

## Challenges of age specific death rate for Enhancing human resource in Tamil Nadu

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### **Abstract**

Investment in human will motivate the economic developments. For that governments must spend more and more efficiently on primary education, basic health care, nutrition and family planning. That requires shifts in spending priorities greater efficiency and better targeting of expenditure, and in some cases greater resource mobilization. Child health reflects and determines the human condition. The growth of societies depends on the quality of its people, and the quality of population depends on health and education. Child health affects growth, learning and work; more children die because their mothers are exhausted from excessive child birth, work and infection. Improvements made in child health over the last 25 years has exhibited impressive achievement. The nation of a child survival resolution has taken root and is spreading. The developing world has cut infant death from 20 percent of live births in 1960 to 12 percent in 1993. The world health organization (WHO) however projects that the third world will not reach WHO's infant mortality goal of 5 percent by the end of the century. Industrial countries by contrast have achieved rates between 0.7 percent and 0.2 percent. But India had experienced a decline in infant mortality rate. The fall in the infant mortality rate from 110 per 1000 in 1981 to 97 in 1985, 91 in 1989, 80 in 1990 and 79 in 1992 is indeed noteworthy.

**Key word :** WHO, infant mortality, nutrition, health status.

### **Introduction**

Presently, despite the constant of resources, there is disproportionate emphasis on the establishment of curative centres dispensaries, hospitals, and institutions for specialist treatment the large majority of which are located in the urban areas of the country. The vast majority of those seeking medical relief have to travel long distance to the curative centre, seeking relief for ailments which could have been readily and effectively handled at the community level. Also, for want of a well-established referral system, those seeking curative care have the tendency to visit various specialist centres thus further contributing to congestions duplication of efforts and consequential waste of resources. To put an end to the existing all-round unsatisfactory situation, it is urgently necessary to restructure the health services, but at what age group of human at risk should be known to make a perfect restructure, particularly in rural. Because the rural populations who are the prime victim of the policies who work in the most hazardous atmosphere and live in abysmal living conditions, unsafe and unhygienic birth practices unclean water poor nutrition, subhuman

habitats, and degraded and unsanitary environments are challenges to the public health system. The majority of the rural population are small land holders; artisans and labourers, with limited resources that they spend chiefly on food and necessities such as clothing and shelter. They have no money to spend on health. The rural peasant worker, who survives hard under adverse weather conditions to produce food for others, is often the first victim of epidemics. Hence, it is very essential to study the age specific death rate in rural and urban in order to give picture of existing situation about the Tamil Nadu to the policy makers for restructuring the health services and health programme.

The earlier studies in this aspect are very limited in global and none in case of Tamilnadu. Rober.N.Anderson (2009) ,Wendy.M. Brunner SusanK.Ross and Jean E.S.Johnson (2007) ,and S.P. Jain (1982) tried in various region of the world and emphasized. The general objective of the study is to know the present status of age specific death rate in Tamil Nadu. In specific, the following are the objectives, (1) To study the trend of age-specific death rate in Tamil Nadu, (2) To measure the level of disparities in age specific death rate by sex and region (Rural and urban) in Tamil Nadu. The hypothesis of the study is: There is a direct relationship between the age specific death rate and literacy rate in Tamil Nadu. The limitation of this study is narrow down to Tamil Nadu and to reveal the impact of age specific death rate alone.

#### **Findings, Suggestions and Conclusion**

The Table 1 depicts about the age specific death rate of total rural population in Tamil Nadu during 1999-2008. From the table it understood that all the age group of death rate over the period is decreasing, which is good sign to rural population in Tamil Nadu. Among the rural population, the higher risk group of age is 0-1, the infant stage and above 60 where the second childhood start. Children are the future human resource, while the aged population expertise and their life time experience are the knowledge for the potential workers. The Table 2 reveals that the total urban population are specific death has been decreased over the period during 1999 to 2008. 37.6 in case of infant mortality (0-1 age group) in 1999 reduced gradually to 27.6. The same way all age group of death rate has been decreased. The Table 3 expressed about the age specific death rate of rural male population which shown a decreasing death rate over the period. Male infant mortality was 61.6 during 1999, reduced considerably to 31.6 that are 50 percent in a decade, which was followed in all age group of male population in rural Tamil Nadu. The Table 4 depicted about the age specific death rate of urban male population which shown a decreasing death rate over the period. The age group of 0-1 shown 30.8 during 1999 reduced to 26.0 in 2008, likewise all age group of urban male population has been decreased gradual level.

