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Marxist Perspective on Health and Health Education: Critically Review in Nepalese Context

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Abstract

The application of Marxist philosophy in the realm of health and health education offers a critical lens through which to understand the intricate relationship between socioeconomic structures, power dynamics, and individuals' well-being. Grounded in the principles of dialectical materialism and historical materialism, Marxist thought underscores the impact of class struggle, capitalism, and exploitation on the healthcare system and the dissemination of health education. The aim of this paper is to use Marxism to analyze health and health education, emphasizing its implications for addressing systemic inequalities and advancing a more equitable approach to healthcare. In this review, Marxist philosophy has been explained based on the literature reviews available in peer-reviewed academic articles and books. By interrogating the root causes of health disparities and advocating for structural change, this perspective holds the potential to reshape healthcare systems and education paradigms, fostering a more just and equitable approach to health for all in Nepal.

Keywords: Marxist philosophy, health and healthcare, socioeconomic disparities, capitalism, health inequalities, structural oppression and commodification of healthcare

Background of the Study

The Marxist perspective on health and health education provides a critical analysis of how societal structures, particularly capitalist systems, influence health outcomes and the dissemination of health-related knowledge. This perspective emphasizes the role of socioeconomic factors, class struggle, and the capitalist mode of production in shaping health inequalities and health education. Moreover, it challenges the individualization of health responsibility and advocates for collective efforts to address structural determinants of health.

Marxism is a widely used theoretical approach in social science and is also called dialectical historical materialism (Cohen, 2000). Dialectical means struggle and conflict between and among materialistic forces. York & Mancus (2009) highlighted that according to Marx, the history of human civilization is the history of class struggle. Further they stated that the dichotomy between feudal and farmers in medievalism, between the aristocrats and common men in Renaissance, and between the bourgeoisie and proletarians in the age of capitalism is an example of how the human civilization is going through with the notion of class struggle. There are three main aspects in Marxism, which are the dialectical and materialist concept of history, the critique of capitalism, and the advocacy of the proletarian revolution (Kellner, 1977). Marxism is a system of inquiry that focuses on the different types of societies associated with different modes of production (Williams, 2007). The Marxist analysis examines the structural inequality that limits every historical society, particularly capitalist society (Kellner, 1990). In a capitalist society, some handful of people hugely exploit a large number of people in the whole society, and that social contradiction creates discrimination and an unequal social system that ultimately leads to conflict and social change (Antonio, 1981). Social system, values, norms, customs, social organization, and institution, ideas and whole units of socio-cultural aspects are also changed and a new order and a pattern are developed (Jessop, 1983). Proletarianization is a Marxism concept which means the process of an employer or self-employed person becoming an employee or labors. The growing of capital results in increasing the working class, and that leads to possession or overpowering wealth in a small group of society (Porter, 2013). Marxist analysis focuses on the impact of proletarianization on class relations, power dynamics, and exploitation within capitalist societies. It also examines the consequences for workers, their living conditions, and their potential for collective action and class consciousness.

Marxists believe that radical change and conflict between social classes can result in the development of a new and better set of societal systems. Marxism plays a vital role in healthcare disciplines. Marxists claim that capitalism moves healthcare professions to privatization of healthcare services and establishes the drive to increase profit and power for a certain social class (Porter, 2013). This economic tendency makes the medical field a profit-oriented organization. Therefore, Marxism focuses on political and economic determinations of medical care in capitalist societies.

In Marxist discourse, health and illness is a social phenomenon and not a biological issue (Porter, 2013). So, health and illness are indeed viewed as social phenomena influenced by societal structures, economic systems, and class relations rather than simply as biological issues. This perspective is in line with the broader social determinants of health framework.

Marxism had contributed to healthcare field. Medicine is viewed as bourgeois which aims to maintain dominance of certain groups in society (White, 2017). Marxists argue that health care systems are designed to satisfy the interests of the bourgeoisie rather than improve health conditions of the whole population (Porter, 2013). According to Marxism inequality of distribution healthcare services in capitalist society arise from the marginalization of some categories of the population who do not contribute to economic system. This exclusion may include women, people with a disability, elderly people and every person who doesn't contribute to the economy, regardless of the health status and needs of the person.

