

Education and health services in Punjab: problems and counter actions

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■ **ABSTRACT** : Health and education are the key elements of human development as well as national development. A huge amount of money is spent by the government of India in these sector and still India is far from achieving a well educated and healthy nation. So, an effort has been made in this paper to find out the utilization and problems of consumers related to educational and health services and the actions taking by them for solving their problems. The study was conducted in rural and urban areas of Ludhiana city in 2010. For rural sample, two villages were randomly selected from block one and for urban sample two localities were randomly selected from Ludhiana city. Sixty respondents each from rural and urban areas were taken, thus making the total sample size of 120. Data were collected through interview schedule. Result revealed that for educational services poor teacher to child ratio and poor sanitation were the major problems in both rural and urban areas while poor drug supply and poor care of patients were major problems related to health services. Although the government has created consumer courts but majority of the respondents were not taking any action for the redressal of their grievances.

■ **KEY WORDS** : Grievances, Remedial measures, Action

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Educated and healthy citizens are the key drivers for the development of the nation. The number of schemes and programmes started by the Govt. of India aims to provide the educational and health services to all its citizens. The health expenditure has been planned to increase to 2.5 per cent of gross domestic product (GDP) by the end of the Twelfth Five Year Plan (2012-17). The government has also committed itself to make elementary education a Fundamental Right of every single child in the 6–14 years age group through the introduction of the 86th Constitutional Amendment (Anonymous, 2012). But in spite of all these efforts, India is placed 134th out of 187 countries on the United Nations Human Development Index, which ranks countries on how well they ensure health, education and decent living standards. India has the largest number of people in any country in the world without access to education. Malnutrition, hunger and poor health remain core problems, which comprehensively affect attendance and performance in classes. (Anonymous, 2007). So, an effort has been made in this paper to figure out the problems of consumers regarding these services which are hampering its effective utilization and the actions consumers

are taking to solve out their problems.

■ RESEARCH METHODS

The study was conducted in rural and urban areas of Ludhiana district in 2010. A multistage random sampling technique was followed. While selecting respondents from rural area one block of Ludhiana district was chosen *i.e.* block I. Two villages *i.e.* Pamal and Bhanour were selected from this block. Thirty respondents were selected from each of these villages. For the selection of urban respondents, two localities from Ludhiana city were chosen *i.e.* Jawahar Nagar and Haibowal Khurd. Thirty respondents from each of these localities were selected, thus, making the total sample size of 120. The data were collected through interview schedule and the contents of services for making interview schedule were obtained from the concerned authority. The data were analyzed using percentages, mean score, t test and rank correlation.

■ RESEARCH FINDINGS AND DISCUSSION

The results of the present study as well as relevant

discussions have been presented under following sub heads:

Frequency of utilization of educational services by the respondents :

While probing the extent of utilization of educational services (Table 1), it was found that all the urban and rural respondents who were aware of the services like Free tuition fee for girls education up to 10+2, Free books up to 8th standard, Free tuition fee for children from 6 to 14 years, Computer lab facility and Separate toilets for girls were utilizing these services.

No significant difference (t=0.06) was observed for the service sports facility. The mean score of 1.57 was found for urban respondents and 1.52 for rural respondents. For other services like free coaching for competitive exams, scholarship for SCs and OBCs students, merit scholarships, library facility and Mid Day Meal scheme non-significant differences were

observed.

Frequency of utilization of health services by the respondents:

A close scrutiny of the data in Table 2 depict that majority of the rural respondents were using the service Free medicines (mean score=1.42) than urban respondents (mean score =0.97). The t-value came out to be significant (t=1.91*). Significant difference was also observed for Emergency services. This could be due to few options available to rural people. t-value was non-significant for the service Free medical operations for yellow card holders, Punjab Government employees, under trial prisoners, under emergencies, natural calamities, ex and present MLAs. No significant difference was observed for other services like free diagnostic analysis, free delivery services including transport charges, facility of dental

Table 1: Frequency of utilization of educational services by the respondents

Services	Mean score		t-value
	Rural	Urban	
Free tuition fee for girls up to 10 +2	2.00	2.00	NA
Free books up to 8th standard	2.00	2.00	NA
Free coaching for competitive exams	0.00	0.62	1.58
Free tuition fee for children (6-14 years)	2.00	2.00	NA
Scholarship for SCs students	1.40	1.17	0.52
Scholarship for OBCs students	0.62	0.06	0.27
Merit scholarship	0.25	0.59	1.61
Library facility	1.08	1.33	0.92
Sports facility	1.52	1.57	0.06
Computer lab facility	2.00	2.00	NA
Separate toilets for girls	2.00	2.00	NA
Mid day meal scheme	1.07	1.00	0.11

Mean score has been worked out in relation to the number of respondents who were aware

Table 2: Frequency of utilization of health services by the respondents

Services	Mean score		t-value
	Rural	Urban	
Free medicines	1.42	0.97	1.91*
Free diagnostic analysis	1.42	1.33	1.59
Free medical operations **	0.59	0.35	0.78
Free vaccination for children	2.00	2.00	NA
Free delivery services including transport charges	1.47	1.53	0.19
Facility of dental services	1.13	1.26	0.31
-Emergency services	1.90	1.33	1.89*
-Laboratory test	1.02	1.32	1.13
Health camps	1.00	1.02	0.29
Incentives to mother for delivery in government hospital up to two live births(SC/ST/BPL)	0.88	0.53	1.53

Mean score has been worked out in relation to the number of respondents who were aware *10 % level of significance, ** yellow card holders, Punjab Government employees, under trial prisoners, under emergencies, natural calamities, ex and present MLAs.

service 'Free vaccination for children like polio, DPT, TB, BCG, Hepatitis B2, measles etc.

