



**INDIAN ASSOCIATION FOR SOCIAL SCIENCES AND HEALTH  
SIXTH CONFERENCE ON  
HEALTH, EQUITY AND HUMAN RIGHTS**  
**Organized by**  
**SCHOOL OF SOCIAL SCIENCES & INTERNATIONAL STUDIES**  
**PONDICHERRY UNIVERSITY, PUDUCHERRY**  
**7<sup>th</sup> & 8<sup>th</sup> MARCH 2009**



**PROCEEDINGS OF THE CONFERENCE**



(L to R) Dr. T.Subramanyam Naidu (Org. Secretary ),  
Dr. K. E. Vaidyanathan (President, IASSH), Dr. Venkatesh  
Srinivasan (UNFPA), Prof. J. A.K. Tareen (Vice-  
Chancellor), Dr. Pavitra Mohan (UNICEF), Prof. D.  
Sambandhan (Dean) and Dr. C.P.Prakasam (Secretary)



Prof. J. A.K. Tareen (Vice-Chancellor)  
delivering inaugural address of Sixth IASSH  
conference on “Health, Equity and Human Rights”  
held at Pondicherry University, Puducherry, 7<sup>th</sup> & 8<sup>th</sup>  
March, 2009



Padmashree Prof. J. A.K. Tareen (Vice-Chancellor)  
inaugurating the conference by lighting the lamp



Dr. Venkatesh Srinivasan, Asst. Resident  
representative, UNFPA along with  
Padmashree Prof. J. A.K. Tareen (Vice-Chancellor)



# **INDIAN ASSOCIATION FOR SOCIAL SCIENCES AND HEALTH**

## **SIXTH CONFERENCE ON**

*HEALTH, EQUITY AND HUMAN RIGHTS*

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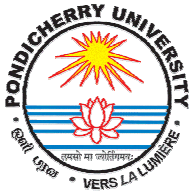
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**PROCEEDINGS OF THE CONFERENCE  
SECTION-I**



**Opening Session**

The conference was opened on 7 March, 2009 by Prof J.A.K.Tareen, Vice Chancellor of the Central University Pondicherry, and was addressed by Prof T. Subramanyam Naidu, Organizing Secretary of the Conference, Prof K. E. Vaidyanathan, President IASSH, Dr. Pavitra Mohan of UNICEF and Dr. Venkatesh Srinivasan of UNFPA and Prof. C.P.Prakasam, Secretary of IASSH. Dr. C.P.Prakasam, Secretary of IASSH welcomed the participants. In his address Prof J.A.K. Tareen explained the growth of the University, particularly in the field of Social Sciences, and the expansion plans of the University.



**Dr. Venkatesh Srinivasan, UNFPA**

He hoped that the conference will help in the advancement of research in the area of health and social sciences. Prof T. S. Naidu welcomed the participants and expressed the hope that the conference will help improve our understanding of the role of equity and human rights in promoting health. Prof Vaidyanathan explained the scope of the conference and introduced the members of the Executive Committee of IASSH to the participants.

Mr. Prabakar Subramniam proposed a vote of thanks. The Opening session was followed by Symposium 1 in the morning and technical sessions in the afternoon. On the second day of the conference Symposia II and III were held in the forenoon and the remaining

technical sessions were held in the afternoon. In addition a valedictory session gave opportunity to the participants to provide their feedback on the conference.



Dr. K.E. Vaidyanathan, President, IASSH  
addressing the delegates.



Dr. T. Subramanyam Naidu, Conference Director,  
addressing the delegates

### **Symposium 1:**

#### **Public Health in India: Current Scenario**

The first symposium on the theme Public Health in India: Current Scenario chaired by Prof T.S. Naidu, of the Faculty of Social Sciences, Pondicherry University included four papers on the following topics:

(I) *Public Health in India: Governance and Managerial Challenges* by Prof K. V. Ramani of IIM, Ahmedabad discusses the evidences of inadequate governance and management of the health administrations, and suggests ways forward to overcome the problems. It describes that it is equally important to augment the management capacity to overcome the non-financial barriers in delivering good quality services. For example, there is an urgent need to strengthen the logistics management of drug distribution. Many PHCs and CHCs continue to experience frequent stock-outs of essential drugs, and equipment remains unutilized for want of proper maintenance or skilled technicians. Human Resources management in the health sector is very weak. The lack of clarity in the roles and responsibilities of health personnel lead to difficulties in establishing proper accountability for service delivery.

(II) *Is there a crisis in health care in India? Some Critical Reflections* by Prof K. R. Nayar of J.N.U attempts to critically reflect on the recent depiction of crises in the health service system given the increasing epidemic outbreaks and emerging diseases in several



parts of the country. The paper concludes that the human resource constraints especially at the lower levels are an important component which needs attention. However, more often it is forgotten that the health services is essentially a system consisting of people delivering services and instead it is considered as a techno-enterprise handling diseases using technology. In societies where crisis has been discussed in the light of major outbreaks of diseases recently such as in Kerala, the present conception of crises has led to an institutional atrophy as well as a dominantly technical transfer of its services.

(III). *Towards Reducing Maternal Mortality: Progress in NRHM/RCH II* by Dr Venkatesh Srinivasan, Asst. Resident Representative of UNFPA described he progress achieved I the reduction of maternal mortality in India and the contribution of the NRHM/RCII programme.

(IV) *Conceptual Issues concerning Health and Human Rights*. By Prof Vighnesh Bhat argues that equity and human rights perspectives can add considerably to “health institutions efforts” to engage in the war against poverty and ill health, and focusing on poverty is essential to operational those commitments. The twin principles of equity and human rights dictate the need to strive for equal opportunity for health. This becomes especially pertinent for those groups of people who have suffered marginalisation or discrimination of various sorts for historical reasons. He describes that the solution is complex but certainly achievable with professional commitment, intellectual honesty, critical comprehension and societal dedication.



## Symposium 2:

### Equity and Ethical Issues in Health Care

Chaired by Dr. Amar Jesani of Centre for Studies in Ethics and Rights

In this symposium five papers are included:

(I) *Social Determinants of Health and Inequities and Inequalities in Health care* by Dr. Satish Kumar, Head of UNICEF Chennai.

Dr. Satish Kumar focused upon the Social Determinants of inequities in Health Care in India. It was argued that the unequal distribution of health care services is not a natural phenomenon but a result of poor social policies, unfair economic arrangements and bad politics. Socio cultural determinants of inequities in health care system were highlighted based on the experiences from Rajasthan utilizing data from the Second National Family Health Survey 1998-99 and the author's studies from Rajasthan.

(II) *Ethical Issues in Social Research on Health care* by Amar Jesani covered self-regulation and ethics, gender considerations/gender sensitive research, reproductive health involving adolescents, adolescent sexual health, studies on HIV/AIDS, data management and statistical procedures, establishment of scientific and ethical review bodies, and guidelines for obtaining informed consent for procurement and use of human tissues, cells and fluids in research and examines the efforts made by international professional associations, universities and the mechanism in place for ensuring and monitoring adherence to the ethical guidelines.

(III) *Ethical Issues in Social Research on Health Care* by Dr. U. V. Somayajulu, of Sigma Consulting provides an understanding of the ethics in social science research on health with focus on national level. He emphasized that Research without social and ethical commitment affects credibility of research, autonomy of researchers, quality of research and rights of participants. He drew attention to NACO guidelines for ethical practices treated to studies related to HIV/AIDS which required informed consent of the participants and are expected to protect their privacy, anonymity and confidentiality.

(IV) Dr Aditi Iyer of IIM, Bangalore and (V) Dr. Lester Coutinho of Packard Foundation presented their research findings in this session

### Symposium 3:

#### **Reducing Vulnerability to Ill Health through Human Rights Approach,**

Chaired by Dr. Pavitra Mohan included two papers as follows:

(I) *Promoting Occupational Health For Combating Workers' Vulnerability To Ill Health*

by Dr. T. K. Joshi , Director of Centre for Occupational and Environmental Health

emphasized that India despite being a founding member of ILO lags behind in providing occupational health care to its workers. The statutes promulgated by the Indian Ministry of Labour do not cover such vitally important segments of economy as agriculture, and emerging sectors of information technology. There is no national



**Dr. Pavitra Mohan, UNICEF**

Occupational health policy despite the idea being mooted almost a decade back, and identification of occupational illness and underlying causes of injuries at work have not been seriously dealt with. Recording of such data does not get the seriousness it deserves. In consequence, serious policy interventions can not be made.

