

**Health Care Development – Policies And Programs In  
Petroleum Industry- A Sociological Study**  
(With special reference to Chikkamagalore Dist, Karnataka state.)

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**Abstract**

*The word petroleum comes from Greek. The term frequently used to refer to mineral oils produced by distillation from mined organic solids such as cannel coal and refined oils produced from them, they are derived from crude oil as it is processed in oil refineries, they are collection of well defined pure chemical compounds, petroleum products are complex mixtures.*

*Petroleum products are very essential products for transportation, heating, electricity generation, asphalt and road oil. They are used to make chemicals, plastics and synthetic materials which we are using in daily life. About 74% of the 6.89 billion barrels of petroleum that we used in 2013 were gasoline, heating oil/ diesel fuel and jet fuel.*

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## **Introduction**

**Petrol Stations In India:** According to 20 January 2015 there are 51,870 petrol pumps are working India. According to 20 January 2015 there are 2500 petrol pumps working in Karnataka state.

Those obtained from crude oil and natural gas processing, including (among many others) asphalts, automotive gasoline's, aviation gasoline's, fuel oils, kerosene, liquefied petroleum gas (LPG), lubricants, naphtha's, and waxes.

India is the second most populous country in the world, with over 1.277 billion people (2015), more than a sixth of the world's population. Already containing 17.5% of the world's population, India is projected to be the world's by 2022, surpassing China, its population reaching 1.6 billion by 2050.[5][6] Its population growth rate is 1.2%, ranking 94th in the world in 2013. The Indian population had reached the billion marks by 1998.

Health is an important need of every individual throughout his or her life time which will have an impact in terms of promoting a smooth and normal functioning of social organizations, from family to the larger society. It is for the reason of which man has all the while been intuitively as well as methodically involved in taking care of health needs of both the self and others. Health care ideas, knowledge, methods and technologies are as old as that of human civilizations which have got evolved along the evolution of cultures and society. As we partly stand today at an advanced stage of development in human societies, the health care practices as well as services are also found developed into processes have added to the efforts of stepping up of Medicare services all around depending on the need, availability and affordability of communities/societies anytime, anywhere and to any possible extent.

### **Health mean:**

According to World Health Organization's (WHO's) definition of "health" is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." "a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities."

Health is a complex phenomenon and so also the health care practices. The factors that influence and determine the both vary from one time to another and one group to another. The prevailing social, economic, cultural, political and psychological conditions will have a lot to do with the health and health care issues. The role of individuals and institutions are of a primary importance in the development of both health as well as health care services. Health care has received a greater significance today that, a lot of resources are pumped into the process of it in order to achieve a "Healthy Society". Housing, sanitation, water supply, food security, opportunities for equitable life winning chances and improved quality of life have contributing effect on health and health development process in any given society. To take stock of the health care services in its both historical and contemporary situations, and to make estimations for the future, is an herculean task for all the concerned who include the

professionals, sociologists, policy makers, administrators, academicians, and also semi-professionals. There are a lot of new initiatives to step up, modernize and to have the state-of-art health care technological services which are the dream of every modernizing society like India. The role of state is considerable in this direction. The health development oriented policies and programs and their effective implementation deserve an astute attention by all the concerned.

### **Behavioral health**

Behavioral health is the scientific study of the emotions, behaviors and biology relating to a person's mental well-being, their ability to function in everyday life and their concept of self. "Behavioral health" is the preferred term to "mental health." A person struggling with his or her behavioral health may face stress, depression, anxiety, relationship problems, grief, addiction, ADHD or learning disabilities, mood disorders, or other psychological concerns. Counselors, therapists, life coaches, psychologists, nurse practitioners or physicians can help manage behavioral health concerns with treatments such as therapy, counseling, or medication.

### **Health care**

The **act** of taking preventative or necessary medical **procedures** to **improve** a **person's** well-being. This may be done with surgery, the administering of medicine, or other alterations in a person's **lifestyle**. These **services** are typically offered through a **health care system** made up of hospitals and physicians.

### **Health care development**

The private healthcare sector is responsible for the majority of healthcare in India. Most healthcare expenses are paid out of pocket by patients and their families, rather than through insurance. This has led many households to incur Catastrophic Health Expenditure (CHE) which can be defined as health expenditure that threatens a household's capacity to maintain a basic standard of living. As per a study, over 35% of poor Indian households incur CHE which reflects the detrimental state in which Indian health care system is at the moment. With government expenditure on health as a percentage of GDP falling over the years and the rise of private health care sector, the poor are left with fewer options than before to access health care services. Private insurance is available in India, as are various through government-sponsored health insurance schemes. According to the **World Bank**, about 25% of India's population had some form of health insurance in 2010. A 2014 Indian government study found this to be an over-estimate, and claimed that only about 17% of India's population was insured. Public healthcare is free for those below the poverty line. Plans are currently being formulated for the development of a **universal health care** system in India, which would provide universal health coverage throughout India.