The Table 5 said about the age specific death rate of rural female population during 1999-2008. In this period 59.8 was the death rate of 0-1 age group during 1999

which was reduced to 32.1 in 2008, shown a improved health status. The Table 6 explained that urban female age specific death rate during 1999-2008. The 0-1 age group of female population death rate is 45.1 during 1999 reduced to 29.3 during 2008. The female death in the age group of 1-4 was 0 during 2008 which was a good signatory for eradication of female infanticides, otherwise accepting female child in equal way to male child in Tamil Nadu during 2008.

**Table 1 Estimated age specific death rate at rural total in Tamil Nadu during 1999-2008**

Age Group	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Below 1	60.7	53.9	50.4	51.3	50.1	49.01	49.1	88.1	41	31.8
1-4	2.9	1.6	2.2	1.9	2.3	2.11	2.1	2.1	1.7	1.5
0-4	14.8	13.2	13.5	12	11.8	11.07	11.01	9.7	9.2	7.9
5-9	1.8	0.9	0.6	1.2	1	0.7	0.5	0.6	1.1	0.5
10-14	1	1	1.1	0.8	0.6	1.22	1.3	0.9	0.9	0.7
15-19	2	2.5	1.9	1.5	1.7	1.56	1.4	1.6	1.5	1.6
20-24	3.5	2.4	2.7	2.4	2.4	1.8	1.5	2.3	2.1	2
25-29	3	3.3	2.9	2.6	2.3	2.43	2.1	2.8	2.3	2.5
30-34	2.9	3.3	3.1	3.4	2.5	3.25	3.1	3	3.2	3
35-39	3.1	4	2.9	4.4	3	3.21	3.01	3.4	3.4	3.5
40-44	5	5.3	4.5	5	5	6.03	6.5	3.9	4.3	4.4
45-49	7.3	7.2	6.1	6.4	7	6.09	6.1	6	6.4	5.6
50-54	11.7	9.6	8.6	8.3	10.2	10.03	10.1	7.9	8.3	9.1
55-59	18.2	17.3	16	16	16.5	14.52	13.4	12.2	13.3	11.4
60-64	25.1	23.5	25.4	23.3	25.9	20.97	20.1	23.8	23.9	23.7
65-69	41.8	36.5	38.7	41	32.3	33.34	33.1	34.9	30.7	35.5
70-74	64.4	55.2	61.3	58.9	64.3	53.39	52.1	55.7	65	53.9
74-79	90.4	92.6	94.9	90.3	96	65.28	64.1	81.2	77.3	82.2
80-84	127.5	122.6	109.4	123.7	153.5	99.32	99.1	136.3	107.9	120.6
85(+)	1666.6	168.6	166.4	232.7	222.4	155.24	155.1	203.1	192.3	197.1

Source : www.indiastate.com

**Table 2 Estimated age specific death rate at urban total in Tamil Nadu during 1999-2008**

Age Group	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Below 1	37.6	36.9	35.2	29.8	33.6	39.49	39.4	33.3	35.2	27.6
1-4	1.7	1.9	0.5	1	0.6	1.67	1.5	1.6	0.8	0.7
0-4	9.5	9.5	7.8	7.4	7.1	8.67	8.7	8.4	7.3	6.4
5-9	0.3	0.4	0.2	0.2	0.5	0.59	0.4	0.4	0.4	0.3
10-14	0.1	0.5	0.3	0.4	1	0.67	0.5	0.7	0.4	0.3
15-19	1.4	0.9	1.4	0.6	0.9	1.45	1.3	1	1	1.1
20-24	1.3	2.4	1.4	1.4	0.9	1.83	1.8	1.3	0.8	1.7
25-29	1.4	1.2	1.2	1.5	1.9	2.07	2.1	1.5	1.3	2
30-34	1.7	2.4	1.6	1.4	1.2	3.42	3.3	2	2.2	2
35-39	3.6	3.9	2	2.1	1.6	3.56	3.4	2.8	2.6	2.6
40-44	5	3.8	4.2	4.3	3.8	4.14	4.1	4.2	3.6	3.1
45-49	4.7	8.4	3.8	3.9	4.4	5.76	5.6	5.8	5.3	6.5
50-54	7.5	18.4	8.7	8.4	6.7	8.03	8.1	7.4	8.3	6.4
55-59	13	17.8	12.2	12.2	9.8	12.41	12.1	11.8	9.1	10.4
60-64	21	37.3	19.5	15.8	18.3	16.3	16.1	20.7	20.8	15.7
65-69	42.5	40.3	30.5	24.1	25.7	28.55	28.1	28.1	28.6	27.6
70-74	50.1	79.8	39.1	54.9	43.4	45.59	45.1	36.7	54.5	46.1
74-79	68.2	79.8	84.2	73.4	67.1	60.19	60.1	58.9	55.1	61.1
80-84	128.5	89.9	110.6	118.9	82.7	108.25	108.2	98.6	95.3	98.7
85(+)	43.5	168.7	196.2	232.1	142.3	146.28	146.1	185.3	150.3	160.2