(II) *Public Health Facilities and their Role in the Utilization of Selected Maternal and Child Health Services in Indian States: Insights from DLHS-RCH , 2002-2004 Data* by Prof. N. Audinaryana of Bharatiar University described the functioning of the different health centres (First Referral Units, Community Health Centres and Primary Health Centres) that are equipped with specific facilities across the states of India. Using Sperman's RHO the paper demonstrated that the availability of facilities in the PHCs influences the utilization of maternal and child health services.



**Dr. T. K. Joshi, UNICEF**

Therefore the vulnerability of poor maternal and child health can be greatly reduced by improving health facilities.



## **SECTION-II** **Technical Sessions**

**TEN Technical Sessions with parallel sessions are as follows:**

- 12. Technical Session-I (A), (B): Impact of Social and Cultural Factors on Health**
- 13. Technical Session-II (A), (B): Poverty, Equity and Vulnerability**
- 14. Technical Session-III: Health of the Elderly-Human Rights Issues**
- 15. Technical Session-IV: Reducing maternal mortality by mainstreaming Equity and Human Rights**
- 16. Technical Session-V (A): Gender Inequalities in Health Status and Health Care**  
**Technical Session-V (B): Gender Inequalities in Child & Adolescent Health Care**  
**Technical Session-V(C): Gender Inequalities in Health**
- 17. Technical Session-VI (A), (B): Sexual and Reproductive Health and rights of Young People**
- 18. Technical Session-VII (A), (B): Health Systems, Rights and Programmes**
- 19. Technical Session-VIII (A): Maternal and Child Health and MDGs**  
**Technical Session-VIII (B): Maternal Health, Nutritional Status and MDGs**
- 20. Technical Session-IX: NRHM and Utilization of Health Services**
- 21. Technical Session-X: Medical Tourism and its Impact**
- 22. Special Session (A),(B): YOUTH Researchers Presentations**

### **Technical Session-I (A): Impact of Social and Cultural Factors on Health**

There were two technical sessions on the “Impact of Social and cultural factors on Health”. In the first one the following papers were presented:

(i) *Socio-economic differentials in health status in India* which focuses on the differentials experiences of Social and economic groups in India today in different aspects of health using NFHS data, (ii) *The Socio-cultural Context of Health Intervention: An Analysis Based on Collective Meanings* which discusses the Social representations approach and outlines the insights that this approach provides for understanding community health interventions, (iii) *Socio-Cultural Changes and Healthcare Practices of Malayali Tribes in Kalrayan Hills in Tamil Nadu* where the

researcher describes the traditional health care practices including their beliefs on causation of illness, health seeking behavior and the role of traditional healers and also highlighted the continued existence of traditional health practices against the modern health systems, (iv) *Social Environment and Adolescent Health: A Case Study of the Juangs of Orissa* which broadly described the Socio cultural institutions and practices that expose and regulate the teen to sex and sexuality and the health hazards the girls encounter where it is observed that the social environment has a tremendous impact on the life of tribals, (v) *Socio-economics & religious aspect of Health care among the rural people of India: A study in some selected Villages of Bolangir district of Orissa* which examines the socio economic determinants of health care and the religious beliefs and practices affecting the health care of the people and also their knowledge on modern medical practices and its utilization, (vi) *Healthcare practices and Socio Cultural changes of Malayali tribes in Tamil Nadu* where the researcher describes the traditional health care practices including their beliefs on causation of illness, health seeking Behaviour and the role of traditional healers among the Malayali Tribes and (vii) *Persons with Disabilities in India: Socio-economic Differentials and their Implications* which describes how the persons with disabilities (PWDs) differ from general population in key variables such as social acceptance, education, nature of work, health care and other factors.

### **Technical Session-I (B): Impact of Social and Cultural Factors on Health**

The 2<sup>nd</sup> Technical Session on the “Impact of Social and cultural factors on Health” comprised of following papers, (i) *Adverse Health and Socio Economic Consequences of Environmental Pollution: A Case of Dyeing Industry Effluents Pollution in Karur District of Tamil Nadu* is a research paper that discusses the environmental problems in the agricultural sector caused by dyeing industry in Karur district, (ii) *Society, Self Image And Risk: A Study Of MSM Community in Mumbai* explores the relationship between social structure and health: social, cultural, and religious beliefs; diverse identities among MSM communities, the representations of HIV/AIDS and condom use, the concept of masculinity, procreation, active coping and avoidant coping,

treatment seeking, transgender and the importance of MSM network and voluntary action were the important variables of the study, (iii) *Prevalence of Chronic Energy Deficiency and its consequence on Children's Nutritional status among the marginalized group in India* is a research that focuses on the prevalence of Chronic Energy Deficiency (CED) among the Tribal women in India and explores the impact of women's CED on the nutritional status of their children, (iv) *Pulmonary Health Status Amongst Biofuels Dependent Suburban Indian Population* is a study where effort has been made to quantitatively estimate the adverse pulmonary effects amongst sub-urban Indian population and targets a group of population exposed to bio-fuels emissions, (v) *Child Marriage: A study on its differential in Rajasthan* examines the prevalence of child marriage and its differentials in Rajasthan where Female infanticide and child marriage are the two baneful practices, which undermines the status of the women in Rajasthan, (vi) *Improving women's health in India: human rights and ethical dimensions* describes how the participation of women can be ensured by the use of Appreciative Inquiry (AI) approach, which focuses on positives- Stories, games, exercises and picture cards are used to meet their information needs at their doorstep and build an understanding of their own potential to improve maternal and infant health; (vii) *HIV/AIDS Scenario in Kerala* describes how HIV incidence in Kerala is distinctly related to migration. Unlike other Indian states the HIV incidence does not exhibit the rural-urban specificity in Kerala.

### **Technical Session-II (A): Poverty, Equity and Vulnerability**

The Technical Session-II (A) was on the theme "Poverty, Equity and Vulnerability" included the following researcher papers (i) *Health Equity: Meaning, Scope and Challenges* is an analytical and exploratory research paper. The main objective of the paper is to understand the meaning of health-equity and to analyse its nature, scope and the challenges and also tries to understand why health equity is so important, (ii) *Poverty and Health Sector Inequalities in India* examines the causal relationship between poverty and ill-health and the relative importance of social determinants of health and health service utilization. The analysis is based on secondary data drawn from different sources such as Human Development Index (HDI), National and International Health

Reports. The study concluded by identifying the inequalities in health; and the need of co-ordination of different sectors for eradication of poverty and poor health, (iii) *Poverty Alleviation and NGO Intervention: Alternative Development Policy Approach in Context of Orissa* is a research paper which argues that though the poverty issue is pervasive in the alternative development debate it has lost its core agenda of reform to the sole agenda of management. Moreover development alternative mainly focus on the structural nature of poverty rather than the ideological and analytical nature of poverty. This paper gives emphasis to the "approach" taken before formulation of a policy. Here an intermediary approach is recommended to bring forth more comprehensive poverty alleviation policy, (iv) *The Impact of Rural Poverty on Human Development: A case Study from a Village in Udumbar, in Kandy District in Sri Lanka* focused on the rural poverty and human development in Sri Lanka. The study revealed that the main reason for poverty is the low income of the villagers which is related to the lack of employment opportunities of the village, (v) *Reaching Health to the Poor: The Supply side Constraints in Orissa* examines the nature and quality of health care facilities in Orissa. It also discusses the governance process and transmission mechanism of service delivery in the state. It looks into the infrastructure, tools and equipments and manpower in the health care facilities and how this functions to improve the service delivery at the primary and secondary level. The supply side issues have been discussed in the light of organizational structure and institutional arrangements made to strengthen the service delivery system, (vi) *Living as a HIV positive person: A Human Rights Perspective (Experiences from Madurai District)* attempts to find out the knowledge, attitude and practices among HIV positive persons (PLHIV) on STI, HIV and AIDS, to assess the sexual and reproductive health needs among PLHIV and the stigma and discrimination and also its impact on accessing health care services. From this research, it is found that considerable percentage of PLHIV faced discrimination while accessing health services. Hence, more sensitization is needed among HCP towards PLHIV. A positive prevention strategy needs to be implemented within an ethical framework that respects the rights and needs of PLHIV to lead a full and healthy life.

