South American Publishing

SAP Community and Interculturality in Dialogue. 2024; 4:95
doi: 10.56294/cid202495

REVIEW

Healthcare Disparities and Cultural Factors in India and Argentina

Disparidades sanitarias y factores culturales en India y Argentina

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Cite as
Reyes Carrasco TM, Maisares JS, Lecca Egusquiza BS, Lecca Egusquiza BF, Cochi Sarzo A, Vargas GN. Healthcare Disparities and Cultural Factors in India and Argentina. SAP Community and Interculturality in Dialogue. 2024;3:95. https://doi.org/10.56294/cid202495

Publication History
Submitted: 31-08-2024
Revised: 17-10-2024
Accepted: 27-12-2024
Published: 28-12-2024

ABSTRACT

This scientific text explores the healthcare systems, cultural factors, and health challenges in the Republic of India and Argentina. It begins by emphasizing the importance of understanding how disease is perceived and experienced differently by individuals due to cultural and socioeconomic factors. It highlights that people's definitions of health and illness influence their healthcare-seeking behavior. The text provides insights into India's complex social and economic landscape, characterized by significant diversity in language, religion, and caste. Despite its economic growth, India faces challenges such as poverty, illiteracy, malnutrition, and gender inequality. These factors contribute to a high burden of noncommunicable diseases, respiratory infections, and other health issues. The healthcare system in India is described as a mix of public and private providers, with access to quality care often determined by one's economic status. Comparatively, the Argentine healthcare system is discussed, which includes public, private, and prepaid sectors. Argentina's constitution guarantees access to healthcare as a fundamental right, and public expenditure on health is used to provide free coverage with easy access for the population. The text concludes by emphasizing the importance of addressing health disparities and improving healthcare access, particularly for vulnerable populations. It underscores the role of nursing professionals in providing culturally sensitive care and facilitating effective communication to enhance patient outcomes.

Keywords: Healthcare System; India; Argentina; Cultural Factors; Health Challenges; Healthcare Access; Nursing Professionals.

RESUMEN

Este texto científico explora los sistemas sanitarios, los factores culturales y los retos sanitarios en la República de la India y Argentina. Comienza destacando la importancia de comprender cómo las personas perciben y experimentan la enfermedad de forma diferente debido a factores culturales y socioeconómicos. Destaca que las definiciones de salud y enfermedad de las personas influyen en su comportamiento a la hora de buscar atención sanitaria. El texto ofrece una visión del complejo panorama social y económico de la India, caracterizado por una gran diversidad lingüística, religiosa y de castas. A pesar de su crecimiento económico, India se enfrenta a retos como la pobreza, el analfabetismo, la desnutrición y la desigualdad de género. Estos factores contribuyen a una elevada carga de enfermedades no transmisibles, infecciones respiratorias y otros problemas de salud. El sistema sanitario de India se describe como una mezcla de proveedores públicos y privados, en la que el acceso a una atención de calidad suele estar determinado por la situación económica de cada uno. Comparativamente, se analiza el sistema sanitario argentino, que incluye los sectores público, privado y de prepago. La Constitución argentina garantiza el acceso a la sanidad como un derecho fundamental, y el gasto público en sanidad se utiliza para proporcionar una cobertura gratuita de fácil acceso para la población. El texto concluye haciendo hincapié en la importancia de abordar las disparidades sanitarias y mejorar el acceso a la atención sanitaria, en particular para las poblaciones vulnerables. Asimismo, subraya el papel de los profesionales de enfermería a la hora de proporcionar cuidados que tengan en cuenta las diferencias culturales y de facilitar una comunicación eficaz para mejorar los resultados de los pacientes.

Palabras clave: Sistema Sanitario; India; Argentina; Factores Culturales; Retos Sanitarios; Acceso a la Atención Sanitaria; Profesionales de Enfermería.

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INTRODUCTION

In the following text, we will briefly review the history, its health and cultural system, its sustainability and how it is applied.

Society lives in a remarkable inequality in the socio-economic, environmental and health-disease areas; the disease is a personal ailment and a social and cultural construction since each person lives the disease according to their characteristics.

