

# Health Care Industry in India

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**Abstract-** Now a days healthcare is very important to each and every people because they have to live without any illness. It is indispensable to prevent the people from being affected by any disease and to give treatment to patients in case of emergency. In case of any disease, hospitals are able to diagnose the disease and give treatment to the patients. The quality of health care delivered by hospitals is a major area of concern. Quality inputs can only deliver quality outputs. The first and foremost task of hospitals is to deliver quality services to patients and also to improve the quality of services where the situation is found very critical. Moreover this study deals with healthcare position in India and the steps are taken by government to improve the healthcare.

## I. INTRODUCTION

The healthcare sector is facing unparalleled challenges in an increasingly customer oriented environment. A lot of health problems need intensive medical treatment and personal care. Treatment cannot be given in a patient's house or in the clinic. This is possible only in a hospital, for it consists of large number of professionally and technically skilled people who apply their knowledge and skill with the help of world-class expertise, advanced sophisticated equipments and appliances.

Hospital management performs its duties in the organizational setting of the hospital. It utilizes resources, people and technology to perform organizational goals, of which the most important is patient care. In the past, the hospitals were considered alms houses. They were set up as charity institutions specially for the poor and weaker sections of the society.

The healthcare industry in recent years has restructured its service delivery system in order to survive in an unforgiving environment resulting from maturation of the industry, reduced funding and increased competition. The restructuring has focused on finding effective ways to satisfy the needs and desires of the patients. Consumer satisfaction is a basic requirement for healthcare provider because, the satisfaction related to quality of healthcare is provided by hospitals. Satisfaction is important when patients themselves and institutional healthcare service buyers make selection decisions.

The health care services in the hospital vary from one hospital to another. Basically, there are three categories of service eg., line services, staff services and auxiliary services. The line services include emergency services, out-patient services, in-patient services, intensive care unit and operation theaters. The staff services are central sterile supply, diet, laundry, laboratory, radiology and nursing. The auxiliary services include registration and indoor care records, stores, transport, mortuary, security and engineering.

In the case of patients admitted in the hospital, many groups get involved; i.e, the personnel at the admission counter, the junior / senior residents taking the history of patients and examining patients, the nurses giving patients care and doctors examining patients.

There are six stages that are involved in the hospital for treatment of patients, viz,

1. Admission
2. Diagnosis
3. Treatment
4. Inspection
5. Control
6. Discharge

The technology vision 2020 for healthcare was evolved by a panel of healthcare specialists drawn from various parts of the country<sup>1</sup>. The team studied the strength of the present healthcare system, problems and the methods for improving healthcare to entire cross-section of the Indian society. The team has identified the imperatives for eradication of three major diseases – tuberculosis, HIV/AIDS and water born diseases by the next decade. Every year more than Rs.5000 crore is spent on importing medical devices and equipments<sup>2</sup>.

The Government of Tamil Nadu is also totally committed in building healthy people, not only by making available quality medicare facilities at the door step of every citizen in the remotest corner of the State, but also by providing medical facilities of the highest order, keeping pace with rapid technological developments in the field of medicine. At present 14 Government Medical Colleges<sup>3</sup> have been functioning in 12 districts to improve tertiary care in the state of Tamil Nadu. Now the Government is seized of the problem of providing quality health care service to the common man.

## II. HEALTH CARE IN INDIA

Health care is a big concern in India, the land of nearly 1.12 billion people<sup>4</sup> and the second most populous country in the world. As the country is divided into several States, the State government has the onus to take care of the health of people in the State.

Since India is a developing country where a large section of population is below poverty line, health and hygiene are not up to the mark. It is reported that in India, annually, 22 lakh infants and children die from preventable illnesses, 1 lakh mothers die during the child birth and 5 lakh people die of tuberculosis. Also

around 5 million people suffer from HIV/AIDS and numerous others die of diarrhoea and malaria<sup>5</sup>. The plight of the least advantaged is increased because of the poor public health systems. The government hospitals and health care centers do not completely address to the needs of the poor.

On the other hand, the private health care institutions charge exorbitant amount of money, which automatically renders them beyond the reach of many. However, the private health care sector in India is flourishing at the cost of the public. According to some critics, the national policy of the country lacks specific measures to achieve the stated goals. For instance, there is no proper integration of the health care services with the wider socio-economic and social development. There is lack of nutritional support and sanitation and there is poor participation of the people and government officials at the local level. The Central government adopts the strategy of improving the health systems through five-year plans. It co-operates with the State Government for that purpose and for sponsoring major health programs.