(vii) *Political Issues and Corruption in Health Sector* describes how the iniquitous socio-political system has superseded a people-oriented health services system. The struggle for health thus becomes a struggle for democratization.

**Technical Session-II (B):  
Poverty, Equity, and Vulnerability**

This second session on Poverty, Equity, and Vulnerability included papers on the following topics; (i) *Access and Financing of Maternal Health Care in India* describe the level of achievement of MDG goals by the states in India, where Kerala and Tamilnadu have already achieved the targets while states such as Uttar Pradesh, Bihar lag far behind in achieving the MDGs. The study analyses the primary data available from the National Sample Survey on health as well as the budget support to health by the governments, (ii) *Vulnerability of Kolkata Slum Population in Financial Managing of Health Problems* is paper based on a micro-level pilot study on financial management of health problems at household level in Kolkata slums and attempts at finding out the relation between the total expenditure incurred for having medical treatment and the per capita monthly consumption expenditure (PCMCE) in a household, (iii) *Monetary Burden of the Health Effects of Air Pollution in Mumbai: Implications for Poverty, Equity and Public Health* investigates the link between air pollution and morbidity impacts for Mumbai and estimates their monetary costs.. Cross-section data collected by the Environmental Pollution Research Centre (EPRC) at King Edward Memorial (KEM) Hospital in Mumbai is used. Information on monetary costs of illness is obtained through the household survey and interviews of medical practitioners carried out by the researchers, (iv) *Health Expenses in Rural Karnataka* focuses upon the level and composition of health spending, besides many other issues. The survey indicated that seeking treatment from private health institutions was very high in all socio-economic groups of population because of concerns of quality care. The other reason is that many respondents were incurring expenses even while seeking health care services from the public health institutions. If such is the case, they think that it is better to seek health services from the private health institutions, (v) *Refugees' Health and Human Rights: A Review of International Laws* reviews the several international laws in general and international



human rights laws in particular and examines the existence of refugee laws in the international legal systems and enlightens the refugees' right to safe health under the human rights, (vi) *Child labour in India: a health and human rights perspective* describes the health and human rights of children working in the sectors such as carpet making, pottery, shoe making, agriculture and quarrying in Agra District and concludes that total abolition of child labour is not possible, as it will affect the poor families. There is a need to improve the working conditions of child workers and provide measures to safeguard the child workers from exploitation, (vii) *Child welfare programmes : Pros and Cons* argues that the best way to develop national human resources is to take care of children. The paper examines the several constitutional provisions, legislations, policies, schemes/ projects to ensure protection of dignity, rights and welfare of children, (viii) *Self-Medication: Perceptions and Practices among People in Pune City* describes the people's perceptions about self medication and their health care practices among the different strata of society. It suggests health care awareness to be improved through health education and by encouraging the concept of family physician, (ix) *Cardio Vascular Diseases: A fall out of Urbanization and Modernization of the Society* brings out that in addition to the conventional risk factors, life style changes in the society, social demographic factors and other psycho social conditions are also involved in the early onset of diseases.

### **Technical Session-III: Health of the Elderly-Human Rights Issues**

This technical session on the Health of the Elderly-Human Rights Issues included the following papers: (i) *Conceptualizing a Geriatric Care Facility* discusses the major challenges to building geriatric care facility is offering promising life styles with dignity to the seniors based on the theoretical contentions of normal ageing and perspectives of ageing from biological, medical, clinical and psychological faculties, (ii) *The Condition of Elderly in the Family: A Sociological Study* examines the condition of elderly people in which their social-economic conditions as well as problems related to their health have been described, (iii) *Health at Older Ages in India: Its Socio-Cultural and Gender Dimensions* presents a conceptual framework to model health of older adults in

association with various socioeconomic and cultural factors. For this purpose, four different populations of OAs are considered namely rural male (RM), rural female (RF), urban male (UM) and urban female (UF). The data from the 60<sup>th</sup> Round of the National Sample Survey (NSS) (2004) has been used in the study (iv) *Ageing Morbidity in Kerala* examine the health status of a sample of old population and studies the risk of disability and its determinants and suggests that healthy ageing requires a life style that will avoid habits causing health hazards (v) *Marginalisation And It's Impact on Healthcare of the Elderly* describes the marginalisation of the elderly with respect to health care, social security and socio economic independency and how the interplay of these factors influences the quality of care received by them, (vi) *Gender Disparities in Elderly Survival in Selected States of India* The paper describes the changes in the pattern of expectation of life of elderly (i.e. at ages 60, 65 and 70) in four selected states and India from 1970-75 to 2001-05 by gender and residential background. The analysis is based on the information from SRS Abridged Life Tables of Registrar General, India for various periods, (vii) *Old Inequalities and New Diseases: the Matrix of Social Stigma and Exclusion* argues for a multidimensional understanding of the stigmatisation process that addresses the functionality, without functionalism and without resorting to excessive individualization. (viii) *Care of the Elderly As Human Right* examines the health care needs of the elderly in general and the care actually provided by public institutions from the human rights perspective.

#### **Technical Session-IV: Reducing maternal mortality by mainstreaming Equity and Human Rights**

This session had the following papers (i) *Reducing Maternal Mortality and Morbidity by Mainstreaming Equity and Human Rights* concludes that maternal mortality could be sharply reduced through wider use of key interventions and a "continuum of care" approach for mother and child that begin before pregnancy and extends through childbirth and into the baby's childhood. (ii) *Maternal Morbidity and Mortality in Tamil Nadu* analyses the morbidity and mortality pattern and cause of death of mothers and found that the causes of maternal morbidity are pregnancy induced hypertension, anaemia, haemorrhages and diabetic induced pregnancy. Among the causes of maternal

death, 20 percent of mothers die due to PPH followed by PIH with severe anaemia, (iii) *Mortality Transition and Health System's Development in Libya* attempts to review mortality in Libya through tracing the routes, reviewing underlying factors and examining contribution of Government and other public health institutions. This paper makes use of national statistics on major mortality indicators viz., crude death rate, and infant mortality rate, under 5 mortality rate, maternal mortality rate and expectation of life at birth since 1950, (iv) *Reduction of Maternal Mortality in Sudan* where the first part of the paper describes the situation regarding maternal mortality in the third world countries, and the factors contributing to it. The toll of maternal deaths is particularly heavy in African countries, and Sudan is no exception. In the second part of the paper, the paper presents the estimates of maternal mortality rate in Sudan from diverse sources, (v) *Inequalities in maternity care and newborn mortality among slum residents in Mumbai: A Prospective Study* describes maternity care in vulnerable slum communities in Mumbai, and examines differences in care and outcomes between deprived and less deprived groups and found the health inequalities within a population limited to poor slum residents. The fact that the poorest are much more dependent upon public sector health care suggests that quality improvement in municipal facilities is a pro-poor intervention, (vi) *Maternal Complications and Birth Outcomes: An overview from KBK district of Orissa* assesses the association between physical violence during the six months before delivery and maternal complications and birth outcomes and the women's physical violence during pregnancy were based on self-reports of "partner-inflicted physical hurt and being involved in a physical fight". Outcome data included maternal antenatal hospitalizations, labour and delivery complications, low birth weights, and pre-term births. The findings support the need to screen for physical violence early in pregnancy and to prevent its consequences, (vii) *Maternal & Child Health Care Practices: A Study in some selected villages of Bolangir district, Orissa* describes the maternal & child health care status of the two tribal dominated villages of Khaprakhhol block of Bolangir district and the socio-cultural factors affecting maternal and child health care, (viii) *Determinants of Women Malnutrition in Orissa: Evidence from NFHS-III Data* presents evidences of the levels of malnutrition among women in Orissa and to study the associated factors that influence malnutrition among them. The study finds that

the majority of women were undernourished in the age group 15-19 and found that women under age or lower age group had suffered more from anemia, (ix) *The Reproductive and Child Health Care Practices of Paniya Tribe of Nilgiri Hills of Tamilnadu* found that the among Paniya tribes, both men and women are addicted to consuming alcohol and the use of tobacco, causing high maternal malnutrition among Paniya women. It was also observed that the tribal people are still following the traditional health care and delivery practices., (x) *Education and Socio-Economic factors as Determinants of Reproductive Health of Tribal Women in Nilgiri Hills* attempts to study the knowledge of reproductive health among the women in four different tribal communities living in a similar ecological condition in the Nilgiri hills of Tamilnadu and to find out the education and socio economic factors determining the reproductive health of tribal women, (xi) *Educational Intervention Programme to Empower School going Adolescent Girls on their Reproductive and Nutritional Health* examines the impact of a school based educational intervention programme in improving the knowledge, attitude and practice of school going adolescent girls of eighth and ninth class in six schools of Pondicherry, (xii) *The Role of Maruttuwacci (Traditional Birth Attendant) in Childbirth Practices in Rural Puducherry* studies the role of the Maruttuvacci (traditional midwives) with vast experience in traditional ethno medicines and also by upgrading her traditional skills and learning about modern medical practices, thus playing a vital role as a health care provider in the community.

