per DLHS-III in 2007-08. Under CES 2009, the rural and urban institutional deliveries was 68 per cent 85.6 per cent respectively.

Name of the village	% Institutional child delivery	Name of the village	% Institutional child delivery
1.Jugal Tola	42.75	7.Krisnopur	33.96
2.Kismat Tola	30.58	8.Sri pur	33.12
3.Kuriatair	47.55	9.Gobindoganj	43.02
4.Hossenabad Diara	46.94	10.Kanainagar	46.31
5.Chakprotap pur	47.38	11.Chumkitola	41.54
6.Balugram	40.23	Total	41.21

Source: Field Survey 2015



Household survey shows that in the entire block the institutional child delivery rate is very low amounting 41.03 per cent only. Majority household says that the delivery of their child occurs at their home. It is very dangerous for the mothers as well as for their children. Amounting 11 villages the condition comparatively well in Kuriatair as far as the institutional delivery of children is concerned amounting nearly 47.55 per cent. The lowest percentage of institutional delivery of child is found in Kismat Tola village nearly 30.58 per cent and in other villages the percentage of the institutional delivery of children are as follows: Jugal Tola(42.75%), Hossenabad Diara(46.96),Chakprotap pur (47.38%), Balugram (40.23%), Krisnopur (33.96%), Sripur (31.12%), Gobindoganj (43.02%), Kanainagar (46.31%) and Chumkitola (41.54%).

4. SPATIAL PATTERN OF OVER ALL CONDITION:

Overall conditions depend upon types of houses, Toilet, drinking water, doctors available, and institutional child delivery. The spatial distribution of overall conditions of sample village in Kaliachak-II is divided into three types; low (below -0.500 Z-Score), medium (0.800 to 3.000 Z-score) and high (above 3.000 Z-Score).

Name of the village	P.H.	T.A.	T.C.	D.A.	I.C.D	Composite Z-Score
	Z-score	Z-score	Z-score	Z-score	Z-score	
1.Jugal Tola	0.053	-0.250	0.156	0.595	0.280	0.834
2.Kismat Tola	-0.541	-1.040	2.147	-0.405	-1.701	-1.540
3.Kuriatair	1.609	1.364	.0647	0.595	1.061	4.693
4.Hossenabad Diara	-0.190	-0.467	-1.121	1.095	0.967	0.284
5.Chakprotap pur	1.467	0.054	0.412	0.595	1.034	3.562
6.Balugram	-0.027	-1.484	-1.121	-0.905	-0.130	-3.667
7.Krisnopur	-0.861	-1.134	-0.115	-0.905	-1.151	-4.166
8.Sripur	-0.897	-0.004	-0.820	-0.905	-1.614	-4.240
9.Gobindoganj	1.479	1.925	-0.191	1.095	0.324	4.632
10.Kanainagar	-1.064	0.358	1.133	0.095	0.859	1.381
11.Chumkitola	-1.025	0.672	-1.484	-0.905	0.083	-2.659

Source: Calculated from primary data-2015

P.H. =Pucca houses rate, T.A. =Toilet availability rate, T.C. =Tapes connection rate for arsenic free water, D.A=Quack doctors availability, I.C.D. =Institutional Child Delivery rate.

Most of the village have low basic facilities this include Kismat Tola (-1.540), Balugram (-3.667), Krisnopur (-4.166), Sripur (-4.240), Chumkitola (-2.659).The medium category village are the Jugal Tola (0.834), Hossenabad Diara (0.284), Kanainagar (1.381). Only three villages comparatively high, these are Kuriatair (4.693), Chakprotap pur (3.562), Gobindoganj (4.632).

5. CONCLUSION AND SUGGESTION:

Kaliachak-II is very backward in terms of Housing status and health condition. More than 56.10% houses are Katcha among the sample villages in the block. Still 48.94% households have no proper toilet. Very low numbers of people use Arsenic free drinking water nearly 7.31 per cent. Large number of people depended upon non-register local doctors. The non-institutional child delivery rate is very high amounting 58.79 per cent. The following measures can be taken to improve the service:

- To increase the scope of Indira Awaas Yojona.
- Proper utilization of government funds and grants for housing.
- Create awareness about safe drinking water and deep tube well for ensuring iron and arsenic free water.

- Arrange participatory latrine for the hardcore poor.
- Establishment of minimum a Health Centre for a villages' population.
- Provide surgeons, nursing, medicines and maternity specialist in the primary health centre.
- Proper fulfil the objectives of Janani Suraksha Yojana (JSY), Mother and Child Health Wings, Free Drugs and Free Diagnostic Services etc.
- To encourage pregnant women for institutional child delivery.
- To expand the piped line connection for Arsenic free drinking water in every villages.
- To establish the sub health centre and primary health centre with requirement facilities.
- Increase the child delivery facilities in the sub health centre and primary health centre.
- To build special hospital for Bidi worker.
- To provide safe drinking water in the total area.
- More special attention should be given and development planning has been taken through five years planning for rural people.
- To organize workshop, discussion, seminar to improve more information among the poor people.

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