



## **PUBLIC HEALTH INDICATOTS AND ITS IMPORTANCE: A BRIEF REPORT**

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### **ABSTRACT**

The health scenario in our country is rapidly changing, both in terms of the public health challenges that we face as well as our response to these challenges. As India becomes more and more developed and we have greater means at our disposal, our response to our health challenges must reflect our changing health and socio-economic status. India faces enormous challenges in the area of women's and children's health. India is one of the few countries that have recorded substantial decline in maternal mortality. 75% of health infrastructure, medical manpower, and other health resources are concentrated in urban areas where 27% of the populations live.

**KEY WORDS:** India, Role of government, public health, Present Scenario, Infant mortality rate, Maternal mortality rate.

## **INTRODUCTION**

After India's independence two approaches have been recognized: one was of community development programmes. The issues of nutrition and environmental sanitation have been underlined not only for individuals but also for community at large. The key steps which have been taken included initiating education on nutrition and sanitary issues, creation of women instructors for carrying out family planning activities and child welfare measures. It also involved creating workforce for paramedical work. The other approach was technocratic model governed by the state build enterprises. Its three embodiments have been industrial growth, scientific development supplemented by higher education. The socialism encouraged by Nehru had its reflection in cohesive policy followed by him for betterment of public sector in comparison to private sector. A Nehruvian model of development followed the inward economic path (Nayyar, 2007:30 and Ramasubban, 2008:95-96). In line with this argument the government got aid from bilateral and multilateral agencies to carry out immunisation campaigns. It was anticipated that any political and economic development can be possible only when

endemic diseases are eradicated. For Nehru the principle of modernity was linked to state making and the state was identified as main instrument of change. It was largely thought that there was a need to rebuild the social structure to overcome social inequalities and out-of-date value system. For this very purpose article 37-51 and 55 revealed the state obligation for public health, justifiable delivery of produces and right to beneficial employment. The directive principles were seen as instruments to foster the idea of economic democracy and social justice. In order to prevent the onslaught of infectious diseases which have been responsible for higher mortality rates among the infants, mother and population in general health related measures similar to immunisation programmes have been carried out. To focus on public health issues support from other ministries have been acknowledged from time to time for instance water supply, sewerage, sanitation, and drainage etc.

## **RESEARCH METHODOLOGY**

The information collected in this paper is based on the secondary data by using internet, websites, magazines, books, journals, averages and percentages, tables

gives a qualitative approach towards this research framework.

### **ROLE AND IMPORTANCE OF GOVERNMENT IN PUBLIC HEALTH:**

#### *Health system strengthening*

Important issues that the health systems must confront are lack of financial and material resources, health workforce issues and the stewardship challenge of implementing pro-equity health policies in a pluralistic environment. The National Rural Health Mission (NRHM) launched by the Government of India is a leap forward in establishing effective integration and convergence of health services and affecting architectural correction in the health care delivery system in India.

#### *Health information system*

The Integrated Disease Surveillance Project was set up to establish a dedicated highway of information relating to disease occurrence required for prevention and containment at the community level, but the slow pace of implementation is due to poor efforts in involving critical actors outside the public sector. Health profiles published by the government should be used to help communities prioritize their health problems and to inform local decision making. Public health laboratories have a good capacity to support the government's diagnostic and research activities on health risks and threats, but are not being utilized efficiently. Mechanisms to monitor epidemiological challenges like mental health, occupational health and other environment risks are yet to be put in place.

#### *Health research system*

There is a need for strengthening research infrastructure in the departments of community medicine in various institutes and to foster their partnerships with state health services.

#### *Regulation and enforcement in public health*

A good system of regulation is fundamental to successful public health outcomes. It reduces exposure to disease through enforcement of sanitary codes, e.g., water quality monitoring, slaughterhouse hygiene and food safety. Wide gaps exist in the enforcement, monitoring and evaluation, resulting in a weak public health system. This is partly due to poor financing for public health, lack of leadership and commitment of public health functionaries and lack of community involvement. Revival of public health regulation through concerted efforts by the government is possible through updating and implementation of public health laws, consulting stakeholders and increasing public awareness of existing laws and their enforcement procedures.

#### **Human resource development and capacity building**

There are several shortfalls that need to be addressed in the development of human resources for public health services. There is a dire need to establish training facilities for public health specialists along with identifying the scope for their contribution in the field. The Public Health Foundation of India is a positive step to redress the limited institutional capacity in India by

strengthening training, research and policy development in public health. Preserves training is essential to train the medical workforce in public health leadership and to impart skills required for the practice of public health. Changes in the undergraduate curriculum are vital for capacity building in emerging issues like geriatric care, adolescent health and mental health. In-service training for medical officers is essential for imparting management skills and leadership qualities. Equally important is the need to increase the number of paramedical workers and training institutes in India.

