

Recorded Social Justice Class 03

1st July, 2024 at 9:00 AM

S.D.G. RELATED TO HEALTH (9:06 A.M.)

- **S.D.G. 3**
Goal
- It deals with good health and promoting well-being.
- **Targets**
- (a) Reduce MMR and end all preventable deaths under five years of age.
- (b) Fight communicable diseases, reduce mortality from non-communicable diseases, and promote mental health.
- (c) Prevent substance abuse.
- (d) Achieve universal health coverage.
- (e) Reduce road accidents and deaths.
- (f) Promote family planning and education.
- **Government Efforts**
- Universal Health Protection and Affordable Health Care
- (a) Ayushman Bharat Mission
- Pradhan Mantri Jan Arogya Yojana (Health and Wellness Centers)
- (b) Pradhan Mantri Jan Aushadi Pariyojana
- With respect to MMR, IMR, CMR, etc.
- (a) Pre Natal- Pradhan Mantri Surakshit Matritva Abhiyan
- Peri Natal- Janani Suraksha Yojana
- Post Natal- Janani Shishu Suraksha Karyakram
- (b) RMNCH+A (Reproductive, Maternal, Newborn, Child, and Adolescent Health)
- (c) Integrated Child Development Scheme and Mission Indradhanush.
- **Achievements**
- (* Refer to NFHS 5 Data from the handout.)

Shortcomings -
Done in previous class

Q: What do you mean by Universal Health Coverage? In the backdrop of its prospects enumerate the challenges.

UNIVERSAL HEALTH COVERAGE (UHC)(9:20 A.M.)

Success
Prospects
Issues and Challenges

- *It implies equity in health services, quality of health services, and protection of people against financial risk.*
- **Prospects**
 - *(a) It is a catalyst for socio-economic development.*
 - *(b) It ensures social justice and equity.*
- **Challenges**
 - *(a) Low government expenditure.*
 - *(b) Narrow interpretation of health.*
 - *(c) Lack of adequate infrastructure.*

AYUSHMAN BHARAT (9:26 A.M.)

- *It is fully funded by the central government. The cost of implementation will be shared between the central government and the state government.*
- *It was launched in 2018.*
- *The implementing agency is the **National Health Authority**.*
- *There is no cap on the family size.*
- *The identification of the beneficiaries is done through the Socio-Economic Caste Census. of 2011.*
- *(*Refer to the handout for more details.)*

SECONDARY HEALTH CARE IN INDIA (9:40 A.M.)

- *It is the second tier of health care.*
- *The patients from the primary care are referred to the specialists in the higher-level hospitals.*
- **Question**
 - *In*
 - *Against*
- *Against the backdrop of a recent assessment with respect to secondary healthcare in India, enumerate the measures that can be taken to address the challenges. (150 words/ 10 marks)*

Q: In the backdrop of completion of 5 years of Ayushman Bharat critically examine to what extent it has been able to achieve the desired objectives.

Q: What are SDG goals related to health and to what extent we are prepared to achieve those goals?

DIGITALIZATION OF HEALTH CARE (9:44 A.M.)

- The integration of information technology with medical knowledge is called the digitalization of health care.
- It includes telemedicine,
- **Prospects** (i.e. healthcare ko digitalize krde toh kya fayda)
It will address human resource gap by efficient
- (a) ~~The better~~ utilization of the existing manpower.
- (b) Evidence-based planning and decision-making. (bz jitna data hoga utna trend smjh aayega)
- (c) It will create a national digital health ecosystem that will support Universal Health Coverage.
- (d) Availability of services in remote areas via telemedicine.
- (e) It will enhance the efficiency of healthcare delivery.
- (f) Early intervention.
- (g) Improving patient safety by access to health records.
- (h) The overall health cost burden would be reduced.
- (i) It can help in the identification of quacks.
- **Challenges**
- (a) Digital Illiteracy that would further aggravate the rural-urban divide.
- (b) Problem of data safety. -> Lack of healthcare professional training.
- (c) Lack of internet accessibility.
- (d) Fragmented healthcare delivery system.
- (e) Health is a state subject.
- (f) Lack of dominant health IT vendors. (since gestation period is high so large capitalists is required.)
- Since they are adequately capitalized they can finance continuous innovation.
- (g) Affordability issue.
- **Way Forward**
- (a) Use of Aadhar to digitize all data ^{w.r.t} for patients.
- (b) Legitimate consent of the patient must be sought before sharing or processing the data.
- (c) PHCs, health and wellness centers, etc. must start telemedicine.
- (d) Jan Aushadhi Yojana can be clubbed with e-pharmacy.
- (e) Establish model digital health centers in the rural areas.

Q: Explain why suicides among young women is increasing in Indian society?

