ANNAMALAI UNIVERSITY
DEPARTMENT OF ECONOMICS
(UGC-SAP-DRS I)

A Souvenir of the Abstracts of the Two-day National Seminar on

HEALTH AND MEDICAL CARE SERVICES: CLAIMS ON NATIONAL RESOURCES

20th & 21st December 2012

Lord Nataraja eternally dances the cosmic dance
Rejoicing over his preferred Devotee's Godly deed.
The Raja Saheb's founding of Annamalai University In the fingers of his abode.-
Kavi Mani Desika Vinayagam Pillai

ISSN 1930-2940
Abstracts of the Two-day National Seminar on
HEALTH AND MEDICAL CARE SERVICES: CLAIMS ON NATIONAL RESOURCES
A Publication of *Language in India* www.languageinindia.com, International Online Monthly Journal

"Health and Medical Care Services Claims on National Resources"
Organised by

Department of Economics
(UGC-SAP-DRS I)
Annamalai University

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A Publication of

LANGUAGE IN INDIA

www.languageinindia.com

ISSN 1930-2940

languageinindiaUSA@gmail.com

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Date : 3.12.2012

MESSAGE

I am happy to note that the Department of Economics is organizing two day national seminar on "Health and Medical Care Services Claims on National Resources" on 20th and 21st December 2012. It is the fact that only the healthy citizens would help build up a strong and wealthy nation. India being the most populous country, providing quality health care to all is a herculean task. The proposed national level seminar would be an opportunity for the students and scholar to find the way out to bring it to the door steps of the masses.

Because the main and sub-themes of the seminar have been so designed as to generate appropriate and adequate interest among the participating scholars and once again This programme provides a platform for the academicians, researchers, professionals and policy makers working in the area of health economics and allied areas for meaningful deliberations and actions. I am also happy that the paper presented at the conference will be edited and published in the form of book with ISSN.

I congratulate and wish the faculty and students a grand success in all their endeavours.

Dr. D. SELVARAJU
Dean, Faculty of Arts
Annamalai University

ANNAMALAI UNIVERSITY
DEPARTMENT OF ECONOMICS
(UGC-SAP -DRS -I)

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MESSAGE

I am glad to note that the Department of Economics is organizing a two day National Seminar on "Health and Medical Care Services Claims on National Resources" on 20th and 21st December 2012.

At the outset Improvement in the health status of population not only contributes directly to human happiness, but also enhances capabilities and freedoms. It is a basic component of human development and the important determinant of well-being of population. Therefore, ensuring universal access to healthcare is necessary for providing health security, particularly to the poor and disadvantaged sections of society. As improved health status enhances productivities and incomes, ensuring access to the poor is critical for inclusive development. I sincerely hope that the participants of the seminar would deliberate a lot on the issue and put forward some concrete solutions.

I congratulate the seminar directors for their efforts in hosting the seminar and publishing the books.

D. Namasivayam

Dr. D. NAMASIVAYAM
Professor and Head
Department of Economics

PROFESSOR AND HEAD
DEPARTMENT OF ECONOMICS
ANNAMALAI UNIVERSITY
ANNAMALAI NAGAR - 608 002.

Annamalai University

Prof.Dr.S.Viswanathan, M.D. D.G.O., F.R.C.S., F.I.M.S.A.,F.A.B.M.S.,P.G.D.Y.,P.G.D.Y.T., P.G.D.V.E.S.,M.Sc(Yoga),M.Sc(Yes), Ph.D. (Yoga)

Medical Superintendent & HOD of OBG
Rajah Muthiah Medical College Hospital

Director
Centre for Yoga Studies

MESSAGE

"Na chor haryam, na rauj haryam, na bhratra bhajyam, na cha bharakaari,
Vyaye krate vardhate eva nityam, vidhya dhanam sarva dhan pradhanam"

Meaning

The wealth that cannot be stolen,
Neither abducted by state,
Nor can be divided amongst brothers,
Neither it is burdensome to carry,
The wealth that increases by giving,
That wealth is knowledge and is supreme of all possessions

The goal of education is the advancement of knowledge and the dissemination of truth. The dissemination of knowledge to the learning fraternity, who are involved in the profession of health and health care, will be considered as, tremendous value to the nation. This conference ***"Health and Medical Care Services Claim on National Resources"*** *on 20th and 21st December 2012, is one humble step of the department of economics to achieve this goal. I congratulate the department of economics for organizing this national level seminar and I wish the event a grand success.*

S. Viswanathan.

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ABOUT THE HOST UNIVERSITY AND DEPARTMENT

ANNAMALAI UNIVERSITY

The Annamalai University is a unitary, teaching, and residential university. It was founded by the munificence of the farsighted and noble hearted philanthropist and patron of letters the late Hon'ble Dr. Rajah Sir Annamalai Chettiar of Chettinad, Kt, LL.D., D.Litt. He started several colleges, and ultimately, the University in 1929. Since its inception, it has progressively tried to realize the aims of the noble Founder Pro-Chancellor. After him, his illustrious son, Padma Bhushan Dr. Rajah Sir Muthiah Chettiar of Chettinad, was the Pro-Chancellor from 1948 to 1984, and he sedulously nurtured the growth and development of the University. The present Pro-Chancellor Dr. M.A.M. Ramaswamy, a philanthropist and a patron of sports, is the distinguished son of Dr. Rajah Sir Muthiah Chettiar. The University has had the unique good fortune of having a succession of eminent Vice-Chancellors to guide its destinies. During the last eighty two years the University has grown rapidly and has consolidated its position as a unitary and residential University with forty-nine Departments of Study and over 3240 members on its teaching staff. Annamalainagar is already a busy and full-fledged University town, east of Chidambaram, the abode of Lord Nataraja. The University campus, including the colleges, hostels, and playgrounds, occupies an area of about thousand acres.

THE DEPARTMENT OF ECONOMICS

The Department of Economics has been functioning since the very inception of the University in 1929. M.A Economics was introduced in 1935, when the Meenakshi College blossomed into the full-fledged Annamalai University. During 1935-40 impetus was given to research by introducing M. Litt. and Ph.D. courses. As per the guidelines of the UGC the M.Phil. Programme was started from 1978. M.A. in Applied Economics was introduced from 1981 as an application oriented study of economic theories. M.Phil. coordinating summar sequential programme was initiated in 1988 and Ph.D. for external candidates was launched in 1988. Five year integrated programme in M.A. Applied Economics has been offered from 2002, and MBA Environmental Management Programme from 2006. The department has 41 teachers comprising 8 Professors, 1 Associate Professors and 32 Assistant Professors. For 20 years the Department has been officially coordinating an Interdisciplinary Workshop on Research Methodology for all the faculties of the University. This attracts participants from other institutions also. There are about 5000 volumes in the Department Library. All the faculty & students have free access, through the UGC Infonet sources, to the major National and International Journals.

ABOUT THE SEMINAR

In the developing countries a rapid decline in the mortality occurred only around the middle of the present century. In analysing the contribution of various factors to mortality decline in the third world, initial emphasis was on imported technical advances in prevention and control of communicable diseases and expansion of public health and medical services. The main stress was on growing scientific communication and international cooperation which enabled the developing countries to import scientific discoveries like insecticides, antibiotics and vaccines form the developed countries. Although as has been pointed out by many scholars, health industry has a number of special features such as consumer ignorance, non-profit motive, absence of competitive spirit, uncertainty regarding quality, prevalence of health insurance, large component of personal service, etc...The last two decades in India witnessed a sea change in policies that helped achieving unprecedented growth in per capita GDP heralding a new hope of reduction of poverty and hunger, access to basic amenities and social requirements to everybody. Although the percentage of the population below the official poverty line has come down over the years, the proportion of poor is still high and the rate of decline in poverty is not commensurate with the rising GDP. Other indicators of deprivation also suggest that the proportion of population deprived of a minimum level is much higher. Almost half the children in the age–group 0 to 3 years suffered from malnutrition in 2011–12, and what is more disturbing is that the level of malnutrition shows almost no decline over the years. Indicators of human development such as literacy and education, and maternal and infant mortality rates show steady improvement, nevertheless they also suggest that the progress is slow and we continue to lag behind several Asian countries, With time, inequality sharpened and the poor people and poor regions are in an endless wait for reaping the benefits from the 'spread effect' or the 'trickle down' of development. In the above context, the conference aims to highlight the nexus between health and medical care services. The two day national seminar intends to discuss and deliberate the issues and challenges in healthcare and suggest measures to ensure that the obstacles in the way of provision of health and medical care are dispensed with.

PREFACE

I extend a hearty welcome to all the dignitaries and delegates taking part in the two day national seminar on "Health and Medical Care Services Claims on National Resources" on 20th and 21st December 2012, Organised by our department of economics to provide an opportunity to discuss the health and medical care services issues which is related to our community.

I wish to express my sincere, profound thanks to our respected Vice-Chancellor, Registrar, Dean, Faculty of Arts, Professor and Head Department of Economics, professors ,Associate Professor, Assistant Professor in the Department of Economics and officials of the administration for their constant encouragement and kind help.

We express our deep sense of gratitude to the paper presenters for their overwhelming response for our call of paper to the seminar which we hope will lay foundation stone for the grand success of the seminar.

We are very much grate full to the Managing Editor in the International Journal of Language in India, Dr.M. S. Thirumalai, Ph.D. for their valuable guidance to bring this souvenir a successful one.

I extend a hearty thanks to the organizer Dr. G. Senthilkumar, Dr. S. Thamilarasan, Dr. S. Manonmani, Dr. T. Saravanakumar, Dr. C. Ramesh, Dr. A. Antony Joseph,

At outset this souvenir is a good collection of selected research papers. It is received from subject specialists, learned professor, scholars and students; it is covered all over the nation. the seminars themes include a wide range of health care, nutrition, health insurance, health expenditure, economic Barden of disease, we hope this seminar will be bring out the various issues for discussion among economists, academicians, health experts, administrators and policy makers which may throw possible solutions to the burning problems in the health and medical care.

Dr. C.SUBBURAMAN
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ANNAMALAI UNIVERSITY

DEPARTMENT OF ECONOMICS
(UGC-SAP-DRS I)
Two day National Seminar on
HEALTH AND MEDICAL CARE SERVICES: CLAIMS ON NATIONAL RESOURCES
Thursday 20th December 2012

REGISTRATION & SEMINAR STUFF DISTRIBUTION: 8.30 AM TO 9.30 AM

INAUGURAL FUNCTION

Date: 20/12/2012 Venue: LIBRA HALL Time: 10.00 A.M.

