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Comparative socio-economic analysis of problems of livelihood security with respect to health security between rural and urban areas in Imphal district of Manipur state of India

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Abstract
During 1922, Chambers and Conway defined livelihood as the capabilities, assets and activities required for a means of living. It is defined as a set of economic activities either in the nature of self-employment and/or wage-employment and thereby generates adequate resources to meet the basic requirements of life for oneself as well as the members of the household.

This research paper intends to analyze the nature and extent of household health security in rural and urban areas of Imphal West District of Manipur State in India. Hence it is concluded that the income is found to be up to 3 lacs for almost all of the sample households. The rural sample households mostly visit Government hospitals for treatment because of their poor economic situation, hence maximum delivery of babies is mostly done in Government hospitals and almost all the households perceive their health security to be moderately secured and it was found that most of the sample households, accident or severe illness had not occurred during the past 5 years.

Keywords: Livelihood, household, security, health

Introduction

Livelihood is defined as a set of activities, involving securing water, food, fodder, medicine, shelter, clothing and the capacity to acquire the above necessities working either individually or as a group by using endowments (both human and material) for meeting the requirements of the self and his/her household on a sustainable basis with dignity. In 1992 Robert Chambers and Gordon Conway proposed the following composite definition of a sustainable rural livelihood, which is applied most commonly at the household level: "A livelihood comprises the capabilities, assets and activities required for a means of living: a livelihood is sustainable which can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, and provide sustainable livelihood opportunities for the next generation; and which contributes net benefits to other livelihoods at the local and global levels and in the short and long term". At micro level on socio-economic analysis of household livelihood security problems in Manipur state, minimum study has been carried out. Therefore, monitoring their livelihood security may help us to identify and understand their well-being of the population. Livelihood insecurity and the major factors that are affecting their livelihood and security of people are very little known, mainly regarding the extent and their problems. Hence, the present study has been carried out to look into the various aspects of household livelihood security among themselves. The main concern of the present study is to analyze them by using household survey data and its nature and extent of people's livelihood security in Manipur.

The objective of this study are as follows
To evaluate the existing status of household livelihood with respect to health securities of rural and urban areas of Imphal West District of Manipur State.

Research Methodology
Unit of Observation
Household is the unit of observation. For the primary data, a pre-ordained questionnaire was used to collect data from the sample households.

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Selection of Area of Study
Imphal district has been selected purposively and examined very properly so as to capture the overall picture of nature of household livelihoods. From one selected district two villages have been selected and examined thoroughly. Now, from the selected district, the urban households have been divided in two categories, namely urban-core and urban-periphery and for the study, we have selected the urban sample households from these two urban groups.

Sampling Design
For the selection of households, multi-stage sampling technique is followed. Firstly, the district were selected and in the second stage, one sub-division from the district has been selected purposively and in the third stage, separate village list of respective selected sub-divisions has been prepared. From the selected sub-division, two villages have been selected purposively, first village is located within 5 km distance and second village is within 10 km from sub-division head quarter. For the urban areas two municipal wards have been selected purposively for the present study, out of which one ward is from urban-core and another is from urban-periphery from the selected sub-division. In the final stage, all the inhabitants of each village and ward have been enlisted separately. Thus, there are four lists of inhabitants as shown below–

Imphal West District, Sub-division: Lamphelpat

Rural Areas		Urban Areas	
Village-I	Meetei Langol (Within 5 km away from Sub-division/District HQ)	Ward-I (Core)	Lamphel Ward no. 5
Village-II	Lamphel (Beyond 10 km away from Sub-division/District HQ)	Ward-II (Periphery)	Iroisemba Ward no. 27

In the fifth stage, twenty-five sample respondents have been finally selected from the four lists separately on the basis of Simple Random Sampling without Replacement (SRSWOR) Method. In this way, a size of total one hundred sample respondents have been taken into consideration.

Number of samples
Altogether 100 samples have been collected for the analysis, 50 samples from the urban area (of which 25 samples are from urban-core and 25 from urban-periphery) and the other 50 from the rural areas (25 samples from each village).

