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Need for a right blend of studentsin Public Health Institutions

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After 13 years of work, at the age of 27 years, Adarsh (name changed) is pursuing a Master of Public Health (MPH) programme. A first-generation college student from a village, his family is affected by disabilities and long-term illnesses. Working two shifts, he graduated in Social Work. A stagnation in income made him choose to study further. He enrolled in the MPH programme believing it would equip him with the skills to reconnect with his roots and help him assist others facing challenges in addressing the 'social determinants of health', simply put, the economic and social factors that influence the health status of people. The availability of financial assistance played a crucial role in his decision-making process.

Unlike Adarsh, a significant proportion of students in public health institutions come from privileged backgrounds. They lack exposure to the diverse realities faced by the multitude of Indians. But they aspire to work on policy and planning at the state or national level, or with international NGOs. One of the ways to bridge this gap between reality and aspirations is to ensure a right mix of students at the entry level.

According to a recent report by the Bengaluru-based Centre for Budget and Policy Studies, there are 105 institutions offering an MPH programme in India. Roughly two-thirds of them (69/105) accept students only if they have a background in medical, paramedical, or allied medical fields. Just a handful are open to graduates from other disciplines. This not only perpetuates the bio-medical bias in public health practice but also restricts access by a large majority of interested youth to public health education.

Another restrictive factor that came up in the survey was that the programme fee ranged between INR 1366 to INR 18,03,614, with a median of INR 16,600. (This median may be ambivalent since there were more private institutions than public, and one in four of these did not disclose their fee to be included in this estimate). Besides the fee, living and fieldwork expenses are other major heads to be met. That only a few of these institutions offer any form of financial assistance to students implies that public health education may be out of reach for many aspirants.

It is known that disadvantages because of caste, ability, gender, and domicile also restrict people's access to higher education in general. There is no reason why public health education should be an exception. Almost half of the MPH institutions in the said survey did not have a policy on affirmative action on their websites.

The Northeastern, Eastern, and Central regions of India, where the most marginalised Dalit and Adivasi communities reside and which fare poorly on most health indicators, were found to have just 18 out of 105 institutions offering MPH programmes. The state of Bihar, for instance, did not have a single such institution as per the survey.

This scenario calls for an urgent need to contemplate the paradox of 'means to an end' in the context of public health education programmes and institutions in India. Is their main purpose to address the needs of those who lack access to healthcare, or is it to generate employment of a certain kind? Should public health education institutions follow the path taken by premier institutes of technology, management, and medical science where only the most 'meritorious' get admission and, barring a few laudable outliers, most go out to take high paying jobs in private corporations?

Public health must prioritise the last mile delivery. For this to happen, more students like Adarsh should be able to pursue public health education. This is important not only because their lived experiences inform their future practice, but also because they bring their first-hand accounts and grounded worldviews to the classroom. While basing a significant portion of the MPH programme

in the field

Establishing public health institutions in regions where the need is, encouraging disciplinary diversity and making provisions for affirmative action in selections, and keeping the fees low or giving need-based scholarships that cover the fee as well as the living expenses are critical factors to consider. This calls for the attention not only of the State and existing MPH institutions but also of high net-worth individuals and foundations. Investing in public health education is as important, if not more, as investing in public health services and research.

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