



Student Awareness of Health Information Initiatives of the Governments of India and Bangladesh: A Study of Punjabi University, Patiala and East West University, Dhaka

Jagtar Singh, PhD
Professor and Head,
Department of Library and Information Science,
Punjabi University
Patiala, India
Email: jagtar.kindu@gmail.com

&

Dilara Begum,
Librarian/Head of Library,
East West University
Dhaka, Bangladesh
Email: dilamoni@gmail.com

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Abstract

This paper is based on the findings of a survey conducted at Punjabi University, Patiala (India) and the East West University, Dhaka (Bangladesh). The purpose of this study was to ascertain students' awareness of health information initiatives of the governments of India and Bangladesh. Fifty graduates each were randomly chosen as sample in both the universities. It has been found that for getting health related information, TV, newspapers, radio, bill boards, the Internet, and family members/friends are main modes for these students in both the universities. The most striking finding of this study is that whereas 60% students are aware of health schemes in Bangladesh, only 14% are aware of such schemes in India. It means the National Rural Health Mission (NRHM) has not yet gained ground in India. In both the universities, students feel that health awareness campaigns must be planned and concerted efforts must be made to improve the health care system.

Introduction

Both India and Bangladesh fall the South Asian continent of the world and have a composite culture. India has 29 states and 6 union territories, whereas Bangladesh is divided into 7 administrative divisions.

India has 28 states and 7 union territories including the National Capital Territory (NCR), New Delhi. Besides the Union Government, states and union territories have their own health care systems.

Bangladesh has following 7 divisions, 64 districts, 481 Sub districts, 4498 unions and 308 municipalcorporations.

Both the countries have National Heath Policies and Ministries of Health and Family Welfare to take care of national health initiatives and programmes.

In both the countries, Ministries of Health and Family Welfare are responsible for policy, planning and decision making at national level. Both the countries have health policies in place and are focusing on promoting health for all and controlling communicable and non-communicable diseases. The main objectives of the National Health Policy of Bangladesh are to improve the health and nutritional status, and reduce the infant and maternal mortality through:

- affordable and cost-effective strategy for the rural population; quality domiciliary and institutional health care at the peripheral level;
 - universal access to health care; and
 - improving availability of health care personnel.
- Bangladesh has identified population control as the top priority for government action. The objective is to reduce the total fertility rate and attain a net reproduction rate of 1 by 2010 so as to stabilize the population by 2060.
 - Strengthening of the health management information system (HMIS) through training, use of data collection tools that are already designed, and the establishment of information networks with computer support.

Deliver on Essential Services Package to the whole population with the aim to maximize health benefits per capita expenditure. This is expected to meet the felt needs of the people, strengthen service delivery, and improve system management.

In Bangladesh, The Ministry of Health & Family Welfare is responsible for policy, planning and decision making at macro level. There are four directorates.

- Directorate General of Health Services
- Directorate General of Family Planning
- Directorate of Drug Administration
- Directorate of Nursing Services

Each of the seven Divisions in Bangladesh has a Divisional Director from both the Health and Family Planning department. At the District level, the Civil Surgeon reports to the Directorate of Health Services and is responsible for general health services and the district referral hospital, and the Deputy Director (Family Planning) looks after family planning, MCH and reproductive health services. Out of 481 sub districts (Upazillas) of the country, all 400 rural Upazillas have health complexes, and are functioning with 31-50 beds. At the next level of 4498 Unions, 1362 Union sub centre functioning through health services, and 3648 Health & Family Welfare Centers run by the Family Planning (FP) Department. There are duplication of both health and FP facilities in some unions, and there are some unions with no facility. Besides, there are 671 hospitals with total number of 35500 beds operated by Directorate General of Health Services and 91 Maternity and Child Welfare Centers run by Directorate General of Family Planning.

It is appropriate to add here that India is the first country in the world to set up a National Knowledge Commission (NKC) in the year 2005 under the chairmanship of Mr. Sam Pitroda who brought telecommunication revolution in the country. Realizing the importance of health care and wellness, the NKC constituted a Working Group to study the use of IT in future health care.

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- Realizing the importance of health care and wellness, the NKC constituted a Working Group to study the use of IT in future health care.
- Its recommendations have been submitted to the Prime Minister of India and are also available at the NKC Web Site which can be accessed via the URL: www.knowledgecommission.gov.in

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- The Goal of the Mission is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.
- The budget allocation for the NRHM has been enhanced from rupee 1209.6 million to rupee 1391 million to establish a fully functional, community-owned, decentralized health delivery system to fulfill the vision of 'Health for All' (Tripathy, 2010)