Prayer	**:**	**STUDENTS**
Lighting of Lamp	**:**	**DIGNITARIES**
Welcome Address	**:**	**Dr. C.SUBBURAMAN** Seminar Director Assistant Professor of Economics Annamalai University Department of Economics Annamalai University
Presidential Address	**:**	**Dr. D. NAMASIVAYAM** Professor and Head Department of Economics Annamalai University
HONOURING THE GUESTS		
Inaugural Address and Liberate of Souvenir	**:**	**Dr. M. RAMANATHAN** Vice-Chancellor Annamalai University
Felicitation Address	**:**	**Dr. D.SELVARAJU** Dean, Faculty of Arts Annamalai University
Keynote Address	**:**	**Dr. SIVAKAMI KANGAYAPPAN,** M.D., F.A.C.O.G. Manitowoc (USA)
the vote of thanks		**Dr. G. SENTHILKUMAR** Assistant Professor of Economics Annamalai University
Tea Break- 11 Am to 11.15 Am		
SPECIAL LECTURE **Dr. N. RAMAGOPAL** **Professor** **Department of Economics** **Annamalai University**		

TECHNICAL SESSIONS-I **Time-12.15 PM to 1.15 PM** **Venue: LIBRA HALL**		
Chair Person		**Dr. G. RAVI** Professor Department of Economics Annamalai University
Discussant		**Dr. V. RAMAMOORTHY** Professor Department of Economics Annamalai University
Rapporteur		**Dr .N.RAJAGOPAL** Assistant Professor Department of Economics Annamalai University
Welcome Address		**Dr. S. THAMILARASAN** Assistant Professor Department of Economics Annamalai University
LUNCH BREAK: 1.15 PM TO 2 PM		
TECHNICAL SESSIONS-II **Time-2 PM to 3.00 PM** **Venue: LIBRA HALL**		
Chair Person		**Dr. E. SELVARAJAN** Professor Department of Economics Annamalai University
Discussant		**Dr. K. RAMU** Assistant Professor Department of Economics Annamalai University
Rapporteur		**Dr. M. RAJESWARI** Assistant Professor Department of Economics Annamalai University
Welcome address		**Dr. G.SENTHIL KUMAR** Assistant Professor of Economics Annamalai University
TECHNICAL SESSIONS-III **Time-3 PM to 4 PM** **Venue: LIBRA HALL**		
Chair person		**Dr. B. MATHAVAN** Professor Department of Economics Annamalai University
Discussant		**Dr. I. RAVI** Professor Department of Economics Annamalai University

Rapporteur		**Dr. D. MURUGAN** Assistant Professor Department of Economics Annamalai University
Welcome address		**Mrs. S. MANONMANI** Assistant Professor Department of Economics Annamalai University
DAY-II **Date: 21/12/2012** **Venue: Lecture Hall, Guest House**		
SPECIAL LECTURE **Dr. N ETHIRAJAN** **Professor and Head** **Division of Community Medicine** **Raja Muthiah Medical College** **Annamalai University**		
Tea Break- 11 Am to 11.15 Am		
TECHNICAL SESSIONS-IV **Time-11.15 PM to 12.15 PM** **Venue: Lecture Hall, Guest House**		
Chair Person		**Dr. T. R. JEYARAAJ** Professor Department of Economics Annamalai University
Discussant		**Dr. T. SUDHA** Assistant Professor Department of Economics Annamalai University
Rapporteur		**Dr. A. PRADHIP BABU** Assistant Professor Department of Economics Annamalai University
Welcome address		**Mr. A. ANTONY JOSEPH** Assistant Professor Department of Economics Annamalai University
TECHNICAL SESSIONS-V **Time-12.15 PM to 1.15 PM** **Venue: : Lecture Hall, Guest House**		
Chair Person		**Dr. R. SIVAKUMARESAN** **Professor** **Department of Economics** **Annamalai University**
Discussant		**Dr. R. JAWAHAR** **Associate Professor** **Department of Economics** **Annamalai University**

Rapporteur		**Dr. G. NATARAJAN** **Assistant Professor** **Department of Economics** **Annamalai University**
Welcome address		**Dr.T. SARAVANAKUMAR** **Assistant Professor** **Department of Economics** **Annamalai University**
LUNCH BREAK: 1.15 PM TO 2 PM		
PLENARY SESSION **Dr. D. NAMASIVAYAM** **Professor and Head** **Department of Economics** **Annamalai University** **Dr. N. RAMAGOPAL** **Professor** **Department of Economics** **Annamalai University** **Dr. G. RAVI** **Professor** **Department of Economics** **Annamalai University** **Dr. E. SELVARAJAN** **Professor** **Department of Economics** **Annamalai University**		

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(UGC-SAP-DRS I)
Two day National Seminar on
H E A L T H A N D M E D I C A L C A R E S E R V I C E S : C L A I M S O N N A T I O N A L R E S O U R C E S
21st December 2012

VALEDICTORY FUNCTION

Date: 21/12/2012 **Venue: Lecture Hall, Guest House** **Time: 3.00 P.M**

Prayer	:	**STUDENTS**
Welcome Address	:	**Dr. S. THAMILARASAN** **Assistant Professor** **Department of Economics** **Annamalai University**
HONOURING THE GUESTS		
Special Address	:	**Dr. N. RAMAGOPAL** **Professor** **Department of Economics,** **Annamalai University**
Valedictory Address	:	**DR.S.VIWANATHAN M.D., FRCS., Ph.D.,** **HOD of Obstetrics & Gynecology** **Medical superintendent, RMMCHA** **Director, Centre for Yoga Studies** **Annamalai University**
Vote of Thanks		**Dr. C.SUBBURAMAN** **Seminar Director** **Department of Economics** **Annamalai University**
Dr. D. NAMASIVAYAM Professor and Head Department of Economics Annamalai University **Will Preside over the Function**		
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1. PREVENTION OF DISEASES BY KEEPING THE ENVIRONMENT CLEAN SAVING MONEY FOR FAMILIES AND ECONOMIC BOOST FOR COMMUNITIES

DR. SIVAKAMI KANGAYAPPAN, M.D., F.A.C.O.G. (USA)

ABSTRACT

- *Diseases such as Malaria, Typhoid, Dengue fever, Hepatitis, Jaundice, viral meningitis and about total of 22 diseases- viral and bacterial- can be prevented as per the report of 1999 issued by the special commission appointed by the supreme court.*
- *Impact on Economy:*

a. For the family- medical expenses will be reduced and loss of earning by the family member due to illness will be avoided, thus saving money for the family.

b. For the community- healthy and a happy worker increases the production and improve the quality of the product and services, thereby helping to boost the economy for the communities.

- *Environmental cleanliness can be accomplished by cooperation between the local governing body (LGB) and the members of community*
- *Methods to achieve the above:*

a.Segregation of waste at home

b.Avoidance of disposing waste outside the home indiscriminately

c. Collecting waste door- to- door and transporting the waste to the landfill in a proper manner by the LGB

d.Keeping streets ,open ditches and areas outside the home clean

e.Proper maintenance and management of landfills

f. Recycling and composting of waste

g.Awareness education to the public- instituting compulsory environmental education to all school children and encouraging the college students taking part in community service programs, educating public by conducting the informational meetings, TV programs, neighbourhood associations, appropriate bill boards and getting helps from celebrities in promoting the cause.

Key word: Environment, Diseases, Recycling, Education

2. HEALTH CARE AMONG THE ELDERLY: DELIVERING THE DEPTHS OF OLD AGE HEALTH CARE

Dr. Ch. THANDAVA KRISHNA

ABSTRACT

Health is the most precious component for the happiness and all around development of man in society. An individual's health and the health of a society are considered complementary to each other. It is a fact that the individual's health contributes to higher productivity and economic development, health is a major instrument of social and economic development and it can play a very important role in the creation of a new world. Health is a significant factor in relation to ageing. A major issue of societal concern is the health status of the aged. After infants and children, it is the old people who are most vulnerable to morbidity and mortality, as health impairment is a function of the ageing process. Medical check-up is an important step to prevent diseases and to realize ageing without problem. Regular medical check-ups help in maintaining health and helps living a normal life. In the following section an attempt is made to analyze the respondents' responses to medical check-up. A study of the attitude of the respondents towards medical check-up revealed that 45 percent of the respondents regularly went for medical check-up, while 36 per cent occasionally did so. About 26 percent of the respondents went morning walks and did yoga occasionally or thrice in a week. The reason they gave was that most of them suffered from joint pains. Besides, a good number of them were above 75 years of age. Health is an important asset of a society and a healthy society is the foundation of a strong nation. Health is an important determinant of economic and social development because diseases create a vicious circle by depleting human energy, leading to low productivity and earning capacity, deteriorating quality and quantity of consumption and standard of living. A nation's health status is reflected in the health status of the aged. In the modern world, protection and promotion of health status of the aged has because the bounden duty of any welfare state.

Key words: *Health, Elderly, Productivity, Aged*

3. INCLUSIVE POLICY AND HEALTH CARE: A MEDIA'S PERSPECTIVE

Dr. DHARMESH DHAWANKAR

ABSTRACT

The paper explores how policy implementation and change management can be improved in India, with the health insurance scheme as the basis for narrative exploration. It sets out the similarities and differences in assumptions between supra-national organizations such as the World Bank and World Health Organization on policy implementation and change management and those contained in the Indian national health policy. The study provides a framework of the dimensions that should be considered in policy implementation and change management in India, the nature of structural and infrastructural problems and wider societal context, and the ways in which conceptions of organizations and the variables that impact on organizations' capability to engage in policy implementation and change management differ from those in the West. This paper further investigates concepts in management studies with those in policy studies, with the use of narrative approaches to the understanding of policy implementation and change management. Elements of culture, religion and ethical values are introduced to further the understanding of policy making and implementation in non-Western contexts.

Key words: *Health Care, Insurance, Media*

4. HEALTH INSURANCE IN INDIA

N. PRASANNA KUMAR

ABSTRACT

Medical expenses are sky high these days, but were never cheap ever. Even a small treatment or an appointment with a doctor might consume a lot of money. Health insurance is a must as it saves money and covers unexpected calamities. Health insurance comes in handy to meet emergencies of severe ailment or accident. Sometimes it is associated with covering disability and custodial needs. Life is unpredictable, insurance can make it safe and secure from bearing huge loss. Health insurance in India is affordable and carries the assurance and freedom from insecurities that threaten life now and then. We liaise with the leading health insurance companies in India and buying through us enables analyzing costs and benefits from the pool of health policies matching your requirements and of course not to forget the quality service offered by Policy Bazaar.

Key Words: *Insurance, Health, Treatment, Policy Bazaar*

5. A STUDY ON SERVICE QUALITY MEASUREMENT IN HEALTHCARE SECTOR IN INDIA

N. RATNA KISHOR & K.HARI BABU

ABSTRACT

Healthcare industry is one of the most challenging industries in India with projected revenue of US$ 30 billion; it constitutes 5.2% of India's GDP. The Indian health industry has had a growth of over 12% p.a. in the past four years and is expected to grow at 15% per annum to US$78.6, reaching 6.1% of GDP and employing 9 million people by 2012. The private sector plays a significant role by contributing 4.3% of GDP and 80% share of healthcare provision. However, there is deficit with respect to access, affordability, efficiency, quality and effectiveness, in spite of the high spending on overall private and public health.

In order to be comparable with the healthcare parameters of other developing countries, India's healthcare sector faces many challenges. For example, to reach a ratio of two beds per 1000 population by 2025, an additional 177 billion beds will be required which will need a total investment of US$86 billion. There is an acute shortage of doctors, nurses, technicians and healthcare administrators and an additional 0.7 million doctors are needed to reach a doctor population ratio of 1:1000 by 2025. This paper concentrate on

1. *To study Need and Scope of Service Quality in Healthcare sector.*
2. *To present the Role of Government in Healthcare management.*
3. *To analyze Service Quality in Hospitals.*

Key words: *Healthcare, Efficiency, Hospitals, Health Service*

6. A CRITICAL ANALYSIS OF MEDICAL CARE SERVICES TO SPECIALLY CHALLENGED PERSONS IN INDIA

A.S. SENTHI VADIVEL

ABSTRACT

The Government of India has taken several initiatives to provide optimum health care to specially challenged persons at affordable cost. Establishment of seven apex institutes under the Department of Disability Affairs in Ministry of Social Justice and Empowerment is one of such initiatives taken to improve health and medical care services by way of medical treatment, education, NGO recognition, training, outreach, research and development programmes. This paper presents an overview of the functioning of these apex institutes and the various initiatives taken up for the benefits of specially challenged persons. It critically examines the gap between targets and benefits in providing medical care services to specially challenged persons. A critical examination indicates the need for reorganization of these seven national institutes into four national level Headquarters institutes one each for physically, mentally, hearing and visually disabled persons, creation of one each centre in every state and one each unit in every district, fully funded by Government of India. The paper highlights various issues and challenges identified and the various reform recommendations that need to be adopted by these institutes to overcome the challenges for improved health and medical care service delivery aiming towards integrating disabled persons in socio economic development.

Key words: *Medical Care, Challenged, NGO, Disabled*

7. HEALTH AND MEDICAL CARE SERVICES IN DISASTER MANAGEMENT: CONCERNS, ISSUES AND CHALLENGES

A.S. SENTHI VADIVEL

ABSTRACT

Disasters of both types, natural and man-made, are a potentially serious shock to an economy as it wipe out the grains of economic development. Death or injury or disease to personal health due to disasters are major actors among other social actors leading to an erosion of social capital and having direct loss potential of economic assets and processes, indirect loss potential and consequent secondary effects to economies of a nation. Therefore there is a need to provide a better health and medical care service in all three phases of disaster management, i.e, pre, during and post disaster as it can possibly contribute in enhancing the ability to mitigate the effects of disasters and thus can substantially contribute in coping up with the economic activities. This paper suggests ways and means to care people, to save their lives, prevent injury and details on issues that planners need to consider during development planning for vulnerable social group living in and around hazard prone areas. As enhanced health capacity increases resiliency and happiness, the paper focuses on various reform recommendations related to mitigation strategies and flexible adaptation strategies to preserve and protect public health in general and children, aged persons and specially disabled persons in particular.