#### **Public health policy**

Identification of health objectives and targets is one of the more visible strategies to direct the activities of the health sector, e.g. in the United States, the “Healthy People 2010” offers a simple but powerful idea by providing health objectives in a format that enables diverse groups to combine their efforts and work as a team. Similarly, in India, we need a road map to “better health for all” that can be used by states, communities, professional organizations and all sectors. It will also facilitate changes in resource allocation for public health interventions and a platform

for concerted inter-sectoral action, thereby enabling policy coherence.

### **Basic Indicators of Health**

Infant mortality rate (IMR) stood at 47 per 1000 live birth in 2009 and maternal mortality ratio (MMR) has been found to be 212 in 2007-2009. Other health indicators show that more than 68.4 per cent of expecting mothers had undergone three antenatal check-up from mere 49.8 per cent as in 2007-08. The percentage levels in the case of institutionalised delivery have increased from 47 per cent to 72.9 per cent. The per cent of fully immunised children increased by five per cent from 54 to 61 during 2008-2009. The IMR declined from 58 in 2005 to 44 per 1,000 live births in 2011 while MMR declined from 254 in 2004-06 to 212 per 100,000 live-births in 2007-09 and TFR from 2.9 in 2005 to 2.5 in 2010. About 28 million pregnancies occur along with an estimated 56,000 maternal deaths in India every year. There is need to overcome the regional disparities that exist in the country with the states of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Rajasthan, Orissa and Assam contributing to more than two-thirds of the MMR burden. Thus starting of NRHM paid dividends, as there

was a decline of 37 per cent in the annual rate of IMR from 2005 onwards till 2011. Similar trends have been witnessed in MMR levels 22 per cent between 2005-2008. While higher rate of decline has been noted at TFR levels I. e. 47 per cent between 2005-10. In 2009, immunisation against vaccine-preventable diseases among one-year olds for BCG immunisation coverage stood at 87 per cent, polio 67 per cent, measles 71 per cent and Diphtheria, Tetanus and Pertussis 66 per cent respectively. In spite of these initiatives there are huge inter-state disparities which can be found in health status as in case of Kerala (74 years) and Madhya Pradesh (56 years) is an average life expectancy. Thus there is a gap of 18 years with regard to life expectancy. In 2010, there have been 2.3 million cases of TB have been in India. The number of HIV infected persons have been 2.5 million. Every year more than 1.5 million malaria cases are reported and occurrences of acute diarrhea have been found to be a major problem among children below five years of age. Diseases like dengue and Chikungunya have recently emerged due to malfunctioning of our public health system. Large number of diabetics cases have been reported which is a major cause of blindness, kidney dysfunction, heart attacks

and amputations. The per centage of pregnant women who experienced delivery and post-delivery complications have been 61 per cent and 35 per cent respectively in 2008. Only about 18 per cent of women received full antenatal care. A target of 25/1000 for IMR and MMR requires improvement i.e. 100/100,000 live births for MMR has been prescribed by the 12 Five Year plan document by the end of 2017. The Maternal Mortality Ratio (MMR) in India has drastically declined to 2007-09 to 2017-18. The Maternal Mortality Ratio between 2017 and 2018 dropped to 14.1% in India, almost 100 deaths lesser than in 2007-2009 period. Infant mortality rate from 2009 to 2019. The infant mortality rate in 2009, 49.3 percent. After that the following years from 2009 to 2019 the infant mortality rate drastically decline from 47.3 to 28.8.

## **CONCLUSION**

However, many initiatives have been taken recently for the growth of public health in India, which include National Rural Health Mission (NRHM). The priority is to ensure access, availability and utilization of primary healthcare to all including urban slums population for which there is a need to strengthen the healthcare infrastructure, increase public health work force with a

dedicated public health cadre, enhancing public-private partnership. The challenges faced now in the health sector are much more complex. The complexities of culture and customs, economic situations, geography, ethnicity, and political situations make the challenges related to public health specific, for every state of the nation. The problems faced by Indians like high incidence of communicable diseases, low performance of maternal and child health indicators, and nutritional problems, especially that of women and children, are the issues that persist in almost all parts of the country even today apart from the burden of chronic non communicable diseases and other economic and social factors.

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