These findings are in collaboration with Kenneth (1983) who found that a significant proportion of mutable factors influencing the utilization of a health care system (either public or private) by the population stemmed out of the supply side characteristics such as accessibility, appropriateness, effectiveness and efficiency.

Problems faced by the respondents for educational and health services :

Educational services :

It is unfortunate that consumers are exploited in the field of education. The data in Fig.1 indicate that problem of poor teacher to child ratio was reported by majority of the respondents (81.67%), followed by poor sanitation (75%) and unavailability of adequate furniture (21.67%). Besides this, favouritism by staff (20%), poor electricity and water supply (11.67%), poor infrastructure (10%) and corporal punishment (8.33%) were also reported in urban areas.

It is also clear from the observation that poor sanitation in schools was the major problem faced in rural area (80.00%),

followed by poor teacher to child ratio (68.33%) and inadequate furniture (46.67%). The other problems encountered were poor electricity and water supply (33.33%), poor infrastructure (26.67%) and favoritism by staff (15%). The data depict significant difference ($r= 0.91***$) in problems related to education both among urban and rural respondents.

The findings of the study are in concurrent with Verma (2004) who in his study revealed that around 95 per cent of the primary schools in the country were government run school, majority of which were located in villages. Most of these schools suffered from various forms of infrastructural inadequacies and lack of required number of teachers. It was reported that about one third of primary schools were single teacher school.

Health services :

It is evident from the data in Fig. 2 that consumers are not spared even in the health services. They have to face lots of problem in government hospitals and clinics. A large section of urban respondents (95.00%) experienced the problem of poor drug supply, followed by poor care of patients (76.67%), unavailability of doctors and other staff (45.00%), and poor

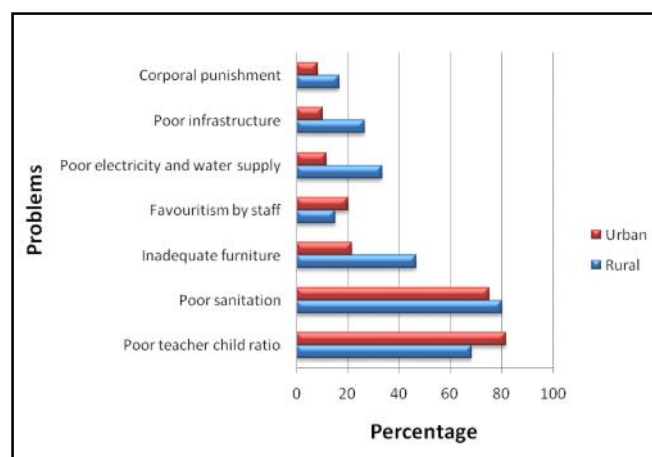


Fig. 1: Problems related to educational services

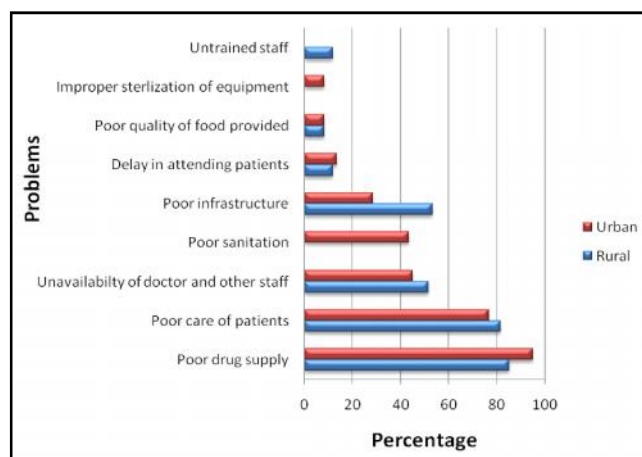


Fig. 2: Problems related to health services

Table 3 : Actions taken by the respondents for problems of educational services

Problems	Actions taken							
	Rural area				Urban area			
	No.	NA	C	FS	No.	NA	C	FS
Poor teacher to child ratio	41	23 (56.10)	12 (52.17)	6 (14.63)	49	30 (61.22)	9 (18.37)	10 (20.41)
Poor sanitation	48	41 (85.42)	3 (6.25)	3 (6.25)	45	35 (77.78)	7 (15.56)	3 (6.67)
Inadequate furniture	28	23 (82.14)	0	5 (17.86)	13	10 (76.92)	0	3 (23.08)
Favouritism by staff	9	7 (77.77)	2 (22.22)	0	12	8 (66.67)	4 (33.33)	0
Poor electricity and water supply	20	16 (80.00)	0	4 (20.00)	7	5 (71.42)	0	2 (28.57)
Poor infrastructure	16	10 (62.50)	0	6 (37.50)	6	3 (50)	0	3 (50.00)
Corporal punishment	10	3 (30.00)	5 (50.00)	2 (20.00)	5	1 (20.00)	3 (60.00)	1 (20.00)

