

# Perception on Health as an indicator towards a Welfare State

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**Abstract-** A welfare state is a social system in which the government assumes responsibility for the well-being of citizens by making sure that people have access to basic resources such as housing, health care, education, and employment. The present study aims to find out the perception of degree college students based on Health on selected variables such as gender and socio-economic status. The aspects of health are women and child health, nutrition, disease and disorder, sanitation and hygiene and mental health. The sample for the study were 536 students, data was analyzed through t-test and ANOVA. A rating scale tool consisting of 64 statements on Health were analyzed. The findings of the study revealed significant difference of student perception on health towards a welfare state. The perception is based on gender and it has an impact on the rural and urban divide, role of government in mainstreaming the aspects that are not duly taken care off. With a huge burden of family pressure and obligations, minimum food, resources are only affordable, this inherits diseases and disorders, thus crippling the younger generation. Lack of awareness about the health hazards also could be an indicator to lack of nutrition and good habits. The sourcing medical expenses also creates hurdles to health care. The poor are often burdened with huge financial crisis due to poverty, unemployment and many times health, safety are often sidelined and given least priority. The world is witnessing unique challenges that is a threat to health and well-being of the society, the efforts of government and community are collectively responsible to the growing health hazards towards a welfare state. The growth and welfare of nation depends on the development of an individual and in taking a critical judgement for the welfare of the society. Every individual contributes to national development leading to productivity. The perception of students may be a result of stigmatization in the society due to lack of good mental health, this could be done through monitoring of people promoting health actions. Equal and fair access to health has been a core aspect of health care system in a Welfare State. The inequalities existing in a state gives a headway to the differences in Socio Economic status (SES) of the people, the higher SES leads to more improved facilities and benefits, whereas this goes on a reverse gear with the lower SES to a person needing the same care. The aim of a nation would be to decrease the gap among the rich and poor with adequate access to sanitation, hygiene, safe drinking water, free health and medical services, upliftment of women and their health care, responsive government actions thus making it favorable towards a welfare state.

**Keywords:** health, welfare state, perception

## **Introduction**

India's health status made significant progress post-independence; yet it lacks efficiency as compared to the global standards, few set backs of India's health scenario are Rural Population is often sidelined. The masses of rural populations are often side lined in comparison to the service focused urban hospitals. The resistance of medical professionals to work in rural area also affects as one of the set backs. Westernization impact- As we know India is a country of masses not classes, however the efforts and policies of welfare to masses is often compromised. The health care facilities are far sighted with respect to preventive, rehabilitative public health facilities. Decreased funding for Health – The budgetary allocation for health constitute to a very minimal percentage as compared to the GDP. Social imbalance – The health facilities highly skewed in India several parts of our country do not even receive basic facilities of health in comparison to the urban areas people residing in rural fully and remote areas are often underserved. Medical professionals are also low compared to other personnel. There is a lack of doctors, nurses paramedics, hospitals clinics dispensaries in comparison to the rising diverse population.

Inadequate research in the field of medical study – Research needs to focus on drugs, vaccines, identification of illness, cost effective treatment, hence funds need to be pumped into research. For reaching costs of health services – The soaring medical expenses, rising bills, unaffordable medical facilities have crunched the benefits reaching the marginalized hence effective planning and allocating funds/insurance can help toward better medical facilities.

The highlight of health care benefits towards a welfare state was focused by K. Arvind (2018) in the article 'Challenges to Health care in India. The five A's'

1. Awareness was sparingly found about the life span, breast feeding practices, reproductive health issues, geriatric morbidity, low educational knowledge poor functional literacy, low priority for health.
2. Access to healthcare was seen a hurdle in the rural counter parts. The barriers were the unavailability of health care centre near their houses, the absence of infrastructure such as beds, ward, drinking water, toilet facility.
3. Absence of manpower in healthcare inadequate number of personnel, lack of trained professionals, thus making the deficiencies of the public health system to be on the down fall.
4. Affordability–The private health care services capture the local market thus making it difficult for the society at large to benefit the facilities thus leading to increased health care cost.
5. Accountability to the policies and procedures that justify the responsibility of the activities

## **Literature Review**

Olafsdottir, Sigrun(2007),Fundamental Causes of Health Disparities: Stratification, the Welfare State, and Health in the United States and Iceland, *Journal of Health and Social Behavior*, v48 n3 p239-253 Sep 2007, state that the Research has established that those with higher social status have better health. Less is known about whether this relationship differs cross-nationally and whether it operates similarly across different institutional arrangements. To examine the relationship between stratification and health, two Western, industrialized societies at opposite ends of an equal/unequal continuum are compared: The United States and Iceland.