The Marxist philosophy, rooted in the works of Karl Marx and Friedrich Engels, provides a critical perspective on society, economics, and power dynamics. When applied to health and health education, the Marxist view focuses on how economic and social structures impact access to healthcare, the distribution of resources, and the overall well-being of individuals. Here's a closer look at the Marxist perspective on health and health education in Nepalese context.

Aim

The aim of the article is to analyze and address health disparities within the context of broader socioeconomic structures, particularly capitalism from Marxist perspective on health and health education. It asserts that health outcomes are fundamentally linked to class struggle and the inequalities inherent in capitalist systems. In the context of Nepal, a predominantly agrarian and low-income country, the Marxist perspective on health and health education is critically reviewed.

Methods

We searched for published articles using the terms "Marxist philosophy" or "health and healthcare" or "socioeconomic disparities" or "capitalism" or "health inequalities" or "structural oppression" AND "commodification of healthcare" in the abstract or title in the PubMed library and Google Scholar up to December 2022. In the reference lists of the discovered articles, we also looked for similar articles. Finally, we chose 36 articles for this article's review purpose which aims to provide a comprehensive analysis of health and health education in Nepal through the lens of Marxist theory and understanding health disparities in other socio-economic and cultural contexts.

Marxist Perspective on Health and Health Education

The Marxist view of health and health education is grounded in the principles of historical materialism and the analysis of socioeconomic structures ("Human Education And Educational Issues For Society And Economy - Case In Emerging Markets Including Vietnam," 2021). Marxism, as a socio-economic and political theory developed by Karl Marx, emphasizes the role of class struggle, capitalism, and the unequal distribution of resources in shaping various aspects of society, including healthcare and education. Here's a breakdown of the Marxist perspective on health and health education:

Healthcare as a Product of Economic Conditions

Marxists argue that the quality of healthcare and access to medical services are determined by economic factors, primarily the prevailing mode of production (Peet, 1975). In a capitalist society, healthcare is treated as a commodity, subject to market forces. This leads to disparities in access to medical care based on one's socioeconomic status (Peet, 1975). In this perspective, healthcare is viewed as a product of economic conditions, particularly within a capitalist society. This perspective is rooted in the broader framework of historical materialism (Cohen, 2000), which suggests that the structure of society, including its institutions and ideologies, is shaped by the underlying economic relations and modes of production (Gill, 1993).

In capitalist societies, goods and services are produced for exchange in the market, driven by the pursuit of profit. Healthcare, under this system, is commodified—turned into a commodity to be bought and sold. This commodification means that access to healthcare is often determined by one's ability to pay rather than by medical need. Individuals with greater wealth have better access to medical services, while those with limited resources face barriers to essential care (Isaac Christiansen, 2017).

In the context of Nepal, where a significant portion of the population lives in rural and remote areas, poverty and limited infrastructure hinder access to healthcare facilities. High transportation costs and lack of healthcare facilities in remote regions restrict people from seeking timely medical care. Limited financial resources result in inadequate healthcare facilities, shortage of medical equipment, and inadequate staffing. This leads to suboptimal healthcare delivery and reduced quality of care (Population Monograph of Nepal, 2014).

Capitalism's profit motive can influence the way healthcare services are provided. Private healthcare institutions, driven by the need to generate profits, might prioritize cost-cutting measures to increase their financial gains. This leads to practices that compromise the quality and availability of care, affecting both patients and healthcare professionals. Marxists argue that the unequal distribution of wealth and resources inherent in capitalist societies results in health inequities (Peet,

1975). The working class, which often lacks sufficient economic resources, struggle to access quality healthcare, leading to poorer health outcomes. The capitalist class, on the other hand, affords superior medical care, contributing to disparities in health and well-being. The labor conditions of healthcare professionals are also affected by economic factors. In pursuit of profit, healthcare institutions may push for longer work hours and reduced staffing levels to cut cost (Isaac Christiansen, 2017). This leads to burnout among healthcare workers, potentially compromising patient care.

