

REITERATING THE CONCEPT OF 'KERALA HEALTH MODEL' IN MODERN TIMES

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Keywords: Health -Infrastructure- Kerala Model- Neo Liberal Policy- Travancore- Transition.

ABSTRACT

World Health Organization in its preamble to its constitution defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. It categorically states that the benefit of the highest attainable standard of wellbeing is one of the fundamental rights of every citizen, irrespective of the country they reside in. It postulates that health should be provided without distinction of race, caste, creed, religion, political belief, economic and social condition.

Health care at low cost was our motto and hence a diseases free environment was set up in the state. Even though the state was going through critical financial crunch it didn't challenge the development process in the health sector. Kerala is well recognized in international public health circles as a region where its citizens enjoy good health. Infant mortality and longevity match that of European nations, and the prevalence of severe degrees of malnutrition is the lowest in India. Demographic indicators highlight the impressive health accomplishments of the state when compared to the rest of the country.

But this whole process started to slow down in the last phase of the twentieth century. The new LPG policy introduced by the Central government of India brought cataclysmic change into the health sector of Kerala. This paper travels to unravel the downfall of this sector.

INTRODUCTION

It has been truly said that medicine was conceived in sympathy and born out of necessity; and the first doctor was the first man, and the first woman the first nurse. The prehistoric man, motivated by feelings of sympathy and kindness, was always at the behest of his kindred, trying to provide relief in time of sickness and suffering.¹ A nation's scope for development is deeply rooted in

the health of its population. A healthy workforce is a boon for the country as it can achieve better prospects compared to an ailing nation.

The state of Kerala which is located in the south western tip of India is an example for the world, as it has a rich history of providing treatment to its people without any prejudices. The treatment system in the nation was not based on illness and treatment. Various factors played a crucial role in determining the treatment of an individual. Important among them were diet, climate, beliefs, supernatural, superstition and the stature of the person. It was an advanced form of treatment in a way. There were vaidyans, priests, herbalists, prestidigitator, necromancers and shamans who offered help for diagnosing and treating patients. They used plants, animal products, offering to gods, minerals, spirits, stars, voodoo, energy, and many other methods at their disposal for treating the ailed in the society.

The role played by the Christian Missionaries in this regard should also be appreciated. The cardinal idea of these missionaries was conversion of people to Christianity.² They wanted to influence the high caste Hindus; hence they used western medicine as a tool to attract people to their realm. Whatever the reason may be, treatment they provided to the natives irrespective of their class and creed helped to deal with problem of epidemics. Unlike in education, government institutions dominated medical activities in Travancore from the beginning.³ The role of the Royal family (especially in Travancore) should be mentioned in this context as they played a crucial role in setting up the health infrastructure in the state of Kerala.

The erstwhile native states of Kerala played a phenomenal role in underpinning the health sector to modern lines, by dispensing hefty amount of its budget for infrastructure development. This helped to create a burly health infrastructure, of which the modern state of Kerala capitalized on. The new state of Kerala was formed on 1st November 1956 by merging erstwhile states of Travancore, Cochin and Malabar. The first Communist Ministry which came into power on 1957 had to face numerous challenges regarding the health sector. Malabar state which was merged with newly formed Kerala was backward in overall health indicators and infrastructure. She was battered and bruised. But the state of Travancore was the pioneer in this field and was able to incorporate western ideas into its health sector.⁴ It fetched far reaching results and projected herself as a welfare state.

The governments that came to power worked hard and made name for themselves by tiding over this problem and bringing people under the ambit of its health policy. They were keen in the development of Public health infrastructure. As a result a major chunk of its revenue was set aside for the public health department. New hospitals with inpatient facilities were established under the banner and free treatment was provided to its population. Government hospitals became more popular among masses compared to private sector hospitals. Radical changes that occurred in fields like Public distribution system, land reforms, education, and transportation had a positive impact on the health sector of Kerala.⁵ This increased the overall health status of Kerala.

The health status of the population is shaped many factors including the level of income, standard of living, housing, sanitation, water supply, education, health consciousness, personal hygiene and coverage and Accessibility of medical facilities.⁶

Kerala excelled in all these departments. Kerala was an industrially backward state during this time but that didn't become a hindrance for the development in Health sector. As a result longevity increased and infant mortality declined. Maternal mortality also showed diminishing trend during the period. Almost all health indicators went up and state became an example for the country and the world.

