

Public Health and the Government

As citizens of the country you expect the government to look after the basic needs of people. Clean drinking water, proper sanitation, minimum food, education and health facilities are required for all. No one should be excluded, nor should this be dependent on whether one is rich or poor. Since we consider all citizens to be equal these basic needs should be available to people in all situations. In this chapter, using the case study of health, we will examine how far the provisions of the Constitution are being satisfied in our country.

**Find out:**

- What steps can be taken to prevent Malaria?
- What are the reasons for doctors not accepting rural posting?
- Is the water you drink at school clean?
- Why are children given food in the *anganwadis*? Do they get adequate food to eat in the *anganwadis* of your area?

In order to prevent and treat illnesses we need appropriate facilities such as health centres, hospitals, laboratories for diagnosis, ambulance services, blood banks, etc. We require qualified health workers, nurses, doctors, lab technicians etc. who can advise, diagnose and treat illnesses. We also need medicines and equipment that are necessary for treating patients. To prevent illnesses, in addition to vaccinations we need enough food, safe drinking water, proper sanitation (safe disposal of feces) and a clean environment.

India has a large number of doctors,

clinics and hospitals. India also has the experience and knowledge of running a public healthcare system. This is a system of hospitals and health centres run by the government catering to a huge population scattered over lakhs of villages. Moreover, there has been much advancement in medical sciences in the form of technology and treatment procedures.

India is the fourth largest producer of medicines in the world and is also a large exporter of medicines. India has the largest number of medical colleges in the world. Approximately 15,000 new doctors qualify every year. Health care facilities have grown substantially over the years. In 1950, there were only 2717 hospitals in India. In 1991, there were 11,174 hospitals. In 2000, the number grew to 18,218.

For some people the best facilities are available while the others do not have basic health care. This is contrary to what the constitution desires for all the people in the country. We have the money, knowledge and experience to change this situation. How can this be done would be discussed further in this chapter.

Healthcare Services

Kiran and Sarita are classmates in a school in Kakinada. They are close friends. Sarita comes from a well to do family, while Kiran's parents struggle to make ends meet. The rainy season had just ended and there was an outbreak of viral fever. Both fell ill at about the same time. When they were back in school, they talked about their illness.

Soon after Sarita got fever, her father took her to a private hospital near their house. Sarita's father paid Rs. 100 at the registration counter. They were given a card and asked to wait. Very soon, the doctor saw her, and recommended a number of blood tests and a chest X-ray. They went to the respective counters and everything was so easy and comfortable. Everyone was very polite and made them feel at home. When they were back to the doctor after the tests, he prescribed a medicine for the fever and asked them to visit again the following day with the test results. The following day, the doctor went through the test reports and said everything was all right. He felt Sarita had a viral infection and there was no cause for worry. He prescribed several medicines.

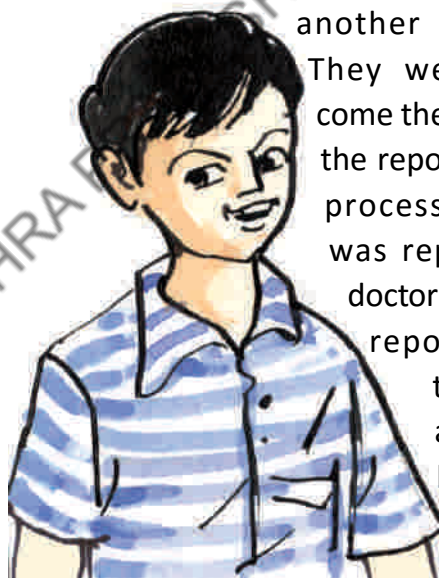


After that she was feeling much better and was back at school.

Kiran also had fever and body ache. His father could not take time off his work and they went to the nearby Government Hospital only after two days. They had gone quite early that day, but already there was a long queue. Kiran was feeling very ill and could barely stand, but he had no choice. Finally, after waiting for almost three hours, they were able to see the doctor. After examining Kiran, the doctor said that they should get a blood test

done. The blood test took another two hours.