Health and illness will depend on ordinary people's definitions of their procedure, which will condition the help they seek.[1,2]

We know that the utilization of the health system results from a process that starts as the opinion of a health problem that becomes a need. We consider that there is utilization when this demand is satisfied, or they can access the attention according to how they are economical; this will depend on whether it is a public or private hospital, which in most cases is the difficulty of accessing an efficient and quality health system.[3]

Finally, we will develop a comparison between both areas of the health system, both in the Republic of India and in the Republic of Argentina.

DEVELOPMENT

Brief history

Since its creation in 1947, an external image of India has prevailed as a poor and underdeveloped state, internally divided by ethnic and religious conflicts and, therefore, with a limited capacity to influence the international order.[4,5]

It is, in fact, the most heterogeneous State on the planet, where more than 1,2 billion people speak fifteen languages and 1,600 regional dialects, profess a majority faith, Hinduism (82 % of the population), but also Islam (12 %), Christianity, Sikhism and other religions. Within Hinduism, they belong to castes and sub-castes that differentiate them and, especially in rural areas, still condition their occupations and types of life.

In 2017, its economy was considered the third largest in the world and the sixth in terms of nominal GDP; thanks to industrialization, emerging countries have achieved a higher status. Some are even leaders in sectors such as technology. However, India brings with it weaknesses that are hampering its economic development, especially in terms of inclusion and equality.[6] Since it was colonized, India has overcome internal crises and problems that are still very latent today, especially terrorism and casteism. It suffers from problems such as high poverty levels, illiteracy, pandemics, malnutrition and constant violations of women's rights. It is characterized by significant social inequality; it is currently among the most unequal countries in the world, according to the World Inequality Report 2022, which qualifies India as ..." a poor and very unequal country with a wealthy elite" ...

Characteristics

India is officially recognized as the Republic of India; however, the Constitution of India and several languages spoken in the country recognize Bharat as the official name of the State.

This is a sovereign country located in South Asia, with 1428 million inhabitants; it is the most populated country in the world. It is a federal republic composed of 28 states and eight union territories with a parliamentary democracy system.[7]

Its capital is New Delhi, and its most populous city is Bombay. The name India derives from the word Indo, which comes from the Persian word Hindu, from the Sanskrit Sindhu, the historical local name for the Indus River.[8]

Some Indian languages, including English and Hindi, are Bengali, Hindi, Maithili, and Nepali.

The main castes or varna are the Brahmins (priests and intellectuals), the Kshátriyas (warriors and rulers), the Vaishyas (merchants and artisans) and the Shudras (peasants and workers); these have a historical religious origin and are influenced by the social and economic development of colonial times. The word "caste" comes from the Portuguese word casta, which means "race, lineage, lineage".

The Indians have managed to preserve their previously established traditions while absorbing new customs, traditions and ideas from invaders and immigrants while extending their cultural influence to other parts of Asia, mainly Indochina and the Far East.[9]

Customs and traditions

The Indian culture contributes to the world with its religion, philosophy, rhythm of life, and meditation as a source of life and well-being. Its particular philosophy of life has much to do with religion. India is a vast territory that is home to different ethnic groups. In the arts field, the Hindus stand out for having peculiar music and dance, both of Vedic worship. For its part, dance has much to do with mimicry and expression of the limbs, symbolizing love.[10]

Mark on the forehead

The Indian tradition has always been customary to adorn the forehead with different signs and concrete symbols with different forms and purposes. The oldest practice is to mark oneself with ashes; the ash is a sacred element that symbolizes renunciation of the world.[11] The tilaka is a mark on the forehead denoting religious affiliation, caste or as a blessing. The tilaka is applied in the space between the eyebrows, considered where knowledge is centred. It is widespread among Indian women to adorn themselves with the bindî, a round vermilion dot. It is worn by married women who believe it will protect their husbands.

Alms

It is customary to give alms to people experiencing poverty and give donations that are employed in the service of the temple and to feed people in need. Large amounts of money are allocated for the construction of temples or to help pilgrims.

Traditions

The rivers are sacred; there are local festivities in which the women invoke the goddesses of the rivers to request fertility or to thank her with a series of rites and fill the waters with lighted lamps during the night.

