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Public Health Paradox in India: A Case Study of Two Tea Gardens in Darjeeling Hills

[1]Sapan Tamang

Assistant Professor of Political Science
Dinhata College, Coochbehar
West Bengal, India, 736135

Abstract: Health is no doubt an important need of human life. It is indeed essential to have a good health to lead a peaceful and bliss life. However, public health in India has always been a matter of great debate and discussion. The present study is a sincere attempt to analyze the important public health programs and policies introduced by the government and its real implications to rural masses in the country. The entire study is made on the basis of case study conducted in two tea gardens of Darjeeling Hills. The primary objective of this paper is to find out the exact condition of public health in rural tea garden areas of Darjeeling Hills. Stratified random sampling with structured open-ended questionnaire has been employed to conduct the survey for the study. The study also suggested to bridge the gap between policy formulation, policy execution and policy application in regard to public health in India.

Key Words: Public Health, Health Paradox, Policy Formulation, Policy Execution, Policy Application

1.Introduction

Health is an important need of human life. The World Health Organization (WHO) charter defines good health as a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity. Public Health in India has always been a matter of discussion and debate. It perhaps been highly neglected in India. There has always been urban rural biasness in regard to health programs and policies. More than 80% of the resources and infrastructure of health are concentrated in the urban India. But the situation of public health facilities and infrastructure in rural India is very pathetic and degrading day by day.

2. Some Important Health Policies in India

People lack basic primary healthcare facilities in rural areas. There is an alarming situation of public health in rural India. The government of India has initiated several programs and policies to address this gigantic problem of public health in India. Notable among them are NFHS, NRHM and DNHP etc. The National Family Health Survey (NFHS) was carried out in early 90s in India. It was initiated by the Ministry of Health and Family Welfare (MOHFW), Government of India and coordinated by the International Institute of Population Science (IIPS) Bombay. The primary aim of the National Family Health Survey (NFHS) was to collect reliable and up- to -date information on health, family planning, fertility, mortality and maternal and child health. The government of India has conducted four consecutive NFHS in a holistic approach in the following years to collect the reliable information of public health in India.

NFHS-1 (1992-1993)
NHFS-2 (1998-1999)
NHFS -3 (2005-2006)
NHFS-4 (2015-2016)

On the basis of the reports of all four NFHS, there are wide state-wise differences in regard to health, nutrition, mortality and fertility rates in India. States like Andhra Pradesh, Goa, Karnataka and Kerala are performing very well compared to the states like U.P., Bihar, M.P. Orissa and W.B. The reports also show that there has been a considerable growth in the awareness level, health facilities, family planning, education etc. in every successive survey report. It is also notified that poor nutrition is less common. Anemia has been controlled throughout the years. The report also shows that more than half the children are anemic in ten of the 15 States/UTs. It further shows that more than half the women are anemic in 11 States/ UTs. Over nutrition continues to be a great health issue for adults. At least 3 in ten women are obese or overweight. (Ministry of Health and family Welfare, 1992-1993, 1998-1999, 2005-2006, 2015-2016).

2.1 National Rural Health Mission (NRHM) is an important public healthcare scheme in India. It was initiated by the UPA government in 2005. The primary objectives of this mission were to 1. Carry out necessary architectural correction in the basic health delivery system... 2. To improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor women and children… To achieve the stated goal three-tiered public healthcare system was introduced in the entire country viz. Sub Centre (SCs) in the village level, Primary Health Centre (PHCs) in the block level and Community Health Centre (CHCs) in the district level units. However, it is indeed true that the ultimate result of the scheme as outlined above was not achieved in a satisfactory manner throughout the years. Scholars and Health Activists have pointed out several reasons some of which are as follows: (a) Deficiencies in physical infrastructure such as lack of electricity supply to Sub Centre (SCs) in many States, (b) scarcity of beds for patients in many Primary Health Centers (PHCs), poor condition of sanitary provision in PHCs and CHCs etc. (c) Shortage of equipment and medicine in all three units in several states was another lack of the scheme. (d) Evaluation report shows that there are scarcities of manpower in all three units in many states. (e) The NRHM also envisages that every village must have an ASHA (Accredited Social Health Activist) who act as an interface between community and public health system. As per the norms for recruiting the ASHAS, they have been selected on the basis of the recommendation of ANMs, anganwadi workers and the panchayat head. But it is evident that in most of the time they have been recruited from the people of influential families, relatives of local leaders or the persons backed by the politicians. In most of the cases even the wives of community health workers were appointed as ASHA worker. (f) The regular training of the health activists and the availability of kits in many health centers are also responsible for its drawbacks. There is no regular and frequent training of health activists; the quality of training also widely varies from state to state. Thus, the ultimate objective of NRHM to deliver the proper healthcare facilities to rural masses has not fully successful in real sense. (Hussain, Jan 22, 2011)