Economic crises within a capitalist system have profound effects on healthcare. A recession or economic downturn lead to reduced government funding for public health programs and increased financial strain on individuals, making healthcare even less accessible (Gray, 1986). This philosophy often critiques the pharmaceutical industry for prioritizing profit over the well-being of patients (Gray, 1986). They argue that research and development in healthcare are driven by profit potential rather than public health needs. This can result in high drug prices and inadequate attention to diseases that predominantly affect marginalized populations. To address these issues, many Marxists advocate for socialized or publicly funded healthcare systems. Such systems aim to remove the profit motive from healthcare and provide medical services based on need rather than ability to pay. They emphasize the importance of collective responsibility and community well-being over individual profit.

Overall, the Marxist view underscores the interconnectedness between economic conditions, social structures, and healthcare outcomes (Harvey, 2021). In Nepal, where a significant portion of the population lives below the poverty line, out-of-pocket healthcare expenses are a burden (Population Monograph of Nepal, 2014). High healthcare costs lead to delay or inadequate treatment, potentially worsening health outcomes. Economic conditions influence the government's ability to invest in and improve the public healthcare system. Lower economic capacity might result in reduced funding for healthcare, which in turn affects the availability of essential medicines, trained healthcare personnel, and the overall quality of public healthcare services and low wages and inadequate working conditions lead to a shortage of skilled healthcare professionals, impacting the overall quality of care (Nepal Health Sector Strategy, 2020). In Nepal, private healthcare services are often more accessible in urban areas and offer better facilities (AM., 2013). But in rural are "[Q]uality of care related challenges remain with basic inputs such as: deficit (and absence) of qualified health workers at facilities, stock-out of drugs and commodities, non-functioning equipment and poor physical and utility infrastructure" (Nepal Health Sector Strategy, 2020, p. 11). In Nepal, where malnutrition remains a concern, poverty limits the access to nutritious food and contributes to health problems. Poor health then exacerbates economic challenges, creating a cycle of poor health and poverty.

From a Marxist standpoint, economic factors play a pivotal role in shaping healthcare access and outcomes, underscoring the impact of capitalism's profit-oriented dynamics. This influence is especially pronounced in nations like Nepal, where economic disparities, poverty, and inadequate infrastructure compound the obstacles to attaining high-quality healthcare services and sustaining a robust healthcare workforce.

Social Class and Health Inequities

Marxism highlights the correlation between social class and health outcomes. Capitalist societies often have stark class divisions, with the working class (proletariat) having limited access to quality healthcare, while the bourgeoisie (capitalist class) afford superior medical services (Das, 2012). Marxists argue that these disparities are a result of the capitalist system's inherent inequality (Flacke et al., 2022). The relationship between social class and health inequities is a central focus of analysis (Das, 2012). Marxists contend that health outcomes are not solely determined by individual behaviors or genetic factors but are significantly influenced by the socioeconomic structure of society (Collyer, 2015).

Marxists argue that health inequities are rooted in the structural inequalities inherent to capitalist societies (Vilar-Compte et al., 2021). The socioeconomic status of individuals, which is often determined by their class position, affects their access to resources such as nutritious food, safe housing, quality healthcare, and education (Collyer, 2015). These structural factors have a direct impact on health outcomes. Under capitalism, the bourgeoisie (capitalist class) holds economic power, enabling them to afford better healthcare, while the working class (proletariat) faces barriers to accessing quality medical services (Collyer, 2015). Marxists contend that the profit-driven healthcare system prioritizes those who can pay, and leaving many working-class individuals with limited or inadequate healthcare options (Borras, 2023).

