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Summary, Conclusions and Recommendations

We have tried to collect and collate the available information regarding the status of health of the people of Karnataka. There are many gaps in the information. It follows Finagle's law:

"The information you have is not what you want. The information you want is not what you need. The information you need is not what you can get. The information you can get costs more than what you want to pay."

While many were willing to help, others were indifferent or even antagonistic. The data and information about the health of the people belong to the people. It is the duty of all to share the information.

Some of the data are not reliable. Cross-checking with other sources show disparities. We have tried to use the most reliable sources and data.

As regards, the health of the people, Karnataka is an 'average' state. It is neither at the forefront, nor in the rear, compared to all the states in India.

If we compare Karnataka's health with the neighbouring states and particularly with the Southern neighbours. Karnataka has a long way to go.

Health is a right that can be obtained only through meeting other basic rights. This comes up forcibly when we look at the health status of the disadvantaged groups-children, women and tribals. Unjust structures and relationships lead to ill-health.

1. EMERGING TRENDS

The emerging scenario-economic, social and political-is not conducive to better health of all the people. They tend to widen the gap between the haves and have-nots. The new economic policy favours the rich. The poor become relatively and absolutely more poor and destitute.

The poor are more likely to be sick; sickness leads to poverty.

2. COMPREHENSIVE HEALTH CARE

There is need for commitment to comprehensive primary health care and community health. But the pressures on the State Government seem to be to go after sophisticated, costly secondary and tertiary care.

The costly care makes it unaffordable to the majority of the people. Even when the diagnostic and therapeutic procedures are free, there are hidden costs. Less costly but committed care with concern and compassion is necessary if we are to reach the poor, the lowly and the disadvantaged.

3. HEALTH IN THE PEOPLE'S HANDS

We have to restore health care into the people's hands. Health professionals and workers should help this process, enabling the people to attain and maintain their health. Government, Voluntary Organisations and the private sector should work towards it. There is need for a collective will to create a community movement towards people's health.

Decentralisation as envisaged by Panchayati Raj, is expected to bring greater dividends in health care. The community (and the people's representatives) has to be strengthened and organised. They must become knowledgeable and skilled. There is need for changes in behaviour and health practices. There is need for training.

4. FACTORS WHICH AFFECT HEALTH OF THE PEOPLE

Many factors play a role in determining the health of the people, apart from the quality and extent of coverage of health care services:

- Food and nutrition, adequate in quantity and quality
- Safe water supply and sanitary disposal of waste
- Education, particularly female education
- Employment and improved purchasing power with equity
- Housing and shelter
- Prevention of pollution of air, water and soil
- Other relevant factors.

5. FOOD AND NUTRITION

Food and nutrition must be adequate in energy and quality. The average person in Karnataka is better off than many people in average parts of the country but there are many areas which require urgent and sustained attention.

In children (1-5 years), if we use the well-to-do Indian children as standard, only 11.2% of male children and 20.6% female children had normal nutritional status (1988-89). If we use the National Council of Health Sciences, U.S.A. standard, it becomes only 3.8% and 6.0% respectively. The situation is highly unsatisfactory. Even mild malnutrition can have deleterious effects on the development of the child in the early years. This adverse effect (physical, mental and behavioural) is likely to have continued ill effects throughout life.

Most women are undernourished and anaemic. This becomes worse during pregnancy. Only 14.5% of pregnant Indian women have haemoglobin levels considered adequate (11.0 g/dl or more). The situation is considered similar for women in Karnataka also. It affects maternal health and the outcome of pregnancy.

Added to the inadequacy of food is food adulteration and substandard food. Worse still is contamination with pesticides.

With the new economic policy, with thrust towards more export, there is danger of diversion of land use from cultivation of food crops to cash crops. Food security and nutrition can be affected by such change as also the move to give large tracts of land to industries.

6. HEALTH SERVICES

Karnataka, as successor State of Mysore, had many advantages in health care services. Also the location of certain bodies like the All-India Institute of Mental Health, which was transformed in 1974 into the prestigious National Institute of Mental Health and Neurosciences, helped. How did we lose that advantage?

The characteristics of effective and efficient health care are availability, accessibility and affordability. With high cost of medical care, the poorer people cannot avail of the services. It is necessary to make available competent and compassionate care in all circumstances.

The availability of essential drugs at all times must be ensured. The state must have a drug policy and also a State Formulary appropriate for various levels of functions and expertise.

Karnataka has certain diseases peculiar to it such as Kyasanur Forest Disease and Handigodu Syndrome. It is necessary to conduct intensive search into their causes and find means for prevention and treatment.

7. HUMAN RESOURCES DEVELOPMENT

There is lopsided development of health human power. There has been very large increase in the number of doctors, whereas other categories of health personnel lagged behind.

The capitation fee culture in Karnataka is playing havoc in the quality of education. Started with medical education, it has spread to nursing, dentistry and education of other health personnel.