They were told to come the next day for the report. The same process of waiting was repeated. The doctor looked at the report and said that Kiran had a viral fever like many others in town. He prescribed



some medicines for the fever and asked Kiran to take lot of fluids and rest. Kiran got well and attend the school.

Sarita really felt sorry for Kiran that he had to undergo so much hardship to seek treatment. She felt lucky to have gone to the modern private hospital where everything was so smooth and easy. When Kiran asked her how much they had spent, she said Rs. 3,500 for hospital charges and

medicines. Kiran said, “We spent only Rs. 100.”

- Why did Sarita have to spend so much money? Give reasons.
- What problems did Kiran face in the Government Hospital? How do you think the hospital could work in a better manner? Discuss.
- What problems do we face in private hospitals? Discuss.
- Where do you go when you are ill? Are there any problems that you face? Write a paragraph based on your experience.

From the story above you must have understood that we can roughly divide the healthcare facilities into two categories: a) Public health services and b) Private health services.

Public Health Services

The public health service is a system of health centres and hospitals run by the government to provide treatment to all kinds of problems - from common illnesses to special services in both rural and urban areas. At the village level, there is a volunteer called ‘ASHA worker’ who helps people in getting health services. The *Anganwadi* centre in the village serves as a centre to provide nutrition and immunisation services to young children. Children’s weights are also monitored here to see whether they are growing as per their age. The Sub Centre covers a population of 5000 people, who may be in one or many villages in a rural area. This Centre has Multi Purpose Health Assistants (MPHAs)

(Female and Male). They are trained in dealing with common illnesses and provide immunization to children, care for pregnant mothers, take steps to prevent diarrhoea and malaria. These Centres work under the supervision of Primary Health Centres (PHC) located at the mandal level. Each Primary Health Centre covers a population of 30,000 (roughly five Sub Centre areas). For every 4 to 5 PHCs there is a Community Health Centre which is a 30 bed hospital and has some specialists. Some surgeries are done at this level. At the divisional level is the Area Hospital that has 100 beds. At the district level is the District Hospital. Large cities have many government hospitals such as the one where Kiran was taken to.

It is called ‘public’ for many reasons. The government in order to fulfil its commitment of providing healthcare to all citizens has established these hospitals and health centres. Also, the resources needed to run these services are obtained from the money that we all - the public - pay to the government as taxes. One of the most important aspects of the public health



Fig 9.1: Primary Health Centre

system is that it is meant to provide quality healthcare services either free or at a low cost, so that even the poor can seek treatment. Another important function of public health is to take action to prevent spread of diseases such as TB, malaria, jaundice, cholera, diarrhoea, chikungunya etc. This has to be organised by the government with the participation of people, otherwise it will not be effective. Take the example of a campaign to see that mosquitoes do not breed in water coolers,



Fig 9.2: A hospital ward inside a hospital

roof tops etc. This has to be done with the participation of all the residents in the area. In a village, everyone must be involved to see that the water near taps/ handpumps does not form stagnant pools where mosquitoes breed.

- What should be available in every village as part of the public health system?
- List some public health centres or hospitals near your place. From your experience (or by visiting any one of them) find out the facilities provided and people who run the centre.



There is a wide range of private health facilities that exist in our country. In the rural areas one finds Registered Medical Practitioners (RMP). In rural areas, another popular provider of healthcare is the untrained medical person. Urban areas have a large number of doctors, many of them providing specialised services in their private hospitals and nursing homes. There are many private laboratories which test blood, urine, stool or offer special facilities such as X-ray, ultrasound etc. In fact, now there are large companies that run hospitals and some are engaged in manufacturing and selling medicines. Medical shops are found in every corner of the country.

