



TRANSFORMATION OF PUBLIC HEALTH AND COMMUNITY RESPONSIBILITY

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ABSTRACT

In India Public Ill-Health is the biggest problem of all other Socio - Economic & Political problems. Basic cause of the health problems in India is its history. Unfortunately this country ruled by different religions fanatics came from different climates other than Indian climate. The invaded communities might have their own traditional methods of maintenance of Public health in synchronous with their original native climatic conditions. Communities naturally developed sanitary and health systems by experience suitable to their soils, environment & climate. But, these developments are not universal to other climates and environments. The Islamic invaders came from deserts and desert hottest climate next the Christian invaders came from coldest climatic conditions, but India is of moderate climate it is neither hottest nor coldest that is why the habits of the people in case of nutrition, health management, disease management, preventive techniques of diseases and deficiencies are entirely different. But, the authoritarian psychologies of invaders tried to super impose their food habits, disease control etc. on Indian population. Here in India majority cases the interference of clergies of different invasive religions is the basic cause of indiscipline in the management of public health and disease control. Prevention of contagious and contaminous diseases and deficiencies. Naturally the native intelligentsia developed their own techniques to control and maintain health. It is not only relevant to guide them by the foreigners or non natives. Because of lack of knowledge on the foreign environments the business people from invasive communities try to make fortunes from the innocent and suppressed communities of the subjects.

KEYWORDS: Public Ill-Health, Religious fanatics, Invaded communities, Synchronous, Authoritarian Psychologies.

INTRODUCTION

"The health of people is the foundation upon which all their happiness and all their powers as a state depend"
– Benjamin Disraeli, British Prime Minister.

Public health system has become a major element for making a human resource development and capacity building and regulation in public health conditions which are the main areas within the health sector. Contribution to health of a population in developing countries and specifically India also realized and started developing from socio - Economic determinants of health like Living Conditions, Nutrition, Safe Drinking Water, Sanitation, Education, Early Child Development and Social Security measures. Population control, empowerment on health problems, reducing the impact of climate change and disasters on health, improving community responsible participation and governance issues are other significant areas for action. At present Public health system across the various sectors is a politically challenging strategy, but such collective action is crucial.

The practice of public health has been dynamic in India, and has witnessed many obstacles in its attempt to affect the lives of the people of this country. Since independence, India is facing major different types of public health problems like malaria, tuberculosis, leprosy, high maternal and child mortality and lately, human immunodeficiency virus (HIV) because of physical inadequacies due to nutritional insufficiency, lack of knowledge and the maintenance of the hygienic environment and surroundings have been taken these serious health problems issues through a policy action of the government. Social development coupled with scientific advances and health care has led to a decrease in the mortality rates and birth rates. Still in India lack of basic knowledge on the symptoms of different contaminous and contagious conditions and failure in taking preventive care in the initial and primary stages.

India is now in a state of transition economically, demographically, and epidemiologically in terms of public health conditions and the role of active participation of communities. While since 2001 has seen

remarkable economic development particularly in terms of gross domestic product (GDP) growth rate, unfortunately this progress is accompanied by growing disparities between the haves and the have-nots. There is strong research studies evidence to suggest that this income inequality or disparity between the different socioeconomic classes is associated with worse health outcomes. Widening the gap between the rich and the poor is the main cause of health and social consequences. While financial inclusion and social security measures are being implemented by the Government to bridge economic inequalities, health sector too must ensure that health disparities between and among social and economic classes are also addressed adequately.

Waste management its disposable is a biggest problem of the whole World and all the countries on the Globe. India is not an exception and this is also one of the serious creation hazardous health problem. Waste disposal means after the great developmental strides of Modern Science and Medicine the quantity of toxic waste became real health hazardous. Industrial Chemical waste is another menace to public health. Another night mare of the humanity is management of radioactive waste from different sources like Atomic Industry, Mining, Atomic accidents etc.

The domestic waste is polluting all the drains in the World and obstructing the flow of drain waters where drains stagnate and becoming breeding areas of all diseases including Pulmonary, Column, Blood, Lever, Kidney even Brain diseases etc. Lack of sanitary habits of people particularly women population are prone to all abdominal problems. In spite of taking serious implementation of awareness programs to progress, the communicable diseases is expected to continue to remain a major public health problem in the coming decades posing a threat to both National and International Health Security. Besides endemic diseases such as human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS), tuberculosis (TB), malaria, and neglected tropical diseases, the communicable disease outbreaks will continue to challenge public health not only in the case of developing countries but also existing in developed countries, requiring high level of readiness in terms of early detection and rapid response. In this regard, vector-borne diseases, such as dengue and acute encephalitis syndrome, are of particular concern. Antimicrobial resistance is one of the biggest health challenges facing humanity that must be tackled with all seriousness.