Key words: *Disasters Health, Medical Care, Health Services*

8. EVALUATION OF HEALTH CARE SERVICES

T.R. SRINIVAS & DR. SURENDRA PRASAD

ABSTRACT

Concern for the quality of health care is as old as care itself. Concern for health care quality and recognition that practitioners have a duty to uphold standards are thus far from novel. Quality in health care is innovative as it involves explication and systematization of methods of setting, appraising and maintaining standards. Such methods involve the regular observation, review and improvement of care. But the activities themselves are essentially those of observation, review and improvement which are the defining characteristics of health care quality assurance, despite this rapid development there has been great variation in the enthusiasm and commitment evinced by hospital consultants and physicians. This article examines the degree of patient's satisfaction with quality services. The objective of this study is to assess the perceived quality of services, provided by the doctors in the hospitals. To attain the above objective, a select public and private hospital in the region are selected for the study. A questionnaire designed for the purpose is administered on doctors and patients of the above said hospitals. The objective is to gather the data with reference to the quality of health care services provided over the past few years.

The data collected above is being edited and corrected for the required changes. A descriptive research design is adopted in order to conduct the study. This design was found the most suitable for understanding the patients satisfaction with the services provided to them in the select hospitals. Further to know whether the association between the variable is statistically significant, chi square test had been applied. The study throws some light on the understanding of patient expectation and satisfaction about the health care services.

Key words: *health care, health care services, physicians, hospital*

9. SYNERGY OF HEALTH, POVERTY AND ECONOMIC DEVELOPMENT (REFERENCE ON RURAL ODISHA)

ANJALI DASH

ABSTRACT

Improvements in health result in improvements in national income, poverty could decline on account of both the standard 'trickle-down' effects and an increased financial capacity of nations to set up safety nets. Poverty can have an adverse impact on health because of malnutrition and also due to poor sanitation; unsafe drinking water supply etc. Odisha is an eastern state of India. Health infrastructures of Odisha are far from requirements and the outcomes of health are far from satisfactory. This is because of, both, inadequate and unequal health care facilities to the population as well as due to insufficient affordable capacity of majority of the people. There is a heavy burden of diseases prevalent in Odisha. This is a micro level study base on rural Odisha. Main objective of this paper to analyse the relationship between health, poverty and economic development on rural masses and to understand the cause of unequal health outcomes. The study also strives to analyse allocation of resources for health care system as well as people's financing pattern on health care which affect to their livelihood situation. Health related expenditure increases debt position of the poor household and they are again in poverty trap.

Key words: *Health, Poverty, Trickle-Down, Sanitation*

10. CEREBRAL PALSY CHILDREN: AN EFFECTIVE HOME CARE

C.K.V.BHUVANESWARI

ABSTRACT

Cerebral palsy is a developmental disability that results from dysfunction of the developing brain. For families and professionals involved in the care of children with cerebral palsy, the ultimate goal of intervention is to maximize functioning while minimizing any disability related disadvantage and to enhance participation in these environments, in a manner that is mutually satisfying for the individual and the community. This is accomplished by recognizing the specific abilities and needs of the individual child as they occur within the context of his or her family and community. Habilitation is an intervention strategy that is family focused and community based. Proper positioning geared to the age and orthotic devices, including braces, splints, and basic equipment needs, basic information related to feeding, and strategies for lifting and carrying children are integrated into the habilitation plans of physical and occupational therapist is an effort to maintain adequate range of motion, prevent contractures at specific joints, provide stability and control involuntary movements that interfere with function and addressing the tone and movement abnormalities associated with cerebral palsy. Efforts founded on the principles articulated in the Americans with Disabilities Act will create new opportunities for greater participation and enhanced quality of life for children with cerebral palsy. In this connection the present paper explore Cerebral Palsy Children: An Effective Home Care

Key words: *cerebral palsy children, orthotics, positioning****.***

11. HEALTH INSURANCE: DO YOU HAVE A CHOICE??

K.B.LALIYTHA

ABSTRACT

Health insurance is a contract between the Insurer and the Insured wherein the former agrees to pay to the latter hospitalization expenses to the extent of an agreed sum assured in the event of any medical treatment out of an illness or an injury. With increasing medical problems and the treatment cost being even more, it has become essential for each and every one of us to possess a health insurance. This paper deals with the various types of health insurance and also the method of selecting a scheme which will be appropriate for every individual.

Key words: *Health, Insurance, Hospitalization, Medical*

12. PATIENT PERCEPTION AND TRAVEL BEHAVIOUR PATTERN IN PRIMARY HEALTH CARE CENTER IN HARIPAD BLOCK- A MICRO GEO-MEDICAL STUDY

Dr.V.SARAVANABAVAN & Mr. SARATHCHANDRAN

ABSTRACT

Haripad Block is located on the south-western part of Alappuzha District, Kerala. Geographically it extends from $9^0$14'to $9^0$21'North latitude and $76^0$24'to $76^0$31'East longitude. The major objectives of the study are 1. To analyse the spatial distribution of primary health centers in Haripad block 2. To analyse the patients perception and satisfaction level who avail these health care services 3. To analyse the travel pattern and movement pattern of patients from their residence to the PHC with respect to their age and sex indicators 4. To derive a conceptual frame work towards strengthening the foundation for integrated health care delivery system in Haripad block. The present study is based on both primary and secondary data source. The field work was designed with the help of a suitable scientific frame work of sampling, namely the stratified random sampling. There were totally 300 respondents who were interviewed by direct questionnaire method. It includes mapping of the study using GIS software of Arc GIS. Factor analysis is used to identify the statistical associations between diseases, socio-economic characteristics, and health–care and transportation variables, among the patients. The result of the factor analysis may be synthesized and brought out in the form of tables by naming the dimensions suitably on the basis of high factor loading.

Key Words: *PHC- Patients perception – Travel pattern- Factor analysis*

13. AN IMPACT OF STRESS MANAGEMENT ON EMPLOYED WOMEN

Dr.D.RAJASEKHAR & MRS. B.SASIKALA

ABSTRACT

Today women are in a state of transition caught between the illusory safety of traditional role on one hand and the challenge to realize their potential outside on the other hand. Women, have a lot of balancing to do between home and workplace. Balancing between social and personal requirements. The major issues are maternity, menopause, parenthood, gender roles, conditions at home and workplace, familial and social support, often blight women's lives in the long run. Stress is the reactions of people have to excessive pressures or other types of demand placed on them. A woman is constantly under stress either at home or at work place. At work place coping with demands, time management, and completion of tasks before the deadlines are the problems which need to be handled skilfully. At home maintaining relationships, making ends to meet are factors that can cause stress. Stress is caused whenever any event, internal or external, is perceived as making demands over and above the copy resources possessed by the women's. Stress make a person more susceptible to disease, which then aggravates any existing illness or chronic condition such as heart disease, depression, ulcers, irritable bowel disease, diabetics, the common cold, urinary tract infections. Some people seek comfort from stress by engaging in behaviours such as alcohol and drug abuse, smoking, or overeating, which have negative physical and emotional health consequences of their own.

A recent survey showed that 70-90% of women feel stressed at work place and outside. Depression, only one type of stress reaction, is predicted to be the leading occupational disease of the 21st century, responsible for more days lost than any other single factor. Globally, 23% of women executives and professionals, say they feel "super-stressed". The aim of the field study has been to find out the cause and effects of stress on the working women. Causes of occupational stress and several specific techniques have been suggested through stress management. To conclude, the effective management of stress involves directing stress for productive purposes, preparing role occupants to understand the nature of stress helping them to understand their strength and usual styles and equipping them to develop approach strategies for coping with stress.

Key words: *Stress, Physical, Diabetics, Women*

14. LEGAL ASPECTS FOR HEALTH

MR.J.THULASIRAMAN

ABSTRACT

Mental and physical health is the very basis of human personality. Diseases and mishaps must have had their grip over humans ever since they came into existence. The disablement, disfigurement and loss of life caused due to illness has alarmed human race. The multiple sources causing such agonies are both external and internal ranging from natures' wrath to lack of proper hygiene. If the human race is to survive and progress, preservation of good health is a must. Though personal hygiene can to a large extent ward off ordinary ailments caused due to lack of hygiene, there are many factors, over which an individual can have no control, which cause health problems.

The state agencies are in such areas better equipped to prevent the causes and deal with the ailments in a more regulatory, effective and authoritative manner. The legal responsibility of the State agencies to take care of the individual's health and ensure his physical and mental well-being will therefore be a measure of the individual's right to health in a welfare state. Health care has been given utmost importance globally and International Covenant on Economic, Social and Cultural Rights (ICESCR) mandates right to health in its articles. The Indian Constitution also refers to right to Health in its directive principles. In fact, while interpreting the fundamental right of right to Life as guaranteed under Article 21 of the Constitution of India, courts have held that right to a healthy life is a fundamental right. Thus, right to equality encompasses within itself the right of a poor patient to get adequate treatment and medicines from the State irrespective of their costs. Citizens have a right to quality health care, treatment and medication regardless of race, religion, social status and ability to pay. Duties of the State and Municipal authorities can be enforced through the Courts whenever a breach occurs.

Key words: *Legal, Health, Rights, Welfare, Preservation*

15. AWARENESS LEVEL OF HEALTH HABITS AMONG WORKING WOMEN IN THANJAVUR DISTRICT

V.LALITHA,

ABSTRACT

An apple a day keeps the doctor away. Prevention is better than cure. These quotes suggest that, a healthy diet and good habits keeps many diseases away from our day to day life. If a male is unhealthy, his family may be affected financially slightly. But, if a woman in a family gets ill, her whole family routine work as well as happiness of the family would be collapsed. In this era, woman is expected to play several roles in her home as well as in the organisation. So she should be hale and healthy. Her mind and body well being is important for both the home as well as nation. But, many of our women do not pay much attention to their health due to several factors. They prefer to sacrifice many good things for their family. They do not find and allot time for themselves which ultimately affects the health and wealth of their family. This paper tries to understand the present day working women changing attitudes towards the awareness level of their health and their habits to maintain health in Thanjavur district. It covers the habits of the women who occupy various position in different fields.

Keywords: *Prevention, Diet, Awareness, Happiness*

16. A STUDY ON HEALTH INDICATORS AND THEIR DETERMINATION WITH REFERENCE TO INDIA

Dr.S.RAJARAJAN,

Health is defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (The world Health Organization). It is an essential objective of development and the capacity to develop depends on health, i.e., health and development are interdependent and health status cannot be traded off against economic gain. "Wealth cannot buy health, but health can buy wealth" Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact. In this context this paper examines the importance of vulnerable groups, health indicators and their determinants with special reference to India. The present paper also explains social determinants of health. This paper is only diagnostic study and it's also based on secondary data. Finally the paper suggests that Universal Health Coverage (UHC) is essential for improving health status of vulnerable groups and to reduce health inequalities within and across nations.

Keywords*: health status, health indicators, social determinants of health, vulnerable groups*

17. THE CHALLENGES OF FOOD HABITS OF ADOLESCENCE CHILDREN IN CHENNAI CITY

DR.R.BALASUBRAMANIYAN & MS. D. BHUVANESWARI,

ABSTRACT

Adolescence is the period of human life which occurs between 13 – 20 years of age. It is the period of psychological and emotional transition between childhood and adulthood. At a transitional stage of human development it represents the person of adolescence. Health eating during adolescent period is important because body changing require nutritional and dietary needs. Adolescence children tend to eat more meals away from home because of increase in appetite and desire to have junk foods. Sometimes they eat wrong kind of foods and also at their wrong time. During the adolescent period eating habits plays a central role in shaping food choices, diet quality and weight status. Parents play a powerful role in children's eating behaviour by making food available to them. The objectives of the study are: 1.To examine whether Fast food consumption and breakfast skipping are associated with weight gain during the transition period from childhood to adulthood. 2. To Identify general dietary patterns among the school children in the study area. 3. To assess home dietary habits and nutritional knowledge levels of adolescence school children in study area. 4. To estimate the Stunted, Wasted and Underweight category among school going children in the study area. 5. To suggest measures to overcome problems such as stunted, wasted and underweight of respondents in the study area. Methodology: The study is based on primary data. The information relating to adolescence period of school going children was collected from leading schools in Chennai city. The first school is located at Thiruneermalai and the second one is located at Thiruverkadu in Chennai city. A total of 50 respondents consisting of school going children (boys and girls) of the adolescence age (13 – 18) years represents the sample size of the study. Each school represents 25 respondents of school going children. Major findings of the study suggest that about 38 percent of school going children are having underweight problem in Chennai city. About 2 percent of school going children is affected with overweight problem in the study area. Further, the study reveals the fact that about 20 percent of respondents have opined lack of time as one of the main reason for skipping meal.

