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# An Analytical Study on Sustainable Development on Health and Population in India

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## ABSTRACT

*The principal aim of the research is to provide people with an understanding of the interactions between population health and the status and management of the environment. This will be examined in the context of environmental sustainability, with a focus on the changes that economic development and demographic change can bring both to the environment and population health. The research will also touch upon the environmental sustainability and health sustainability of human society. The overall view of my topic involves the major ways in order to improve health and reduce population for sustainable development. Survey results SPSS graphics and diagrams are attached in this research work. cross table has been used for this research work. The essence of survey method can be explained as “questioning individuals on a topic or topics and then describing their responses”. Random sampling method was used for the purpose of this study. There are a total of 200 samples collected for this study, suggestions, discussions were taken in my research in order to make a theme over sustainable development by improving health development and reducing population growth among the nation.*

**Keywords:** Sustainable development, health, population, goals, Prevention.

## I. INTRODUCTION

Sustainable Development Goal 3 of the 2030 Agenda for Sustainable Development is to “ensure healthy lives and promote well-being for all at all ages”. The associated targets aim to reduce the global maternal mortality ratio; end preventable deaths of newborns and children; end the epidemics of AIDS, tuberculosis, malaria and other communicable diseases; reduce mortality from non-communicable diseases; strengthen the prevention and treatment of substance abuse; halve the number of deaths and injuries from road traffic accidents; ensure universal access to sexual and reproductive health-care services; achieve universal health coverage; and reduce the

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number of deaths and illnesses from hazardous chemicals and pollution. The Commission on Sustainable Development considered Health and sustainable development as a cross-cutting issue during the two-year cycle of its multi-year programme of work. Health and Sustainable Development was also an integral part of the World Summit on Sustainable Development, held in Johannesburg in 2002. The outcome document of the Summit, the Johannesburg Plan of Implementation, devotes Chapter 6 to Health and Sustainable Development, recalling that human beings are entitled to a healthy and productive life, in harmony with nature and further recognizes that the goals of sustainable development can only be achieved in the absence of a high prevalence of debilitating diseases, while obtaining health gains for the whole population requires poverty eradication. The outcome of the United Nations on Environment and Development, Agenda 21, devotes Chapter 6 to “Protecting and Promoting Human Health”. The Agenda recognizes that health and development are intimately interconnected, and call that action items under Agenda 21 must address the primary health needs of the world's population, since they are integral to the achievement of the goals of sustainable development and primary environmental care.

#### **(A) Aim**

The aim of the study is to make people well developed to make their economy well fared by a healthier and population less state as a sustainably developed economy.

#### **(B) Objective**

The primary objective of the study is to make the public aware about health development and population control in order to increase sustainable development in the states and to ensure public welfare. The main review brought up in the study is education is the main source to bring sustainable development over health and population. Thus the main objective of my research is to make people think about the future for developing education.

#### **(C) Review of literature**

Population health is the health outcomes of a group of individuals, including the distribution of such outcomes within the group. The shift happening in the UK, as well as numerous other countries around the globe, is one away from health systems designed to better manage chronic disease care towards systems designed to enhance population health. (“Spread, Scale, and Sustainability in Population Health” 2015)

Population health management, or PHM, aims to optimise the health of populations over individual life spans and across generations. ((pstc), Population Services and Training Center (PSTC), and Frontiers in Reproductive Health 2008)

Population health management is the nexus that brings together an understanding of population needs (public health) through big-data, patient engagement and healthcare delivery to embrace the triple aim of experience of care, the health of populations and cost-savings.(Institute of Medicine, Board on Population Health and Public Health Practice, and Roundtable on Environmental Health Sciences, Research, and Medicine 2013a)

At this time of great increase in healthcare needs, itself driven by the success of healthcare in turning many previously fatal conditions into long-term conditions (LTCs) and continuously increasing life expectancies, the NHS stands at the edge of an ocean of possibilities presented by new technology. (Institute of Medicine, Board on Population Health and Public Health Practice, and Roundtable on Population Health Improvement 2016)

