



International Journal of Multidisciplinary Engineering in Current Research

Volume 6, Issue 1, January 2021, <http://ijmec.com/>

A STUDY ON THE STATUS OF PUBLIC HEALTH SECTOR IN RANGA REDDY DISTRICT

Sumitpadihar

Ph.D Scholar, JNTU University, Jhunjhunu, Rajasthan Email: Sumitpadihar@yahoo.com

One of the 31 districts of the new Indian state of Telangana, which was formed from the former state of Andhra Pradesh in 2014, is Ranga Reddy, formerly known as Hyderabad Rural.

Abstract

The social, economic, and political structures that prepared the way for social stratification in terms of money, education, occupation, gender, and race or ethnicity are essential to the causes of health inequities. Pay inequality or uniqueness across different financial groups is linked to worse health outcomes, according to substantial evidence. People's health and social well-being are negatively affected by widening income disparities. In addition to the Government's efforts to link financial

Introduction

With the present state of our public health system, there have been several significant transformational periods in its endeavour to impact the lives of Americans. In the framework of social sector growth and human development, public health is considered one of the most important sectors.

The government has allocated significant funds to this important sector, but it is necessary to examine the impact of current challenges in the districts in order to claim better health services with adequate amenities and staff in government hospitals. The public health approach deals with all health determinants.

Health care in India has improved dramatically during the previous half-century without a question. India's efforts in public health have

imbalances via monetary consideration and standardised savings measures, the government should also ensure that social and monetary class discrepancies are adequately addressed in the domain of health. This research is focused on the public health sector in the state of Telangana, with a particular focus on the Ranga Reddy district.

Keywords: Health care, the social sector, and economic development all go hand in hand.

yielded notable results, including the eradication of smallpox and guinea worm disease, as well as the near-complete eradication of polio and the imminent eradication of leprosy, Kala azar, and filariasis. Infant mortality and overall fertility rates have decreased significantly. While we should be pleased of our accomplishments, it is also evident that our shortcomings are far more glaring. The Telangana government spent Rs. 3,94,76,048 on public health in the 2015-16 fiscal year. Revenue expenditure was 97.24% and capital expenditure was 2.76%. After Punjab and Haryana, Telangana has the third-lowest capital spending on public health (0.08% vs. 1.39%).

Profile of the Ranga Reddy District



International Journal of Multidisciplinary Engineering in Current Research

Volume 6, Issue 1, January 2021, <http://ijmec.com/>

the district's administrative centre. Former Andhra Pradesh joint state deputy chief minister Konda Venkata Ranga Reddy was the inspiration for the district's name. Districts like as Nalgonda, Yadadri, and Hyderabad are all included inside the district. Other districts include Medchal, Nagarkurnool, and Mahabubnagar. According to the 2011 census, it has a population of 2,446,265, with 1,254,184 men and 1,192,081 females..

Significance of the Study:

We chose our research subject very carefully since it will have a huge impact on the future state's economy as it develops. Despite the fact that the government has allocated a large amount of money to this sector, many individuals are still unable to get improved health care because of a lack of knowledge, organisational shortcomings, a lack of workers, and an inefficient delivery system. There is a need for government hospitals to provide basic facilities and enough employees. The government's services should be bolstered by balancing public spending fluctuations to ensure the well-being of all citizens.

Indians aren't happy with the social sector's performance, but it might have been a lot better (Dreze & Sen 1995). Even though India's education and health indices have improved significantly during the 1980s, the nation still has a Human Development Index (HDI) ranking of 136 out of 187 countries (UNDP, 2013) of 0.554.

Expenditures made by the Gujarat state government to determine the distributional effect on the various beneficiaries (Mishra,

1982). "The bulk of government investment (on education and health) finally reaches people in secondary and tertiary sectors and very little goes to food crop farmers who are the real majority in the nation," he concluded in his research.

Social services including education and health were given a low priority because of the limited money allocated for these sectors. Rather than delay the completion of irrigation projects, government officials often preferred to put off "basic education for all," and as a result, monies from educational programmes were frequently diverted to other government programmes while preparing yearly budgets (Basu, 1995).

Growth necessitates the development of healthcare and education. People's ability to participate and progress may be aided by the provision of fundamental services. Human potential may be enhanced via participatory growth by creating a demand for fundamental services (Dreze and Sen, 1995).

Over half a million child fatalities in the developing world in 1990 may be ascribed to the dismal economic performance of the 1990s, according to a study of cross-country time series data on health (infant and child mortality and life expectancy) and income per capita. They verified that a country's health condition improves as its income rises.

"No one should be refused access to life-saving or health-promoting therapies for unjust reasons, particularly those with economic or social origins," WHO Director-General Dr.



International Journal of Multidisciplinary Engineering in Current Research

Volume 6, Issue 1, January 2021, <http://ijmec.com/>

Margaret Chan (2008) remarked at the launch of the global health report entitled "Primary Health Care: Now More Than Ever."

Objectives:

1. Following are the study's goals:
2. To assess the general health of the population
3. To examine the current state of government hospital patient-doctor ratios.
4. To examine the difficulties in achieving the government's health care standards in practise and to examine the government's health care standards.
6. figuring out the best ways to enhance health care for the general population.