Key words: *Underweight, Adolescence, Wasted, Stunted,*

18. HEALTH CARE FACILITIES IN INDIA: EMERGING TRENDS AND ISSUES

DR. GANESH KUMAR

ABSTRACT

Health is an important aspect of human resource development. Good health care facilities and services are essential for creating healthy citizens and society that can effectively contribute to social and economic development. With increased urbanization, industrialization and the changing environment, health related issues and problems are being emphasized and have become a great concern for the contemporary world. World Health Organization define health "as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. The major health indicators are life expectancy, infant and child mortality, maternal mortality, crude birth rate and crude death rate etc. In India despite the best efforts by the government to improve health status of the country population, health care services are far from satisfactory level in our country. If we compare the major health indicators from the time of our independence to the present day there has been a definite positive change. However, when we compare the present health indicators with other countries of world, we find India very far behind. Further illiteracy, poverty, unemployment, under nourishment, lack of access of sanitation, low expenditures on health are some of the major factors which are responsible for poor health of people of India, thus there is an urgent need not only to increase public spending on health but also to utilize the available resources efficiently.

Key words: *Health, Social, Mortality, Services*

19. HEALTH INSURANCE FOR THE POOR IN INDIA

Dr.S.SARAVANAKUMAR,

ABSTRACT

In India, health care is provided by a mix of government and private providers. While the government health services are ostensibly free, in reality, studies have shown that people have to pay for medicines, diagnostics and other procedures. People approaching the private sector usually end up making out-of-pocket payments (OOP). This has two effects- it can be a substantial and inequitable barrier to accessing health services, and among those who access these services, it can result in impoverishment. Health insurance is considered as a protective measure against the harmful effects of OOP. Most of the people in India (and especially the poor) are not covered by health insurance. There is a growing movement of community health insurance (CHI) in India, which covers the poorer sections of the Indian community. However, there is little evidence that CHI is able to improve equitable access quality health care and prevent impoverishment. We present the findings of a study on CHI. Community health insurance is an important intermediate step in the evolution of an equitable health financing mechanism such as social health insurance in Europe and Japan. Social health insurance in these countries, in fact, evolved from a conglomeration of small 'community' health insurance schemes. Historically, during the peak of the industrial revolution workers' unions developed insurance mechanisms which were eventually transformed. Community health insurance programmes in India offer valuable lessons for policy-makers. Documented here are 12 schemes where health insurance has been operationalised.

Key words: *Health Care, Insurance, Poor, Medicines*

20. THEORETICAL INSIGHT ON THE SOCIO-EMOTIONAL STATE OF ADOLESCENTS

Dr. K.MURALIDARAN & MR.M.VALARSELVAN

ABSTRACT

There are many theoretical and empirical studies depicting the different levels of adolescents' vulnerable problems. This present paper analyzes many theoretical literatures and search on the condition of family environment and socio-emotional adjustments among adolescents. Many earlier literatures pointed out that adolescence is a transition period; it is a unique moment of social identity and desire for social approval of the society. The social and family environment widens as the child enters into the stage of adolescence. As the social contact with the outside world increases, the teens get new experiences and opportunities of meeting others which influences their social adjustment and make family environment suitable or unsuitable to them.

Social scientist found that family relationships remain important throughout adolescence. In fact, adolescents who did not exhibit high levels of socio- emotional adjustment with their parents were feared to suffer from stunted development. Although socio-emotional adjustment is still considered to be a normal part of adolescent relationships, higher levels of intensity are associated with hostility and the limited potential for future positive interactions (Patterson, 1986; Monte mayor, 1986; Larsen, 1995).Hence that inevitable parent-youth conflict gets started throughout the period of adolescence. As a result the emotional intelligence or the E.Q is not positive for them.

Key words: *Social Approval, Social Adjustment, Emotional, Hostility and Vulnerability*

21. FOOD AND NUTRITION IN INDIAN FOOD HABITS – A PROSPECTIVE STUDY

P. SHANKAR.

ABSTRACTS

*This paper review recent evidence on food intake and nutrition in India. "**The wise man should consider that health is the greatest of human blessings; let food be your medicine - Hippocrates**." Indian range of common food grains consist of cereal grains, whole grams and legumes, greens, root tubers, fruits, spices, nuts and oil seeds, fish and fish products, milk and milk products and other flesh. These are significant contributors to the daily requirements of minerals like iron, magnesium, zinc, copper, sodium and potassium and essential vitamins like Vitamin A, B, C and D and also fiber essential for a healthy and strong body. In India, food symbolizes ethnic culture and identity, which had motivated people to innovate extensively with food sources like grains, cereals, greens and meat. Hence Indian cuisine varies from region to region, reflecting the diverse cultures in the subcontinent making it a unique blend of various cuisines across Asia and has also influenced cuisines across the world. Nutrition is a core pillar of human development and concrete, large-scale programming not only can reduce the burden of under nutrition and deprivation in countries but also can advance the progress of nations. The level of child under nutrition remains unacceptable throughout the world, with 90% of the developing world's chronically undernourished (stunted) children living in Asia and Africa.*

Key words: *Nutrition, Vitamin, Health, Deprivation*

22. POVERTY AND MALNUTRITION

MR. M.KALIAMOORTHI& DR. R. MANGAYARKARASU

ABSTRACT

The problem of poverty is considered as the biggest challenge to development planning in India. High poverty is synonymous with poor quality of life, malnutrition, under-nutrition, nutrition insecurity, food insecurity and low human resource development. Due to chronic poverty even after 65 years of independence, India is still a country in developmental transition and continues to battle with conditions related to malnutrition and under nutrition. Approximately 50% of pre-school children and 30% of adults are under-nourished and over 70% of women and children suffer from anemia as judged by anthropometric indices. Every third child is born with low birth weight and may have impaired mental and physical development and immunity. Apart from human suffering caused due to morbidity and mortality, malnutrition is severely denting India's productivity and development and adding to health expenditure.

OBJECTIVES OF THE STUDY

1. To ascertain the causes and consequences of malnutrition in India

2. To appraise the efficacy of various schemes and programmes of direct nutrition interventions aimed at ensuring nutrition security

3. To analyze the commendable performance of Government of Tamilnadu in ensuring nutrition security among children

4. To suggest meaningful measures to further improve the Mid-Day Meals scheme of Government of Tamil Nadu and make it as a trend setter in the international arena.

1. *To assess the availability of food grains-function of production*
2. *To analyze the access to food- function of purchasing power*
3. *To suggest meaningful strategies to planners and decision makers to alleviate poverty by ensuring food security*

Key words: *Malnutrition, Nutrition, Transition, Poverty,*

23. STUDY OF NUTRITIONAL ANEMIA AMONG CHILDREN IN MADHYA PRADESH AND UTTAR PRADESH STATES OF INDIA

KH.BIMOLATA DEVI

ABSTRACT

Nutritional anemia is a widespread public health problem associated with a increased risk of morbidity and mortality, especially in young children, it is a disease with multiple causes, both nutritional (vitamin and mineral deficiencies) and non-nutritional (infection) and frequently co-occur. It is assumed that one of the most common contributing factors is iron deficiency, and anemia resulting from iron deficiency is considered to be one of the top ten contributors to the global burden of disease.

Objectives

To examine the different nutritional anemia among the children under 5 years of age in Madhya Pradesh and Uttar Pradesh

To study the socio-economic characteristics influence on the different nutritional anemia in this study area

Methodology

The data used for the present study is based on the data collected by NFHS-3 during 2005-2006. In this study, the socio-economic and demographic differentials in nutritional status among children (0-5 years) in Madhya Pradesh and Uttar Pradesh were analyzed.

Results

The preliminary report shows that the percentages affected by overall anemia were 74 percent in Madhya Pradesh and 72 percent Uttar Pradesh respectively. Under nutrition among children has a strong negative relationship with mothers' socio-economic and demographic characteristics. Based on the findings, some of the policy implications were also made.

Key words: *Nutrition, Social, Demographic, Anemia*

24. A STUDY ON QUALITY OF HEALTHCARE SERVICES IN RURAL INDIA

Mr. P.PALPANDI & Mrs. P.LAKSHMI,

ABSTRACT

Developing nations have been focusing on relevant infrastructure, technology, disease control, and health outcomes in terms of deaths and disability-adjusted life years, largely ignoring the service quality aspect from the patient's viewpoint. However, researchers opine that real improvement in quality of care cannot occur if the user perception is not involved. Patients' perception is significant as it impacts their 'health-seeking behavior' including utilization of services, seeks involvement in issues directly related to them, enables the service provider to meet their expectations better, and provides relevant information to the policy makers to improve the quality.

The role of government in ensuring that its country's healthcare system provides optimal services for its population has been greatly emphasized upon (The World Health Report, 2000). Improvement in the quality of primary healthcare services apart from increasing Accessibility and affordability has become a matter of grave concern for the developing nations in the recent years. However, the meaning of quality in healthcare system has been interpreted differently by different researchers. Ovretveit (1992) identified three "stakeholder" components of quality: client, professional, and managerial. From the client's viewpoint, it is the meeting of the patient's unique need and want (Atkins, Marshall and Javalgi, 1996) at the lowest cost (Ovretveit, 1992), provided with courtesy and on time (Brown et al., 1998) while professional quality involves carrying out of techniques and procedures essential to meet the client's requirement and managerial quality entails optimum and efficient utilization of resources to achieve the objectives defined by higher authorities. According to the Institute of Medicine (2001), quality in healthcare is, "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with `current professional knowledge."

key words: *Stakeholder, Healthcare, Likelihood, Populations*

25. ECONOMIC GROWTH AND PUBLIC EXPENDITURE: A CASE OF UNION TERRITORY OF PUDUCHERRY

ANNAM.L & SURESH KUMAR PATRA

ABSTRACT

Health services are given continuous importance by the Puducherry government for the improvement of socio economic status of the society. The percentage of expenditure continues to increase every year in this regard. The analyses have been done with the help of the data collected from various sources of health department. Hence the present study made an attempt to understand the relationship between public expenditure on health and economic growth of Puducherry. The health system of the Union Territory of Puducherry is taken for the study. This study is based purely on secondary data. The data collected were analyzed with the help of statistical tools such as ratios and percentages. Multiple Regression analysis has been utilized to know the determinants of Health Expenditure, the determinants of Infant Rate (IMR) and to assess the impact of Health Expenditure on Health status of Puducherry. Economic growth (GSDP at current price, per capita income) is positively related with health expenditure, education expenditure, per capita health expenditure and per capita education expenditure in Union Territory of Puducherry. Infant mortality rate is negatively related with health expenditure, Primary Health Centre, Education Expenditure and Sub-Centre Rural in Union Territory of Puducherry.

Key Words : *Economic Growth, Health Expenditure, Multiple Regression Analysis & Primary Health Centre*

26. NATIONAL RURAL HEALTH MISSION (NRHM) & HEALTH STATUS OF ODISHA: AN ECONOMIC ANALYSIS

SURESH KUMAR PATRA, L.ANNAM & PROF. M. RAMADASS

ABSTRACT

To improve the prevailing situation, the Government of Odisha launched the National Rural Health Mission (NRHM) programme through the state on 17th June 2005. NRHM has completed its six years of journey in Odisha. It becomes necessary to assess the impact of NRHM on the health infrastructure and on the health indicators and to analyze the determinants of health status in the health development of Odisha. The study is only based on the secondary data. The collected data are analyzed with the help of MS-WORD and Excel. The study shows that the health status of study area is very poor and is gradually increasing as a result of the implementation of NRHM and the staple reasons for this tendency are: low income, illiteracy, shortage of doctors, unwillingness doctors to go to remote areas and lack of health care facilities and lack of production of laboratory technicians and radiographers.

