



SCOPE OF AYUSH WORKERS IN INDIAN HEALTH HUMAN RESOURCES

Ourooj Safi

Faculty of Management, Sri Satya Sai University of Technology & Medical Sciences,
Sehore, MP, India

Farhat Mohsin

Faculty of Management Studies, Manav Rachna International Institute of Research and
Studies, Faridabad, India.

ABSTRACT

The number shows that the condition of human resources for health in India is not satisfactory. There is a severe shortage of skilled workers. Moreover greater percentage of unskilled health workers are serving in the areas where there is feeble health care system exist. Many aspects are responsible for analysis of health outcomes but the scarcity of health workforce greatly affects the preventive and curative services of health system. In this paper we have discuss how the scarcity of health human resources can be fulfilled by using Ayush health workers in health care sectors.

KEYWORDS – India, Ayush, Health, Public.

1. INTRODUCTION

Health in India is a very booming issue since 1978(Alma Ata Declaration). The government of India has taken many measures to improve the human resources supply as through them only desired results in the health field can be achieved. In the period of independence there was a severe shortage of health workers and very less health workers were available to serve the population. It is estimated that there were near about 50,000 doctors and about 25000 nurses available in India during that time. India was lacking sufficient skilled and efficient medical staff and the ratio of doctors was 1.6 per 10,000 populations [1]. There were two types of allopathic doctors at that time one were those who studied medical degree course for 5 ½ years and the other were the doctors who studied medical courses for 3 years and were provided with the license to work as a medical practitioners. Along with this a parallel system of Indian medicines was also running in which many of the unskilled practitioners were involved [2]. There was shortage of nurses and only 0.23 nurses per 10,000 people were available. The condition of the hospitals was also pitiful as they lack qualified and trained health staff. In short the health infrastructure was at its poorest state. At that time the supply of human resources was always in demand due to epidemics and other natural disasters. Plan periods were made in order to fill the scarcity of health worker and to improve the health condition. India being a big nation faces multiple challenges in the health sector as there exist continuous need of skilled health worker and also due to its large boundaries there exist a maldistribution of health workers.

2. CURRENT HEALTH HUMAN RESOURCES

The data given by World Health Statistics shows that during the period between 2006 to 2013 there were only 7 doctors and 17 nurses per 10,000 populations. India is standing on 52nd position out of 57 countries which are suffering from human resources dilemma. India even can't reach the fixed verge of 25 health worker for a population of 10,000 by WHO in 2004 [3]. There is three level wellbeing frameworks in India which incorporates essential, auxiliary and tertiary care both in private and in addition open areas. It's a wide framework and the framework contain doctor's facilities, neurotic labs, nursing homes ,centers alongside the organizations of paramedical and AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy) which have been established to yield qualified health workers. Major

Indian population is inclined towards private health care though the public sector is contributing more towards preventive care. Private sector is very costlier than the public sector. Although the government is providing cheap health care services but 78% of OPD (outdoor patient) and 60% of IPD (indoor patient) cases goes in private sector [4]. This results in extra burden on financial state and thus pushing 4% of people into the poverty every year [5]. The requirement of qualified health worker is a serious matter. Immediate efforts are required especially to get skilled human resources in order to attain economical, low cost and universal health care in India.

3. AYUSH

Along with the Allopathic mode of treatment there exist different types of medicine system in which people have a deep faith. These branches of medicines are Ayurveda, Yoga, Unani, Siddha, Naturopathy and Homoeopathy together known as AYUSH. In order to overcome the shortage of human resources and to make a strong platform for health care need the Indian government has included these branches of medicines under the health care system[6]. These AYUSH medicines are included under National Rural Health Mission which aimed to provide health services in the rural areas and small towns[7]. The AYUSH doctors are hired by the government and then they are trained to give their services in Primary health care and national health program. These workforces are contributing positively in the health awareness programs. They work for development of child and maternal health, preventing diseases and various other programs. Among the total health worker in India there are about 6.8 lakhs Allopathic doctors and about 2 lakhs AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy) practitioners. A major portion of health workforce is constitute by allopathic doctors which is estimated to be about 31%, nurses and midwives constitute the second place with 30% followed by AYUSH practitioners which is 9%.