8. INDIGENOUS SYSTEMS

The people of Karnataka utilise the indigenous systems and homeopathy to a large extent. There has not been very much encouragement in the development of these and other alternative systems.

9. CHILD HEALTH

Infant mortality rate is still unacceptably high. The plan is to reduce IMR to 40 by 2000 AD from 71 in 1990. This is an achievable target. There will be no excuse for not achieving this target and even better.

10. WOMEN'S HEALTH

Women suffer from all the common diseases and additionally from some diseases peculiar to the reproductive phase. Even among the diseases common to all, women's health suffers because of their disadvantaged position in the family and society. Cervical cancer is very common and takes a big toll by way of suffering and death. It is heartening to note that Kidwai Memorial Institute of Oncology is taking steps to prevent, detect and manage Cervical Cancer through a community-based approach.

11. TRIBAL HEALTH

Tribal persons who live in non-forest areas and alienated from their traditional environment have low health and nutrition status. They are prone to a number of diseases such as sickle cell anaemia. Government health care services do not reach them effectively.

12. ENVIRONMENT

The environmental situation is totally unsatisfactory. With the emphasis on starting new industries without sufficient attention to the effect on environment, the situation is getting worse. There is contamination and pollution of rivers and other water sources. Air pollution in cities and towns has reached very high levels.

Garbage collection and disposal are very unsatisfactory. The pollution control measures must be applied more strictly.

13. INJURIES

The main cause of injuries, especially in the

cities and towns, is road traffic accidents. The accidents may be caused by deficiencies in

- driving
- vehicles
- roads

The drivers must be well-trained. Driving licences must be issued only after rigorous testing and determining competence. The road usage behaviour has to improve.

Many of the vehicles are not roadworthy. Checks must be applied on a regular basis.

The roads are in poor condition.

14. DISABILITIES

Karnataka has carried out a survey of persons with disabilities. This is a remarkable achievement. Because of various limitations, we have detected, probably, only the persons with severe or profound disabilities. More refined methods will detect more persons with mild and moderate disabilities.

Once detected, it is necessary to provide rehabilitation and integration into the society. Community based rehabilitation can reach those needing care more effectively and with greater coverage.

15. LAW AND ETHICS

There are many pieces of legislation affecting health care. Unfortunately, they are not applied effectively. The Consumer Protection Act was expected to give quicker relief to those affected by deficiencies in service. But this has not been possible with large numbers of complaints pending disposal.

There is need for the health professionals and health care institutions to follow the codes of ethical conduct. There is a change coming on from ethics of trust to ethics of rights.

16. VOLUNTARY ORGANISATIONS

There are a large number of voluntary organisations in health in Karnataka, but they are unevenly distributed. Where they are active, there is marked effect on all the health indices. There is a need for better networking and playing advocacy roles.

DISTRICTS ACCORDING TO INTEGRATED INDEX OF DEVELOPMENT

Category	1971-72			1981-82			1991-92		
	Rank	District	I.D.	Rank	District	I.D.	Rank	District	I.D.
1. Highly Developed	1.	Bangalore	266.48	1.	Mandya	124.78	1.	Mandya	114.64
				2.	Dakshina Kannada	120.57	2.	Dakshina Kannada	107.09
				3.	Bangalore	113.84			
				4.	Shimoga	107.75			
II. Developed	2.	Dakshina Kannada	148.69	5.	Kodagu	87.91	3.	Bangalore	98.26
	3.	Shimoga	126.60	6.	Bellary	87.54	4.	Shimoga	94.55
	4.	Mandya	123.12	7.	Mysore	85.52			
	5.	Dharwad	114.02						
III. Developing	6.	Mysore	109.69	8.	Kolar	81.93	5.	Kodagu	81.88
	7.	Kolar	105.72	9.	Uttar Kannada	81.70	6.	Hassan	80.45
	8.	Belgaum	99.61	10.	Hassan	80.96	7.	Kolar	80.45
	9.	Kodagu	94.80	11.	Bijapur	80.82	8.	Belgaum	79.52
	10.	UttarKannada	93.79	12.	Belgaum	80.26	9.	Uttar Kannada	78.59
	11.	Raichur	91.24	13.	Chikmagalur	79.83	10.	Mysore	77.82
							11.	Dharwad	76.12
							12.	Chickmagalur	74.11
							13.	Chitradurga	73.23
IV. Backward	12.	Chitradurga	86.37	14.	Chitradurga	72.39	14.	Bellary	69.15
	13.	Chilkamagalur	85.54	15.	Dharward	71.66	15.	Bijapur	66.14
	14.	Bellary	82.21	16.	Tumkur	60.80	16.	Tumkur	64.94
	15.	Hassan	78.28	17.	Bidar	60.35	17.	Bidar	59.25
	16.	Tumkur	76.35	18.	Raichur	50.94	18.	Raichur	57.75
	17.	Bijapur	70.59	19.	Gulbarga	40.48	19.	Gulbarga	50.76
	18.	Bidar	58.23						
	19.	Gulbarga	48.06						

I.D. Index of Development

Source: Karnataka at a Glance, 1991-92: Directorate of Economic and Statistics, Bangalore.