Key Words: *Health Infrastructure, Health Indicators, Health Status & NRHM*

27. A VIEW ON ALCOHOL AND PUBLIC HEALTH POLICIES IN INDIA

A.SUMITHIRA & A.MUTHUKANI

ABSTRACT

India is one of the major growth markets for alcohol and there is increasing concern about any commensurate increase in alcohol harm. There is increasing recognition that consumption of alcohol is a major contributor to the burden of disease in India and the developing world, and is indeed a major public health concern. The complex relationships between policies, economics and politics of alcohol and public health and between governments, industry and individuals call for a thorough review of the current situation. While public health implications of policies concerning alcohol have long been accepted, the failure to implement many of these policies demands a more balanced and nuanced approach to the problem.

India has experienced social and economic changes since the 1990s. Current trends suggest a steady increase in the production and use of alcohol; these are supported by available data from the organized sector in India. However, a large proportion of alcohol produced in India is illicit and its manufacturing is a 'cottage' industry outside governmental control. Noncommercial alcohol includes traditional beverages brewed using local produce (e.g. rice, wheat, potatoes, molasses and sap from palms and trees) and illicit alcohol spiked with chemicals such as battery acid, urea, ammonium chloride and pharmaceutical medication. The low cost makes it an attractive option for low income groups. The lack of regulation and quality control also leads to mortality and blindness due to methanol poisoning in addition to harmful use and physical morbidity.

Key words: *Morbidity, Alcohol, Health, Medication*

28. HEALTH INSURANCE MARKET IN INDIA – THE WAY FORWARD

R.RAMAMOORTHY AND Dr.S.A.SENTHIL KUMAR

ABSTRACT

Health status of a population is considered as an important economic indicator of development for any economy. Health services have a major influence on the social security of individuals and societies, and an important part of a nation's politics and economy. Health Insurance sector has a long way in India since the opening of the market. Earlier only 2 policies were available Mediclaim and Personal Accident. However with arrival of private insurance companies and standalone health insurance companies there has been tremendous innovation in policies offered in the Indian insurance market. At this juncture a list of popular health insurance policies available in the Indian insurance market. This study is carried out with the objectives to study health insurance market and health finance in India, various health insurance products available in India and to study the growth of health insurance market the way of forward. The study has concluded that, the health insurance in India is growing stage and there is wider scope for expansion if insurers provide specialized policy and rural masses for social development.

Key Words: *Health Insurance, Social Security, Mediclaim, Health Financing*

29. HEALTH INSURANCE IN INDIA – AN OVERVIEW

M.GOVINDARAJ & Dr.A.ASOK

The new economic policy and liberalization process followed by the Government of India since 1991 paved the way for privatization of insurance sector in the country. An attempt has been made in this paper to analyse the overview of Indian Health Insurance Sector. Further, this paper analyse Mediclaim scheme , Employee State Insurance (ESI) Scheme and SEWA's Health Insurance and Social Security Schemes for the Poor Health insurance can be defined in very narrow sense where individual or group purchases in advance health coverage by paying a fee called "premium". The government insurance companies started first health insurance in 1986, under the name mediclaim; thereafter Mediclaim has been revised to make it attractive product. Mediclaim is a reimbursement base insurance for hospitalization. Under the ESI Act, 1948 ESI Scheme provides protection to employees against loss of wages due to inability to work due to sickness, maternity, disability and death due to employment injury. Poor women are the most vulnerable sections of a developing society. SEW A - a membership based women workers' trade union, has eveloped an initiative to protect the poor women from financial burdens arising out of high medical costs and other risks.

Key words: *Mediclaim, Insurance, Poor, Premium*

30. HEALTHCARE EXPENDITURE IN MIZORAM : AN ECONOMIC APPRAISAL

C. LALRINMAWII & Dr. A. DURAISAMY

ABSTRACT

The relationship between health expenditure and income has always been a focus of research for it helps us understand the key determinants of healthcare expenditure and provides linkages between the income factor and demand side of health. The main objective of this paper is to examine the relationship between healthcare expenditure and income. This relationship is examined using primary data collected by the researchers from Bawngkawn locality in Aizawl district of Mizoram. t-test and linear regression estimators are used to examine this relationship. The study found that there is a positive relationship between healthcare expenditure and the income of a family. When income increased by 1 rupee, expenditure on health also increased by 5 paise. The regression result shows that with the increase in the educational qualification of the respondent, the expenditure on health increased by Rs. 297.54. The t-test shows that the difference in health expenditure between high and low income groups is highly significant.

Key words: *Health Expenditure, Healthcare, Linear Regression,*

31. HEALTH EXPENDITURE AN APPROACH

Dr. S. ALEXANDER

ABSTRACT

The public health expenditure is an important means which the government uses to implement its function in public health. The performance of the public health expenditure is related closely to people's basic life quality and their health, so with the social and economic sustainable development. As our country has limited financial resources, the performance evaluation of health expenditure is able to monitor local public health expenditure would reveal the grey areas where expenditure is non productive. This paper discusses performance evaluation practice in health expenditure. An analysis of performance evaluation of public health expenditure, the expenditure on public health concepts, and the necessity, effectiveness of public health spending and public health expenditure on the need for performance evaluation. Analysis is done methodically on the following- preparatory stage, the appraisal and implementation stage, and the result utilization stage. The author finally concludes that the expenditure could be more cost effective and result oriented if considerable expenditure is allowed on spreading awareness of illness prevention strategies like inculcating the discipline of exercise in daily life of the individual, walking, making traditional arts like Yoga, meditation compulsory at school level, and focusing more on mental health issues. Expenditure should aim more at preventing illness than in promoting medicines.

Key words: *Yoga, Meditation, Health Expenditure, Prevention*

32. HEALTH INSURANCE

V. SANTHOSH

ABSTRACT

Although the concept of and the concern for health development and primary health care in India date back from the ancient period, the earlier developments got completely disrupted for various reasons. In modern time the basis for health services delivery through primary health care approach had been laid down in the recommendations of the Bhore Committee (1946). Since independence a great deal of development and expansion has occurred in the health services infrastructure in the country and various parameters of health has improved considerably however, for attaining the goals of Health.

All (HPA) by the year 2000 AD, to which the country is committed, greater and coordinated efforts have to be made in the health sector as well as in other health-related social and economic development Sectors. Health insurance is a part of a larger business set-up and tends to remain a loss leader in the initial stages and can become viable only in urban context with large-scale risk pooling and effective demand. These experiments do not convey in full measure the potential of insurance to risk pooling, community rating and controlled administrative costs, limited exclusions and co-payments. Health insurance properly developed and regulated can act as a bridge between patients and providers balancing quality care at reasonable costs with an effective and accountable health care. We need big players as insurers with staying power and competence to deal with large risk pooling and innovative product.

Key words*: Insurance, Healthcare, Community, Infrastructure*

33. FACTORS DETERMINING MORBIDITY IN KERALA

NIMISHA P

ABSTRACT

The study analyzes the factors that determine morbidity in Kerala. "Morbidity is a state of affair in which an individual is feeling physical, mental or social sufferings". Kerala, in its fourth stage of epidemiological transition, gives a clear picture of a state facing the problem of lifestyle related diseases. Kerala attracts the attention of everyone within its co-existence of high level of morbidity with low levels of mortality and high life expectancy. Socio economic factors such as, ageing, literacy, per capita income, health expenditure, Health Care , IMR and population determines morbidity in Kerala. Hypothesis of this study is: Morbidity is negatively influenced by health expenditure and literacy and Per capita income is negatively related to morbidity. This study is based on secondary data and period covers from 1991 to 2011. The influence of these factors can be analyzed by using tables and multiple regressions. The study found that morbidity and health expenditure are inversely related. The government's health expenditure which was increasing trend over the study period has augmented health facilities which have an impact on morbidity.

Key words: *Morbidity, Health Care, IMR, Health Expenditure*

34. HEALTH CARE SERVICE QUALITY AND WORD OF MOUTH: DRIVERS TO ACHIEVE PATIENT SATISFACTION

J. RAMA KRISHNA NAIK, IRFAN BASHIR & DR BYRAM ANAND

ABSTRACT

The objective of this study was to assess the elements of the services quality in India hospitals (Public and Private) and their input to patient satisfaction regarding trust on the service providers. The analysis was based on a survey of patient in public and private hospitals in Hyderabad, India. The data were analyzed through a correspondence analysis which was applied to the results of the 145 distributed questionnaires. Correlation and regression analysis were used to find out the impact of Service quality, Word of mouth and Trust on patients satisfaction. Hyderabadi patient's perceived private hospitals to be superior in the quality of their service provision. These results are accepted because Hyderabad's hospitals are offering improved service so that they accomplish the need of their patient. The data was gathered from hospitals situated in Hyderabad only, hence future research could extend these findings to other cities in India to test their generalizability. This paper contributes in the existing literature on health care industry by investing the impact of word of mouth on patient satisfaction. To investigate the impact of word of mouth is also very vital because of the different attitude of patients observed in developing countries such as India.

Key words: *Patient satisfaction, service quality, word of mouth, trust, hospital, Hyderabad, India.*

35. PUBLIC SECTOR ENHANCES THE ROLE OF PRIVATE SECTOR IN THE HEALTH CARE SERVICE IN HYDERABAD CITY

R.RAVIKIRAN

ABSTRACT

Cost of health care services has been accelerating in recent years. Health insurance is reducing the burden of health expenditure of insured persons. Therefore, it is spreading rapidly in the Developed countries. In a welfare state like India, it is state's responsibility to provide health care service to its people but it doesn't happened because of many a reason like overpopulation, health expenditure deficiency, lake of men power and shortage of infrastructure facility etc. In Andhra Pradesh, state government commenced a health insurance scheme titled Aarogyasri Community Health insurance (RAS) for BPL people thereby BPL people can avail service of private sector with free of cost. In Hyderabad during the year 2010, out of total claim paid to network hospitals, 29.8 percentage of money paid to the public sector and 70.2 percentage of money paid to private sector that means huge number benefited by private sector. In addition to it, more percentage of beneficiaries preferred private sector rather than public sector in taking treatment. Hence, government pays lump sum amount of money to private sector in the name of social security. Insured persons also prepared private sector for taking health services. If it goes on like this, private players would occupy health care system completely will become key aspect in the health care delivery that would become away from BPL people. Public sector must be modified according to tremendous changes in health care delivery and become core in health care system.

Key words: *HealthCare, Insurance, BPL, Infrastructure*

36. ECONOMIC REFORMS AND HEALTH SECTOR: IMPLICATIONS FOR INDIAN PHARMACEUTICAL INDUSTRY

SATYANARAYANA RENTALA AND DR. BYRAM ANAND

ABSTRACT

One of the important achievements of economic development in post-independent period in India has been our ability to ensure availability of life saving drugs at affordable prices. This was a result of various policies followed since late 1960s with the objective of providing affordable drugs. These strategic initiatives involved various incentives for development of domestic healthcare industry. It also included building a national innovation system for developing process innovation capability in the country and providing an intellectual property protection (IPR) framework designed to facilitate indigenous process development of known compounds. Over the past two decades, however, there have been a number of changes in the policy framework developed since the late 1960s. The IPR framework has undergone important changes as per India's obligations under the TRIPs Agreement of WTO. In this context this paper briefly reviews different elements of economic reforms in the health sector. It also highlights trends taking place since 1991 that tend to alter the policy framework evolved thus far that are likely to affect the availability of drugs and their prices in the coming years. It also discusses issues such as liberalization of trade, investment and pricing policies and strengthening IPR regime under TRIPs Agreement, among other policies.

Key Words: *Economic Reforms, Healthcare Industry and Intellectual Property Rights*

37. HEALTH INSURANCE

HEALTH INSURANCE COMPANIES IN INDIA- A COMPARATIVE STUDY

PRANAV S

ABSTRACT

My research is aimed at understanding the Health insurance sector in India and flagging issues relating to competition in this sector. This report provides a board direction for India's health sector in the coming years. In doing so, it describes India's achievements with regard to the three key goals of health policy- improvement in health status, financial health protection and equity.