#### **Technical Session-V (A):**

##### **Gender Inequalities in Health Status and Health Care**

This technical session on the Gender Inequalities in Health status and health care included the following papers: (i) *Health Status of India's Population: A Gender Approach* analyses the gender difference in health status of India's population, the changes that are taking place in the gender gap and to estimate the future prospects in the context of prevalence of HIV infection in India. (ii) *An Analysis of Gender Inequity in Health Care* was undertaken to critically assess the existing inequalities in health care facilities in terms of women's life-cycle and socio-economic indicators in various

settings, (iii) *Gender Inequalities in Health Status and Health Care* tries to assess the gender inequality in physical and mental status and to determine the nutritional status of women, (iv) *Gender Sensitization- Remedial Measure for Inequality In Health Status Of Rural People* describes the importance of Gender-sensitive education for the rural people that treats women and men, girls and boys equally and encourages them to achieve their full potential, (v) *Gender Discrimination, Women's Health And Access To Health Services- An Evaluation* makes an in depth analysis of the factors responsible for gender discrimination with regard to health services. It evaluates various policies and programmes of the government concerning women's health and suggests various measures for improving access of women to health care services and for developing a public health system that is sensitive to the needs of women, (vi) *Gender difference and Women's health: A Study of Varanasi* is concerned with the gender difference and women health. Women face discrimination right from childhood and gender disparities in nutrition are evident from infancy to adulthood. These are directly linked with the women empowerment and awareness about health.

#### **Technical Session-V (B): Gender Inequalities in Child & Adolescent Health Care**

This second session on Gender Inequalities in Child and Adolescent Health Care included the following papers: (i) *Gender Disparity in Child Health Care in India: a Review for Corrective Action* present data from National Family Health Survey-2 on breastfeeding, supplementary feeding, immunization, treatment sought for common childhood illness.etc. Using this information, gender differentials in various indicators of child health care has been analysed for major States of India. Further the study also addresses some of the major determinants of gender differentials in child care, (ii) *Gender Differences in Child Health Care in the Indian States* presents published, unpublished and web-based information on child health care utilization and also analyses the three NFHS datasets on the subject, to assess the trend and differentials in gender discrimination in child health care services utilization in the different states of India. To facilitate the analysis a gender discrimination index has been constructed and applied to the NFHS data on four areas of child health care namely breastfeeding practices,



utilization of child immunisation services, prevalence and management of childhood diarrhoea and ARI, and extent of under-nutrition among children, (iii) *Women and Household Food Security in India – Some inferences from a nation-wide study* covering 28 states makes an assessment of food security knowledge and practices among women in India and the results were categorized into Practices, Awareness and Enabling Assets, where it was observed that they were strong on practices despite scoring low on awareness because certain food safety measures are traditionally practiced even without the knowledge of scientific rationale behind them, (iv) *Sexuality: Perception and Behaviour of Adolescents* is a study of the perception and behaviour of adolescent boys and girls about sexuality. This is a part of intervention study sponsored by the Indian Council of Medical Research, New Delhi and the intervention was found to be effective in disseminating knowledge among adolescent, (v) *Violence against Children in Agartala, Tripura* has the two-fold objective. First: to understand the nature of violence experienced by children, second, to understand the perception of parents and teachers about corporal punishment and child rights, (vi) *Sex Differentials in Child Health and Nutritional Status* analyses the data from the National Family Health Surveys to examine the patterns of gender differences in health outcomes among children in the state of Punjab. Specifically it addresses the extent of use of preventive and curative health care services and nutrition, (vii) *How Gender Sensitive is the College Youth in Baroda City?* This research examined gender sensitivity among college going youth in Baroda city with specific reference to perceptions regarding gender equality and equity, access to health care, sexuality and violence. The results indicated a significant difference in the domains of access to health care, access to control over resources, gender equality and equity, and violence. (viii) *Gender Differentials in Knowledge, Attitude and Behaviour (KAB) of Adolescents and Parents about Delaying of Age at Marriage and Nutrition Related Issues in Jharkhand* examines the beliefs and behaviour of adolescents (15-19 years) and their parents about age at marriage in Jharkhand state. Further, it attempts to assess knowledge of causes and prevention of anemia among adolescents and their parents. Information has also been presented on use of iron-rich food and iron supplements among adolescent girls.

**Technical Session-V(C):  
Gender Inequalities in Health**

This session on Gender Inequalities in Health included the following papers:

(i) *Deprived among marginalized – Health Status of Women in a Tribal Settlement* compares the health status of a tribal community with a non tribal community sharing the same geographical location and concludes that the tribal women have low health status as a result of a very low standard of living, poor living conditions etc. (ii) *Status Of Marginalised Women And Health: A Survey Of Dhankut Women Of District Bahraich, Uttar Pradesh* examines why Dhankut women are sufferers of many health problems? Why they are not availing medical facilities of district hospital? Whether their culture is responsible for their poor health? The study finds that illiteracy and poverty are the main causes of their poor health. They do not go to district hospital but go to local quacks that provide cheap medicines. Education and outreach programmes should be carried out by the district hospital and district health officers, (iii) *Anaemia in young Girls of Pondicherry* examines the consumption pattern of iron rich foods among the girl students in a College in Pondicherry, determines the Haemoglobin level for the respondents, to correct the deficiency by providing the supplementation and to educate the young adults about the importance of the iron rich foods, (iv) *Urbanisation, Gender and Health: A Quantitative Investigation on its Interrelationship in India* considers women and children both in slum and non-slum settings in an urban area separately .to assess the impact of urbanization on gender relationships and health and found that urbanization even when it is creating slums, has positive benefits as far as the position of the women is concerned and consequently positive impact on the health of the children., (v) *Gender Equity in Nutrition and Sex Differences in Growth among Rajbansis of North Bengal* explores gender inequity in nutrition as a factor of differential growth, keeping in mind the natural biological difference between sexes and reveals that the role of gender inequity in nutrition may have little effect on differential growth pattern of the population. Girls appear to be better buffered than boys against the ill effect of malnutrition, (vi) *Gender and Household Health Expenditure in Orissa* describes that biologically determined sex and socially constructed gender have significant influence on the health and household health expenditures (HHE) and attempts to study the gender bias in the HHE, (vii)

*Gender Inequalities in Health Care Delivery* attempts to bring out the discrimination faced by the women with regard to their provision of health care, their expectations from health providers and their opinion about the health facilities.

