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 anganwadi? Do they get adequate food to eat in the anganwadi 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, 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 faeces) 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 1990, there were only 2717 hospitals in India. In 1991, there were 11,174 hospitals. In 2000, the number grew to 18,218.

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 told Sarita there was a viral infection and there was no cause for worry. He prescribed several medicines.

Private Health Services
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, a test) may not be so high. Private hospitals have to pay for everything, even though they know that they are not properly treated? Keep in mind the following aspects in discussion – trained doctors do not work in

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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 his area.

Sarita really felt sorry for Kiran that he had to undergo so much hardship to seek treatment. She was fortunate 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.
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Medicine is too expensive for some chronic diseases to the public. That’s why, if the public will get the health insurance, they may not 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 medications 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.

Ministry of Health and Family Welfare

Department of Health and Family Welfare takes care of the national level programmes for disease control, hospitals and dispensaries and medical education

Department of Ayush looks after local systems of medicine such as Ayurveda, Homeopathic, Unani, Siddha and research within.

Department of Health Research is concerned with research in medical and social activities.

Department of AIDS Control is concerned with programmes for prevention and control of AIDS i.e. HIV.

What can be done?

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

a. 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?

b. Most of the medical facilities in both the private and public sectors are located in urban areas. A study conducted during 2005 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.

c. 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 buttck?
   d. Did your child get polio drops? How many times?
   e. Did your child get a vaccine on the thigh at 9 months along with a spoon of medicine above called BCG against TB is given on the left arm and leaves a small scar.
   f. Did your child 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 (diphtheria, pertussis and tetanus) 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 fornt 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**

1. Public Health Centres
2. Area Hospital
3. Public amenities
4. Nutrition
5. Arogyasri Scheme

**Improve your learning**

1. Correct the false statements
   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:
   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.

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.
   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?

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.

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?

**Financing of Hospitalization Expenses in Andhra Pradesh, by source and economic status**

![Chart showing hospitalisation expenses by source and economic status]

8. Conduct a survey on government welfare schemes on health. List the beneficiaries in your area.

9. Read the first paragraph under the heading ‘Basic Public Facilities’ and answer the question:
   Is there any provision of safe drinking water in your area? Explain.