The role of both public and private institution in provision of such services is studied in the overall context. The focus is to analyze the status of health in India, and is done by bringing together data and analysis from government documents, health economics and mainly from health insurance company websites and a host of other sources. The study mainly focusing on the health insurance sector in India, and the comparative study on different companies who providing health insurance, based on their products and plans.

Key words: *Health Insurance, Health Status, Equity, Private*

38. INCLUSIVE POLICY AND PROGRAMME

JOSE CHACKO

ABSTRACT

Development is not complete without human development.So India gives more importance to enhance the wellbeing of people. Our social expenditure has increased from 9.46 % (2006-07) to 12.52 % (2008-09). But still India houses 16 % of world communicable diseases and is spending only .9 % of the GDP on health. A sound economy requires healthy working force which may reduce the problem of absenteeism and increase growth rate. India is aiming for equitable distribution of development or trickling down the benefits of development .It is in this context that we adopted social Inclusive policies in our five year plans. Eleventh five year plan has witnessed an improvement of HDI from 134 in 2007 to 119 in 2010. India is better in terms of average annual HDI growth which is 1.56 %. In order to sustain the Inclusive growth we maintained this objective in our 12th plan which is "Towards a faster sustainable and Inclusive growth. India has a demographic dividend of 58 % in 2011 and she would be one of the youngest nations in the world by 2021. We have started RSBY, NHRM etc. We can attain development if we sustain growth in social sector.

Key words: *Communicable Diseases, HDI, NHRM, Health Expenditure*

39. HEALTH CARE SERVICES

K.VEMBU & DR.R.PRAKASH BABU

ABSTRACT

Healthcare till a few years ago had been considered mainly a government sponsored social welfare activity, where the sole effort was directed towards setting of government civil hospitals in the major towns, village dispensaries, and family welfare centres in the rural parts of India.

Key words: *Health Care, Welfare, Health Services, Dispensaries*

40. CURRENT SCENARIO OF HEALTH INSURANCE SCHEMES IN INDIA

DR. A. VINAYGAMOORTHY & C.SANKAR

ABSTRACT

Health status is vital for the enhancement of human capabilities. Illness is an important source of deterioration to human health. Health risks pose the greatest threat to their lives and livelihoods. A health shock adds health expenditures to the burden of the poor. Even a minor health shock can cause a major impact on poor persons' ability to work and curtail their earning capacity. There is no reason to doubt the fact that implementation of such scheme was long overdue. However, sustainability is a major issue that can ensure that lasting impacts are felt by the scheme. This will also translate into better well-being by the people. During the 1990s, Indian healthcare grew at a compound annual rate of 16%.The private sector accounts for more than 80% of total healthcare spending in India. Unless there is a decline in the combined federal and state government deficit, which currently stands at roughly 9%, the opportunity for significantly higher public health spending will be limited.

key words: *Health, Illness, Insurance, Poor*

41. AN ECONOMIC ANALYSIS OF HEALTH STATUS ON MADURAI DISTRICT: A CASE STUDY OF THIRUMANGALUM TALUK

S.SRIDHAR, M.ANANDAN AND S.RAMASWAMY

ABSTRACT:

The quality of healthcare in India in both the private and public health sector is unsatisfactory. The problems include non-availability of staff and medicines as well as the rude behaviour of the staff. Studies in the private sector have shown that practitioners tend to recommend unnecessary and even harmful medicines. Recent policy documents also acknowledge the lack of quality in the Indian health services. In this context rural health is identified as a major indicator in the rural development and an attempt is made in this study to trace the trend in health status, present and future health challenges and "felt need" of the people in health care services in rural Tamil Nadu by taking a few revenue villages in Madurai district. There is inequality in health status among different socio-economic groups defined in terms of income, education, land ownership, and housing. Therefore research studies are needed not only to examine the nexus between health and development but also the question of differentials in health status and health care utilization across socio-economic groups in rural areas. The present study will also focus intensively to find out reasons behind the health seeking behavior of people at micro level in rural Tamil Nadu by taking a few villages in Madurai District.

Key words: *Health Care, Rural, Medicines, Policy*

42. TRENDS AND PATTERNS OF HEALTH EXPENDITURE IN INDIA

J.V.ARUN & DR.D.KUMAR

ABSTRACT

For many of India's poor, accessing the health system requires out-of pocket spending which leads to augmented poverty. Further, India's socio-economic status is poorly reflected in the Human Development Index (HDI) 2010, which ranked India only in 119th place in terms of human development. To propel the process of structural transformation, rejuvenation of healthcare facilities is imperative which in turn calls for increased health expenditure. Against this setting, the paper attempts to examine the trends of health expenditure in India over the last few decades. The analysis reveals that, levels of public spending on healthcare in India are amongst the lowest in the world. Further, the paper attempts to ascertain that the state has a significant role to play in the delivery of health services in India. The purpose of this paper is to study the rationale behind promoting regulated private expenditure for the development of effective health infrastructure. Overall, the health expenditure is affected by host of structural deficiencies, most importantly the looming reliance on private sector investment and foreign donors. The paper aims to suggest relevant measures to improve the role of government in providing world class health facilities to the needy at an affordable price including health insurance schemes and increased budgetary allocation at both national and state government levels.

Keywords: *Health, Public-Private Expenditure, Development*

43. A CRITICAL ANALYSIS OF HEALTHCARE INFRASTRUCTURE- A CASE STUDY OF RURAL INDIA

V.SIVANANDAM,

ABSTRACT

The healthcare services are divided under State list and Concurrent list in India. While some items such as public health and hospitals fall in the State list, others such as population control and family welfare, medical education, and quality control of drugs are included in the Concurrent list. The Union Ministry of Health and Family Welfare (UMHFW) is the central authority responsible for implementation of various programmes and schemes in areas of family welfare, prevention, and control of major diseases. In the case of health the term infrastructure takes on a wider role than mere physical infrastructure. Healthcare centres, dispensaries, or hospitals need to be manned by well trained staff with a service perspective. In this chapter we include medical staff in our ambit of discussion on rural health infrastructure. The current conditions of physical infrastructure, staff, access, and usage are laid out here before identifying critical gaps and requirements in infrastructure and services. Issues related to institutions, financing, and policy are discussed in the context of these critical need gaps and the potential role of the private sector in healthcare provisioning in villages is explored in this paper.

Key Words: *Infrastructure, Health, Welfare & Rural*

44. MDR ACINETOBACTER – A NEW BURDEN

D.JAYARAJAN, F.SYLVIAMARY & R.SUBASHKUMAR

ABSTRACT

Acinetobacter is a non-fermenting, Gram-negative bacteria with innately resistance to several antibiotics . During the past few decades the organism has emerged as an important nosocomial pathogen. It causes a wide range of infections from wound sepsis to meningitis. The investigation was designed to analyze the pathogenic activity of multi drug resistant Acinetobacter in various clinical and non clinical samples, based on their characterization, antibiogram, haemolytic activity, Gelatin liquefaction and MAR index etc. Out of 170 samples Acinetobacter was isolated in 96. And the total percentage of incidence of Acinetobacter were recorded as 56.47%.

32 drugs were taken and treated against all the isolates, the percentage of resistant were recorded Acinetobacter baumanni(81.5%), Acinetobacter lwoffi(21.8) and Acinetobacter hemolyticus(56.2). All the A. baumanni and Acinetobacter hemolyticus were able to ferment sugars like glucose, lactose, Rhamnose, Manose and xylose and all the Acinetobacter hemolyticus were gelatin positive. This drug resistant nosocomial infection can be minimized to some extent by adopting proper infection control measures.

Key words : *Acinetobacter, Nosocomial infection, Gelatin hydrolysis*

45. ECONOMICS OF HEALTH CARE SCENARIO: A STUDY ON INDIAN CONTEXT

DR.A.MARIMUTHU & B.MANIKANDAN

ABSTRACT

Health is one of the important aspects that help to develop capabilities, sustainability to work long and to contribute to economic growth. Similarly world Development Report 1993 explained good health as crucial part of well being. It focused on improving health especially for women as a way to stabilize the growth of population. The ICPD goals for 2015 include reduction of infant to below 35 and increase in life expectancy at birth to more than 75 years. As Gujarat proverb says, the first happiness is health, the second is a full stomach; One cannot enjoy food if one is not healthy. The World Health Organization define health as "a state of physical mental and social well being and not merely the absence of disease or infirmity". However, India is still in the second stage of health transition characterized by high morbidity. It has been rightly pointed out by the World Health Organization that health expectancy is more important and that life expectancy without health expectancy is an empty prize.

Several health committees- Bohr(1946), Mudaliar(1959), Mukerjee(1965), Junnjunwala(1967), Kartarsing (1973), Srivastava(1974) and Krishnan (1984) have made for reaching recommendations with a accumulation of services in both rural and urban area. So in our study, we analyzed the determinants of health indicators and to goals to achieve the health care services both rural and urban in India.

Key words: *Health, WHO, Morbidity, Bohr-Committees*

46. HEALTH CARE MANAGEMENT AND RURALDEVELOPMENT: A VIEW

A.FARHATHULLAH KHAN, A.RAJESHKANNA & J. KANNUSAMY

ABSTRACT

Environmental degradation, socio-economic decline, and extreme weather patterns are contributing to changing pattern of morbidity and mortality and posing serious challenge to public health. The problems of health are increasing in both spatial and temporal dimension to many newer places, especially in the rural areas due to increased risk of disease transmission fuelled by developmental activities, demographic changes and introduction of newer products. However, with advanced knowledge on the principles underlying the disease transmission dynamics, prediction of occurrence of diseases is possible based on environmental factors and satellite-based remote sensing data. Limited physical access to primary health care is also a major factor contributing to the poor health of rural populations in India. Modern tools like remote sensing and Geographical Information Systems (GIS) have now come in handy to address the issues on the disease surveillance, control, monitoring and evaluation. Our responsibility in the immediate future should be to provide technical information on these, facilitate formulation of policy statement, preparation of strategic plan, ease advocacy steps at different stages and foster effective linkages with all partners. The rural health care information system envisaged on GIS domain in this article explains how it eventually facilitates utilization of resources, preventing disease and promoting health care, working towards the overall rural development and thereby ensures sustenance of the programme at all levels. Therefore, this paper assesses rural health information system management and sustainable development in India

Key words: *Environmental, Disease, Health Care, Rural Health*

47. REPRODUCTIVE RIGHTS AND SEXUAL HEALTH: A VIEW

DR. A. ABDUL RAHEEM, MRS. JABEEN ARA BEGUM & M. KRISHNAMOORTHI

ABSTRACT

The fact is that women have been trapped. Reproduction is used, consciously or not, as a means to control women, to limit their options and to make them subordinate to men. In many societies a serious approach to reproductive health has to have this perspective in mind. We must seek to liberate women. Therefore, this paper views on reproductive rights and sexual health.

Key words: *Reproduction, Health Status, Sexual Health, Nutrition*

48. WOMEN'S REPRODUCTIVE HEALTH STATUS IN INDIA: AN OVERVIEW

V. RAJESH & DR. A. ABDUL RAHEEM

ABSTRACT

The largest gap between the rich and poor nations is seen in maternal mortality levels amongst all the social indicators. Developed countries have achieved a Maternal Mortality Ratio (MMR) as low as 10 whereas India reports 407 deaths per 1, 00,000 women. Nine in ten maternal deaths occur in developing countries and India shares one fourth of such deaths worldwide. MMR is an indicator for general socio-economic status, nutrition level as well as maternal health care in the community. Therefore, this paper examines women's reproductive health status in India.

Key words: *Health Status, Nutrition, Reproductive, Mortality*

49. THE SOCIAL DETERMINANTS OF HEALTH

R. JAYA KUMAR,

ABSTRACT

This article explores the benefits of a rights – based approach to health according greater attention to the social determinants of health, health equity, and the power structure. It uses the report issued by the World Health Organization Commission on Social Determinants of Health (CSDH), closing the gap in a generation: Health equity through action on the social determinants of health, as a lens through which to address these issues. After presenting a brief overview of the CSDH report, the article compares the document with a rights – based approach to health on three topics: 1) the social determinants of health and the underlying determinants of health; 2) health inequalities and inequities; and 3) power, money, and resources. The article argues that the right to health requires greater attention to the social determinants of health, health inequalities, and power dynamics than these topics have received to data.

