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Healthcare Delivery Systems at Higher Educational Institutions in India

Rajiv Chintaman Yeravdekar, Vidya Rajiv Yeravdekar

Faculty of Health & Biomedical Sciences, Symbiosis International University, Symbiosis Centre for International Education, (SIU), Pune, India

Correspondence to:
Dr. Rajiv Chintaman Yeravdekar,
Dean, Faculty of Health and Biomedical Sciences, Symbiosis International University, Senapati Road, Pune-411004, Maharashtra, India.
E-mail: dean@sihspune.org

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ABSTRACT

Background: The interrelation between health and academic performance is well established. Academic institutions have a larger mandate, beyond academic instruction alone. The objective is to contribute holistically to student development through various paradigms, ultimately culminating in student success. To meet the global challenges of a changing educational system, educational institutions today are therefore vying to be *Centers of Excellence*, aiming to develop the overall personality of the student. Fundamental to this ideology and with student success as the common denominator, student Wellness assumes critical significance. Higher education institutions, especially universities offer varying levels of healthcare services. Health Promoting University (HPU) projects have therefore been implemented in the West. Unlike in the West, the concept of a Health Promoting University is nascent in India.

Methods: A total of 1071 responses to a structured questionnaire administered to the students were studied.

Results: In general, there appears to be a lack of awareness regarding the importance of addressing student healthcare issues. Consequently, the spectrum of healthcare services provided is varied and scattered. This encompasses infrastructure, manpower, resource allocation etc.

Conclusions: The collective responses obtained could provide the basis for a policy formulation. The policy formulation in turn could be the basis of a national consensus for health care delivery systems operational at higher educational institutions in India.

Keywords: Student health, health services, health promotion

Brief Communication

INTRODUCTION

To meet the paradigm shift in the educational system globally,[1] academic institutions in India are vying to be Centers of Excellence.[2] Besides facilitating academic excellence, they aim to develop the overall personality of students. The objective is to ensure a wholesome, quality development of the student, who will not only make a meaningful contribution but a positive difference to society-empowering the student towards Responsible Global Citizenship.[3]

Given the inextricable linkage between health and academic performance, it is established that falling health leads to falling academic achievements.[4] One may therefore reasonably conclude that educational institutions today cannot harp on academic instruction alone. Health and provision of healthcare services become the logical derivative of this scenario. It is no longer an *add on* facility, but a crying necessity![5]

Our expanding knowledge of the processes and paradigms of learning, emerging institutional commitments to student success and a revised formulation of the elements of health itself demand that our facility-centered, service-oriented, illness-focused and program-driven model of student health be reconsidered.[6] Colleges and universities therefore need to invest more intentionally and fully in a continuum of health-related programs. These programs would include, but not be limited to, clinical interventions and inspire students to learn about preventive and promotive health and foster healthy lifestyles.

In light of this global development, the present paper is a status check on the healthcare delivery systems operational on campus of higher educational institutions in India. An attempt has been made to study the different models operational nationally on the basis of a structured questionnaire. Such a study has not been done so far.

The findings and conclusions arrived at, constitute the basis for policy recommendations, which would help implement the best practices on campus of educational institutions in our country which in turn could revamp the higher educational system in the country.

METHODS

An in depth study of health care delivery systems operational at higher educational institutions/ universities, nationally was undertaken. Target population consisted of all fresh admissions in the academic year 2008-2009. A structured questionnaire was administered to these 1200 students representing 670 higher educational institutions from 198 cities all over India. Participation was purely voluntary. Responses were validated by correspondence with authorities of respective institutions, information hosted on their websites and in few cases by an actual, onsite inspection. A prior approval of the Independent Ethics Committee (IEC) was obtained.

A total of 1200 filled forms were collected. Incompletely filled, ambiguous responses, illegible forms etc. were discarded. Finally, 1071 forms were analyzed, using Statistical Package for Social Sciences (SPSS) software, version 16.0.

Depicted below are the responses to the various parameters studied in an attempt to understand the healthcare delivery systems operational at higher educational institutions in India.

