



## **Full Length Article**

# **An Anthropological Study of the Status of Health Care Services in India**

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### **ABSTRACT**

*Health and illness were interpreted in a cosmological and anthropological prospective. Medicine was dominated by magical and religious beliefs which were an integral part of ancient cultural and civilization. Over the years development planning in India has focused on reducing the burden of illness and mortality among women and children. A large number of development and public health programmes such as the Integrated Child Development Services (ICDS) have been geared towards this, since a long time. India is committed to achieve the Millennium Development Goals, particularly with respect to maternal and child health. Awareness generation is a major responsibility and fundamental importance, to ensure utilization of various healthcare programmes implemented by Government. The Indian healthcare sector can be viewed as a glass half empty or a glass half full. In this research paper author focuses on The Status of health care services in India.*

**Key words:** Health, Public Health Programmes, Health Care, Child Development Services (ICDS), Millennium Development Goal

**Received**12.04.2015

**Revised** 20.04.2015

**Accepted** 09.05.2015

### **INTRODUCTION**

Health is very crucial indicator of any country for social and economic development and is a combined responsibility of both Central and State Governments. Health care infrastructure needs support of these two social bodies. The available health manpower and principal components analysis is used to identify the major health care needs and stock in different states in India. Since independence many ambitious targets were set for the expansion of the health services in 1947, most of them becomes inactive due to improper implementation but today's various National Health Policies were involved in Primary Health care sectors in India. India also reaching towards Millennium Development Goals. Good health is important contributor to productivity and growth. Therefore, in India, where the only asset the people have is their 'bodies', health occupies a very important place.

Everything has different point of view regarding health. Most people consider health as a freedom from disease. But considering health is absence from disease in a narrow concept. So a positive concept is needed which will be lead in to positive health.

WHO has defined health as "a state of complete physical, mental and social well being not merely the absence of disease or infirmity.

Or

Health is not merely the absence of disease or infirmity but the presence of physical, mental and social well being (WHO, 1974).

### **Objectives:**

In the present study, it was try to understand the health care systems in India and also an attempt has been made to carry out an assessment of the Public Health system and Health programmes all over India.

The main objective is:

To find out the health care infrastructure

To find out the required health needs of the country

### **MATERIAL AND METHOD**

The present study is based on secondary data. Data has been collected from various sources such as the Rural Health Statistics and Health Information of India census 2001, and data from district information centre. The collected data has been analyzed by using different statistical tools.

### **Public Health**

Public Health is the process of mobilizing local, state, national and international resources to ensure the conditions in which people can be healthy. (Oxford Textbook of Public Health)

The Four major public health strategies:

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- Preventing disease and promoting health
- Improving medical care
- Promoting health enhancing behavior, and
- Controlling the environment.

In 1923, C.E.A. Winslow defined public health as "the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort." To him, public health aims at enabling "every citizen to realize his birth right of health and longevity". Towards this end, collective efforts are to be taken to ensure:

- (a) The sanitation of the environment,
- (b) The control of communicable infections,
- (c) The education of the individual in personal hygiene,
- (d) The organization of nursing and medical services for the early diagnosis and preventive treatment of disease.
- (e) The development of social machinery to insure everyone a standard of living adequate for the maintenance of health.

The 'practice' of public health has changed little, though the discipline had grown through its added concerns of occupational hazards, substandard child-rearing practices, nutritional deficiencies and the effects of exposure to noxious environmental pollutants. 'Decolonization' and the concerns of 'justice' and 'equity' in the later half of the present century called for broadening the scope of 'public health' and reinterpretation of it in terms of a variety of socio-economic, ecological, technical and political factors and preference values. Consequently public

Health became a 'social enterprise' which 'studies', 'improves' and 'manages' the health of the populations.

