

Role of Constitution in Enabling Intersectoral Co-Ordination Towards Public Health Issues Since Independence

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Introduction

An attempt has been made to review the existing Government machinery for Public Health needs in India, its success, limitations and future scope. The practice of Public Health has been dynamic in India and has faced many barriers in its attempt to affect the lives of the people of this country. Since Independence major public health problems like Malaria, tuberculosis, leprosy, high maternal and child mortality and lately human immune deficiency virus (HIV) have been identified by the Government and Non-Governmental sectors. As a result of social development jointly with scientific advances and health care has led to a decrease in the mortality rates and birth rates.

Public Health in India is a serious Phenomenon. The causes of health inequalities lie in the social economic and Political mechanisms that led to social stratification according to income, education, occupation, gender and race or ethnicity¹. Lack of adequate progress on these underlying social determinants of health has been acknowledged as a glaring failure of public health.

Health systems are grappling with the effects of existing communicable and non-communicable diseases and also with the increasing burden of emerging and re-emerging diseases like drug resistant, T.B, Malaria, SARS, Avian Flu and the current HINI Pandemic². Inadequate financial resources for the health sector and inefficient utilization result in inequalities in health. As issues such as Trade – Related aspects of Intellectual property rights continue to be debated in International forums, the health system will face new pressures. This approach will be a valuable to humanity in realizing the dream of “**Right to Health**”.

“**The Right to Health**” was affirmed at the International level in “the Universal Declaration of Human Rights”, Article 25 in 1948, which states that “Everyone has the right to a standard of living adequate for the health and wellbeing of himself and his family³”.

The preamble to the WHO constitution also affirms that it is one of the fundamental rights of every human being to enjoy. The highest attainable standard of health inherent in the right to health is the right to the underlying conditions of health as well as medical care.

The United Nations expanded upon the “Right to health” in Article 12 of the international covenant in Economic, Social, and cultural Rights in 1966. Not only did this document guarantee the

right of every one to the enjoyment of the highest attainable standard of health but it also practically called for the provision for the reductions of infant mortality and for the healthy development of the child. The improvement of all aspects of environmental and industrial hygiene, the treatment and control of epidemic, endemic, occupational, and other diseases and the creation of conditions which could assure to all medical service and medical attention in the event of sickness⁴.”

In 2000 (The United Nations) the committee on Economic, Social and cultural Rights, the body responsible for monitoring the international covenant on Economic, Social and Cultural Rights calls these the underlying socio determinates of health⁵

- ❖ They include safe drinking water and adequate sanitation.
- ❖ Safe food
- ❖ Adequate Nutrition and housing.
- ❖ Healthy working and environmental conditions.
- ❖ Health related education and information.
- ❖ Gender equality.
- ❖ The right to health contains freedom.
- ❖ These freedoms include the right to be free from non-consensual medical treatment such as medical experiments and research are to be free from torture and other cruel, inhuman or degrading treatment or punishment.

The right to health contains entitlements

These entitlements include

- ❖ The right to a system of health protection providing equality of opportunity for everyone to enjoy the highest attainable level of health.
 - ❖ The right to prevention, treatment and control of diseases.
 - ❖ Access to essential medicines.
- Many of these and other important characteristic of the right to health are clarified in maternal child, and reproductive health.
- ❖ Equal and timely access to basic health services
 - ❖ The provision of health – related education and information.
 - ❖ Participation of the population in health related decision making at the national and community levels.
 - ❖ All services, goods and facilities must be available, accessible, acceptable and of good quality.
 - ❖ Functioning public health and health care facilities goods and services must be available in sufficient quantity with in a state.

They must be accessible physically as well as financially and on the basis of non-discrimination. Accessibility also implies the right to seek, receive and impart health related information in an accessible format, but does not impair the right to have personal health data treated confidentially. The facilities, goods and services should also respect medical ethics and be gender

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sensitive and culturally appropriate in other words they should be medically and culturally acceptable. Finally they must be scientifically and medically appropriate and of good quality. This requires trained health professionals scientifically approved and unexpired drugs and hospital equipment, adequate sanitation and safe drinking water.

The primary duty of the state is to Endeavour the raising of the level of nutrition and standard of living of its people and improvement of public health and to bring about prohibition of the consumption, except for medicinal purposes of intoxicating drugs and of drugs which are injurious to health.

Public interest petitions have been founded on this provision for providing special treatment to children in Jail against health hazards due to pollution against health hazards from harmful drugs for redress against failure to provide immediate medical aid to injured persons, against starvation death against inhuman conditions in after care home.

In a welfare state the main duty of the Government is to secure the welfare of the people. Providing adequate medical facilities for the people in an essential part of the obligations under taken by the Government. The government discharges this obligation by running hospitals and health centers which provide medical care to the person seeking to avail of those facilities⁶.

Thus, the policy recognizes that a holistic approach towards health mental physical & spiritual needs to be adopted after careful assessment of the health needs of the youth.

