

Status of Health in India and its Future Prospects

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*This is the concluding part of the article.
The first part appeared in NJI, July 1990.*

LEPROSY is as much a social problem as a medical one. About four million persons are suffering from Leprosy of which every fifth one is a child. There is an extensive network of Leprosy control units, both in the urban as well as rural areas. A very effective multi-drug treatment has been made available in 75 districts which have high prevalence rate. This treatment is being extended to another 40 districts. For the first time a decline in the incidence rate is perceptible because the number of patients discharged from treatment has exceeded the number of new patients detected in the year 1987-88. While 5.19 lakh cases were detected, 5.7 lakh were reported cured during this period.

India started AIDS surveillance programme in 1985. Today, we have 40 surveillance centres for screening the people in the high risk groups. By the end of 1988, over 1,83,000 persons had been screened and 658 persons were found to be seropositive. Of these, 27 developed into fullblown cases, 18 of them being Indians. The surveillance is being extended to all medical colleges, where facilities for treatment of AIDS will also be provided in a phased manner. Besides screening of blood, educational activities are also being undertaken to contain its spread.

The National Goitre Control Programme envisages to replace the supply of edible salt with that of iodised salt throughout the country by 1992. Nearly 40 million persons are suffering from iodine deficiency in the endemic sub-Himalayan region. It is now known that Thyroxine deficiency not only causes goitre, it can also lead to the

birth of a mentally retarded or otherwise malformed or low birth-weight baby, if the expectant mother has this deficiency.

The Family Welfare Programme needs to go hand-in-hand with our health programmes so that population stabilization becomes a realistic goal for the foreseeable future. The demographic situation in the country today is a matter of serious concern. The desire for a large family can be ascribed, to some extent, to the high infant mortality rate and low literacy level. Population stabilization by reaching 'Net Production Rate of Unity' is an important target to be achieved before the turn of the century.

A National Technology Mission on immunization has been set up to reduce morbidity and mortality rate among children and to achieve self-sufficiency in vaccine production. A Universal Immunization Programme to enhance child survival is already in operation in 307 districts and all districts will be covered under it by 1990. Under this Programme all children under one year are to be immunized with DPT, Polio, Measles and BCG Vaccines. All expectant mothers are also to be covered with two doses of Tetanus Toxide to protect the infants from neo-natal tetanus.

Another important programme in operation for child survival relates to promotion of Oral Rehydration Therapy to save children from deaths caused by dehydration due to diarrhoea. One hundred million children below 5 are estimated to suffer from diarrhoea, nearly three times in a year. Three

million of these children face death. Nearly 50% of these children can be saved by oral rehydration which means feeding the child with simple available-at-home fluids. Ready-to-use Oral Rehydration Salt (ORS) packets are also being distributed free through our health-services outlets.

There is now global awareness that mother and child together constitute the most vulnerable group as far as health is concerned. The number of women dying in childbirth and pregnancy-related causes is very high in the developing countries including India. Prophylaxis against nutritional anaemia for both mother and child is being provided free under the Primary Health Care Programme by giving them iron and folic acid tablets and solution. The children between 1 to 5 years are also given Vitamin 'A' doses twice a year to prevent blindness due to Vitamin 'A' deficiency.

Future Prospects

From the preceding text it may be inferred that health status of the country has bright future prospects. More hospitals - general, specialized and dispensaries are being opened; additional beds are being added to the existing institutions, diagnostic facilities are being augmented, additional sub-centres/PHCs/CHCs are being opened in rural area. New drugs/medicines, scientific equipments are being developed. However, notwithstanding these advancements and developments, much still remains to be done to hasten the process of development of efficient health services. There are certain thrust areas which need to be thoroughly

taken care of.

The demographic and health picture of the country still continues to be a cause for serious and urgent concern. One of the most crucial problems facing the country today is the high growth rate of population. 17 million persons are added to our population every year. The rapid increase in population is detrimental to all our progress efforts and is impending the overall socio-economic development of the country. In its wake, it is increasing more socio-economic problems.

It is now universally acknowledged that health in its wider concept cannot be attained by the health sector alone. Economic development, anti-poverty measures, food production and distribution, drinking water supply, sanitation, housing, environmental protection and education all contribute to health. Health efficiency will thus rest on proper coordination at all levels between the health and other sectors concerned.

Programmes suffer considerably because of poor inter-sectoral coordination and cooperation. Serious efforts for effective coordination and coupling of health and health related services and activities are therefore urgently required.

The unprecedented growth in population has resulted in creation on large scale of slums and shanties, which have become the reservoir, inter-alia, of many epidemics and health problems.

As a result of urbanization, environmental pollution is a serious problem and is creating health hazard. Its impact on human health and well-being is both direct (eg. inhalation of polluted air and intake of contaminated water) and indirect, by its impact on the health of environment resources.

Water pollution, both from the community and industrial resources, is probably the most important health hazard in the community. A large part of the population has to depend on untreated or inadequately treated water

supplies. The country suffers seriously by water-borne diseases.

Even though the number of institutions providing health care services, both in the rural and urban areas are on the increase, still there is unprecedented growing need and these institutions cannot cope with the rush on the services. Because of the poor economic status of a large number of people, they are not in a position to visit private institutions for treatment. The overall quality of health services dispensed at these institutions is poor.

The current sanitation practices in the country are very poor and very little attention is paid to the upkeep of our surroundings. Health Education should therefore get priority and a more comprehensive dimension in the mass education and media efforts. All media should be employed for formal and non-formal health education of the masses. We suffer mostly from the diseases carried by filth due to our poor environmental sanitation. Diseases like cholera, dysentery, diarrhoea, enteric group of fevers, malaria and filaria continue to remain our problem.

The practitioners of Indian Systems of Medicines and Homoeopa-

thy should be actively involved in preventive and promotive aspect of health care of the people within specified areas of their responsibility and functioning in the overall health care delivery system.

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