

Education and Society
(शिक्षण आणि समाज)

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Since 1977

**The Quarterly dedicated to Education through Social Development and
Social Development through Education**

July 2023

(Special Issue-1/ Volume-II)



INDIAN INSTITUTE OF EDUCATION

128/2, J. P. Naik Path, Kothrud, Pune - 411 038

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Content...

1. The Impact of Social Media on Mental Health: Examining the relationship between excessive social media use and psychological distress among young adults Saravanan Gunavel, Dhanuskodi Brindha	009
2. Bhikhari Thakur's 'alternative' Discourse on Migration in Bidesia Pankaj Kumar, Prof. (Retd.) M.R Verma	016
3. Ethnography: Integration of social studies research methodology with Design Process Shweta Hitesh Gade, Dr. Shilpi Bora	021
4. Activities in language development for preschool children Neelam Bali, Dr. Franky Rani	026
5. Prospect and Opportunity organic Farming in Assam Economy Sudarshan Baruah	031
6. A Historical Analysis of the erstwhile Indo-Bangladesh Border Enclaves and the Land Boundary Agreement 2015 Mr. Tanumoy Kumar Ghosh	035
7. Identifying the Benefits and Challenges of Multilingualism Sunanda Pattnaik	041
8. Inclusive Education in NEP – 2020 Soniyaaben D. Punjabi	046
9. A Study On Analyzing Measures To Improve Financial Literacy Among The Non-Teaching Faculty Member In Mumbai Region Ms.Jayasree.Venkitachalam, Dr.Deepak Sable	050
10. Unveiling the Intricacies of Ableism in <i>Wonder</i> by R. J. Palacio Ms.Sneha Sachin Jagadale, Dr. Manohar Sanmukhdas Vaswani	058

22. New Educational Policy 2020 of India and Its Impact on the Future of the Childrens of Slums	122
Sachin Kishanrao Sable, Shamal Madhavrao Bhalerao	
23. Sustainable Development and Economic Growth in India: An Overview	127
Dr. Jayshree R. Dighe	
24. Dysfunction and Marginalization of Illness Narratives	135
Arjun.V.C, Dr. Geetha Bhaskar	
25. A Review of Tony Blair's European Policies from 1997 to 2007	139
Balasubramanya P. S.	
26. The Social Impact of Popular Literature	143
Dr Pranjali S Kane	
27. Swachh Bharat Mission: Plan, Concept and Environment Protection	149
Dr. Satarupa Roy	
28. Recommendation of Task Base Language Teaching for Technical Course	153
Mrs.Anjali Sandeep Gaikwad, Dr. Pallavi P. Jamsandekar	
29. Awareness of Changes in Higher Education to Achieve Global Status for Indian Education with the Implementation of NEP 2020	157
Ms. Vishakha Manoj Pandey, Ms. Poonam Tanwar, Mr. Vishwajeet Vijay Chaudhari	
30. Strategic Use of Hedging in Conversation with reference to Jane Austen's Sense and Sensibility	162
Dr. Sunayana Chowdhury Varma	
31. Indianization of Interrogative Form in Manjula Padmanabhan's Lights Out	168
Dr. Bishnu Prasad Varma	
32. Govt. Health Schemes for Community	173
Dr. Mrunal R. Waliokar	
33. New Education Policy Approaches to Indian Education System	178
Dr Patil Shyam Pundlikrao	

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Abstract:

India has announced various Health protection schemes. These schemes provides quality health care to the poor & Helpless peoples. Ayushman Bharat National Health Protection Scheme is one of the largest government health scheme. This scheme will take care all the secondary health care.

