

**CORPORATE SOCIAL RESPONSIBILITY IN HEALTH SECTORE AND
COMMUNITY DEVELOPMENT**

Mr. Dhavaleshwar C U
Research Scholar
DOS in Social Work
Karnatak University, Dharwad.

Dr. Sangeetha R. Mane
Professor and Chairperson
DOS in Social Work
Karnatak University, Dharwad

Abstract

Present paper is effort to know the health facilities guaranteed by the corporates as a part of their CSR activities. Health is the important component of community development; hence health sector is most prior area of concern by corporates. Various pandemics, prolong illnesses warned the human society to be conscience about their health. Therefor corporates providing facilities to promote health under the CSR activities. Present study covers entire Karnatak consists various socio-economic demography's in respect to getting health services by eight selected corporates. Descriptive research design and purposive sampling technique used for this selection of sample. Study reviles that most of companies providing health care services and community members are happy with the service provided. Hypothesis is accepted in favor of community development and opinion of stakeholders.

Key Words - Corporate, Social Responsibility, Community, Development and Health

Introduction

Health is wealth, health is lost everything is lost. These are some famous sayings in English. These words denote that how health is the imperative aspect for quality of life. Therefore Companies Act suggests the corporate invest on health under the CSR activities. Sharma and Kiran (2012)ⁱ have opined in their research article on “Corporate Social Responsibility Initiatives of Major Companies of India with Focus on Health, Education and Environment”, that corporate social responsibility is mounting as a new research field in management. Health seeking Behaviour is increasing among the developing countries so these moves leads both public and corporate sector to invest more. General health and fitness as concern, people are keen about yoga, meditation, regular walking and gym practices. Presently, corporate focusing on basic health and public health activities under CSR.

Methodology

Objectives

1. To study the Socio-demographic Profile of respondents
2. To Examine the Corporates effort towards health sector

Hypotheses

Hypothesis 1: There is no significant relationship between CSR activities and the Community development.

Tools of Data Collection

The quality of the research depends on the selection of tools used for the study. Therefore, designing of the tools that can be based on the objectives of the study is one of the most important activities of any of the study. The researcher has used the self-prepared structured questionnaire to collect data and Tools were validated through statistical analysis.

Methods of Data Collection

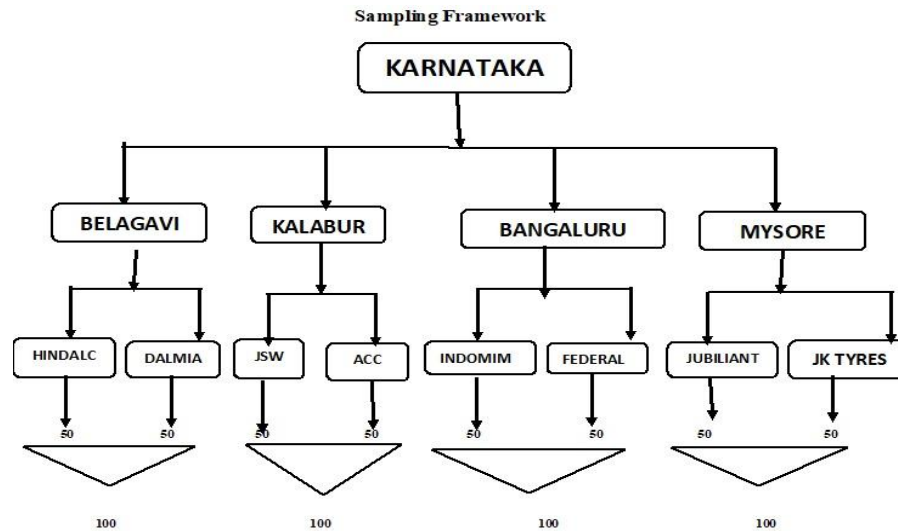
Paper is designed on the basis of both primary and secondary data. The primary data were collected with structured questionnaire after pretesting of tools. The data collection exercise was done by conducting face to face interviews of the respondents by maintaining confidentiality of the respondent. Secondary data was collected through Annual Report of the Company, CSR Handbook, Ministry of Corporate Affairs report, published literature such as Books, Journals, Research Papers, Old thesis, News Letter and Authentic and reliable online information.

