Essays on Health Economics

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Dr. Suresh B. Lal

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Essays on Health Economics

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Dedicated to

My Family

Wife- Padma Rathore

Daughter- Pragna Rathore

Son- Sushanth Chaitanya Rathore

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-Prof. B. Suresh Lal

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Preface

When I am writing chapters to bring out a book entitled “Essays on Health Economics and Wellbeing." The world is facing the problems of the Coronavirus (COVID-19), an epidemic that began in the depths of China's Hubei province, is spreading rapidly. It already stepped down to major countries, including the USA, Japan, Italy, South Korea, France, Germany, India, UK, Brazil, Canada, and other countries. Almost every country is going to get an experience of Coronavirus, and it is a negative impact on all sectors of the economy. The outbreak of a severe flu pandemic could cost at 4.8 percent of global GDP.

The Economic and Health Well-Being highlights the need for putting people at the center of policy. It is essential to move for education, health, and environment, towards a growth model that is equitable and sustainable for the next generation.

An economy of well-being has three main pillars. The first pillar is education and skills. Skills are the most critical driver of long-term economic growth. Returns to education more than double once health and employment benefits are accounted for, and education makes reducing inequalities.

The second pillar is health. Evidence shows that good health fuels economic growth, productivity, and individual earnings. The total costs of mental ill-health are estimated at over five percent of GDP– more than 600 billion euro. Around 550 000 people of working-age die prematurely every year in the EU due to non-communicable diseases, 26 percent of all deaths in India of communicable, maternal, neonatal, and nutritional diseases. Another 63 percent of all deaths of non-communicable diseases. Good health is also a critical factor in people's well-being. It allows them to invest in education and skills, access quality employments, and enjoy a better quality of life.

The third pillar is the environment. Studies focus that the environment is playing a vital role in making countries' economic growth and health improvement. Air pollution, climate change, water pollution, and carbon emissions are significant problems now world facing. Employment, income, and food depends on the environment; it is a multiple benefits aspect. Moreover, sustainable development also associated with the environment.

There are other dimensions to an economic and health well-being; for instance, the factors of accessibility can be combined availability, affordability,

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and acceptability, as well as the equitable access to those; and of course, the quality of the environment that significantly affects health outcomes, especially among the poorest. This book will receive proper attention and support from researchers, scholars, and policymakers.

Prof. B. Suresh Lal
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Introduction

This book is the collection of papers and keynote addresses presented in different academic conferences and meetings. Each of these presented here as separate chapters. From a thematic perspective, these chapters are organized into four sections. The first section deals with general health conditions of subaltern communities in rural areas, health practices, socio-economic and health issues, and economic analysis of healthcare services among the tribes. A detailed and insightful analysis with regards to diseases and medical tourism is presented in the second section. Women and child issues are analyzed, health, personal hygiene, inadequate sanitation, child labor, and child ragpickers are covered in the third section. The fourth section addresses environmental issues in the present day scenario and its impact on the health and wellbeing of the people.

General Health Status

India is drawing the world's attention, not only because of its population explosion but also because of its prevailing as well as emerging health profile and profound political, economic, and social transformations. After 64 years of independence, several public and growth-orientated developmental programs have been implemented. Nearly 716 million rural people (72% of the total population), half of which are below the poverty line (BPL), continue to fight a hopeless and continuously losing battle for survival and health. A total health program for the subaltern community's villages is a pre-requisite to check and eradicate vector-borne and water-borne diseases. Facilities should be created in the subaltern community areas to attract a hundred percent deliveries in the hospitals. All preventive vaccinations and injections may be given free of cost to the people, including Hepatitis B and anti-measles vaccines. It is, therefore, essential to update and provide 24-hours hospital facility to the people in the tribal area is presented in the paper "Current Health Scenario of Subaltern Communities in Rural India."

The present paper "Health Status and Health Practices among the Tribes" is an attempt to examine the health status of tribals with related to their environment, sanitation conditions, health practices, age at marriage, conduct of delivery, medical care during the pregnancy and utilization of medical facilities in Warangal district of Andhra Pradesh, India. The findings show that

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the majority of tribes are facing health problems like Anaemia, Diarrhea, TB, Malaria, Jaundice, deficiency of Iodine, and Micro-nutrient. The reasons are lack of hygienic conditions, open defecation of excreta, consumption of alcohol and tobacco, traditional based medication, and lack of awareness.