### **Health care policy - 2015**

This National Health Policy addresses the urgent need to improve the performance of health systems. It is being formulated at the last year of the Millennium Declaration and its

Goals, in the global context of all nations committed to moving towards universal health coverage. Given the two-way linkage between economic growth and health status, this National Health Policy is a declaration of the determination of the Government to leverage economic growth to achieve health outcomes and an explicit acknowledgement that better health contributes immensely to improved productivity as well as to equity.

### **Health care programs**

Workplace health programs are a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite that includes programs, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees.

### **Objectives**

- To Analyse the policies and programs of health care development in petroleum industry.
- To search the ways to reach the goal of health for all.

### **Hypothesis**

- At the present scenario we are unable to provide good health facilities to common people through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence.

### **Importance of the study**

This study has an importance. Because health is the basic need for the sustainable development of the human well being.

### **METHODOLOGY**

In this study we have used simple random sampling method on selected 50 respondents. We have used direct interview method for the collection of information by respondents. Who are working in petroleum bunks, industries and also used primary and secondary sources to collect the data with health developmental perspective.

### **Sources of information**

- 1) **Primary resources:** - To collect the primary information I used self prepared questionnaire on corruption in public life and measures for its eradication with common people.
- 2) **Secondary resources:** - We have collected information from Articles, journals, library, news papers and websites.

### **Theoretical perspectives:**

We used health developmental perspective for this study.

### **Topographical Features of The Study**

Chikkamagalore is a district in the South Indian state of Karnataka. Coffee was first cultivated in India in Chikkamagalore. The mountains in Chikkamagalore which are a part of

the Western Ghats are the source of rivers like Tunga and Bhadra. Area. • Total, 7,201 km<sup>2</sup> (2,780 sq mi). Population (2001). • Total, 1,139,104. • Density, 158.19/km<sup>2</sup>. Chikkamagalore dist., will come under the famous western guhts area. Chikkamagalore dist., famous for Coffee, Tea, Aracanut, coconut, Cardamom, Rubber plantation crops, commercial crops and food crops also.

It is also famous for tourism sports like Dattapita, Mullaiyana giri, Kallatthigiri, Kemmanna gundi, Amruthapura temple and so on. Information regarding chikkamagalore dist., as on today. There are BPC – 18, HPC-24, IOC-30, Reliance-02, SR-01 total 75 bunks.

### DATAANALYSIS

The data collected by using all the research methods, and others sources are analyzed by essential statistical techniques by using analysis of data research report. The data was collected on structural development perspective.

**Table. 1personal Profile of The Respondens**

SL NO	Personal profile of the Respondents				
1	Age	18-28	29-39	40-50	51+
		15	25	06	04
2	Gender	Male			Female
		35			15
3	Caste	SC	ST	OBC	Others
		06	11	15	08
4	Religion	Hindu	Christian		Muslim
		40	06		04
5	Education	Illiterates	Primary education	Secondary education	Higher education
		03	25	15	07
6	Monthly Income	5000 to 8000	8001 to 11000	11001to 12000	12001+above
		15	25	4	6
7	Marriage	Married	Bachelor	Widow	
		35	12	3	
8	Family	Joint	Nuclear		
		03	47		

In demographic information age, gender, education qualification, marital status, incomesize typeof family etc, are various information's are followings

- **Age:**Age is the important factor at the time of interviewee because if the respondents are below 18 years age there will be considered as minors. They are not eligible into any contract according to **Indian contract act-1872**.
- **Gender:**We interviewed 70% of the male respondents. 30% of the female respondents.
- **Cast:**At the time of research in India cast plays an important role even though India is secular state.
  - o We interviewed 12% SC, 22% ST,30%OBC and others 16%.

- **Religion:** India is the mother land of several religions. Even though its. secular state all the statistics are collected on the basis of religion like Hindu, Muslim, Christian, Jains, Parasis, Buddhists, siks and so on.
  - o We interviewed Hindus 80%, Christians12%, and Muslim8%.
- **Education:**Education plays in important role in India. Majority of the respondents are literates. 06% of respondents are illiterates, 50% respondents are educated up to primary,and 30% of respondents studied up to secondary education and 14% of respondents finished their higher education.
- **Monthly Income:**30% of respondents are earning 5000 to 8000rs,50% of respondents are earning 8001 to 11000rs. 08% of respondents are earning 11001 to 12000rs. 12% of respondents are earning 12000rs, and above.
- **Marriage:**70% of respondents are married. 24% of respondents are Bachelor. 06% of respondents are widows.
- **Family:** 06% of respondents are living in Joint family. 94% of respondents are living in Nuclear family.