One of the most ancient traditions in India is the Sûrya namaskâra (greeting to the sun). This practice aimed to bow to the universe's primary energy and stimulate the body and spirit for the beginning of daily activity. It should be performed before dawn to take advantage of the rising sun's energy and stimulate the blood.[12]

Some animals are sacred in themselves, such as cows. Others are associated with gods as companions, which justifies their sacralization and the reverence in which they are held. Such is the case of the elephant, the horse, the peacock, the swan, the lion. It is not difficult to love these animals, and the Indians do: they respect them, protect them and venerate them in their sacred iconography.[13]

Marriage is not a privilege required exclusively for love in India, not even for adults, in a prohibitive society where kissing in the street is frowned upon, as are displays of affection between couples. Women are the most disadvantaged; they do not have, in any case, the power to choose their life partners, with some exceptions, because their parents are the ones who choose the best candidate.

Cremation is a funeral rite. The belief is that the fire that consumes the body converts it into a higher form of existence. Exceptions are made for very young children and ascetics who are considered saints.[14]

Leading diseases in India

Noncommunicable diseases

According to WHO, every year, about 5,8 million Indians lose their lives to heart and lung diseases, stroke, cancer and diabetes. One in four Indians risk dying from a noncommunicable disease before 70.

..." Heart disease, diabetes, cancers and chronic respiratory diseases are now affecting younger and younger people," says Dr Poonam Khetrapal Singh, director of WHO's Regional Office for South-East Asia. "The premature death of millions of productive people from noncommunicable diseases are seriously undermining social and economic development."

Cardiovascular diseases (CVD) are the number 1 cause of death worldwide. 1 in 3 deaths worldwide is a result of CVD. However, the majority of premature heart disease and stroke are preventable.

In India, noncommunicable diseases (NCDs), including cardiovascular diseases, are estimated to account for 60 % of all adult deaths. CVD accounts for more than a quarter (26 %) of these deaths in India. Some of the risk factors related to CVD in adults in India are described below 15 % of the population is smokers, and 4,3 litres of pure alcohol is consumed per person. Just over one-fifth (21,1 %) have hypertension, which can increase the risk of heart attack, heart failure, kidney disease or stroke.

Heart attack, heart failure, kidney disease or stroke.

Respiratory contact diseases

In industrialized countries, the common cold is no more than a passing annoyance, generally mild, which rarely has severe consequences for health, but this is not so in the rest of the world. In several third-world countries, acute respiratory infections are the second cause of infant deaths, especially in India, where 40 per cent of childhood illnesses are caused by acute respiratory infections (ARI), which weaken the child's general defences and can even reduce the duration of life. Other diseases can also be highlighted, such as:

- Meningococcal meningitis
- Tuberculosis
- India has an incidence of more than 100 cases per 100,000 population, the highest risk category.
- 2021 notified 506,000 cases of extrapulmonary tuberculosis, 24,8 % of all cases.
- 2020 reported 76,002 deaths
- Measles
- 2023. May Mumbai: 303 cases and 11 deaths. March- Madhya Pradesh
- 2022. December Mumbai
- Diphtheria
- Mumps

Endemic and prevalent diseases

- Podoconiosis: caused by mineral particles penetrating bare feet.
- Measles,
- Polio. There are only four countries where the circulation of wild poliovirus has never been interrupted: Afghanistan, India, Nigeria and Pakistan.
- Tuberculosis
- HIV-AIDS

Food- and waterborne diseases

According to the 2011 census, of the country's 1,2 billion population, nearly half did not have access to a toilet. Sixty-seven per cent of rural households and 13 % of urban households lack this sanitary asset. In India, 60 % of the world's population who defecate in the open do so.

- Hepatitis A
- Hepatitis E Responsible for 60 % of hepatitis cases in the country, mainly in northern and western regions. Annual incidence of 2 million cases.

Occasional epidemics

- Typhoid fever is a potentially fatal infectious disease caused by the bacterium Salmonella Typhi, which is usually transmitted through contaminated food and water. It is considered highly endemic. It exceeds one million cases annually. 2023: July city of Bangalore (India), 2020: Increase of cases in Punjab, 2016: Notified 2,2 million cases.
- Cholera
- Listeriosis.
- Brucellosis: a bacterial disease caused by several species of Brucella infecting mainly cattle, pigs, goats, sheep and dogs.
- Bacillary dysentery (shigella sp.). Inflammation of the intestines and bloody diarrhoea. It is often spread through contaminated food or dirty water. It is a hyperendemic country.
- Fasciola parasitic animal disease (mainly of ruminants, but also of pigs, donkeys, llamas and alpacas) that can be transmitted to humans.
- Enteropathogens are one of the leading agents of acute childhood diarrhoea in developing countries.
- Salmonella
- Shigella

Insect/arthropod-borne diseases

Mosquitoes

- Malaria: An estimated 1,5 to 3 million people die from this infection.
- Dengue: India traditionally reports the second highest number of dengue cases worldwide.
- Chikungunya: (Estimated over 15 million cases since 2005)
- Zika virus
- Japanese encephalitis: Endemic in many parts of India, especially in northeastern parts of the country.

