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A Study of the Right to Health in India and its Awareness among the People

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1. ABSTRACT

India is a democratic country where various Fundamental rights and freedom are assured to the citizens under Part III of the Constitution without any discrimination and Right to Health is one amongst them. Although not explicitly mentioned in the category of Fundamental Rights, it has come to occupy the status of Fundamental Rights through various landmark decisions of the Hon'ble Supreme Court. Since it has not been explicitly included in the category of Fundamental Rights under Part III by constitutional amendment, there is lack of awareness among the public about this basic rights. The objective of this research is to study the level of awareness of the public regarding the Right to Health. The research is based on primary data collected through questionnaire survey which was conducted on 100 respondents through online questionnaire. In this survey the researcher found that only 26% of the respondents are only aware of the Government sponsored health schemes and insurances while 74% are not aware of it. 71% of the respondents were found to be unaware of the fact that right to health is a Fundamental Right. Although the Government has introduced various health schemes for providing better health facilities to the people, only a small percentage of the respondents are aware of the same. Thus, there is a need to create awareness among the people for better implementation of the Fundamental Right to health.

Keywords: Right to Health care, Awareness, Fundamental Right, Hospitals, Health Insurance.

2. INTRODUCTION

The preamble of the World Health Organization (WHO) defines health as, "a state of complete physical, mental and social well-being and not merely absence of disease or infirmity" (Preamble, W.H.O). The Universal Declaration of Human Rights (UDHR) has also laid great emphasis on importance of health in the life of the people and defines health as, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (UDHR,1948, Art.25). Right to Health is also recognised in various International Covenants. India being a party to various international covenants like International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) which directly or indirectly ensures right to health to mankind, various provisions are incorporated in the Indian Constitution to ensure that the highest attainable standards of health both physical and mental are within the reach of the common people (ICESCR, 1966, Art.12).

In India Right to Health was not included as a Fundamental Right under Part III of the Constitution of India but the framing fathers of the Constitution incorporated various provision in the category of Directive Principles of the State Policy (DPSP) through Articles 39(e), 39(f), 41, 42, 47 and 48A inorder to ensure that health care facilities are within the reach of the common masses of the country because without providing health care facilities to the people India cannot dream of becoming a truly welfare state. Although, fundamental in nature the governance of the country, these DPSP is not enforceable through courts and depended on the will of the States for their implementation. Thereafter realising the importance of Right to Health, Hon'ble Supreme Court of India, who is the guardian of the Constitution as well as protector of the rights and freedom of the people played a very enthusiastic role and adorned it with the status of Fundamental Rights by widening the scope Right to Life under Article 21(Pandey, 2015) of the Indian Constitution through various landmark judgements like (Paschim Banga Khet Mazdoor Samity v. State of West Bangal, 1996) and (Parmananda Katara v. Union of India, 1989).

The Government of India, in its commitment to the Constitution has introduced various a three-tier public health system, health care schemes and insurances to provide quality health care facilities to the people like Ayushman Yojana, Pradhan Mantri Swasthya Bima Yojana, Mukhyamantri Swasthya Bima Yojna wherby the citizens can get free treatment in various empanelled hosopitals at the State and National level.. The Government has also introduced various mechanism for redressal of public grievances if these rights are violated by the Government agencies. The public can file complaints in the Consumer Forum as well as approach the courts. But it is a fact that inorder to reap the benefits of these schemes, the public needs to be vigilant. The Government can only introduce schemes and policies but the fruitful

implementation depends on the awareness of the common people. It was reported in Dainik Bhasker Newspaper on 02 September, 2021 that out of 1100 Clinics and Nursing Homes in Chattisgarh, 400 of them has only obtained Certificate of Disposal of Bio-medical Waste form the Environment Department and the rest of them are throwing medical wastes in the open causing causing huge risk of infections and health hazards to the people living in the vicinity (Dainik Bhaskar, 02, September, 2021). But no action was taken till that time by the people. Similarly it also reported about lack of doctors and nurses, insufficient beds in, lack of drinking water facilities and lack of hygiene and toilet facilities in certain Government Hospitals. People many a times suffer from medical negligence or lack of hygiene in the hospitals but refrain from taking action on it. It is the duty of the people to bring these shortcomings into the knowledge of the Government so that actions can be taken to remove these shortcomings for better implementation of the Right to Health. Unless the people are aware and vigilant, right to health and health care facilities within the reach of the people will a distant dream.

