Role of Organized and Unorganized Health Care in India

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ABSTRACT
The current states role of organised and unorganised. Health care in India emerging health problems and challenges are reviewed in this paper the strategic issues for meeting the future challenges of health care in India.

INTRODUCTION
-In India, despite improvement in access to health care, inequalities are related to socioeconomic status geography and gender and are compounded by high out of pocket expenditure with more than three quarters of the increasing financial burden of health care being met by households health care expenditure exacerbate poverty with about 39 million additional people falling into poverty every year as a result of such expenditure.

There is a large gap in the health care system between urban and rural areas the inequity among regions is due to a lack of health care resources and infrastructure in the rural compounding the issue most of the population resides in rural part of the country consequently only quarter of the Indian population has access to allopathic medicine and most of them live in urban areas the majority of the hospitals are privately owned and located in cities due to the sector’s awareness of the health related issues and finical viability. However the disadvantaged urban population can’t offered the private facilities in the cities in response to this lack of availability the Indian government has launched the national urban health mission. Its principal mission os to ensure adequate resources and to reduce health problems the vulnerable poor urban sector. The rural population has significantly less financial capital and relies heavily on government funded medical facilities.

-Health and health care need to be distinguished from each other for no better reason than that the former is often incorrectly seen as a direct function of the latter. Health is clearly not the mere absence of disease. Good Health confers on a person or groups freedom from illness and the ability to realize one’s potential. Health is therefore best understood as the indispensable basis for defining a person’s sense of well being. Health care covers not merely medical care but also all aspects pro preventive care too. Nor can it be limited to care rendered by or financed out of public expenditure within the government sector alone but must include incentives and disincentive for self care paid for by private citizens to get over ill health. Where as in India, private out of pocket expenditure dominates the cost financing health care. The effects are bound to be regressive. Health care at its essential care is widely recognized to be a public good.

The new agenda for public health in India includes the epidemiological transition, demographical transition, environment changes and social determinates of health.

“Health care is defined as the prevention and treatment of diseases through medical professional services.”

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Sectors are majorly divided into three categories primary secondary and tertiary based on the employment conditions these are further classified as organized and unorganized sector where the former is related to business government industry involving large scale operations while letter include small scale operation petty trade private business etc.

**Organized sector:** - The Sector, which is registered with the government is called an organized sector. in this sector people get assured work and the employment terms are fixed and regular. A number of acts are applicable to the enterprises, schools and hospitals covered under the organized sector .Entry into the organized sector is very difficult as proper registration of the entity is required. They get a fixed monthly payment working hours and like on salary at regular intervals.

The organized sector includes all Government activities and private enterprises. According the Deepak Mazumdar”Employment in the organized sector is stable and protected, while the unorganized sector labors are exposed to uncertainty and whims of employers.

The concept ‘formal’ and ‘informal’ sectors are considered synonymous to organized and unorganized sector. John Kith Hart was the first to use the formal informal sector dichotomy. According to the National Commission on labor the unorganized labor cannot be identified by a definition but would be described as those who have not been able to organize in pursuit of a common objective. “ The unorganized sector “ consists of all unincorporated private enterprises owned by individuals or households engaged in the sole production of goods and services operated on a proprietary or partnership basis and with less than ten total workers.

Fair financing of the costs of health care is an issue in equity and it has two aspects how is spent by gover on publicly funded health care . Health spending in India at 6% GDP is among the highest levels estimated for developing countries each major disease.

Control program has now got a separate society at state and district levels often as a part of access to forign aid like. campaign modes and vertical interventions the registered society approach would weak in the long term commitmentand integrity of public health care system may suolveys confirm that when surveys by provate sector it is largely for ambulatory care and less for inpatient carte.

Health care in India Human Resource Development capacity building and regulation in public health are important areas with in the heath sector. This paper highlights the care expenditure of the household in proportion to their household income.

Healthcare has become of India’s largest sector both in terms of revenue and employment healthcare comprise hospitals, medical devices, clinical trials, medical Tourism health insurance and medical equipment. The Indian health sector is growing at a brisk pace due to its strengthening coverage services and increasing expenditure by public as well private players.

**OBJECTIVE.-**

The objective of the study were:-

- To determine the health care expenditure of both sectors in proportion to their income.
- To estimate the demand for health insurance.

