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Provision of health service by Government of Punjab 2002 to 2013. A Case Study of Multan City, Punjab, Pakistan

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Abstract

The agricultural square measures of Asian country are the underprivileged within the provision of the health care facilities. The expenditures in health sectors square measures overall regressive in rural Asian country likewise as at provincial and regional levels. The poor in the Asian country isn't solely empty monetary resources however additionally lack access to secondary and tertiary health care services. The health system in the Asian country shows that the tehsil/ district headquarters hospitals (secondary health care facilities) solely exists in tehsil/ city and dominion jurisdiction.

Individuals living in rural and remote areas principally depend upon primary health care facilities, like Basic Health Unit, Lady Health Worker Clinic, provided by the general public sector. However, attributable to absentees and an enormous variety of non-functional primary health care facilities, the poor tends to consult the personal doctor. Even just in case of emergency, transport price is that the main hurdle for the poor to access the secondary and tertiary health facilities. Moreover, the patient himself/herself or the accompanied family head/member should lose the chance price attributable to travel and waiting time. Of these on top of mentioned factors contribute to the regressive nature of expenditure within the General Hospitals and Clinics.

With this background, the study has been doled out to live the incidence of state payment on health in Asian country at provincial, each rural and concrete level. The study explores the inequalities in resource distribution and repair provision against the Govt. health expenditures.

Quantitative research method utilized to collect the primary research data. Whereas, Multan city was selected as a case study for this research. Data were collected through survey research techniques with the help of semi-structured interview schedules. The sample size was selected through simple random sampling comprised of 150 doctors and 300 patients.

It is found that lack of health resources, government rude attitude with doctors and overcrowding in hospitals are the major reasons for the failure of the health system in Pakistan. It is also found that Pakistan Muslim League, Quaid E Azam had much contributed to provide health services as compared to other political parties. In Pakistan, basic health units are very few while the patients are very much. Government is unable to provide the basic health services to the common people, so the government hospitals are overburdened and due to this doctor's remained in tension. So, they do strike for more budget for medical services. It is a common phenomenon that most doctor's do not check properly in government hospitals while at the same time they proffered to check these patients privately with very much carefully.

Keywords: 1.Basic health services in Pakistan, 2.Primary & secondary health care facilities, 3.Remote areas, 4.State's payment on health in Asia, 5.Doctor's strike.

Introduction

The primary objective of all living being including human is to survive.¹ All species adopt various strategies to live and survive. There is a certain relation between living beings and their environment when they go through the different ages of their life. Both influence on each other a certain level. Animal kingdom including human being collects food from external sources to live.² From prehistoric time to date human engaged them to get food and survive by various means. Social institutions and hierarchy with the division of labour were established right after the hunting and gathering era.³ Physical health is necessary to perform all functions. Ageing is the fact which cannot be stopped but malfunctioning of body organs, meanwhile, is considered as the result of illness. Different steps were taken and various methods were adopted by wise individuals to restore the healthy state throughout human history. Magic, herbs and religious healings are an example in this regard.⁴ All these are known in modern industrial times as “traditional/religious/faith healing practices”. And now there is a larger consensus on the definition of health in modern times and defined as

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or Infertility” (WHO, 1948)⁵. This definition delineates the domain of health, ranging from biological to social wellbeing. Individuals of society are not only tried to keep in physical health but also mentally and socially healthy persons.