Collection of data
Data have been collected following the survey method. At first, a primary schedule was prepared on the basis of existing literature concerned and a pilot survey was made randomly by personally interrogating some members of the sample size in order to examine the module of the schedule. Final data collection was made by personally interviewing and interrogating the head of the households by visiting door to door strictly with the help of pre-tested survey schedule in the study area. Informal interviews were carried out with the persons from the villages and the wards on the way to gain their view and knowledge on different aspects of livelihood security.

Statistical analysis
Appropriate statistical techniques and analytical tools have been used for data collection, data analysis and presentation to ensure statistically valid interpretation of outcome results.

Results and Discussion
It is noted that the socio-economic factors such as age, sex, literacy level as well as food consumption, energy and nutrient intake has affected the livelihood status in the sample area. Under the circumstances detailed study of the characteristics of the sample respondents is a very important task. Considering the above various features have been taken into consideration and shown in this paper.

Frequency Distribution of Sample Households According to Income Size of the Sample Households in Imphal West District
This portion presents the distributions of sample respondents according to the income level in the study area.
Table1 reveals income group-wise frequency distribution of the sample respondents in Imphal West District. A large majority of urban sample households belongs to middle income group (68 per cent), while only 18 per cent of rural sample households goes to middle income group. The average family income for rural and urban sample respondents is Rs.5, 93,706.50 and Rs.10, 23,495.19 respectively.

Table 1: Income Group-wise Frequency Distribution of the Sample Households According to Income Size in Imphal West District.

Income Groups	Income size	Rural			Urban		
		Frequency	%	Average income (Rs.)	Frequency	%	Average income (Rs.)
Group- 1	Upto 3 lacs	41	82	2,48,950.95	0	0	0
Group-2	3 - 5 lacs	9	18	3,44,755.55	34	68	4,46,496.94
Group-3	>5 lacs	0	0	0	16	32	5,76,998.25
Total		50	100	5,93,706.50	50	100	10,23,495.19

Health security
Health security aims to give the guarantee at the minimum rate of protection from the diseases and unhealthy lifestyles, a condition in which all the members of the households have normal health parameters such as BP, BMI, days under sickness of any kinds etc.
The Table 2 exhibits income group-wise frequency distribution of sample households regarding alternative sources of treatment in rural area of Imphal West District. In the study, it has been observed that people prefer going to government hospitals rather than going to pharmacist, homeopathic doctors and quacks. Majority of households of Group-I (73.17 per cent) and Group- II (33.33 per cent) always prefer government hospitals due to their poor financial condition. This number gradually decreases with an increase in income. In Group-I and Group-II, the percentage of households going to allopathic doctors are 14.63 per cent, and 22 per cent respectively, indicating that with an increase in income size, preference for allopathic or private doctors also increases.

Table 2: Size Class-wise and Income Group-wise Frequency Distribution of Sample Households Regarding Alternative Sources of Treatment in the Imphal West District-Rural (2013-2014)

Income Size Group	Source of treatment						
	Govt. Hospital	Pharmacist/ RMP	Allopathic Doctors	Homeopathic Doctors	Quacks	Others	Total
Group-l (n=41)	30 (73.17)	2 (4.87)	6 (14.63)	0 (0.00)	0 (0.00)	3 (7.32)	41 (100.00)
Group-ll (n=9)	3 (33.33)	0 (0.00)	2 (22.22)	0 (0.00)	0 (0.00)	4 (44.44)	9 (100.00)
Group-lll (n=0)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
Pooled Average	33 (66.00)	2 (4.00)	8 (16.00)	0 (0.00)	0 (0.00)	7 (14.00)	50 (100.00)

Figures in parentheses indicate the percentages to the total
n = number of the sample households

The Table 3 exhibits the size class-wise and income group-wise frequency distribution of the sample households regarding alternative sources of treatment in urban area of Imphal West District. In the study, it has been observed that people go only to government hospitals and allopathic doctors for treatment. Majority of the households of Group-II (41.17 per cent) always prefer government hospitals due to their poor financial condition. The highest percentage of households going to allopathic doctors for treatment can be found in Group III (62.50 per cent).