As per the youth population projection about 21.4% of the total population in 1996 was estimated to be in the age group of 10-19 years of these about 78.4% lived in the rural and remaining 21.6% in the urban areas. The mean age of marriage in the rural areas was 21.56 years for males and 16.67 years for females. In the Urban areas the mean age for marriage was 24.32 years for males and 19.92 years for females. In other words mentally women in India are married during the age of adolescence⁷.

The area of focus of this policy is so far as health of the youth is concerned are:

General Health
Mental Health
Spiritual Health.

Aids, sexually transmitted diseases substance, Abuse and population Education.

General Health

Nutrition: The policy recognizes on urgent need for greater concentration on nutritional studies on the youth – particularly the young women and the adolescents and advocates all measures to lessen the differences between their daily average intake of energy and proteins and the

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recommended daily intake allowances. The policy particularly emphasis on reduction of this gap, which is wider among the children of growing age as per Indian National Nutritional profile, 1998⁸.

The growth rate standard of Indian adolescents measured in terms of Body Mass Index (BMI) viz ratio between weight and Height is lower in India than in most of the industrial nations. Iron deficiency and anemia are common, especially in girls. The growth-related requirements of adolescents often continue beyond the teenage years and overlap with the nutritional needs of early pregnancy, which has an impact on the health of new born children, in addition to the mothers. Discriminatory practices in respect of girls also lead to lack of adequate nutritional intake, which results in mal nutrition, anemia and other micronutrient deficiencies in young girls which are more noticeable in the rural areas. These concerns need to be effectively tackled through appropriate measures including aware generation programmes.⁹

The policy lays emphasis on the importance of hygiene and sanitation in promoting a healthy society. All efforts should be made to inculcate in the youth as sense of hygiene and sanitation right from early education. The youth on their part should be encouraged to organize mass awareness campaigns in their neighborhood to promote better hygiene and sanitation. Their services should also be utilized in creating better sanitation facilities for the community both rural areas and urban slums.

Health Education and Health Consciousness

This policy strongly recommends to the introduction of health education in the curricula of regular and formal education in higher classes of schools and college in non-formal education centers and in every other organized inters action with the youth. The policy advocates that every youth of India should clearly understand the what, why and how of good health within his or her socio-economic parameters. A policy of minimum physical exercise for all should be propagated.

Mental Health

Lack of proper education often leads to mental depression. In an environment that is becoming complex and competitive by the day, the chances of young minds being affected with depression are ever rising. This is particularly so among adolescents who are showing higher incidence of suicidal traits than even before. Against this background, this policy advocates a system of education which teaches the youth to fight back rather than give in. It also recommends establishment of state sponsored and free counseling services for the youth particularly adolescents.

Adolescents exhibit mood swings and might even indulge itself – detective activities such as use of alcohol, drugs and violence, they need therefore to be treated with openness. Understanding and sympathy and offered creative channel to harness their energies. This would necessitate training and capacity building of all professional groups including NGO's working with the youth belonging to this age group⁹.

Spiritual Health

Health of the mind should be coupled with the health of the spirit. Towards this, Yoga and meditation should be propagated widely among the young. Yoga in particular should be target in the schools and colleges.

HIV/AIDS, Sexually Transmitted Diseases and Substance Abuse:

The policy recognizes that the percentage of young people falling prey to substance abuse STDs and HIV/AIDSs being relatively higher, these issues need be tackled as primarily confronting the younger generation. The policy therefore advocates a two – pronged approach of education and awareness for prevention and proper treatment & counseling for cure and rehabilitation, the policy also stresses the need for establishment of adult clinics in large hospitals and similar projects in rural areas to address the health needs of the young adults¹⁰.

Conclusion

Effective addressing of Public Health Challenges necessitates new forms of co-operation with private sectors civil societies, national health leaders, health workers, communities, other relevant sectors and international health agencies WHO, UNICEF, BILL and Melinda Gates foundation and World Bank. Social determinants of health and economic issues must be dealt with a consensus on ethical principles – Universalism, Justice, dignity, security and human Rights.

References

- 1) Government of India, National Health Policy, Ministry of Health and family welfare, Government of India, New Delhi.
- 2) Ministry of Health and Family Welfare Government of India, New Delhi. National Population Policy 2000.
- 3) Facilitator’s Manual on Social Harmony and Human Rights.
- 4) Avasthi, A.P, Indian Government and Politics, Lakshmi Narain Agarwal, Agra, 2007, Pp:404-415.
- 5) The National Youth Policy, Government of India, 2003.
- 6) Ramesh Singh, Indian Economy, New Delhi, 2011.
- 7) India 2009, At a glance, Incredible India Unique Publishers, New Delhi, 2010, Pp:211-228.
- 8) Year Book 2014, V.V.K Subburaj
- 9) General Studies, J.K, Chopra, Unique Publishers, New Delhi 2012.
- 10) Website: www.altawforum.org

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