Although health is a very personal matter faced by the individuals yet states take responsibility to keep their nation in good health as a whole. In modern times welfare states are common man-oriented where all basic rights are provided and protected by the nation-state. Almost all European countries, Norway, Sweden, Belgium, Germany etc. are the example of welfare states in which all basic rights are provided and protected by the states. Health is a basic human right acknowledged throughout the world. Health is considered as the major indicator in national human capital. Based on health indicators state’s policy intentions and their commitment towards development are traced. Consequently, a state has to take serious consideration on health regarding nation-building. A nation-state (Socialistic or democratic political system) is directly responsible to provide control and direct the health care system. Government of Pakistan has strategized to administer the provision of health services to masses by dissolving the ministry of health from the federal government to provincial governments.⁶

Latest facts about Pakistan’s demographic features following a nation in a state of health indicate some interesting situations. Pakistan is a country having a population of 187,561,850 people as 6th most populous country of the world and its projected population will stand at highest in the Muslim world up to 2030.⁷ World Population Report mentioned Pakistan’s life expectancy about 66 years with 3.34 births per women.

The under-5 mortality rate is 86/1000 in 2012 which is comparatively low against 1990 i.e. 112/1000.⁸ In Pakistan forty per cent of children under five years of age are malnourished. Twenty-nine per cent of the population lives in poverty and twelve per cent is surviving on less than one dollar a day. Lack of proper access to water and sanitation translates into the high incidence of infectious disease which takes its toll on its children. One out of every tenth child does

not live to see his/her first birthday. Twenty-five per cent of all children born to mothers who are malnourished. Almost 50% of women of childbearing age suffer from nutritional anemia. The maternal mortality rate in that one pregnant woman dies every twenty minutes i.e. between 340 and 600 per hundred thousand live births. One can easily observe the condition of availability of medical professionals' availability to the whole population which is given as Doctor population Ratio: - 1:1326 and Nurse-population Ratio: - 1:22662. Thirty-nine per cent of women don't receive any prenatal care and Sixtyone per cent of women have no access to trained/skilled birth attendants.⁹

Public awareness is at minimum level regarding health issues and the state's health policies. Education is the factor which encompasses almost all spheres of life. High literacy leads towards the effective government-public relationship which is a necessary element to implement the policies and to get desired results. In Pakistan situation of education is also pathetic which increases the vulnerability of the health state of the nation. Pakistan literacy rate in 2012 was 57% including the male literacy rate of 69% and female 49%. Gender disparity can easily be observed. Reproductive health is the component which largely implies female. Low literacy among female leads to drastic and lethal consequences in the reproductive health of Pakistan. Recently the education sector is allocated as the subject of Provincial ministries. Pakistan is a county who has the second-highest ratio of out of school children in the world i.e. 5.1 million children. Moreover, two out of three girls don't go to school which is the worst form of gender disparity in the world.¹⁰

Although the private sector is very active in Pakistan in terms of provision of health care on the secondary and tertiary level, it increases the out of pocket expenses for the middle and lower-middle class.⁶ Primary health care services remain the entity of government. In this regard, the government has established a reasonable infrastructure on primary health care to make contact at the grass-root level. Due to various socio-economic and political reasons, Pakistan having a population of 187,561,850 people is not in a good and healthy state.¹¹

Table 1. Punjab Health Demographic profile

Area (sq. kilo meters)	205,345
Average Population	396.1 persons per square kilometer
Estimated Population	Above 81 Million
Population in Rural Areas (%)	70
Population in Urban Areas (%)	30%
The ratio of Male & Female	111:100
The population of Infants (%)	2.5
Population under 5 years (%)	14.25
Population under 15 years (%)	43
Women in Child-Bearing Age	15 – 49 years (22% of the total population)
Women Estimated to be pregnant Every Year	4.5%

Source: Ministry of health government of Pakistan¹²

Current research explores the dynamics of health care services provided by the government of Punjab by comparing two political governments regime from 2002-2013. It explores the relationship between governance and efficient health services delivery. It will be very useful to improve the nature of the doctor-patient relationship for policymaking in terms of ethical code of conduct for medical official. Furthermore, it is coupled with the field research, which reflects the genuine situation on a grass-root level when there is a subject of health services.