2.2 Draft National Health Policy (DNHP)

Another important public health policy introduced by the government in 2015 was Draft National Health Policy (DNHP) 2015. The main objectives of the policy are as follows: (1) to provide highest possible level of good health and wellbeing through a preventive and promotive health care orientation in all developmental policies. (2) The policy stated that the harmony of purpose between the public and private healthcare delivery system to achieve the goal of "universal healthcare". (3) The policy seeks to deliver a comprehensive set of preventives, promotive, curative and rehabilitative services through the sub centres and PHCs but at the same time it also initiates the "package of services". (4) It also emphasized on the holistic approach and cross sectoral convergence in addressing social determinants of health. The policy also advocated for planned and adequately financed institutional mechanisms to achieve the stated goals. But in real sense, only Swacha Bharat Abhiyan and the Integrated Child Development Services have been initiated and successful to some extent. Further, the health professionals, academicians, health activists and the members of civil society members vehemently oppose and condemn the pro-business formulation of DNHP (Mohan Rao, April 25, 2015). On the other side, the picture of urban healthcare in India is also very derogatory. Around 70% of urban population is suffering from obesity, it is a chronic medical state characterized by too much body fat which has resulted around 10% of couples in the country infertile. The cases of obesity in India have been rising very steadily. There is high risk of pregnancy complication for women due to obesity. According to Dr. Shobha Gupta, medical director and IVF specialist from Mother Lap IVF Centre, "I see 20 patients coming to me for infertility, of which 4 to 5 % are obese" (Statesman)

3. Introduction to the Study Area

The research has been conducted in two rural Tea garden areas of Darjeeling Hills. One Tea Garden is known as Tongsong Tea estate which is around 20 kilometers far away from proper Darjeeling town. It is one of the oldest tea estates of Darjeeling. This tea estate was established long back in 1860s by the Britishers. But unfortunately, this tea estate is closed from last seven years now. People of this garden are facing really a great challenge to sustain livelihood. Another Tea Estate is Pussimbang Tea Estate which is 16 kilometer away far Darjeeling proper town. This estate was established in an around 1890s by Britishers. This tea estate produces one of the fine teas of Darjeeling hills. Presently, the tea estate is owned and run by Lohya group of companies.

4. Methodology

- Questionnaire has been prepared for collecting information from the persons who reside in this area.
- Interviews were employed as another means of collecting data.
- Observation, particularly the participant observation was another tool for this research.
- Survey was another tool for collecting data in this research because the definite region has been taken into consideration for research.
- Primary Sources: Government reports, Official records, Newspapers, elderly experienced people having vast knowledge of life, natural phenomenon, traditions of the society will come to the investigator's help for understanding the real problem of the area
- Secondary Sources: Books, Journals, Magazines etc.

5. Sample Size

100 households from each tea garden have been selected randomly for the purpose of questionnaire and the results are as follows.

Information about Healthcare Facilities

Table-1

Sl. No	Sample	Ante Natal Care	Intra Natal Care	Post Natal Care	New Born Care
1	General public of Tongsong T. E	Nil	Nil	Nil	Nil
2	General public of Pussimbang T.E.	Nil	Nil	Nil	Nil

Table-1 shows that there are no health facilities such as Ante natal care, Intra natal care, Post-natal and new born care available in Tong Song Tea Estate and Pussimbang Tea Estates.

Table-2

Sl.No	Sample	Family Planning and Contraception	Adolescent Health Care	Assistance to School Health Service	Facilities under Janani suraksha yojana
1	General public of Tongsong T. E	2.5%	Nil	7.5%	7.5%
2	General public of Pussimbang T.E.	Nil	Nil	Nil	5%

As per the table-2, it is revealed that 2.5% respondents of Tong Song Tea Estate reported about the services of Family Planning and Contraception, 7.5 % stated about the facilities of Assistance to School Health and Janani Suraksha Yojana. Whereas in case of Pussimbang Tea Estate, only 5% reported of facilities under Janani Suraksha Yojana, except that there are no any other facilities.

Table-3

SL No	Samples	First Aid Facilities	Minor Illness like cough, cold and fever	Visit of health activist in village	Facility for referral of complicated cases of Pregnancy/ Delivery
1	General public of Tongsong T. E	Nil	Nil	Nil	Nil
2	General public of Pussimbang T.E.	5%	5%	10%	Nil

Table-3 reflects that 5% respondents from Pussimbang Tea Estate reported about First Aid Facilities and Treatment of Minor Illness like cough, cold, etc., 10% of them also reported about the visit of health activists in the village. But, none of the facilities are available in Tong Song Tea Estate.