The paper "Socio-Economic and Health Issues of Banjaras," focused the Banjaras have a unique culture of their own, and it occupies a vital role in Indian culture, their lifestyle is unique which does not have anything in common either with the population of plain areas or with the local tribes who are popularly called as Banjaras or Lambadas or Sugali, or Labhani are different names used for the same community, in different parts of the country. The paper focuses on the socio, cultural, and economic conditions of the present-day scenario of banjara tribes in the globalization era. It examines the various adverse impact of globalization on Banjara's culture, dressing patterns, working, and living conditions. More than 90 percent of Banjaras are now following the non-banjaras traditions for marriages. They are paying dowry as compared to non-banjaras, reasons are education, employment, and they would like to away from discrimination from non-banjaras. The majority of people of this community are now a vicious cycle of poverty, it results in a debt trap, and it leads to the sale of baby girls, migration. Eighty-five percent of the people are consuming alcohol at an early age, 67 percent are under malnutrition, frequently exposing to water-borne diseases. Banjaras culture, social system, administration system, and economic system and their societal values are getting eroded in the globalization era in Telangana tribal villages.

The study finds out that the common diseases general fever, malaria, typhoid, diarrhea, anemia, and jaundice, etc. are more common in tribal areas. The majority of respondents are suffering from fever (35%) followed by malaria (20%), typhoid (15%), diarrhea (12%), anemia (8%), and jaundice (10%). This study examines that the majority of sufferers are low and middle-income groups. Nearly 40 percent of sample respondents had spent between Rs.150 to 200 per visit (consultation of the doctor and medicine), and 35 percent of respondents had spent Rs.100 to 150 per visit. As a result, these diseases causing a heavy financial burden for treatment and loss of employment to the tribals focused on "Economic Analysis of Healthcare Services in Tribal Areas."

Diseases, Medical Tourism Status

This paper focuses on the health impact of alcohol consumption in terms of injuries, illness, disorders, including liver cirrhosis, mental illness, and several types of cancer, pancreatitis, and damage to the fetus among pregnant women and loss of economy. It also focuses there is a strong correlation relation between alcohol consumption and smoker, which is emphasized in the "Impact of Alcohol Consumption on Health and Economy."

The paper on “Awareness on HIV/AIDS among College Students," the HIV/AIDS pandemic, is steadily increasing in severity throughout the developing world. Recently, India has become a rising concern for health care professionals in the field of infectious disease. Most Indian states are experiencing surging prevalence and incidence rates of HIV infection. In order to decrease transmission rates among youth, quality HIV/AIDS education must be implemented in a culturally relevant manner. This paper examines knowledge and attitudes on HIV/AIDS among college going girls of Karimnagar town.

The paper analysis on “The Economic Impact of HIV/AIDS in Tribal Areas” Community learning processes are crucial to increasing resilience to HIV/AIDS in India's remote rural areas. This paper examines the victim's social status, expenditure, and income patterns, reasons for the spread of disease, how respondents' economic conditions responsible for exposure to this epidemic. It also examines and focuses on psychological and stigma/ discrimination in society. This study highlights the tribal groups in Khammam district of Andhra Pradesh, India, to reduce their vulnerability to HIV/AIDS, improve household nutrition, and clean up their environment to reduce opportunistic infections.

Tourism is an important industry contributing to the growth of a country's economy. The tourism industry is closely linked to other industries factors such as the promotion of tourism, medical, industrial growth, globalization and liberalization of trade have given a burst to the health industry and made it competitive. Indian tourism provides employment opportunities, growth of GDP, promotion of healthcare, and earning foreign exchange, examined in "Economic Analysis of Indian Medical Tourism."

Communicable diseases are also called as Infectious diseases. Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites, or fungi; the diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans. Communicable diseases touch our lives at one time or another. The best way to keep communicable diseases at bay is to increase our awareness about them and know how to prevent them; a paper focused on "Communicable Diseases Causes and Remedies."

Diabetes often referred to by doctors as diabetes mellitus, describes a group of metabolic diseases in which the person has high blood glucose (blood sugar), either because insulin production is inadequate, or because the body's cells do not respond appropriately to insulin or both. Patients with high blood sugar will typically experience polyuria (frequent urination), they will become increasingly thirsty (polydipsia) and hungry (polyphagia) the information provided on “Diabetes Causes Symptoms and Treatments."