Keywords - Health, Ayushman Bharat, Schemes

Introduction:

Health is the level of functional or metabolic efficiency of a living being. It's the general condition of person's mind, body & spirit. Which is free from illness, injury or pain. According to WHO It also includes the ability to lead a socially & economically productive life "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Health is one of the basic capabilities that give value to human life and its importance in its our life. A healthy lifestyle is important for everyone. When we look after our physical health, we feel better too – fitter, more relaxed and better able to cope with things. This is especially important when you have a mental illness. There are lots of ways of being healthy that feel good as well as doing you good. Health care in India is the responsibility of constituent State of India. The constitution charges every state with raising of the level nutrition & the standard of living its people and the improvement of public health as among its primary duties (Work Bank, 2006). Increasing incidence of lifestyle diseases such as obesity, diabetes mellitus, hypertension and cardiovascular diseases to name a few, and rising medical costs, further emphasize the need for health insurance. Health insurance policy not only covers expenses incurred during hospitalization but also during the pre as well as post hospitalization stages like money spent for conducting medical tests and buying medicines. Health spending is one of the important causes of poverty in India, and more than 65% of the expenditure on health is through out-of-pocket (OOP), which is one of the highest in the world (NHA 2014-15). OOPs adversely affects the poor, forces them to use expensive and impoverishing coping mechanisms such as high-interest loans, distress selling of assets, and reducing consumption of food; and pushes them deeper into the hole of catastrophic impoverishment. According to a survey by NSSO (National Sample Survey Organization), 40% of the people hospitalized have either had to borrow money or sell assets to cover their medical expenses. A significant proportion of may have had to forego treatment altogether. Thus, more than the

disease it is the cost of treatment that population takes its toll. To get rid of health worries health insurance is the answer. In a globalizing environment, the cushion that could have been available by way of joint families, social groups or government support, is not available as earlier. In this context it is the insurer's duty to organize, transfer and spread risks so that the society consisting of individuals, families and communities is genuinely protected (P. C. James, 2004). At the same time, policy makers and influencers at the State and National level in India are continuously debating and developing ways to provide equality health care to the poor and destitute, without worsening their economic situation. The recent evolution of large scale schemes such as Ayushman Bharat at the Central level and health financing measures at the State level with a robust regulatory framework are the result of such debates and commitments.

India's landscape of health insurance has undergone a tremendous change in recent years with the launch of several health insurance schemes in the country, largely initiated by Central and State governments. The Rashtriya Swasthya Bima Yojana (RSBY), a Central Government health insurance scheme for Below Poverty Line families, was launched in 2007-08 and it became fully operational on April 1, 2008.² At its peak, the scheme was operational across 25 states of India covering 41,331,0733 households. Moreover, the currently State-run health insurance schemes in Andhra Pradesh and Tamil Nadu have managed to cover as much as 50-80 per cent of their population under the health insurance umbrella. Further, States like Himachal Pradesh and Kerala are trying to deepen the benefits of packages for their poor and vulnerable strata. There are some States who are on the path of UHC such as Meghalaya with its Megha Health Insurance and Goa with its Deen Dayal Swasthya Seva Yojana to provide health insurance coverage for the entire resident population of the State.

In the history of India after a long break India is yet to provide its people with a successful & widely accessible health protection programme. "The National Health Protection Scheme started as one of the largest government sponsored health insurance scheme in the world was announced by the finance minister during the budget.

Government-sponsored health insurance schemes can play an important role in improving the reach of healthcare services. Launched in 2018 in India, Pradhan Mantri Jan Aarogya Yojana (PM-JAY) is one of the world's largest government-sponsored health insurance schemes. The objective of this study is to understand beneficiaries' experience of availing healthcare services at the empanelled hospitals in PM-JAY. For developing countries, GSHISs have been advocated as a means for governments to fulfill their responsibilities to citizens, including their commitments to move towards the Universal Health Coverage (UHC) as envisioned under target 3.8 of the United Nation's Sustainable Development Goals (SDGs). The element of responsiveness has been said to be especially essential for GSHIS that seeks to enhance the provision of services to the citizens through strategic purchasing of healthcare services. The health insurance initiatives are also a reflection of the commitment towards Universal Health Coverage (UHC). Like other countries, India is striving towards United Nations Sustainable

Development Goals to achieve UHC by 2030, and also aligning them with the country's National Health Policy (NHP 2017)

Government has introduced the implemented various health Schemes & Programmes.