Frequencies for actions taken, have been worked out in relation to number who were facing the problems (Multiple response), Figure in parentheses indicates percentage, NA-No action, C- Complaint to concerned authority, FS-forward suggestions to concerned authority for improvement

sanitation (43.33%). The other problems like poor infrastructure, delay in attending patients were also reported. Only few respondents faced problems of poor quality of food provided in the hospitals, improper sterilization of equipment and untrained staff.

A further analysis of data showed that problem of poor drug supply was encountered by majority of the rural respondents (85.00%), followed by poor care of patients (81.67%), poor infrastructure (53.33%) unavailability of doctors and other staff (51.67%) and poor sanitation (46.67%). The other problems like delay in attending patients, untrained staff and poor quality of food provided were also reported by few respondents. These findings corroborate with the result of Punnathara (2006) who in his study found that Rural India seemed to be languishing. Although tremendous progress had been made since independence, quality health care remained a mirage for much of rural India.

Actions taken by the respondents for problems of educational services :

Protection of consumer welfare is the common goal of the government. To accomplish this, various laws have been enacted and organizations have been set up by the government. But consumers hardly used these measures due to lack of awareness, ignorance and lethargic attitude. Therefore, an effort has been made in this section to know the actions taken by the respondents for solving their problems.

It is evident from the data presented in Table 3 that 61.22 per cent respondents didn't take any action for poor teacher child ratio. 20.41 per cent respondents forwarded suggestion to authority and 18.37 per cent respondents registered complaint. Poor sanitation in schools was another major problem for which majority of the respondents (77.78%) didn't take any action while 15.56 per cent respondents filed complaint and 6.67 per cent respondents forwarded suggestions.

Table 3 further shows that in rural area, majority of the respondents didn't take any action for problems of poor sanitation, inadequate furniture, favouritism by staff and poor electricity and water supply.

Actions taken by the respondents for problem of health services :

A perusal of Table 4 indicates that in urban area, poor drug supply was encountered by majority of the respondents but only 12.28 per cent respondents registered compliant, followed by 42.1 per cent who approached intermediary channel whereas 47.37 per cent respondents didn't take any action. For problems of poor care of patients, 69.56 per cent respondents took no action, 23.91 per cent respondents approached intermediary channel and 6.52 per cent filed complaint.

In rural area, 58.82 per cent respondents didn't take any action for poor drug supply whereas 33.33 per cent respondents approached intermediary channel, followed by 11.67 per cent respondents who registered complaint. It is also clear from the table that not a single complaint was registered for poor sanitation, delay in attending patients and poor quality of food provided in the hospital.

Conclusion :

Health and education are the basic services that a nation wants to provide to its citizen. The Govt. of India has also started various schemes to provide effective educational and health services but problems related to these services are hampering its proper utilization. Although a number of laws have been enacted and organizations has been set up such as consumer court, but people are not using these measures due to lack of awareness and lethargic attitude. Therefore, GOs and NGOs should come forward and take responsibility of spreading awareness among Indian consumers.

Table 4: Actions taken by the respondents for problems of health services

Problems	Actions taken							
	Rural area				Urban area			
	No.	NA	AIC	C	No.	NA	AIC	C
Poor drug supply	51	30 (58.82)	17 (33.33)	6 (11.76)	57	27 (47.37)	24 (42.10)	7 (12.28)
Poor care of patients	49	38 (77.55)	10 (20.40)	2 (4.08)	46	32 (69.56)	11 (23.91)	3 (6.52)
Unavailability of doctors and other staff	31	15 (48.39)	6 (19.35)	10 (32.26)	27	10 (37.04)	8 (29.63)	9 (33.33)
Poor sanitation	28	20 (71.42)	8 (28.57)	0	26	17 (65.38)	9 (34.61)	0
Poor infrastructure	32	20 (62.50)	9 (28.13)	3 (9.38)	17	7 (41.18)	7 (41.18)	3 (17.65)
Delay in attending patients	7	4 (57.14)	3 (42.86)	0	8	4 (50.00)	4 (50.00)	0
Poor quality of food provided	5	5 (100.00)	0	0	5	(60.00)	2 (40.00)	0
Improper sterilization of equipments	-	-	-	-	5	5 (100.0)	0	0

Frequencies for actions taken, have been worked out in relation to number who were facing the problems (Multiple response), Figure in parentheses indicates percentage, NA-No action, AIC-Approach intermediary channel (authority figure like sarpanch, ward members), C-Complaint to concerned authority

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