

Criticality of Socio-Cultural Factors in Public Policy: A Study of Reproductive Health Care in Rural West Bengal

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Abstract : Public policy is an intriguing terrain, which involves complex interplay of administrative, social political and economic components. There is hardly any fit-for all formulation of public policy as Lindbloom has aptly categorized it as a science of muddling through. In fact, policies are both temporally and contextually determined as one the proponents of policy sciences Harold D Lasswell has underscored it in his 'contextual-configurative analysis' as early as 1950s. Though, a lot of theoretical efforts have been made to make sense of this intricate dynamics of policy making, at the end of the day the applied area of public policy negates any such uniform, planned and systematic formulation. However, our policy makers seem to have learnt very little of that. Until recently, policy making was deemed as an absolutely specialized exercise to be conducted by a cadre of professionally trained seasoned mandarin. Attributes like homogeneity, impartiality, efficiency, and neutrality were considered as the watchwords of delivering common goods. Citizen or clientele was conceptualized as universal political or economic construct, to be taken care of uniformly. Moreover, policy makers usually have the proclivity to put anything into straightjacket, and to ignore the nuances therein. Hence, least attention has been given to the ground level reality, especially the socio-cultural milieu where the policy is supposed to be applied. Consequently, a substantial amount of public money goes in vain as the intended beneficiaries remain indifferent to the delivery of public policies. The present paper in the light of Reproductive Health Care policy in rural West Bengal has tried to underscore the criticality of socio-cultural factors in public health delivery. Indian health sector has traversed a long way. From a near non-existent at the time of independence, the Indian state has gradually built a country-wide network of health infrastructure. Yet it has to make a major breakthrough in terms of coverage and penetration of the health services in the rural areas. Several factors are held responsible for such state of things. These include lack of proper infrastructure, medicine, communication, ambulatory services, doctors, nursing services and trained birth attendants. Policy makers have underlined the importance of supply side in policy formulation and implementation. The successive policy documents concerning health delivery bear the testimony of it. The present paper seeks to interrogate the supply-side oriented explanations for the failure of the delivery of health services. Instead, it identified demand side to find out the answer. The state-led and bureaucratically engineered public health measures fail to engender demands as these measures mostly ignore socio-cultural nuances of health and well-being. Hence, the hiatus between supply side and demand side leads to huge wastage of revenue as health infrastructure, medicine and instruments remain unutilized in most cases. Therefore, taking proper cognizance of these factors could have streamlined the delivery of public health.

Keywords : context, policy, socio-cultural factor, uniformity

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