3. Review of Literature:

Zaman Tabrez Uz, Dutta Sujit Kumar, (2018)

In this research paper, the researchers have highlighted the dissatisfying and dilapidated state of health of the people living in the slum areas in Guwahati, Assam which is adversely affecting their health inspite of the various initiatives taken by the Guwahati Municipal Corporation. The researcher stated that lack of awareness and participation by the community is a stumbling in improving the health conditions of the people living in those slum areas.

Singh Babita Dr., Chaddha Sweta (2018)

Through this research article the researchers have studied women's right to health and well-being as well as the various impediments in the way of health rights of women including lack of awareness and also studied the various health schemes available for the protection and advancement of the health rights of women.

Joseph Kutty Johny, Devu K Babitha (2019)

Through this research article the researchers have studied the burning concept of Organ Transplantation and studied the Transplantation of Human Organs and Tissues (THOT) Rules 2014 provides guidelines regarding transplantation of human organs and prevents the commercial dealings of human organ but the procedure is very rigid and many patients loses their life as they do not get organs transplanted in time due to technicalities involved in the Act.

4. Statement of the Problem:-

A Study of the Right to Health in India and its awareness among the People.

Health is one of the Fundamental Rights guaranteed in India but inspite of various schemes and insurances introduced by the Government, people are unable to enjoy quality health care.

5. Objectives of the Study:

- 1. To study the level of awareness among the people about the right to health.
- **2.** To study the impact of age, gender, geographical location and educational qualifications on the level of awareness of the people about their right to health.

6. Hypothesis:

1. Lack of awareness among the people regarding the Right to Health is an impediment in implementation of the Fundamental Right to Health of the people.

7. Methodology:

The study is based on primary data collected by the researcher through an online questionnaire survey and the careful analysis of the data received from the respondents. The questionnaire has been shared through Watsapp groups and Facebook in which a total of 100 persons responded to our structured questionnaire.

Chi^2 Test has been used to test the hypothesis.

$$\chi 2 = \sum (O - E) 2E$$

Where,

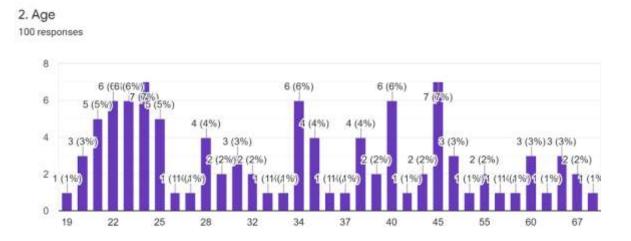
- O: Observed frequency
- E: expected frequency
- Σ :summation
- Chi ²:Chi Square Value

Significance Level: - 0.05

8. Research Findings and Discussion:-

The following are the basic details of the respondents who responded to the online questionnaire survey.

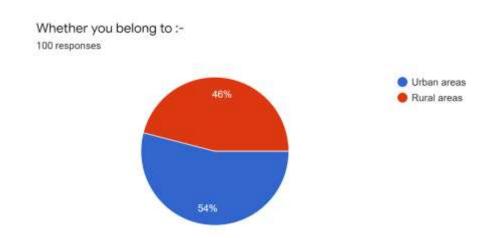
Graph-1 (Age Group of the respondents)



Analysis of data:-

The questionnaire was designed to receive responses from persons above 18 years of age. It can be seen that people between the age group 18-67 responded. Health has become a cause of concern irrespective of age. Particularly during the outbreak of pandemic COVID-19 people between the age group 18 above were severely effected and worst was the situation of people above 60 years of age.