**Technical Session-VI (A):  
Sexual and Reproductive Health and rights of Young People**

This session on Sexual and Reproductive Health and Rights of Young People included the following papers: (i) *Reproductive Health and Human Rights in Developing Countries* suggest that while both economic developments has significant positive effects on levels of gender equality, social development plays a prominent role in promoting reproductive rights. (ii) *Reproductive Health Awareness among Rural Women in Kerala* observes that reproductive health needs have been largely neglected and that the consequences of this neglect have been profound, particularly for women. This is reflected in the level of reproductive health knowledge and awareness on rural women, (iii) *Women Empowerment and its Consequence on Reproductive Health Care in Selected States*: The paper examine the interrelation between women's empowerment and decision making in the family, justification of wife beating for refusal to have sex. Further women empowerment and utilization of reproductive health care facilities in selected states in India has been examined using the data from NFHS-3 for three southern states. (iv) *Does Illiteracy Increases Reproductive Tract Infection (RTI) Among Women In Slums In Greater Mumbai* examines the prevalence of reproductive tract infections among the study women and the extent of utilization of health services available to them in the slums in Mumbai. The paper finds widespread prevalence of RTI among the poorest economic stratum of illiterate and low group women in slums, (v) *Sexual Behaviour of MSM and HIV/AIDS Concerns: Analysis of National BSS* discusses the Sexual behaviour of MSM, observes the trends in the Knowledge, Attitudes and Behaviour (KAB) among MSM from BSS 2001 and 2006 in selected Indian cities and explains the incidence of HIV/AIDS in relation to the sexual behaviour of MSM, (vi) *Enhancing Involvement of Men in Reproductive Health: An Intervention Strategy in Mumbai Slums* studies the awareness, perceptions and practices of RH; attempts an intervention strategy; and reports the benefits of the intervention strategy in terms of decreased preference for son, promoted early registration for ANC, improved awareness about NSV, injectable

emergency contraceptives and female condom and improved condom use, (vii) *The Green -Eyed Monster: Understanding the Meaning of Jealousy in Romantic Relationship* found that conceptualization of jealousy and the context / reason attributed as its cause were interdependent, which subsequently determined the behaviour of both the partners and the outcome of the relationship, in terms of either enhancing it or terminating it.. The conceptualizations obtained were dynamic in nature, rooted in the context of the individual's romantic relationship.

**Technical Session-VI (B):  
Sexual and Reproductive Health and rights of Young people**

This second session on Sexual and Reproductive Health and Rights of Young People included the following papers: (i) *Sexual Morbidity and Treatment-seeking Behaviour among Clients of Sex Workers* examines the prevalence of Sexually Transmitted Diseases, the relationship between sexual behaviour and sexual morbidity and treatment seeking behaviour of clients of sex workers who are considered as bridge group in spreading HIV infection from sex workers to low risk populations. (ii) *Shift in Sexual Behaviour among Unmarried Male College Students of Maharashtra* describes the risk behaviours of unmarried male college students including the violence happening and shows the youth's potential exposure to HIV and the need to plan now appropriate behaviour change communication programs focusing on a balanced ABC approach, (iii) *Reaching the Out of School Adolescents with Reproductive & Sexual Health Program (ARSH): Impact of A Pilot Initiative in Madhya Pradesh* assesses the impact of the pilot program ARSH among the out of school adolescents in two districts on knowledge and behaviour and presents the opinions of parents and animators on ARSH related interventions, (iv) *Family life education in Schools – An Outlook* examines the attitude towards family life education in schools among the men and women in Tamil Nadu, (v) *A Study On The Abortion Seekers In Pondicherry Region* was carried out in two private hospitals in Pondicherry region with the objectives to study the socio-economic conditions, health profile - general health and maternal health, the medical and non-medical reasons for seeking abortion and to find out in which trimester abortions are more prevalent (vi) *The Economic Security of HIV/AIDS Affected Families: A Case Study of Eastern U.P.* attempts to explore the economic and security dimensions of HIV/AIDS

with the special reference of household strategy, personal and family security, human development, workplace conflict, burden on the health sector etc. (vii) *Distribution Of HIV/AIDS In India: Problems And Response* finds that the prevalence rate varies substantially within states and therefore: it is wrong to label to state as a whole as high-low for HIV. The high prevalence pockets cut across state boundaries and are not necessarily restricted within individual states, (viii) *Risk factors of Vertical Transmission among Children attending the ICTC/BHU, Varanasi* observes that the prevalence of HIV/AIDS among children is increasing at national and state level. There is a greater acceptance of these cases in the society.

### **Technical Session-VII (A): Health Systems, Rights and Programmes**

The technical session on Health Systems, Rights and Programmes included the following papers: (i) *Health Status and Government Expenditure on Health Care Provision in India* describe the health status and level of government expenditure on healthcare provision in India. Health status is generally measured in terms of life expectancy at birth, infant mortality rate, fertility rate, crude birth rate and crude death rate, (ii) *Issues of Health Related Human Rights* examines the right to health which is interrelated with other human rights, such as those to food, housing, education and safe working conditions, Because health status reflects a wide range of socio-economic factors, the right to health is clearly linked to other basic rights – including civil and political rights as well as economic, social and cultural rights, (iii) *Human Rights and Rural Health Providers' Access to Health Information* expresses recognising access to health information as a human right and access to essential healthcare information for health workers and users is gaining international recognition as a human right, (iv) *Managing Health of Young People by Involving Community: the Lessons from the "Aadhar" Experiment* focuses upon the major health issues and concerns of young people. It examines their access to and use of services for health problems and highlights the need for effective community involvement to meet the health requirements of young people, based on their felt needs and concerns. (v) *Community Health Management during Natural Disasters* poses a composite, multi-sectoral and long term plan for health



problems during disasters like flood, cyclone, drought earthquake and tsunami. It also describes various attributes of disaster medicine. Including first aid during and after a disaster situation, (vi) *Ensuring Maternal and Child Health through Inter-sectoral Convergence between Health and Nutrition Programs* is about understanding the reasons for non utilization of formal health care services during an illness, paying particular attention to the role of education and income, (vii) *Utilization of Healthcare Services in India: do education and income matter?* This paper highlights the promotion of the concept of convergence between health and nutrition at all levels including policy, planning, operation, training and education, monitoring and evaluation and aims to design efficient models for health and nutrition service delivery as the means to attain sustainable and reasonable success in maternal and child health outcomes.

### **Technical Session-VII (B): Health Systems, Rights and Programmes**

The 2nd technical session on Health Systems, Rights and Programmes included the following papers: (i) *Healthy Adolescent Life Through Effective Health Education* examines the medical records and educational records kept at the respective centres to understand the knowledge behind data and believed that adolescent students will safeguard themselves properly by applying suitable life skills through various situations in future, (ii) *Pranic Healing as a Complementary and Holistic Healing Technique* examines *Pranic* Healing which is a form of healing that uses 'Prana' - the vital energy present everywhere. It involves the transference of energy of life force from the healer to the patient. The treatment consists of cleansing and energizing the malfunctioning 'Chakras' or energy centres of the human body, (iii) *Rajiv Arogyasri –An innovative health intervention of Andhra Pradesh* describes this innovative health scheme. The main objective of this health scheme is improving access of BPL families to quality medical treatment for diseases like heart ailments, cancer, kidney failure, Neuro surgery and trauma cases, involving hospitalization and surgery through an identified network of health care providers. The paper focuses on modus operandi of the scheme and its strengths and weaknesses, (iv) *Changing Healthcare System and its impact on Tribal Community: A Case of Kerala* assesses the health status of tribals in Kerala and analyzes

the impact of the changing health care system on the tribal community in Kerala, (v) *An Analytical Study of Fermented Nutritious Indian Food* analyses the importance of IDLI, a popular South Indian dish and a major breakfast food in hotel business in India and contributes not only the single person's quality of life but of the entire economy, (vi) *Problem of Sanitation and Manual Scavenging in India: A Case Study of Ghazipur District* analyzes the problem of manual scavenging in Ghazipur district of Uttar Pradesh and search the reason for its continuance in various pockets. The paper studies the problem of rural sanitation and its impact on socio-economic dimension of the society, (vii) *Environmental Health and Sanitation: an Exploration into Kerala's Experience* presents the trend in the magnitude of environment related diseases owing to problems of sanitation in Kerala and the responses of the State and various civil society organizations to deal with it. (viii) *Understanding the Emergence of Private Health Insurance in India* describes the emergence of private health insurance in the country and the policy implications. Data from National Family Health Survey 3, World Health Survey 2003 and Economic Survey are mainly used, (ix) *Health Issues among Vulnerable Sections in India: The case of Dalit Women* analyses the health problems of dalit women in India and identifies the social, economic, and cultural causes of these health problems. It also analyses the prominent features of the discrimination experienced by Dalit women.