Research methodology

The quantitative research method has utilized to collect the primary research data from hospitals of Multan city, Punjab, Pakistan i.e. Nishtar Hospital, Civil Hospital, Children Hospital and Ch. Pervaiz Institute of Cardiology Multan. A sample of 150 doctors and 300 patients was taking through simple random sampling for the above-mentioned hospitals.

Table 2. The detail tabulation form of sample

Hospital	No. Of Doctor	No. of Patient
Nishtar Hospital	100	150
Civil Hospital	10	50
Children Hospital	15	50
Ch. Pervaiz Institute of Cardiology	25	50
Total	150	300

Source: Researchers' survey

Data were collected through survey research techniques with the help of Semi-structured interview schedules. There were two interview guides prepared for data collection. One for doctors and other specific to patents opinion. Interviews were conducted in hospitals after taking permission from respondents. It was face to face interview comprised 17 minutes per respondent. Themes of this analysis are to draw a comparative analysis of public health policies of Pakistan Muslim league (Q) and Pakistan Muslim league (N) and Pakistan People's Party i.e. 2002-2013, their achievements, level of political concentration. The Statistical Package for Social Sciences (SPSS-23) has been utilized during data analysis.

Secondary research data were collected through the findings by analyzing the published literature of health policies, health budgeting, United Nations concerning reports and Official websites of Ministry of Health Punjab and Islamabad, Pakistan.

The researchers faced man difficulties during the process of data collection. Respondents were hesitating to give information regarding the Govt. department or its related information. The researchers thus had to trace extra efforts to make sure them that information gained have the purpose of for study.

Results

Table 3. Basic characteristics of respondents (N=150 Doctors) and (N=300 Patients)

1. Doctors	Variables	Frequency (%)
	Male	77 (51.3%)
	Female	73 (48.7%)
	Total	150 (100%)
2. Patients	Male	251 (83.7%)
	Female	49 (16.3%)
	Total	300 (100%)
Total	450 respondents participated in research	

***Statistical analysis of data collected from doctors, using frequency, percentage, cross-tabulation and Chi-square tests**

Table 4. Doctors opinion about Health issues in Pakistan

Categories	Frequency	Per cent
Lack of access to Hospital	34	22.7
Short no of Doctor/ unavailability of doctor	54	36.0
Environmental problem (Hepatitis) etc.	20	13.3
Costly medicine	42	28.0
Total	150	100.0

Table 5. What is the reason behind the lack of facilities in Govt Hospital? * Do you think Governmental policies are responsible behind the miserable condition of Healthcare system?

What is the reason behind the lack of facilities in Govt Hospital?	Do you think Governmental policies are responsible behind the miserable condition of the Healthcare system?					Chi-square X ²	P-Value
	Strongly agree	Agree	Disagree	Strongly disagree			
Insufficient resource allocation	25	2	1	0	X ² = 71.347	P=.000	
Absence of a skilled person	0	4	5	2			

Over burden patient on hospital	14	27	2	10		
Less number of health care unit	7	15	3	1		
Corruption	20	10	2	0		
Total	66	58	13	12	150	

The p-value for this test is $P < .000$ which indicates that there is some association between "What are the reason behind the lack of facilities in Govt. Hospital? and Do you think Governmental policies are responsible behind the miserable condition of the Healthcare system?"

Table 6. In your opinion whose government paid more attention to the solution of the problem that the health department has * In whose government you feel relax to work.

In your opinion whose government paid more attention to the solution of the problem that the health department has	In whose government you feel relax to work				Chi-square X ² X ² =121.497	P-Value P=.000
	PML (N)	PML(Q)	PPP	A and B		
PML(N)	11	22	1	1		
PML(Q)	5	66	14	3		
PPP	1	2	10	1		
A and B	0	1	2	10		
Total	17	91	27	15 150		

[PML (N)= Pakistan Muslim League Nawaz, PML (Q)= Pakistan Muslim League Quaid e Azam, PPP= Pakistan People's Party]

The p-value for this test is $P < 0.000$ which indicates that there is some association between " In your opinion whose government paid more attention to the solution of the problem that the health department has? and In whose government you feel relax to work?"

