



AN ASSESSMENT OF SOCIO-ECONOMIC DETERMINANTS IN ENSURING HEALTH SECURITY IN INDIA AND JAPAN

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ABSTRACT

The non-traditional security concerns pose a serious challenge to both the developed and the developing nations alike, health security being one of them. Health is not an independent variable. It is inter-wined with social, economic, environmental and cultural aspects. Not only are these causes behind raising issues related to health but also, happen to be important determinants behind the access, availability and affordability of resources, policies, programmes directed towards enhancing of health security. Without addressing the problems of poverty, illiteracy, malnourishment, irrational and unscientific approach, all measures to improve upon the quality of health enjoyed by people cannot give desirable results.

Objective of the Study – The present study is an attempt to- a) Understand Health Security, its need and importance. b) Compare and contrast the health indicators of India and Japan, which reflect the extent of health security enjoyed by people in their respective nations. c) Make an analysis of the projected health indicators by making a special reference to the socio-economic determinants that play a vital role in enhancing health security.

Methodology- The study is based on both quantitative and qualitative data accessed from secondary sources, viz. books, research papers from various journals both e-journals and print journals are consulted. Various official websites of not only India and Japan but also, of various international bodies and organizations are referred for procuring both the types of data.

KEYWORDS: Non-traditional security, access, availability, affordability, quality of health.

INTRODUCTION

Human security is a broad, people-centred term, concerned with how people live and breathe in society, how freely they exercise their various choices, how much access they have to markets and social opportunities, whether they live in peace or in conflict. It encompasses a wide array of components viz., economic, political, food, environment, personal, community and also health security as identified and mentioned in the United Nations Development Programme Report, 1994. After the end of cold-war, to overcome the non-traditional security threats are a matter of prime concern of all present day nation states, health security being one of them. Healthy living is a right of all living being on the earth irrespective of socio-economic and regional disparities. Not only is it a human right but also on essential component of well-being, a global public good and an issue of social justice and equity. Access to health facilities and benefits to all its citizens, is a matter of responsibility of all democratic nation states. Ensuring health security of one and all is a priority issue of all the UN member states, who have agreed upon to achieve the UN Millennium Development Goals – by the year 2015. All the UN Millennium Development Goals are directly or indirectly linked to health of the people.

Year 2015 is drawing very close; it would not be an exaggeration to make reference to the accomplishments of goals achieved to a significant extent in a short span of time. Globally, the number of deaths of children under five years of age fell from 12 million in 1990 to 6.9 million in

2011 and new HIV infections declined by 24% between 2001 and 2011 and in the developing countries the percentage of underweight children under five years of age fell from, 28% in 1990 to 17% in 2011. Number of health professionals have increased, new policies and programmes are being launched by individual nations to achieve the targeted goal as meeting the MDGs is a responsibility of the entire international community. However, the targets achieved considerably vary from country to country.

Valuing life, is important not from ideological point of view but is a matter of political discourse in this 21st century. Improvements in the health indicators are a testimony to it. Health and well-being are critical components of good governance and as such constitute a social value in themselves and recognition of health as a key factor for the economic prosperity of knowledge societies is gradually gaining ground. As mentioned earlier, security health of the citizens considerably vary from country to country and Japan's achievements in this direction are exemplary and worth emulating. Known for valuing discipline, nature and its species, Japan has proved itself by exhibiting an impressive health status of its citizens, pushing itself to the top rank, among industrialized countries. India, Japan's distant neighbour does not want to lag behind and is therefore fast catching up itself to improve standard of living of its people and enhance health security of its citizens. Despite many measures and initiatives India still is striving hard to

improve upon its health indicators. India, Japan's distant neighbour is far behind in HDI Rank as given in United Nation Development Report 2011 which places Japan at 10th position out of 187 countries and India at 134th position out of 187 countries. This, however, does not conclude that Japan does not have a share in Global Burden of diseases. Due to evolving society and newer developments, new issues related to health security are always a challenge to the nation-states. India and Japan are two greatly dissimilar nations as per the level of development, former is a fast growing and developing nation where as latter is an affluent and highly industrialized nation. But health security of the citizens is a priority for the governments of both nations, the concerns or issues may, however, be different and socio-economic determinants for enhancing health security have played a key role.

I. Defining Health Security and its need

The health of the people is the foundation upon which all their happiness and all their powers as a state depend.