Source : www.indiastate.com

Table 3 Estimated age specific death rate at rural male in Tamil Nadu during 1999-2008

Age Group	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Below 1	61.6	51	45.2	52.3	50.9	55.35	45.5	37.9	40.9	31.6
1-4	3.1	1.7	2.6	2.7	2.2	2.38	2.34	2.3	2.1	1.5
0-4	14.9	12.5	12.7	12.8	11.8	11.86	10.4	9.8	9.6	7.7
5-9	1.7	0.9	0.9	1.7	1.1	0.79	0.62	0.5	1.3	0.4
10-14	1	1.2	1.5	0.8	0.5	0.99	1.1	1.2	0.8	0.4
15-19	1.5	2.1	1.3	1.3	1.9	0.02	1.5	1.8	1.2	1.6
20-24	3.3	1.8	2.8	2.7	2.3	1.35	1.5	1.9	2.3	1.9
25-29	3.1	3.7	3.4	3	2.6	2.91	3.1	3.2	2.9	3
30-34	4	3.8	4.6	3.4	2.6	4.5	3.1	3.7	4.3	4
35-39	4.1	4.5	4.1	5.4	4.4	3.86	4.63	4.7	4.4	4.7
40-44	6	6.6	5.1	6.3	6.2	6.37	5.3	5.3	5.4	5.8
45-49	8.6	9	7.6	7.9	9	8.39	8.1	7.5	7.8	7.3
50-54	12.6	12.3	10.5	10.2	11.9	10.9	10.8	11	10.5	12.4
55-59	21.4	20.6	16.2	18.7	16.3	16.32	14.1	13.3	16.4	13.7
60-64	29.8	26.8	31.7	29.3	26.6	21.12	23.2	26.4	27.5	27.9
65-69	48	42.8	41.4	45.4	36.8	35.21	37.4	41.2	35.5	40.2
70-74	62.5	62.6	67.8	66.2	68.2	56.87	57.5	59.7	63.6	60.9
74-79	95.5	103.9	106.1	82.9	95.4	67.04	70.9	80.7	84.9	78
80-84	135	107.4	116	129.5	163.9	103.34	125.1	161.8	104.2	112.2
85(+)	220.2	177.7	163.8	232.7	218.1	171.9	198.5	213.3	169.6	227.6

Source : www.indiastate.com

Table 4 Estimated age specific death rate at urban male in Tamil Nadu during 1999-2008