The working class often has jobs that are physically demanding; involve exposure to hazardous environments, and lack of proper benefits. These conditions can lead to increased health risks, injuries, and illnesses. In contrast, the bourgeoisie often has access to safer and less physically taxing occupations. Economic insecurity and the struggles of the working class to make ends meet lead to chronic stress and mental health issues (Borras, 2023). Marxists argue that the stressors associated with low wages, job insecurity, and lack of social support contribute to poorer mental and emotional well-being (Borras, 2023). Economic disparities can lead to differences in access to nutritious food and healthy life. The working class is more likely to live in substandard housing with inadequate sanitation, ventilation, and safety measures. This can contribute to health problems related to air quality, sanitation, and exposure to pollutants.

Social class is a critical determinant of health inequities in Nepal, as in many other societies. In Nepal, social class disparities are deeply intertwined with economic, educational, and cultural factors that impact individuals' access to healthcare and overall health outcomes (Saito et al., 2016). Limited financial resources, lack of education, and lower awareness about healthcare options restrict their ability to seek timely and appropriate medical care (Saito et al., 2016).

Social class disparities can lead to differences in healthcare infrastructure in Nepal. Urban areas and wealthier communities often have better healthcare facilities, while rural and lower-class communities lack the essential health services and facilities (Nepal Health Sector Strategy, 2020). So, maternal and child nutrition is challenging for Nepal (Nepal Health Sector Strategy, 2020). Health literacy is crucial for understanding health information, preventive measures, and treatment options. Lower health literacy among lower social classes result in delayed or inadequate health-seeking behavior (Nepal Health Sector Strategy, 2020). In Nepal, most of the people of lower class live in the ruler area and they have lack of proper education. Therefore, mortality rate in under-five decreased in totality but is not decreased significantly in ruler area (CBS, 2015) because of their lower social class. In addition, neonatal mortality decreased by 57% but it is not good sign (Nepal Health Sector Strategy, 2020). Nepal is also above the threshold of World Health Organization (WHO) on anemia and stunting. In addition, poor nutritional status of women is evident from the fact that 18% of them fall under the body mass index (BMI). It is more in Tarai and hilly region (Nepal Health Sector Strategy, 2020). In case of water, 80% of household members continue to have E. coli risk level in their water (CBS, 2015). Due to religion disparities, lack of health education, drug resistant TB in the country is a further challenge to be addressed in coming years (Nepal Health Sector Strategy, 2020). Around 52% of population is in risk of malaria which is bad signal for the country needed more health education (Nepal Health Sector Strategy, 2020).

Lower social classes often experience chronic stress due to economic instability, job insecurity, and lack of resources (Antino et al., 2022). So, it can be said that lower social classes people of Nepal are also facing chronic stress. This can have negative impacts on mental health and well-being. Higher social classes have better access to information and technology, which make enable them to access health-related information, telemedicine services, and health apps that promote well-being (Van Baelen et al., 2022). Social class can determine the ability to afford healthcare services. Social class disparities affect maternal and child health outcomes. Lower-class women might have limited access to quality prenatal care and safe delivery services, contributing to higher maternal and infant mortality rates (Government of Nepal, 2017).

Addressing health inequities related to social class in Nepal requires a comprehensive approach. This includes improving access to quality education, promoting health literacy, ensuring equitable distribution of healthcare resources, implementing poverty reduction programs, enhancing

public health campaigns, and advocating for policies that address the social determinants of health. By addressing these factors, Nepal can work towards reducing health disparities and achieving better health outcomes for all its citizens, regardless of social class (Nepal Health Sector Strategy, 2020).

In Nepal, disparities in social class have a substantial bearing on healthcare access, education, and broader health outcomes. To address these inequities effectively, a multifaceted strategy is required, incorporating efforts to enhance education, health literacy, resource allocation for healthcare, poverty reduction initiatives, and the implementation of policies that target social determinants of health, ultimately aiming to promote improved health outcomes across the population.