Key words: *Inequalities, Social, Equity, Determinants*

50. AN OUTLOOK ON RURAL HEALTH SCENARIO IN INDIA

M. MANI

ABSTRACT

India is drawing the world's attention, not only because of its population explosion but also because of its prevailing as well as emerging health profile and profound political, economic and social transformations. India is the second most populous country of the world and has changing socio-political demographic and morbidity patterns that have been drawing global attention in recent years. Despite several growth orientated policies adopted by the government, the widening economic, regional and gender disparities are posing challenges for the health sector. About 75% of health infrastructure, medical man power and other health resources are concentrated in urban areas where 27% of the population lives. Contagious, infectious and waterborne diseases such as diarrhoea, amoebiasis, typhoid, infectious hepatitis, worm infestations, measles, malaria, tuberculosis, whooping cough, respiratory infections, pneumonia and reproductive tract infections dominate the morbidity pattern, especially in rural areas. To improve the prevailing situation, the problem of rural health is to be addressed both at macro (national and state) and micro (district and regional) levels. This is to be done in a holistic way, with a genuine effort to bring the poorest of the population to the centre of the fiscal policies. A paradigm shift from the current 'biomedical model' to a 'socio cultural model', which should bridge the gaps and improve quality of rural life, is the current need. A revised National Health Policy addressing the prevailing inequalities, and working towards promoting a long-term perspective plan, mainly for rural health, is imperative.

Key Words: *Commercialisation of health, Communicable diseases, Health infrastructure, Health policy, Health seeking behaviour, Rural health*

51. MALNUTRITION: AN EMERGING CHALLENGE TO RIGHT TO FOOD

RANGASWAMY D

ABSTRACT

The right to food is one of those most consistently mentioned right in international human rights documents, but it is the one most frequently violated right in recent times. The right to adequate food is realized when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement. The right to adequate food shall therefore not be interpreted in a narrow or restrictive sense that equates it with a minimum package of calories, proteins and other specific nutrients.

Nutrition has been considered a basic human right and expressly recognized by international human rights covenants since 1924, yet this right is commonly the subject of political demagogy rather than being actively upheld, respected, protected, and promoted. Hunger and malnutrition are chronic, structural problems that are worsening in the wake of the crises in food prices, finance and the climate. Despite hundreds of millions of dollars poured annually into development assistance, including food aid and agricultural development, over the past 60 years, the numbers of people who are cash- and resource-poor, hungry and under-nourished have continued to grow. These are man-made phenomena and they have a lifetime impact on individual health and community development. This silent tragedy occurs daily in a world overflowing with riches. In this background, this paper reviews the existing knowledge about malnutrition as violation of human right and the strategies used for its control.

Key Words: *Malnutrition, Right to Food, Legislative Strategies*

52. A STUDY ON DETERMINANTS OF MATERNAL MORTALITY RATE IN TAMIL NADU

S. CHANDRALEKA & M. RAJESWARI

ABSTRACT

The determinant of maternal health services is a complex phenomenon and it is influenced by several factors. Therefore, the factors at different levels affecting the use of these services need to be clearly understood. The main objective of the study was to explore the determinants of maternal mortality rate in Tamilnadu districts. The data was collected from Directorate of Family Welfare, Tamil Nadu during 2010. The present study highlights that only 0.9% of the women did not receive antenatal check-up during pregnancy period in Tamilnadu, With regard to TT vaccination and IFA tablets, 1.3% and 7.5% of the women did not receive TT injection and IFA tablets in Tamilnadu. It can be concluded that the pregnant women more utilize the antenatal care than the women lived in Tamil Nadu

Key words : *Mortality, Pregnancy, Antenatal, Health care*

53. HEALTH INSURANCE IN RURAL INDIA

B.MUTHUKRISHNAN, D. RAMA DEVI & DR.S.A. SENTHIL KUMAR

ABSTRACT

Indian Insurance market is broadly categorized into urban and rural markets. The state of affairs of rural market is dissimilar from urban one. For the majority people living in rural India, "Health Insurance" is a unheard word. As per the findings of a contemporary research report by RNCOS, mentality is one the biggest reasons behind the low penetration rate of health insurance in rural India. A majority of them are uncovered although they are exposed to risks similar to or even higher than that of urban population. But to cover the rural population, insurance companies need to spotlight on designing new products as per their needs and requirement and new persuading techniques to convince them. There are more than a few threats in health insurance at rural markets also like near to the ground literacy level and insurance awareness, low earnings of countryside people and their psychology.

Key words: *Psychology, Insurance, Literacy, Rural Markets*

54. SEXUAL BEHAVIOUR IN INDIA WITH HIGH RISK OF HIV/AIDS

T.KAVITHA & Dr.K.SURIYAN,

ABSTRACT

The term 'sex worker' refers to a wide array of people who sell sex and money who work in a variety of environments. They include women men and transgender people and people who many work either full time or part time, in brothels or bars, on the street or from. Sex workers usually have a high number of sexual partners. This means that if they do become infected that if they do become infected with HIV, they can potentially pass it on to multiple clients. According to the Commission on AIDS in Asia 'men who buy sex are the single-most powerful driving force in Asia's HIV epidemics'. There are an estimated 10 million sex workers in Asia, and 75 million male clients. It is estimated that more than 90% of HIV transmission in India is related to unprotected sexual intercourse or sharing of injecting equipment between an infected and an uninfected individual. The government estimates that 5% of sex workers nationally are infected with HIV, which is fifteen times higher than the overall HIV prevalence. Factors that heighten sex workers' HIV vulnerability include limited access to health, social and legal services; sexual exploitation and trafficking; harmful, or a lack of, protective legislation and policies; gender-related differences and inequalities; limited access to information and prevention means; stigmatization and marginalization; exposure to lifestyle-associated risks such as violence, mobility and substance abuse. So these people need access to affordable sexually transmitted infection prevention and care, voluntary counselling and testing and other medical services and the role of GOs and NGOs that work with the community to play in providing culturally relevant HIV prevention programmes for Sex workers.

Key words: *Sex Workers, HIV, $NGO_{S,}$ Epidemics*

55. HIV RISK AND TRANSGENDER POPULATION

P.G.NISHA, & DR.K.SURIYAN,

ABSTRACT

Transgender in India are disproportionally likely to be HIV infected and face distinct psycho-social challenges. HIV infection among men who have sex with Men has been increasing in-recent years around the world particularly in Asia. The global trend is being seen in India, with the current estimate HIV prevalence among Transgender ranging between 7 and 16.5 percent. This is in an comparison with the overall adult HIV prevalence estimated to be 0.31 %(0.25 -0.39 %) in 2009. The United Nations general assembly special session on HIV/AIDS report estimates that there are about 3.1 million transgender in India. There people face discrimination in a wide range of public and private settings, stigma and discrimination against transgender persons exacerbates their HIV risk, increasing the like hood of sager sex practices. Among that they may place transgender persons at increased risk for HIV are mental health concerns, physical abuse, social isolation, economic marginalization, in car and unmet transgender specific health care needs all of which are heightened by stigma. This is concerning in light of HIV prevention intervention efforts that have been dramatically expended across the nation whether additional measures are needed to arrest the spread of HIV in this population and effective HIV prevention programmes for this diverse and socially marginalized risk group .

key words: *Transgender, HIV, Discrimination, Physical Abuse*

56. ROLE OF ULTRASONOGRAPHY IN GARPHAVIDYALAYA

DR.M.ADAIKKAPPAN

ABSTRACT

Ultrasonography is playing a major role in the revolution of obstetric care, diagnosis and management. It helps to identify the normal fetuses ante natally, follow them up till delivery. Now following the observation of fetuses week by week, we are able to decide when to activate or motivate the child to obtain the power like Prahalatha and others . It is our aim to motivate the fetuses to gain outstanding personalities after delivery. Our latest technology in ultrasonography such as Tissue inhomogenization, 3D/4D helps to visualize the fetuses in the uterus by patients themselves and to convince them for a better motivation.

Key Words: *Ultrasonography, Fetuses, Garphavidya, Uterus*

57. DETERIORATION OF HEALTH DUE TO TECHNOLOGICAL FANCIES

DR. JANAKI RADHAKRISHNAN & R. KRISHNA, III BE (EEE)

ABSTRACT

Health, traditionally perceived as "absence of disease". According to WHO (1948) "Health is a state of complete physical mental and social well being and not merely an absence of disease (or) infirmity". A person is said to be healthy if he has good IMMUNITY, disease free body, sound system. Hence maintenances of good immunity is an important part of the human cycle. It is an important role of the ruling sector to ensure proper health impartially among its subjects.

OBJECTIVES

- *To know the economic and non economic factors determining the health.*
- *To study how engineering and technology and its development has affected the health of the citizens.*
- *To understand the application of indifference curve analysis.*

This paper spreads its scope upon how ENGINEERING AND TECHNOLOGY and MODERN PRACTICES affects the health of human being other than commonly discussed environmental pollution.

Key words: *Crop Pollution, Food Pollution, Economic Pollution.*

58. A STUDY ON MOBILITY/MIGRATION OF FEMALE SEX WORKERS IN TAMIL NADU

T.KAVITHA, & Dr.K.SURIYAN

ABSTRACT

The sex industry in Asia is changing rapidly and the sex workers argued that activities involving purely sexual elements of the body and sexual energies must be considered as a vital part of the fulfilment of the basic human needs of procreation and bodily pleasure and can be considered similar to mental and manual labour. In Indian sex industry are well documented particularly from socio-medical perspective many of these women migrate to find lucrative sex work and many others are trafficked for sex work in the city. so the becoming increasing number of sex worker due to migration and mobility. Some region of Tamilnadu mobile populations of men becoming a sex consumers due to their such as Transport workers, seafarers, businessmen and daily labours etc., The cross sectional study involved collection of qualitative and quantitative data to identify and characterize destination points and interviews with sex workers to examine mobility patterns and associated vulnerabilities to HIV. The study conducted in high mobile population district such as Chennai, Kanyakumari, Madurai, Namakkal, Tiruchirapalli with total number of respondents 100 by used snow ball sampling technique. So the researcher critically analysis the increasing of sex trade due to mobility/migration of female sex workers in around tamilnadu.

Key words: *Migration, HIV, Female sex workers, Sex Industry*

59. HEALTH INSURANCE IN INDIA : A CASE OF RAJIV AAROGYASRI IN ANDHRA PRADESH

J. YELLAIAH

ABSTRACT

Health is an important constituent of human resource development. Good health is real wealth of society. It not only increases human efficiency but also decreases private and public expenditure on sickness and diseases. Health insurance as a tool to finance healthcare has very recently gained popularity in India. Government has been putting serious efforts to introduce health insurance for the poor in recent years in order to improve access of poor to quality medical care and for providing financial protection against high medical expenses. There have been several attempts to introduce similar schemes in other states but Andhra Pradesh has been one of the only states to successfully roll out the scheme. The scheme currently covers 85% of below poverty line households in the state - this totals 65 million people. The scheme started with 330 procedures covered and has been gradually extended to 942 procedures. The majority of beneficiaries utilizing the scheme are illiterate and have a rural address. Cardiac, cancer, and neurological interventions make up 65% of all treatments administered by the scheme. Anecdotal evidence suggests that the scheme has had an impact on reducing the financial barriers to accessing care and utilization of services has increased.

Key words: *Health Insurance, Healthcare, Public Expenditure, Diseases*

60. CHOICE OF CURATIVE HEALTHCARE PROVIDER AMONG URBAN HOUSEHOLD

DR. M.RAJU

ABSTRACT

The Indian economy, which has passed through various phases of growth over the last six decades, is now all set to enter an altogether different orbit: one marked by a high rate of expansion, combined with 'inclusive growth'. Access to good quality health services is one of the critical element of the inclusiveness strategy. Individuals take efforts to improve their health status. Besides the government, NGOs and private sector also play important role in the delivery of health services. Actual consumption of healthcare depends on factors influencing the demand for healthcare such as income, cost of healthcare, education, social norms and traditions. Following a growing literature on healthcare demand, it is necessary to investigate the determinants of access to public and private healthcare provisions and of health seeking behaviour of people broadly. Under this circumstance this paper attempts to estimate the choice model of healthcare demand, where demand is understood as the probability of seeking different types of healthcare providers and systems of medicine for illness, given the relevant characteristics of the individual, the household and the community.

