

# Health Care Challenges in Kerala

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### Abstract

*Kerala has achieved better health standards comparable to the developed nations in the world. Our health indicators like Infant Mortality Rate, Maternal Mortality, Birth Rate, Death Rate, Life Expectancy, etc. are far better than other states in India and are comparable to the developed nations in the world. Kerala's achievements in health with lower per capita income are termed as "Kerala model of Health". Higher level of education, especially female education, increased health consciousness, political commitment, etc. contributed to the high achievements in health. But the famous Kerala model of health faced crisis after the 1980s. The decay of the public sector increased the growth of the private sector in Kerala. The present paper attempts to study the various healthcare challenges in Kerala. Commodification and privatization of health care increased the health care cost in Kerala. The incidence of communicable, non-communicable, life style and chronic diseases created problems in our health system. The high out-of-pocket expenditure on health leads to poverty and indebtedness.*

### Introduction

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 1948). Health care is an inevitable factor in our life. Healthy people can live more, work hard, and can save more. Health and well being are the important elements for longevity. The maintenance of health is more complex and expensive. Improvement in the health status of people is one of the crucial areas in the social development of a community. This could be achieved by improving the access to health services, especially for the unprivileged people.

Kerala has attained better health status compared to other Indian states. Kerala's health indicators like Infant Mortality Rate, Maternal Mortality Rate, Birth rate, Death rate, Life expectancy, etc. are better than other states in India and are comparable to the developed nations in the world. Kerala's achievements in health with low per capita income are termed as "Kerala Model of Health." Health at low cost, easy accessibility and availability even to the poor sections of the society, etc. are the characteristic features of the Kerala model of health.

The famous Kerala model of health is now suffering from various challenges. The decay of the public sector leads to the growth of privatization of health care in Kerala. The high incidence of communicable and non-communicable diseases creates problems in our health sector. The attacks of communicable diseases like fever, dengue, chikungunya, H1N1, etc. lead to more hospitalization and death in Kerala. The increase in health care cost leads to high out-of-pocket expenditure and poverty.

### **Public Sector Health Challenges**

Kerala has a three tier health system which consists of primary, secondary, and tertiary sector. The state has provided better health care facilities to the people even before independence. The primary health centres played a major role in achieving better health standards in Kerala.

Before the 1980s, the public sector was dominated in health care delivery. After that, due to the fiscal crisis, the public expenditure on health was reduced. The funds allotted to the public hospitals became very low. It affected the quality of services in public hospitals. There are no modern technologies, and infrastructure facilities became very poor. Lack of doctors and paramedical professionals and free medicines prevented many people from using public health services.

Now-a-days the public health care facilities are getting under-utilized. Only 50% of the poor families are using government facilities. A major reason for this under-utilization is the poor quality of the health care institutions. The government hospitals in rural areas are lacking doctors and diagnostic facilities. So they have to depend on urban areas, even for their basic medical needs. Major problems facing people in public hospitals are lack of doctors, nurses and paramedical professionals, lack of hygiene, poor services, lack of adequate diagnostic facilities, long waiting time, etc.

### **Private Health Care**

Private healthcare or private medicine is healthcare provided by entities other than the government. After the 1980s, the private health care sector emerged as the major source of treatment in Kerala. The factors behind this growth were the decay of the public sector, rising disposable income and lack of barriers in opening a private hospital. The public health care facilities became under-utilized and people spend huge amounts for private health care. The growth of the private sector raised the household healthcare expenditure. It found that the poor spend 40% of their income on health. (Aravindan K P, Kunhikannan T P)

Kerala's health care system is mainly curative based and is working through super and multi-specialty hospitals. The government health care facilities are not sufficient to meet the needs of the morbid people. So, this gap was exploited by the private sector and the number of private hospitals has increased sharply. Now, Kerala became a suitable place for profit-motivated investors where anyone with the funds can invest. There are no restrictions on starting a private hospital in Kerala. Due to the increase in private hospitals, small and medium sized hospitals and dispensaries started closing down because they are not able to compete with super specialty hospitals. (Dr E Ekbal)

Many private hospitals in Kerala are exploiting the ignorance of the people who go there hoping to get better treatment. The doctors in super specialty hospitals not only fail to diagnose the disease, but also prescribe unwanted and expensive surgeries. (Cynthia Chandran)

### **High Morbidity and Low Mortality**

Kerala is in the final stage of the demographic transition in which both birth rate and death rate are low. Though mortality rate is low, morbidity rate is very high in Kerala. Morbidity means a state of disease. The change in lifestyle, unhealthy food habits, lack of exercises, pollution, change in climate conditions, etc. increased the morbidity rate in Kerala

The rate of morbidity is higher among females, scheduled caste and scheduled tribes. (Navaneetham) The Kerala Development Report 2008 found that Kerala's morbidity rate is twice the all India average. The characteristic feature of Kerala's morbidity is that it is higher in rural areas than urban areas.