Following are the courses of AYUSH

1. B.A.M.S course It's a recognize degree course for the Ayurveda (India's ancient system of alternative medicines). It's one of the old branches of medicine which is said to be developed in India. It is believed that this branch of medicines was taught by the god to man
2. B.H.M.S course Bachelor of Homoeopathic Medicine and Surgery is a degree course at graduation level. The course is of 5 ½ years of duration in which there is one year of internship is included. Homeopathy is based on the law of similia that means like cure like

which means the medicines in the crude form produces the same symptoms of disease which is going to cure in potentised form.

3. B.U.M.S course - The Bachelor of Unani Medicine & Surgery is of 5½ years course including house job. This mode of treatment evolved from Greece. Herbal medicines are used to treat the diseases.

4.B.S.M.S course: Bachelor of Siddha Medicine & Surgery Siddha was originated in Tamilnadu and is considered as one of the earliest systems of medicine in India. As the content and text of Siddha medicines and surgery is in the Tamil language so it is mostly practiced in the Tamil speaking part of India. The system is somewhat different as here both mind and body is treated due to which the root cause of disease is cured.

5. B.N.Y.S course - Bachelor of Naturopathy and Yogic Science is an undergraduate course in the field of comprehensive health care. . The theory of BNYS course is based on the principles of modernized Yoga therapy.

4. PROMOTION OF AYUSH HEALTH HUMAN RESOURCES

To fill the break needing general wellbeing laborers in India government is currently giving careful consideration towards AYUSH by advancing the foundation and giving the help to AYUSH instructive establishments. It likewise sorts out different workshops and preparing program where the AYUSH specialists are move to include effectively in general wellbeing advancement [8]. They have been given instruction about the fundamental treatment for various infection condition, propel the trading of laborers and master at an overall level; expanding monetary guide to drugs makers and AYUSH foundations for worldwide increase of their chain; spreading AYUSH detail focuses in different nations; there ought to be cooperation courses for understudies from outside nations under various surges of AYUSH in India; boosting group based research to assess the limit of AYUSH; having relations with drug specialists and their affiliations; and by guaranteeing redid use of plans that have been effectively worked in various countries. Customary workshops and meetings ought to be held to refresh their insight about the predominant wellbeing conditions in the nation. More consideration ought to be given to raise the utilization of new conduct of learning and directions [9].

5. CONCLUSION

An unbiased and adequate distribution of health facilities has a deep effect on people's health. Health workers have a major role for giving health services which are needed for smooth running of the health system. The human resources management (HRM) plays an important role in raising people health standards and providing sufficient health care needed to lead a healthy life. The standards of health can be improved by increasing the number of health work force. This can be done by promoting AYUSH system of medicines among the masses. The government should plan policies and programs based on these system of medicines. The health professional of these branches should be provided with attractive packages and incentives so large number of students opt these branches of medicines and fill the gap of shortage in health human resources.

REFERENCES

1. .Government of India. Report on the health survey and development committee survey: volume 1. Delhi: Manager of Publications, 1946
2. Gautham M, Shyamprasad KM. Needed: 'basic' doctors of modern medicine. The Hindu (Madras), Nov 5, 2009
3. WHO (2010a), "Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations", (Geneva: World Health Organisation).
4. Oouroj Safi, Health Insurance For Rural And Poor People In India, International Journal of Technical Research and Applications, Volume 3, Issue 1 (Jan-Feb 2015), PP. 116-119
5. Government of India. National Health Accounts 2004–05. New Delhi: National Health Accounts Cell, Ministry of Health and Family Welfare, Government of India, 2009
6. Department of AYUSH, Ministry of Health & Family Welfare. Mainstreaming of AYUSH under National Rural Health Mission e Operational Guidelines 2011. Available from: <http://indianmedicine.nic.in/writereaddata/mainlinkFile/File614.pdf>. Accessed 19.02.14
7. Ministry of Health and Family Welfare. National Rural Health Mission e Meeting People's Health Needs in Rural Areas: Framework for Implementation, 2005e2012. Available from: <http://nrhm.gov.in/images/pdf/about-nrhm/nrhm-frameworkimplementation/nrhm-framework-latest.pdf>. Accessed 04.07.14.

8. Kumar D, Raina SK, Bhardwaj AK, Chander V. Capacity building of AYUSH practitioners to study the feasibility of their involvement in non-communicabl disease prevention and control. *AncSci Life*. 2012;32:116e119.
9. Ourooj Safi, India's Health Human Resources And Challenges, *International Research Journal of Management and Commerce* Vol. 3, Issue 4, April 2016, pp 24-29.