As the name suggests, private health facilities are not owned or controlled by the government. Unlike the public health services, patients have to pay a lot of money for every service that they use. Private facilities are run to make profit, so they charge heavily for everything, even though the actual cost of the facility (e.g. Medicine, or a test) may not be so much.

- Private health services can mean many things. Explain with the help of some examples from your area.
- Why do you think people in the rural areas go to untrained practitioners, even though they know that they are not properly trained? Keep in mind the following aspects in discussion – trained doctors do not work in

villages; people have faith in injection; treat on credit; accepts payments like grains or chicken.

Health Insurance

Medicine is too expensive for some chronic diseases to the public. That's why, if public will get the- health insurance, they may get qualitative services with the help of this insurance scheme. And, there are so many insurance companies in the market, provided by the public and private sectors.

Healthcare and Equality

In India we have a situation where private services are increasing but public services are not. The private services are mainly concentrated in the urban areas. As these services are run for profit, the costs are rather high.

But the situation in public service at present is somewhat changed due to the services of '108' and '104'. Where 108 reaches to provide first aid in emergency cases and also provide access by taking the victim (patient) for further follow up medication at near by health centre. While 104 is a vehicle with health personnel and medicines providing monthly visits to rural areas to checkup health and provide medicine etc.

In fact, barely 20% of the population can afford the cost of medicines that they require during an illness. Even for those who are not poor, medical expenses cause hardship. It was reported in a study that 40% of people who are admitted to hospital for some illness or injury have to borrow money or sell some of their possessions to pay the expenses.



For those who are poor every illness in the family is a cause of great anxiety and distress. What is worse, such a situation arises again and again. The poor do not have access to basic necessities like drinking water, adequate housing, clean surroundings etc. and are more likely to fall ill.

These families do not eat as much as they should and are thus undernourished. The expenses on illness make their situation even worse and they may have to sell off some of their possessions. Taking an ill person to hospital means loss of wages for another person for the day, or for many days if the patient is admitted in the hospital.

Basic public facilities

Water is essential for life and good health. We need water to meet our daily needs. Safe drinking water can prevent many water-related diseases. India has one of the largest number of cases of diseases such as diarrhoea, dysentery, and cholera. Over 1,600 Indians, most of them children below the age of five, reportedly die everyday because of water-related diseases. These deaths can be **prevented** if people have access to safe drinking water.

Like water, there are other essential facilities that need to be provided for everyone. Healthcare, sanitation, electricity, public transport, schools are also necessary. These are known as **public facilities**.

The important characteristic of a public facility is that once it is provided, its benefits can be shared by many people. For instance, a school will enable many children

to get educated. Similarly, the supply of electricity to an area can be useful for many people: farmers can run pumpsets to irrigate their fields, people can open small workshops that run on electricity, factories require this for their machines, students will find it easier to study and most people will benefit in some way or the other.

The Government's Role

Given that public facilities are so important, someone must take the responsibility of providing these to the people. This 'someone' is the government. One of the most important functions of the government is to ensure that these public facilities are made available to everyone. Let us try and understand why the government must bear this responsibility.

We have seen that private companies operate for profit in the market. In most of the public facilities, there is no profit to be had. For example, what profit can accrue to a company for keeping the drains clean or running an anti-malaria campaign? A private company will probably not be interested in undertaking such work. But, for other public facilities such as schools and hospitals, private companies may well be interested. We have many of these, particularly in large cities. Similarly, if you are living in a city, you will have seen private companies supplying drinking water in sealed bottles. In such cases, private companies provide public facilities but at a price that only some people can afford. Many people who cannot afford to pay for such facilities will be deprived of the opportunity to live a decent life. This is

against the Constitutional promise for equal opportunities for all and the right to a decent life for everyone.

