Chapter 3

MOTIVATION, PURPOSE AND OBJECTIVES

Once a noted social scientist had termed health as a personage and the moment it moved to society, called public health, a proprietary of citizens in a welfare state (Christopher 2002). Primarily it could be a fundamental right in a welfare state to remark on the issues which any person consider significant and public health was considered important by the research scholar. Thus research scholar was fully charged and driven by emotions to do something for the betterment of public health, public health data and considered academic research as a prominent tool. National Rural Health Mission was consequently crucial for the country and had attracted researchers, academicians, and developmental practitioners to perform research and data collection.

What could make a research worthy? Many could answer this differently however research scholar had found motivation, purpose, and objectives behind a research subsequently most important because they could shape the value and effect of the research. How any occurrence or phenomena could motivate a person could not be ascertained fully and yet it could say that the attachment, keenness, and efforts required for a research often remained directly associated with objectives, purpose and fashioned by them either in totality or partiality. The motivation for research scholar to take up this research was essentially his attachment and usefulness of the wide subject of the research.

The motivation for research scholar to opt this research for a doctoral program could be somehow a blend of his dedication towards the public health however his ambitions, complexes, and requirements also played a role. The research scholar was at the same time very enthusiastic about a PhD which according to him though not reached to that climax but had certainly acquired a level. Research scholar still had memories clear that how one of his teachers at postgraduate level had offered to go for a PhD but at that time research scholar was not interested in doing a PhD. How things, attitude and approach changed and now though research scholar could not be so desperate but definitely very much enthusiastic for PhD! Research scholar applying for a PhD program was definitely also not due to the fact that research scholar supposed to be
suffering from any kind of inferiority complex as he could never feel any superior after securing a PhD but would definitely feel contented to an extent.

Research scholar applied for this PhD program for an appreciation and recognition of his research abilities. In order to gain an appreciation of research abilities, data collection and analysis capabilities it was essential for the research scholar to have a sturdy basis in the field related to his study and experience specially HR Management, Rural Management, Social Work, Social Welfare and Project Management. Research scholar believed that this PhD work would be precious for him in order to attainment of those objectives. It would not only enable research scholar to channel his quantitative and conceptual skills in analyzing issues but also open up new avenues in research. No surprise that subsequent to earning a PhD research scholar would like to opt for some key position at leading public or private universities, government departments, national and international development agencies. It could also enable research scholar in assisting other students in completing their doctoral research towards the culmination of his career. Research scholar had further to acknowledge that his background in the field of Labour & Social Welfare with specialization in social security and work experience in different managerial and supervisory positions had aggravated for this research considering research activities integral to academic activities.

Research scholar approaching the Department of PMIR of Patna University for a doctoral research was not just, because it was the institute where research scholar completed his post graduation but some other considerations were also prominent in his thought. Patna University was established in the year 1917 and was the sixth oldest and one of the most reputed universities in the country which had proved credentials with spent of time and virtues. The Department of Labour and Social Welfare now could know as Department of PMIR was one of the oldest and renowned institutes in the country and probably it was the first in the eastern region imparting education in specialized areas of Personnel Management, Rural Management, and Safety Management. Research scholar was especially overwhelmed by the training and the occurrence of G. P. Sinha who not only instrumental in the establishment of this department but successfully made it a pioneer department in the country. The faculties presently associated with this department belonged to a perpetual academic tradition. Research scholar was quite certain that probably this could be the only place where his longing of PhD degree could take some shape. Modern research could not be possible without inclusive, justifiable, and defensible kind of supervision, which either could not possible or would be
difficult for the research scholar at other places and perhaps this was a most
crucial consideration, research scholar opting to apply for this PhD.

Research scholar was so concerned about the public health being aware that
despite over sixty year of independence, democratization and economic
growth country was ranked almost 120-130 among the world community.
Research scholar felt problematic considering a situation that almost 330
women die delivering child every 100000 live births similarly almost 62
newborn babies die per 1000 live births in a year, and even further worse
another 70 children per 1000 live births were having the probability of dying
prior completing fifth birth anniversary. Further, only 37 percent of total
pregnancies were able to receive full antenatal care, any skilled workforce
only attended 47 percent births and just 31 percent of the total population was
using improved sanitation. In addition, the mortality rates due to diseases such
as diarrhoea, cholera, vector borne diseases were also alarmingly high and not
all those were hypothetical but a factual picture of the Indian public health
system at the onset of NRHM in April 2005 (WHO, Country Statistics India
2005). The deaths and burden of diseases due to other reasons were uncounted
as it could easily observe millions of households in India being crippled under
the burden of diseases every year.