De Chenu, Linda; Daehlen, Dag; Tah, Jude(2016) in the article, A Critical Comparison of Welfare States and Their Relevance to People with an Intellectual Disability, *Journal of Intellectual Disabilities*, v20 n4 p397-415 compares the welfare services for adults with an intellectual disability in three European countries: England, Norway and Sweden. The purpose of the comparison is to develop an understanding of the welfare state and institutional contexts of the country-specific policies and to develop a critical analysis through a comparative method based on selected secondary literature.

Jongbloed, Janine; Pullman, Ashley (2016) in the article, Well-Being in the Welfare State: The Redistributive Capacity of Education, *European Journal of Education*, v51 n4 p564-586 Dec 2016, focuses on the macro-micro interaction between institutional arrangements and individual life outcomes, this article investigates how welfare régime types impact the association between education and well-being, as measured by satisfaction with life. Theorising with Esping-Andersen's ideal-typical welfare régime typology, we hypothesise that deco modified institutional arrangements reduce the association between education and well-being through compensatory social protections for at-risk individuals, while stratifying forces strengthen this association.

Halvorsrud, Kristoffer (2017) in the article Student Dropout in Upper Secondary Education in Norway: A Challenge to the Principles of the Welfare State?, *London Review of Education*, v15 n2 p302-316 Jul 2017, presents a review of extant research on student dropout in Norway, originally undertaken as part of a systematic review. The article contextualizes the foundational principle of equality as championed by the welfare state and identifies the significance of dropout in upper secondary education in Norway. The article then assesses whether dropout has been sufficiently addressed, by exploring dropout measures that have been implemented and evaluated. It is argued that although equality of access to upper secondary education has been improved, the enduring significance of student dropout reveals concealed educational inequalities of "outcomes" in a social democratic "welfare state."

## **Objectives of the Study**

This study is based on the objectives stated below:

1. To study students perception on health as a factor towards a welfare state based on different socio economic status.
2. To study students perception on health as a factor towards a welfare state based on gender.

## **Hypothesis of the Study**

In the light of the above cited objective, the following hypothesis have been framed by the researcher for the purpose of the present study:

### **Hypothesis 1**

Ho Students perception on health as a factor towards a welfare state are not different based on different socio economic status.

H1 = Students perception on health as a factor towards a welfare state are different based on different socio economic status.

### **Hypothesis 2**

Ho Students perception on health as a factor towards a welfare state are not different based on gender.

H1 = Students perception on health as a factor towards a welfare state are different based on gender.

## **Research Methodology**

The scope of this study is confined to the Degree college students of different socio economic status and gender in Navi Mumbai. The sample for the study is 536 degree college students.

The tools used for the present study are the following:

- Personal Data Sheet
- 4 Point Rating Scale of 64 statements on Health as a factor towards welfare state

Rating Scale on Health towards a Welfare State: The tool used for the present study is a self-made tool based on the aspects of Health, from Strongly agree (4) to Strongly Disagree (1)

## **Aspects of Health**

- Women and child health,
- nutrition,
- disease and disorder,
- sanitation and hygiene and
- mental health

There are 64 statements framed catered to the factors that encourage student perception on the same towards welfare state.

In the present study simple random probability sampling technique was used. The sample for the present study is Degree college students studying in colleges located in Navi Mumbai only. The study consisted of a sample of 536 students (boys and girls) degree college students of different socio economic status and gender, located in Navi Mumbai.

### Limitations of the Study

- The study was limited to Degree college students of Navi Mumbai. The students of Mumbai and other parts were not covered under this study.
- The findings may not be applicable to all over India as problems may vary from place to place and students of different sections of the society.

### Hypothesis 1

Ho Students perception on health as a factor towards a welfare state are not different based on gender.

H1 = Students perception on health as a factor towards a welfare state are different based on gender.