Public facilities relate to people's basic needs. Any society requires that these facilities are provided so that people's basic needs are met. The Right to Life in the Constitution is for all people. The responsibility to provide public facilities, therefore, must be that of the government. Compared to what we spend on armed forces the expenditure on health by government is minimal. India is one of the few countries where people have to spend a large amount on healthcare from their own pocket. Health expenses are also one of the reasons for people to be trapped in debts that they can't repay.

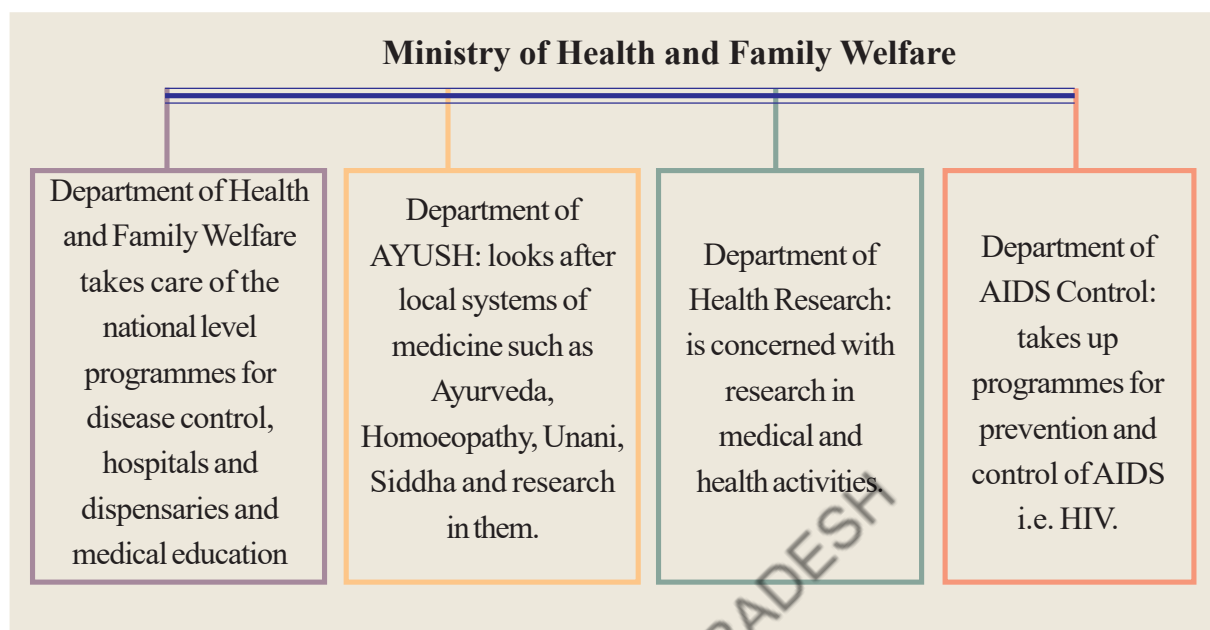
- Mark sentences that highlight the relationship between public health and expectations from the government.

Both central and state governments are responsible for health facilities. In the diagram below you can identify how the central government institutions function.

Status of Nutrition in Andhra Pradesh

Adequate food, safe drinking water, proper sanitation and prevention measures are basic to a healthy living environment. Healthcare doesn't mean only treating diseases but ensuring the provision of these basic needs. Are we able to do this? Let us examine the situation. Recent studies indicate that the level of nutrition of people in the country is alarmingly low. A large

section of the population is living their life in a way that it may not be noticed that these people are undernourished all the time. This condition is seen though we have enough stock



of foodgrains to feed everyone. These people don't have the purchasing capacity to buy enough food for their family. We know of this serious situation through nutrition studies carried out across the country.

All of us require some fat in our body to remain healthy to provide the source of energy for our activities and to protect ourselves from infections. People who are undernourished/ not eating adequately are not able to build the minimum fat requirement from their food for normal activity. They may not be ill but will often feel weak, tired and are likely to fall ill easily. This situation can be overcome by adequate food and not by any special medicine. It is like a situation of invisible starvation. They do get food to eat but less than what is required, therefore their

starvation is not visible. Read about the Body Mass Index on page 196.