#### **Medicine and Health in Ancient and Middle ages**

When philosophy conquered mythology, medicine too became imbued with the spirit of speculation. The Hippocratic physicians speculated on the structure of the body, the functions of the organs and the causes of disease. In the real of health/medicine, therefore, they had the same approach as had the pre-Socratic philosophers regarding the universe. Pre-Socratic Greek philosophers made the first attempts of which records have been preserved, to give rational explanations for man's external environments. Around 500 B.C, Alemaeon of Croton included environmental factors, such as water and location in his definition of health and disease:

*Health is the equality of rights of the functions. wet-dry, cold-hot, bitter-sweet and the rest; but single rule among them causes disease; the single rule of either pair is deleterious. Disease occurs sometimes from an internal cause such as excess of heat or cold, sometimes from an external cause such as excess or deficiency of food, sometimes in a certain part, such as blood, marrow or brain; but these parts also are sometimes affected by external causes. such as certain waters or a particular site or fatigue or constraints or similar reasons. But health is the harmonious mixture of the qualities.*

The first complete statement about the influences of seasonal and environmental factors on health is found in the Hippocratic treatise Airs, Waters and Places, which was considered a prognostic guide for a physician who came to a new locality.

**Traditional approach in India towards Public Health** The Indian approach to health is enshrined in the concepts and principles of *Ayurveda* which means the 'science of life'.

*Ayurveda* is one of the oldest system of health care in the World.

*Ayurveda* deals with both preventive and curative aspects of health.

Health defined by WHO is very similar to concepts of *Ayurveda*.

#### **Public Health in Independent India**

Evolution of public health care system in Independent India was shaped by two important factors:

- The Report of First Health Survey and Development Committee (*Bhore Committee*) constituted during the colonial rule.
- Emergence of modern medical technology for the prevention and control of diseases, especially communicable diseases.

#### **Bhore Committee and Recommendations-**

The concept of Primary Health Centre (PHC) is not new to India. The Bhore Committee in 1946 gave the concept of a PHC as a basic health unit to provide as close to the people as possible, an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care.

#### **Recommended comprehensive remodeling of health services.**

- Integration of preventive and curative health services at all levels.
- Hospital-based health care system.

- Development of primary health centers in two stages.
- Training in Preventive and Social Medicine.

#### **The short-term plan**

- A PHC for every 40000 population.
- PHC to be manned by 2 doctors, 4 PHN, 4 Midwife, 1 Nurse, and others.

#### **The long-term plan**

- A primary health unit for every 10-20 thousand population with 75 beds.
- Secondary unit with 650 bedded hospital.

Since *Bhore* Committee, numerous committees were constituted to evolve the public health system. Some of the recommendations of these committees were adopted; some were not by the government. All committees retained the core of the model recommended by the *Bhore* Committee. Some of them are:-

- Mudaliar Committee (1962)
- Chaddha Committee (1963)
- Mukherjee Committee (1965)
- Jungalwala Committee (1967)
- Kartar Singh Committee
- Shrivastav Committee
- Bajaj Committee

All these committee recommended many types of health care practices to evolve the public health system.

#### **Health Care Services**

The purpose of health care services is to improve the health status of the population. In the light of Health for All by 2000AD, the goals to be achieved have been fixed in terms of mortality and morbidity reduction, increase in expectation of life, decrease in population growth rate, improvements in nutritional status, provision of basic sanitation, health manpower requirements and resources development and certain other parameters such as food production, literacy rate, reduced levels of poverty, etc. A comprehensive list of health services may be found in the Report of the WHO Expert Committee (1961) on "Planning of Public Health Services"

There is now broad agreement that health services should be -

- Comprehensive
- Accessible
- Acceptable
- Provide scope for community participation and
- Available at a cost the community and country can afford.

These are the essential ingredients of primary health care which forms an integral part of the country's health system, of which it is the central function and main agent for delivering health care.

#### **Health Care Systems-**

The health care system is intended to deliver the health care services. It constitutes the management sector and involves organizational matters. It operates in the context of the socio-economic and political framework of the country. In India, it is represented by five major sectors or agencies which differ from each other by the health technology applied and by the sources of funds for operation. These are:-

- **Public Health Sector**
  - Primary Health Care
  - Hospitals/Health Centers
  - Health Insurance Schemes
  - Other agencies
- **Private Sector**
  - Private hospitals, Polyclinics, Nursing homes and Dispensaries
  - General practitioners and clinics
- **Indigenous System of Medicine**
  - Ayurveda and Siddha
  - Unani and Tibbi
  - Homoeopathy
  - Unregistered practitioners
- **Voluntary Health Agencies**
  - Indian Red Cross Society
  - Indian Council for child Welfare
  - Tuberculosis Association of India

- The Kasturba Memorial Fund
- Family Planning Association of India etc.
- **National Health Programmes**
  - District Tuberculosis Programme
  - Japanese Encephalitis Control Programme
  - National Filaria Control Programme
  - National Anti-Malaria Programme etc.