Capitalism and Health Exploitation

Marxists criticize the profit-driven nature of healthcare under capitalism. The pursuit of profit lead to cost-cutting measures, understaffing, and neglect of preventive care (Hyde et al., 2016). Health professionals might be under pressure to generate revenue, compromising the well-being of patient. The concept of capitalism and health exploitation refers to the belief that capitalist economic systems lead to the exploitation of individuals' health and well-being for the sake of profit (Das, 2023). This exploitation manifest in various ways within the healthcare industry and broader societal context.

In a capitalist economy, healthcare is often treated as a commodity to be bought and sold for profit. Private healthcare institutions, including pharmaceutical companies, hospitals, and insurance providers, operate with the primary goal of generating financial returns (Crowley et al., 2021). Such decisions can negatively impact patients' health outcomes. Capitalism can exacerbate disparities in access to healthcare services. The ability to afford quality medical care becomes contingent on one's financial status, leading to unequal access to treatments, medications, and preventive services (Riley, 2012). This creates a situation where the wealthy receive better care while the less affluent struggle to access essential services. The pharmaceutical industry under capitalism prioritize drugs that yield the highest profits over those that address the most urgent health needs (Heled et al., 2020). This can result in limited research and development for treatments that are less financially rewarding but more important for public health (Heled et al., 2020).

In the context of healthcare workers, capitalism can lead to exploitative labor conditions. Healthcare professionals are to be overworked, underpaid, and subjected to high stress due to profit-driven decisions by healthcare institutions aiming to minimize costs and maximize revenue (Riley, 2012). Preventive care, which focuses on promoting healthy behaviors and addressing health risks before they escalate, are to be de-prioritized in a profit-driven healthcare system (Riley, 2012). Treating chronic illnesses are to be more financially lucrative than preventing them,

which lead to an emphasis on reactive treatment rather than proactive prevention (Heled et al., 2020).

The relationship between capitalism and health exploitation is complex phenomena and can manifest differently in various contexts. Capitalism, as an economic system focused on private ownership, profit generation, and market competition, which influence healthcare systems and contribute to health-related challenges. In Nepal, there are several ways in which capitalism intersect with health exploitation. According to report of Nepal Health Sector Strategy (2020),

There are wide variations in health services availability, utilisation and health status across different socio-economic and geographical population groups, indicating the challenge of access and equity. For example, in under-five mortality the gap between the poorest and wealthiest has increased since 2001; in 2011 the under-five mortality rate for the poorest income quintile was 75 - more than double the rate of 36 for the wealthiest. Infant mortality rate of 69 among Muslims and 65 for Dalits, as compared to 45 for Brahmin/Chhetri, also typifies the variation in health status between different caste/ethnic groups (p.6).

Capitalist systems can lead to unequal access to healthcare services based on individuals' ability to pay. In Nepal, where income disparities are significant, capitalist dynamics result in better healthcare access for the wealthy while leaving lower-income individuals with limited options (Fighting Inequality in Nepal, 2018). Capitalism drives the privatization of healthcare services, leading to increased costs and exclusivity. Private healthcare providers prioritize profit over equitable access to care, potentially leaving marginalized populations underserved (Saito et al., 2016). Capitalist economies encourage medical tourism, where individuals from wealthier countries seek medical treatment in Nepal due to lower costs. While this can bring economic benefits, it can also strain local healthcare resources and lead to a brain drain of skilled healthcare professionals. According to report of Nepal Health Sector Strategy (2020),

Despite pro-poor orientation of health subsidies, distribution of Human Resources (HR) has been persistently inequitable. Out of 32, 809 public health workforces in Nepal, 45% are concentrated in the Central Region whereas only 7% are in the Far-Western Region. The distribution scenario is even worse for private health workforce; of the total 21,638 health workers, only 2% are available in the Far-Western Region with 58% concentrated in the Central Region (p. 8).

