ABSTRACT

Since pre-independence period, many programmes have been planned for the development of health services in India. The government of India is committed to the goal that all the Indian citizens can obtain quality health services at affordable rates and for this purpose, it has been making more and more funds available to make the health system in India stronger and better. World Health Organization (WHO) has accessed the health systems based on responsiveness and perception of services to end users on various parameters i.e., basic amenities, autonomy, prompt attention, choice, confidentiality and dignity. To fulfil the goals under the dimensions of health care system it is imperative to carried out provision of health care services, its financing and stewardship of inter - sectoral policies related to health.

Key words: health services, infant mortality rate, maternal mortality rate, total fertility rate.

1. INTRODUCTION:

The Infant Mortality Rate (IMR) is much higher in the developing countries as compared to the developed countries. There is lack of nutritious food and health services in the developing countries. In these countries, the available health services are used by the few well to do people residing in the urban areas. Therefore, most of the population is deprived of effective and timely medical services.

Even today, in many villages and towns of India, drugs and hospital facilities are not available. There is ignorance about family planning among people and they do not try to reduce the birth rate. Most of the women do not know and even if they know they do not try to have a gap of 3 – 4 years between two child births. Due to frequent deliveries, their health is adversely affected and because of lack of proper medical facilities and nutritious food, there is a large number of deaths of mothers and newborns during delivery.

In the recent years, the mortality rate has declined to 7.4 in 2005 – 2010 due to availability of medical services. However, it is high compared to other countries like Australia (6.9), Mexico (4.7) and New Zealand (7). People do not have proper food, nutrition and residence in India. Of course, the government has become conscious about public health and has controlled many diseases. A large number of health centres and health supervisors are made available now. Even then the number of skilled doctors and clinics is inadequate. There is lack of modern facilities in the clinics. During 2007 – 2008, 52.7 per cent of the villages in Jharkhand had facility of Primary Health Centre (PHC) at a distance of less than ten kms., while this proportion is 55.3 in Sikkim, 55.6 in Madhya Pradesh, 60.4 and 67.9 in Chhattisgarh and Andhra Pradesh respectively and the highest was in Puducherry (100 per cent) followed by Kerala (94.9 per cent). These figures show that even today in many states, the rural population has to cover a distance of more than ten kms. to obtain health services from a PHC.

During the planning period, the government has implemented special programmes for the development health services in the rural areas. Due to high rate of population growth, the medical services like doctors, nurses, hospitals, clinics, hospital beds, medicines etc., become insufficient.

In the 12th Five Year Plan of Government of India the dimensions which are very important in improving the health of the population are fixed. To fulfil the goals under the dimensions of health care system it is imperative to carried out provision of health care services, its financing and stewardship of inter - sectoral policies related to health. World Health
Organization (WHO) has accessed the health systems based on responsiveness and perception of services to end users on various parameters i.e., basic amenities, autonomy, prompt attention, choice, confidentiality, communication and dignity. The national health outcome goals under 12th five year plan of India (2012-2017) are mentioned as below:

2. INFANT MORTALITY RATE (IMR):
Infant Mortality Rate (IMR) (Deaths of infants of age less than one year per thousand live births) declined by six points between 2008 and 2010. The IMR was 47 in 2010. India is projected to have an IMR of 38 by 2015 and 34 by 2017. To achieve Millennium Development Goal (MDG) target of reducing IMR to 27 in 2015, the requirement in the reduction of IMR for further acceleration is imperative. India can achieve an IMR of 19 by 2017 only if the projected accelerated rate is declined.

3. MATERNAL MORTALITY RATE (MMR):
Maternal Mortality Rate (MMR) (Number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and child birth or within 42 days of termination of pregnancy, (per 100,000) live births declined by 17 per cent between 2006 and 2009. The MMR was 212 in 2009. India is projected to have an MMR of 139 per 100,000 live births by 2015 and 127 by 2017. To achieve MDG target of reducing MMR to 109 in 2015, the requirement in the reduction of MMR for further acceleration is imperative. India can achieve MMR of 75 by 2017 only if the projected accelerated rate is declined.

4. TOTAL FERTILITY RATE (TFR):
Total Fertility Rate (TFR) (Average number of children born to a woman during her entire reproductive period) remained stationary at 2.6 during 2008 and 2009. At national level on an average, a rural woman (with TFR of 2.9) having one more child than an urban woman (with TFR of 2.0). The target under 12th plan for the achievement of TFR is of 2.1 by 2017. Looking to the goals set in National Population Policy – 2000 and National Health Policy – 1983 it is imperative to reduce TFR to 2.1 by 2017.

5. PREVENTION AND REDUCTION OF ANAEMIA AMONG WOMEN AGED 15 – 49 YEARS:
Anaemia in ever married women (15-49 years age group) has shown rising trend from National Family Health Survey (NFHS) – II (1998-99) to NFHS – III (2005-06). In NFHS – II it was 51.8 per cent and in NFHS – III it increased to 55.3. Anaemia is one of the key indicators responsible for maternal mortality and low birth weight which need to be prevented. The goal to reduce anaemia in woman in age – group 15-49 years to 28 per cent which is half the present level by 2017.

6. PREVENTION AND REDUCTION OF UNDER WEIGHT CHILDREN UNDER THREE YEARS:
In India, at national level one in every 20 children die within one year of birth. The percentage of children under age three years born to ever-married women classified as underweight has shown declined trend from NFHS – I to NFHS – III. In NFHS – I it was 47.9 per cent, in NFHS – II 42.7 and in NFHS – III it was 40.4. Looking to its present rate of decline, it is projected to be 29 per cent by 2015 and 27 per cent by 2017. To achieve MDG target of reducing under nourished children under three years to 26 per cent by 2015 the requirement in the reduction of prevalence of underweight children is imperative. India can achieve an under three years child under – nutrition level of 23 per cent by 2017 if this accelerated rate is sustained.

It is also projected under 12th plan goals to raise the child sex ratio in the 0 – 6 years age group from 914 to 935. The Ministry of Health and Family Welfare has also set goals for prevention and reduction of burden of communicable and non – communicable diseases including mental illness and injuries. Looking to the out-of-pocket expenditure on health care which is a burden on families particularly the poor ones the goal is set to reduce households’ out-of-pocket expenditure from 71 per cent to 50 per cent of total health care expenditure. Moreover, the Report of the Working Group on Nutrition for the 12th Five Year Plan (2012-2017) focuses on achieving the below mentioned targets during the 12th Plan period*:

1. Reduction in the prevalence of moderate and severe anaemia in children and pregnant women and adolescents by 50 per cent of the current level.
2. Reduction by 25 percentage point in underweight amongst children under 3 years and under 5 years.
3. Improvement in exclusive breastfeeding till six months by 50 per cent of the current level.
4. Improvement in introduction of complementary feeding after six months by 50 per cent of the present level.
5. Improvement in early initiation of breastfeeding by 50 per cent of the current level.
6. At the household level, 100 per cent consumption of adequately iodated salt (15PPM).
Reference:


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