These new technologies hold the triple promise of developing effective ways of risk-driven targeting of healthcare interventions to those who need it most and at the moment when it will add the most value to the patient's life; the involvement of the patient in an informed and authentic way in their own care and continuously improving healthcare services themselves. (Institute of Medicine, Board on Population Health and Public Health Practice, and Roundtable on Environmental Health Sciences, Research, and Medicine 2013b)

The ability to look simultaneously at morbidities across a given population, and at the same time identify the status and needs of an individual within that population, opens up the possibility of being able to manage the increasing care needs of citizens in a way that is simply not possible within the current NHS-provision model.(McNicoll 2005)

Population health management in the years ahead will go beyond the analysis of data to pick upon group and individual risk in a way that triggers an intervention.(Guidotti 2015b)

New technologies will be able to assimilate research data and, together with an understanding of an individual patient's somatic status, be able to (in mere seconds) develop a risk-assessed, tailored treatment plan and care pathway. (OECD 2015)

In contrast, it is estimated that to stay up to date with research articles would take a physician 627.5 hours a month of reading. Already, algorithms are beginning to outperform radiologists on diagnosing pneumonia.(Delgado and Lloret 2019)

Telehealthcare, including the patient's own impressions of their healthcare status (for example, pain- levels felt or confidence levels in their own well-being), is becoming both more sophisticated and less expensive. (A. J. McMichael 2009)

We are near to a time when robots will be routinely used to perform surgery with great precision

and speed. Together with population health management, the use of technology in the coming years will change opportunities for patients and the way in which we routinely experience interventions in ill-health.(Sherris 2013)

In just the same way as it will change all other aspects of how humans live on this planet. The key issue is how those responsible for healthcare services today will ensure the speediest and most effective introduction of new possibilities for the maximum benefit of NHS patients.(Maffei, Burciago, and Dunn 2009)

The NHS is currently operating in the environment created by the Health and Social Care Act 2012, which encouraged competition between organisations and championed the commissioner/provider split . (Foot 2017)

With the development of STPs, health and social care organisations are being asked to collaborate more closely, and to do so in a system un-reformed by primary legislation. (Baird and Kevin Baird 2012)

This creates a host of practical and important governance challenges, as local leaders are asked to work collectively on their STP while still being held to account and regulated as individual organisations. (He and Winde 2018)

Nevertheless, system leaders need to work together to develop shared risk arrangements, ensure appropriate organisational representation, engage stakeholders, and to consider funding and regulatory requirements all while working openly.(Coole 2016)

Success in achieving this will largely depend on a change in culture, reflecting the shift away from competition in the NHS.<sup>21</sup> In introducing population health management, system leaders will need to be prepared to go beyond this in enabling its success. (Guidotti 2015a)

Indeed, the February 2018 planning guidance from NHS England specifically identifies population health management as a key sustainable improvement and seeks local leadership to embrace this approach. (Anthony J. McMichael 2006)

Importantly, local authorities will need to be as engaged in the STP process as their NHS partners, which anecdotal evidence suggests has not always been the case so far. It is local authorities who employ the vast majority of public health specialists who will have a central role in the development of population health management(Fong, Ng, and Yuen 2017)

Governance and decision-making arrangements will need to involve Health and Well-being Boards sufficiently, which should continue to provide leadership in prevention and proactive health and well-being. (Goldie and Furnass 2005)

The 2030 agenda of the government brought up major output in human health development in developing sustainable development. agenda for sustainable development and the agenda on international conference on population and development brought up major changes in the economic, social, environmental and institutional development of the public in population and health control.