RESULTS

It will be seen from the Figures 1-7 and Tables 1-7 that provision for health care services to the students in the respective institution was made in the constitution of the educational institution in 44.3% of cases. Once enshrined in the constitution of the institution, it becomes relatively easy for the authorities to implement health promotion measures, including provision of healthcare services to the students. A policy thus initiated, gets replicated mechanically subsequently.

Availability of health care facilities by way of "on campus healthcare centre"/hospital, ambulance, learning resources like literature, health museum, library were available differently in different institutions. Interestingly, above Table also shows that only 3.5% of institutions had all three facilities.

Presence of a health qualified (Medical/ Paramedical) staff for taking care of the sick and wounded is an essential requirement for appropriate health care of the students. In view of this, the researcher asked this question and the responses obtained are tabulated as above. However the important point to be noticed is that there are as many as 40.8 % institutions, where neither doctor nor nurse is present/ employed to look after the students. Moreover in the institutions where it is purportedly present, serious doubts exist of their availability, round the clock. It is therefore needless to say that this important aspect of health care facility needs to be strengthened.

From the Table above, it is seen that medical treatment was available free to the students in 67.8 % institutions and charged in 17.1% institutions. It was subsidized in 15.1 % institutions. It may be possible that free services were provided

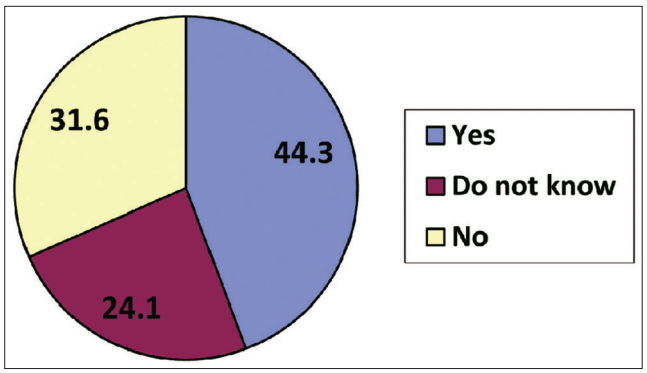

Figure 1: Provision in the constitution of the institutions to provide healthcare services to the students