#### **Technical Session-VIII (A): Maternal and Child Health and MDGs**

The technical session on Maternal and Child Health and the MDGs included the following papers: (i) *Disparities in Maternal and Child Health in India: Present Scenario and Future Options* examine the secondary data that reveal disparities in Maternal and Child health status, the SC/ST communities having the poorest health status. The utilization of Maternal and Child health care services by these communities is also very low. Malnutrition and associated health problems are also very severe among the marginalized communities in India. Poverty and illiteracy are the basic hurdles in attaining the maximum utilization. (ii) *Maternal and Child Health of the Urban Poor in India – Implications for Achieving the MDGs* analyses maternal and child health status of urban poor in India, especially relating to targets set by the MDGs and suggests that

health and nutrition related programmes and schemes need to be targeted on the urban poor in order to effectively achieve MDGs, (iii) *Achieving Millennium Development Goals for Maternal and Child Health in India – The Role of Human Resources in Health* examines the effect of the availability and composition of health workers on key maternal and child health and service utilization outcomes in India, (iv) *Fatherhood, Infant deaths, MDG goals, Population Policy Achievements in India: An analysis of NFHS-3* analyses the levels of fatherhood and infant deaths in states with and without replacement levels of fertility. (v) *Maternal Morbidity in India* analyses data from the most recent National Family Health Survey 3 (2005-06) to understand the magnitude of maternal morbidity in India and its causative factors based on analysis at the macro and micro level. The health risks to women in their maternal role are clearly evident from the present study; (vi) *Community-Wise Differences in Maternal Mortality in Uttar Pradesh* presents a study of Hindu-Muslim maternal mortality in Muslim dominated districts. The data are taken from the statistical profiles of these districts and district plans prepared by the State's Planning institute and the family welfare statistics compiled by the State Statistical Bureau. (vii) *Nutritional Status and Menstrual Discomforts among College Students in Puducherry* assesses the nutritional status of college students and whether nutritional status had an influence on severity of menstrual discomforts. The study found that those individuals who were overweight, obese and those who had WHR above the normal range reported physical and behavioural discomforts, (viii) *A Progressive Maternal Health Care Programmes in Tamil Nadu: An Evidence from NFHS-3* discusses the plausible reasons for the progressive nature of the maternal health care services in the state of Tamil Nadu. The role of mother's background characteristics was analysed using the multivariate analysis. It is observed that the mother's backgrounds did not make any difference; the possible reason may be that the maternal health care is universal in the state. (ix) *A study of Neonatal Care from A Cultural perspective in Hubli-Dharwad city, Karnataka* presents the result of a study conducted in four Anganwadi centres of Jannath Nagar, Urban Slum Areas, Hubli-Dharwad city, Karnataka state, India and tries to explore the neonatal care from the people's point of view i.e., so-called "people's culture" of neonatal care and to explain the socio-cultural practices of new born care.

**Technical Session-VIII (B):  
Maternal Health, Nutritional Status and MDGs**

This second session on Maternal Health, Nutritional Status and MDGs included the following papers: (i) *Health Problems during Pregnancy and Health Seeking Behaviour among Married Women in Uttar Pradesh* is based on the data collected by NFHS-3 and examines the pregnancy complications among married women in Uttar Pradesh and also analyses the health seeking behaviour of these women, (ii) *Nutritional status and Health Implications of ongoing Nutrition Transition in India* reviews the impact of ongoing socioeconomic, demographic and life style transition on nutritional status and the health implication of ongoing nutrition transition (iii) *Regional Heterogeneity in Food Consumption and Nutrition Intake in India* revealed that in spite of India's rapid economic growth there were differences among states of India particularly in the consumption of food items (cereals and non cereals). State-wise trends are more mixed with wide divergence in dietary pattern in states. The states that have higher expenditure on food items (Bihar, Jharkhand and Chattishgarh) are the ones that spend higher on cereals. Therefore, the rise in food and cereal crop prices is likely to hurt these states compared to states like Punjab, Haryana etc as in the latter expenditure on both food and cereals is lower. (iv) *Hunger and Malnutrition among Indian Children and MDGs: Issues and Options* examines the current trends and determinants of hunger and malnutrition among children in India and the progress regarding some health and nutrition related MDGs and suggests the cross-cutting strategic approaches to reducing hunger and malnutrition, (v) *Impacts of Biosocial factors on morbidity among children aged under-5 in Orissa* examines the prevalence of morbidity among under 5 children (0-59 months) in Orissa and to determine the factors causing such morbidity, (vi) *Nutritional Status Of Differently Abled Children* examines the nutritional status of differently able children and found that poor nutritional status of these children may be attributed to the poor nutritional knowledge among parents and improper dietary habits initiated at early childhood. Hence appropriate nutrition intervention which focuses on early nutrition counselling for the parents of these children would go a long way in improving their nutritional status, (vii) *Does Low Body Mass Index (BMI) Lead to Low Birth Weight among Infants* is a study on the effect of BMI and weight gain on the birth weight of the

baby and it concludes that the women with low BMI can also deliver an infant with normal birth weight, provided her weight gain during the gestational period should be appropriate to her BMI, (viii) *Maternal Health Care in Bangladesh: Current Status* examines the current status of maternal health care services utilization by the women particularly poor women of the country. The paper presents evidences on the extent of women's utilization of maternal health care services such as antenatal care, delivery care and postnatal care, (ix) *Indigenous Health Practices among Tribals of Andhra Pradesh: a Case Study* examines the existing Health practices of Andhra Pradesh and the availability and acceptability of modern and traditional health care services by tribal groups.

### **Technical Session-IX: NRHM and Utilization of Health Services**

This technical session on NRHM and Utilization of Health Services included the following papers: (i) *Janani Suraksha Yojana-Vision to Action* analyses the Janani Suraksha Yojana (JSY) which is one of the schemes implemented as part of NRHM with a financial outlay of over Rs. 1,000 crores. It follows a Cash-Conditional Transfer (CCT) mechanism and is a demand-side safe motherhood intervention aimed at promoting institutional deliveries, (ii) *National Rural Health Mission: A Kerala Scenario* attempts to assess the programmes of NRHM initiated in the State of Kerala and to analyse the impact of NRHM in Kerala, (iii) *NRHM: Progress ,A Case Study of Rural Health Centre (Simhachalam) of Visakhapatnam District in A.P* throws light on the progress of NRHM in a Rural Health Centre (Simhachalam) in the district of Visakhapatnam of Andhra Pradesh, (iv) *National Rural Health Mission: An Overview of the Salient Features* examines the goals of NRHM which includes reduction in Infant Mortality Rate and Maternal Mortality Ratio, prevention and control of communicable and non-communicable diseases, population stabilisation, gender and demographic balance, mainstream AYUSH and promotion of healthy life style among the people. The paper investigates present situation of NRHM and its progress and areas for improvement, (v) *Review of NRHM in Southern States of India* examines the programmatic issues in health sector with specific reference to rural India and progress and review of NRHM in three southern states of India, viz., Andhra Pradesh, Karnataka and Tamil Nadu, (vi) *Health Care in Urban Slum Community* examines the health



status of slum dwellers and the constraints they are facing in the existing urban health delivery system and also attempts to bring out the quality of primary services provided by the health centres in urban slums of Puducherry, (vii) *Are Health Workers at the periphery Equipped to Provide Primary Health Care in Tribal Areas? Evidences from Tribal Andhra Pradesh* is a study of the knowledge, skills and performance of female Multi purpose Health Workers (MPHW-F) working in tribal areas of Andhra Pradesh, and their self perceived training needs in various areas of Maternal and Child Health.. The study finds that the MPHWF are ill equipped to provide MCH services in tribal areas, (viii) *Puducherry State Health Mission –An Overview* describes the achievements of Puducherry State Health Mission over the years and to highlights the present activity of the mission.