#### Thematic Analysis of The Study

**Table: 02**

Sl. No.	Particulars	Yes	No
01	Health is wealth	100%	00
02	Do you give importance for physical health	70%	30%
03	Do you give importance for mantel health	20%	80%
04	Do you give importance for integrated health	60%	40%
05	Do you believing healthy society concept	90%	10%
06	Do you feel India will reach goal of health for all	75%	25%
07	Do you feel economic self sufficiency is need of health	90%	10%
08	Do you feel government can alone provide health for all	80%	20%
09	Do you feel health care available in all place	60%	40%
10	Do you feel people will invite deices from bad habits	80%	20%
11	Do you feel government masseurs are sufficient to control anti health habits	10%	90%
12	Are you suffering from Respiratory problems?	05%	95%
13	Are you suffering from Skin allergies/ Irritations problems?	30%	70%
14	Are you sufferingfrom Anemia?	05%	95%
15	Are you suffering from Headache problems?	10%	90%
16	Are you sufferingfrom Nausea?	20%	80%
17	Are you suffering from Euphoria	03%	97%
18	Are you suffering from Nervous system problem	02%	98%
19	Are you utilizing/aware about Govt. Health welfare policies	60%	40%
20	Do you feel government is taking steps for behavioral health	10%	90%

**01. Health is wealth** 100% of the respondents agree. 00% disagrees. According to Indian Philosophy Health is wealth. According Indian philosophy Buddha is in Bhima and according western philosophy Apollo in Hercules.

**02. Importance for physical health:** 70% of the respondents agree. 30% disagrees. In rural areas people concentrate on physical health only. They don't know the importance of mental health.

**03. Importance for mental health:** 20% of the respondents agree. 80% disagrees. Elite people will concentrate on mental health. Others won't concentrate on mental health.

**04. Importance for integrated health:** 60% of the respondents agree. 40% disagrees. Elite people and above poverty line people will give importance to integrated health. 40% of the respondents do not give importance to integrated health, because of unaware of integrated health concept.

**05. Believing healthy society concept:** 90% of the respondents agree. 10% disagrees. Healthy society is concept is a moment by world health organization. India is taking steps to reach healthy society goal. By government concern people believe healthy society concept. 10% of the respondents do not believe in healthy society concept, because they are marginalized.

**06. Feel India will reach goal of health for all:** 75% of the respondents agree. 25% disagrees. In recent days the union government of India all state governments and union territories taking effective steps in health care's. So 75% agrees. 25% disagrees, because steps taken by government are not sufficient.

**07. Feel economic self sufficiency is need of health:** 90% of the respondents agrees. 10% disagrees. In recent days medical care is becoming costly and it is unaffordable by common and poor people. So it is very difficult get health care well in time without money. 10% disagrees, because they depend on government health care units.

**08. Feel government can alone provide health for all:** 80% of the respondents agree. 20% disagrees. Majority of the respondents depends on government machinery for health care and they feel government is capable of doing it. 20% of the respondents feel for health care private, corporate, NGO<sub>s</sub> should lend their hands to government for health care to all.

**09. Feel health care available in all places:** 60% of the respondents agree. 40% disagrees. 60% people are living in towns, cities and metropolitan cities. So they are accessible for health care.

But 40% of the respondents are living in remote areas. India is a county of villages. There are remote villages in eastern state of India, Maoist effected area and undeveloped parts India are away from health care facility.

**10. Feel people will invite deices from bad habits:** 80% of the respondents agree. 20% disagrees. Majority of the respondents feel people invite deices from bad habits like Smoking, Drinking lickers, Chivying tobacco, consumption of Gutaka, Panparagha, pan-masala and other tobacco mixed chemically treated drugs. 20% disagrees. They don't believe bad habits will bring deices.

**11. Feel government masseurs are sufficient to control anti health habits:** 10% of the respondents agree. 90% disagrees. Majority of the respondents are opined that government

is not taking effective steps to stop bad habits like Smoking, Drinking lickers, Chivying tobacco, and consumption of Gutaka, Panparagha, pan-masala and other tobacco mixed chemically treated drugs, because government is earning in terms of corers from the above said items, so Government not ready to lose its revenue.

**12. Respiratory problems:** 05% are suffering from respiratory problems. 95% are not suffering from respiratory problems. Health effects from exposure to petroleum products vary depending on the concentration of the substance and the length of time that one is exposed. Breathing petroleum vapors can cause nervous system effects (such as headache, nausea, and dizziness) and respiratory irritation. Very high exposure can cause coma and death, liquid petroleum products which come in contact with ... Individuals who experience health problems that may be related to a petroleum spill.