Capitalism can lead to the influence of pharmaceutical companies over healthcare practices. In Nepal, it means that certain medications or treatments are prioritized based on profitability rather than public health needs (Kruk et al., 2018). Capitalism foster the commercialization of health products and services, potentially leading to unnecessary treatments or interventions aimed at generating profit rather than improving health outcomes (Kruk et al., 2018). Capitalist dynamics

can impact the healthcare workforce. In Nepal, this involves overworking healthcare professionals to maximize profits or creating wage disparities that affect the quality of care provided (Nepal et al., 2020). Capitalist-driven healthcare systems can result in reliance on health insurance. In Nepal, this might mean that those without insurance face significant barriers to accessing necessary medical care. Policies should be developed to ensure that healthcare remains accessible, affordable, and of high quality for all citizens. Ultimately, the goal should be to prioritize health and well-being over profit in the pursuit of a more equitable and just healthcare system (Kruk et al., 2018).

Health Education and Ideological Control

Marxists argue that education, including health education, serves to reproduce the dominant ideology of the ruling class. Health education materials, curriculum, and messaging are often influenced by the interests of the capitalist class (White, 2017). This leads to the propagation of ideas that support the existing economic structure, such as individualism, consumerism, and the idea that health is primarily an individual responsibility (White, 2017). Marxists use the concept of false consciousness to describe the phenomenon where individuals, particularly those in the working class, adopt beliefs and values that align with the interests of the ruling class. In the context of health education, this might involve promoting the idea that health disparities are primarily due to personal choices rather than systemic inequalities (Anyon, 2011).

Marxist scholars argue that health education can depoliticize health issues by diverting attention away from the systemic causes of health inequities. This approach prevents individuals from recognizing the need for structural changes and collective action to address health disparities. Those in power control the narrative presented in health education materials. This leads to the exclusion of alternative perspectives, such as critiques of capitalism or discussions about the social determinants of health. The dominant class ensures that only ideas compatible with the existing order are promoted (Jemal, 2018).

Health education and ideological control are intertwined aspects that have significant implications for public health and society at large in Nepal. How health education is delivered and the ideological messages conveyed through it impact people's perceptions, behaviors, and overall health outcomes. Health education plays a crucial role in empowering individuals to make informed decisions about their health. In Nepal, where there are disparities in access to education and information, effective health education helps individuals understand preventive measures, recognize symptoms of diseases, and seek appropriate medical care (Budhathoki et al., 2017).

Health education must be culturally sensitive and relevant to Nepal's diverse population. Cultural norms, beliefs, and practices influence health behaviors (NHSP, 2013). According to report of Nepal Health Sector Strategy (2020), "[T]he women of Nepal continue to live on the

margins of society and suffer from gender gap, as underscored by the 2014 Global Gender Gap Report which ranked Nepal 112 among 142 countries in terms of gender gap" (p.6). Governments or other entities use health education as a means of ideological control. In Nepal's history, there have been instances where health education campaigns were used to promote specific political or social ideologies (WHO,2007). This can impact the accuracy and neutrality of health information, potentially leading to misinformation or biased messaging.

Gender dynamics and norms influence how health education is delivered. In Nepal, addressing gender-specific health issues, such as maternal health and reproductive rights, is essential. However, ideological biases sometimes affect the information providing limiting women's agency and rights. Government policies and priorities impact the content and focus of health education. There might be instances where governments emphasize certain health issues while downplaying others, affecting the overall health agenda in the country (Nepal Health Sector Strategy, 2020).

Collaborations between government, non-governmental organizations (NGOs), and international agencies can shape health education initiatives. Balancing the interests and ideologies of various stakeholders is essential to ensure comprehensive and unbiased health education. Media platforms play a significant role in health education. Governments or influential groups use media to control health-related narratives, impacting the accuracy and comprehensiveness of health information. Promoting critical thinking within health education is essential. Encouraging individuals to question, verify, and seek diverse sources of information help counter potential ideological biases and misinformation.