**RESEARCH METHOD.-**

This paper was based on a primary household survey undertaken in India. Qualitative methodology of research is used to analyze the conditions of organized and unorganized sectors by correlation analysis of their respective income and expenditure.

Extreme inequality and disparities exist across India in terms of access both to health care and health outcomes (GOI planning commission 2008, WHO 2009a)
Although the first national health policy was enacted in 1993, calling for Health for all by the year 200, the government failed to attain this goal. Since then, the policy has been revised with the aim being “to achieve an acceptable standard of good health among the general population” (WHO 2009b).

In India, issues of infrastructure, access, inadequate provision of human resources, and no prescribed standards of quality plague the system. According to the government of India “public health care in rural areas in many states and regions is in shambles” (GOI Planning commission). In particular, rural health care is most states is marked by absenteeism of doctors / Health providers low levels of skills, shortage of medicine, and inadequate supervision monitoring. However, these issues very greatly between the formal and informal sector welfare system.

Formal sector workers whether in the public or private sectors, have access to some form of health care. Public sector workers receive free medical treatment in hospitals as well as prescription drugs. Private sector workers, on the other hand, receive free medical care in designated facilities operated by the employee state insurance corporation. Given the poor state of the public health system, many formal sector workers primarily see health care services from private health providers.

In comparison, informal sector workers do not have access to free public health care. Health insurance schemes only cover around 11 percent of the total population, all of which are formal sector workers. The government of India has encouraged the growth of the private sector, but the cost of private health care is considerably more expensive and is targeted towards urban areas, making it unaffordable and inaccessible to the majority of informal sector workers.

In sum, the large majority of informal sector workers, especially in rural areas, lack access to reliable and affordable health care. Therefore, unlike their formal sector counterparts who receive free public health care and have the means to afford to opt out of the failing public health system and purchase private health insurance and services, informal sector workers can barely afford to pay for health services let alone access and pay for costly private medical care as a result, they have no choice, and either have to rely upon and pay for inadequate services or are forced to purchase private health care, which can ultimately lead them into financial ruin.

Private sector has a strong presence in India’s health care:-
The private sector has emerged as a vibrant force in India’s health care industry lending it both national and international repute:-

Large investments by private sector players are likely to contribute significantly to the development of India’s hospital industry, which comprises around 80% of the total market.

In India, private healthcare accounts for almost 74% of the country’s total healthcare expenditure. Private sector’s share in hospitals beds in estimated at 74% and 40% respectively.

The main factor contributing to rising medical tourism in India is presence of a Well Educated, English speaking medical staff in state of the art private hospitals and diagnostic facilities.

Shares in healthcare spending in India ,2005

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<th>Sales</th>
<th>gov. hospital 34%</th>
<th>Nursing home 26%</th>
<th>top Tier 26%</th>
<th>Mid tier</th>
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According to annual report to the people on health by the ministry of health and family welfare, Government of India (Dec. 2011) about 71% of the total health care expenditure in the country was borne by households out of their pockets. Out of pocket expenditure is any direct outlay by households, including gratuities and in kind payment to health practitioners and suppliers of pharmaceuticals, therapeutic appliance and other goods and services whose primary intent is to contribute to the restoration or enhancements of the health status of individuals or population groups, as per the definition given by the World Bank.

**Rural Health**: Health care is the right of every individual but lack of quality infrastructure, dearth of qualified medical functionaries, and non-access to basic medicines and medical facilities its reach to 60% of population in India. A majority of 700 million people lives in rural are where the condition of medical facilities is deplorable. Though a lot of policies and programs are being run by the government but the success and effectiveness of these programs is questionable due to gaps in the implementation, in rural India where the number of primary health care centers is limited.

**Urban health in India**: Urban health is closely connected with the specifics of India’s urbanization. India urban environment, social structures and urban health care systems, the major determinants of urban health are currently undergoing drastic changes at first glance, the health status of India’s population has improved tremendously since independence. Various differences in lifestyle and in access to resources result in Polarisation; the most healthy and the least healthy citizens now live in urban India. However, poor health is not only a problem of the urban poor. Urban health problems are already, and might become increasingly, an obstacle for India’s development health is not only influenced by environmental and social factors. It is itself an influencing factor in a complex and interrelated urban system.

