

UGC Minor Research Project On "Rural Urban Disparity in Karnataka -

A Case Study of Dakshina Kannada District"

By

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Executive Summary of UGC Minor Research Project

“Rural Urban Disparity in Karnataka “-A Case Study of Dakshina Kannada District”

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The present study on “Rural-Urban Disparities in Karnataka – A Case Study of Dakshina Kannada District” was carried out to know the disparities existing in the income distribution, drinking water supply, health facilities and access to electricity services in rural urban areas in Karnataka with special reference to Dakshina Kannada district. Specific objectives of the study are:

- To assess the pace and extent of rural urban disparity in Dakshina Kannada District.
- To identify the factors responsible for rural-urban disparities in the district.
- To identify and suggest ways and means to minimize rural-urban disparity in the district.

The primary data were collected from a sample of 300 households from the Dakshina Kannada District. The methodology adopted in the selection of towns and villages were as follows. First, Mangaluru Taluk and Belthangady Taluk were selected on the basis of development subsequently one medium town from each taluk was selected. From each of the town, two wards were selected. Thus, two urban localities were selected on the basis of distance from the town. In all, ten villages were studied for the purpose. The households were selected from different economic categories such as farmers, labourers, government and private employees and self-employed etc.

Along with the primary data secondary data also has been collected from various published sources such as Population Censuses, publication of National Sample Survey Organisation etc. reports brought by various government departments. The primary data collected from sample households on various aspects have been analyzed with help of percentage to draw the conclusion. The present study on rural-urban disparity is measured in

terms of four parameters. They are Income distribution, Accessibility to potable drinking water, Availability of health facilities and Accessibility to electricity connections.

The important observations and findings of the study are given in the following paragraphs.

- The per capita income of sample households belonging to different occupational groups varied. In general the per capita income for the households involved in government jobs and farmers was higher as compared to other categories. In urban areas, government employees and self-employed households had higher per capita income. Importantly unskilled daily wage earners in urban area obtained lower per capita income than labourers in rural areas.
- An analysis of variation in the per capita income obtained by sample households belonging to different occupational categories show that rural income, particularly those obtained by self-employed and farmers were marked by great deal of variation. Similarly, the incomes of employees in private sector and self employed in urban areas were also characterized by great variation.
- The average household and per capita income in urban areas was higher as compared to rural areas. The distance from the town did not make much difference in so far as average per capita income.
- Though the coverage of households by potable drinking water supply sources increased in rural areas, urban areas were well ahead in the access to portable water and therefore rural urban disparities was still substantial.
- The study reveals that a large proportion of sample households in urban areas had access to piped water supply sources as compared to those in rural areas. In contrast, major proportion of households in rural areas had access to unpiped water supply sources from own sources. The study found that there is a considerable difference in the type of access to drinking water source between urban and rural areas.
- The study indicates, access to healthcare services in both rural and urban areas varies according to development status of locality and availability of services. The

access and utilization of healthcare services was bounded by factors such as distance, financial constraints and perceptions on the health care service rendered.

- The research was found that there was a difference in the access of public health facilities between rural and urban areas and between income groups. It was found that a few sample households belonging to higher income group did utilize the public health facilities if they had confidence on the state working in those hospitals. The partial use of public health facilities was due to perceptual differences, financial constraints and long distance to the health facility. In rural areas, long distance was an important reason for the limited use of public health facilities.
- The study found that the provision of electricity in rural and urban areas shows that accessibility electricity facilities had improved in both the areas and therefore, there was a decline in the disparity. However, access to electricity facilities was higher in urban areas as compared to rural area. The study revealed that households belonging to higher income earning occupations had better access to electricity due to their regular employment and continuous income. Those belonging to low employment and low income leading to low purchasing capacity.

On the basis of the findings of the study and observations, some of the suggestions were made to correct the disparities in rural urban areas and strengthen the link between rural and urban area by the study are : Development of the Rural Non-farm sector, Public Investment in physical infrastructure, Development of small rural towns, Development of appropriate infrastructure, Application of information Technology, Improvement in the functioning of public stand pipes and bore wells, Provision of adequate health infrastructure, Provision of proper electricity service and maintenance system, Generation of data at the grass root level

To sum up the pace of rural-urban disparity varied across the dimensions considered in the study. The results offer some useful insights into the dynamics of rural urban income distribution, access to potable drinking water, provision of health services, access to electricity. In the case of access to potable water source, there was substantial

improvement of rural areas leading to reduction in rural urban disparity. There was a substantial improvement in the proportion of rural households having access to electricity, services. This shows that there was in general, a decline in the rural-urban disparity. But urban areas still were better off, and the rural areas had more catching to do. Holding up a rural-urban lens to development is useful for illuminating new ways of thinking about development strategies regarding urban rural transformations. There was, however, good evidence to show that there was rural-urban continuum. The households residing in villages closer to town were better off in terms of income, access to drinking water and electricity. Further, the income better-off in rural areas was higher than those obtained by some of the urban dwellers, namely, unskilled workers. This raises an important policy consideration. In the long-run, it may be better to focus on the poor in both the areas rather than keeping rural urban disparity in terms of policy making. Both rural and urban livelihoods can benefit from this perspective, but only if leads to improved and close interactions, not continued separating in mindsets, policies, and institutions.