Age Group	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Below 1	30.8	38.7	33.9	32.4	33.6	45.47	44.6	34.8	35	26
1-4	1.4	1.6	0.5	0.9	0.2	1.53	2.01	2.5	0.8	1.5
0-4	8	9.8	7.5	7.9	6.8	9.84	9.8	9.1	7.3	6.8
5-9	0.4	0.4	0.3	0.2	0.6	0.56	0.41	0.4	0.6	0
10-14	0	0.2	0.2	0.4	0.9	0.36	0.4	0.7	0.4	0.4
15-19	2.2	0.8	1.5	0.4	0.6	1.6	0.2	0.9	1.3	1.1
20-24	1.1	2.5	1.4	0.6	0.7	2.01	0.1	1.8	1	1.9
25-29	1.7	1.4	0.7	2.4	1.9	1.65	0.4	1.8	1.9	2.4
30-34	2	3.1	2.1	1.6	1.5	3.92	3.8	2.3	3	3.3
35-39	5.6	3.5	3.4	2.8	2.5	5.46	5.4	4.5	2.5	3.9
40-44	6.7	4.7	5.1	4.9	4.9	5.2	5.1	6.3	4.8	3.9
45-49	7.2	3.6	6.1	4.3	4.8	6.32	6.1	8	7.6	9.2
50-54	8.4	11.7	12.1	10.8	10.1	7.82	7.6	9.1	9.5	8.2
55-59	18.9	20.1	14.9	14.8	12.4	11.38	11.1	14.4	10.9	14
60-64	25.8	23.2	24.3	15.4	23.6	21.93	21.5	24.2	19.8	15.2
65-69	47.7	41.7	37.8	18.4	31.4	24.53	34.1	32.8	27.6	32.2
70-74	58.1	47.6	39.8	57.6	45.7	53.26	53.1	40.6	51.3	55.2
74-79	53.1	36.3	76.7	27.3	91.9	23.17	23.1	64.1	73.2	73.3
80-84	147.5	72	124.2	120	101.8	109.52	109.1	82.3	92.9	100.4
85(+)	119.2	149.9	212.7	206.5	118.2	110.92	110.1	196.1	133.3	145.8

Source : www.indiastate.com

Table 5 Estimated age specific death rate at rural female in Tamil Nadu during 1999-2008

Age Group	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Below 1	59.8	57	56.1	50.4	49.2	43.25	40.9	88.3	41.2	32.1
1-4	2.6	1.6	1.9	1.2	1.83	1.83	1.7	1.8	1.3	1.4
0-4	14.7	13.9	14.4	11.3	10.25	10.25	10.1	9.6	8.8	8
5-9	1.9	0.9	0.3	0.8	0.6	0.6	0.69	0.7	0.9	0.5
10-14	0.9	0.8	0.8	0.8	1.48	1.48	1.5	0.5	1	0.9
15-19	2.6	3	2.5	1.9	1.07	1.07	1.3	1.4	1.7	1.7
20-24	3.6	2.9	2.5	2.1	2.25	2.25	2.1	2.6	2	2.1
25-29	2.8	2.9	2.4	2.2	1.98	1.98	1.8	2.4	3.8	1.9
30-34	1.7	2.7	1.7	3.4	2	2	1.9	2.3	2.2	2.1
35-39	2	3.4	1.7	3.3	2.61	2.61	2.3	2.1	2.5	2.2
40-44	4.1	4	0.4	3.7	5.66	5.66	5.4	2.4	3.2	3
45-49	6.1	5.4	4.6	5	3.45	3.45	3.1	4.4	4.8	3.7
50-54	10.9	7.1	6.7	6.4	9.37	9.37	1.4	5.4	6.6	6.2
55-59	14.6	14.2	15.9	13.4	12.75	12.75	12.4	11	10.1	9.3
60-64	20.6	20.3	19.5	17.5	20.81	20.81	20.1	21.3	20.6	19.7
65-69	35.9	30.8	36.3	37.1	31.64	31.64	30.5	222.8	26	30.9
70-74	66.2	48.3	55.2	52.2	49.87	49.87	47.6	51.9	48.8	47.3
74-79	84.7	81.3	84.3	97.5	63.37	63.37	70.2	81.7	69.4	86.4
80-84	112.6	138.5	101.9	118	95.52	95.52	101.1	114.1	111.2	128.9
85(+)	123.9	160.3	168.9	193.7	138.19	138.19	132.1	193.4	215.1	170.4

Source : www.indiastate.com

Table 6 Estimated age specific death rate at urban female in Tamil Nadu during 1999-2008

