Title of Article: Need for New Policies and Programmes for Health Promotion in India
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Abstract: India is one of the backward countries in the field of health promotion and population control among several nations in Asian continent as shown by her health indicators. Wisdom demands that India gain experiences from most of these Asian countries which are far ahead (of India) in the field of health and population control programmes. The paper made a comparison between India’s programme with Malaysia. The characteristics of these two countries are quite similar in the field of ethnicity, religion, duration of independent and level of development at the time of attaining freedom. This comparison revealed that while India spent 7.3 percent of the plan allocation for health and family welfare programmes, Malaysia spent 25% of her budget for the promotion of this programme. The differential investment made for health and family planning by these two developing countries of Asia, India and Malaysia with the former facing one of the highest incidence of health indicators-IMR 122, CDR 15, CBR 32 and life expectation at birth of 59; in contrast to very low IMR 31, CDR 7, CBR31 and life expectation at birth of 64 for Malaysia. Based on the above differential, there is need for a new policies and programmes for health promotion in India which is a major concern and focus of the paper. In this context few policy suggests have been put forth in this paper namely in the form of establishment of guidance counter to minimize frustration and difficulties of patients in getting registration for ordinary medical check-up; expansion of outreach through NGO involvement in health care delivery services; improvement on the worker-population ratio; encourage effective inter-sectoral coordination; compulsory health and sex education for all; better human relations among health care providers and special comprehensive health package for children, pregnant mothers and elderly people. The paper finally concludes that to achieve the above new thrust areas, there should be realistic increase in allocation of finance for the health programme, maximizing the use of existing facilities, improvement in infrastructural facilities and priority for certain programmes and clients.
Key words: Health, promotion, population control, family planning