The Central and State Governments share the expenditure they meet in providing health care to the people. In mid 1990s, the Government spent 6% of the GDP<sup>6</sup> on health, which is one of the highest levels of expenditure in the developing nations. The Central and State Governments set the goals and strategies in consultation with the Central Council of Health and Family Welfare. The Ministry of Health and Family Welfare monitors the workings of the Central Government and provides technical and administrative services along with medical education.

According to a World Bank study the per capita spending on health in India is around Rs. 320 per year with a significant input of 75% from private households. The State Governments contribute 15.2%, the Central Government 5.2%, third party employers 3.3% and the municipal government and foreign donors provide about 1.3% to the total spending, of which 58.7% goes to primary health care (curative, preventive and promotional) and 38.8% is spent on the secondary and tertiary ones.<sup>7</sup>

Despite the efforts of the State and Central Governments efforts, the health care in India is in a bad condition because of several factors- the rapidly increasing population of the country, high level of corruption in government and non-government health care organizations and lack of awareness amongst people. In India, the hospitals are run by government, charitable trusts and by private organizations. The government hospitals in rural areas are called the Primary Health Center (PHCs). Major hospitals are located in district head quarters or major cities. Apart from the modern system of medicine, traditional and indigenous medicinal systems like Ayurvedic and Unani systems are in practice throughout the country.

The Indian Health Service provides public funded care for indigenous people. Employer benefit based health insurance remains quite common with larger employers. Workers injured on the job are covered by government mandated worker compensation insurance and wage replacement benefits. These benefits vary considerably state-to-state and employers bear the cost of this insurance. Businesses with considerable risks, such as bridge-building, mining, or meat processing face far higher worker compensation insurance costs than do office based clerical businesses. Although the Medical colleges and research

institutes form a backbone structure for providing healthcare, the private hospitals and nursing homes also are becoming an increasingly necessary part of the healthcare structure in the country.

India is an under developed country and 50% of the population live in urban areas in an extremely below the poverty condition. As they are lured by massive industrialization, economic and educational opportunities in cities like Chennai, Mumbai, Kolkatta and Delhi are over crowded and the statistics says about one fifth live in slums. Most of the health problems in India are generated from these slums only. Many are exposed to new types of risks associated with industrial pollution, road accidents, air pollution, poisonings, threat to child adolescent health etc.

Drainage system is poor in Cities like Chennai, Kolkata, and Mumbai etc, which cause high incidence of infections, disease and epidemics. High densities of dwellings and lack of internal roads cause poor accessibility for emergency and life saving services. New squatter settlements come up on the periphery often on inhabitable lands because of their low values and cause environmental hazards.

In the recent Bhopal gas tragedy, around 3000 persons mostly from the peripheral slums were killed and it clearly revealed the vulnerability of squatters.

Urban malaria, tuberculosis and pneumonia, leprosy, meningitis, preventable infections in children such as measles, whooping cough and polio, diarrhea diseases and intestinal worm infections are some of the most common health problems apart from higher morbidity and mortality due to accidents.

### III. FAILURE OF URBAN HEALTH CARE SYSTEM

Health Care System in India in the last 45 years has focused on increasing coverage in the rural areas. There has been little or no development of organized health care services for the vast urban areas. The 3,600 odd cities and towns of India with some 40 million people living in slums have to depend largely on private practitioners (mostly quacks) for their health care needs. Out of the 3,000 plus urban local bodies in India only about 100 have some semblance to a Health Care System service while the rest have only a sanitary inspector or even a lower functionary to look after the Health Care System.<sup>8</sup>

It is not uncommon to see medical colleges and hospitals belonging to various medical systems such as modern, ayurveda and homeopathy in one Indian city. India provides an excellent example of medical pluralism. People follow home remedies, spiritual remedies and treatment from various medical systems simultaneously or one after another. Metropolitan urban areas provide medical facilities, which are available in developing countries such as cardiac surgery, treatment of all kinds of cancers, or in brief, for the diseases which are associated with affluence. The major diseases identified in South – East Asia Region under WHO are malaria, filarial and other mosquito – borne diseases, diarrhoea diseases, leprosy, tuberculosis, sexually transmitted diseases, poliomyelitis and other children diseases, tetanus, nasopharyngeal and cervical cancers, visual impairment and blindness, etc.

The organized sectors in urban areas such as employees of government and public undertakings bargain for medical benefits

like Employees State Insurance Scheme and Government Health Schemes. In some cases, medical expenses are reimbursable if treated at recognized hospitals. At the same time, there is a lot of overlap and even the private medical practitioners seem to thrive well simultaneously. However, the unorganized sector such as domestic workers, self-employed, porters, cart-pullers, load-carriers and urban poor mostly living in slums do not get these benefits. They are also deprived of piped water and modern sanitation, or in any case, the facilities are woefully inadequate.

