



Health and Social Welfare towards Transforming India

Ms.Seema Nikalje

PhD, Ankushrao Tope College, Jalna

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Introduction

India is considered to be a welfare state and moreover the largest democracy in the world. From the "First Five Year Plan" itself programmes and schemes have been launched related to social welfare issues as like agriculture and rural development, employment and labour welfare, healthcare, education, etc. The early years after independence in spite of economic scarcity the government was focused on the welfare policies and inclusive development.

The Constitution highlights the necessity of the integration of the social and economic rights with the political freedom apart from outlining the fundamental rights, directive principles and fundamental duties of the citizens. In this sense, the Indian constitution eminently indicates the Indian state being a welfare state. As a sector, health rarely appears in the constitution however there are indirect and implicit references to the role state has to play in the betterment of citizen's health.

This article discusses the health provisions in Indian constitution and reviews several health schemes, the role of existing government machinery for public health its confines and future opportunities towards massive social transformation.

Health and Indian Constitution

The Preamble to the Constitution along with giving directions for the Indian Republic refers to social, economic and political justice and also equality of status and of opportunity. Through social Justice we can raise the question of access to health care facilities and the principle of justice involved in the equality of access to these facilities.

The right to health is not included as an explicit fundamental right in the Indian Constitution however the most provisions related to health are in Part-IV which is the Directive Principles of State Policy (DPSP). These principles are;

- Article 38 says that the state will secure a social order for the promotion of welfare of the people. Providing affordable healthcare is one of the ways to promote welfare.
- Article 39(e) calls the state to make sure that health and strength of workers, men and women, and the tender age of children are not abused.
- Article 41 imposes duty on state to provide public assistance in cases of unemployment, old age, sickness and disablement etc.
- Article 42 makes provision to protect the health of infant and mother by maternity benefit.
- Article 47 makes it duty of the state to improve public health, securing of justice, human condition of works, extension of sickness, old age, disablement and maternity benefits and also contemplated. Further, state's duty includes prohibition of consumption of intoxicating drinking and drugs are injurious to health.
- Article 48A ensures that state shall endeavor to protect and impose the pollution free environment for good health.

Apart from directive principles some other provisions related to health fall in 11th and 12th schedule as subjects of panchayats and municipalities respectively. These include drinking water, health and sanitation, family welfare, women and child development, social welfare etc.

We also see that judiciary has widely interpreted the scope of right to health under article 21 (right to life) and has thus established right to health as an implied fundamental right. Not only article 21 but also other articles under Part-III have been linked to Right to Health. For example, article 23(1) prohibits trafficking of human beings. Since trafficking of women leads to prostitution, which in turn is a major factor in spread of AIDS, this article has been linked to right to health. Similarly, article 24 says that no child below the age of 14 years shall be employed to work in any factory or engaged in any other hazardous employment which is directly related to child health.

Further, in relation to the serious medical cases, the Supreme Court has provided certain directions such as:

Provision of adequate health facilities at public health centers.

Upgradation of sub-divisional level hospitals to make them capable of treating serious patients.

To ensure availability of bed in any emergency at state level hospitals, there should be a centralized communication system so that the patient can be sent immediately to the hospital where bed is available in respect of the treatment, which is required.

Proper arrangement of ambulances adequately provided with necessary equipments and personnel.

Further, the Supreme court in Paramanand Katara v Union of India, a case gave a landmark judgement that every doctor at government hospital or otherwise has the professional obligation to extend his services with due expertise for protecting life of a patient (M.Rangnath).

Health Welfare Schemes

The article, under right to equality, states that nothing shall prevent the state from making any special provision for women and children.

Janani Suraksha Yojana (JSY) 2005 is a safe motherhood intervention under the National Rural Health Mission (NRHM). It is being implemented with the objective of reducing maternal and infant mortality by promoting institutional delivery among pregnant women.

The Mother and Child Tracking System was launched in 2009, helps monitor the health care system to ensure that all mothers and their children have access to a range of services, including pregnancy care, medical care during delivery, and immunizations.

Indira Gandhi Matritva Sahayog Yojana (IGMSY), Conditional Maternity Benefit (CMB) is a scheme sponsored by the national government for pregnant and lactating women age 19 and over for their first two live births. The programme, which began in October 2010, provides money to help ensure the good health and nutrition of the recipients.

The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – Sabla is an initiative launched in 2012 that targets adolescent girls. The scheme offers a package of benefits to at-risk girls between the ages of 10 and 19. The programme offers a variety of services to help young women become self-reliant, including nutritional supplementation and education, health education and services, and life skills and vocational training.

Swadhyayatma Disabled Rehabilitation Scheme 2003, to Create an enabling environment to ensure equal opportunities, equity, social justice and empowerment of persons with disabilities.



The National Programme for the Health Care for the Elderly (NPHCE) is an articulation of the international and national commitments of the Government as envisaged under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 & Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of Senior Citizen. Role of Government in the Health Sector

Health Policy: In India, we need a road map to "better health for all" that can be used by states, communities, professional organizations and all sectors to work as a team towards improving the health of citizens. It will also facilitate changes in resource allocation for public health interventions and a platform for concerted intersectoral action, thereby enabling policy coherence.

Regulation and Enforcement in Public Health: 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.

Health System Strengthening:

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.

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. Pre-service training is essential to train the medical workforce in public health leadership and to impart skills required for the practice of public health.

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. Health profiles published by the government should be used to help communities prioritize their health problems and to inform local decision making. Mechanisms to monitor epidemiological challenges like mental health, occupational health and other environment risks are yet to be put in place.

Health Promotion: To stop the spread of STDs and HIV/AIDS, helping youth recognize the dangers of tobacco smoking and promoting physical activity are a few examples of behavior change and health promotion. These focus on ways that encourage people to make choices for healthy life. Development of community-wide education programs and other health promotion activities needs to be strengthened.

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

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It is true that a lot has been achieved during past years in sector of health with the efforts of national provisions for welfare state and State's role in developing and implementing health policies. The important issues that the government health systems must still confront are lack of financial and material resources, health workforce issues and the management challenge of executing pro-equity policies in a diverse atmosphere particularly for attaining social health transformation for the targeted population.

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