### Essential manpower for Public Health Sectors

- 1 Medical Officer- MBBS
- 2 Medical Officers- AYUSH
- 3 Accountant/Clerk
- 4 Pharmacists
- 5 Pharmacists AYUSH
- 6 Nurse-midwife (Staff-Nurse)
- 7 Health workers (F)
- 8 Health Asstt. (Male).
- 9 Health Asstt. (Female)/LHV
- 10 Health Educators
- 11 Data entry cum computer operator
- 12 Laboratory Technicians
- 13 Cold Chain & Vaccine Logistic Assistant
- 14 Multi-skilled Group D workers
- 15 Sanitary workers cum watchman

The term '**health manpower**' includes both professional and auxiliary health personnel who are needed to provide the health care. An auxiliary is defined by W.H.O as 'technical worker in a certain field with less than full professional training'.

Health manpower requirements of a country are based on-

- Health needs and demands of the population (2) Desired Outputs. The health needs in turn are based on the health situation and health problems and aspirations of the people.

### Suggested norms for health personnel:-

SNo.	Category of personnel	Norms suggested
1	Doctors	1 per 3500 population
2	Nurses	1 per 5000 population
3	Health worker (f/m)	1 per 5000 population in plain area and 3000 in hilly areas
4	Trained dai	One for each village
5	Health assistant (f/m)	1 per 30000 population in plain and 20000 in hilly areas
6	Pharmacists	1 per 10000 population
7	Lab. Technicians	1 per 10000 population

### Elements of Primary Health Care

Although specific services provided would vary between different countries and communities, the Alma-Ata declaration has outlined eight essential elements of primary health care as follows:

- 1) Education concerning prevailing health problems and the methods of controlling and preventing them.
- 2) Promotion of food supply and proper nutrition.
- 3) Adequate supply of safe water and basic sanitation.
- 4) Maternal and child health care including family planning.
- 5) Immunization against major infectious diseases.
- 6) Prevention and control of locally endemic diseases.
- 7) Appropriate treatment of common diseases and injuries.
- 8) Provision of essential drugs.

### Primary Health Care in India

As a signatory to the Alma-Ata declaration in 1978, the Government of India was committed to take steps to provide 'Health For All' to its citizens. A working group on health was created by the National Planning Commission in 1980 to identify and outline the programmes for 'Health For All' through the Sixth Five Year Plan (1980-1985). The Government of India evolved a National Health Policy in 1983 and laid down a plan of action for re-orienting and shaping the existing rural infrastructure as described below.

- 1) **Village level:** The key principle of primary health care is universal coverage and equitable distribution of health resources, i.e., health care must penetrate into farthest reaches of rural areas; however, only few

schemes were implemented. They were the Village Health Guide Scheme, Local Dais Scheme and Integrated Child Development Service (ICDS) scheme.

2) **Sub-centre:** The sub-centre or the Family Welfare Centre (FWC) is the peripheral outpost of the existing health delivery system in rural areas. They are being established on the basis of one sub-centre for every 5,000 population in plain areas and one for every 3,000 population in hilly, tribal and backward areas. Each sub-centre is manned by a male health worker and a female health worker. Functions of a sub-centre are general health, maternal health, child health, family planning, immunization, control of communicable and non-communicable diseases.

3) **Primary health centre:** The functions of primary health centre cover all the eight essential elements of primary health care. Alma-Ata conference recommended one PHC for a population of 20,000-30,000 and should have a medical officer, pharmacist, laboratory technician, nurses, male and female health assistants, health workers, clerks and class 1V employees. It acts as a referral unit for six sub-centers with out-patient facilities and six observation beds.