17. REGIONAL DISPARITIES

There are many regional disparities, which affect health. If we use selected economic indicators of development, we can see wide disparity between the districts.

Bangalore Rural and Urban are clubbed together.

18. RECOMMENDATIONS

Recommendations have been made in each chapter. Below are some important ones:

1. DISPARITIES

Improve health care services in the backward districts and areas, enabling them to catch up with other more developed districts and areas.

Have a more equitable distribution of health care services even within the district/area.

2. COMMUNITY PARTICIPATION

Organise the community to take action for health

Train the people and people's representatives (under panchayati Raj and Municipalities Acts) to plan and make decisions.

Ensure that the health functionaries accept the rights of the people to plan, make decisions and ensure their implementation. Health personnel should help.

3. EQUITY WITH QUALITY

Service for the poor cannot be poor service

Have regulations to improve quality of care, whether in the Government, Voluntary or Private Sector and implement them. These regulations must be promotive and enabling and not merely punitive.

4. HEALTH PERSONNEL

Education of all health personnel must be value-based. They must be motivated to provide continuously improving health care.

Abolish the capitation fees system

Have a proper balance in the development of different categories of health personnel to meet the needs of the state.

Improve the competence and managerial capacity of all health personnel at all levels.

The practice of health care must be ethical. Train all health personnel in medical ethics and bioethics.

5. PUBLIC HEALTH

- Have a public health approach, taking appropriate health sustaining measures.
- Improve the environment
- Reduce pollution of all kinds. Apply swift and effective pollution control measures.
- Create health awareness among all the people, leading to action.
- Bring about improvement in life-styles. Take measures to curtail smoking and drinking.

6. WATER SUPPLY AND SANITATION

- Improve quantity and quality of water supply
- Have proper disposal of liquid and solid waste

7. HEALTH INFORMATION

- Correct and complete data and information are required for planning and action

8. NUTRITION

- Comprehensive studies must be conducted to get enough accurate data as regards nutritional status, disaggregated according to age, socio-economic group, etc.
- Take action to correct all degrees of malnutrition, including deficiencies of micronutrients.
- Improve the nutrition of children in the early formative years

9. FINANCING HEALTH

- Increase the budget allocation substantially for health and health related activities.
- Improve the utilisation of the amounts allocated.
- The allocation must be equitable with proportionately higher allocation for comprehensive primary health care.
- Have a comprehensive insurance scheme, ensuring equity and quality of care for all, irrespective of capacity to pay.

10. ALTERNATIVE SYSTEMS OF MEDICINES

- All recognised systems of medicine must be supported and made available, leaving the choice and utilisation to the people.

11. INJURIES

- Enforce the rules of safe behaviour on the roads, factories and elsewhere.
- Insist on fitness of drivers, roads and vehicles.
- Improve environmental safety
- Improve trauma and rehabilitation services.

12. HEALTH CARE SERVICES

- Monitor continuously and evaluate periodically Government health care services-inputs, activities, outputs and impact, developing qualitative, quantitative and process indicators,
- Weed out corruption at all levels and in all areas of health care services.
- Health Care Services must be watchful of emerging health problems such as AIDS and other more
- persistent problems such as tuberculosis and take appropriate action.

13. SPECIAL NEEDS

- The special needs of the vulnerable groups such as tribals, urban poor, women, children, elderly and other disadvantaged persons must be met urgently.
- There is need for better antenatal and delivery care.
- Take measures to achieve the target of Infant Mortality Rate to be reduced to 40 or less, by 2000 AD.
- The special needs of women must be met. These include the special needs during adolescence, reproductive age and later.
- Allocate more funds and utilise them better for the health of the tribal people.
- Special illnesses like sickle cell anaemia require greater attention.

14. MENTAL HEALTH

- Have district level mental health units (psychiatrist, clinical psychologist, psychiatric social worker and psychiatric nurses) in every district.
- The district unit will work in close collaboration with the district hospital.
- Integrate mental health care with primary health care.

15. DISABILITIES

- Extend the survey conducted to detect mild and moderate disabilities and their causes,
- Take measures to prevent or reduce disabilities
- Rehabilitate and integrate persons with disabilities into the society.
- Adopt community-based rehabilitation as probably the best method to ensure adequate coverage.

16. RATIONAL USE OF DRUGS

- Enunciate and implement a Rational Drug Policy
- Have an essential drug list and formulary appropriate for each level of use and expertise available.
- Make available all essential drugs at all times and places.
- Weed out corruption in the matter of drug purchase and supply.

17. VOLUNTARY ORGANISATIONS

- Government should see Voluntary Organisations as true and equal partners and be supportive of their efforts.
- They must be seen not merely as implementors of Government Programmes but also as innovators, issue raisers and trainers.
- Voluntary Organisations must enable the people to plan, decide and take action for better health.

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