Socialized Healthcare and Prevention

Marxists advocate for socialized healthcare systems, where medical services are publicly funded and accessible to all, regardless of income. They emphasize preventive care and believe that removing the profit motive lead to a focus on overall societal well-being rather than individual profit. In the Marxist perspective, socialized healthcare and prevention are closely tied to their broader critique of capitalism and the capitalist healthcare system. Marxists argue that under capitalism, healthcare is treated as a commodity rather than a fundamental human right, leading to inequalities in access and prioritization of profit over people's well-being (Anyon, 2011).

Marxists advocate for the establishment of a socialized healthcare system where healthcare services are collectively owned, funded through public resources (taxes), and provided to all members of society without discrimination (Hartmann, 2016). This approach aims to eliminate the profit motive from healthcare, ensuring that medical services are available based on need rather than the ability to pay. In a socialized healthcare system, decision-making about healthcare policies,

resource allocation, and medical priorities is taken out of the hands of private corporations and placed under democratic control (Hartmann, 2016). This prevents the concentration of power and resources in the hands of a few, which is a common criticism of the capitalist healthcare system. Preventive healthcare includes measures like education, public health campaigns, and addressing societal determinants of health such as poverty and inequality. Marxists believe that many health problems are rooted in the socioeconomic inequalities perpetuated by capitalism. By addressing these underlying systemic issues, such as poverty, lack of access to education, and inadequate living conditions, a socialized healthcare system work to reduce health disparities and improve overall well-being (Waitzkin, 1978).

A socialized healthcare system, devoid of profit motives, prioritizes patient well-being and evidence-based care, as medical decisions would not be influenced by financial gain. Marxist healthcare perspectives often emphasize holistic health, considering physical, mental, and social well-being as interconnected. This approach encourages comprehensive healthcare services that address the broader determinants of health, including social, economic, and environmental factors (Waitzkin, 1978).

In Nepal, socialized healthcare, often referred to as universal healthcare or a single-payer (Liu & Brook, 2017) system, involves the government taking a central role in providing healthcare services and financing them through taxation or other government revenue sources (Ranabhat et al., 2019). The goal is to ensure that all citizens have access to necessary medical services regardless of their income or social status. Nepal has been making efforts to improve its healthcare system, with an emphasis on providing accessible and affordable healthcare to its citizens. Nepal's healthcare system has undergone reforms over the years, and the government has been working on expanding healthcare coverage to reach more of the population. The establishment of the National Health Insurance Program (NHIP) is a significant step in this direction. The NHIP aims to provide health insurance coverage to all citizens, with a focus on marginalized and vulnerable groups. Preventive healthcare involves measures taken to prevent illness, promote wellness, and reduce the burden of diseases. This includes vaccinations, screenings, health education, and lifestyle promotion. In the context of Nepal, preventive healthcare plays a crucial role in addressing health challenges and improving overall public health. Nepal has been actively working on various preventive healthcare initiatives, especially in rural and remote areas where healthcare access are limited (Ranabhat et al., 2019). According to Nepal Health Sector Strategy (2020),

The government introduced free health care programme in 2008 to mitigate economic barriers in accessing health care services; however, the results are mixed. "Number of clients receiving free essential health care services has markedly increased 43" for all levels of facility and "households from the poorest quintile were most likely to have received services free of

charge.⁴⁴" However, the fact that in 2011, 31% (and in 2013 19%) of outpatients were paying for the care that should have been provided free of charge means that there is a further room for improvements in implementing free health care programme (p. 7).

Nepal has made significant progress in expanding immunization coverage against diseases like tuberculosis, polio, measles, and others. Initiatives have been launched to improve maternal and child health through antenatal care, skilled birth attendance, and promoting exclusive breastfeeding. Efforts are being made to educate communities about hygiene, nutrition, and disease prevention. Access to clean water and proper sanitation is vital for disease prevention. Programs to improve water supply and sanitation facilities have been implemented. With the rising burden of non-communicable diseases like diabetes and cardiovascular diseases, Nepal has also been focusing on promoting healthy lifestyles and raising awareness about the risk factors associated with these conditions by utilizing health workers and volunteers in remote areas (Health Sector Strategy, 2020).