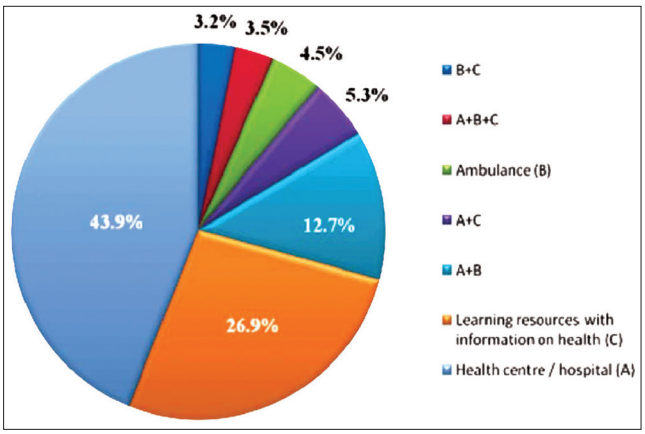

Figure 2: Health related services provided by the institutions

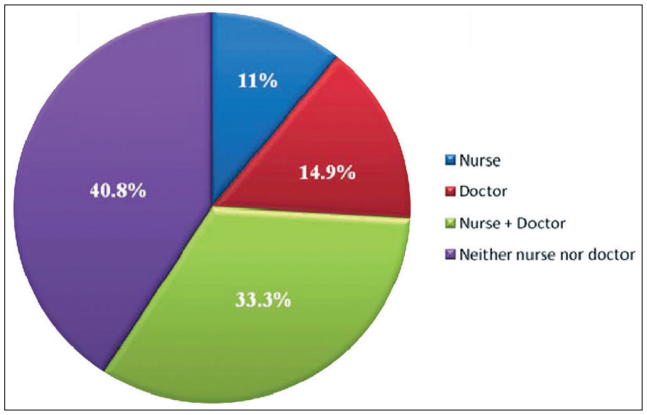

Figure 3: Availability of Healthcare staff

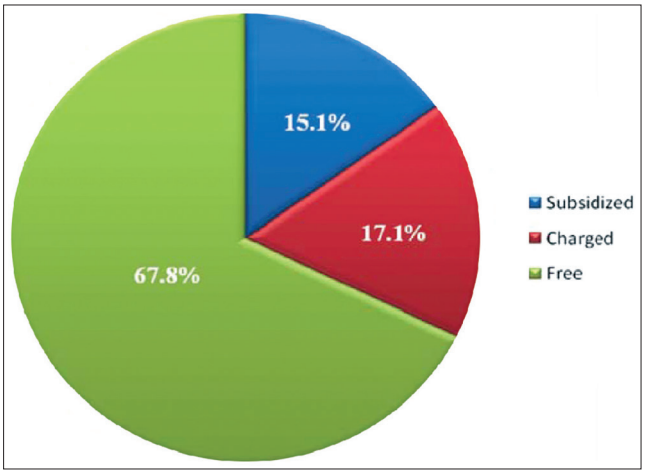

Figure 4: Medical Services provided by the institutions

Table 1: Provision in the constitution of the institutions to provide healthcare services to the students

Provision of healthcare services	Number	Percentage
Yes	474	44.3
No	338	31.6
Do not know	259	24.1
Total	1071	100

Table 2: Health related services provided by the institutions

Health related services	Number	Percentage
Health centre / hospital (A)	470	43.9
Ambulance (B)	48	4.5
Learning resources with information on health (C)	288	26.9
A+B	136	12.7
A+C	57	5.3
B+C	34	3.2
A+B+C	38	3.5
Total	1071	100

Table 3: Availability of Healthcare staff

Availability of health center staff	Number	Percentage
Nurse	118	11.00
Doctor	160	14.9
Nurse+Doctor	357	33.3
Neither nurse nor doctor	436	40.8
Total	1071	100

Table 4: Medical Services provided by the institutions

Medical services provided by institute	Number	Percentage
Free	726	67.8
Charged	183	17.1
Subsidized	162	15.1
Total	1071	100

predominantly by institutions which had some sort of funding mechanism either through the State or the Centre. Private and self-financed institutions