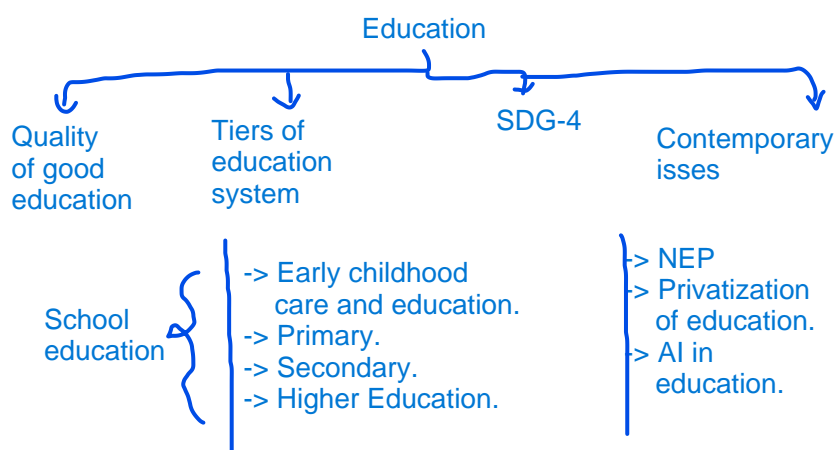
MENTAL HEALTH CARE (10:04 A.M.)

- According to the National Mental Health Survey, approximately 150 million people in our country need care for mental health.
- Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.
- **Government Efforts**
 - (a) National Mental Health Programme
 - (b) National Mental Health Policy
 - (c) Mental Healthcare Act, 2017
 - (d) RAAH App.

Q: Enumerate the reasons how COVID has aggravated the problems of mental illness?

TOPICS IN EDUCATION (10:23 A.M.)

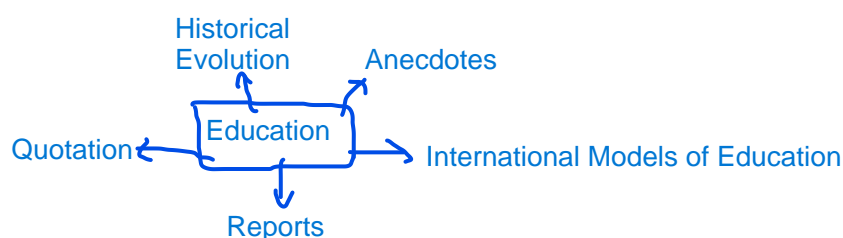
- **Quality of Good Education**
- **Tiers of Education System**
 - (a) Early childhood Care Education (3 to 6 age)
 - (b) Primary (6 to 14 age)
 - (c) Secondary
 - (d) Higher Education
- **SDG 4**
- **Contemporary Issues**
 - (a) National Education Policy
 - (b) Privatization of Education
 - (c) Artificial Intelligence in Education



CHARACTERISTICS OF GOOD EDUCATION

- (a) Well designed Curriculum
- (b) Safe and secure learning environment
- (c) Well-trained and motivated teachers
- (d) Values and Ethics

For essay in Education we will add -



ISSUES WITH SCHOOL EDUCATION (10:30 A.M.)

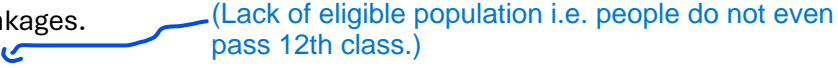

- (a) Focus on rote-based learning.
- (b) Lack of infrastructure and resources especially ^{w.r.t} for sports. ^{and curriculum.}
- (c) One-size-fits-all teaching model.
- (d) Inadequate attention to the quality of education.
- (e) Unhealthy competition since the focus is always on grades, ^{which} creates stress and low self-esteem.
- (f) Lack of practical application of educational content.
- (g) The educational content is not available in the mother tongue language which impacts the learning outcome.
- (h) Lack of integration with technology in imparting education.
- (i) The lack of career counselling, more focus on private tuition culture, and lack of focus on moral-based education.
- (j) Lack of parent engagement with schools that impacts the learning outcomes.
- (k) Lack of comprehensive education (Sex education, awareness about mental health, vocational training, and life skills).
- (l) Engagement of teachers in non-teaching tasks. For example, only 19 per cent of teaching hours are spent on teaching.
- (m) Shortage of qualified teachers.
- (n) Lack of inclusive education ^{w.r.t} for children with disability, transgender, girl children, and even children from BPL families.
- (o) Prejudiced attitude of teachers.
- (p) The commercialization of the education system (especially in the case of preschools).
- (q) Lack of infrastructure with respect to safe drinking water, sanitation, separate classrooms for separate grades, etc.
- There is a lack of laboratories and equipment.
- **Way Forward**
 - (a) Access to safe and engaging education.
 - (b) Academic monitoring and data-backed review.
 - (c) Transparent and credible system of accreditation. ^(i.e. analysis that whether education given is good or bad)
 - (d) Incentive to the private sector to invest in improving the infrastructure of government schools.
 - (e) Enhanced learning through one-on-one tutoring (involving alumni and community).