Let us examine the situation through the AP Human Development Report, 2007, which states: "Freedom from hunger and malnutrition is a basic human right and a fundamental prerequisite for human and national development. Better nutrition means stronger immune systems, less illness and better health. According to the World Health Organisation (WHO), poor nutrition contributes to 1 out of 2 deaths (53 percent) associated with infectious diseases among children below five in developing countries. In Andhra Pradesh, about 33 per cent of children below 5 years



of age were characterised as underweight. ... About 31 per cent of women and 25 per cent of men are undernourished."

What can be done?

(Work to be done in small groups of 4 or 5 students. Each group should present separately and then consolidate the results.)

- Write a short note on the health facilities available in your village or town. What are the problems that people of your neighbourhood face when they go to government/ private hospitals?
- Most of the medical facilities in both the private and public sectors are located in urban areas. A study conducted during 2003 based on a sample survey in selected areas found that most of the qualified private doctors (79 per cent) were in the urban areas. The actual availability of doctors in rural areas, though officially posted in these areas, may be negligible, given the widespread prevalence of absenteeism. Discuss the reasons for this situation. Talk to people in your area about this problem and in what ways this can be tackled.
- Use the following questions to do a small survey on immunisation of children in your area (in five households having children under 2 years).
 - a. Do you have an immunization card for the child?
 - b. Did your child get a vaccine on the left arm that has left a mark? (Look for a scar if you can.)
 - c. Did your child get vaccination on the buttock?
 - d. Did your child get polio drops? How many times?
 - e. Did your child get a vaccination on the thigh at 9 months along with a spoon of medicine?
 - f. Did your child get any vaccination at 18 months of age (if the child is older than this)? Did she/ he get any medicine to drink also?

For each question, answer with Yes / No; No. of doses (where applicable); DK (for don't know)/ NA (not applicable; for example, question 'f' will not be applicable if the baby is 1 year old). Discuss your results.

Note:

BCG against TB is given on the left arm and leaves a small scar.

DPT (against three diseases) is given in the buttock or in the thigh along with two drops of polio vaccine in the mouth. This is usually given as three doses at 1.5, 2.5 and 3.5 months, but can be given later.

Measles vaccine is given in the front part of the thigh at 9 months, along with 1 ml of vitamin A orally.

At 18 months of age, a booster dose of DPT and OPV are given, along with another dose of vitamin A (2 ml is given this time, instead of 1 ml).

- The *Aarogyasri* scheme was started as a medical insurance scheme to white card holding families, for treatment that requires hospitalisation. The scheme covers very large number of illnesses and includes many private hospitals as providers. Discuss with some people in your neighbourhood and write a short note on the effectiveness of the scheme.
- In your opinion, what is one most important improvement that should be made for the mid-day meal being served at your school?
- In India about one lakh women die each year of complications from pregnancy. It was observed that poor maternal health and nutritional status and inappropriate management of labour during delivery were responsible for many of the deaths of children. Do you think that 104 and 108 services have made a difference to the above situation? Discuss.

Key words

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|--------------------------|-----------------------------|---------------------|
| 1. Public Health Centres | 2. Area Hospital | 3. Public amenities |
| 4. Nutrition | 5. <i>Aarogyasri</i> Scheme | |