## II. COMPARATIVE STUDY

It is only in very few years that there has been significant effort to examine over comparativity of health and population over the country. The medical insurance, funds disbursed from world health organisation to achieve the goals of sustainability is comparatively more in India when compared with other countries such as China, Brazil, Canada, USA, UK, Thailand etc. But, the 65% of the health care expenses were taken from the public, the funds and insurance helps were not undertaken properly in Indian nation. Population is the main source of nations strength and security. The population control system has brought up due to over populated countries like India, China etc. India accounts for 37 % of the world population. The population control policies in India has been brought up for sustainable development, which majorly denotes that education is the main source to reduce population in India and China.

## III. CASE STUDY

The Supreme Court's decision in the Health Care Case, **NFIB v. Sebelius**, gripped the nation's attention during the spring of 2012. Like the legislative battle leading to adoption of the Affordable Care Act (ACA or "Obamacare"), the litigation took many unexpected twists and turns. No one could have predicted the strange coalition of justices and arguments that would eventually lead the Court to uphold the Act's principal provisions. The constitutional case against the ACA was originally written off as frivolous, but after oral argument at the Court, many predicted that the unthinkable had now become likely. When the Supreme Court delivered its complicated and fractured decision, it offered new interpretations to four different clauses in the Constitution. Early commentary viewed the decision as a victory for President Obama's signature legislative achievement, even if five members of the Court agreed with several of the arguments advanced by the law's detractors. Others focused on what the decision meant for the Roberts Court as an institution and for long-run debates over constitutional interpretation. This volume gathers together reactions to the decision from an ideologically diverse selection of the nation's leading scholars of constitutional, administrative, and health law.

**Two child policy arguments :** The Supreme Court, in response to a petition filed by an Odisha resident who was not qualified to contest panchayat polls because he had three children, stated

that candidates with more than two children cannot run for posts in local government. For the judgement, the court referred to the 73rd amendment to the Constitution in 1992 which formally recognised the first tier of democratic government, the panchayat samitis. As a nod to family planning policies being promoted by the government, the law recommended that people with more than two children should not be allowed to contest the elections.

### **(A) Materials and methods**

This research has been adopted empirical study. Empirical research is based on observed and measured phenomena and derives knowledge from actual experience rather than from theory or belief. Key characteristics for an empirical research is Specific research questions to be answered And Description of the process used to study this population or phenomena, including selection criteria, controls, and testing instruments (such as surveys). the statistical tools are used for this research work is chi square, correlation. SPSS graphics and diagrams are attached in this research work. cross table has been used for this research work. The essence of survey method can be explained as “questioning individuals on a topic or topics and then describing their responses”. Random sampling method was used for the purpose of this study. There are a total of 1412 samples collected for this study. Independent variables were Name , Age , Gender , Education qualification , Occupation and monthly income. Dependant variables Our government has to bring much more policies to bring prevention against land pollution.

### **(B) Hypothesis**

#### **a. Null Hypothesis:**

The government has introduced acts and goals to develop sustainability in the state for health and population.

#### **b. Alternative Hypothesis:**

Though the government has made goals and acts to develop health and population, the people were not aware of the developing measures.

- **Independent Variables:**

Age, educational qualification, profession and monthly income.

- **Dependent Variables:**

- sustainable development on health and population helps to eradicate environmental degradations

