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UNDERSTANDING HEALTH AND HEALTH CARE SERVICES IN ODISHA

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Abstract

Health is one of the important indicators of the development of a country worldwide. The role of nutrition is vital for the health improvement of the population. The paper highlights the social dimension of the nutrition status of social groups and their health and illness on the one hand and the healthcare system on the other hand in the state of Odisha. The objective of the paper is to understand the problem of malnutrition, health and illness and the healthcare facilities. The sources of the data are secondary, which are utilised for the analysis of the study. The analysis shows that there is a problem of malnutrition and health and a lack of quality health care in the state. The paper is relevant for future social science research and the science of nutrition. In addition to that, it helps planners in policy designing on the subject of nutrition and strengthening the health care system in the context of Odisha.

Keywords: Nutrition, health-seeking behaviour, anaemia and illness.

Introduction

There is a debate on improving population nutrition and health that stands at the core of the development, which is regarded as one of the UN's key human development indexes measuring the development of a country worldwide. The slogan of 'Health for all' and 'Universal Health Coverage is the top priority of the World Health Organization (WHO). While improving the health and well-being of the population, nutrition is considered a positive attribute of health outcomes. Eventually, food, nutrition and health are defining targets of the UN's Sustainable Development Goals (SDGs) to be achieved by 2030. Independent India is now a signatory of different international organizations and the World Health Organization *(*WHO) is one of them that emphasize the improvement of the population's health. According to the constitution of WHO, *"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition*". Indian economy is booming, which has marked the improvement of health care delivery and resulted in better health such as a decline in mortality and morbidity. However, the country is currently facing new emerging health challenges. It has been seen the transition in

population health from communication diseases to non-communicable diseases in the country. The India-State Level Diseases Burden Report 2016-17 show the increase in the contribution of non-communicable diseases from 30% of the total disease burden in 1990 to 55% in 2016. In addition, the NCDs accounted for 5.2 million deaths in India.

This transition in health and diseases is associated with food insecurity, malnutrition and lifestyle challenges. The facts on nutrition remain enormous concerns for public agencies, politicians, planners and organisations at a time when the country is currently celebrating the completion of its 75th year of independence from colonial rule. In 2021, in his interaction with sports persons in New Delhi, Prime Minister Narendra Modi forthrightly expressed his convictions that *'Kuposan Ke Bisaya me avahi vi hum Sar Ucha karsake esthiti me nehin hi*' **(***On the matter of malnutrition, we (India) are still not in a position to raise our head'*. A few years ago, a similar concern was also raised by Dr Manmohan Singh, former Prime Minister of the country, who called it the '*National Shame'.*

This paper attempts to provide a reasonably detailed picture of the border socio-economic, cultural, political and regional dynamics of nutrition and health of populations or social groups and how the state of nutrition and health has changed over time so far in the state of Odisha. It provides a comprehensive account of the state's nutrition and health and changes in it over time. It does highlight the state's socio-economic and political culture dynamics of food, consumption, agriculture, production, and health care delivery in the context of nutrition and the health of the population or social groups in the state.

Method and Data

The paper adopted the secondary sources of the data provided by the NFHS- 3 (2005-06), NFHS-4 (2015-16) and NFHS- 5 (2019-20) and also India's Rural Health Statistics 2020-21. The paper emphasises the socio-economic analysis of the dynamics of nutritional status and health outcomes of social groups along with the health care system in the state of Odisha.

Status of Health Personals in Odisha

Sub-centre (SC) and Community Health Centre (CHC) mark the first contact point of the village community with the health system and Medical Officer where they access health knowledge about nutrition, sanitation, reproduction, access healthcare and so on. Nevertheless, these health facilities are underutilised by the population because these health centres have huge vacant and shortfall positions of health personnel against the sanctioned and required positions according to the guidelines given by the public agencies of the government of India. These vacancies and shortfalls represent at the level of Sub-centres, PHCs and CHCs in the entire state. The requirement of health personnel in proportion to the population is one of the vital aspects for the delivery of healthcare, recommended by the *Bhore committee* report in 1946, which has long been at the margin of the healthcare delivery system.

Government of India's Rural Health Statistics 2020-21, shows the status of the health personnel's vacancies and shortfalls at the level of sub-centres, PHCs and CHCs across the state in rural India, including Odisha. In rural Odisha, there are 405 vacancies and a shortfall of 362 posts of Allopathic doctors at primary health centres (PHCs). This is the contributing factor to the shortfall of 3.1 per cent of the total requirement at the Indian level. For the posts of total specialists such as surgeons, OB&GY, physicians and paediatricians, 1202 vacancies and a shortfall of 1199 at CHCs. For posts of nursing staff, 76 per cent are vacant at the PHCs and 38 per cent at CHCs in rural Odisha. There are 919 vacant posts of female health workers/ANM and 397 shortfalls of 397 at Sub centres and PHCs in rural areas. There are 344 vacant posts of pharmacists at PHCs and CHCs in rural areas. Apart from allopathy health personals' status, there are 134 vacant posts of the AYUSH doctors at PHCs and 377 vacant posts of AYUSH specialists against 377 required posts in all functioning CHCs in rural areas. In terms of fundamental facilities such as water and electricity in rural Odisha, 945 sub-centres have no facilities of electric supply and 42 sub-centres without water supply in rural areas in the state.