Benjamin Disraeli (British Prime Minister)

The word 'health' is often related to medical intervention and services but infact, medical care comes into picture when there is deviation from health, when one is suffering from illness. The main determinants of health and disease lie outside the realm of medical competency and are much in the hands of government/governments. Ever-since human security concept made its place in United Nations Development Programme Report, 1994, securing health of the people has been the prime agenda of national governments and international bodies. Poor health is a potential threat to the lives and livelihood of the people across the globe and its control is extremely important because it is intertwined with other challenging issues like poverty, inequality, violence, environmental degradation and myriad of other human security challenges. Moreover, it is being increasingly recognized that protecting territorial boundaries become meaningless if people living inside those borders cannot survive the other threats they face on the daily basis. And in addition to this fact is that diseases rarely is confined to national borders rather they travel from country to country, region to region as fluidly as people and goods do in today's world.

Development cannot be measured solely in terms of economic prosperity, it has to be holistic. Health and

II. Comparing the health Indicators and assessing extent of health security enjoyed in India and Japan

Health Indicators		India	Japan
1.	Birth rate	22.1 (2010)	8.39 (2012)
2.	Crude death rate	7.2 (2010)	7 (2012)
3.	Maternal Mortality Ratio (MMR)	212/100,000 (2007-09)	4/100,000 (2010)
4.	Infant Mortality Rate	47 (2010)	2.21 (2012)
5.	Child Mortality Rate (CMR)	14.1 (2009)	3 (2010)
6.	Neo-Natal Mortality Rate	35 (2009)	1 (2010)
7.	Life Expectancy	62.6 (male, 2010), 64.2 (female, 2010)	82.5 (males) 86.5 (females)
8.	Dependency Ratio per 100	61 (2005)	49 (2005)
9.	Health Expenditure as % of GDP	3.9%	9.3% (2011)
10.	Total Fertility Rate	3	Less than 1
11.	Probability of reaching 65 years > (as per UN data base, Deptt. of Economic and Social Affairs population division, New York)	59.95 (2005)	84% (2005)
12.	Availability of water	1680 cubic mts	3383 cubic mts

Source: India Ministry of Health and Family Welfare, India; Japan, Ministry of Health, Labour and Welfare, Japan

development are interdependent, former need not be ignored for the sake of latter meaning, and health status cannot be traded off against economic gains as wealth cannot buy health but health can buy wealth." Whether people are living healthy life is not determined not only by genetic makeup, their immediate environment, but also to their access to health care services and to various schemes and policies that are being implemented by the government of their respective countries. Today, in the second decade of the new millennium concerted efforts and initiatives are being taken to provide health security to the people. Health security can be well-assessed by studying the key health indicators which are:-

- a. **Life Expectancy at birth** – Life expectancy at birth indicates the number of years a new born infant would live if prevailing patterns of mortality at the time of its birth would remain the same throughout.
- b. **Infant Mortality Rate** – It is the number of deaths of infants under one year old in a given year per 1000 live birth in the same year.
- c. **Crude Birth Rate** – Crude birth rate indicates the number of live births occurring during the year per 1000 population, estimated at mid-year.
- d. **Maternal Mortality Rate** – It is the number of female deaths per 100,000 live births annually from any cause related to pregnancy or aggravated by pregnancy or its management (excluding accidental or incidental causes).
- e. **Neo-Natal Mortality Rate** – It is defined as the number of infant deaths of less than 29 days per thousand live births during the year.
- f. **Prevalence Rate of Communicable diseases** – It is defined as the number of cases reported to be suffering from various kinds of communicable diseases. Various communicable diseases that are a cause of high rate of mortality are tuberculosis, HIV infection, malaria etc.
- g. **Prevalence Rate of non-communicable disease** – It is the number of people suffering from various non-communicable diseases which are being driven by urbanization, globalization of trade and markets for e.g. cancer, diabetes, etc.
- h. **Total fertility rate** – It is the overage number of children that would be born to a woman over her life time if she experiences the current fertility pattern throughout the span of 14-59 years.

The data clearly exhibit that in Japan people enjoy more of health security. The Global Burden of Disease Study, 2010, a large scale collaboration funded by Bill and Melinda Gates Foundation to assess health and disease in 187 countries releasing its ranking placed Japan at number 1 position for both highest male and female life expectancies. Japan boasts of one of the lowest infant mortality rate of 0.5 percent of live births in the world. The credit of which goes to cheap and Universal health insurance system, called *Kaihoken* which recently in 2011, completed its fifty years. Undoubtedly, the commendable health indicators, exhibited by Japan which brings Japan in the top rank among the industrialized nations, the longevity and healthy life enjoyed by its people is reflection of not only the Universal health coverage of the Japanese but also, the socio economic determinants play a vital role in this direction.