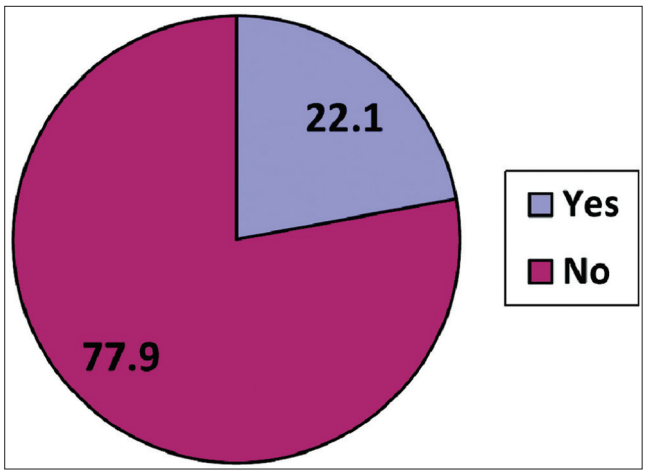

Figure 5: Conduct of a pre admission health checkup of students

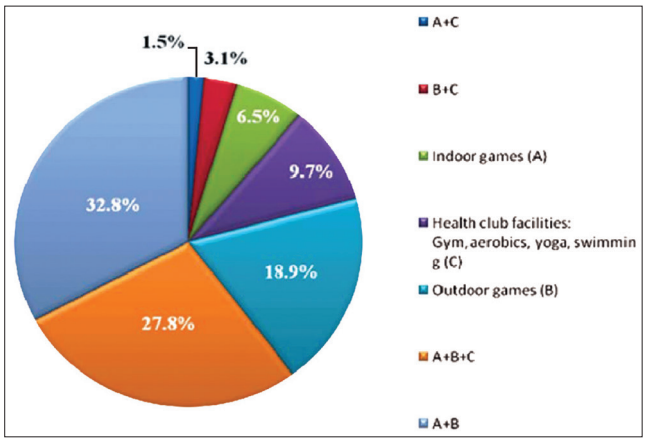

Figure 6: Promotive Healthcare Facilities provided by the institutions

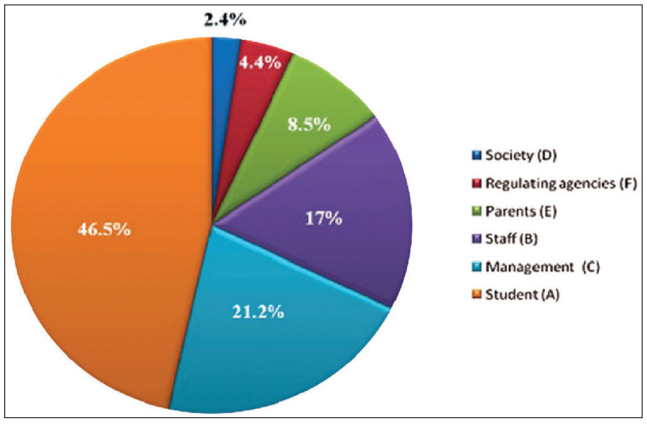

Figure 7: Availability of monitoring mechanism (feedback) from the stakeholders

find it difficult/impossible to provide these services free of charge.

Table 5: Conduct of a pre admission health checkup of students

Pre Admission Checkup	Number	Percentage
Yes	237	22.1
No	834	77.9
Total	1071	100

Table 6: Promotive Healthcare Facilities provided by the institutions

Promotive healthcare facilities	Number	Percentage
Indoor games (A)	70	6.5
Outdoor games (B)	202	18.9
Health club facilities: Gym, aerobics, yoga, swimming pool (C)	104	9.7
A+B	351	32.8
A+C	16	1.5
B+C	33	3.1
A+B+C	295	27.5
Total	1071	100

Table 7: Availability of monitoring mechanism (feedback) from the stakeholders

Monitoring mechanism	Number	Percentage
Student (A)	498	46.5
Staff (B)	182	17
Management (C)	227	21.2
Society (D)	26	2.4
Parents (E)	91	8.5
Regulating agencies (F)	47	4.4
Total	1071	100

Today, healthcare is a capital intensive sector. Affordability is an important parameter of health services. In a third world developing country like India, economic constraint is one of the major deterrents affecting utilization of healthcare services. Hence, some institutions provide medical services free of charge. Unfortunately, the other side of this act of benevolence is that, what is free is not cherished by individuals and further doubts are expressed as regards the credibility of such services! Some institutions do provide subsidized medical services by virtue of some acts of philanthropy. However, this is not a sustainable model.[7]

Pre admission health checkup is undertaken only in 22.1 % of institutions. It is conspicuously missing in 77.9 % of the institutions.

This health checkup should essentially be a screening mechanism to detect/unearth an underlying health problem. It is not meant for finding *fitness for admission.* Finding a medical problem during this health checkup will undoubtedly fore warn the student regarding his/her suitability to enroll for the academic programme and complete it successfully. This will facilitate retention of students and prevent drop outs/attrition.

A pre admission health checkup acts as a primary screening mechanism to get a basic health profile of the student seeking admission to an educational institute. It further acts as a reference point against which the future health profile of the individual can be compared. Given the demanding academic schedule to be pursued in these higher educational institutes, it would be prudent to counsel students regarding the same, prior to admission.

Further, a forewarned student is a forearmed student. The pre admission screening health checkup would *forewarn* and therefore *forearm* the student and thereby prevent any possible deterioration in the existing health profile of the student. Hence, such a student can better adjust to the academic pressures at the institution. Early diagnosis may facilitate a longer lasting solution to the problem by way of lifestyle modifications rather than adopting short term pharmacological (medication dependent) solutions alone. This is specifically true in case of lifestyle related diseases which are the bane of our youth today. Early diagnosis will also undoubtedly prevent/retard the progress of the medical disorder and thereby the onset of complications associated with any particular disorder.[8]

The researcher collected information regarding facilities in respect of promotive health care as part of total development of a student's personality, laying emphasis on availability of indoor games, outdoor games and/or health club facilities.

Above Table shows that individually these were available in 6.5 %, 18.9 %, and 9.7 % institutions respectively. Interestingly all three facilities together were available in only 27.5 % of the institutions.