	Type of College	N	df	Mean	S.D.	t-value	p-value	Level of significance
Health	Boys	272	271	157.31	2.81	20.8	p<.01	S at.01
	Girls	264	263	196.98	2.89			

### Discussion

Welfare state most of the times assume that higher social status has better health. The implementation of health to the citizens has seen few challenges in India and has witnessed many obstacles in ensuring the benefits that impact the lives of the people. The effect on the health of a population is seen in the social determent such as condition of living, good nutrition, safe water for drinking, good sanitation, compulsory education, early childcare and development and measures of social security. Health systems are grappling with the inadequacy of provisions and inefficient utilization resulting in equalities in health. The health systems must be able to handle lack of financial resources that are being pumped into health welfare schemes. The findings of the present study revealed that perception of degree college students based on gender. The perception highlighted health aspects such as women health, child health, nutrition, disease and disorders, sanitation and hygiene, mental health. The views often focused on the importance of health facilities to be provided to women. This can be through various offerings such as maternity leave, welfare aspect in rural and urban areas need to be focused. Most of the time,

there may be a feeling that women are not provided free medical facilities. Educational opportunities for women is another crusading factor towards health and health care facilities. Education leads to better employment opportunities for women thus raising the standard of living for women. Educated women can understand in a better way the needs of a family, children. Family planning programmes and childcare facilities help the women to focus on health of their child and thus nutritional needs. Healthy children lead to a wealthy nation, but this is often perceived to be lacking due to ignored childcare in rural areas and less medical facilities for children below 15 years. The fast-growing city life brings in a lot of short cuts in healthy and balanced diet, nutrition is often compromised to westernized food practices and lifestyle. Staying fit and healthy needs balanced diet and exercise, this is often perceived as a long awaiting desire for people in rural areas. With a huge burden of family pressure and obligations, minimum food / resources are only affordable, this inherits diseases and disorders, thus crippling our younger generation. Lack of awareness about health hazards also could be an indicator to lack of nutrition and good habits. The soaring medical expenses also create hurdles to health care. The poor are often burdened with huge financial crisis due to poverty, unemployment and many times health, safety are often side-lined and given least priority. The productivity at work may be decreased due to prolonged illness to oneself or some family member. The perception of students based on gender has an impact on the rural and urban divide, role of government in mainstreaming these aspects are not duly taken care off. Sanitation facilities witnesses lack of uniformity in rural and urban areas, lack of toilet facilities, water supply, garbage disposal affects health and welfare among people. Though government initiatives towards toilet construction have a great momentum yet the efforts have not aimed towards welfare, this view may have influenced the perception of students based on gender. The world is witnessing unique challenges that are a threat to health and well-being of the society, the efforts of government and community collectively due to the growing health hazards towards a welfare state. The growth and welfare of nation depends on the development of an individual and in taking a critical judgement for the welfare of the society. Every individual contributes to national development leading to productivity. The perception of students may be a result of stigmatization in the society due to lack of good mental health, this could be done through motivating people promoting mental health actions. The aim of a nation would be to decrease the gap among the rich and poor with adequate access to sanitation, hygiene, safe drinking water, free health and medical services, upliftment of women and their health care, response government actions thus making it favourable towards a welfare state.

This study corroborates to the article on welfare state regimes, health, and health inequalities in adolescence a multilevel study in 32 countries by Mathias Richler, Katharina Rathman in April 2012. The objective of the study aimed to find out the different welfare regimes in association with health and health inequalities among adolescents. As per the study it is important to keep health as a priority and reducing the inequality and strengthening better and robust redistributive policies, that help to establish better health conditions focusing on the lower socio-economic status.

## Hypothesis 2

Ho Students perception on health as a factor towards a welfare state are not different based on different socio economic status.

H1 = Students perception on health as a factor towards a welfare state are different based on different socio economic status.

Health	SES 1	SES 2	SES 3	TOTAL
N	144	264	128	536
	29626	40590	18839	89055
Mean	205.73	153.75	147.17	166.147
	6159236	6482428	2865013	15506677
SD	21.17	30.31	26.95	36.4402

Sources	SS	df	MS	TOTAL	Level of significance
Between Treatments	312313.0169	2	156156.50885	F=209.067	S at.01
Within treatments	398108.3394	533	746.92	89055	
Total	710421.3563	535			

## Discussion

Equal and fair access to health has been a core aspect of health care system in a Welfare State. The inequalities existing in a state gives a headway to the differences in Socio Economic status (SES) of the people, the higher SES leads to more improved facilities and benefits, whereas this goes on a reverse gear with the lower SES to a person needing the same care. The welfare of any nation focusses on the harmonious development of health improvement among its people. Health is not only the standard of living and lifestyle of people, but a range of social condition and resources that focuses on the people's state of health. Many studies highlights health inequality based on SES. The present study reveals the perception of its degree college students on health as an aspect towards welfare state based on diff. socio economic status. There are few indications that determine the conflux of health and SES such as - your place of stay, your education, your



employment / job, dependents in the family. The above indications help in analysing the health as a factor.