Urban poor, whose hallmark in expenditure is cheapness, get adulterated food and drugs. On an average, milk, milk-products, edible oils, wheat flour, spices and even tea leaves are adulterated to the tune of 50 per cent.

Mental health has yet to receive due attention in India. While westernized urban elite requires the services of psychiatrists in increasing number, for others family continues to provide psychic treatment. If crime rate, suicide, divorce, riots and indiscipline are considered as parameters of mental health, then urban area needs urgent attention.

It is often said that a large proportion of population suffers from protein calorie malnutrition. However, the range of nutrition in which people can function efficiently without getting nutritional deficiencies is wide and what are commonly given, as recommended quantities for intake of nutrients are much higher than what are required.

Urban poor unfortunately use bottle feeding and baby feeds under the influence of commercial advertising on radio, television, and through other popular media like films. The revolution in drugs coincide with freedom from colonial rule. The drug industry has developed out of proportion in comparison with basic amenities like potable water and sanitation.

Pharmaceutical industry measures developed out of proportion of country in terms of intakes of per capita consumption of drugs. In India, drugs are only consumed among 20 per cent urban people. The per capita consumption is perhaps the lowest in the world. However, this code does not represent the correct picture in view of the fact that about 75 per cent population in rural areas and urban poor has yet to have access to drugs. Major share of these drugs are taken away by vitamins, tonics, and antibiotics. It is estimated that out of the total production 25 per cent is taken away by vitamins and tonics, and 20 per cent by antibiotics.

Diseases like dengue fever, hepatitis, tuberculosis, malaria and pneumonia continue to plague India due to increased resistance to drugs.<sup>9</sup> In 2011; India finally developed a *Totally drug-resistant* form of tuberculosis<sup>10</sup>. India is ranked 3rd among the countries with the most number of HIV-infected<sup>11</sup>. Diarrheal diseases are the primary causes of early childhood mortality<sup>12</sup>. Approximately 1.72 million children die each year before turning one<sup>13</sup>. These diseases can be attributed to poor sanitation and inadequate safe drinking water in India<sup>14</sup>.

However for the first time in 2012, India was polio free in its history<sup>1</sup>

### Causes for Poor Health

Always health maintenance has been a problem in India. Health services have been a problem due to lack of education and poverty. Another reason is inadequate in health services due to insufficient health facilities offered to the common men. Funds

allotted by the government for medical facilities are not used for this purpose properly. There are many governments owned and operated hospitals but the doctors are not available in time. Even the people don't know when the doctors will be available in the hospitals. Most of the doctors who serve in the government hospitals have own clinics and spend most of time in their own clinics. In case of an emergency, many hospitals are asked to deposit money first before patient can be admitted. Sometimes the poor do not have money to deposit immediately. Sometimes the poor have been given low quality medicines which leads to many problems. Moreover, the reasons for health care are as follows:

### Poor Sanitation

As more than 122 million households have no toilets and 33% lack access to latrines, over 50% of the population (638 million) defecates in the open<sup>16</sup>. This is relatively higher than Bangladesh and Brazil (7%) and China (4%)<sup>16</sup>. Although 211 million people gained access to improved sanitation from 1990–2008, only 31% uses them.<sup>16</sup> 11% of the Indian rural families dispose of child stools safely whereas 80% of the population leave their stools in the open or throw them into the garbage.<sup>16</sup> Open air defecation leads to the spreading of diseases and malnutrition through parasitic and bacterial infections.<sup>17</sup>

### Inadequate Safe Drinking Water

Access to protected sources of drinking water has improved from 68% of the population in 1990 to 88% in 2008<sup>16</sup> However, only 26% of the slum population has access to safe drinking water<sup>17</sup> and 25% of the total population has drinking water on their premises.<sup>16</sup> This problem is exacerbated by falling levels of groundwater, caused mainly by increasing extraction for irrigation.<sup>16</sup> Insufficient maintenance of the environment around water sources, groundwater pollution, excessive arsenic and fluoride in drinking water pose a major threat to India's health.<sup>16</sup>

### Government takes Steps to Improve Healthcare System in India

Union Minister of Health and Welfare takes steps to improve the healthcare delivery system and several medical facilities. Under the plan the Centre has launched for control of cardiovascular diseases, cancer, diabetes, stroke, sports injury and health of the senior citizens. An amount of Rs.1230 crore has been provided for prevention and control of cancer, diabetes, cardiovascular diseases and stroke. Of this, around Rs.730 crore has been allocated for cancer.

Further, the Ministry had also taken steps to enhance human resources in health sector. The government was expecting an overall increase of 10,000 medical post graduate seats in the next two years. The minimum land requirement for opening medical colleges has been reduced from 25 to 20 acres. The government had also recognized PG degree obtained from foreign countries like USA, UK, Canada, New Zealand and Australia.

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