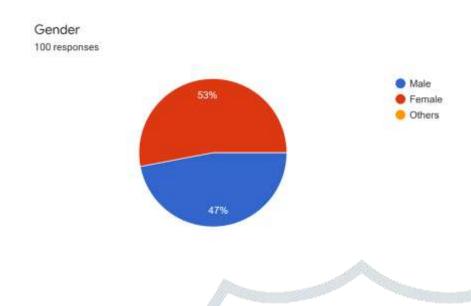
Graph 02 (Geographical Status of Respondents)



Analysis of data:-

The above graph shows that out of the 100 respondents, 54 belonged to the urban areas and 46 respondents belonged to the rural areas. This shows that people belonging to both the rural and urban areas are equally concerned about health.

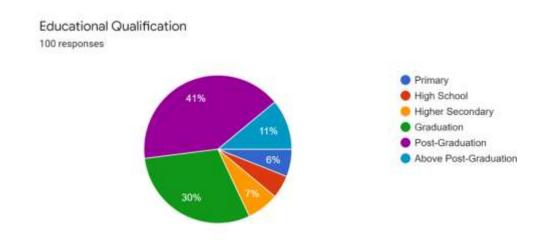
Graph 03 (Gender Status of the Respondents)



Analysis of data:-

The above graph shows that out of the 100 respondents 53 were females and 47 were males. It shows that women are also concerned about health matters and believes in expressing their opinion.

Graph 04 (Educational Qualification of the Respondents)



Analysis of data:-

The above graph shows that people having primary education to Ph.D participated in the survey. 6% of the respondents possessed primary education, 5% were High School, 7% were Higher Secondary, 30% were Graduates, 41% were Post Graduates and 11% possessed qualifications above Post Graduation. From the responses received from the respondents it becomes clear that level of awareness about Right to Health is the same in people possessing higher qualifications to that of people with lesser educational qualifications.

9. Data Analysis and Interpretaion

The researcher has prepared an online questionnaire consisting of five questions to study the awareness level of the public. To this online questionnaire 100 responses were received.

Table 01

Awareness regarding Government sponsored Health Schemes and Insurances

Question	Categories	Observed	Expected	Difference	Difference	Diff.
					Sq.	Sq/Exp.Fr
Are you	Yes	26	50.0	-24.00	576.00	11.52
Aware of	No	74	50.0	24.00	576.00	11.52
Government		Total-100				Chi^2=
Sponsored						23.040
Health-care		69				
Schemes	A	<i>y</i>			The state of the s	
and	7				M.	
Insurances			JUL			

The Chi^2 value is 23.04. The p-value is < .00001. The result is significant at p<.05

Table 02

Awareness regarding Right to Health as a Fundamental Right

Question	Categories	Observed	Expected	Difference	Difference	Diff.
				AIR	Sq.	Sq/Exp.Fr
Do you	Yes	27	33.3333333	-6.33	40.11	1.20
believe that	No	2	33.3333333	-31.33	981.78	29.45
Health is a	Don't	71	33.3333333	37.67	1418.78	42.56
Fundamental	Know					
Right in		Total-100	100			Chi^2=
India?						73.220

The Chi^2 value is 73.22. The p-value is < .00001. The result is significant at p<.05

Awareness about the remedies available against violation of Right to Health

Question	Categories	Observed	Expected	Difference	Difference	Diff.
					Sq.	Sq/Exp.Fr
Do you	Yes	34	50.0	-16.00	256.00	5.12
know about	Don't	66	50.0	16.00	256.00	5.12
the	Know					
remedies						
available		Total-100				Chi^2=
for the						10.240
violation of						
Right to						
Health?						

Table 03

The Chi^2 value is 10.240 The p-value is .00137. The result is significant at p<.05

Table 04 Awareness regarding the obligation of the Government to protect the right to health of the people

Question	Categories	Observed	Expected	Difference	Difference	Diff.
		III A S			Sq.	Sq/Exp.Fr
Do you	Yes	24	33.3333333	-9.33	87.11	2.61
believe that	No	6	33.3333333	-27.33	747.11	22.41
Government	Don't	70	33.3333333	36.67	1344.44	40.33
has an	Know				W I	
obligation to	1	Total-100	A TOTAL			Chi^2=
protect the			N. W.			65.360
right to	V.	A SHOP A		V A		
health of the	4		1			
people?				Y		

The Chi² value is 65.360. The p-value is < .00001. The result is significant at p<.05

