BANS 184: PUBLIC HEALTH AND EPIDEMIOLOGY

TUTOR MARKED ASSIGNMENT (TMA)

Course Code: BANS 184
Assignment Code: BANS 184/ASST/TMA/2026-27
Total Marks: 100

There are two Sections in the Assignment. You have to answer all questions in all the Sections.

Assignment – I

Answer the following in about 500 words each. 20X2= 40

a. What is Public Health? Give an account of public health in India.
b. Briefly discuss various health care services in India.

Assignment – II

Answer the following in about 250 words each. 10X3=30

a. Give an account of globalisation and its impact on health.
b. Briefly discuss the role of Non-Governmental Organisations (NGO's) in the health sector of India.
c. What is epidemiology? Discuss randomised studies.

Answer the following in about 150 words each. 5X6=30

a. Gender and Health
b. Vaccination
c. Random sampling
d. Chronic diseases
e. Chi-square (χ^2) test
f. SPSS

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a. What is Public Health? Give an account of public health in India.

Answer

Public health refers to the organised efforts of society to prevent disease, prolong life and promote the physical, mental and social well-being of populations. Unlike clinical medicine, which mainly treats an individual patient, public health studies the conditions that influence the health of communities. These include safe drinking water, sanitation, nutrition, housing, education, employment, environmental safety and access to health care. Its objective is not merely to reduce deaths, but also to enable people to live healthier and more productive lives. It therefore combines medical knowledge with epidemiology, sociology, economics, anthropology, statistics and public administration.

The major functions of public health are health promotion, disease prevention, protection against hazards and the organisation of essential health services. Health promotion encourages nutritious diets, exercise, reproductive health, mental well-being and informed choices. Prevention includes vaccination, screening and early diagnosis. Health protection involves food safety, pollution control, clean water and measures against epidemics. Epidemiology and disease surveillance help identify who is becoming ill, where illness is occurring and which interventions are effective. Public health is also concerned with fairness: people should not suffer avoidable illness because they are poor, live in remote areas or face discrimination.

Public health in India has a long history. Ancient settlements, including those of the Indus Valley Civilisation, show evidence of drainage and planned sanitation. Traditional systems of healing also emphasised diet, hygiene and ways of living. During the colonial period, recurrent outbreaks of cholera, plague, smallpox and malaria demonstrated the need for organised action. However, many early sanitary measures concentrated on military and urban administrative interests, while rural populations received limited services. The Bhore Committee Report of 1946 became an important turning point by recommending an integrated, publicly supported system with primary health centres and preventive and curative care linked together.

After Independence, India gradually established primary health centres, sub-centres, district hospitals and medical institutions. National programmes addressed malaria, tuberculosis, leprosy and other infectious diseases. The Expanded Programme on Immunisation began in 1978, followed by the Universal Immunisation Programme in 1985. Maternal and child health measures, family welfare services, oral rehydration therapy and nutrition programmes sought to reduce avoidable deaths. The Alma-Ata approach to