Adulteration is another he activity of human being for extraordinary and temporary profits. The adulteration became a universal crime in all areas of human life, specifically Food, Medicine, Fertilizers, Seeds, Pesticides etc. There are number of Research reports that Serums and Vaccines are cause of child mortality and disorders, adulterated foods for the sake of glamorous appearance and artificial extraordinary taste and odour

creation and certain unwanted hazardous toxic chemicals and added cosmetics containing mercury like toxic, organic and inorganic chemical additives are creating serious skin problems like skin diseases and cancers.

The present and previous Governments of India has made enormous strides in health sector over the past decades. The life expectancy has crossed 67 years, infant and under-five mortality rates are declining as is the rate of disease incidence. Many diseases, such as polio, guinea worm disease, yaws, and tetanus, have been successfully eradicated in most of the socio economically back ward rural areas but still remote areas which are deprived and not within the reach of any medical facilities are existing its time for Governments both state and central to concentrate on these areas.

In order to enhance and maintain the public's health, preventive programs and activities are needed. The public health system focuses on prevention through population-based health promotion-those public services and interventions which protect entire populations from illness, disease, and injury-and protection. The primary providers of these public health services are government public health agencies. Public health agencies in communities throughout the India is the need of the hour and to take the responsibility for protecting, assessing, and assuring individual, community, and environmental health. The Government registered health agencies to have collaborate and build partnerships and need to provide or coordinate direct services to ensure that there is access to adequate health services in a community. Public health agencies have particularly played this role in efforts to reduce the toll from illness, injury, and environmental and other risks'

The health of a community is a shared responsibility of all its members. Although the roles of many community members are not within the traditional domain of "health activities," each has an effect on and a stake in community's health (Patrick and Wickizer, 1995). Community participation builds public support for policies and programs, generates compliance with regulations and helps alter personal health behaviours. One of the major strategic interventions under NRHM is the system of ensuring accountability and transparency through people's participation – the Rogi Kalyan Samitis. The Ministry of Health needs to define a clear policy on social participation and operational methods in facilitating community health projects. Potential areas of community participation could be in lifestyle modification in chronic diseases through physical activity and diet modification, and primary prevention of alcohol dependence through active community-based methods like awareness creation and behavioural interventions.

Governments in the Universe realized and investing more in health and recognizing disease prevention and health promotion as the topmost priority. Government of

India in their budget to meet health expenditure on health identified need to from 1.3% of GDP at present to at least 2.5% before the end of 13th Five-Year Plan (2013-19). Presently, India has one of the lowest allocations to health among all countries of the World as percentage of GDP. As a result of such a low investment in health and due to high out-of-pocket expenditure (85.6% which according to the World Bank is among the highest in the world), nearly 60 million people are pushed further into poverty and into the poverty trap from that they are unable to escape.

The social and community responsibility and participation of both Private and Governmental health care providers, NGOs depending on funding registered agencies, Charitable and Voluntary organizations, and Educational Institutions, the personal health care system provides primarily curative services, such as treating illnesses and injuries, to individuals with relatively little attention to prevention. The financing of these services comes from the out-of-pocket payments of patients, private health insurance, and Government. In order to ensure that the benefits of financial and social security measures reach the economically backward sections of urban and rural society, enumeration of Below Poverty Line families and other eligible sections is vital. Check and regular supervision mechanisms to stop pilferage of government funds and vigilance measures to stop corruption are governance issues that need to be attended. The government at central and state levels should take strict action in cases of diversion of funds and goods from social security schemes through law enforcement, community awareness and speedy Redressal mechanisms.

Social audits in MREGS through the Directorate of Social Audit in Andhra Pradesh and Rajasthan are early steps in bringing governance issues to the fore. This process needs strengthening through separate budgets, provisions for hosting audit results and powers for taking corrective action. Similar social auditing schemes can be emulated in other states and government programs like ICDS, which will improve accountability and community participation, leading to effective service delivery.

For example effective addressing of public health challenges necessitates new forms of Cooperation with Private Sectors (Public-Private Partnership), Civil Societies, National Health Leaders, Health Workers, Communities, other relevant sectors and International Health Agencies (WHO, UNICEF, Bill and Melinda Gates foundation, World Bank).

CONCLUSION

In case of training and rehabilitation the Government should take maximum care and skill. Adulteration must be prevented and eradicated by the specific authorities. In case of Waste Management also the Government should promote and make maximum possible education to the public. As the rich and advanced societies like US,

Oil rich countries also suffering because of vaccines and human created pollution.

Our ancient Indian society had developed best Ayurvedic medicines, turmeric and other herbal preventive natural medicines to handle all health problems. Still there is lot of scope in reinventing all those non toxic preventive methods even today to rescue human race and community from hazardous future. At present the entire Innovative and Scientific World, with unique challenges that threaten the health and well-being of the population, it is the responsibility of the government and community collectively rise to the occasion and face these challenges simultaneously, inclusively and sustainably. Social determinants of health and economic issues must be dealt with a consensus on ethical principles – Universalism, Justice, Dignity, Security And Human Rights.

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