### **Technical Session-X: Medical Tourism and its Impact**

The session on Medical Tourism and its Impact included the following papers: (i) *Medical Tourism in India: Issues of Ethics and Equity* looks at the scope and potential of MT in India and perceptions of the senior doctors from private and public hospitals in the cities of Delhi, Hyderabad, Chennai and Bangalore, (ii) *The Sacred Grove Complex: Diversity In Ethno-Medicinal Tourism attempts to* document the medicines preserved in Sacred Groves by the tribes and to bring a general awareness about preservation of medicinal plants among the people as well as among the medical personnel, (iii) *Medical emergencies pertaining to two-wheeler accidents: a study from Andhra Pradesh is a study of the* epidemiology, risk factors and impact of severity of injuries in two wheeler accidents and the factors for the survival of the victims. (iv) *Nutrition Related Topics in Print Media: A Comparative Analysis* makes an assessment of the coverage of nutrition-related articles in major English and Telugu dailies (three from each language) published from Hyderabad, India over a period of six months. The assessment included the number of articles and priority of space allotted for nutrition-related topics. (v) *Flexibility and innovation in Responses to Emerging Infectious Diseases: Reactions to Multi-drug Resistant Tuberculosis in India* examines how the existing control efforts for TB respond to the emergence of MDR-TB, what solutions are attempted for diagnosing, treating and preventing MDR-TB and what lessons can be learned with regard to innovation and

flexibility of a public health system in a country like India, (vi) *Health and Hygiene – Social Responsibility of Media in Creating Awareness* attempts to bring out the poor hygienic conditions and its ill effects on health of a rural village of Puducherry and the effective role played by the media in bringing about awareness on improving the health and hygiene among the rural poor, (vii) *Defying the Mind-Body Dichotomy and Profit-Based Medicine: Siddha Practitioners' Perceptions and Practices of Healing* describes the Siddha system in South India based on an extended period of fieldwork in Pondicherry, Tamil Nadu, Andhra Pradesh and Karnataka between 2007 and 2008. In this paper, the researcher emphasizes the perceptions among practitioners of how Siddha system differs from profit-based biomedicine, (viii) *Medical Tourism and Assisted Reproductive Technologies (ART)* points out certain critical trends, encouraged by medical tourism, which lead to the exploitation of the economically and socially marginalized, and the proliferation of ART 'industry' and the how medical tourism has encouraged this trend.. The paper also describes the politics behind this commercialization and its consequences on the women who resort to these technologies. (ix) *Dynamics of Equity and Ethical Issues in Emergency Pre-Hospital Care: Experience from the Largest Comprehensive Integrated Emergency Health Care Services Provider in India* tries to bring out the core issues pertaining to emergency medical services, and share the experiences from EMRI (Emergency Management and Research Institute). (x) *Medical Tourism: The issues and challenges in Kerala - Special focus to Kovalam* analyses the growth of Medical tourism in Kerala, its issues and challenges with special focus to Kovalam.

### **Special Session (A)** **YOUTH Researchers Presentations:**

This special session for the Youth researcher included the following papers: (i) *Household Health Expenditures Analysis in Yanam Region, India* is a study of the pattern of household health expenditures as a component of income and consumption expenditures across different income groups, and to examine the impact of income and education on household health expenditures in Yanam Region, India, (ii) *Life Skill Education for Reproductive and Sexual Health of Adolescents* examines the knowledge

and attitude of rural adolescents about reproductive and sexual health and the impact of life skill education on their behaviour, (iii) *Medical Tourism and its Negative Impact on the Rural Primary Health Care to the Poor Families in Rural India* describes a trend, where large numbers of patients from wealthy countries, such as America, are travelling abroad to diverse countries including India, in search of less expensive health care. The paper uses examples of India and Thailand to examine the implications of medical tourism in these countries. It shows that in both countries medical tourism has caused private hospitals to emphasise treatment over prevention, and promote technology-intensive tertiary services at the expense of primary health care. This has created distortions in the allocation of resources and spending that doesn't match the needs of local people, (iv) *Care of the Elderly in the Era of Globalization (A Sociological Study of Institutionalized Elderly)* attempts to understand the role of old age homes in providing the health care needs of the aged. The study further explores the kinds of services available for the aged in the old age home, their socio-economic conditions and the reasons for living in old age home and the activities performed by them, (v) *Displacement and its Socio-Cultural Implications on Health* analyses the implications of displacement on the socio- cultural factors and its overall impact on the health situation of the concerned people. The paper observes that the new occupational pursuits are unable to provide them the adequate livelihood and this has affected their health situation, (VI) *Role of Education in Health in India* examines the role of education on health in India. The demographic and health surveys conducted in more than 90 countries have consistently shown a positive relationship between education and improved health, lower fertility and lower infant mortality, (vii) *Gender Disparity Child Mortality in India: Evidences from National Family Health Surveys* examines whether the gender disparity has declined over the period or not. The study based on the National Family Health Survey found that in rural area gender disparity is more prominent compared to urban area. Gender disparity is negatively related to the level of mother's education. With increased level of education among mothers gender disparity in child mortality sharply declined.

**Special Session (B):**

### **YOUTH Researchers Presentations:**

This session for young research scholars included the following papers: (i) *Autonomy of women and Ante Natal Care: A Comparative Study of Two Indian states* explores the relationship between women's autonomy and ante natal care among married women in age group 15-49 years in two states: Orissa and Andhra Pradesh, (ii) *Advancing Sexual and Reproductive Health and Rights of among Adolescent Women* examines the knowledge of adolescent girls regarding human sexuality and reproductive health and to assess the knowledge of adolescent girls regarding reproductive tract infections, sexually transmitted disease and contraception, (iii) *Does better Accessibility Ensure Equity in Health and Health Care?* Using data from the National Family Health Surveys of 1993-94, 1998-99 and 2005-06, the paper examines the trends in inequities in selected indicators of health status and health service utilization in Uttar Pradesh (iv) *IMNCI towards Realizing MDG Goal: Taking Childcare to the Doorsteps of Community in the Shivpuri District of Madhya Pradesh* looks at how IMNCI reaches rural families by trying to situate it in the cultural and economic context of nurturing newborns in the Shivpuri District of Madhya Pradesh. It further documents the problems faced by the service providers in convincing the community members to avail medical services. Finally, it discusses the concerns and fears of the people who are unable to access the health care facilities, (v) *Factors Affecting Morbidity Pattern among Males and Females in India: A Comparative Study of Rural and Urban Residents* is a study of the ailing and hospitalized males and females in rural and urban area and the factors affecting their hospitalization, (vi) *Ethno Medicine among the Munda Tribe: An Alternative Path for Ensuring Health Equity* describes the ethno medical beliefs and practices in relation to various dimensions of health and ill health and its intrinsic relationships with economic, political, socio-religious and other institutions among the Munda tribe of Ranchi district in Jharkhand, (vii) *GIS in Health Management Information System: A Case Study of Delhi* the examines Geographical Information System (GIS) applications in Health Management Information System (HMIS) and health services planning and management.

### **SECTION-III**

## **Summary, Major Findings and Recommendations:**

### **Technical Session-I: Impact of Social and Cultural Factors on Health**

In this technical session impact of Social cultural factors and inequality of health care delivery and utilization have been discussed. It has been proved that inequality exists in terms of socio economic conditions and varies between geographical areas, ethnic groups in the population, levels of educational achievement, income groups, and the sex. The major issues and suggestions are:

- *Health inequality exists according to social and economic environment and hence the public health programme should consider these inequalities and formulate the interventions accordingly.*
- *The social representations of various stakeholders such as health administrators, financial institutions, health professionals, and grassroots level workers should be explored of the target community for whom the health delivery system has to be developed.*
- *Inequities and the absence of adequate health care are also contributing to the health of adolescent tribal women. It is necessary to consider the existence of traditional health practices against the modern health systems while delivering health care to tribal community.*
- *Environment Pollution had adverse effect on health of population and hence pollution should be controlled by adopting proper measures.*

### **Technical Session-II: Poverty, Equity and Vulnerability**

In this technical session presentations have been made on **Poverty, Equity and Vulnerability**.

Conceptually, **equity in health care** can be defined as equal access to basic package of services for equal need, where: Need refers to both the "capacity to benefit" and the "severity of illness"; and - Access refers to the barriers, mainly financial and geographical, faced by potential users. Inequality in health refers simply to differences across individuals in the population and also relates to differences in health that are potentially remediable. The International Society for Equity in Health defines inequity as the, "systematic and potentially remediable differences in one or more aspects of health

across socially, economically, demographically or geographically defined population groups or subgroups”.

**Poverty** is an evil of the every society; it would be eradicated as the first goal of Millennium Development Goals (MDGs). Poverty is a social construct and multidimensional concept, varies from society to society and from time to time. Poverty manifests in the form of lack of food security, hazardous housing, poor sanitation and insecure life style. Consequently it is affecting the health of people.