**Urban poverty in India**: As estimated 336 million of 1.1 billion population of India resides in urban areas and of this 336 million, of many as 100 million urban population lives in poverty conditions. These 100 million constitute the “urban poor”. The urban poor reside in slums, squatters pavements, constructions sites, urban fringe, Amidst problems. Such as poverty lack of awareness poor living conditions. Poor family support system, low access to basic water, health and nutrition services as many of them have evolved as encroachments and are not notified in official records.

**Quality of health care**: In major urban areas, the quality of medical care is close to and sometimes exceeds first world standards Indian health care professionals have the advantage of working in a very biologically active region exposing them to treatment regimens of various kinds of conditions. The quality and amount of experience is arguably unmatched in most other countries despite limited access to high end diagnostic tools in rural areas. Healthcare professions rely on extensive experience in rural areas. However non availability of diagnostic tools and increasing reluctance of qualified and experienced healthcare professionals to practice in rural under equipped and financially less lucrative rural areas is becoming a big challenge. Although rural medical practitioners are highly sought after by residents of rural areas as they are more
financially affordable and geographically accessible than practitioners working in the formal public health care sector.

**Interpretation:** Analyzing the relationship between household’s willingness to pay for the health insurance and their socio-economic characteristics.

Analysis of public expenditure on health using state level public health expenditure data to provide preliminary analysis on the issues.

**CONCLUSIONS:**

While the 1990’s and 2000’s were a period of health care privatization. Increased private sector involvement in health care has been achieved through cost containment strategies, delivery reforms and new method of allocation. In general private financing has increased while access to some services has decreased.

Organized sector includes those factories, enterprises, industries, schools, hospitals and units which are registered with the government. It also include shops, clinic and offices that possess a formal license. on the other have unorganized sector construction workers, domestic workers, workers working on the streets, people working in small workshop not affiliated with the government. The is low unemployment in organized sector as compared to the unorganized sector the real financial burden of labour households engaged in the unorganized sector for their health care is quite high. The results show that on an average, a labour household spend income on health care.In spite of low income a substantial number of household do not utilize public health care facilities.

High public debt, the desire for efficiency and an aging population have all contributed to the increased reliance on private sector resources for financing and delivering health care. In the future we will likely see an increased emphasis on promoting healthy lifestyles, preventing illness and maintaining the quality of health care system. Addressing these objectives while maintaining cost in the face of increasing demands will likely require even greater private sector involvement in health care system. As a result we are likely to see further government with drawl from the health care sector. over the post 50 years, the threats from rapidly changing physical and social environment have increased at an unprecedented rate, environmental degradation, pollution and green house effect have significantly affected the very ecology or our planet ,sub soil water level’s are going down.

Indeed, if health is seen not Justas the absence of disease but also a central goal of human development then the protection and improvement of health are mutually supportive. In future the environmental health is going to be a big challenge for the health managers.

After having reviewed the current health status and health care in the country which our health system is likely to face in the near future .

**REFERENCES**

2. Chandra Rajesh and Nigam ajay (2003) the slums of Delhi nagarlok vol xxx. No .4
4. Dinesh nagar and ashatosh Sharma (2005) influence of community living and environmental stressors on health by ajith.k. Dalal and sobha Roy rawat publication New Delhi
7. Gumber anil and berman peter (1997) measurement and pattern of morbidity and the utilization of health services some emerging issues from recent health interview survey of india of health and population in developing countries viol no .fail.
11. W.H.O. (1993) urban water supply conditions and needs in seventy five development countries public health papers no 23 pp. 1-23
13. NSSO (2005) income expenditure and productive assets of farmer household ministry of statics and programme implementation government of India
14. Shariff (2001) India human development report a profile or Indian states in the 1990 NCAER Delhi
16. Dror MD. (2007) why “one size fits all” health insurance products are unsuitable for low income persons in the informal economy in India Asian economic reviewvol.49 no 4
17. The times of India (200) “Accreditation results in high quality care and patient safety “the times of India, July 19 p.5
18. Talib,F., Rahman, Z and Azam ,M (2010) Total quality management implementation in the health care industry a proposal frame work ,” proceedings of second international conference on production and industrial engineering organized by department of industrial and production engineering Dr.B.R. ambedkar national institute of technology Jalandhar(NIIJ) Punjab India during December 03-05 pp. 1361-1368
19. Vijay Kumar sodas (2011) unorganized sector in India working and living conditions of stone quarry workers.