III. Overview of Health Insurance in Japan and its role in providing health security

Japan was the first nation in Asia to create a comprehensive social insurance program. All citizens are required to have health insurance either through an employer based health insurance program or through the national health care program and insurance for the elderly. Insurers do not compete and all provide same services and drugs for the same price. The health ministry in Japan tightly controls these fixed prices and negotiates rates every two years. This uniformity in the prices gives freedom to patients to choose their own general practitioners and specialists and visit doctors whenever they feel like. Undoubtedly, universal health coverage through insurance has yielded great results but improved health outcomes are not attributable to health systems alone, but social, economic and environmental determinants too play a vital role. Health security, without due consideration to the prevailing socio-economic conditions and other factors like cultural, environmental, happen to be without any fruit.

IV. Socio-Economic Determinants and Health Security in India and Japan

Health and well-being of the population cannot be ensured through providing medical facilities, promoting medical research, opening hospitals, having more number of dispensaries and focusing on curative techniques only. It has to be ensured through providing safe and clean environment, proper and hygienic sanitation facilities, safe drinking water and adequate nutrition and also through accessibility, availability and affordability of the residing population for the same. This clearly indicates that health security of the people is dependent on various socio-economic and cultural determinants.

a. Poverty

Poverty is one of main social determinants that ensure the health security among the population. People belonging to the poorer section are the most vulnerable. A nation that has a major chunk of population living in poverty cannot claim to have provided social security of all kinds. In Japan, there is only a marginal group of population living in poverty. Being economically advanced nation, the income inequalities are just minimal. Major portion of population has a decent living standard, this ensures not

only their accessibility to the available resources but their awareness level is also considerably high. As a result, Japanese make the best out of the available facilities.

In India, nearly 860 million people are living in poverty, accounting for about 30% of population of India. This significant portion of population is living in sub-human conditions, congested slums with open drains, suffering from hunger starvation and malnourishment. These slums happen to be the most ideal places for bacteria and virus to multiply and breed. People die not only because of hunger and starvation but also because of chronic diseases and illnesses like malaria, tuberculosis, influenza, chicken-pox and also, due to non-communicable and preventable ailments. Despite significant improvements in health indicators, India still accounts for more than 20% of global maternal and child deaths which happen primarily due to deliveries performed by non-professionals and in unsafe and unhygienic manner.

b. Literacy level

Poverty has an effect on the literacy rate. Poor people often have less concern for improving their literacy level. Their efforts are limited to arrange for their family two squares meals a day. In Japan, according to Ministry of Health, Labour and Welfare, as per 2009 statistics, less than 15% of population of Japan is living in poverty and this is approximately less than half the population of India living below poverty line. Literacy rate in Japan is astonishing 99% which ensures the population's health security to a greater extent. Education is not only a liberating force but it also helps to smoothen out inequalities imposed by circumstances. Improved literacy rate not only improves upon awareness level, but also encourages people to follow a more healthy and hygienic regime. Undoubtedly, not only are the Japanese the most literate one but also the healthiest ones.

As in case of India, it is worthwhile to mention that literacy rate in India has significantly improved from 64.83% in 2001 to 74.04% in 2011. But it is still very low as compared to Japan. Lack of education has a drastic effect on health of people. Unaware of the necessity and importance of maintaining clean and hygienic habits, unknowingly, large member of diseases are invited, and on top of that not understanding the severity of the illnesses, poor, illiterate people often succumb to the illness. Moreover, with low literacy level, majority of people for whom the government's various health-related schemes and *yojanas* are launched, remain uninformed. Poor literacy level also encourages superstitions of all sorts, irrational and unscientific beliefs tend to debar people from making informed choices.

c. Type of society

Japan is primarily a homogeneous society 98.5% are ethnically Japanese, of the remaining 1.5%, 1 million are Koreans, and rest are Filipinos, Chinese and Brazilians. To maintain a homogenous society is much easier and puts less burden on the government. Financing the health care needs of such a society is more rewarding. Unlike Japan, India is a heterogeneous society it is multi-ethnic, multi-cultural, multiregional and multi lingual society. Maintenance of such a society and looking after the security needs of all the people is difficult and due to the regional disparities also, the health security is not enjoyed

by all on equitable basis, as health is a state-subject. Although, number of health related schemes are launched by the central and state governments and funding in crores is allocated for them but unfortunately, the schemes are unable to benefit the targeted population.

d. Type of economy

Health security is directly linked to the type of economy of the nation. Technologically, advanced nation like Japan has more than 80% of population living in urban areas that have access to best of health facilities and amenities for living ensured through 9.3% of total expenditure on health as % of GDP. Promotion of medical care facilities, research activities, improvement of sanitation facilities, working for clean environment, certainly secures the health of the people. Unlike Japan, India is fast developing economy which of course, has made a place for itself among the nations of the world and one of the most populous countries, known for its agrarian activities but there exists a wide income disparity between India and Japan. Japan's, GDP per capita is \$ 33,800 where as India's GDP per capita is \$ 5,4084 and total expenditure on health as % of GDP is nearly 3%. It would not be wrong to conclude that health security with a meager expenditure cannot be successfully done.