This captured the imagination of academicians all over the globe. The locution 'Kerala Model' was espoused by the scholastic community after the publication of an article titled 'Poverty, Unemployment and Development Policy: A Case Study of Selected Issues with Reference to Kerala'. It was authored by Raj K.N. Even though the title as such was not used in the work, the scholars who followed him used this term to differentiate the Kerala experience from other state.⁷ The model was designed to work like the Marxian paradigm that aims at the conspicuous deliverance of people from the realm of necessity to the realm of freedom.⁸

But now the so called Kerala Model in Health is facing its gravest challenge. Morbidity rate in the state is at an all time high and superseded the national average. Morbidity in simple words can be defined as a departure from a state of physical or mental well being resulting from disease or injury of which the individual is aware.⁹ According to a study conducted by the National Sample Survey Organization, the morbidity rates of Kerala ranges from 71 per 1000 for acute ailments and 84 per 1000 for chronic ailments. For rural areas it was identified at 22 and 21 for acute and chronic illness respectively.¹⁰

Kerala Shastra Sahithya Parishad organized an advanced study in the year of 1987. Results of this project were astounding. Acute illness increased to 206.39 per thousand and chronic illness advanced to 138.2 per thousand.¹¹ National Sample Survey Organization report for 1995-1996 came out with new numbers in the consequent year. Morbidity rate according to them became 80 per thousand for acute and 38 per thousand for chronic in the rural and 61 per thousand for acute and 27 per thousand for chronic for the urban areas.¹² In 2004 a new persons reporting ailment (PAP) placed the morbidity of urban area at 255 per thousand and 240 at rural area.¹³

This is an alarming situation. Kerala which is one of the high longevity states in country suffers from the highest Morbidity rate in the country.¹⁴ Many reasons are attributed for this near collapse of the health sector. Some of them are as follows

- Climate change
- Government withdrawal from public health sector
- Change in Life style
- Rise in density of Population
- Lack of Public hygiene
- Pollution
- Self medication
- Rich poor divide

- Fast food culture
- Increased stress.

Even though the neo liberal policy implemented by the government has its benefits their drawbacks weighs more compared to its advantages. Private institutions in the state provide better treatment than government hospitals in the state, but the cost of treatment is so high that the common people can't afford it. Condition of the hospitals in the government sector is pathetic. Government is slowly backing out of the sector and starving the public sector of funds. Hence the commoners are stripped of their right to treatment. Treatment has become a luxury that is only affordable to the affluent. This has challenged the basic concept of Health for all concept on which the sector is established.

CONCLUSION

Kerala being a small state with limited resources was able to achieve great feats in health sector which was in tantamount to the developed nations. She has always faced challenges with great might. The present crisis in the health sector is just an aberration. It can be subdued if the government and the populace work hand in hand. Government can allocate more funds to the sector while the people of state can help the cause by keeping the state clean and promoting community participation. Comprehensive health insurance should be promoted with more vigor so that every section of the society gets its share. Kerala has lots of steam left to lead the way, to a society where health for all is a reality.

REFERENCES

1. K. Park, *Park's Textbook of Preventive and Social Medicine*, M/S Banarsidas Bhanot Publishers, Jabalpur, 2013, p.1.
2. Koji Kawashima, *Missionaries and a Hindu state Travancore 1858-1936*, Oxford University Press, New Delhi, 2000, p.115.
3. *Ibid.*
4. T.K Velu Pillai, *The Travancore State Manual*, Vol.III, Kerala Gazetteers Department, Thiruvananthapuram, 1996, p.758.
5. V Raman Kutty, 'The Transformation of the Kerala model in Health', in Suresh Jnaneswaran (ed.), *Modern Kerala: Socio-Economic and Politico- Cultural Dimensions*, University of Kerala, Thiruvananthapuram, 2013, p.77.
6. P.G.K Panicker and C.R Soman, *Health Status of Kerala : Paradox of Economic Backwardness and Health Development*, Centre for Development Studies ,Thiruvananthapuram, 1985,p.1.
7. P. Ibrahim, 'Kerala Economy- An Overview', in T.K Madhava Menon (ed.), *Hand Book of Kerala*, International School of Dravidian Linguistics, Thiruvananthapuram, 2000, p.277.
8. B.N Gosh, 'The Kerala Model of Public Health System: Yesterday and Today', in Gosh B.N and Padmaja Namboothiri (ed.), *The Economy of Kerala Yesterday Today and Tomorrow*, Serials Publications, New Delhi, 2009, p.218.

9. Joseph Mary and K. Padmaja , 'Morbidity Trends in Kerala: A Note of concern', in M Meera Bai (ed.), *Kerala Economy: Slumber to Performance*, Serials Publications, New Delhi, 2008, p.141.
10. P. Krishnaswami, *Morbidity Study - Incidence, Prevalence, Consequences and Associates*, Discussion Paper No. 63, KRPLLD, Centre for Development Studies, Thiruvananthapuram,2004, p.8.
11. *Ibid.*
12. *Ibid.*
13. NSSO 60th round (January to June 2004), *Morbidity Health care and the Condition of the Aged*, New Delhi, 2006, p.H-1.
14. P.G.K. Panikar, and Soman, *op.cit.*,p.3.