Research Methodology:

Our findings are based on secondary data gathered from a number of government institutions in the Ranga Reddy area. In order to track changes over time, longitudinal data sets

Ranga Reddy district's health indices are as follows:

Table-1: Status of Health Indicators Ranga Reddy District

Indicators	District Ranga Reddy	Telangana State
MMR 2011-13	78	92
IMR 2013	33	39
TFR 2013	2	1.8
CPR	65	66
CBR 2013	18	1.0
ASR 2011	98	98

CSR 2011	93	9 3
Full Immunization	35	4 8

have been compiled. Qualitative data was used to address the particular study questions based on the quantitative analysis. Analysis of public health trends and status was done using time series data.

Health Development in Ranga Reddy District:

Longevity, the infant mortality rate (IMR), the maternal mortality rate (MMR), the total fertility rate (TFR), the contraceptive prevalence rate (CPR), the crude birth rate (CBR), and the sex ratio, among other things, are all used to assess human health. Telangana's performance on these metrics indicates that the state is doing well in certain important areas. The state of Telangana has an MMR of 92, compared to the national average of 167. After Kerala, Telangana is the country's fourth-best state in terms of MMR (66).



International Journal of Multidisciplinary Engineering in Current Research

Volume 6, Issue 1, January 2021, <http://ijmec.com/>

Health and Family Welfare Commissioner, Hyderabad; 2.Census 2011; 3.DLHFS-4-2012-13 Immortality Rate – Infant Death Rate (per 1000 live births)

MMR is an abbreviation for the maternal mortality ratio (MMR) (per 1 lakh live births)

Fertility Rate in the Population as a Whole Child Sex Ratio (CSR) (per 1000 males) Crude Birth Rate (CBR): SR -Sex Ratio of Children (per 1000 males) Consensus Prevalence Rate

the ratio of men to women in a population of adults (per 1000 males)

which is lower than the state average of 92, according to table-1. At 33, Ranga Reddy has the state's lowest IMR and lowest TFR per 1000 males, and the highest CPR of any district in the country. The district also has the highest CRB per 1000 men. Health statistics for the state and Ranga Reddy are comparable, with an adult sex ratio of 98 per 1000 men and a child sex ratio of 93, respectively. The gap between Range Reddy's score of 35 and the state indicator's score of 48 is shown in the complete vaccination report. As a result, the data suggests that Ranga Reddy can now offer its residents with improved health care services.

Ranga Reddy District's Public Health Infrastructure

The MMR per one million live births in the Ranga Reddy district of Telangana State is 78,

The following is a breakdown of the district's health infrastructure:

Table -2: Status of Public Health Infrastructure in Ranga Reddy District:

Ye ar		No. Of Hospitals	No. Of Beds Available	No. of Doctors	No. of Patients
2000-01	Allopathy	56	1519	201	12564
	Ayurveda	16	15	142	10946
	Unani	15	11	21	11,920
2009-10	Allopathy	75	1802	246	19,648
	Ayurveda	19	22	156	11,300
	Unani	22	33	36	16535

Source: Statistical Bureau of Economics, Commissioner. Health and Family Welfare, Hyd.

Allopathic hospitals had 201 physicians and 1519 beds in 2000-01, compared to Ayurveda and Unani, according to table-2. In contrast, there are 142 Ayurvedic physicians, compared

to only 21 Unani doctors. However, as compared to Ayurveda, Unani sees an additional 11,920 patients.



International Journal of Multidisciplinary Engineering in Current Research

Volume 6, Issue 1, January 2021, <http://ijmec.com/>

As of 2009-10, there were 75 Allopathy hospitals, treating 19,648 patients, with 1802 physicians and 246 beds, compared to Ayurveda and Unani, which had only two facilities. 156 physicians now work at 19 Ayurveda hospitals, each having 22 beds and 156 doctors on staff. About 11,300 people sought out Ayurveda's services. When compared to Ayurveda, the number of patients at the 22 Unani hospitals with 36 physicians and 33 beds grew by 16,535. As shown by the In 2000-01 and 2009-10, Allopathy services were used more often than Ayurveda and Unani. In the last decade, the state of Andhra Pradesh boosted its expenditures on Allopathy hospitals, which resulted in a rise in the number of patients treated there.

It's time to wrap up and provide some advice. Despite several indicators showing greater positive trends than the state average, the study's findings show that public health in Ranga Reddy district is on par with the state average. The Telangana government's capital investment on public health was very low, which encourages the private sector.

Government health infrastructure has to be improved in order to meet the needs of the community and to better serve its citizens. Strengthening the health system requires an evaluation of the current public health system and facilities, as well as the addition of additional human and material resources, as well as a systematic approach to monitoring their performance and establishing accountability. This is accomplished through the establishment of goals and the pursuit of their achievement through a comprehensive and integrated approach that involves the entire

community. Government health services, which are utilised mostly by the poor and the disadvantaged, may go a long way toward improving health outcomes. Overstretched health care systems need to be restructured for the twenty-first century's special issues.

References

- Bandela Anil Prasad. Public Health Vulnerability: Tribes in Cyclones, International Research Journal of Social Sciences, 2(4), 7-11, (2013)
- Chan, M. (2008): Climate Change's Effect on Human Health.
- the United Nations' health agency
- Chan is the author of this article (2008). The International Federation of Red Cross and Red Crescent Societies Global Health and Care Forum 2008: primary health care begins with people, Geneva, 14 May 2008. "(<http://www.who.int/dg/speeches/2008/20800514.html>, accessed May 29, 2008)
- Pattern of Health Care Expenditure in India, Mehta Balwant Singh, Indian Economic Journal, 55 (2008) (4).
- "Wealthier is Healthier": Pritchett and Summers (1996). Human Resource Management Review, 31(4), 841-868. doi:1. As of August 26th, 2016, this was still available. <http://www.jstor.org/stable/146149> doi:1