e. Nature of Work

People working as manual labourers, daily wage earners in factories, industries, workshops, homes and streets are vulnerable of all. Their nature of work is due to their poor status, lack of education and is the ones who have the highest risk of suffering from diseases, poor health and illnesses. In Japan, more than 85% of people work in organized sector and in the unorganized sector only 10-12% people are engaged. In India, it is accounted that nearly 93% of Indian workforce is in engaged in informal sector and work in poorest of poor conditions and perform hazardous work and are often victims of occupational hazards, including toxic chemical exposure, chronic

respiratory diseases, musculoskeletal injuries, poisoning, noise induced hearing loss etc.

Other than the mentioned determinants, geography, genetic make up, food-eating habits, living standard and of course, last but not the least, political will has a key role in enhancing health security of the people.

V. CASE OF INDIA

Despite the availability of various Health Insurance products that can be broadly categorized into –

- (a) Voluntary Health Insurance Scheme
- (b) Mandatory Health Insurance Scheme/Government run Schemes i.e. ESIS, CGHS
- (c) Insurance offered by NGO's or community based Health Insurance.
- (d) Employer based Schemes- It is unfortunate that less than 15% of India's population is covered through insurance and most of it covers government employees only. And there are number of efforts and initiatives that are being taken by both central and state governments like National Rural Health Mission (2005), Pradhan Mantri Swasthya Suraksha Yojana, Navjat Shishu Suraksha Yojna, Janani Suraksha Yojana and many others to ensure health security of more than 70% population of Indian which is living in rural areas with an objective to transform public health care into an accountable, accessible and affordable system of quality services. The focus of the Indian government to improve and enhance health security of its citizens has not been efforts in vain. Testimony to it are more than 1 crore beneficiaries of Jnani Suraksha Yojna RNTCP (Revised National Tuberculosis Control Programme) which was implemented Nation wide in 2006 has been successful in saving approximately 1.7 million additional lives since its inception and if we have a careful look at the health indicator of India in Isolation in the table below:

S.No.	Health Indicators	1991	2001	2011
1.	Crude birth rate	29.5	25.4	22.1
2.	Crude death rate	9.8	8.4	7.2
3.	Total fertility rate	3.6	3.1	2.6
4.	Maternal mortality rate	398	301	212
5.	Child mortality rate	26.5	19.3	14.1
6.	Neo Natal Mortality rate	-	-	35
7.	Life expectancy	60.6 (Males)	61.8 (Males)	62.6 (Males)
		61.7 (Females)	63.5 (Females)	64.2 (Females)

Source: <http://mohfw.nic.in.NRHM>, Executive Summary

It is found that there has been a considerable improvement in the health status of the Indians and the concerted efforts and initiatives being taken are bearing fruits yet the fact is that in India, more than 800 million people are very poor and vulnerable. India still accounts for more than 20% of global maternal and child deaths and its spending on health provision as a share of GDP is 18th lowest in the world. More than 5% of women are anemic and more than 79% of children between 6-35 months are anemic. The wide income disparities make health benefits a privilege of the rich elite and upper middle class. Health is least prioritised by poor, and lower middle income groups who work hard to make both ends meet and work in unhygienic

and poor condition, lack of clean air, drinking water, unawareness, further have worsened the situation and are a serious obstacle in not only accomplishing the target of meeting Millennium Development goals by 2015 but also a key factor depriving a majority of people to enjoy their human right of health and make best use of it for economic and materialistic gains.

VI. CONCLUSION

Although there exists a wide disparity in the extent of health security enjoyed by the people of India and Japan yet, the ever evolving society with changes in demography, economic status and way of living keeps the

health security concerns a central issue. With the rapidly aging population of 23% who are above 65 years of age and the percentage is likely to rise to 40% by year 2050 is matter of concern for the government of Japan. Dealing with problems of old age sickness and illness and problems like Dementia require early intervention to provide more security to the elderly population. The changing demographic structure has profound implications for many social institutions, including health care system, the financing of health care and how to care for elderly. And also, life style related diseases, life cardio-vascular attacks, cancer, diabetes etc. are also a matter of concern despite technological advances. India, on the other hand, presents a very poor picture of health and well being enjoyed by its population. Not only does it have a significant share in communicable diseases but also, in non-communicable diseases, which require to address of all the related determinants, ensuring the enrollment of children in schools, reducing the unemployment rate, bridging economic inequalities, providing food and environmental security and also by ensuring the accessibility to the resources by keeping a check on corruption, malpractices through continually monitoring and transparency measures.

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