4) **Community health centre:** Each community health centre should serve a population ranging between 80,000 and 120,000 and acts as a referral unit for four primary health centers. The Community health centre should have in-patient facilities with thirty beds and specialist services. It is essential to strengthen the grass root level health services and a proper referral system can improve the health status of any country. According to the severity of the illness, patients should be referred to district hospital, teaching hospital or specialist hospital. India's Public health care system can be depicted as follows:-

Teaching hospital  
District hospital  
Community health centre  
Primary health centre  
Sub-centre

### **The Millennium Development Goals**

In September 2000, representatives from 189 countries met at the Millennium Summit in New York, to adopt United Nations Millennium declaration. The goals in the area of development and poverty eradication are now widely referred to as "Millennium Development Goals" (MDGs). They are the integral part of the roadmap towards the implementation of the UN Millennium Declaration. In India there are eight goals to be achieved by 2015 as given below:-

#### **Health -related Millennium Development Goals in India-**

- Goal 1- Eradicate extreme poverty and hunger
- Goal 2- Achieve universal primary education
- Goal 3- Promote gender equality and empower women
- Goal 4- Reduce child mortality
- Goal 5- Improve maternal health
- Goal 6- Combat HIV/AIDS, malaria and other communicable diseases
- Goal 7- Ensure environmental sustainability
- Goal 8- Develop a global partnership for development

#### **Flags on the Health Map-**

Government of India has been implementing various programmes to ensure accessible, affordable and equitable healthcare services to all. The Planning Commission has increased the outlay for health and family welfare schemes in Eleventh and Twelfth Five Year Plan considerably with the objective of "establishing a system of Universal Health Coverage (UHC) in the country."

#### **National Rural Health Mission**

Launched in 2005, National Rural Health Mission is an overarching project in mission mode that strives to provide effective healthcare to rural masses in the country with a focus on states with poor public health indicators and/or weak healthcare infrastructure. The programmers under NRHM can broadly be categorized into two: Reproductive & Child Health Programmes (RCH) and National Disease Control Programmes. RCH programmes address the issues and challenges relating to maternal and child healthcare through a range of initiatives. The important initiatives include:

#### **Janani Suraksha Yojana (JSY)**

Launched in 2005 as a key component of NRHM and being implemented in all states and UTs with special focus on low performing states, JSY aims to reduce maternal mortality and neo-natal mortality by promoting institutional delivery among poor pregnant women. Under JSY, pregnant women from rural BPL families are provided Rs. 1,400 as incentive to use government healthcare facilities and also to cover travel costs and other expenses.

**Janani-Shishu Suraksha Karyakram (JSSK)** aims to provide free and cashless healthcare services to pregnant women including normal deliveries, caesarean operations (up to 30 days after birth) in public health institutions in both rural and urban areas.

**Navajit Shishu Suraksha Karyakram (NSSK)**

Launched in 2009, NSSK attempts to impart special training to healthcare providers at the District Hospitals, Community Health Centers and Primary Health Centers in the interventions at birth aimed at significantly reducing Infant Mortality Ratio. The programme is part of the policy of embedding child health strategy as an integral part of maternal health.

**Rashtriya Kishor Swasthya Karyakram (RKSK)** Launched on 7 January 2014, RKSK is the nation's first comprehensive adolescent health programme. The programme is committed at promotion of adolescent health mission across India and would address the health needs of 243 million adolescents constituting 21 per cent of the total population in the country.

Non-communicable diseases like cancer, diabetes, cardiovascular diseases, and chronic obstructive pulmonary diseases, are on the rise in the country due to changes in life style. Communicable diseases such as Tuberculosis, Leprosy, and Vector borne diseases, HIV / AIDS among others also continue to be a major public health challenge. These endemic diseases result in high morbidity, mortality and adverse socio-economic impact. Therefore, national level programmes on diseases have been implemented with a renewed vigour and focus under National Rural Health Mission.

**National Vector Borne Diseases Control Programme (NVBDCP)**

A comprehensive programme for the prevention and control of vector borne diseases, NVBDCP covers diseases like Malaria, Filariasis, Kala-azar, Japanese Encephalitis, Dengue and Chikungunya.

**Revised National Tuberculosis Control Programme (RNTCP)**

Launched in 1997 and implemented in a phased manner, Revised National TB Control Programme – an application in India of Directly Observed Treatment Short Course (DOTS) – is a revamped strategy to control Tuberculosis with the objective of curing at least 85 per cent of new sputum positive TB patients.

