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Health and Economy - A Developmental Approach

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ABSTRACT :

Health is the eminent factor that only determines the welfare of the citizens in a particular country. WHO states that health is "A state of complete physical, mental and social well-being and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders. When all the above needs are fulfilled among the citizens of a particular country, hereafter the country can attain the status of developed status not only in health and also the wealth too.

Keywords: *health, economy, development*

Introduction :

India is having the population of 121 crore, nearly half of the population is barely receiving the medical facilities. Due to the lack of better infrastructure availability and the less number of personnel in medical field of our country the poor standard of health is still continuing. India was severely affected by the disease of malaria, cholera and tuberculosis in past days. In India more number of epidemics is eradicated due to the emergence of medical advancement and the severe efforts made by the state and central governments.

July, 2013 the Indian Council of Medical Research presented an important document "Emerging & reemerging infections in India: An overview". This talks about outbreaks of eight organism of emerging and reemerging diseases in various parts of India. The real situation is that the traditional patterns of diseases are moved out and the modern based globalized diseases are emerging. Epidemics are disasters by themselves but these can emerge in aftermath of other disaster as well. At present Noncommunicable diseases is becoming one among a major public health problem in the country due to changing life styles, increasing stress and tensions due to changes in social and cultural systems in the society.

In this paper the researcher plans to analyze the relationship between health and economic development in our country. The above said two concepts are very important and their role is inevitable at present globalized market. Both are very significant factors that establish a good reputation to a particular country. But health is very important sector than the economy, because with the support of poor health, none of the things will be achieved such as good labour market, employment opportunities and also the national development. With the help of good health condition in our country, we can reach the target of make in India with the stipulated period.

Review of Literature :

Robert W. Fogel finds that between one third and one half of England's economic growth in the past 200 years is due to improvements in the population's food consumption. The existence of an impact of health on economic growth with similar magnitudes has been verified for different time periods and countries, including Latin America and Mexico. The results of historical studies suggest a very strong relationship between health and economic growth. Shetty and James (1994) have stated that Malnutrition is a state of poor nutrition which includes under nutrition, over nutrition, and nutrient deficiency. Malnutrition imposes significant costs on society; an adult being underweight often indicates chronic energy deficiency which is associated with reduced physical work capacity and productivity, and negative pregnancy and maternal health outcomes. Being underweight is also associated with greater risk of morbidity and mortality.

Miranda et al., (2008) and Popkin, (2002) At the same time, increasing urbanization, and changes in diet and lifestyle brought on by globalization and economic development are associated with rising over nutrition and associated chronic diseases, in some cases at a very rapid rate. United Nations (2009) reported that in developing countries, child and adult under nutrition continue to be a major health concern, contributing to both morbidity and mortality. In 2005, 17 per cent of individuals in all developing countries, and 21 per cent of South Asia's population were undernourished. All the above said

researches focused the interrelation between the health and economic development in the global scenario. In India many research studies focusing the importance of health improvement to achieve the remarkable economic development.

Statement of The Problem :

Low health standard affects economic growth directly through labor productivity and the economic burden of illnesses. The poor becomes poorer and the rich becomes much richer. Health also indirectly impacts economic growth since aspects such as child health affect the future income of people through the impact health has on education. This indirect impact is easier to understand if it is observed on a family level. When the mother affected by malnutrition, it may have the chance to brought out weaker baby birth in future. The poor parents cannot spend much of money for their children health, when the child becomes younger at the same time the impact of low nutritional food continues. It automatically influences the productivity of an individual. It is not a single example, like that in our country every year we are losing the maximum level of productivity. Here women and children come under the category of marginalized on health. Due to Low availability of health sources, low income status, caste backwardness, region disparity still maintaining the poor status of health in our country. These are the factors that influence the researcher to select this type of issue by the usage of secondary sources.

Objectives :

- To study the interrelation between the health and economy in India
- To find out the hidden factors that influencing the health status of people
- To elucidate the ongoing effects of poor health
- To analyze various strategies and ways to achieve the economic development

Research design & Sources :

Descriptive research design and the usage of secondary sources has been adopted by the researcher to analyze the problem.