### **Place of Stay**

Rural or urban, it is quite mostly perceived that people in rural areas may not be rich and may not have access to good health and other related facilities. This may be witnessed in less facilities provided to women in rural areas such as free medical check-up, welfare schemes, medicine etc., this truly affects the health as a factor towards welfare state. On the other hand, we do witness a glaring situation in urban areas such as education opportunities for women is provided but needs to be accelerated with free ships, scholarships, hostel facilities too. Women have become equal parties in the family income, hence smoother employment opportunities, maternity leave, medical insurance, medical facilities, regular health check-up held in providing women health care, this promotes towards a welfare state, but very often this is compromised even in urban areas leading to the widening gap based on SES.

### **Education and Employment**

Most of the time it is perceived that higher the education better is the employment opportunities, resulting in better pay and higher standard of living. This relates health as a factor towards welfare state. The people who are well educated are more aware of health. Safety, sanitation, hygiene, nutrition, balanced diet and are more cautious in maintaining the same, this understanding may be true among people with lower education and hence are very casual and unaware of healthy living. With better employment opportunities the standard of living of people rises, they are at a better SES thus acquiring medical facilities in a good hospital / clinic. This makes the detrimental impact of health hazards less influencing on people with better SES. Women also, contributing to family income raises awareness in the family about health, hygiene, nutrition, and balanced diet. This also results in healthy living. There is more awareness of sanitation and hygiene among the educated class. The garbage disposal is more focused in urban places and hence all results in better hygiene thus reducing diseases and disorder. The medical facilities such hospitals, clinics, doctors are more accessible and available in urban thus helping in early detection of illness and necessary care. Whereas illness is considered as a huge medical expense thus draining the family. Basic nutrition of health, mind in a healthy body is often perceived as a benefit only for a few can afford balanced diet, malnutrition a major concern due to lack of finance ability to provide for all in the family. These pressing issues of lack of income to provide for basic needs affects the productivity at work and mental health.

### **Dependents in a family**

The health facilities provided to a family also and not the number of members in a family, more the members, less the provision / facing of health. The earning members, unemployed members too thus increases the cost of living in a family reduce the SES. This rippling effect poses a lot of short cuts that is taken on regular health check-up, nutrition societal stigmatization, soaring medical expenses, lack of childcare and women facilities thus causing the hollowing of welfare policies.



The perception of degree college students also highlighted their views on the aspects of health care mainly on women being vulnerable to various social factor as an impediment to health facilities. Equitable distribution of health facilities is often compromised based on social classes. Policy interventions should be strengthened and monitored regularly cost health care. Welfare state should emphasis or a moral commitment to social justice as a healthy nation leads to a wealthy nation.

This study reveals the findings to the article by Olaf Von Dem, Nico, and Tae Tun (2016) on public attitudes in 23 counties regarding inequalities in health care among welfare states. The welfare regime is classified based on socio economic status, poor health, insufficient insurance coverage linking to income related health care inequalities.

### **Conclusion**

Over the last few years India has been taking significant steps in reshaping the welfare policies to Ayushman Bharat and financial support. This is the outbreak of the unresolved and highly debated question of the benefits of welfare policies to the under prevailed. The terrain caused due to the backlog and inefficiency of the welfare schemes however is the responsibility of the current political regime and the duty lies in succeeding with high quality services to the marginalized. The huge bureaucratic layers could help is restricting the leakage of benefits thus focusing on monitoring and reducing corruption. The emergency of technology has helped in the introduction of Universal basic income in India. The need for banking transactions, financial literacy is crucial in this way forward. As we gear to go digitalized, we need to focus to gear the administration to catch pace of digital technology. The issues in making the benefits more authentic and to reduce dilution in the distribution process, challenge that are seen – lack of authentic / permanent financial address, payment / settlement, censuses survey need update, land and other records need to be formalized. The benefits or schemes to reach for the welfare of the citizens should focus in addressing the present challenge and hence the citizens voices should be heard; the information should reach the citizens offline and online. With all these major architectural changes the Ayushman Bharat paved its way ahead in 2018 with the sole objective of stabilizing India's welfare system from provisioning to financial as the core of welfare policies. An example to this can be well understood that a citizen of this country should not be under – treated nor over treated or even over charged this can be done through regular quality check controls. We cannot provide facilities in a watertight compartment nor have a blanket policy for all marginalized. The degree and density of welfare need should be assessed. If the prices are too low, then the quality maybe compromised, if the prices are too high then it would lead to profit making.

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