**13. Skin allergies/ Irritations problems:** 30% are suffering from Skin allergies/ Irritations problems. 70% are not suffering from Skin allergies/ Irritations problems. Irritated skin can be caused by a variety of factors. These include **immune system disorders**, medications and infections. When an allergen is responsible for triggering an immune system response, then it is an allergic skin condition.

**14. Suffering from Anemia:** 05% are suffering from Anemia problems. 95% are not suffering from Anemia problems. "Benzene is a natural component of crude and refined petroleum. . . . In the United States, gasoline typically contains less than 2% benzene by volume, but in other countries the benzene concentration may be as high as 5%. . . . Benzene was also an important component of many industrial cleaning and degreasing formulations, but now has been replaced mostly by toluene, chlorinated solvents, or mineral spirits. Although benzene is no longer added in significant quantity to most commercial products, traces of it may still be present as a contaminant." [ATSDR Case Studies in Environmental Medicine: Benzene Toxicity. June, 2000. p. 7]

"Natural source of benzene include volcanoes and forest fires. Benzene is also a natural part of crude oil, gasoline, and cigarette smoke."

**15. Headache problems:** 10% are suffering from Headache problems. 90% are not suffering from Headache problems. Inhalation of petroleum products can *cause headaches*, rapid heart rate, tremors, and confusion.

**16. Nausea (vomiting):** 20% are suffering from Nausea problems. 80% are not suffering from Nausea problems. Aspiration pneumonia *Due* to emetics, *nausea/ vomiting* from poison agent, and inhalation of activated charcoal or *petroleum products*

**17. Euphoria (excitement):** 03% are suffering from Euphoria problems at the time of Decantation of petroleum products from tanker truck to underground tank in ROs. 97% are not suffering from Euphoria problems, the potential hazards of swallowing hydrocarbon leads to *euphoria*.

**18. Nervous system:** 02% aged personnel are suffering from Nervous system problems. 98% are not suffering from Nervous system problems. Health effects from exposure to petroleum products vary depending on the concentration of the substance and the length of time that



one is exposed. Breathing petroleum vapors can cause nervous system effects (such as headache, nausea, and dizziness) and respiratory irritation. Very high exposure can cause coma and death.

**19. Utilizing/aware about Govt. Health welfare policies:** 100% personal are Utilizing govt. facilities and aware about Govt. Health welfare policies when needed. The information above said policies will be given by the ROs dealers.Forex., Pradhanamantri Jana-Dhan yojana, yashaswini and other policies.

**20. Feel government is taking steps for behavioral health:** 10% of the respondents agree, 90% disagrees. 10% respondents feel that government is taking effective steps for behavioral health aspect. 90% of the respondents opined that government is not taking effective steps for behavioral health programs. Government is concentrating on general health only. There is no sufficient medical staff for behavioral health in government hospitals.

**List of National Health Programs**

Sl. No.	National Health Programs	Year of Beginning	Objective/Description
1	National Cancer Control Program	1975	Primary prevention of cancers by health education regarding hazards of tobacco consumption and necessity of genital hygiene for prevention of cervical cancer, etc.
2	National Program of Health Care for the Elderly (NPHCE)	2010	To provide preventive, curative and rehabilitative services to the elderly persons at various level of health care delivery system of the country, etc.
3	National Program for Prevention and Control of Deafness (NPPCD)	---	To prevent the avoidable hearing loss on account of disease or injury, etc.
4	District Mental Health Program (NMHP)	1982	To ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of population.
5	National Cancer Registry Program	1982	To provide true information on cancer prevalence and incidence.
6	National Tobacco Control Program	2007	Preventing the initiation of smoking among young people, educating, motivating and assisting smokers to quit smoking, etc.
7	National Leprosy Eradication Program	started in 1955, launched in 1983	To arrest the disease activity in all the known cases of leprosy.
8	Universal Immunization Program (UIP)	1985	To achieve self-sufficiency in vaccine production and the manufacture of cold-chain equipment for storage purpose, etc.
9	National Vector Borne Disease Control Program	---	For the prevention and control of vector borne diseases

**Findings:**

- Ø Majority of respondents are not getting good health care facilities from government hospitals.
- Ø Present Government policies and programs regarding health care are not up to the mark.

**Conformation of Hypotheses:-**

By above all studies and statics we are unable to provide health to all through preventive and promotive health care orientation all developmental policies and universal access to good quality health care services without anyone having to face financial hardship as a consequence.

**Suggestions:-**

I suggest more effective steps should be taken by the government, private, NGOs and WHO to provide health to all through effective policies and programs to common people.

**Conclusions:**

To provide health care to all we should examine the issues and strategies regarding government health policies and programs.

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