Root causes of poor Economy :

- Illiteracy and dependency on traditional business leads to provide minimum income and also promotes poverty in rural areas
- Poverty creates the issues of malnutrition and less intake of average food that especially affects the health status of children in rural areas
- Lack of financial assistance, non-technical support from government and climate change affects the agriculture business that promotes poor economic status
- Low level food consumption, non-availability of nutritional foods for children leads to promote infant mortality rate in our country
- Patriarchal ideology and discrimination of gender with the support of blind thinking leads to the women group become marginalized one
- Social backwardness leads to promote more number of health problems among women in our country. In many places women did not considered as Human Capital.
- Region disparity, lack of skilled labours and poor amenities leads the continuation of backwardness of industrial development in our country.
- Monopoly market, low price for farm products, penetration of foreign goods creates a hard business war to the local products. Health and Labour

Health and Labour:

India has abundant manpower and cost competitiveness an edge over other countries. However, low labour productivity poses a challenge to India's potential of becoming a manufacturing center. Among many other factors, health is likely to be a key factor leading to low labour productivity. Health is an important parameter with reference to labour productivity. Increased workforce productivity can lead to better skills and improved working environment, making way for faster economic growth and higher investments. Due to the emergence of globalization market lifestyle changes have lead to decreased physical activity, increased consumption of fat, sugar and calories, and higher stress levels, affecting insulin sensitivity and obesity.

Health Status - Global Scenario :

United Nations disclosed the Millennium Development Goals 2014 that shows the following health issues in India

- Despite progress in all world regions, the maternal mortality ratio in developing regions - 230 maternal deaths per 1,00,000 live births in 2013-14 - was 14 times higher than that of developed regions, which recorded only 16 maternal deaths per 1,00,000 live births in 2013.
- Highlighting the extreme differences in maternal mortality among countries, the report said that almost one-third of all global maternal deaths are concentrated in the two populous countries India and Nigeria. India has an estimated 50,000 maternal deaths (17 per cent) while Nigeria has an estimated 40,000 maternal deaths (14 per cent).
- Open defecation is most prevalent in Southern Asia, Oceania and sub-Saharan Africa. The vast majority - 82 per cent of people practicing open defecation now live in middle-income, populous countries, such as India and Nigeria," it said, adding that nearly 60 per cent of the one billion people practicing open defecation live in India.
- In the year of 2012, 89 per cent of the world's population had access to an improved source, up from 76 per cent in 1990. Hunger also continues to decline, but immediate additional efforts are needed to reach the equality among the world people, the UN report (2014).
- The proportion of undernourished people in developing regions decreased from 24 per cent in 1990-1992 to 14 per cent in 2011-2013.

Health Status in India :

- Many Indians have insufficient physically activity (26.4% among males and 25.6% among females (WHO, 2010).
- One-third of non-communicable disease deaths in India involve people less than 60 years of age (David Bloom 2013).
- More than 20% of the population in India has at least one chronic disease and more than 10% of the people have more than one (Patel, 2013).
- The prevalence of diabetes increased tenfold, from 1.2% to 12.1%, between 1971 and 2000. It is estimated that 61.3 million people aged 20-79 years live with diabetes in India (2011 estimates). This number is expected to increase to 101.2 million by 2030. And, 77.2 million people in India are said to have pre-diabetes. About 1 million people died from diabetes in India in 2012.

Current Report on Health:

Union health minister J.P.Nadda released the India Health report: Nutrition on December 10, (India Today, 2015) the report has been prepared by the Transform Nutrition Consortium that analyses the current situation with nutrition at the national and state level in India. The following details are in report of government,

Regarding women :

According to the report, around 55 percent of Indian women aged between 15 and 49 have anemia or low blood cell count. Around 63 percent of mothers in India, who have children aged under 36 months, have received three or more antenatal checkups. It also shows that as many as 44.7 percent of girls aged between 15 to 18 have low Basal Metabolic Rate (BMR). The report also points out that infant malnutrition might be a result of early marriage. It reveals that around 30 percent of women, aged 20 to 24 had been married before the age of 18.

Regarding children:

Over 38 percent of children in India have stunted growth and 18.6 percent children under three years have low birth weight (under 2.5 kilograms). We have to reach the underprivileged work. The report also shows that 69.5 percent of Indian children aged between six to 35 months are suffering from anaemia. Infant health has improved in India in the last 10 years as awareness about the correct baby diet has educated the mothers. At present, around 64.9 percent infants, aged less than five months, are exclusively breastfed. India's situation of malnutrition among children may pose bigger threats in health care for the country in the future. Only 21.3 percent of children under three years of age have received supplementary food recommended by Integrated Child Development Services (ICDS) for 21 days, a month.