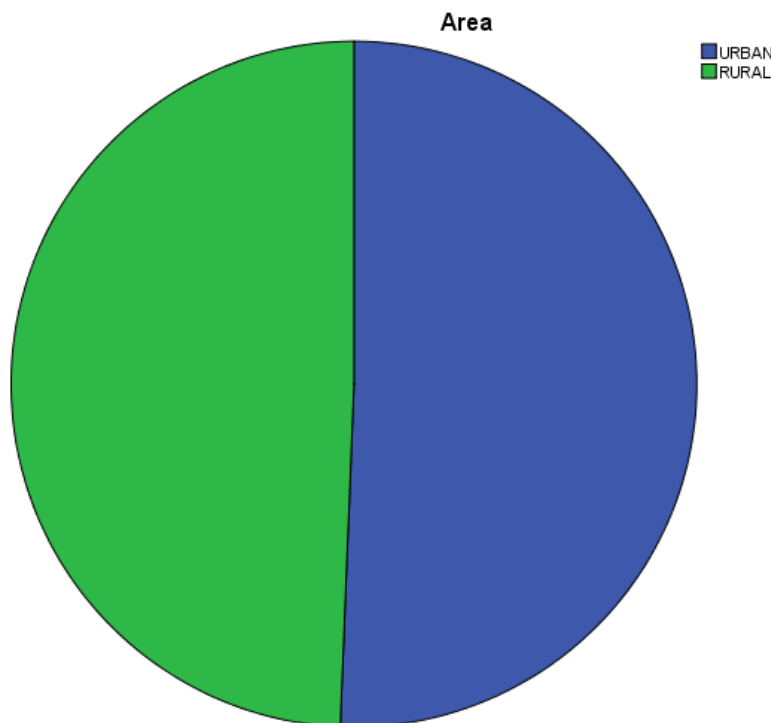
- Importing people's health and opportunities for a good life contribute to sustainable development

**IV. ANALYSIS AND DISCUSSION**

**TABLE 1:**

**Area**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	URBAN	713	50.5	50.6	50.6
	RURAL	695	49.2	49.4	100.0
	Total	1408	99.7	100.0	
Missing	System	4	.3		
Total		1412	100.0		



**RESULT:**

With respect to current survey results, the frequency table is created out of the survey responses collected from several people. The present survey is based on the area of the respondent.



**TABLE 2:****Crosstab**

Count

		2.Do you think that sustainable development on health and population helps to eradicate environmental degradations?		Total
		YES	NO	
Qualification	10TH	76	62	138
	12TH	131	254	385
	UG	318	227	545
	PG	208	132	340
	OTHER	2	2	4
Total		735	677	1412

**RESULT:**

With respect to current survey results, the frequency table is created out of the survey responses collected from several people. When we asked people "Do you think that sustainable development on health and population helps to eradicate environmental degradations" most of the people said yes and their counting were 735 in percentage 52.3% and least of the people said no and their counting were 677 in percentage 47.7 out of 1412 respondents.

**INTERPRETATION:**

Most of the people answered positively as ,if the sustainable development has been developed among the nation , then the population will be reduced and the construction of buildings for livelihood will be reduced and then the environmental degradation will be reduced.

**TABLE 3:**

**Chi-Square Tests**

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	70.636 <sup>a</sup>	4	.000
Likelihood Ratio	71.432	4	.000
Linear-by-Linear Association	27.653	1	.000
N of Valid Cases	1412		

a. 2 cells (20.0%) have expected count less than 5. The minimum expected count is 1.92.

**RESULT:**

With respect to current survey results, the frequency table is created out of the survey responses collected from several people. When we asked people “Do you think that sustainable development on health and population helps to eradicate environmental degradations” most of the people said yes and their counting were 735 in this 386 is urban 350 in rural area and totally in percentage 52.3% and least of the people said no and their counting were 677 in percentage 47.7 out of 1412 respondents.

**TABLE 4:**

**Crosstab**

Count

1.Importing peoples health and opportunities for a good life contribute to sustainable development .					Total
STRONGLY DISAGR	DISAGREE	NEUTRAL	AGREE	STRONGLY	

	EE				AG RE E		
Qualificatio n	10TH	27	28	52	19	12	138
	12TH	37	92	129	85	42	385
	UG	80	136	229	75	25	545
	PG	73	104	88	52	23	340
	OTHE R	0	2		1	0	4
Total		217	362	4919	232	102	1412

**RESULT:**

With respect to current survey results, the frequency table is created out of the survey responses collected from several people. When we asked people “Importing peoples health and opportunities for a good life contribute to sustainable ” most of the people said disagreed with the statement given 417 (29.5%) 194 from urban and 223 from rural, then strongly disagreed were 231 (16.4%) in this 105 from urban and 126 from rural, then neutral were 400 (28.3%) 228 from urban and 172 from rural, then agreed were 277 (19.6%) 144 from urban and 132 from rural, and last strongly agreed were 87 (6.2%) out of 1412.