The potential of India to grow as a robust nation was hurt according to the
research scholar. Priorities shifted, delivery mechanism collapsed the
demography of the country had almost lost its essence. The success of the
Nehruvian model had lost its charm due to the population explosion and
decades of bad governance- corruption. The measures for population control
and family planning had died in the seventies and since then no political party
dared to take the mission of population control. Now the under RCH program
the focus had shifted from population control to population stabilization
however the fate of RCH-I in the nineties could be a terrible dream. Later
under RCH-II and NRHM, the population stabilization was still a major focus.
The uneven growth of regions coupled with the rapid growth of population in
some regions had mounted tremendous pressure on the natural resources. The
market economy policy adopted as a remedy in early nineties perhaps had no
scope to accommodate every Indian. The population reached to almost 1.25
billion nevertheless and analysts were still saying that there was no need to
panic because the population growth was in the transition state. Although it
was extremely controversial to predict the ideal population of any nation
however a country like India could not afford to have such a huge population
with a decade growth rate of almost 20 percent now at almost 17 percent in the
year 2011. The population being fully aware of consumerism due to rapidly spread and access of consumer items now developing desire to get everything without much labour. How a country of over 1.25 billion populations was not able to provide a solution to its core social- developmental problems could be a matter of great anxiety. India was still finding it difficult to enable primary education, health, and drinking water to a sizeable part of the population. All these issues might be depressing for some while motivating for other.

Research scholar was also aware that almost 700000 million rupees was propelled into country public health sector over the last seven years under NRHM. This amount was in addition of the state’s health budget. Many questions had been raised and doubts persisted that was it appropriate for the central government to incur such a huge investment in this manner and had those investments were ultimately productive. What was the need of government adopting a mission oriented, time bound- project based approach while health was a sustainable subject? Had those measures of the government worked or there could be some alternatives? Had the money invested in core sector properly to address the key problems? The answer could be both yes and no! All those issue might be problem or questions however research scholar considered even them a motivational factor.

**Aims and objectives of study**

Though social welfare, social work now not so new subjects in India and social science itself had emerged significantly over the years. Now it had further moved from class room approach to outreach approach. Applied and clinical sociology had acquired multiple dimensions and research scholar wanted to further cement those bases. Significantly not much work was done or reported in the academic world or universities in India in the field of public health. Public health data in India required substantial involvement of academic world. The lack of books and publications in the field of public health was deeply felt by the research scholar. It could be remembered that public health formed an integral part of social welfare administration. Therefore any genuine work in the field of public health administration, data and analysis could require appreciation. Therefore the research scholar implemented this research with following main objectives:-

a. Aiming for a better public health scenario in the country research scholar wanted to contribute to the existing knowledge with his experience in the field of public health sector.
b. *National Rural Health Mission* was important for the country and research scholar wanted to press for the positives and suggest remedies on negative aspects.

c. The objective was also to explain how *achievements* of *National Rural Health Mission* could be measured.

d. The objective was also to establish and focus rightful methods for data collection to develop a method of enquiry for the public health.

e. Further the objective was also to explore the public health data and their sources in India.

f. Some tangential objectives were also to present an account of public health in India and its trail since ancient past.

g. The objective was also to present research scholar’s view point on NRHM with having some prior experience in the field and considering the timing of the research which highly suited to judge the outcome of NRHM as its current tenure was ending on March, 2012.

h. The research scholar aimed to give an account of occurrence of public health programs in the country under the premises of *National Rural Health Mission* at the ground level.

i. Some innovative ideas were implemented under *National Rural Health Mission* and new schemes were launched. Research scholar was interested to personally assess the outcomes of all those programs and also the overall achievements of *National Rural Health Mission* through appropriate research methods.

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