Table 3: Size Class-wise and Income Group-wise Frequency Distribution of Sample Households Regarding Alternative Sources of Treatment in the Imphal West District- Urban (2013-2014)

Income Size Group	Source of treatment						
	Govt. Hospital	Pharmacist/ RMP	Allopathic Doctors	Homeopathic Doctors	Quacks	Others	Total
Group-l (n=0)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
Group-ll (n=34)	14 (41.17)	0 (0.00)	14 (41.17)	0 (0.00)	1 (2.94)	5 (14.70)	34 (100.00)
Group-lll (n=16)	5 (31.25)	0 (0.00)	10 (62.50)	0 (0.00)	0 (0.00)	1 (6.25)	16 (100.00)
Pooled Average	19 (38.00)	0 (0.00)	24 (48.00)	0 (0.00)	1 (2.00)	6 (12.00)	50 (100.00)

Figures in parentheses indicate the percentages to the total
n = number of the sample households

The Table 4 presents the size class-wise and income group-wise frequency distribution of the sample households regarding alternative birth place of babies in rural area of Imphal West District. From the table, it is noted that in case of 16 per cent households, on an average, birth of babies had occurred in the last three years. It is also observed that all households, irrespective of income size groups, have availed the government hospital for the delivery of new babies. There is no correspondence between income size group and birth rate per household in the last three years.

Table 4: Income size Group-wise Frequency Distribution of Sample Households Regarding Alternative Birth Place of Babies in Imphal West District- Rural (2013-14)

Income Size Group	If any new baby is born in last three years, then where is birth done							
	No birth	Birth	Total	Birth place				
				Govt. Hospital	Nursing home	Health Centre	Others	Total
Group-l (n=41)	33 (80.48)	8 (29.52)	41 (100.00)	7 (87.50)	0 (0.00)	1 (12.50)	0 (0.00)	8 (100.00)
Group-ll (n=9)	9 (100.00)	0 (0.00)	9 (100.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
Group-lll (n=0)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
Pooled Average	42 (84.00)	8 (16.00)	50 (100.00)	7 (87.50)	0 (0.00)	1 (12.50)	0 (0.00)	8 (100.00)

Figures in parentheses indicate the percentages to the total
n = number of the sample households

The Table5 presents the size class-wise and income group-wise frequency distribution of the sample households regarding alternative birth place of babies in urban area of Imphal West District. From the table, it is noted that in case of 20 per cent households, on an average, birth of babies had occurred in the last three years. It is also observed that the majority of the households, irrespective of income size groups, have availed the government hospital for the delivery of new babies and only 20 per cent on average preferred other places for delivery of their babies.

Table 5: Size Class-wise and Income Group-wise Frequency Distribution of Sample Households Regarding Alternative Birth Place of Babies in Imphal West District- Urban (2013-2014)

				If any new baby is born in last three years, then where is birth done				
Income Size Group	**No birth**	**Birth**	**Total**	**Birth place**				
				Govt. Hospital	**Nursing home**	**Health Centre**	**Others**	**Total**
Group-l (n=0)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
Group-ll (n=34)	25 (73.53)	9 (26.47)	34 (100.00)	8 (80.00)	0 (0.00)	0 (0.00)	1 (20.00)	9 (100.00)
Group-lll (n=16)	15 (93.75)	1 (6.25)	16 (100.00)	1 (100.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (100.00)
Pooled Average	40 (80.00)	10 (20.00)	50 (100.00)	9 (81.81)	0 (0.00)	0 (0.00)	2 (18.18)	11 (100.00)

Figures in parentheses indicate the percentages to the total
n = number of the sample households

The Table 6 shows the size class-wise and income group-wise frequency distribution of the sample households regarding perception of household's health security among the respondents in rural area of Imphal West District. From the table, it is noted that on an average, majority of the households perceive their health to be moderately secure (64.00 per cent) and only 30.00 per cent of the households think that their health is fully secured.