Table 05

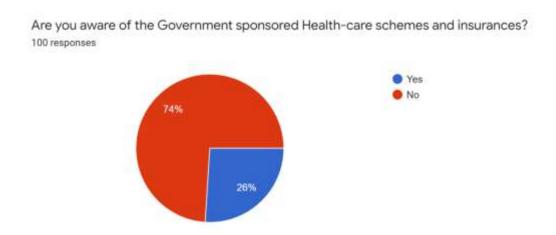
Awareness about the extent of protection of Right to Health in the State

Question	Categories	Observed	Expected	Difference	Difference	Diff.
					Sq.	Sq/Exp.Fr
Would you	Yes	36	33.3333333	2.67	7.11	0.21
say that	No	21	33.3333333	-12.33	747.11	4.56
the Right	Not Sure	43	33.3333333	9.67	1344.44	2.80
to Health		Total-100				Chi^2=
is						7.580
protected						
here in						
your State?						

The Chi^2 value is 7.580. The p-value is .0226 The result is significant at p<.05

Graph 05

Awareness regarding Government sponsored Health Schemes and Insurances

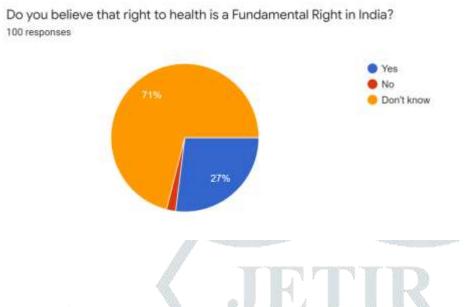


Interpretation:-

It is a fact that health schemes and insurances sponsored by the Government is one of the main sources to implement Right to Health as well as to bring the health care facilities within the reach of the common people. The above graph shows that although the respondent population consisted of people with high educational qualification only 26 % of the respondents were aware of the Government sponsored health care schemes and insurances. Through these schemes the beneficiaries can avail free treatment at various empanelled hospitals. But only 26 of the respondents were aware of the Government health care schemes and insurances. Thus majority of the respondents are unaware of the Government sponsored health care schemes and insurances. The Chi^2 value was found to be 23.04. The p-value is < .00001. The result is significant at p<.05. Thus, they have to spend a considerable amount of their hard earned money on health. This is one of the main reasons for which people do not get timely medical facilities.

Graph 07

Awareness regarding Right to Health as a Fundamental Right

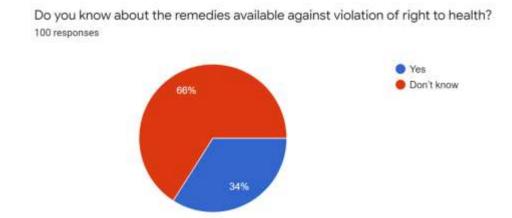


Interpretation:-

The above graph shows that out of 100 respondents 71% are unaware of the fact that Right to Health is a Fundamental Right. Only 27% the respondents are aware of the fact that Right to Health is a Fundamental Right in India. 2% of the respondents do not believe that Right to Health is a Fundamental Right. According to the Chi Square Test, the Chi^2 value is 73.22. The p-value is < .00001. The result is significant at p<.05 It means that majority of the respondents are not aware of the Fundamental Right to Health under the Indian Constitution.

Graph 08

(Awareness about the remedies available against violation of Right to Health)

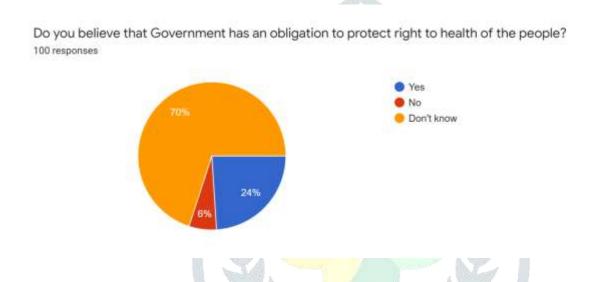


Interpretation:-

From the above graph it can be seen that out of the 100 respondents 66% of the respondents are unaware of the remedies available against violation of Right to Health. Only 34% are aware of the remedies for the protection of Right to Health. According to the Chi Square Test, the Chi^2 value is 10.240. The p-value is .00137. The result is significant at p<.05. This shows that majority of the respondents are not aware of the remedies available against the violation of Right to Health.