- (f) Experiential learning. For example, hands-on learning, arts-integrated learning, storytelling, etc.
- (g) Technology-driven pedagogy i.e. creative, interactive, and engaging learning.
- (h) Reshaping the attitude with respect to the teaching profession.
- (i) Increased budgetary allocation for education.
- (j) Improving the Anganwadi system in rural areas.
- (k) Proper implementation of the Mid-day meal scheme.

ASER REPORT FINDINGS (10:54 A.M.)

- (* ASER report was implemented annually since 2005, but was switched to an alternate year cycle in 2016.)
- **Key Findings**
- About one in four children in the 14-18 age group still cannot read a Std II-level text fluently in their regional language.
- Across enrolment categories, girls do better than boys in this respect.
- More than half struggle with division (3-digit by 1-digit) problems, a skill that is usually expected in Std III or IV.
- About 57% can read sentences in English;
- More than 73% of them can also tell their meanings.

HIGHER EDUCATION (10:57 P.M.)

- **Challenges**
- (a) Affordability of higher education especially private education.
- (b) Shortage of faculty with respect to both quantity and quality.
- (c) Lack of industry-academia linkages.  (Lack of eligible population i.e. people do not even pass 12th class.)
- (d) Low gross enrolment ratio (28.4%).  whereas the global average is 40%.
- (e) Poor Employability.
- According to the India Skills Report, employment across the disciplines is 45%.
- (f) The poor quality of higher educational institutions.
- Only 14% of higher educational institutions have **NAAC accreditation**.
- (g) Lack of entry and exit points, lack of multidisciplinary education, and lack of interdisciplinary approach (research and academics).
- (h) Suboptimal research ecosystem.
- (i) Problem of brain drain.
- (j) Increased competition has created mental health issues.

- (k) Corruption.
- **Way Forward**
- (a) Introduce the vocational courses, internships, learn while you earn schemes, etc., and ensure the relevant curriculum with respect to the requirements of the industry.
- (b) Adoption of blended learning (classroom and online learning).
- (c) Upgrading accreditation capacity.
- (d) Making teaching a lucrative career.
- (e) Higher investment in this sector.
- (f) Concept of academic bank of credit.
- (g) To ensure healthy competition and quality of education, setting up foreign higher education institutions in India.

NATIONAL EDUCATION POLICY (11:13 A.M.)

- It has introduced a new curricular and pedagogical structure.
- It will ensure universal access at all levels of school.
- (*Refer to the education handout.)

QUESTION (11:17 A.M.)

- **Question 1:**
- Debate the increased participation of the private sector in education. (150 words/ 10 marks)
- **Points**
- Advantages
- (a) Better efficiency.
- (b) Quality of education would improve.
- (c) Continuous improvement is possible.
- Challenges
- (a) Exclusion of marginalized sections.
- (b) Commercialization of education.
- (c) Alienation from the entire system.

Q: In the backdrop of growth of EdTech industry in Indian context discuss its prospects and challenges.

ONLINE EDUCATION (11:22 A.M.)

- **Drivers of Growth**
 - (a) Disposable Income
 - (b) Young Population
 - (c) Smartphone userbase.
- **Challenges**
 - (a) Cyber threats.
 - (b) Inadequate focus on social skills.
 - (c) Biased content delivery.
- **Way Forward**
 - (a) Need to explore the use of low-cost technologies.
 - (b) Focus on the emotional well-being of the students.

ARTIFICIAL INTELLIGENCE IN EDUCATION (11:27 P.M.)

- **Advantages**
 - (a) Monitor asynchronous discussion groups.
 - (b) Data-based informed educational policymaking.
 - (c) Personalized and better learning outcomes.
 - (d) Time saving for the teachers and professors.
 - (e) A.I. tutors can assist the students.
 - (f) A.I. can also be used for giving feedback to both students and teachers.
 - (g) A.I. can be used to help the teachers become the learning motivators.
 - (h) It can help in improving the pedagogy.
- **Challenges**
 - (a) Lack of comprehensive policy.
 - (b) Inadequate human resource availability.
 - (c) Digital Divide.
 - (d) Low educational expenditure.
 - (e) Misuse of Data.

Q: Discuss the benefits of AI in education.

THE SYLLABUS OF SOCIAL JUSTICE HAS BEEN COMPLETED.