**The Problems of Health care systems in India**

It is said that "health is wealth"; but in India, health is getting increasingly unaffordable. Is there some solution to making health more accessible and affordable not only to the middle class but also the masses? Before we look at the possible solution, we need to understand a few facts and problems-

**Statistical-background**

The doctor population in India is 1:1,500 when compared to an estimated 1:1,000 in China and 1:350 in the United States (USA). In urban India, the ratio is estimated at around 1:500 while rural India it is at around 1:2,500

There are about 9.2 lac allopathic doctors in India and surprisingly about 7.5 lac doctors practicing 'alternate' medicine (i.e. AYUSH, comprising of Ayurveda, Yoga, Unani, Siddha and Homeopathy), primarily in the rural sector.

In April 2010, the President of MCI and his two associates were arrested by the Central Bureau of Investigation (CBI) while accepting a bribe of Rs2 crore to grant license to a medical college in Punjab. MCI's main duty also includes registration of doctors and maintaining the Indian Medical Register. But there is no comprehensive 'Hospitals registry' established in India, containing data of detailed healthcare facilities. And surprisingly, no standard or norms exist for clinical processes that need to be followed by the hospitals across India.

**Role of Anthropology and Anthropologists in Public health**

Anthropology play important role in the field of Public Health. According to Polgar (1962) "Anthropologic holistic orientation, which was aimed at the cross cultural understanding of the human societies was bound to be of great relevance in exploring the socio-cultural dimensions of health care"

The subfields of anthropology are of direct relevance to health management programmes. They are –

**1. Ethnomedicine**

**2. Medical Anthropology**

**3. Nutritional Anthropology**

**4. Ecological Anthropology**

These all subfields give their valuable help to public health programmes.

Anthropologists in their study of different cultures of the world have also studied the health problems – under the broad heading of ethnomedicine. There are many chemicals and herbs used by the natives to cure their diseases which have been identified, analysed and developed in the pharmaceutical laboratories on commercial scale. It has come to be known through their studies that there are many local diseases which cannot be cured by indigenous medicines without much cost and side effects. Realising this importance, the anthropologists have listed the plants, animals, insects and minerals used in curing the local diseases this type of documentation of qualitative cultural cognitive elements are of much help

today not only to the natives but the medical world at large. It is only the anthropologists who work at both individual and local levels who can manage to do this type of work.

Anthropologists also ensure the community participation in various health programmes as the success of these programmes depend on maximum response from community itself.

Anthropology also science of man can help in the management of health and hygiene in four areas by way of –

- **Providing information on the concept of health.**
- **Policy formation with regard to health and hygiene**
- **Action modalities**
- **Monitoring and evaluation of specific programmes from a holistic cultural ecological prospective in terms of short term and long term impact assessment.**

All cultures have their own concepts of health, hygiene, disease and cure. A few societies do not recognized the relation of hygiene to health as other do. The understanding of consation and cure and the methods of cure will be of great help to health workers since the system of medicine differs from culture to culture. If a few have modern curative methods many others are guided by folk practices based on indigenous methods of treatment, all these methods operate in specific cultural and social matrix and as such, as a student of society culture, anthropologists would be of considerable aid to manages of health and hygiene by way of providing background information on this aspect of study.

The ideas, beliefs, value and religion of different cultures has great influence on public health. Anthropologists deal directly with these aspects by studying various cultures with participant observation.

#### **CONCLUSION AND SIGNIFICANCE OF THE STUDY**

The delivery of primary health care services is the foundation of the rural health care system and forms an integral part of the national health care system. The present concern in both developed and developing countries is not only to reach the whole population with adequate health care services, but also to secure an acceptable level of social health through the application of primary health care programmes. The investigator tried to review the research and non-research literature related to the topic.

Improvement of health in India has a long way to go. The problem of lack of education in general and that of hygiene in particular is vast. A number of people in rural area are suffering from nutritional deficiencies and medical help. The authorities adopted step-motherly attitude towards the health of nation and allotted only a meager portion of funds towards it. Public health for prevention of diseases, provision of safe water supply, enough food with nutritive values is lacking. Public health is invariably a political activity all over the world and Indian politicians have neglected the importance of public health. With the help of present study the researcher found that the health problems which arise due to the improper implementation of various health programmes can be remove when the central and state both governments take initiative and tried to understand the whole problem related to the population. The use of sufficient manpower and health care infrastructure can help to reduce the all types of health problems.

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