Sampling Method

In this study, non-probability sampling method was adopted and among all of the methods Purposive Sampling methods were found suitable as per objective of the study. It is quite evident that Social Researchers use purposive sampling when they want to access a particular subset of people, as all participants of a study are selected because they fit a particular profile.

Universe and Sampling Structure

Entire Karnataka was selected as a universe of the study. Karnataka is divided in to four revenue divisions i.e. Bengaluru, Mysuru, Belagavi and Kalburgi. For the study purpose researcher selected two (02) MNC; s from each division, (i.e. $4*2= 08$) and from each MNC;s 50 sample drawn purposively for the convenience of the study, therefore total 400 samples intervened for this purpose. So, for this study the sample size that was considered 400 Beneficiary and eight Implementing Organization



Data Analysis -Socio-Demographic Profile of respondents

Distribution Respondents Age Group

The age group of the respondents is an important factor for the study to see if with increasing age or different age group having different awareness level and understanding about the role of CSR intervention in their community. Four class intervals have been considered with class difference of 10 years each, i.e., below 28 years, 29-38 years, 39-48 years and above 49 years. The first category of below 28 years consisted of 69 respondents, i.e., 17.3 per cent respondent. The second category of 29-38 years consisted of 129 respondents, i.e., 32.3per cent, third category of 39-48 years consisted of 122 respondents i.e., 30.5per cent and fourth category of above 49 years consisted 80 respondents i.e., 20 per cent of the respondent sample. From the above it can be summarized as 80per cent of the respondents are above age of 28 years.

Table no 1: Age wise Demographic Distribution

Sl no	Age Group (in Years)	%	Total
1	Below 28	17.3	69
2	29 to 38	32.3	129
3	39 to 48	30.5	122
4	49 and above	20	80
	Total	100	400

Gender Composition:

The next demographic factor considered for the study is the gender of the respondent. This was done with an objective to find if there were any differences in the awareness and understanding of male and female respondents. Among 400 respondents 302 males, i.e., 75.5per cent were males and 98 were female i.e., 24.5per cent, which further indicates that 1/3th of the respondents were males respondents whereas 1/4th were female respondents due to the fact that higher number of males was actively associated with CSR activities in the community than female respondents.

Table 2: Gender wise Demographic Distribution

Sl no	Sex	%	Total
1	Male	75.5	302
2	Female	24.5	98
	Total	100	400

Caste & Religious Identities:

Table no 3: Religion wise Demographic Distribution

Sl no	Religious Category	%	Total
1	Hindu	92.8	371
2	Muslim	5.5	22
3	Christian	1.5	6
4	Others	0.3	1
	Total	100	400

The third demographic factor considered for the study is the caste and religious identities of the respondent to find any variations in the awareness and understanding of the respondent. Among 400 respondents 371 respondents were Hindus i.e., 92.8per cent, followed by 22 respondents were Muslims i.e., 5.5per cent, 6 respondents were Christians i.e., 1.5per cent and 1 respondents i.e. 0.3per cent

belonging from others. Findings clearly indicates that majority of the respondents were Hindus and marginal number of respondents belonging to other beliefs who participated in this study.

Table No 4: Caste wise Demographic Distribution

Sl no	Caste	%	Total
1	General	17.5	70
2	Other Backward Caste (OBC)	50.8	203
3	Scheduled Caste (SC)	15.3	61
4	Scheduled Tribe (ST)	16.5	66
	Total	100	400

While analyzing the caste dynamics among the respondents participated in this study gives a vivid picture. Half of the respondents i.e. 50.8per cent of the sample i.e., 203 respondents were from OBC followed by 17.5per cent i.e., 70 from General category, 16.5per cent i.e., 66 from Scheduled Tribe community and 61 i.e., 15.3per cent of the sample respondent were from Scheduled caste. This indicates that higher number of OBC population has participated in this study other than any caste category.