Key words : *Healthcare, Inclusive Growth, Demand for Health, Health Status*

61. ECONOMIC ANALYSIS OF TREATMENT SEEKING BEHAVIOUR OF REROductive HEALTH PROBLEM OF WOMEN POULATION IN NAGAI DISTRICT

S. PACKIALAKSHMI

ABSTRACT

Background: *The global burden of reproductive tract infection (RTI) IS enormous and of a major public health concern, particularly in developing countries where RTIs are endemic. RTIs cover three type of infection. Sexually transmitted infection (STIs); infection that result from overgrowth of organisms normally present in the reproductive tract infections associated with medical procedures including abortion and insertion of intra uterine devices. Female RTIs usually originate in the lower genital tract as virginities or cervicitis and may produce symptoms such as abnormal vaginal discharge, genital pain itching and burning feeling with urination. RTIs entail heavy toll on women; if untreated can cause serious consequences of infertility, ectopic pregnancy cervical cancer, menstrual disturbances, pregnancy wastages and low birth weight babies. The presence of RTIs especially ulcer causing STIs can enhance the acquisition and transmission of the human immunodeficiency virus. Despite its enormous implication for women's health, the degree to which RTIs have been neglected by both the local and international health community is alarming. In allocating scare human and financial resources most policy makers, programme planners and donors agencies consistently give low priority to control of this infection.* ***Objective:*** *To determine the proportion of reproductive tract infection (RTI) among the women of reproductive age and to ascertain their treatment seeking behaviour.This study was carried out to assess the understanding and care seeking behavior with regards to RTIs among women of the reproductive age.*

Key Words: *RTIs, STIs, symptoms, treatment*

62. BIOACCUMULATIONS OF ALUMINUM AND THE EFFECTS OF CHELATING AGENTS ON DIFFERENT ORGANS OF *CIRRHINUS MRIGALA*

S. SIVAKUMAR , CHANDRA PRASAD KHATIWADA & J. SIVASUBRAMANIAN

ABSTRACT

The study of biological indicator organism is more important than analyzing water or sediments for monitoring heavy metal pollution in the aquatic environment and health .Non-essential elements enter the animals and human beings and accumulate to the different organs so that chelating agents are most versatile and effective antidotes to eliminate the metals toxicities. The aim of our present study is to find out bioaccumulations of aluminum and the effects of chelating agents DFO and DFP in Muscle, gill, kidney, brain and liver tissues of Cirrhinus mrigala by using Inductively Coupled Atomic Emission Spectrometer (ICP-AES). This study finds out the accumulation of aluminum is Muscle>Gill>Kidney>Brain>Liver. The present result suggests that DFO and DFP reduced the aluminum concentration in the organs of Cirrhinus mrigala fingerlings and both are efficient chelators. Aluminum toxicity is a wide spread problem in all forms of life, including humans, animals, fishes, plants, and cause wide spread degradation of the environment and health in the world.

Keywords : *Bioaccumulation, aluminum, chelating agents, ICP-AES, Health*

63. HEALTH STATUS OF WOMEN IN RURAL INDIA

Dr. A. SEILAN

ABSTRACT

The Present study based on both primary and secondary sources of data. This is descriptive and analytical in nature. The secondary data regarding demographic factors were obtained from various published and unpublished records, books and journals. The primary data were collected through interview schedules using a set of predetermined questions. Kanyakumari district is divided in to four taluks. After careful examination, it was decided to follow three stage sampling. At the first stage, fifteen villages from each taluk were selected. At the second stage of sampling, three households from each village were taken. At the third stage, from each household one reproductive aged (15 - 44 years) married women who have given birth to at least one child is selected as the sample unit. The sample respondents were selected by random sampling technique. Thus a total of 180 respondents consisting of an equal number of 45 respondents from four taluks were selected for the present study.

Objectives

The present study is carried out with the following objectives.

1. *To find out the health condition of the respondents and their awareness about health care services.*
2. *To understand the availability of health care facilities in the study area.*

Key words: *Health status, health care, availability, women's health*

64. HEALTH INSECURITY AND HEALTH INSURANCE FOR THE UNORGANISED INDUSTRIAL WORKERS IN TAMIL NADU

Dr. R. NAAGARAJAN

ABSTRACT

Health Insurance is now the fastest growing insurance segment in the general insurance industry. While Health Insurance has been increasingly gaining acceptability as a tool to finance healthcare expenditures in India, it still has a long way to go in order to provide comprehensive healthcare financing support, with only about 15 per cent of the country's population having any form of Health Insurance. Ensuring Health Insurance access to all the income groups and all the geographical areas would be the real test of success for Health Insurance in India. Informal Workers had been ignored for quite long time from the serious research debates in the field of labour economics. This was because of the reasons partly by default and partly by oversight. Since this sector of workers has been considered as residual sector, it was left out by default. It appropriate strategies of development is made, it can be merged with the formal sector. However, the current economic reality in developing countries bears testimony to the fact that not only has the informal sector survived but also it has been growing, especially in the wake of policies involving structural adjustments and globalization of the economy.

Objectives of the Study

1. *To explore the socio-economic background of the Unorganized workers in Coimbatore Engineering Industry*
2. *To examine the health status, health care choice and the determinants of health care services in Coimbatore.*
3. *To find out the health expenditure and assess the needs of health insurance coverage for the informal workers.*
4. *To know the awareness on health insurance service and estimate the willingness to participate for health insurance and*
5. *To suggest a low-cost health insurance package for the informal workers.*

Key words : *Health Insurance, Health Status, Low-Cost*

65. CONTROL AND PERFORMANCE OF HEALTH CARE SYSTEMS

V. VINOTHINI & S.DIVYA

ABSTRACT

This paper performs an empirical comparison of health systems. Health systems are seen as networks of delegation relationships among principals and agents, subject to agency problems. Following the institutional economics approach, a health system's efficiency is considered to be determined by the existence and treatment of agency problems. Agency problems can be controlled by mechanisms built into the health system, or can also be controlled by an external actor, for example, the government, either by using the instruments available or by conducting institutional reforms. To explain differences in the amenability of a country's health system to external governmental control, I combine the veto player approach and the incentives for societal actors to exert influence, into the concept of indirect veto players: the more indirect veto players exist, the less external control will be exercised. I derive indicators capturing both forms of control and perform a comparison of health systems based on institutional and performance data. Using data reducing methods, I identify two dimensions of control underlying the institutional setting of the health system and three dimensions of health system performance. The relationships found between control and performance confirm the hypotheses derived from the adopted theoretical approach

Key words: *Health, Treatment, Health Systems, Health Care*

66. RURAL SANITATION AND RURAL TANK'S CONSERVATION: AN URGENT NEED FOR BETTER RURAL HEALTH

Dr. P.BALAMURUGAN, & Mr. D. VELMURUGAN,

ABSTRACT

The sanitation facilities is promoted as a total package consisting of safe handling of drinking water, disposal of waste water, safe disposal of human excreta, solid waste disposal, domestic sanitation, food hygiene, personal hygiene an village sanitation. Rural sanitation and conservation of rural resources are the major indicators for better health and health care system in the World. According to the recent Rural Development Statistics (RDSR-2012), in India, only 34 percentage of the total population with access to improved sanitation facilities and 92 percentages with the accessibility of improved water resources. It is clearly noted that the majority population in India is more accessible with the water resources and lack of sanitation and its coverage in terms of individual household latrines at the beginning of X Five Year Plan. National Sample Survey, 54th Round Report presents that 17.5% of the rural population was using the latrine. Some of the issues of very low priority and political will shown by the State governments and the people at large to sanitation, low emphasis on Information and Hygiene Education, promotion of single type design model, heavy reliance on subsidy without understanding user's real demand, lack of community participation. The rural sanitation is mainly depends up on the natural resources and their proper management as well as effective community participation, which brings the better health and health care delivery system in the villages. In which, rural tanks and ponds are the eco- environmental systems to determine the total health and sanitation in rural area in the form of water, natural vegetation and favourable climate. Hence, the present paper is an attempt to study the present status of rural health and health care system with focused on rural resource management especially highlighting the rural tanks and ponds which are naturally situated to preserve both personal and public health care across India. It is macro-level exercise to investigate the issues related to rural sanitation and rural tanks and sustainable management of national resources. To conclude, rural tanks are the traditional type of water conservation techniques which determine the total rural health and health care delivery system in India.

Key words: *Rural Health, Health Care, Rural Tanks, Sanitation*

67. DETERMINANTS OF HEALTH STATUS OF CHILDREN IN THANE CYCLONE AFFECTED AREAS IN CUDDALORE DISTRICT, TAMILNADU

Dr. C. SUBBURAMAN& S. UTHAYASURIYAN,

ABSTRACT

Background: *Child health status is an essential component of a country's overall human development. In line with the original economic perspective which recognizes human capital as a determinant of investment and growth, several studies consume to enhance their personal satisfaction but also as a capital stock that allows to increase the number of healthy days useful to work, to earn money and to consume other commodities to enjoy life, and have more opportunity to experience happiness. Health is considered to be both a consumption commodity and an outcome of a production process, which involves medical care and depends on individual and choices. Poverty, in turn, is closely linked to the overall standard of living and whether a population can meet its basic needs, such as access to food, housing, health care and education.* ***Methods:*** *the present study based on secondary data, the secondary data collected from various journal, books state institutions and reports. Factorial investigations are conducted for 20 variables selected.* ***Result:*** *It is to be noted from the factor analysis that the important factors influencing the child health status in cuddalore district are nutritional food intake, social factors, economic factors, choice of health care services and preference of PHCs.* ***Conclusion:*** *The findings of the study substantiating the efforts of increase female literacy rate in the study area, have multifarious impact on child health status. The central and state governments have bounden duty to impart and encourage female literacy in the area.*

Key words: *child health, health care, demand for health, child health status*

68. ECONOMICS OF HEALTH AND HEALTH CARE ISSUES IN INDIA

V. KALEESWARI & Dr. T. SRIDHAR,

Abstract

Health is very important for human life. Wealth without health is of no use in our life, life is miserable and painful for an individual with ill health. A sound mind is housed in a healthy body. Though modern man could enjoy all sorts of materialistic comforts in life, thanks to the advancements of science and technology yet he falls often sick due to highly polluted environment in which he lives and works. The country still has enough potential to be a super power in the world. However, a major road block in this regard is the health issue in India. The general health standard of India is extremely bad. Health economics is a branch of economics concerned with issues related to efficiency, effectiveness, value and behaviour in the production and consumption of health and health care. This paper analyses health economics, health issues and health education, human resources made up of youths not only well educated and skilled but also well built and robust in health.

Keywords: *Health Economics - Malnutrition - Health Education*

69. HEALTH INSURANCE – AN EMPIRICAL STUDY OF CONSUMER BEHAVIOR IN NAGAPPATTINAM DISTRICT

C.BABU SUNDARARAMAN & DR.V.SACHITHANANTHAM

Abstract

Health insurance has emerged as one of the fastest growing segments in the non-life insurance industry with 30 per cent growth in 2011-12. For the purpose of regulation, health insurance companies are classified as non-life companies. The need for an insurance system that works on the basic principle of unexpected costs of persons falling ill and needing hospitalization by charging premium from a wider population base of the same community. Despite the high growth, the business is a huge challenge for insurers because of the high losses over soaring medical expenses . With improved literacy, modest rise in incomes, and rapid spread of print and electronic media, there is greater awareness and increasing demand for better health services. This study aims at evaluating the awareness of health insurance in two blocks from Nagappattinam District viz, Sirkazhi and Mayiladuthurai.The primary data was collected with the help of specially prepared interview schedule. Totally 216 respondents were selected from two blocks by using simple random sampling method. This is purely a descriptive study. The data relates to the month of June 2012. When asked about the benefits of health insurance, 60 per cent of the respondents stated that it would reduce the out-of-pocket expenditure and the other group opined that it would help in case of emergency medical situations. About 16 per cent of the group also felt that the benefit of health insurance would help in case of emergency medical situations, showed no significant difference. To conclude, most of the respondents were of the opinion that government should come out with a clear cut policy, where the public can be made to contribute compulsorily to a health insurance scheme to ensure unnecessary out-of-pocket expenditures and also better utilization of their health care facilities.

Key words: *perception of health insurance, type of health insurance, chi-square tests, probability analysis*