Nutritional Status of Communities in Odisha

Under nutritional status of adults is currently declining in Odisha. Between NFHS- 3 and NFHS- 4, there is significant changes are seen in Body Mass Index (BMI) among women and men. There is a decline from 41.4 per cent of BMI in 2005 to 26.5 per cent among women in the state. Similarly, among men, it is 19.5 in 2015's NFHS-4 from 35.7 in 2005's NFHS-3. There is a major positive change is found in the total BMI. However, a concern is BMI is still a great challenge in rural Odisha. As 28.7 per cent of rural women are found Below the normal BMI. Male counterparts 21.4 per cent of the rural males are fund below the normal BMI. A larger chunk of the population of the state lives in the rural milieu. Particularly, nearly 80 to 85 per cent of the population live in rural villages and cut-off forest areas in the KBK regions.

Table 1: Nutritional Status of Communities in Odisha

Sl. No.	Community identity	NFHS-3 (2005-06)			NFHS-4 (2015-16)		
		Stunted	Wasted	Underweight	Stunted	Wasted	Underweight
1	Scheduled Caste	49.7	19.7	44.4	37.3	20.1	35.3
2	Scheduled Tribe	57.2	27.6	54.4	45.7	27.8	48.5
3	Other Backward Classes	40.8	17.8	38.1	29.9	18.6	29.7
4	Others	33.6	12.8	26.4	21.0	12.8	20.6

Sources: NFHS-3 & NFHS-4

Apart from the NFHS 3 & 4 data, some studies are showing the dynamics of the problem of malnutrition in the state. Meshram *et al* (2014) studied a total of 1915 children's nutritional status in tribal areas in Odisha. The overall prevalence of underweight (weight for age <median - 2SD) was about 58%, whereas that of severe underweight (weight for age <median - 3SD) was 22%. The extent of overall stunting was 65%, and that of severe

stunting was 30%. About 20% of children had wasting, and of them, 5% had severe wasting. The study further demonstrates the seasonal variation in nutritional outcomes of Preschool Children in tribal areas in Odisha. The prevalence of underweight, stunting, and wasting was significantly ($P < .01$) higher during monsoon (June-September) as compared with the prevalence of undernutrition during winter (October-January) and summer seasons (February and May).

Health Problems in Odisha

Health shifts have recently been taking place as non-communicable diseases have been major challenges in the country. In the same vein, the population in the state of Odisha also faces non-communicable along with communicable diseases. The number of diabetics is continuously increasing in the state, According to NFHS-5, 2019-21, 17.0 per cent of men face high blood sugar levels. In urban areas, 20.3 per cent are among men. It is rising slowly in the rural areas. In contrast to their male counterparts, 17.4 per cent of women suffer from the high blood sugar level in urban Odisha while the total burden of high blood sugar is 14 per cent. Furthermore, the problem of hypertension is one of the great health challenges the state faces so far which is significantly higher than the national average. 22.4 per cent of adult women suffer from elevated blood pressure, and take medication to control it. Simultaneously, 25 per cent of adult men currently taking medication to control their high blood pressure. This is also rising among the women (21.9 %) and men (24.9) in rural, although it is relatively higher in urban.

In 2017, the India-State Level Diseases Burden report shows that the leading individual cause of death in Odisha in 2016 was diarrhoeal disease (1290), Stroke (98), lower respiratory infections (46), and chronic kidney disease (24), per 100,000 population. Odisha is Significantly higher than the national average on these individual causes of death in the country. The report further highlights that 52.1 per cent of the total disease burden in the state is caused by non-communicable diseases.

Anaemia Challenge in the State

The problem of anaemia is caused by nutrient deficiency or inadequate quality diet along with other health conditions. It shows that the most common nutritional cause of anaemia is deficiency in iron along with deficiencies in folate, vitamins B12 and vitamins A. NFHS-3, NFHS-4 and NFHS-5 estimate that anaemia is a serious India's public health problem that particularly affects children, non-pregnant women, pregnant women, adult women and men. Similarly, the state of Odisha has not escaped from the anaemia problem. Table 10 shows that NFHS 5 in 2019-21 estimates that 64.2 per cent of children 6-59 of age, 64 per cent of non-pregnant women, 64.3 per cent of all women 15-49 of age and 65. 5 per cent of all women 15–49 years of age are anaemic in Odisha. 28.5 per cent of all men 15-49 of age are anaemic in the state, which is not good figures. Although the proportion among men is relatively lower than women.