Age Group	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Below 1	45.1	34.9	36.7	26.8	33.5	32.88	32.4	31.9	35.5	29.5
1-4	2	2.3	0.5	1.2	0.9	1.82	1.01	0.5	0.8	0
0-4	11.2	9.2	8.1	6.8	7.4	7.44	7.01	7.6	7.4	6.1
5-9	0.2	0.4	0.2	0.3	0.4	0.62	0.5	0.4	0.2	0.6
10-14	0.2	0.9	0.4	0.5	1	0.99	0.7	0.6	0.4	0.2
15-19	0.6	1	1.2	0.8	1.3	1.29	1.1	1.1	0.8	1.2
20-24	1.5	2.3	1.3	1.2	1.1	1.67	1.2	0.9	0.7	1.5
25-29	1	0.9	1.5	0.7	1.8	2.45	1.8	1.3	0.7	1.6
30-34	1.4	1.6	1	1.2	0.8	2.88	1.5	1.8	1.3	0.6
35-39	1.3	1.6	0.6	1.5	0.7	1.72	1.4	1.1	2.7	1.3
40-44	3.2	1	3.4	3.7	2.6	2.95	2.1	2.1	2.3	2.4
45-49	2	4	1.4	3.5	4	5.1	4.5	3.3	2.7	3.6
50-54	6.7	5	4.9	5.1	3.1	8.21	7.1	5.7	7.3	4.5
55-59	6.6	16.6	9.6	9.6	7.3	13.55	10.2	8.8	7.2	6.8
60-64	16.2	12.7	15	16.3	13	10.28	13.4	17.4	21.8	16.3
65-69	37.4	34.1	23.3	29.5	20.5	23.37	21.2	23.6	29.4	23.3
70-74	43.5	34	38.4	32.2	41.2	38.35	31.3	33.4	57.2	38.4
74-79	82.3	74	300.8	70	46	48.31	51.1	54.1	38.3	49.7
80-84	109.9	109.2	97	117.9	65.3	107.09	110.1	112.7	97.5	97.4
85(+)	62.4	184.3	178.1	254.9	165	176.29	176.4	176.2	164.5	175

Source : www.indiastate.com

Table 7 Variation of age specific death rate in Tamil Nadu during 1999 to 2008

Age Group	Total Rural			Total Urban			Rural Male			Urban Male			Rural Female			Urban Female		
	Mean	Variance	CV	Mean	Variance	CV	Mean	Variance	CV	Mean	Variance	CV	Mean	Variance	CV	Mean	Variance	CV
Below 1	52.54	196	358	38.81	15.13	894	47.22	78.32	553	35.53	35.64	595	51.83	238.3	335	34.03	26.6	659
1-4	2.04	0.16	510	1.20	0.28	226	2.29	0.22	487	1.29	0.49	184	1.78	0.22	378	1.10	0.53	150
5-9	0.89	4.45	541	0.01	0.01	308	0.99	0.10	215	0.39	0.03	205	0.81	0.18	476	0.38	2.07	2
10-14	0.95	0.1681	217	0.06	0.06	396	0.95	0.32	287	0.40	0.06	160	0.93	0.10	188	0.59	0.02	196
15-19	1.73	0.1089	431	0.07	0.07	196	1.42	0.37	249	1.06	0.37	610	1.96	0.40	281	1.04	0.09	433
20-24	2.31	0.2916	524	0.22	0.22	314	2.18	0.09	357	1.31	0.54	307	2.46	0.24	306	1.34	0.05	297
25-29	2.62	0.0625	427	0.12	0.12	450	3.09	0.39	103	1.62	0.42	2	2.42	0.37	502	1.38	0.31	67
30-34	3.08	0.2304	708	0.56	0.56	282	3.80	0.18	603	2.66	0.77	302	20.24	0.26	396	1.41	0.39	2
35-39	3.39	0.64	123.2	0.60	0.60	219	4.48	0.28	104	3.96	1.48	324	2.37	0.36	439	1.69	0.34	235
40-44	4.99	0.324	706	0.25	0.25	804	5.84	0.37	110	5.16	0.64	645	3.58	3.35	345	2.58	0.60	330
45-49	6.42	1.368	623	1.87	1.87	395	8.12	0.81	133	6.32	3.06	361	4.56	3.78	238	3.41	1.25	304
50-54	9.38	5.107	1126	11.97	11.97	254	11.31	7.67	125	9.53	2.56	595	6.87	4.76	495	5.76	2.37	374
55-59	14.88	3.348	801	5.67	5.67	569	16.70	9.54	602	14.29	9.92	595	13.02	1.88	269	9.63	10.36	299
60-64	23.57	13.83	658	41.08	41.08	314	27.03	18.14	874	21.49	13.46	453	20.56	2.81	542	15.24	10.04	480
65-69	35.78	25.10	1287	36.84	36.84	500	40.39	15.8	928	32.82	70.3	585	51.02	3.06	1065	26.57	32.9	462
70-74	58.42	135.2	961	147.6	147.6	407	62.39	176.1	1572	50.23	43.1	391	52.81	5.02	684	38.80	57.6	511
74-79	83.43	287.6	1166	93.12	93.12	692	86.53	492.1	607	54.22	63.1	764	81.54	3.96	844	81.46	48.01	104
80-84	119.99	769.5	717	187.4	187.4	759	125.84	695.9	566	105.97	46.7	214	116.6	4.39	728	102.41	220.1	689
85(+)	185.55	769.5	707	238.9	238.9	321	199.34	698.1	755	150.27	1624	372	171.4	3.95	732	171.31	988.5	370

Source : Computed by researcher

C.V. Stands for coefficient of variation.