Demographic Distribution of Educational Qualification

Educational qualification is the one of the most important demographic characteristics which signifies the important attribute in any of the social science study, many of the social scientist has asserted that education level is one of the critical attributes accordingly understanding and awareness of any individual differs. In present study, out of 400 sample respondents, 29per cent(116 respondents)were below SSLC (Non-Matric) followed by 115 i.e. 28.8per centpeople who passed SSLC and 57 respondents i.e. 14.3per cent were attained the PUC level which clearly indicates that 80per cent of respondents were below graduate level and only 20per cent respondents were either graduate or above graduate (*Table no 5*).

Table no 5: Educational Qualification wise Demographic Distribution

Sl no	Education Level	%	Total
1	Uneducated	8.5	34
2	Below SSLC	29.0	116
3	SSLC	28.8	115
4	PUC	14.3	57
5	Graduate	11.5	46

6	Post graduate	3.0	12
7	T G	4.0	16
8	Others	1.0	4
	Total	100	400

Income and Occupation

Among 400 respondents 176 respondents were earning between 2-3 lakhs (44per cent) which is highest among the all groups of respondents followed by 149 respondents which are having earning between 1-2 lakh, 34 people were earning between 3-4 lakhs (8.5per cent) and 33respondentswere earning either or equal to one lakh i.e., 8.3per cent, whereas marginal number of respondents were earning more than 4 lakhs.

Table no 6: Income Level wise Demographic Distribution

Sl no	Income Level	%	Total
1	≤ to1 Lakh	8.3	33
2	1 - 2 Lakh	37.3	149
3	2-3 Lakhs	44.0	176
4	3-4 Lakhs	8.5	34
5	4-5 Lakhs	1.3	5
6	≥ 5 Lakhs	0.8	3
	Total	100	400

Healthcare & Fitness

The Report of the International Bioethics Committee of UNESCO (2010)ⁱⁱ on Social Responsibility and Health has addressed this idea of social responsibility in the framework of health care delivery proposing a new standard in hospital governance. The scope of this responsible behavior necessitates hospitals and other healthcare organizations to accomplish its social and market goals, based on law and general ethical standards. The report proposed that social responsibility should be considered a moral obligation to create organizational value. The originality and the significance of this report is that it openly broadens the concept of social responsibility, applying it not only to the private sector but also to the public sector and governments in order to fulfill the full recognition and deliverance of health care as a right to everyone based on universal ethical principles. In Health care, CSR means that there is an ethical obligation that requires hospitals and other organizations to do something beneficial to health-related issues such as delivering quality health care to everyone who is titled to it.

Health care services includes the prevention from disease, preventive checkups, improvement of health, diagnosis of diseases and treatment of that, illness, injury and other physical and mental impairments in people. A health care service promote the healthy environment in the surroundings and enables the healthy societyⁱⁱⁱ. Maintaining health also includes the fitness exercise such as Gym/exercising facilities, Yoga and Meditation facilities which encourages the sound mind. For Sound Health there is necessity of Sound mind.

Table no :7. Health Care Services availed with the assistance of CSR Implementing Organization

Sl no	Health Care Services Provided by Organization		
1	Free Check-up and Provision of Medicines	%	96.5
		Total	386
2	Ambulance Services	%	72.5
		Total	290
3	Blood Bank Service	%	57.8
		Total	231
4	Immunization programmes	%	51.3
		Total	205
5	Pathological lab	%	8
		Total	32
6	X Ray Service	%	37.5
		Total	150
7	Health Check-up Camps	%	58.3
		Total	233
8	Preventive Medicines	%	75
		Total	300
9	Fitness Activity		
10	Gym/Exercise Facility	%	98.5
		Total	394
11	Yoga and Meditation centre/Programmes	%	100
		Total	400
12	Sports and Recreational Activity	%	98.5
		Total	394