Diseases transmitted by contact with animals

Animal bites: Dogs, monkeys, and bats can transmit several diseases, including rabies or herpes simplex. There are an estimated 30 million stray dogs in the country. 36 % of rabies cases in the world occur in India. 70 % of the Indian population is unaware of rabies. Only 60 % of those bitten receive the vaccine.

- Rabies: It is the first country in the world to have several deaths due to this disease. India has a population of approximately 62 million stray dogs. In Pune alone, the number is more than 300,000 (2022).
- Hantavirus
- Avian influenza: severe acute viral disease caused by the Hantavirus. Field mice
- H5N1: Health authorities have reported 1 death from H5N1 avian influenza in India. The victim, an 11-year-old boy, would be the first documented death from avian influenza (H5N1) in the country. H5N1 is a type of influenza virus that causes severe and highly infectious respiratory disease in birds called avian influenza.

Sporadic cases

- Leprosy: 2020. 65,147 new cases reported
- Angiostrongylus
- Anthrax.
- Nipah virus: antibodies to the virus have been found in bats.
- Hepatitis B
- Varicella: Varicella vaccine is available in the country (private system) and is not included in the Indian immunization schedule.

Relevant reforms

In 2018, India launched a flagship health protection scheme to provide coverage to 40 % of the population and covers 100 million vulnerable households in the country, which, according to the state analysis, demonstrates the failure and helplessness of healthcare

-Implement the National Rural Health Mission (NRHM), but gaps remain in infrastructure building, human resource utilization, and retention. The growth of the private system managed by mega companies forms an essential care segment, especially in urban areas.[15,16]

-In 2011, The Lancet focused on universal health coverage, stating that the country's economic growth offers an opportunity to address the series of health inequities but, in reality, has not resulted in investments and achievements in health. The extension of new social health insurance schemes, the largest of which are the Rashtriya Swasthya Bima Yohana RSBY national health insurance scheme launched by the central government and state-run programs.

-The UN launched education programs, prevention and care programs in rural areas and garbage collection projects.

-The proposed reforms aim to promote expensive and technologically intensive tertiary care without addressing the broader

determinants of health.[15,17]

Healthcare system

India has had both public and private medical health providers, which implies many individual practitioners (qualified and unqualified), nursing homes, large and small hospitals, and diagnostic and pathology laboratories.[18] Although it is said that the private sector provides more than 72 % of the country's health services, information on this still needs to be satisfactory. Most of the attention, research and analysis on the health sector is focused on a few under-resourced government services, a critique of their "poor performance" and their "flaws and shortcomings".

According to the World Bank's evaluation department the reasons why India's progress in health has not been as rapid and age-specific mortality and disability rates remain higher than those of other countries and regions (table 1), the OED identified a number of factors, namely: 1) the rate of population growth is taxing on government resources; 2) per capita spending on public health is half that available in similar countries and one-third the estimated cost of an essential package of health services; 3) inadequate funding of programs targeted primarily to the poor and limited access by the poor to available programs; 4) inadequate supply of safe water and sanitation; 5) poor quality of service due to shortage of supplies, absenteeism, staff misconduct, inordinate workload and low staff morale, and consequent underutilization of facilities; 6) inadequate mobilization of private and NGO resources; 7) excessive focus (until recently) on sterilization and use of financial incentives to achieve set targets; and 8) inadequate attention to maternal and child health.

Table 1. Burden of disease: Disability-adjusted life years (DALYs) lost per 1,000 persons due to mortality and disability in India, China, and two regions, 1990

Country or region	Mortality	Disability	Total	Percentage of DALYs lost, 0 to 4 years of age
India	235	103	339	45
China	104	80	184	24
Other Asian countries and islands	168	92	260	38

Type of health system

The health infrastructure must be removed from Western standards in large cities and may be nonexistent in rural settings. The provision of pharmaceuticals can be very irregular.