The morbidity pattern by age and residence suggests that, in Kerala rural morbidity-both acute and chronic-is higher than urban morbidity for all age groups. Acute morbidity is significantly higher in Kerala among the young (0-14 years) and the productive age groups (15-59 years) but among the elderly (60+ years), acute morbidity is low. Unlike acute morbidity, chronic diseases increases with age and is higher in both rural and urban Kerala than other states. (Kerala Development Report 2008)

### Commodification of Health Care

“The commodification of healthcare is a central tenet of managed care. As a result, price, cost, quality, availability, and distribution of health care are increasingly left to the workings of the competitive marketplace”. (Pellegrino E D) Nowadays health is considered as a “commodity” which can be purchased by the people by their ability to pay. A large number of people in Kerala preferring private health care facilities than public health care because they are providing better treatment facilities. The increased growth of the private health sector leads to the increase in health care cost in Kerala. A patient has to take different types of diagnostic tests when he visits a private hospital even if it is necessary or not necessary for him. So this over-medicalization and commodification of health care leads to the exploitation of the poor as well as rich.

### Incidence of Communicable and Non-Communicable Diseases

Kerala is experiencing a huge burden of communicable and non-communicable diseases. Many diseases which are eradicated earlier have re-emerged. A communicable disease is an infectious disease transmissible by direct contact with an affected individual or the individual’s discharges or by indirectly through a vector. It is also called contagious disease. Kerala is witnessing an increasing burden of communicable diseases. The emergence of Dengue, AIDS, Malaria, Leptospirosis, Hepatitis, Chikungunya and H1N1, etc. has led to the increase in morbidity and mortality. A non-communicable disease (NCD) is a medical condition that is not caused by infectious. NCDs are otherwise known as chronic diseases which last for long periods of time and progress slowly. NCDs are the main cause of death globally. Major non-communicable diseases in Kerala are cancer, cardiovascular diseases, diabetes, hypertension, chronic kidney diseases, etc. Non-communicable diseases are driven by forces that include rapid unmanned urbanization, and unhealthy lifestyles. In Kerala, the incidence of non-communicable diseases is higher than communicable diseases.

**Table 1 Data on Communicable Disease in Kerala 2017**

Sl. No	Name of Disease	2017	
		Case	Death
1	Dengue fever	19994	37
2	Malaria	987	3
3	Suspected Chikungunya	78	0
4	Confirmed Chikungunya	74	0
5	AES(sus.JE)	7	4
6	Japanese encephalitis(JE)	1	0
7	Leptospirosis	1345	18
8	Hepatitis-A	966	8
9	Hepatitis-B	815	6
10	Suspected cholera	10	0
11	Cholera	8	1
12	Diphtheria	70	3
13	Typhoid	339	0
14	ADD(diarrhea)	461427	5
15	Scrub typhus	332	4
16	Hand foot and mouth disease(HFMD)	345	0
17	Lyme disease	0	0
18	Kysanur forest disease	0	0
19	Fever	OP	3404145
		IP	109665

**Source:** Directorate of Health Services, Thiruvananthapuram

The above table shows the incidence and death rate of various communicable diseases in Kerala in 2017. The most affected communicable diseases are fever– 340415(OP) and 109665(IP), dengue fever (19994), leptospirosis (1345) and diarrhea (461427). Among these, the high death rate was due to fever (110), dengue fever (37) and leptospirosis (18).

### **Increase in Health Care Cost**

The most important challenge, facing the Kerala's health sector is the increase in health care cost. The main cause of this cost escalation in health is increased privatization, commercialization of health care, indiscriminate use of technology and the rise in drug prices. Kerala is in the last phase of the demographic transition and health transition with increasing life expectancy. Since the population has proportionally contained more elderly, it exhibits a low mortality and a high morbidity pattern.

Due to commercialization of health sector and the advent of new marketing strategies in the health sector, there is now a "cultural inflammation of morbidity," i.e., from the upper class there is growing false demand and over utilization of health care facilities. (Dileep T R) Over-medicalization in private hospitals leads to increase in health care cost. The poor facilities in public hospitals compel people to use private facilities and increase their cost. Increase in health care cost leads to many poor people to avoid or postpone treatment.

A study conducted by the Kerala ShashtraSahithyaParishad on rising treatment expenditure has shown that high out-of-pocket expenditure on health became the face of Kerala's health care system. According to the study a person in Kerala spends Rs.6000 a year for seeking medical care.

### **Conclusion**

Kerala is a model for other Indian states in health care. We got better health indicators, and health care facilities were accessible for all the people. But, now—a-days,we are facing various challenges, including the incidence of communicable and non-communicable diseases, exploitation of the private sector,an increasein health care cost, high morbidity rate, high out-of-pocket expenditure, etc. So measures should be introduced to reduce the exploitation of the private sector, and health care cost should be controlled.

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