Study indicated that free health and Medical Camps, Preventive medicines, Ambulance services, Immunization programmes for fragile and chronic diseases such as (Hepatitis B & C, BCG, Polio etc.) pathological lab facilities, blood banks ,X Ray facilities are being covered under health care

services in CSR initiatives. Apart from this organisations are also providing the facility of fitness centers(Gym, Yoga and Meditation programme and sports activities).

In the category of health care services more than 96per cent of the community members have availed free health checkup and got medicines as required through the assistance of CSR implementing organization which is the highest among the health care services, whereas more than 70per cent the respondents have availed the ambulance services and three fourth of the respondent got preventive medicines after due diagnosis. More than half of the respondents availed the health care facilities such as Blood Bank, Immunization and Health camps. Less than 10per cent people have availed the pathological lab facility which indicates that only very few of the projects/programmes are covering the diagnosis facility which is the least in the category whereas X-ray facilities availed by only 37.5per cent of the respondent. It is quite evident that organisations are less emphasized on diagnostic test and X-rayfacilities; they are much more concentrated on assisting in the general health checkup and providing general medicines.

In the category of fitness services almost all have availed the fitness services except a few which are marginal in size. Study also indicated that all have attended the Yoga/Meditation programmes which were organized regularly by organisations and under the CSR initiatives organisations have also created the Gym facilities and sports facilities for promoting the healthy and fit society. It also envisages the lines of PM in his address “Healthy India and Fit India”.

Test of Hypothesis :1st Hypothesis:

H₀: There is no significant relation between CSR activities and the Community development.

H₁: There is great a significant relation between CSR activities and the Community development.

Descriptive Statistics			
	Mean	Std. Deviation	N
Community Development	4.37	.609	400
CSR Activity	4.33	.578	400

Statistical analysis found that there is correlation between the community development and CSR activity as correlation value is 0.689 which is greater than 0.5 and its positively correlated.

Correlations			
		Community development	CSR activity
Community development	Pearson Correlation	1	.689**
	Sig. (2-tailed)		.000
	N	400	400
CSR activity	Pearson Correlation	.689**	1
	Sig. (2-tailed)	.000	
	N	400	400

** . Correlation is significant at the 0.01 level (2-tailed).

After performing the t-Test it is evident that p-value is 0.000 which is less than 0.05 the significance level henceforth, null hypothesis would be rejected and alternate hypothesis would be accepted which clearly indicates that there is great relation between CSR activity and community development and both are interlinked to each other.

Conclusion

The budget allocation for health services under CSR by Corporate increasing considerably, but quality of service and areas and specialization under health services are concerned the public opinion is not in favor of corporate. Most of activities are carrying for name sake and traditional health services like; Free Check-up and Provision of Medicines, Ambulance Services, free health check-up camps and yoga meditation classes are running. Special health care services not concentrating and health services for life threatening diseases and expensive health services are not provided by the corporate. therefore corporate need to provide quality and specialized health services to all the stake holders and only such services can lead for integrated community development.

Reference

ⁱ Sharma,A. and Kiran,R (2012), Corporate Social Responsibility Initiatives of Major Companies of India with Focus on Health, *Education and Environment African J. Basic & Appl. Sci.*, 4 (3),95-105 .

ⁱⁱThe Report of the International Bioethics Committee of UNESCO, Retrieved from http://www.unesco.org/new/en/social-and-human-sciences/themes/bioethics/sv0/news/just_published_report_of_unescos_international_bioethic/

ⁱⁱⁱArora,B.and Puranik.R. (2004), A Review of Corporate Social Responsibility in India, Retrieved from https://www.researchgate.net/publication/5219574_A_Review_of_Corporate_Social_Responsibility_in_India