Access to Healthcare

Interest in health sector reform began in Orissa in the mid-1990s (Gupta 2002). In Orissa, health and nutrition improvement are dealt with by different departments such as the Health and Family Welfare Department and the Women and Child Development Department under the government of Odisha. At the field level, their priority target groups are the same: pregnant and lactating women, children under six, and adolescent girls (*ibid*). There have been changes in the accessibility of healthcare. Special provisions have been made for the KBK districts (the former undivided districts of Kalahandi, Bolangir, and Koraput) for health care. In these districts, Mobile Health Units (MHUs) have been provided staffed by a doctor, a pharmacist, and an ANM. These mobile units are expected to cover remote areas once every fortnight.

There has been an improvement in the institutional delivery care cut cross the rural and the urban areas in the state. As the NFHS- 5 shows that a total of 92 per cent of institutional birth and 78 per cent of women access the public facilities for the delivery at the centres. Eventually, the practice of home birth has been reduced to 1 per cent. Furthermore, it demonstrates the efficient implementation of vaccination (90 %) for the children age 12-23 months, 90 per cent of children age 12-23 month have been vaccinated with BCG, Children (91%) received polio. 98 per cent of children age 12-23 months received their vaccinations in the public health facilities.

The healthcare system has failed to provide primary healthcare to the rural population in the state. the sub-centre is the first point of communication between the community and the healthcare system in which the village community get access the health information about nutrition, reproduction prevention of diseases or illnesses. The population per sub-centre and PHC in tribal and hilly areas is less than in the plain areas due to problems of inaccessibility and scattered habitations (Gupta 2002). The sub-centres are now dysfunctional because of the chronic absenteeism of health workers and the shortfall of health personnel as per the government health standard.

Tribal still face complex socio-economic challenges in accessing quality health in the state of Odisha. particularly, the tribe population in KBK district, a backward region of India, are unable to access the healthcare provided by the public agencies of the government of Odisha that was vividly reflected when a tribal man carried his wife's dead body on his shoulder after being denied an ambulance facility by the health administration in Kalahandi district, which received the national and international attention cut across the politicians, planners and academician and civil societies. The factors responsible for Odisha health system is its poor health structure as well as awareness or health consciousness. The private hospital in the tribal region almost absent; where as in coastal area more private hospital is presence. The non–coastal people are mostly depending on government hospitals. (Nayak 2019). The inefficient healthcare system fails to provide the quality health care to population in the backward areas such as KBK districts, which push the deprived sections including tribal groups to belief on the customs and tradition as defensive mechanism.

Conclusion

The paper shows that there has yet been changes in health status of the population and delivery of health care still a major challenge, in spites of little improvement in Odisha. There is a quality concern of health care facilities in addressing the changing health problems that are driven by the problems of malnutrition and diet-related deficiencies mediated by the socio-economic circumstance. furthermore, nutritional healthcare is poor and ineffective at the health centres. This scenario is mostly prevalent in the backward districts which are dominated by the tribal population in the state.

References

1. Bhore. J. (1946) Report of the Health Survey and Development Committee (Vol. 2). New Delhi: Manager Publication.
2. ICMR et al (2017) India State Level Diseases Burden Initiative. Department of Health Research, Ministry of Health a Family Welfare, Government of India.
3. Meshram *et al* (2014). Prevalence of Undernutrition, Its Determinants and Seasonal Variation Among Preschool Children of Odisha State, India. *Asia Pacific Journal of Public Health.* Vol. 26, No. 5. pp. 470-480.
4. Gupta, M. (2002) State Health System: Orissa. Indian Council for Research on International Economic Relations. (Working Paper No. 89).
5. Nayak, B. (2019) Health System in Odisha: Issues And Challenges. *Journal of Emerging Technologies and Innovative Research*. Vol. 6. Issue. 5.
6. Sansad TV (2021). PM Modi Interacts with Indian Olympics Contingent. Retrieved at https://www.youtube.com/watch?v=Qu_9mLwb3aE. Accessed on 18th 2021.
7. Ministry of Health and Family Welfare (2022) Rural Health Statistics 2020-21. Government of India.
8. International Institute of Population Studies (2007) National Family Health Survey (NFHS- 3), India, 2005-06: Odisha.
9. International Institute of Population Studies (2017) National Family Health Survey (NFHS- 4), India, 2015-16: Odisha.
10. International Institute of Population Studies (2022) National Family Health (NFHS-5), India., 2019-21: Odisha.
11. Indian Council of Medical Research *et al* (2017) The India-State Level Diseases Burden Initiative 1990-2016. New Delhi: ICMR, PHFI & IHME.
12. United Nations (2016) Sustainable Development Goals Report 2016. Retrieved at https://unstats.un.org/sdgs/report/2016/#sdg-goals. Accessed on 19th December 2023.
13. Gherbeyesus, T. A. (2017) Health is a Fundamental Human Right. Newsroom, World Health Organization. Retrieved at https://www.who.int/news-room/commentaries/detail/health-is-a-fundamental-human-right. Accessed on 10th December 2017.
14. The paper has extracted from the PhD work submitted by Kar, Makardhwaj to CSMCH, Jawaharlal Nehru University, New Delhi.