In Nepal, Marxist-inspired advocacy for socialized healthcare and a focus on preventive health care align with the government's efforts to provide universal healthcare access, with initiatives targeting marginalized populations, immunization, maternal and child health, disease prevention, water and sanitation improvements, and awareness campaigns on non-communicable diseases, all contributing to an evolving healthcare system striving to address socioeconomic inequalities and prioritize the overall well-being of its citizens.

Role of Government

While Marxists are critical of the capitalist state, they recognize that governments can play a role in improving healthcare and health education by implementing policies that address inequalities. However, they typically view these efforts as insufficient and call for more fundamental systemic changes. In the Marxist perspective, the role of government is fundamentally shaped by the socioeconomic conditions of the society in which it operates. Marxism critiques the role of government within a capitalist system and envisions a different role for government under socialism, which is considered a transitional stage toward communism (Hickox, 1982).

Marxism recognizes that under capitalism, health disparities are often rooted in economic inequality. According to the Marxist perspective the government roles should be to actively address these disparities by providing accessible and quality healthcare and education for all, regardless of class or socioeconomic status. From a Marxist standpoint, the government should play a crucial role in ensuring that everyone has equal access to healthcare and education. This means that essential health services, including health education, should not be treated as commodities that are distributed based on the ability to pay, but as fundamental rights that are provided to all members of society (Gewirtz & Cribb, 2009). By addressing the root causes of health issues and promoting healthy living conditions, the government contributes to reducing health disparities and overall

improving population health. Government of Nepal should play significant role to reduce the health disparities to promote the health of the people. According to Nepal Health Sector Strategy (2020), With the human development index of 0.54, in 2014, Nepal ranks 145 out of 187 countries. As of 2010/11, 25.16% people are living below the poverty line in Nepal; this represents a 5.7% decline in absolute poverty from 2003/04 when 30.8% people were under the poverty line. Among the employed population, 60% are engaged in the agriculture sector; however, "the contribution of the agriculture sector to the GDP has declined from 61% in 1981 to 31% in 2011, while the contribution of the service sector has increased from 27% to 48% during this period." As the non-agriculture sectors like service, construction, transportation, etc. increasingly employ more and more people, due attention is needed to address the occupational safety and health issues - which to date remain largely neglected (p.10).

Marxism asserts that capitalist interests often prioritize profit over people's well-being (Gewirtz & Cribb, 2009). Therefore, in Nepal, health disparities are in high between ruler and urban area. The government's role, in this perspective, is to challenge these interests and prioritize the health and education of the working class over profit-driven motives. This involves regulating industries that impact health, such as pharmaceuticals and food production, to ensure public safety.

Conclusion

The application of Marxist philosophy to health and health education presents a compelling framework to understand and address the intricate interplay of socioeconomic factors, power dynamics, and health disparities. Nepal, a nation with a history of class divisions and an evolving healthcare landscape, stands to benefit from a critical examination of its healthcare system through a Marxist lens. The implications of this perspective are far-reaching, offering insights into the roots of health inequalities and guiding efforts toward a more equitable and just healthcare system. In the realm of health education, the Marxist approach underscores the importance of a curriculum that empowers individuals to critically engage with their health and well-being. In Nepal, where traditional beliefs and socio-cultural norms often intersect with health practices, a Marxist perspective encourages questioning these norms within the broader context of class struggle. Education that highlights the influence of capitalism on health behaviors and disparities, guides individuals toward making informed choices that challenge systemic oppression. By critically examining the influence of capitalism, class struggle, and ideology on health outcomes, Nepal move closer to building an inclusive and equitable healthcare system. Through community engagement, policy reforms, and educational empowerment, Nepal has the opportunity to redefine its healthcare landscape and ensure that the well-being of all its citizens is a cornerstone of its socio-political evolution.

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