The second objective is to study the disparities in age specific death rate with help of coefficient of variation and variance. Table 7 shown the mean variance and coefficient of variation for total rural population and urban population of death rate, total rural female, total rural male death rate, total urban female, total urban male death rate has been shown in that table. There are significant differences among the variance which is an absolute magnitude for all categories of classification of age group. In additionally there are differences between the means, indicating the varying degrees of age specific death rate of rural, urban and gender wise. Co-efficient of variation show that the relative deviation from the mean is higher in the age group of 75-79 than in other age group of rural population, which reflecting the lower degree of homogeneity in age specific death rate in Tamil Nadu, that is higher degree of variability in rural age specific death rate, urban age specific death rate and even gender wise too.

This disparity in the age specific death rate can be clearly understood by the coefficient variation values. The variation, in the classification of region and gender also exist as well as age group also. The age group of below, has a coefficient of variation as 358 for rural, 894 for urban, 553 for rural male, 595 for urban male, 335 for rural female and 659 urban female from the above information the values are differ each other and shown a variation in the age group in regionally as well as gender wise similarly this result was suitable and apt for all age group shown its variation. Hence, its clear that there exist a variation or inequality in age specific death rate regionally and gender wise.

### Hypothesis

H0 : There is a direct relationship between age specific death rate and literacy rate in Tamil Nadu.

H1 : There is direct relationship between age specific death rate and literacy rate in Tamil Nadu.

**Table 7 Relationship total age specific death rate and literacy rate in Tamil Nadu**

Age Group	r value	Decision
0-1	-0.912	Reject
1-4	-0.916	Reject
5-14	-0.812	Reject
15-25	-0.861	Reject
26-40	-0.859	Reject
41-60	-0.792	Reject
61-80	0.941	Reject

The above result shown in the Table 8 that increasing the literacy rate helps to decrease the age specific death rate, by its inverse relationship shown in the negative r value for all age group. Hence reject the null hypothesis and accept the alternative hypothesis.

Source : Computed by the researcher

### Suggestions

- To inform the health services in the rural and urban areas, efforts must be made to increase the availability of public health care service according to the age specific morbidity.
- The performances of primary health centres are inadequate to meet the demand for aged population who face the problem of moving from home to health care centres. Hence primary health centre have to upgrade their quality of infrastructure and service rendering
- Health education programme should be intensified in the rural and urban by adopting various method like street plays, films, etc.
- Vigilance and frequent supervision must be extended to the rural and urban aged population who are above sixty in order to ensure the better health status and reducing high cost involving curative measures, which should be like antenatal and postnatal care provision to the society.
- The government must appoint health visitor and reduce the area and number of population allotted to each health visitor for effective performance of the health worker.
- The price of medicines should be subsidized for the aged who are above sixty instead of increasing old-age homes and destitute aged beggars on the road side.
- Proper policy measures should be undertaken to provide job opportunities for the aged in rural and urban according to their experience and expertise of their field, thereby it will lead to more utilization of labour force and knowledge of their experiences and improve their income.

- Children ward in government hospital must be renowned with new technique so as to face the new types of diseases becoming common now a days due to environmental pollution.

### **Conclusion**

The overall Tamil Nadu age specific death rate conditions in which the diffusion of innovations occur is given importance so that it will be worthwhile to probe the various age specific death rate influencing the health services and to determine the extent of awareness of health needed to various age group. Female forty faces the calcium deficiency, thyroid problem, uterus removal, etc., male faces the hypertension, heart attack, paralyses are the common phenomena incur high cost and consume a good sum of their saving in their life span. Hence, on the whole, the health care system, itself need to be restructured refined and revitalized for achieving the goal of perfect health for all age-group of population without regional and gender discrimination.

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