Table-4

SL No	Samples	Immunization as per the govt schedule	Prevention of Diarrhoea and Dehydration	Provision for promotion of sanitation	Field Visit and Home care
1	General public Tongsong T. E	80%	7.5 %	Nil	Nil
2	General public of Pussimbang T.E.	82.5%	Nil	Nil	Nil

Table-4 shows that, 80% of the respondents of Tong Song Tea Estate, 82.5% of Pussimbang Tea Estate reported for the provision of immunization as per government schedule. Similarly, 7.5% of the respondents of Tong Song Tea Estate stated about the prevention of diarrhea and dehydration.

Table-5

Sl No	Samples	NHPs like HIV/ AIDS etc	Provision of Ayush facilities	Visit of Medical Officer in village	Pharmacist
1	General public of Tongsong T. E	Nil	Nil	Nil	Nil
2	General public of Pussimbang T.E.	Nil	Nil	Nil	Nil

Table-5 shows that there are no such facilities available in both Pussimbang and Tongsong Tea Estate.

Table-6

Sl.No	Samples	Health assistants available in village	Nurse/ midwife	Clerk	Laboratory technician
1	General public of Tongsong T. E	Nil	Nil	Nil	Nil
2	General public of Pussimbang T.E.	Nil	Nil	Nil	Nil

Table-6 shows that there are no such facilities available in both Pussimbang and Tongsong Tea Estate.

Table-7

Sl.No	Samples		Driver	Voluntary worker for assisting ANMs	Whether Sub centre located in easily accessible area.	Training of traditional birth attendants
1	General public of Tongsong T. E		Nil	Nil	Nil	Nil
2	General public of Pussimbang T.E.		Nil	Nil	Nil	Nil

Table 7 shows that there are no such facilities available in both Pussimbang and Tongsong Tea Estate.

Table-8

Sl No	Samples	Monitoring of water quality in village	Watch over unusual health events in village	Provision of ICDS
1	General public of Tongsong T.E	Nil	Nil	87.5%
2	General public of Pussimbang T.E.	Nil	Nil	90%

Table 8 shows that 87.5 percent respondent from Tongsong and 90 percent respondent from Pussimbang reported the provision of ICDS facility in their respective areas.

Table-9

SL No	Samples	Immunization of expectant mothers	Referral service	Supplementary Nutrition	Nutrition and Health education
1	General public of Tong song T. E	7.5%	Nil	Nil	Nil
2	General public of Pussimbang T.E.	22.5%	2.5 %	2.5%	Nil

Table-9 reflects that 7.5% of respondents of Tong Song Tea Estate, 22.5% of Pussimbang, reported about the immunization of expectant mothers. The table also shows that 2.5% respondents of Pussimbang T.E. stated about the referral service. Similarly, 2.5% respondents of Pussimbang T.E. reported of supplementary nutrition for women.

Table-10

Sl. No	Samples	Supplementary Nutrition for (Children)	Immunization (Children)	Health Check up	Referral Service	Pre-school education
1	General public of Tongsong T.E	25%	50%	5%	2.5%	55%
2	General public of Pussimbang T.E.	22.5%	60%	2.5%	2.5%	50%

Table-10 shows that 25% of respondents of Tong Song Tea Estate, 22.5% of Pussimbang Tea Estate reported about the supplementary nutrition for children. The table also shows that 50% respondents of Tong Song Tea Estate 60% respondents of Pussimbang T.E. stated about immunization of children. Similarly, 5% respondents of Tong Song Tea Estate 2.5% respondents of Pussimbang T.E. reported of health check-up camp. Accordingly, 2.5% respondents of Tong Song Tea Estate 2.5% respondents of Pussimbang T.E. reported of referral service. 55% respondents of Tong Song Tea Estate, 50% of Pussimbang, reported about the pre-school education of children.

6. Epilogue

It is revealed from the above discussion that except very few healthcare facilities all other facilities provided by the government are not available in both the Tea garden i.e. Tong song Tea Garden and Pussimbang Tea Garden of Darjeeling hills. It is indeed true in Indian context that there is wide disparity in regard to policy formulation, policy execution and policy application in the country. In case of healthcare policies and facilities in India, rural people are very much unaware and deprived. Whether it is due to the lack of education on part of rural masses or it is the administrative loopholes but the fact remains that the rural people are very much deprived of the healthcare facilities that the government made for them. Hence, it is important to have a strong monitoring mechanism in every rural area through which rural people directly connect with government to facilitate all the governmental schemes and programs provided to them in the larger extent.

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