****Statistical analysis of data collected from Patients, using frequency, percentage, cross-tabulation and Chi-square tests**

Table 7. Patients opinion about Health issues in Pakistan

Categories	Frequency	Per cent
Lack of access to Hospital	87	29.0
Short no of Doctor/ unavailability of doctor	112	37.3
Environmental problem (Hepatitis) etc.	36	12.0
Costly medicine	65	21.7

Total	300	100.0
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Table 8. What is the reason behind the lack of facilities in Govt. Hospital? *. In your opinion which factors are responsible for the weak health care system of Punjab.

What is the reason behind the lack of facilities in Govt. Hospital?	In your opinion which factors are responsible for the weak health care system of Punjab.					Chi-square X ²	P-Value
	Lack of resource	Lack of skilled person	Unawareness of people	Total			
Insufficient resource allocation	23	17	9	49	X²=17.936	P=.022	
Absence of a skilled person	11	29	18	58			
Over burden patient on hospital	51	54	21	126			
Less number of health care unit	5	5	6	16			
Corruption	17	17	17	51			
Total	107	122	71	300			

The p-value for this test is $P < 0.022$ which indicates that there is some association between " What are the reason behind the lack of facilities in Govt. Hospital? and In your opinion which factors are responsible for the weak health care system of Punjab."

Table 9. Do you think due to strike of doctor patients has to face difficulties? *. Why people generally give preference to private Hospital Crosstabulation

Do you think due to strike of doctor patients has to face difficulties?	Why people generally give preference to private Hospital					Chi-square X ²	P-Value
	Due to the availability of better facilities	In a private hospital, the doctor is more qualified	Doctor's behave properly in private hospital	The private hospital is more caring than a government hospital	Total		
Strongly agree	79	14	30	3	126	X²=20.234	P=.017
Agree	35	11	8	0	54		
Disagree	44	17	17	8	86		
Strongly disagree	16	3	12	3	34		
Total	174	45	67	14	300		

The p-value for this test is $P < 0.017$ which indicates that there is some association between "Do you think due to strike of doctor patients has to face difficulties and Why people generally give preference to private Hospital?"

Table 10. Do you think that doctor prefer private patient and private practice in their duty's hour? *. Why people generally give preference to private Hospital.

Do you think that doctor prefer private patient and private practice in their duty's hour?	Why people generally give preference to private Hospital					Chi-square X ²	P-Value
	Due to the availability of better facilities	In a private hospital, the doctor is more qualified	Doctor's behave properly in a private hospital	The private hospital is more caring than a government hospital	Total		
Strongly agree	60	19	17	2	98	X²=18.281	P=.032
Agree	47	7	10	2	66		
Disagree	53	14	30	6	103		
Strongly disagree	14	5	10	4	33		
Total	174	45	67	14	300		

The p-value for this test is $P < 0.032$ which indicates that there is some association between "Do you think that doctor prefer private patient and private practice in their duties hour? and Why people generally give preference to private Hospital?"

Discussion

The study has been carried out to measure the provision of health service and government spending on health in Pakistan at both rural and urban level especially related to Multan; using the primary data of the Pakistan Social Standard Living Measures Survey.¹³ The study explores the inequalities in resource distribution and service provision in different government tenure.

Our main findings from these two sources are that absence and the unavailability of medicine are major problems. Both these problems stem from managerial, not financial, constraints.

It is a common phenomenon that most doctor's do not check properly in government hospitals while at the same time they proffered to check these patients privately with very much carefully. Study finds out that doctor private practice is a hurdle in the health care system in Pakistan. There is not only private practice is an issue, along this lack of resources and insufficient medical facilities is also hurdles for the improvement of the health care system in Pakistan.