Graph 09

Awareness regarding the obligation of the Government to protect the right to health of the people

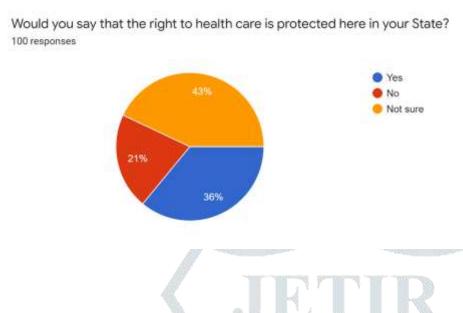


Interpretation:-

The respondents were asked whether the Government is obliged to protect the Right to Health of the people and the above graph shows that only 24% of the respondents were aware that the Government is under a constitutional obligation to protect the Right to Health of the people. 71% were ignorant of this main obligation on the part of the Government to protect the health rights of the people. According to the Chi Square Test, the Chi^2 value is 65.360. The p-value is < .00001. and the result is significant at p<.05. This shows that majority of the people are unware of the Governmental obligation to protect the Right to Health of the people.

Graph-10

Awareness about the extent of protection of Right to Health in the State



Interpretation:-

The respondents were asked about the extent of protection of Right to Health in the State. The above graph shows that only 36% responded positively, 21% said that Right to Health was not protected in the State. Whereas majority of the respondents i.e 43% were not aware of the protection of Right to Health in the State. According to the Chi Square Test, Chi^2 value is 7.580. The p-value is .0226 and the result is significant at p<.05. This means that the majority of the people are unaware of the governmental obligation under the Constitution to protect the health rights of the people.

10. Conclusions and Suggestions:-

It is rightly said that a sound mind resides in a sound body and success of Indian democracy depends on the responsible behaviour of its citizens. Hence, Right to Health is the basis of all other rights. Constitution and Government can only guarantee rights as well as remedies for their violation but the real enjoyment of the right to health depends on the awareness and vigilance of the people.

Moreover, Right to Health in India is a Fundamental Right by judicial interpretation and is not expressly mentioned in Part III of the Constitution of India. Due to this reason even the educated persons are unaware of this basic Fundamental Right. The Right to Health can be fruitfully enjoyed by the people if it is made a part of 'Right to Life' under Article 21 by Constitutional Amendment just as the Right to Education was added as a Fundamental Right under Article 21A by 86th Constitution Amendment Act, 2002 (Pandey, 2015).

Thus to ensure Right to Health to all the people of the country it is necessary to create awareness among the people. It is not sufficient merely to introduce various health schemes and insurances but people should also be made aware of these Government Schemes. Without awareness the health care delivery system will never be able to fulfil its objective of providing quality health care facilities to all- even to the last person sitting in the remote village of the country.

The following suggestions can be made on the basis of the above study:-

- 1. The Government should make more effective measures to make the common people aware about their right to health and the Government sponsored Health care insurances and schemes. For this the Anganwadis should be strengthened and the Anganwadi workers and AASHA workers should be properly trained and remunerated.
- 2. The Non-Government Organisations(NGOs) can also play a vital role in making the people aware about various the various aspects of right to health and the related schemes. Hence, their role should be encouraged in creating awareness at the grass root level particularly in rural and remote areas of the country.
- 3. The role of the Village Panchayats should also be more encouraged and sufficient funds should be allotted to them to conduct various programmes at village level to create awareness among the people regarding health and the various Government health care schemes and insurances.
- 4. Awareness among the people regarding Right to health can also be created by holding health awareness campaigns, workshops, conferences, nukkad nataks, disseminating leaflets and pamphlets, short advertisements in T.V about newly introduced health schemes and organising programmes through print as well as electronic media.
- 5. Initiative should be made by the Government to include health care as a fundamental right under Article 21 by Constitutional amendment. When right to health becomes a constitutional guarantee people will become more and more vigilant and aware. Moreover the Government authorities and agencies will be more committed to the protection of Right to Health.

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