The Mission adopts a synergistic approach by relating health to determinants of good health viz. segments of nutrition, sanitation, hygiene and safe drinking water. It also aims

at mainstreaming the Indian systems of medicine to facilitate health care. The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programmes, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalizing community health centers into functional hospitals meeting Indian Public Health Standards in each Block of the Country. The Goal of the Mission is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. To improve the quality of life of the masses, the Ministry of Health and Family Welfare has enhanced the budget allocation from Rupee 1953.4 million to rupee 2230 million for the year 2010-11. The budget allocation for the NRHM has been enhanced from rupee 1209.6 million to rupee 1391 million to establish a fully functional, community-owned, decentralized health delivery system to fulfill the vision of 'Health for All' (Tripathy, 2010). An Annual Health Survey to prepare the District Health Profile of all districts in India shall be conducted in 2010-11. The findings of the Survey should be of immense benefit to major public health initiatives particularly the National Rural Health Mission, which has successfully addressed the gaps in the delivery of critical health services in rural areas (Srinivasa Rao, 2010). In Bangladesh, of the total GDP, 3.4% is spent on health. Immunization coverage is increasing. Public health expenditure is less than one-third of the total health expenditure. The Health, Nutrition and Population (HNP) Sector Programme (HNPS), launched in 2003 and revised in 2005, aims to reform the health and population sector with the long-term vision of creating a modern, responsive, efficient and equitable HNP sector. The programme entails provision of a package of essential and quality health care services responsive to the needs of people, especially those of children, women, the elderly and poor. The health sector strategy has been formulated using the participatory approach involving stakeholders in the health sector. Earlier the top-down approach was used.

Achievements

- Child mortality is rapidly declining and life expectancy is increasing.
- The prevalence of severely under-weight children (age 6-71 months) was halved from 25% in 1990 to 13% in the 2000. Yet, child malnutrition in Bangladesh remains among the highest in the world.
- Since 1997, prevalence of night blindness, an indicator of vitamin A deficiency, has been maintained at below the threshold of 1% so that it is no longer a public health problem. This success is largely due to the vitamin A supplementation programme.
- Since 2000, no case of wild polio virus transmission has been confirmed in the country. But, in 2006, the disease reemerged due to importation of 17 wild polio cases.

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- The basic difference between both the universities is that the Punjabi University is a state university situated at Patiala, the district headquarter of the Punjab state of India, whereas, the East West University is a private university situated in the capital city of Bangladesh.
- The student community at Punjabi University is mostly from the rural areas, whereas, the student community at the East West University is mostly from the urban areas.

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Purpose and Assumptions

This study was an attempt to ascertain the awareness of graduate students at both the universities about health related issues and health initiatives of governments in both the countries. Though majority of the students taking admission to various courses being offered by Punjabi university are from rural areas, yet it was the assumption of the authors that they are not fully aware of the health information initiatives of the Government of India. The study was based on the same assumption about the students of the East West University, Dhaka. It was also assumed that the awareness of the urban students about the health initiatives of the respective governments will be relatively more than the rural students.

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Sample and Methodology

Fifty graduates in each university were randomly chosen as sample for the study from both the universities. A questionnaire was prepared and distributed among the students to collect data. Interviews were also conducted with the students to ascertain their awareness, perceptions, and health preferences. Data was processed manually, and is not presented in the form of tables, histograms or pie charts as the sample was very small.

Results and Discussion

The findings of the study are quite interesting. It has been found that at Punjabi University, health is a number one priority for 78% students, whereas at East West University, it is only for 60% students. Healthy food, regular exercise, reading health literature, and participating in sports have been found main preferences in both the universities to stay fit. Hypertension, Diabetes, arthritis, asthma, cancer, skin allergies, depression, drug addiction, HIV/AIDS, and TB have been perceived as main ailments in both the countries affecting the health and wellness of masses. In India 64% and in Bangladesh 60% prefer private hospitals over government hospitals for treatment because of quality of service. For getting health related information, TV, newspapers, radio, bill boards, the Internet, and family members/friends are main modes for these students in both the university.

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Affordability, lack of annual medical check-up culture, self medication, over dependence on traditional medicine, health care centers being not within reach of masses (distance), illiteracy, corruption, and unwillingness of doctors to serve in rural areas have been found to be main factors negatively affecting the health care systems in both the countries. In both the universities, students feel that health awareness campaigns must be planned and concerted efforts must be made to improve the health care system.

- The most striking finding of this study is that whereas 60% students are aware of health schemes in Bangladesh, only 14% are aware of such schemes in India. It means the National Rural Health Mission (NRHM) has not yet gained ground in India.
- In both the universities, students feel that health awareness campaigns must be planned and concerted efforts must be made to improve the health care system.
- It can be safely concluded from the findings of this study that the benefits of the health initiatives in both the countries are not reaching the masses and there is an immediate need for making concerted efforts to raise health awareness of people and improve the health care system in both the countries.

Conclusion and suggestions

Authors' assumptions in this study have been proved and it can be safely concluded from the findings of this study that the benefits of the health initiatives in both the countries are not reaching the masses and there is an immediate need for making concerted efforts to raise health awareness of people and improve the health care system in both the countries. Since the sample of this study was small, it is suggested that a large study/project should be undertaken at national level to inform respective governments about the state of the art, and to ensure health for all in both the countries.

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