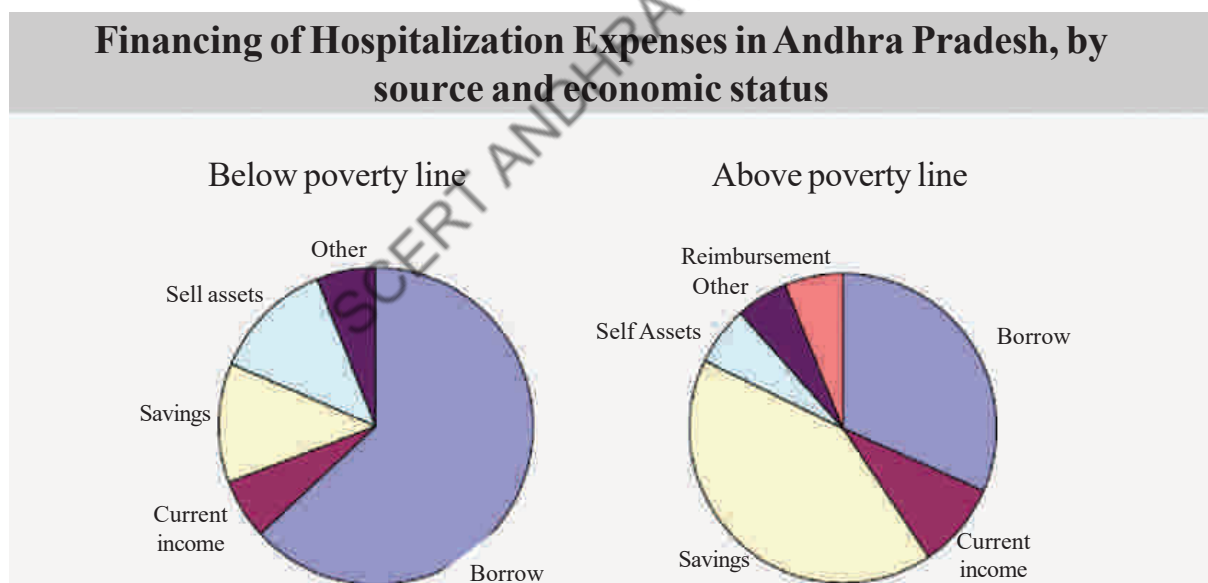


Improve your learning

1. Correct the false statements AS₁
 - a. Most rural areas have trained doctors.
 - b. There are more facilities in hospitals of private sector than the public sector.
 - c. Nutritious food helps in improving the health scenario.
 - d. Some doctors may involve in unnecessary treatments to make money.
2. Jayamma uses the following. Which of these will you include in basic public facilities: AS₁
 - a. Drives Scooter to school.
 - b. Sends her child to *Anganwadi*.
 - c. Owns a television set.
 - d. Has a mobile phone.
 - e. Sends letters by post office.
3. Identify the sentences in this chapter that argue about the role of the government in providing public health. AS₃
4. Discuss which among the following measures will you consider as instances – OR not an instance of improving the healthcare. Write down why you think so. AS₁
 - a. TB patients are given free medicines.

- b. In some villages clean drinking water facilities are arranged.
 - c. Shopkeepers selling medicines for cold, fever, headache etc.
 - d. The government provides foodgrains in Fair Price shops.
5. Priyamvada runs a private hospital. This has more facilities than that are available in a government hospital. Satyanarayana works as a government doctor in a mandal. Can you write an imaginary dialogue between them about access to health services? AS₄
 6. Health is not limited to providing medicines. In this chapter there are other aspects of health that are mentioned (like clean water etc). Bring them together and write a paragraph about such aspects. AS₂
 7. Following figure shows how people get money for hospitalisation in Andhra Pradesh. Nearly 65% of the people below poverty line have to borrow money. Identify this in the chart and mark the percentage. Those above poverty line spend 45 % of the hospitalisation expenditure from their savings. Identify this in the chart and mark the percentage. Those above poverty line borrow only 35%. Identify this in the chart and mark the percentage.

Can you also roughly estimate share of other means through which people meet their hospitalisation expenses in the chart below? AS₃



8. Conduct a survey on government welfare schemes on health. List the beneficiaries in your area. AS₃
9. To know about the prevention of contagious diseases, what questions do you ask your region's Health worker. AS₄
10. What type of services would be rendered by '108' during emergencies? AS₆