Women & Child Issues

"Tribal Women's Health Conditions in Andhra Pradesh" is analyzed; around 68 percent of pregnant and lactating women suffer from anemia. Untrained traditional birth attendants generally called Dais attend around 72 percent of all births. The pathetic situation is that dominating tribal areas cannot be solved without any realistic approach. The administration regularly should review all of the projects, and planning is for the appropriate solution of pathetic conditions regarding their weak socio-economic arena. The government also will have to set forward the vision of how they can make life better to be dependent on natural resources, which are most common in dominating tribal districts.

"Sanitation and Women's Health Problems in Rural Areas" is found that poor people living in areas without any Sanitation or Hygiene education spent Six Times more on medical care than people who lived in areas with access to sanitation and who had a basic knowledge of household hygiene. Cholera, typhoid, and diarrhea are transmitted by contaminated water. Most deaths are preventable with simple hygiene and water treatment. Diarrheal diseases cause 2.2 million deaths each year and are a primary cause of child mortality in the world's cities. Intestinal worms infect about 10 percent of the population of the developing world and can lead to malnutrition, anemia, and retarded growth. Malaria, yellow fever, dengue fever, sleeping sickness, filariasis, and other water-related vector-borne diseases are transmitted by mosquitoes, test flies, and others.

"Economic Impact of Inadequate Sanitation on Women's Health" is focused that the majority of rural households are facing various health problems of sanitation-related. A research study conducted in the Warangal district in two villages emphasis that 94 percent of the women are facing the problems of abdominal pain, 86 percent uterus related problems, 85percent urine burning problems, and 42 percent water burn diseases, air, and water combined 30. The sanitation service ladder parameters reveal that open defecation is rampant, and access to sanitation facilities is far from within reach for many households. An intensive approach is needed to prevent villages that achieve open defecation free status from slipping back and to address the sanitation crisis in many villages in rural India.

Personal hygiene is a critical issue for adolescent students. As hands are the primary mode of transmission of infectious disease among school-aged children, simple hand washing with soap helps to protect children from the two common global pediatric killers- diarrhea and lower respiratory infection. The study observed that the majority of school-going boys are practicing personal hygiene. More than 90% of children are adolescents. 37% of children are pursuing class VII, and 44% of parents are illiterates. 100% of boys do a regular bath, and 91% brush their teeth daily. 100% of students practicing hand wash

and 48% used soap for hand wash. 66% of students replied that they wash hands after the toilet. 85% of students are maintaining their clothes clean and neat. It is also observed that 64% of students share their combs with other students. 84% of students trim their nails regularly, and 58% percent of students used handkerchief at the time of cough and sneezing. 56% of students get awareness on personal hygiene issues from their teachers' is analyzed in "Assessment of Personal Hygiene Knowledge and Practices of Schooling Children."

This study examines the associations between body mass index (BMI), socio-economic status (SES), and related academic performances of school-going girl students in Warangal district of Telangana State, aged 12-17, who studying 8th, 9th and ten classes. Mixed qualitative and quantitative methods include Chi-Square measurement and semi-structured interviews gathered in 2017, as well as participant observation. BMI was positively associated with years of schooling, income, and literacy, all measures of SES. A statistical analysis of our data indicates that increased income and increased literacy are significantly positively associated with BMI. Preference for food quantity over dietary diversity, the economic and social influence of a family. How SES and BMI are positively associated and can inform future public health interventions related to obesity and undernutrition examined in "Body Mass Index and Socio-Economic Status of School Going Children."

A study is presented on "Child labor in India Economic and Health Conditions," the term child labor is often used synonymously with employed children or working child. Child labor is a work that involves some degree of exploitation- physical, mental, economic, and social which impairs the health and development of children; they constitute nearly 255 million economically active in the age group of 5-14 years. Most of these children are working in very hazardous conditions in rural and urban sectors. In India, the extent of child labor is not as large as in Turkey, Thailand, Bangladesh, Brazil, Pakistan, Indonesia, Mexico, and Egypt. 97% of children are in 12-15 years category their Mean age is 1.77 very critical age group of children are found working in various informal units. Female child labor is more vulnerable threw than male child labor. 57% of children, both male, and female, studied primary level education. 76% of families having 4-6 family members. >68% are working in the field of agriculture. >75% are started working as labor at the age of 8-10 years. Fifty-three percent of samples tribal children are working 5-8 hours per day, and 47% are working more than 8 hours per day. More than 75% of children earning less than a dollar per day. Ninety-five percent of sample child labor expressed that, owner abused and threatened. 58% sample respondents' opinion that they faced scolding/abuse, harassment, and reduction of wages. The study examines poverty, and poor economic conditions are the root cause of child labor in rural areas of the study. Therefore, the social development model is the only