Coverage

Most hospitals require prepayment or confirmation of insurance prior to treatment. There needs to be more precise information on payment practices or whether credit cards are accepted for medical care.

Health care network

Most developed in major cities, New Delhi, Mumbai, Calcutta, and Madras-Chennai. None or nonexistent in rural areas.

Quality of care: Generally low throughout the country except in some hospitals in large cities where sophisticated medical care is possible.

Cost of care: WHO per capita expenditure is $69 per person.

Health demographics

Population density: 377,6 inhabit/km² (2011)

Population age structure: under 14 years 26,98 %, between 14-65 years 66,63 %, over 65 years 6,39 %.

Birth rate: 20,97 % (2011).

Mortality rate: 7,43 % (2011).

Infant mortality rate: 46,07 % (2011).

Life expectancy: 69,1 years (males 67,8 years and females 70,5 years) (2018)

Inhabitants per doctor: 8 doctors per 10,000 inhabitants (2020).

Devices that are most in demand in India are

- Respiratory devices.
- Scintigraphy
- Medical implants
- Radiology

Comparison with the Argentine health system

The Argentine health care system is divided into public and private systems, and a subsystem of mandatory social security (obra social) is acquired when one works as an employee or self-employed, either in the private sector or in-state entities. This social security or Obra social provides the user with health care security, discounts in pharmacies and home assistance and transfers.

Health coverage is universal, without distinction and free of charge in the public sector.[19] The financing of the public health system is obtained from the income of taxpayers who pay taxes. 4,1 % of the annual GDP (gross domestic product) is allocated for the attention of the social works attended by the public system and cooperatives. The public system's attention is divided into high-complexity national hospitals, regional or municipal hospitals, chaos and vaccinators.[20,21]

Article 42 of the national constitution states: "Consumers of goods and services have the right, in the consumer relationship, to the protection of their health, safety and economic interests; to adequate and truthful information, to freedom of choice and conditions of equitable and dignified treatment"...

In the private sector, it is financed by the client's consumption of its health services. The administration of this service is in the hands of entrepreneurs or companies dedicated to health services. This service can be accessed if one has mandatory social security or is a prepayment or mandatory health plan member. Health care is divided into high-complexity or speciality sanatoriums, private clinics, rehabilitation centres and vaccination centres.[22,23]

The health care system in India is cohesive compared to the Argentinean national system. It is difficult to access for the Indian citizen since social inequality is evident. The attention, even with contributions from the state, is in the hands of the private sector; to access the system, one must have purchasing power to undergo studies or hospitalization for chronic/acute medical treatment. In the most precarious cases, health care lacks the means to provide quality, efficient and effective care. The area has a variety of campaigns for the fight against HIV, vaccination and food campaigns, which is paradoxical in a city with a high percentage of social inequality.[24,25]

In comparison with both systems, they want to respond to the daily challenges that arise in society so that they can access a complete system; in Argentina, the national constitution guarantees this right. While in India, it is based on a mixed system with a greater private incidence.[26,27]

CONCLUSIONS

We can consider the importance of the health system without any discrimination and access to the social sphere. According to the case we raised in the essay, we can observe within the health and disease process in both countries, different continents, that the Republic of India, a country rich in economy, suffers from very high poverty problems due to inequality, people of low economic resources, do not have access to the health system for health care properly in conditions, as well as a great social inequality, violation of women's rights, many of their acts are naturalized in their culture from previous centuries.

Although India has public hospitals, they need more supplies and health professionals. This leads to the growth of the private sector, and at the same time, people without any benefits cannot access health care. Consequently, there is an increase in diseases, in many cases an endemic in certain regions.[28,29]

Argentina's health system includes the private, public and prepaid sectors, providing free coverage with easy access for society, favouring the most vulnerable group. In order to solve health problems, public expenditure on health can be increased, and health programs can be established. Education is essential for society because it gives citizens a better life and a good quality of care for the most vulnerable sector.

As nursing professionals, despite having theoretical bases during our academic training, we can see how important it is to know, inform ourselves, empathize, and go beyond what has been taught. Nursing focuses on cultural care, values and beliefs when interacting with the subject of care; undoubtedly, this will strengthen the nurse's role in the care practice, as well as facilitate communication and the prompt recovery of the patient.[30]

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FINANCING

No financing.

CONFLICT OF INTEREST

None.

AUTHORSHIP CONTRIBUTION

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