Impact of Health on Economy:

- India loses its rapid economic development to preventable illnesses and premature deaths. Non Communicable Diseases are responsible for 60 per cent of deaths in India, account for 40 per cent of hospital stays and 35 per cent of outpatient visits. Since public health expenditure in India is less than 1 per cent of GDP among the lowest in the world individuals and their families bear the brunt of the cost. The World Health Organization (WHO) says this pushes an estimated 2.2 per cent of Indians into poverty each year.
- While India has made plenty of opportunities in the economic growth, the progress in improving health outcomes has been very slow. As a result, India continues to face an extraordinarily high disease burden, which saps the productivity of Indian workers and lowers their earnings. According to a 2010 World Bank estimate, India loses 6% of its gross domestic product (GDP) annually because of premature deaths and preventable illnesses. The main reason behind the poor health of the average Indian is the low level of public investments in preventive health

facilities such as sanitation and waste management, as well as in medical care facilities such as primary health centers and health professionals. High healthcare costs often lead people to delay treatment, aggravating health problems.

- In 2004 poor Indians spent 40 percent of their income on health care; the rich spent about 2.4 percent (Varatharajan, Thankappan, and Sabeena, 2004). Studies found that medical expenses were one of the three main factors pushing people into poverty (Krishna, 2004). Seventeen to 34 percent of hospitalized patients were impoverished because of medical costs (Peters et al., 2002). The heavy burden of health costs in India is not a surprise, given the lack of welldeveloped health-insurance schemes in India. This high burden is exacerbated by several factors. First, the lack of access to affordable care means that people defer preventive and other necessary care. Consequently, when they do seek care, they typically have a more serious and costly medical condition. Second, for those who seek treatment, physician-induced overutilization of care further increases the financial burden of care.

Availability of Health Facilities in India

- In comparison to World Health Organization's (WHO) stipulated minimum doctor to patient ratio of 1:1,000, India has only 0.7 doctors per 1,000 patients.
- Currently, 0.9 million more doctors 12 are required to meet the global average of 14.1 doctor per 10,000 people.
- Moreover, in comparison to WHO's stipulated minimum ration of 2.5:1000, India has only 1.7 nurses per 1,000 patients. An additional 2.4 million nurses 12 are required to meet the growing demand.
- In comparison to global facilities in with respect to healthcare infrastructure, the share of disease burden is much high for India²⁰ and the disease burden on India is further growing with the rising elderly population, which is expected to further grow to 11.8 per cent of the total population ²¹ by 2025.
- Lack of skilled service providers is one of the biggest constraints in the country. The healthcare sector in India is expected to need a 7.4 million strong workforce in 2022 compared to 3.5 million in 2013. Additionally, there is also a requirement of 550 new medical colleges to meet the global average of doctors in 2030.

Fund Allocation of Health By Government :

The Constitution of India makes health in India the responsibility of state governments, rather than the central government. It makes every state responsible for "raising the level of nutritional level and standard of living. High level allocation of funds and awareness among the people lead to make the progressive way in the field of health. Illiteracy, unaware about health practices; stereo type discrimination and individual economic status are having the dominant place in the health forum. In India although states now account for 75 to 90 percent of public spending on health, most of these funds go to salaries and wages, making states dependent on the central government's fund for nonwage items such as drugs and equipment (Selvaraju, 2000). The Indian governmentthe period 2015-16 allocates no more than Rs33,152 crores to finance the health sector. It is very low level that to spend only about per cent of its Gross Domestic Product (GDP). 2013-14 it was 1.3% of its entire expenditure against 4.3% in 2013-14 and 17.8 % of the total social sector expenditure when compared to 18 % in 2013-14, for a crucial sector like healthcare.

Conclusion :

Healthy country can have all developments of its own. Health and equality of gender health is very important one. Gender health equality should promote a remarkable development in the field of Economy. In our country the participation of women in development may increase if we make effective health supportive system to them. The Government should encourage the sector of health by allocating maximum funds. Increasing medical infrastructure availability, enhancing medical amenities, establishing more number of medical educational institutions are the possible ways to get the healthy people in our country. The rural areas should be provided at maximum care for health improvement, because majority of our Indian population living in the rural areas with the issues of malnutrition, poor medical care, lack of healthy food and non-availability of treatment of their diseases. India may have reached the development in the field of science and technology, industrial production and out sourcing field, but the complete economic development will be achieved only by the contribution of all people in our country. It is possible only if all people are to be benefited with rich health facilities. Make in Healthy India is as equal to Make in India concept.

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