**TABLE 5:****Chi-Square Tests**

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	65.527 <sup>a</sup>	16	.000
Likelihood Ratio	66.127	16	.000
Linear-by-Linear Association	16.353	1	.000
N of Valid Cases	1412		

a. 5 cells (20.0%) have expected count less than 5. The minimum

expected count is .29.

**RESULT:**

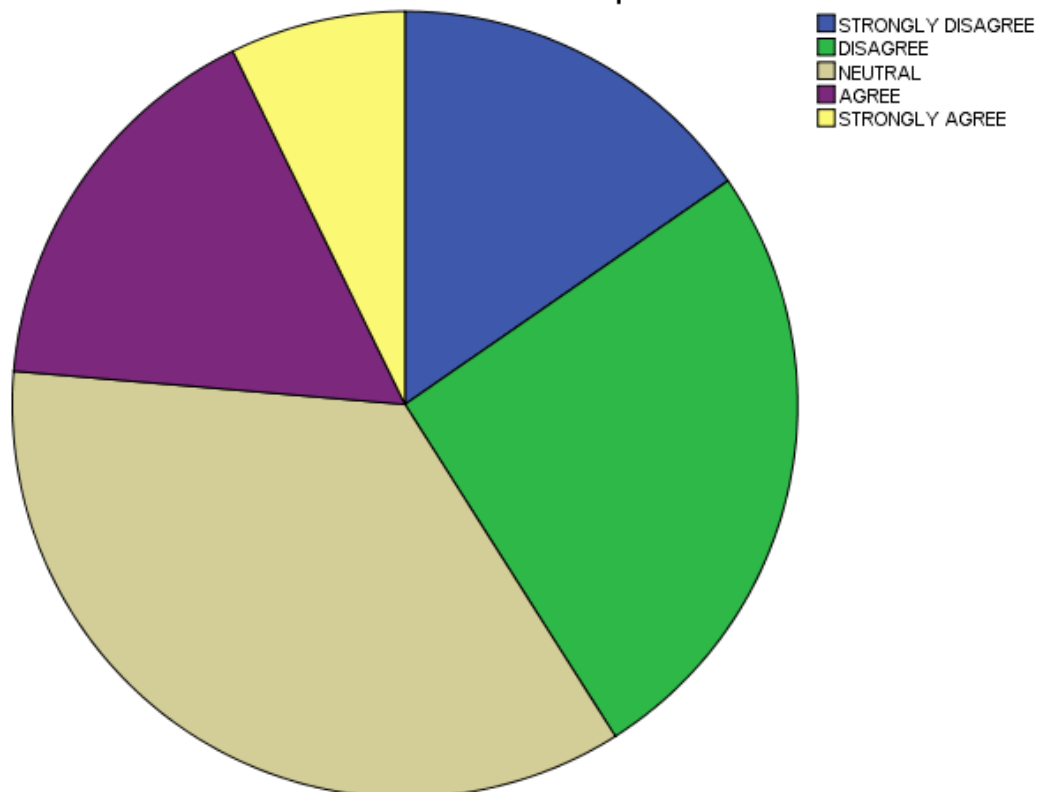
Using Chi square test, it was found that p value is greater than 0.05, which shows that the null hypothesis is accepted.

**TABLE 6:**

**1.Importing peoples health and oppurtunities for a good life contribute to sustainable development .**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY DISAGREE	217	15.4	15.4	15.4
	DISAGREE	362	25.6	25.6	41.0
	NEUTRAL	499	35.3	35.3	76.3
	AGREE	232	16.4	16.4	92.8
	STRONGLY AGREE	102	7.2	7.2	100.0
	Total	1412	100.0	100.0	