It is found that government hospitals are overcrowded and due to lack of health services peoples prefer to go to private hospitals. These results are parallel to the findings of Irfan and Ijaz (2011).¹⁴ Due to the gaps in public health sectors, the patient has to suffer in terms of out of pocket expenses. It indicates fewer facilities in government health institutions or hospitals.

Here in Pakistan as we know that there is a lack of health services which are insufficient to meet the patients and due to this many patients died. Here also in Pakistan poverty is a major issue and due to this patient cannot afford the private treatment so due to this reason they have to go government hospitals for treatment and due to overburdened hospitals, the staff did not cooperate with the patients, because they are unable to handle all the patients with few resources. It is found out that the PML (Q) initiative for health facilities are higher as compared to other governments, for the people of undeveloped areas. In the regime of PML (Q) different free of cost, medical facilities are taken places like the Rescue 1122 service and also cardiology hospitals for the cardiac patients. During PML(Q) ruling period health department performance was quite better and common people are facilitated if they have to visit the hospital due to any disease. PML(N) also paid attention or take initiatives for the betterment of the health department but the percentage gap between parties is very much. Without a healthy nation, there can be neither development nor progress. Pakistan has lagged behind other developing countries in terms of its social development. In the last ten years, due to Social Action Program, initiated by the PML-N government, there has been considerable progress in improving the social indicators and controlling the population growth rate as it mandated the provincial governments to make significant allocations for the social sectors, despite the problems it faced due to the frequent change of governments in the 90s. PML-N remains committed to the social sector and will pursue a policy of providing quality health care to all citizens whether poor, rural, or urban.

Conclusion

In Pakistan, basic health units are very few while the patients are very much. Government is unable to provide the basic health services to the common people, so the government hospitals are overburdened and due to this doctor's remained in tension. So, they do strike for more budget for medical services. It is a common phenomenon that most doctor's do not check properly in government hospitals while at the same time they proffered to check these patients privately with very much carefully. The present research is limited to the basic characteristics i.e. limited to the number of respondents, only focuses on Multan city. Future research work may emphasis on other remote areas of Pakistan and also focusses on a large number of respondents, their living standards etc.

Source of the support: Not

Conflict of interest: Researchers have not any conflict of interest associated with this research work.

Study approval: The study approved by the Department of Sociology, Bahauddin Zakariya University, Multan, Pakistan. The primary data were collected after getting informed consent from respondents.

References

1. National Public Radio. (2020). Does life have a purpose? www.npr.org
2. Living Things. (2020). www.kids.britannica.com
3. Types of Societies. (2020). www.lumenlearning.com
4. Peprah, P., Gyasi, R. M., Adjei, P. O., Abalo, E. M., and Kotei, J. N. A. (2018). Religion and Health: exploration of attitudes and health perceptions of faith healing users in urban Ghana. *BMC Public Health*, 18,1394.
5. World Health Organization. (1948). This is the worldwide accepted definition of health which is not amended since 1948 to date. www.who.int
6. World Health Organization. (2020). Decentralization of Pakistan's health department. Retrieved from www.who.int
7. World Population Review. (2014). www.worldpopulationreview.com
8. World Health Organization. (2014). Mortality rate report. www.who.int
9. Nishtar Hospital Report. (2010). An unpublished document about availability of medical professionals
10. Care International Organization. (n.d.). The state of education in Pakistan. www.carepakistan.org.
11. Afsar and Younus. (2004). Patient Refferel at Grass-root level. *Nature and Science*, 2(4)
12. Ministry of health government of Pakistan. www.healthministry.gov.pk
13. Government of Pakistan. (2004-05). Pakistan Social and Living Standards Measurement Survey (Round-1), 2004-05. Federal Bureau of Statistics.
14. Irfan, S. M. & Ijaz. (2011). Comparison of service quality between private and public hospitals: empirical evidences from Pakistan. *Journal of Quality and Technology Management*, 7(1), 01-22.

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