It is therefore proposed that health care services inclusive of both indoor as well as outdoor recreational facilities be an integral part of educational institutes. Whereas, the outdoor games would predominantly bestow an advantage on physical health, the indoor games would specifically focus on improving memory, concentration and relaxation of the academically stressed-out student.

With our technology-driven society overcome with sedentary behaviors and its associated negative physical and emotional consequences (e.g., heart disease, depression), the need for effective health promotion strategies are undeniably substantiated. In particular, college students are a population to target since their physical inactivity levels have been reported as about 50%, along with an increase in unhealthy behaviors such as binge drinking and smoking.[9] These harmful trends are of concern to educators, as this life stage characterized by transitioning to independence and adoption of decision-making skills, signifies a unique time in the development of long-term behaviors.

Many college students lack the knowledge and understanding of how unhealthy behavior choices can impact everything from their physical health to their academic performance. The negative effects of these choices can linger well past their college years. While wellness initiatives are becoming more commonplace on college and university campuses, all too often students are unaware of the programs and services available to them. With a rising trend in both physical and emotional problems and established national health goals to increase not only quantity, but quality of life, university level basic health and fitness-based courses should expand to include a more comprehensive, preventive, and multidimensional approach to its curriculum.

The researcher asked a relevant question regarding the source of the feedback received about the various health care services provided by the institution.

Implementation of a monitoring (as a feedback) mechanism towards quality assurance is gaining wider acceptance amongst the stakeholders across the globe. This is especially applicable to all spheres within higher education. Even though the quality assurance mechanisms in countries are at different level of maturity and capacity, there is a broad agreement on need and effectiveness of quality assurance.

DISCUSSION

There is, in general, an absence of understanding, lack of a consensus and rather an indifference to

issues and concerns pertaining to student health. Consequently, addressing these issues does not appear to be the mandate of higher educational institutions in India. Hence, the spectrum of healthcare services offered is very varied and scattered.

In the absence of similar studies undertaken and documented and absence of national guidelines/ standards, it is recommended to draw up a consensus on the concept of 'health and well-being' of students. It is recommended to compile case studies and information about existing good practices which would enable institutions to replicate and implement new policies and practices in relation to health and well-being.[10] It is recommended that a checklist or standards relating to the health and well-being of their learners is produced and circulated to colleges so that they can undertake a cost and administratively effective audit. This will enable colleges to both highlight good practice where it exists; to identify any gaps in policies and provision; and to plan and implement action where required. This would enable and motivate institutions to establish guidelines and performance markers and to measure the impact of their policies and practices.

Healthcare services provided by higher educational institutions are predominantly optional. Managed healthcare facilities by way of medical insurance are woefully inadequate. This is in conformity with the poor penetration of medical insurance, nationally. Societal involvement, involving multiple stake holders are critical for the successful implementation and sustainability of the programme. A near 360° feedback evaluation from varied stakeholders would ensure the necessary check and balance mechanism to optimize efficacy.

One needs to document the link between effective approaches to improving the health and well-being of learners and its impact upon student recruitment, academic achievement and student retention. This would facilitate "selling" concept of a health promoting institution to higher educational institutions, given their priorities and constraints.

Limitations of the study

- The responses to the questionnaire was obtained from the student community.
- The responses were obtained from the students on a memory recall basis.
- Reluctance of authorities of higher educational institutions to participate
- The responses obtained were from students who had predominantly studied in an urban background.

Given the fact that by 2015, India is predicted to have the youngest population the world over, if we as academia, committed to student success, are to ensure rearing a *Healthy Generation Next*, comprehensive strategies catering to all dimensions of health of this vital segment of the population is undoubtedly the logical need of the hour.[11]

It is therefore proposed to introduce this concept into the educational system of the country which will lead to an improvement in the delivery of healthcare services at the higher educational institutions in the country, based on best practices globally.

When planning for a year, sow corn.
When planning for a decade, plant trees.
When planning for life, educate.

Chinese Proverb

CONCLUSIONS

The collective responses obtained from higher educational institutions as regards providing healthcare services, could provide the basis for a policy formulation. The policy formulation in turn could be the basis of a national consensus for health care delivery systems operational at higher educational institutions in India.

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