**1.Importing peoples health and oppurtunities for a good life contribute to sustainable development .**



**RESULT:**

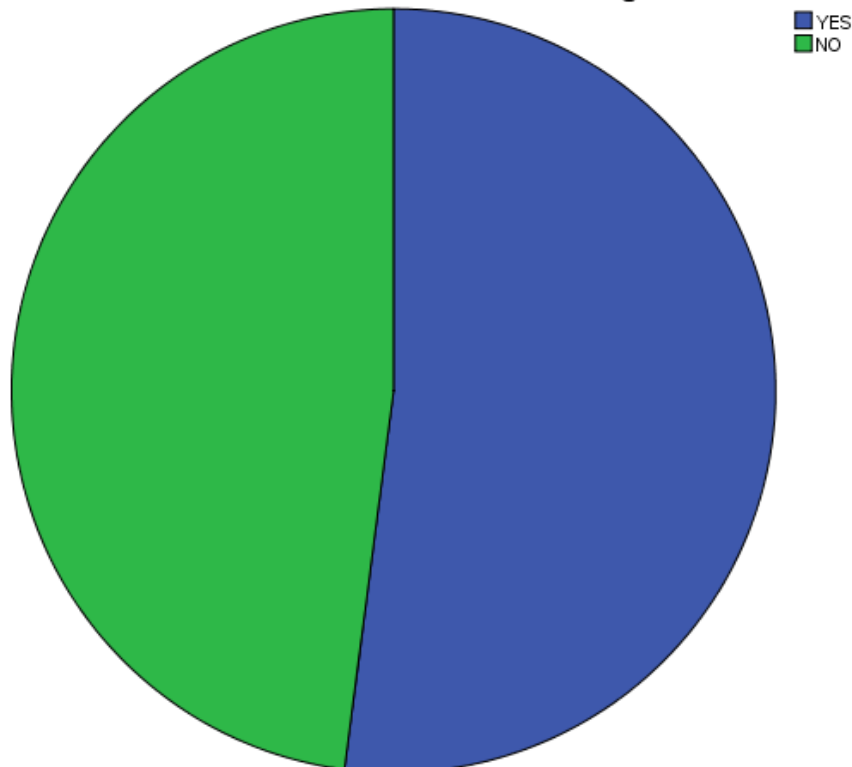
With respect to current survey results, the frequency table is created out of the survey responses collected from several people. When we asked people “Importing peoples health and opportunities for a good life contribute to sustainable” most of the people said disagreed with the statement given 417 (29.5%), then strongly disagreed were 231(16.4%), then neutral were 400(28.3%), then agreed were 277(19.6%) and last strongly agreed were 87(6.2%) out of 1412.

**TABLE 7:**

**2.Do you think that sustainable development on health and population helps to eradicate environmental degradations?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	YES	735	52.1	52.1	52.1
	NO	677	47.9	47.9	100.0
	Total	1412	100.0	100.0	

**2.Do you think that sustainable development on health and population helps to eradicate environmental degradations?**



**RESULT:**

With respect to current survey results, the frequency table is created out of the survey responses collected from several people. When we asked people “Do you think that sustainable development on health and population helps to eradicate environmental degradations” most of the people said yes and their counting were 739 in this 386 is urban 350 in rural area and totally in percentage 52.3% and least of the people said no and their counting were 673 in percentage 47.7 out of 1412 respondents.

**V. CONCLUSION**

The analysis and examples during this report have incontestable , a large array of things influences a community's health, and lots of entities within the community share responsibility for maintaining and up its health. Responsibility shared among several entities, however, will simply become responsibility unheeded or abandoned. The community health improvement method (CHIP) delineated during this report offers one approach for a community to deal with this collective responsibility and to marshal resources of specific, responsible entities to boost the health of its members. Environmental health is the branch of public health that: focuses on the relationships between individuals and their environment; promotes human health and well-being; and fosters healthy and safe communities. Environmental health could be a key part of any comprehensive public health system. the sector works to advance policies and programs to cut back chemical and alternative environmental exposures in air, water, soil and food to safeguard individuals and supply communities with healthier environments.

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