In this section research papers related to equity in health care, poverty influencing health of rural and slum population and vulnerable population and its impact on health has been presented. Major issues and suggestions are:

- *To eradication of poverty and ill-health a detailed policy measures should be framed by identifying the inequalities in health at the household level, reduce the disfavoured poor health with the co-ordination of different social sector in the community.*
- *Poverty eradication is possible if the Non-Governmental Organizations as a “civil society actor” put forward Alternative Development Policy Approach against the State's main stream development policy approach.*
- *Development alternative policy approach should be mainly on the structural nature of poverty rather than the ideological and analytical nature of poverty.*
- *To alleviation of rural poverty is possible through rural development programs and development of house hold industries and improving the agricultural activities.*
- *It is suggested that there should be health insurance policy and financial assistance from the health department to the poor to achieve better health.*
- *It is suggested to improve the quality care services in the Government hospitals and Primary Health centres which lead to better health of rural population.*

### **Technical Session-III: Health of the Elderly-Human Rights Issues**

In this technical session “**Health of Elderly and Human Rights Issues**” have been discussed.

The researcher discusses about the health of elderly and their socio economic conditions. By bringing out issues related to elderly in the family with changing time. Elderly people



were supposed to be stock of wisdom and they were endowed with the extreme estimation in the families but in present, circumstances have been changed .Now the thoughts and verdicts of the elderly people are of no significance in the family. Increase in the intergenerational gap has given birth to the ideological difference between the youth and elderly people. Due to this the elderly people are feeling stress in abandoned measure and the issues related to their rights have been discussed.

- *With increasing intergenerational gap and changing ideology in the family, elderly people are feeling stress and facing health problems.*
- *Insufficiency of income was felt more by the lower cadre of employees who lost their employment before the age 60 years and did not have money to get medical treatment. Lack of financial and family support, majority of elders Health of elders mostly depends up on their financial condition and family support.*
- *It is suggested to improve the economic and health conditions of elderly by providing old age pension scheme*
- *It has been suggested that improving the socio-economic conditions of elderly at household level may lead to better health.*
- *Health care of elderly becomes a serious problem to their family. The feeling of the elderly that they should be taken care of by family is important for better quality of life. Hence healthy ageing and health promoting behaviours are absolutely essential.*
- *It is suggested that the quality of health care should increase along with their social and economic conditions.*

#### **Technical Session-IV: Reducing maternal mortality by mainstreaming Equity and Human Rights**

In this technical session issues related to **reducing maternal mortality** by identifying its importance in relation to **equity and rights** have been discussed.

- *To reduce maternal mortality regional governments and the international community must create programs of health care and increase the number of medical and nursing students.*
- *Increase in intervention programs and a "continuum of care" approach for mother and child that begin before pregnancy and extend through childbirth and into the baby's childhood will reduce Maternal Mortality in India.*

- *It has been observed that majority of women were anaemic. Anaemic status was observed among illiterate women and belongs to SC/ST.*
- *It is suggested to reduce maternal mortality nutritional status of women during pregnancy should be improved*
- *The poorest are much more dependent upon public sector health care facilities, suggests that quality improvement in municipal facilities is a pro-poor intervention.*
- *In this rural area maternal care practices is largely neglected and hence it is suggested community awareness programs regarding breast feeding practices should be imparted*

### **Technical Session-V: Gender Inequalities in Health**

In this section **Gender inequalities in health, Gender Inequalities in Health Status and Health Care** and Gender Inequalities in **Child & Adolescent Health** Care in three sessions have been discussed.

Gender refers to the ways in which women's and men's identities, roles and resource access are structured by the societies they live in. This commonly creates economic and social inequalities between the sexes which need to be understood when policies are devised. There are some important links between gender and health inequalities like the unequal social relations between women and men may produce inequalities in health outcomes and access to or utilization of health services, women and girl children have some specific health needs which are often neglected and women and adolescent girls carry a disproportionate burden of informal health care provision in households and communities. The distinct roles and behaviour's of men and women in a given culture, dictated by that culture's gender norms and values, give rise to gender differences, most of which are in fact gender discrimination, that is, differences between men and women which systematically empower one group to the detriment of the other. In many societies, women have fewer educational opportunities than men and receive unequal access to resources such as food and income, all of which are strong predictors of health status. Even in settings where women have access to the resources they need to improve their health, power relations in the household as well as social norms often prevent them to make good use of what is available to them. The issues raised in this secession are:

- *The tribal women enjoy a very low standard of living and hence deprived for health care and health facilities. Special health programs should be focused this deprived population to reduce the disparity in health care delivery.*
- *Outreach programme should be carried out by the district hospital and district health officers on the basis of economic disparities of the district.*
- *Anemia is most common among young girls and it is suggested that proper counselling is necessary about the complications of Anemia and Iron rich foods to the rural adolescent girls to improve their health status.*
- *To reduce the gender disparity in Household economy a long-term and sustained improvements in women's and men's health is required. This may be brought out through expansion of education and economic opportunities among men and women.*
- *Programmes and policies aimed at reducing differences at the level of education and employment between men and women must enshrine gender equity as a core value.*
- *Further, operational research supporting women's health to introduce, tests, or modify programme strategies and activities and measure their impact and cost would be required to bring about changes in gender inequity.*
- *Women can hold the key to public health by ensuring household food safety provided they are empowered with enabling environment supported by sound awareness creation efforts.*

### **Technical Session-VI &VII: Health & Reproductive Health Systems, Rights and Programmes**

In this session Health and Reproductive Health systems, rights and programs have been discussed.

Health care is an important determinant of the quality of life and thereby the welfare of the population in a society. The provision of health care becomes almost an obligatory function of the government. Health care in these countries is, therefore, provided by both the public and the private sectors. Provision of this critical social infrastructure by the government has to be based on numerous considerations. A healthy population is an essential pre-requisite for economic development of a country.

- *Access to essential healthcare information for health workers and users is gaining international recognition as a human right. E learning is an effective and feasible strategy for increasing RHPs' access to essential health information.*

- *The need for effective community involvement to meet the health requirements of young people, based on their felt needs and concerns, and in a friendly manner.*
- *Training of local population to render correct first aid for life threatening situations during and after a disaster situation is essential.*
- *The poor and uneducated face the greatest barriers to health services. More importantly, the persons not getting treated because of financial reasons in the bottom two consumption expenditure quintiles. Efforts should be made to provide access to health care to a large proportion of people, particularly the poor and uneducated and those living in rural areas.*

### **Technical Session-VIII: Maternal and Child Health and MDGs**

In this technical session maternal and child health and achieving Millennium Development goals in India have been discussed. Achieving the Millennium Development Goals (MDGs) by 2015 requires targeted focus on vulnerable groups. India continues to perform poorly in achieving MDGs especially for maternal and child health and health care system.

- *It is suggested to improve the size of health workforce by giving quality of training will enhance the health care delivery.*
- *The availability of female health workers is critical for improving use of maternal health services is the importance of addressing health workforce issues for achieving MDGs in India.*
- *The health facilities also need to be well-equipped in terms of medical expertise and infrastructure to be able to handle any obstetric emergencies, particularly haemorrhage during delivery which along with sepsis, malnutrition and a host of other conditions in reducing maternal mortality in India.*
- *Improving health conceptions of adult women is essential component in enhancing health of human beings.*
- *Nutrition security and food consumption should be given equal importance for healthy food which leads to human development.*
- *Strategies for the nutritional needs of children fewer than five, needs to be considered holistically.*

- *Appropriate nutrition intervention which focuses on early nutrition counselling for the parents of these children would go a long way in improving their nutritional status.*

### **Technical Session-IX & X: NRHM and Utilization of Health Services**

Recognizing the importance of health in the process of economic and social development and improving the quality of life of our citizens, the government of India has resolved to launch the National Rural Health Mission (NRHM) to carry out necessary architectural correction in the basic health care delivery system. The mission adopts a synergetic health care in sector wise approach - nutrition, sanitation hygiene and safe drinking water as basic determinants of good health in order to have greater convergence among the related social sector Department i.e. AYUSH, Women & Child Development, Sanitation, elementary education, Panchyati Raj and Rural Development.

The mission adopted a synergistic approach by relating health to determinants of good health viz. nutrition, sanitation, hygiene and safe drinking water. The plan of action of NRHM includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organisational structures, and optimisation of health manpower, decentralisation and district management of health programmes. NRHM (2005-2012) seeks to provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure.

- *The issue of rural health needs to be addressed both at macro and micro levels involving a coordinated, holistic approach so as to improve the health status in rural India.*
- *The National Health Policy addresses the prevailing inequalities, and promotes a long-term perspective plan, mainly for rural health.*
- *Health care programs should also focus urban poor.*
- *Need to redesign the basic training of health workers working in tribal areas so that they will be able to provide better pubic health services to rural masses.*

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