Table 6: Size Class-wise and Income Group-wise Frequency Distribution of Sample Households Regarding Perception of Household's Health Security Imphal West District-Rural (2013-2014)

	Perception of Household regarding Household's Health Security				
Income Size Group	**Fully secured**	**Moderately secured**	**Poorly secured**	**Fully unsecured**	**Total**
Group-l (n=41)	11 (26.83)	27 (65.95)	3 (7.32)	0 (0.00)	41 (100.00)
Group-ll (n=9)	4 (44.44)	5 (55.55)	0 (0.00)	0 (0.00)	9 (100.00)
Group-lll (n=0)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
Pooled Average	15 (30.00)	32 (64.00)	3 (6.00)	0 (0.00)	50 (100.00)

Figures in parentheses indicate the percentages to the total
n = number of the sample households

The Table 7 shows the size class-wise and income group-wise frequency distribution of the sample households regarding perception of household's health security among the respondents in urban area of Imphal West District. From the table, it is noted that on an average, majority of the households perceive their health to be moderately secure (74 per cent) and only 24 per cent of the households think that their health is fully secured. 2 per cent of the households on an average perceive their household's health to be fully unsecured

Table 7: Income Size Group-wise Frequency Distribution of Sample Households Regarding Perception of Household's Health Security Imphal West District-Urban (2013-2014)

	Perception of Household regarding Household's Health Security				
Income Size Group	**Fully secured**	**Moderately secured**	**Poorly secured**	**Fully unsecured**	**Total**
Group-l (n=0)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
Group-ll (n=34)	11 (32.35)	23 (67.65)	0 (0.00)	0 (0.00)	34 (100.00)
Group-lll (n=16)	1 (6.25)	14 (87.50)	0 (0.00)	1 (6.25)	16 (100.00)
Pooled Average	12 (24.00)	37 (74.00)	0 (0.00)	1 (2.00)	50 (100.00)

Figures in parentheses indicate the percentages to the total
n = number of the sample households

The Table 8 shows the size class-wise and income group-wise frequency distribution of sample households on the basis of occurrence of severe illness or accident in rural area of Imphal West District. From the table, it is noted that as the income size increases, the percentage of households with no severe illness or accident gradually increases or in other words, as the income size increases, the percentage of households with severe illness or accident decreases. On an average, majority of the percentage of households (86 per cent) do not have any severe illness or accident during the last 5 years.

Table 8: Size Class-wise and Income Group-wise Frequency Distribution of Sample Households on the Basis of Severe Illness or Accident Occurred Imphal West District- Rural (2013-2014)

Income Size Group	Whether there is any severe illness or accident occurred in the sample households during the last 5 years		
	Yes	No	Total
Group-l (n=41)	6 (14.63)	35 (85.36)	41 (100.00)
Group-ll (n=9)	1 (11.11)	8 (88.88)	9 (100.00)
Group-lll (n=0)	0 (0.00)	0 (0.00)	0 (0.00)
Pooled Average	7 (14.00)	43 (86.00)	50 (100.00)

Figures in parentheses indicate the percentages to the total
n = number of the sample households

The Table 9 shows the size class-wise and income group-wise frequency distribution of sample households on the basis of occurrence of severe illness or accident in urban area of Imphal West District. From the table, it is noted that on an average, majority of the percentage of households (90 per cent) do not have any severe illness or accident during the last 5 years.

Table 9: Size Class-wise and Income Group-wise Frequency Distribution of Sample Households on the Basis of Severe Illness or Accident Occurred Imphal West District- Urban (2013-2014)

Income Size Group	Whether there is any severe illness or accident occurred in the sample households during the last 5 years		
	Yes	No	Total
Group-l (n=0)	0 (0.00)	0 (0.00)	0 (0.00)
Group-ll (n=34)	3 (8.82)	31 (91.17)	34 (100.00)
Group-lll (n=16)	2 (12.50)	14 (87.50)	16 (100.00)
Pooled Average	5 (10.00)	45 (90.00)	50 (100.00)

Figures in parentheses indicate the percentages to the total
n = number of the sample households

Summary and Conclusion
It has been found that the income is found to be upto 3 lacs for most of the rural sample households and 3-5 lacs for the urban sample households. In both rural and urban sample households, people mostly prefer government hospitals for treatment because of the ease of access in terms of location and due to their poor economic condition. Delivery of babies is mostly done in government hospitals for both rural and urban sample households. Majority of the households perceive their households' health security to be moderately secured. Almost all the sample households, severe illness or accident had not occurred during the past 5 years.

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