Ayushman Bharat:- Pradhan Mantri Jan Arogya Yojana is a scheme that aims to provide health assurance to 10 Crore families. The entitlement is decided on the basis of deprivation criteria in the socio economic caste census database, deemed as the world's largest government funded healthcare programme covering over 50 crore beneficiaries. The health ministry has included 1,354 packages in the scheme under which replacement & starting among others would be provided at 15-20% cheaper rates than the Central Government Health Schemes (CGHS).

Key Features of PM-JAY

It provides a cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization across public and private empanelled hospitals in India.

1. Over 12 crore poor and vulnerable entitled families (approximately 55 crore beneficiaries) are eligible for these benefits.
2. PM-JAY provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital.
3. PM-JAY envisions to help mitigate catastrophic expenditure on medical treatment which pushes nearly 6 crore Indians into poverty each year.
4. It covers up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses such as diagnostics and medicines.
5. There is no restriction on the family size, age or gender.
6. All pre-existing conditions are covered from day one.
7. Benefits of the scheme are portable across the country i.e. a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment.
8. Services include approximately 1,929 procedures covering all the costs related to treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges etc.
9. Public hospitals are reimbursed for the healthcare services at par with the private hospitals.

Central Government Health Scheme (CGMS) :- The Central Government Health Scheme (CGMS) provides comprehensive health care facilities for the central govt. employees & pensioners & their dependents residing in CGHS covered cities. Started in New Delhi in 1954 Health Scheme is now in various cities in India.

Rashtriya Swasthya Bima Yojana (RSBY) :- has been launched by Ministry of Labour & Employment Government of India to provide health insurance coverage for Below Poverty Line (BPL) families. The objectives of RSBY is to provide protection to BPL households from financial liabilities the RSBY Schemes empower the beneficiary by providing hospitals, insurance. For the first time IT applications are being

used for social sector scheme on such a large scale. Every beneficiary family is issued a biometric enable smart card contains their fingerprints & photographs. This scheme is totally cashless systems is beneficiary for participants providers. It is paperless scheme as they do not need to send all the papers related to treatment to the insurer.

Employment State Insurance Scheme (ESIS) :- Employment State Insurance Scheme of India is a multi dimensional social security system tailored to provide socio-economic protection to worker population & their dependents covered under the scheme. The scheme has been Extended to shops, hotels, restaurants, cinemas, road motor transport undertakings and newspaper establishment employing 20 or more persons.

Aam Aadmi Bima Yojana (AABY): is a social security scheme for rural landless household was launched on 2nd Oct, 2007. This fund is maintained by LIC. This scheme is set up by Central Govt. Aam Aadmi Bima Yojana & Janashree Bima Yojana have been merged in to one scheme it is renamed as Aam Aadmi Bima Yojana effective from 01-01-2013.

Universal Health Insurance Scheme (UHS): The four public sector general insurance companies have been implementing universal health insurance scheme for improving the access of health care to poor families. The scheme provides for reimbursement of medical expenses upto 30,000/-. This scheme has been redesigned targeting only the BPL families.

Central government Health Scheme 1954 Deendayal Disabled Rehabilitation scheme 2003

Conclusion:

We must realize that implementation of such schemes requires strong planning. We must use the advanced technological, R-health platforms. Success of all the schemes will depend on the users.

There is a need to focus on Information, Education, and Communication (IEC) activities for PM-JAY. Capacity-building efforts need to be prioritized for private hospitals as compared to public hospitals. There is a need to focus on enhancing the responsiveness of the scheme, and timely exchange of information with beneficiaries. There is also an urgent need for measures aimed at reducing the out-of-pocket payments made by the beneficiaries.

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